HUMAN SERVICES
Quality Framework

User Guide – Certification

Quality guidelines and evidence requirements
for organisations required to achieve HSQF
certification

Version 9.0

Queensland
Government

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Acknowledgements

The Department of Child Safety, Seniors and Disability Services and participating government departments acknowledge all parties involved in the development of the Human Services Quality Framework User Guide, including all who have provided input and feedback on current and previous versions of the guide including:

- staff from the following Queensland Government departments:
  - Department of Child Safety, Seniors and Disability Services (DCSSDS)
  - Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (DTATSIPCA)
  - Department of Justice and Attorney-General (DJAG)
  - Queensland Health
- staff from non-government organisations
- peak body representatives
- representatives from certification bodies.

Section 1 – Overview

The Human Services Quality Framework (HSQF) is a system for assessing and improving the quality of human services.

The HSQF incorporates:

- A set of quality standards, known as the Human Services Quality Standards (the standards), which cover the core elements of human service delivery.

- An assessment process to measure the performance of service providers against the standards (through independent third-party certification, self-assessment or recognition of accreditation under another approved quality system).

- A continuous improvement framework, which supports the participation of people who use services in quality improvement.

The HSQF applies to a range of human service organisations described below and set out in more detail in the current published version of the Framework available on the HSQF page of the Department of Child Safety, Seniors and Disability Services (DCSSDS) website:

- Organisations funded to deliver human services under service agreements, or other specified arrangements, with the following four participating Queensland Government departments:
  - Department of Child Safety, Seniors and Disability Services (DCSSDS)[1.]
  - Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (DTATSIPCA).
  - Department of Justice and Attorney-General (DJAG).
  - Queensland Health (QH).
- Organisations funded to deliver child protection placement services in-scope of licensing under an Individualised Placement and Support Agreement (IPSA) with DCSSDS.

- Disability services delivered directly by DCSSDS.

- Disability services funded by DCSSDS.

- Organisations that have been advised by Queensland Health they can use HSQF certification to meet quality requirements for Queensland Health.

- Other organisations were approved by the HSQF Operations team and, if relevant, the Queensland Government department funding the human service delivery.

Rationale underpinning the HSQF

The HSQF was developed by the Queensland Government in collaboration with the non-government sector to increase consistency in service quality, ensure public confidence in service delivery and maintain important safeguards for people who use services. It is designed to reduce duplication and red tape for human service organisations seeking to demonstrate continuous quality improvement thus allowing those organisations to focus their resources on service provision.

The standards which underpin the HSQF are based on the following principles:

- **Respecting human rights** – services are planned and delivered in a manner that respects and has regard for the individual's human rights, in keeping with the United Nations Universal Declaration of Human Rights and the *Human Rights Act 2019*.

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[1] "Other specified arrangements" may include contracts where the organisation has been notified of the need to implement and demonstrate compliance with HSQF. There are a small number of Service Agreements where the HSQF does not apply e.g. for products or assets.

- **Social Inclusion** – services are planned and delivered to promote opportunities for people to be included in their communities.
- **Participation** – people using services are included in decision-making about the service they receive.
- **Choice** – people using services have the opportunity to make choices about the services, and where and how they receive them, within available resources.

This guide

This guide outlines the requirements for organisations required to achieve external certification against the Human Services Quality Standards[2]. It includes the following:

- Mandatory evidence requirements that all organisations need to meet (Section 4).
- Additional mandatory evidence requirements relevant to specific services such as child protection placement services and domestic and family violence services (Section 4).
- Suggestions of evidence that an organisation may use to help demonstrate conformance with a standard (Section 4, below each mandatory evidence table).
- A list of, and links to, relevant legislation, policies and resources relevant to specific. services (Appendix B).
- A glossary of terms and definitions (Appendix C).

Definitions

In this guide, the following terms are used:

Audit	Assessment by a third-party auditor/ certification body of an organisation's performance against the standards.
HSQF Operations team	The Queensland Government team, located in DCSSDS, that is responsible for administering the HSQF.
Organisation	The legal entities that deliver publicly funded human services including organisations funded by a Queensland Government department.
	Organisation may also be used interchangeably with human service organisation, non-government organisation (NGO), funded organisation, provider or supplier.
Quality pathway	Quality pathway, or demonstration method, is the method that a human service organisation uses to demonstrate that it is complying with the requirements contained within the standards. Quality pathway may be used interchangeably with demonstration method.
Services stream	A broad category of service delivery in-scope of the HSQF such as, but not limited to, Community, Seniors Services, Child and Family Services and Disability Services.
Service/service type	A care support activity. Service types are listed by service stream in Part 3 of the Human Services Quality Framework document.

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[2] Certification against the standards is one of the three quality pathways under the HSQF. Further information about the HSQF quality pathways for demonstrating compliance against the standards are outlined in *Human Services Quality Framework*. There is a separate *HSQF User Guide – Self-Assessable Organisations* for organisations that are only required to undertake a self-assessment against the Human Services Quality Standards.

How to use this guide

Organisations are encouraged to use the guide when developing quality systems and processes that shape their service delivery. Independent third-party auditors (also known as assessors) also use this guide when assessing an organisation's compliance with the indicators for each standard.

Note: The guide reflects current legislative, policy and departmental requirements and may be updated from time to time to reflect changes in legislation, departmental and/or funding requirements. A marked-up version of this document showing all changes is available on DCSSDS's website at https://www.dcssds.qld.gov.au/our-work/human-services-quality-framework.

How this guide relates to other key documents

Human service organisations should be aware of relevant legislation, regulations, policies, program guidelines and other requirements specific to the services being provided. Service streams will have requirements specific to the types of services delivered, including how services are delivered, who can access services, referral processes, planning and support requirements and critical incident and harm reporting processes. These requirements are detailed in a number of key documents which should be considered in conjunction with this guide.

Key documents include but are not limited to:

Key documents to be read in conjunction with this guide	Applies to:
Human Services Quality Framework	All organisations in-scope of the HSQF
Service agreements including: • Service Agreement – Standard Terms and Conditions. • Service Agreement – Funding and Service Details and any attached • Funding Schedule/s • (Short Form) Terms and Conditions and Particulars (Service Provision)	All organisations in scope of HSQF receiving Queensland Government funding. Certification is a contractual obligation where a contract, variation or notification under that agreement or contract specifies the requirement to achieve and maintain HSQF certification.
Individualised Placement and Support Agreement (IPSA) • Request for Quote • Supplier Response • Funding Schedule	All organisations in-scope of licensing have a contractual obligation to achieve and maintain HSQF certification.
Investment Specifications	Organisations receiving funding from participating Queensland Government departments under an investment specification.
Organisation Level Licensing Manual for non-government organisations providing family based and non-family based care services	Licensed care services for children or young people in the custody or guardianship of the Chief Executive of DCSSDS.

All websites links are current at the time of publication. It is acknowledged that these may change - any changes to website links will be reflected in future versions. If a link is not accessible, please access the materials via the relevant department website, or via a search engine.

Licensing of care services

Under the *Child Protection Act 1999*, services providing care to children or young people in the custody or guardianship of the Chief Executive of DCSSDS that are subject to a Service Agreement must be licensed as per requirements outlined in the *Service Agreement – Funding and Service Details*. Organisations funded to provide Individualised Placement and Support must also be licensed once they have been deemed to be in-scope of licensing by DCSSDS, and achieved HSQF Certification for child protection placement services. The purpose of licensing is to ensure that the care provided meets section 122 *Child Protection Act 1999* (the Statement of Standards).

An independent audit conducted against the full set of Human Services Quality Standards (known as a certification or recertification audit) is used in the licensing process to meet the legislative requirement for an independent evaluation to assist DCSSDS in deciding a licence application[3]. A mid-term maintenance audit conducted approximately 18 months after initial certification or recertification against a sample of the standards may also replace a scheduled announced Licence Monitoring Inspection for non-family based services where the HSQF maintenance audit is conducted within 3 months before or after the date of the scheduled inspection and the premises to be inspected is included in the HSQF audit sample.

Many of the mandatory requirements for child safety placement services outlined in this guide relate to licensing requirements that are set out in the *Child Protection Act 1999* and the *Child Protection Regulation 2023*. The requirement to achieve and maintain certification against the standards is a condition of an organisation's Licence to Provide Care Services.

Further information regarding DCSSDS's processes for licensing care services is available from: https://www.dcssds.qld.gov.au/about-us/our-department/partners/child-family/child-safety-licensing.

Further information

This guide is part of a suite of resources developed for the HSQF available on the HSQF website at: https://www.dcssds.qld.gov.au/our-work/human-services-quality-framework.

Further enquiries about all aspects of the HSQF, including information about tools and resources to support your organisation to meet the requirements of the standards, can be directed to the HSQF Operations team.

Telephone: 1800 034 022

Email: hsqf@qld.gov.au

Website: https://www.dcssds.qld.gov.au/our-work/human-services-quality-framework

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[3] *Child Protection Regulation 2023 - Part 4 Regulation of Care - Division 1 Licensing of Care Services - 7 Independent evaluation for grant or renewal of licence*

Section 2 – Structure of the User Guide

The guide outlines the title, expected outcome, context and individual indicators of each standard and where necessary, includes an interpretation of the individual indicator.

Conformance with the standards generally requires evidence of documented policies/ procedures/processes, demonstrated awareness of these within the organisation, and evidence of implementation. The guide sets out **mandatory evidence requirements** which are common and apply to all organisations (common) and additional requirements that are specific to particular service streams and/or services (service specific).

All mandatory requirements (both common and service specific) must be evidenced by the organisation in order to meet the standards and will be specifically addressed in the audit report.

The guide also includes examples of evidence to assist organisations assess their performance against each indicator and identify areas for improvement, as relevant to the type of services delivered and the size and structure of the organisation.

Standard title	Summarises the focus of the standard
Expected outcome	Summarises the goal of the standard
Context	Provides information about the setting or circumstances under which the outcome is to be achieved.
Indicator:	A measure of performance which outlines what an organisation needs to demonstrate to meet the standard.
Interpretation	Provides information on the meaning of the indicator and how it should be considered when developing and implementing a quality system. *Note: Not all indicators include an interpretation.*
Mandatory evidence requirements common to all organisations **Common**	Outlines the evidence requirements that are **common** and apply to all organisations funded by the department. These requirements set a benchmark for quality service delivery and are linked to policy, legislation and regulations, contractual obligations and/or quality/safeguarding requirements. *Note: Not all indicators have mandatory evidence requirements.*
Additional mandatory evidence requirements for specific services	Additional requirements that are **service specific** and only apply to particular service streams and/or services. Where an organisation delivers these services, it will need to demonstrate that it meets the relevant indicators. Coloured symbols are used for each service specific area that has particular requirements. These are detailed in the legend on the next page.
Suggestions of ways that an indicator may be demonstrated	Suggestions of processes, systems or practices that an organisation may have in place to help demonstrate how it meets the indicator. These may include policies and procedures, registers, reports and other evidence source such as feedback from people using services, staff and other stakeholders.

Legend of service specific requirements

The table below contains the coloured sections that are used to show requirements that apply to specific service streams and/or services (service specific requirements).

Funding or Program Area	Service specific areas	Description
Child Protection Placement Services	*Service Stream:* Child and Family Department: DCSSDS	These requirements apply to services funded by DCSSDS in accordance with the Child Protection (Placement Services) Investment Specification and providers of child protection placement services confirmed by DCSSDS to be in-scope of licensing funded to provide Individualised Placement and Support. Services include family based and non-family based care services for children and young people subject to intervention under the *Child Protection Act 1999* such as: Family based care • Foster and Kinship Care • Intensive Foster Care Non-family based care • Residential Care • Therapeutic Residential Care • Safe Houses • Supported Independent Living.
Child Protection Support Services	*Service Stream:* Child and Family Department: DCSSDS	These requirements apply to services funded by DCSSDS under the Child Protection Support Services Investment Specification. Services include therapeutic counselling and intensive support services for children and young people in the care of, and post care of the department such as: • Assertive Outreach. • Counselling and Intervention • Transition to Adulthood • Educational Support • Sexual Abuse Counselling.
Families	*Service Stream:* Child and Family Department: DCSSDS	These requirements apply to services funded by DCSSDS under the Families Investment Specification. Services provide support to families experiencing vulnerability to prevent their children from entering or re-entering the statutory child protection system. Services include: • Aboriginal and Torres Strait Islander Services • Aboriginal and Torres Strait Islander Family Wellbeing Services • Case management • Community support

Funding or Program Area	Service specific areas	Description
		• Intensive Family Support • Safe Haven • Secondary Family Support • Targeted Family Support • Tertiary Family Support • Family and Child Connect • Assessment and Service Connect • Family Participation Program.
Domestic and Family Violence	*Service Stream:* Women's Safety and Violence Prevention Services Department: DJAG	These requirements apply to services funded by DJAG under the Domestic and Family Violence Support Services Investment Specification. Services include counselling, support, case management, accommodation, assessment and information services for people affected by domestic and family violence (includes prevention and early intervention and service system capacity building) such as: • Aboriginal and Torres Strait Islander Services • Children's Domestic Violence Counselling • Domestic Violence Counselling • Court Based Services • Perpetrator Intervention Programs • Telephone Services • Local Domestic and Family Violence Service Systems • Women's Shelters and Non-Accommodation Support Services (i.e. Temporary Supported Accommodation – Immediate, Mobile Support and Centre Based Support).
Sexual Violence and Women's Support	*Service Stream:* Women's Safety and Violence Prevention Services Department: DJAG	These requirements apply to services funded by DJAG under the Sexual Violence and Women's Support Services Investment Specification. Services include counselling and case management support and information and referral services to people affected by sexual violence and to women and young women who are experiencing vulnerability and require assistance to achieve better health and wellbeing (includes prevention and early intervention and service system capacity building) such as: • Sexual Violence Counselling • Women's Health and Wellbeing Counselling • Prevention, Capacity Building and Awareness Raising.
Community Services	Service Stream: Community Services	These requirements apply to services funded by DTATSIPCA under the Community Services Investment Specification. Services are targeted at

Funding or Program Area	Service specific areas	Description
	Department: DTATSIPCA	vulnerable Queenslanders affected by a crisis, difficult personal issue or trauma and include: • Community Support • Information and referral[4] • Community Education • Case management • Assertive Outreach • Counselling • Rest and Recovery • Financial and material assistance • Financial counselling and Resilience • Information, Assessment and Referral • Direct Care and Supports • Community Connection supports • Community Transport • Social and personal development.
Individuals	*Service Stream:* Seniors Services Department: DCSSDS *Service Streams:* Community Services Department: DTATSIPCA *Service Streams:* Child and Family Department: DJAG Women's Safety and Violence Prevention Department: DJAG	These requirements apply to services funded by DCSSDS , DJAG and DTATSIPCA under the Individuals Investment Specification. Services are targeted at vulnerable Queenslanders affected by a crisis, difficult personal issue or trauma and include: • Community Support • Information, advice and referral • Case management • Counselling • Assertive Outreach • Rest and Recovery • Financial and material assistance
Young People	*Service Stream:* Youth Services Department: DCSSDS	These requirements apply to services funded by DCSSDS under the Young People Investment Specification. Services deliver responsive and holistic services to young people so they are engaged and participate positively and proactively in their communities. Services include: • Information, advice and referral • Support and Case management • Community support

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[4] Both the Community Investment Specification and the new Community Services Investment Specification contract service type T103. They are listed under slightly different names but have the same quality pathway.

Funding or Program Area	Service specific areas	Description
Disability Services	Department: DCSSDS	These requirements apply to disability services funded by or delivered directly by DCSSDS. The services are targeted at people with a disability and include: • Accommodation support services/continuity of support • Community support services/continuity of support • Community access/continuity of support • Respite/continuity of support • Advocacy
Mental Health Services	Department: Queensland Health	These requirements apply to mental health services funded by Queensland Health. These services include: • Individual Support and Rehabilitation • Group Support and Rehabilitation • Individual Peer Work • Group Based Peer Work • Individual Carer Support • Group Carer Support • Other Residential Services • Suicide Prevention – Crisis Support Spaces
Alcohol and Other Drugs	Department: Queensland Health	These requirements apply to alcohol and other drug treatment services funded by Queensland Health. These services include: • Residential Rehabilitation (Individuals) • Residential Rehabilitation (Parents with children) • Residential Withdrawal Management and Care • Psychosocial Interventions • Non-residential Rehabilitation • Police/Court Diversion Services • Family Support Services • Drug and Alcohol Assessment and Referral • Diversion Coordination Service

Note: Services delivered under the Older People investment specification, QCSS and the Child and Family and General services funded by Queensland Health do not have any requirements beyond the common mandatory requirements, therefore do not have a colour allocation.

Section 3 – Human Services Quality Standards (HSQS)

Standard			Indicator	
1	**Governance and Management** Sound governance and management systems that maximise outcomes for stakeholders	1.1	The organisation has accountable and transparent governance arrangements that ensure compliance with relevant legislation, regulations and contractual arrangements.
		1.2	The organisation ensures that members of the governing body possess and maintain the knowledge, skills and experience required to fulfil their roles.
		1.3	The organisation develops and implements a vision, purpose statement, values, objectives and strategies for service delivery that reflect contemporary practice.
		1.4	The organisation's management systems are clearly defined, documented and monitored and (where appropriate) communicated including finance, assets and risk.
		1.5	Mechanisms for continuous improvement are demonstrated in organisational management and service delivery processes.
		1.6	The organisation encourages and promotes processes for participation by people using services and other relevant stakeholders in governance and management processes.
		1.7	The organisation has effective information management systems that maintain appropriate controls of privacy and confidentiality for stakeholders.
2	**Service Access** Sound eligibility, entry and exit processes facilitate access to services on the basis of relative need and available resources	2.1	Where the organisation has responsibility for eligibility, entry and exit processes, these are consistently applied based on relative need, available resources and the purpose of the service.
		2.2	The organisation has processes to communicate, interact effectively and respond to the individual's decision to access and/or exit services.
		2.3	Where an organisation is unable to provide services to a person due to ineligibility or lack of capacity, there are processes in place to refer the person to an appropriate alternative service.
3	**Responding to Individual Need** The assessed needs of the individual are being appropriately addressed and responded to within resource capacity	3.1	The organisation uses flexible and inclusive methods to identify the individual strengths, goals and aspirations of people using services.
		3.2	The organisation formulates service delivery that respects and values the individual (e.g. identity, gender, sexuality, culture, age and religious beliefs).
		3.3	The organisation ensures that services to the individual/s are delivered, monitored, reviewed and reassessed in a timely manner.
		3.4	The organisation has partnerships and collaborates to enable it to effectively work with community support networks, other organisations and government agencies as relevant and appropriate.

Standard		Indicator	
		3.5	The organisation has a range of strategies to ensure communication and decision-making by the individual is respected and reflected in goals set by the person using services and in plans to achieve service delivery outcomes.
4	**Safety, Wellbeing and Rights** The safety, wellbeing and human and legal rights of people using services are protected and promoted	4.1	The organisation provides services in a manner that upholds people's human and legal rights.
		4.2	The organisation proactively prevents, identifies and responds to risks to the safety and wellbeing of people using services.
		4.3	The organisation has processes for reporting and responding to potential or actual harm, abuse and/or neglect that may occur for people using services.
		4.4	People using services are enabled to access appropriate supports and advocacy.
		4.5	The organisation has processes that demonstrate the right of the individual to participate and make choices about the services received.
5	**Feedback, Complaints and Appeals** Effective feedback, complaints and appeals processes that lead to improvements in service delivery	5.1	The organisation has fair, accessible and accountable feedback, complaints and appeals processes.
		5.2	The organisation effectively communicates feedback, complaints and appeals processes to people using services and other relevant stakeholders.
		5.3	People using services and other relevant stakeholders are informed of and enabled to access any external avenues or appropriate supports for feedback, complaints or appeals and assisted to understand how they access them.
		5.4	The organisation demonstrates that feedback, complaints and appeals processes lead to improvements within the service and that outcomes are communicated to relevant stakeholders.
6	**Human Resources** Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service provision.	6.1	The organisation has human resource management systems that are consistent with regulatory requirements, industrial relations legislation, work health and safety legislation and relevant agreements or awards.
		6.2	The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess the knowledge, skills and experience required to fulfil their roles.
		6.3	The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
		6.4	The organisation provides ongoing support, supervision, feedback and fair disciplinary processes for people working in the organisation.
		6.5	The organisation ensures that people working in the organisation have access to fair and effective systems for dealing with grievances and disputes.

Section 4 – Conformance Requirements

Standard 1: Governance and management

Expected outcome: Sound governance and management systems that maximise outcomes for stakeholders.

Context: The organisation maintains accountability to stakeholders through the implementation and maintenance of sound governance and management systems. These systems should reflect the size and structure of the organisation and contribute to maximising outcomes for people using services.

Indicator 1.1: The organisation has accountable and transparent governance arrangements that ensure compliance with relevant legislation, regulations and contractual arrangements

Interpretation of this indicator

- Systems and processes used to ensure compliance with legislation regulation, contracts and policy may vary depending on the purpose, size and structure of the organisation and its governance and management arrangements.

	As a part of meeting Indicator 1.1, organisations **must** demonstrate the common mandatory evidence requirements **and** relevant service specific requirements detailed below
Common	☑ Governance arrangements are documented, implemented, reviewed and communicated to stakeholders. ☑ Governance and management processes promote an organisational culture that respects and protects human rights consistent with the requirements of the *Human Rights Act 2019.* ☑ Documented and implemented processes to ensure compliance with legislative, regulatory, policy and contractual requirements that apply to the organisation, including: • Reporting misconduct (alleged and actual) to the relevant authority. • Notifying reportable incidents (e.g. critical incidents)[5]. • Ensuring that subcontracting or brokerage arrangements are consistent with legislative and contractual obligations, including seeking consent as required[6]. • Implementing a conflict of interest policy. • Ensuring that recordkeeping practices meet legislative and contractual obligations[7]. • Meeting reporting obligations[8].

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[5] Reportable incidents includes: critical incidents, Deaths in Care, major incidents or intervening events as defined in the *Service Agreement – Standard Terms* that applies to organisations funded by the Queensland Government

[6] For organisations funded by Queensland Government the *Service Agreement – Standard Terms* requires organisations to seek prior written consent from the relevant department before subcontracting the whole or part of their funded service obligations under the Service Agreement (Clause 22).

[7] For organisations funded by the Queensland Government refer to the *Service Agreement – Standard Terms* and *Service Agreement – Funding and Service Details* for details and definitions of requirements.

[8] Reporting obligations and platforms vary – For organisations funded by the Queensland Government examples include: performance and outcomes measurement reporting in online platforms such as Procure to Invest (P2i) and submitting audited financial statements annually.

Child Protection Placement Services	**Child Protection Placement Services, Child Protection Support Services and services to Families** ☑ Governance and management processes promote the principles and requirements of the *Child Protection Act 1999 and Child Protection Regulation 2023* including that the safety, wellbeing and best interests of the child, both through childhood and for the rest of the child's life, are paramount.
Child Protection Support Services	**Additional requirement for all Placement Services** ☑ Where funding is provided under a Service Agreement, documented and implemented processes are in to ensure compliance with the licensing requirements set out in the *Service Agreement – Funding and Service Details.* ☑ Where funding is provided under IPSAs, documented and implemented processes are in place to ensure compliance with the requirements, terms and conditions of the Agreement/s.
Families	☑ There are documented processes that outline nomination/appointment processes, roles and responsibilities, and delegations for the Nominee and members of the organisation's governing body[9]. ☑ Organisations granted a care service licence have implemented systems and processes that ensure the licensee's adherence to the conditions listed on the licence (note: specific requirements for licence conditions related to suitability and screening obligations are separately addressed in Standards 4 and 6).
Disability Services	☑ Governance and management processes promote the principles of Part 2 *Disability Services Act 2006* and ensure compliance with the reporting requirements of the *Coroners Act 2003[10].*
Mental Health	☑ Governance and management processes promote the principles of Recovery Oriented Mental Health Practice.
Alcohol & Other Drugs	☑ Clinical governance and management processes reflect the principles of the National Quality Framework for Drug and Alcohol Treatment Services.

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Constitution, terms of reference or equivalent guiding documents that outline how the governing body operates, including meeting and reporting arrangements.
- Charter or Statement of service user rights (such as human rights) and responsibilities.
- Processes that support good governance (such as policies that specify meeting and reporting arrangements, governing body manual, duty statement of governing body and committee members, delegations policy and procedures, processes for reporting and monitoring conflicts of interest).
- Processes for advising relevant authorities/funding bodies of changes to membership of the governing body.
- Processes for reviewing breaches of legislative, regulatory and contractual obligations and taking relevant action.
- Where services are subcontracted, processes ensure that the subcontractor meets the HSQF and other contractual responsibilities applicable to the service being subcontracted.
- Systems which identify relevant legislation, regulatory and contractual obligations and applicable policies and guidelines (such as subscriptions to databases and/or membership of

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[9] See section 130 *Child Protection Act 1999* for the nominee responsibilities.

[10] Refer to the Queensland Government fact sheet: *Obligations to Report a Death in Care* for further information

organisations that provide legal compliance information, internal reviews, legal compliance register or schedule).
- Publications (e.g. Annual Reports) include information about organisational performance.
- Records of reporting to the governing body enabling it to fulfil its functions (such as financial, compliance, risk, service delivery, incidents and human resource management).
- Records of governing body meetings (such as agendas, minutes and attendance register).
- Records of Board consideration of human rights as part of decision-making processes.
- Conflict of Interests Register.
- Records of updates to policies and procedures in response to changes to relevant legislation, regulatory and contractual obligations and applicable policies and guidelines.
- Records of external audits and internal reviews demonstrating compliance with legislative, regulatory and contractual requirements.
- Records of review and appropriate action in response to breaches of legislative, regulatory and/or contractual obligations.
- Members of the governing body can describe their obligations under relevant legislation.

Domestic and Family Violence Services

Documented and implemented processes and systems that ensure compliance with legislative, regulatory, policy and contractual requirements that apply to the organisation, including:
- *Domestic and Family Violence Services: Practice principles, standards and guidance* (2020)
- *Domestic and Family Violence Protection Act 2012*
- *Child Protection Act 1999*
- *Public Guardian Act 2001*
- *Human Rights Act 2019* – clause 28 Cultural rights—Aboriginal Peoples and Torres Strait Islander Peoples.

Queensland Community Support Scheme Services
- For funded organisations that have brokerage arrangements in place, processes ensure that the brokerage funds adhere to the Queensland Community Support Scheme (QCSS) Practice manual and brokerage guidelines.
- Where services are subcontracted, processes ensure that the subcontractor meets the HSQF and other contractual responsibilities applicable to the service being subcontracted.

Standard 1: Governance and management

Expected outcome: Sound governance and management systems that maximise outcomes for stakeholders.

Context: The organisation maintains accountability to stakeholders through the implementation and maintenance of sound governance and management systems. These systems should reflect the size and structure of the organisation and contribute to maximising outcomes for people using services.

Indicator 1.2: The organisation ensures that members of the governing body possess and maintain the knowledge, skills and experience required to fulfil their roles.

As a part of meeting Indicator 1.2, organisations <u>must</u> demonstrate the common mandatory evidence requirements <u>and</u> relevant service specific requirements detailed below	
Common	☑ Processes which ensure that members of the governing body have the knowledge, skills and experience required to fulfil their roles and govern effectively are documented, implemented and reviewed. ☑ Members of the governing body undergo induction relevant to their responsibilities and duties.
Child Protection Placement Services	☑ Implemented processes which ensure members of the governing body are aware of the organisation's obligation to provide care services in accordance with: • The *Statement of Standards* (section 122 *Child Protection Act 1999)* • The principles and requirements of the *Child Protection Act 1999* and *Child Protection Regulation 2023* • Relevant DCSSDS policies[11] • Requirements set out in the *Child Protection (Placement Services) Investment Specification and Service Agreements,* and/or *IPSA*, whichever is relevant.
Families	☑ Implemented processes which ensure members of the governing body are aware of the organisation's obligation to provide family support services in accordance with the requirements in the *Families Investment Specification* and relevant service guidelines[12].
Disability Services	☑ Implemented processes which ensure members of the governing body are aware of the organisation's obligation to provide services in accordance with the requirements of the *Disability Services Act 2006.*

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Policies and procedures for the election and induction of members of the governing body.
- Processes for nomination, election and appointment of members of the governing body reflect the legal obligations of the organisation, or in the absence of legal obligations, contemporary

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[11] As relevant to the type of being services provided, refer to policies, program descriptions and *Child Safety Practice Manual* references listed in *Appendix B* for Child Safety Care Services.

[12] As relevant to the services being provided, includes the *Family and Child Connect (FACC) Service Model and Guidelines,* the *Intensive Family Support (IFS) Service Model and Guidelines* and the *Assessment and Service Connect Operational Policy Guidelines.*

business practices.
- Processes for identifying or addressing any gaps in the skills, knowledge or experience required of members of the governing body.
- Processes for induction, training and providing information to members of the governing body (such as manuals, board portal, in house training, external governance training, meetings with relevant stakeholders such as a funding body contract manager).
- Records of election/appointment processes.
- Records of skills training for members of the governing body.
- Evidence of skill development in cultural safety and practice.
- Human rights are embedded in position descriptions and performance reviews for governing body members.
- Members of the governing body can describe their responsibilities and duties as relevant to the organisation's business structure (e.g. evidence that members of the governing body for a company limited by guarantee are aware of their responsibilities as a Company Director).
- Members of the governing body can describe the organisation's responsibilities under the *Human Rights Act 2019*.

Standard 1: Governance and management

Expected outcome: Sound governance and management systems that maximise outcomes for stakeholders.

Context: The organisation maintains accountability to stakeholders through the implementation and maintenance of sound governance and management systems. These systems should reflect the size and structure of the organisation and contribute to maximising outcomes for people using services.

Indicator 1.3: The organisation develops and implements a vision, purpose statement, values, objectives and strategies for service delivery that reflect contemporary practice.

As a part of meeting Indicator 1.3, organisations <u>must also</u> demonstrate the relevant service specific requirements detailed below	
Common	*There are no mandatory common evidence requirements for this indicator*
Child Protection Placement Services	☑ The organisation's structure, purpose, vision and values, objectives and strategies for service delivery are consistent with and support: • The provision of care services in a manner that is consistent with the *Statement of Standards* (section 122 *Child Protection Act 1999).* • The principles and requirements of the *Child Protection Act 1999 and Child Protection Regulation 2023.* • Relevant DCSSDS policies[13]. • Requirements as set out in the *Service Agreement – Funding and Service Details, Child Protection (Placement Services) Investment Specification*, and/or *IPSA*, whichever is relevant. • Provision of services in a manner that promotes the safe care and connection of Aboriginal and Torres Strait Islander children and young people, including the *Additional principles for Aboriginal or Torres Strait Islander Children* (section 5C *Child Protection Act 1999).*
Child Protection Support Services	☑ The organisation's structure, purpose, vision and values, objectives and strategies for service delivery are consistent with and support the provision of services in a manner that promotes the safe care and connection of Aboriginal and Torres Strait Islander children and young people, including the *Additional principles for Aboriginal or Torres Strait Islander Children* (section 5C *Child Protection Act 1999).*
Families	☑ The organisation's structure, purpose, vision and values, objectives and strategies for service delivery are consistent with and support: • Requirements set out in the *Service Agreement – Funding and Service Details,* including the *Families Investment Specification* and relevant service guidelines[14]. • Provision of services in a manner that promotes the safe care and connection of Aboriginal and Torres Strait Islander children and young people, including the *Additional principles for Aboriginal or Torres Strait Islander Children* (section 5C *Child Protection Act 1999).*

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[13] As relevant to the services being provided by the organisation, refer to policies, program descriptions and *Child Safety Practice Manual* references listed in *Appendix B* for Child Safety Care Services.

[14] As relevant to the services being provided, includes the *Family and Child Connect (FACC) Service Model, Guidelines* and the *Intensive Family Support (IFS) Service Model and Guidelines* and the *Assessment and Service Connect Operational Policy Guidelines.*

Domestic & Family Violence	☑ The structure, purpose, vision and values, objectives and strategies for service delivery are consistent with, and support the requirements set out in funding and service agreements and the *Domestic and Family Violence Services Practice, Principles, Standards and Guidance (2020).*
	
	☑ Theoretical frameworks:
	   • Are appropriate to the context of the service environment and are culturally safe, evidence based, gender and risk focussed and informed by trauma frameworks and attachment theories.
	   • Guide practice in the organisation and are aligned and embedded throughout policies and procedures, assessment and intervention processes and staff training are clearly articulated by staff as underpinning their practice.

Sexual Violence & Women's Support	☑ The organisation's structure, purpose, vision and values, objectives and strategies for service delivery are consistent with, and support the requirements, set out in the *Service Agreement – Funding and Service Details*, including the *Sexual Violence and Women's Support Services Investment Specification* and relevant service guidelines[15].
Individuals	☑ The organisation's structure, purpose, vision and values, objectives and strategies for service delivery are consistent with, and support the requirements, set out in the *Service Agreement – Funding and Service Details*, including the *Individuals Investment Specification* and relevant service guidelines[16].
Community Services	☑ The organisation's structure, purpose, vision and values, objectives and strategies for service delivery are consistent with, and support the requirements, set out in the *Service Agreement – Funding and Service Details*, including the *Community Services Investment Specification* and relevant service guideline.
Young People	☑ The organisation's structure, purpose, vision and values, objectives and strategies for service delivery are consistent with, and support the requirements, set out in the *Service Agreement – Funding and Service Details*, including the *Young People Investment Specification* and relevant practice guides.
Disability Services	☑ The organisation's structure, purpose and values, objectives and strategies are consistent with, and support the principles and obligations set out in the *Disability Services Act 2006*.
Mental Health	☑ The organisation's structure, purpose and values, objectives and strategies are consistent with, and support the principles of contemporary, recovery oriented mental health practice.

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Key guiding documents such as:
  - Vision, Mission and/or Purpose statement
  - Identified organisational values

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[15] For Sexual Violence Services, *Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault*

[16] For Sexual Violence Services, *Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault*

- – Strategic, business and/or operational plan
- – Client charter.
- Strategies for ensuring that service delivery is informed by contemporary best practice and/or evidence-based practice.
- Policies and processes for establishing and implementing plans, objectives and strategies required to deliver quality services such as processes for:
  - – Engaging with community members such as Elders, Aboriginal and Torres Strait Islander Community Controlled organisations, cultural leaders and key stakeholders in establishing plans and developing performance measures.
  - – Measuring performance against established plans.
  - – Allocating resources to enable plans to be actioned.
  - – Reviewing and evaluating plans.
- Records of reporting to the governing body enabling it to fulfil its strategic function.
- Members of the governing body can describe the vision, purpose and values of the organisation and how these support the delivery of services consistent with the principles of the relevant guiding legislation/s and the community in which services operate.

Domestic and Family Violence Services

Services may demonstrate the following to support alignment with the Practice Standards:
- Evidence of frameworks that inform client engagement, collaborative risk assessment and safety planning, and strategic and structural advocacy to support safer outcomes.
- Organisations adopt a gendered analysis of violence with a nuanced and intersectional understanding of the dynamics of gender, power and control, and acknowledge that gender inequality is a predominant cause and consequence of domestic and family violence. This may be evidenced in:
  - – Screening and assessments of clients.
  - – Quality of assessments and case notes.
  - – The use of gendered language and lenses embedded in policies, procedures, vision statements, case notes, and human resourcing such as interview questions, inductions, and training.
  - – Managers and staff can clearly articulate the theoretical frameworks that underpin their practice, particularly those related to cultural safety and a gendered lens of Domestic Family Violence (DFV).
- Cultural safety principles are embedded within the organisation at all levels including governance, policies, processes, and practice.
- Services acknowledge and understand that cultural safety is not always upheld through an individual approach and may include a wider family lens or case management approach.
- Governance and policy reflect that cultural safety is embedded in their frameworks and within practice, for example through:
  - – Systems and processes that align with cultural safety principles and best practice.
  - – Staff can explain the impact of social identity such as race, ability, sexual orientation or gender identity, marital status, or religious beliefs on a victim's experience, including the presence of structural or social impediments to equity and access.
  - – Acknowledging the impact of colonisation on Aboriginal and Torres Strait Islander Peoples.

Standard 1: Governance and management

Expected outcome: Sound governance and management systems that maximise outcomes for stakeholders.

Context: The organisation maintains accountability to stakeholders through the implementation and maintenance of sound governance and management systems. These systems should reflect the size and structure of the organisation and contribute to maximising outcomes for people using services.

Indicator 1.4: The organisation's management systems are clearly defined, documented, monitored and (where appropriate) communicated including finance, assets and risk.

Interpretation of this indicator is:

- Risk includes strategic and operational, services and activities and work, health and safety risks.

	As a part of meeting Indicator 1.4, organisations <u>must</u> demonstrate the common mandatory evidence requirements <u>and</u> relevant service specific requirements detailed below
Common	☑ Processes for identifying, assessing and managing risk in order to ensure continuous, safe, responsive and effective services are documented, implemented and reviewed. ☑ Processes for delegating authority and responsibilities throughout the organisation are documented, implemented, reviewed and communicated to stakeholders. ☑ Organisations have disaster management and business continuity plans in place and, where relevant, participate in local disaster management planning to assess and support people with vulnerabilities[17]. ☑ Documented and implemented processes which ensure: • Insurance coverage and/or funded assets are maintained in accordance with contractual and other identified requirements (including public liability insurance, contents insurance and comprehensive motor vehicle insurance, as appropriate). • Financial accountability requirements are met.
Child Protection Placement Services	☑ The organisation must: • Have a management structure in place to ensure that decision-making processes and accountability measures ensure that the safety, wellbeing and best interests of a child or young person, both through childhood and for the rest of the child's life, are paramount in accordance with the principles of the *Child Protection Act 1999.* • Demonstrate that where any accommodation is provided directly by the organisation to children or young people, the service has a suitable right to occupy premises where the care service operates, in accordance with section 126(h) *Child Protection Act 1999.* • Demonstrate that if premises are leased by the organisation in order to provide accommodation to children or young people, the person who owns the leased premises is aware that their property is being used to provide a non-family based care service. ☑ Where an organisation has entered into an *IPSA,* it ensures that property is appropriately insured against damages (including dwellings and contents).

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[17] Refer to *People with vulnerabilities in disasters: A framework for an effective local response*

- Financial management systems which support effective management, accountability, control and ongoing viability such as:
  - Financial controls and delegations
  - Safeguards to prevent fraud and financial mismanagement
  - Budgeting and purchasing records
  - Internal and external reporting documents
  - Insurance certificates of currency
  - Maintenance schedules
  - Payroll processes
  - Asset management records.
- Systems (e.g. use of risk management registers and/or software) for identifying, managing and monitoring risks (relevant to size of organisation and nature of service delivery) which include as appropriate:
  - Services and activities
  - Finance
  - Work health and safety
  - Information management
  - Complaints and incidents
  - Governance, legal and reputational
  - Business continuity and disaster management.
- Processes for managing assets, if applicable, that enable the effective delivery of repairs and maintenance so that assets are well maintained, replaced according to a schedule, and the assets managed by the organisation are protected.
- Process for supporting people using services during and after a disaster that minimise disruption and ensure safety and wellbeing of people in residential/accommodation services.
- Asbestos management plans and removal schedule.
- Delegations Manual/Register/Schedule which includes provision for managing absences of key personnel and decision makers.
- Records of meetings and/or decisions that clearly define responsibilities and timeframes.
- Evidence of ownership of premises, lease agreements and letters from owners confirming their awareness of the use of their property as a care service (child protection non-family based placement services).

Standard 1: Governance and management

Expected outcome: Sound governance and management systems that maximise outcomes for stakeholders.

Context: The organisation maintains accountability to stakeholders through the implementation and maintenance of sound governance and management systems. These systems should reflect the size and structure of the organisation and contribute to maximising outcomes for people using services.

Indicator 1.5: Mechanisms for continuous improvement are demonstrated in organisational management and service delivery processes.

There are no mandatory evidence requirements for this indicator

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Continuous improvement framework and/or continuous quality improvement plan.
- Systems for regularly monitoring and evaluating the effectiveness of service delivery and governance/management systems and plans.
- Processes for engaging people using services in continuous improvement activities (e.g. service delivery planning and evaluation).
- Processes for engaging with key stakeholders on strategies for building cultural competence of the governing body, management and staff.
- Processes for regular review of the effectiveness of the governing body such as assessing:
  - Effectiveness of meetings
  - Adequacy of response time to important issues
  - Awareness of responsibilities
  - Effectiveness of delegations
  - Leadership in strategic direction
  - Continuous improvement.
- Process for engaging with key stakeholders such as Local Government and Disaster Management Groups to build awareness of local disaster risks and to inform integrated disaster management plans and arrangements.
- Tools for seeking feedback from people using services and other relevant stakeholders (such as organisational performance reviews, service delivery and satisfaction surveys)
- Records that evidence regular review of policies and procedures.
- Records showing data relevant to the organisation is analysed and used to inform strategic and operational practice/service delivery improvements, including information arising from:
  - Feedback, complaints and appeals
  - Suspected and actual incidents of harm, abuse or neglect of people using services
  - Workplace injuries and hazards
  - Lessons identified during and after disasters or through disaster management and business continuity exercises
  - Internal or external reviews
  - Standards of Care Concerns and non-compliance matters (child protection placement services).

Standard 1: Governance and management

Expected outcome: Sound governance and management systems that maximise outcomes for stakeholders.

Context: The organisation maintains accountability to stakeholders through the implementation and maintenance of sound governance and management systems. These systems should reflect the size and structure of the organisation and contribute to maximising outcomes for people using services.

Indicator 1.6: The organisation encourages and promotes processes for participation by people using services and other relevant stakeholders in governance and management processes.

Interpretation of this indicator is:

- People using services are empowered to express their views about services and service management.
- The requirement and extent of stakeholder participation in governance and management processes will differ and should be appropriate to the organisation and the types of services it delivers (participation of people using services in governance processes is at all times voluntary).

	As a part of meeting Indicator 1.6, organisations <u>must</u> demonstrate the common mandatory evidence requirements detailed below
Common	☑ Evidence that the community in which the organisation's service operates is understood and engaged with, and that this understanding is reflected in service planning and development activities. ☑ Evidence that the organisation promotes culturally safe and accessible services for Aboriginal and Torres Strait Islander peoples and for people from culturally and linguistically diverse backgrounds. ☑ Where the target group for services is Aboriginal or Torres Strait Islander peoples, the organisation can demonstrate that meaningful community consultation has taken place, as relevant to the needs of people using services.

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Vision, mission/purpose/values and/or other guiding documents reflect a commitment to cultural diversity and culturally appropriate responses (e.g. a commitment to delivering culturally safe services to Aboriginal and Torres Strait Islander peoples).
- Strategies and processes that support participation by people using services and other stakeholders for example:
  - Encouraging people using services to participate in management and service. planning, development, delivery and evaluation, where relevant.
  - Developing relationships or agreements with relevant stakeholders.
  - Providing a variety of ways in which people using services can provide feedback regarding service management or governance processes.
  - Opportunities for people using services and relevant stakeholders to attend or contribute to management/ governance meetings.
  - Consultation with community stakeholders (such as community members, multi-cultural organisations, Elders, Aboriginal and Torres Strait Islander Community Controlled organisations, Aboriginal and Torres Strait islander Independent Entities/person).
- Records of service planning/evaluation meetings show participation by people using services and relevant stakeholders.

- Records of agreements with relevant stakeholders (such as preferred supplier relationships, memoranda of understanding).
- Records of feedback processes (e.g. results from surveys and feedback forms).
- Feedback from people using services and/or stakeholders (such as family, carers, kin, advocates, decision makers, guardians, referral agencies) confirms opportunities for participation in governance and management processes.

Services for Aboriginal and Torres Strait Islander Peoples
- Aboriginal and Torres Strait Islander communities and Elders participate in strategic planning processes and service delivery planning.
- Aboriginal and/or Torres Strait Islander peoples are supported to hold governing body and/or senior management positions.

Standard 1: Governance and management

Expected outcome: Sound governance and management systems that maximise outcomes for stakeholders.

Context: The organisation maintains accountability to stakeholders through the implementation and maintenance of sound governance and management systems. These systems should reflect the size and structure of the organisation and contribute to maximising outcomes for people using services.

Indicator 1.7: The organisation has effective information management systems that maintain appropriate controls of privacy and confidentiality for stakeholders.

Interpretation of this indicator:

- Information management requirements are identified, including how information is collected, stored, managed, secured, used, disclosed and destroyed in accordance with information privacy and confidentiality obligations[18].
- Information includes: records (e.g. minutes of meetings, completed forms, closed-circuit television (CCTV) footage); files (e.g. about people using services and staff); and knowledge (this includes knowledge which is informally gathered).

	As a part of meeting Indicator 1.7, organisations <u>must</u> demonstrate the common mandatory evidence requirements <u>and</u> relevant service specific requirements detailed below
Common	☑ Evidence that the organisation is aware that it is bound to comply with the requirements of *Information Privacy Act 2009* (Qld), e.g. documented and implemented policies and processes for aligning information management systems with privacy legislation and relevant privacy principles[19]. ☑ Evidence that the organisation is aware of, and has taken steps to meet, its obligation to ensure that personal information is kept secure, including physical, digital and administrative protections, including but not limited to, evidence that the organisation: • Has a process for monitoring staff access permissions to information systems and databases containing personal information to ensure access is limited those with a legitimate need to know. • Ensures that staff access permissions are updated immediately to remove staff who no longer require access to the information system or database (for example where staff leave the organisation or move to another role which does not require that access). • Conducts regular (e.g. quarterly) audits of staff access permissions to ensure any which have been overlooked are identified and promptly actioned. ☑ Evidence that the organisation takes reasonable steps to ensure that people using services who are asked to provide personal information are given a privacy notice which outlines the purpose of the collection, any law which authorises the collection, to whom the organisation usually discloses the

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[18] It is noted that the *Human Rights Act 2019* includes a right to privacy which is broader in scope than information privacy. This indicator deals with the obligations under the *Information Privacy Act 2009*, but broader human rights obligations also apply.

[19] Although some contracted organisations may otherwise be subject to the *Privacy Act 1988* (C'wth), to the extent that they are a contracted service provider for a State contract, the relevant privacy obligations will be under the Queensland *Information Privacy Act 2009* in accordance with the terms of the Service Agreement and/or IPSA (child protection placement services). However, evidence that they are compliant with the federal Privacy Act may be relevant to their ability to meet their contractual obligations. The department does not provide privacy advice to organisations, and they should be guided by their own legal advice in relation to how to meet their information privacy obligations.

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information and, if known, to whom the recipient usually discloses the information (e.g. notices on forms, a brochure/fact sheet, message on their phone line).

☑ Evidence that people using services have been made aware of their right to access and amend personal information held by the organisation under privacy legislation and/or privacy principles.

☑ Documented and implemented processes for responding to privacy breaches and reporting to the funding departments (and any other relevant authority in accordance with applicable legislation)[20].

☑ Evidence that the organisation[21] ensures that staff understand their obligations around the management and overseas transfer of personal information as provided by that Act[22] (e.g. through the provision of training and guidelines).

☑ Evidence that any use of electronic surveillance technology (e.g. CCTV cameras) complies with the requirements of the *Information Privacy Act 2009* (Qld).

☑ Where electronic surveillance technology is used, the organisation must ensure it has:

- Limited the scope of the footage as much as possible (e.g. does not encroach on neighbouring properties and does not capture people in circumstances where they may reasonably expect privacy).
- Signage alerting people to the fact that electronic surveillance technology is in use.
- Documented and implemented policies and processes to guide the collection, use, storage, retrieval, access to and disclosure of surveillance footage, to ensure personal information in the footage is protected in accordance with the *Information Privacy Act 2009 (Qld).*
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<tr>
<td>**Child Protection Placement Services**</td>
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☑ Information obtained during the operation of a care service under the *Child Protection Act 1999* is treated confidentially, in accordance with requirements of the Act and DCSSDS's *Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.*

☑ For licensed care services, the organisation's records are kept in accordance with section 29 *Child Protection Regulation 2023* for each child receiving a care service.

☑ Evidence the organisation (where funded under a Service Agreement) maintains records and files relating to children and young people subject to intervention under the *Child Protection Act 1999* in accordance with the requirements of the *Service Agreement – Funding and Service Details.*

☑ Documented and implemented processes for managing security of sensitive information relating to children and young people in care which addresses
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[20] Privacy breaches relating to services funded by a Queensland Government department must be reported to the relevant department as required under the Service Agreement. The Queensland Office of the Information Commissioner provides guidance about when affected parties should be notified about information privacy breaches. Unlike the Notifiable Data Breaches Scheme under the *Privacy Act 1988* (C'wth) the Queensland *Information Privacy Act 2009* does not include a mandatory notification scheme, but the federal guidelines may also provide useful guidance about when it is appropriate to notify affected persons about a privacy breach.

[21] For Queensland Government funded organisations refer to the Office of Information Commissioner Queensland website. Queensland Government funded organisations may find relevant information in the DCSDSS fact sheet: *Obligations of Contracted Service Providers - Information Privacy Act 2009*

[22] If an organisation intends to send personal information overseas (or use a cloud based service provider which stores data overseas), the terms of the Service Agreement generally require it to obtain consent from the relevant department to transfer personal information overseas. In seeking that consent, they should provide evidence of how they will meet their privacy obligations in relation to the information being sent overseas. It is also important to note that DCSDSS does not consent to records relating to children in care being stored or transferred overseas, unless prior written consent is obtained from DCSDSS.

	both internal and external information technology and systems risks and the controls in place to address risk.
	☑ Where services are provided under a funding arrangement with DCSSDS, records of services provided to children and young people who are subject to the *Child Protection Act* 1999 are managed in accordance with DCSSDS's requirements[23].
Child Protection Support Services	☑ Documented and implemented processes for ensuring that records or files of children or young people subject to intervention under the *Child Protection Act 1999* are maintained in accordance with requirements of *the Service Agreement – Funding and Service Details*.
	☑ Information obtained when providing services under or in relation to the *Child Protection Act 1999* is treated in accordance with requirements of the Act and DCSSDS's *Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children*.
	☑ Documented and implemented processes for managing security of sensitive information relating to children and young people in care which addresses both internal and external information technology and systems risks and the controls in place to address risk.
	☑ Where services are provided under a funding arrangement with DCSSDS, records of services provided to children and young people who are subject to the *Child Protection Act* 1999 are managed in accordance with DCSSDS's requirements[24].
Families	**Assessment and Service Connect and Family and Child Connect**[25]
	☑ Documented and implemented processes for ensuring consent-based engagement when working with families[26].
	☑ Documented and implemented processes for ensuring that families are advised of the requirement to provide informed consent to accept support (including information sharing with other service providers that can assist them) and of the option of limiting or not permitting information sharing with particular services or organisations.
	☑ Privacy notices that inform clients that information may be shared with DCSSDS in certain circumstances, including where a child has been harmed or may be at risk of harm, and for contract management or evaluation purposes.
Domestic & Family Violence	☑ Documented and implemented processes, policies and procedures including risk assessment processes associated with collection, security, disclosure, privacy breaches, client access to personal information and sharing of client related information, including without consent where applicable, in accordance with:
	• Part 5A of the *Domestic and Family Violence Protection Act 2012*
	• *Domestic and Family Violence Information Sharing Guidelines* (May 2017)
	• Section 159C of the *Child Protection Act 1999*[27].

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[23] [Recordkeeping requirements for non-government organisations](#)

[24] [Recordkeeping requirements for non-government organisations](#)

[25] Also known as Community Based Intake and Referral services.

[26] Refer to [Families Investment Specification](#)

[27] *Information Sharing Guidelines were issued under Section 5A of the Domestic and Family Violence Act 2012* and *Section 159C of Child Protection Act 1999 to support and guide organisations and agencies within the Queensland domestic and family violence and child protection system to collect, use and share information.*

Disability Services	☑ Documented and implemented processes which ensure that records comply with the *Disability Services Act 2006* and section 9 *Disability Services Regulation 2017*.

> Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Privacy policy and procedures addressing:
  - Information privacy obligations (including collection, security, access and amendment, use, disclosure and overseas transfer).
  - Records management obligations (including creating files as necessary, retention, searching and retrieval, archiving and disposal).
- Documentation (e.g. training registers/databases, staff files) which show that staff and volunteers have been made aware of relevant policies and procedures relating to confidentiality, privacy, records management and, where relevant, the *Domestic and Family Violence Information Sharing Guidelines.*
- Feedback from staff demonstrates they are aware of relevant policies and procedures relating to confidentiality, information privacy and records management.
- Documented process for when and how to conduct a Privacy Impact Assessment[28].
- A process for obtaining feedback from service users and relevant stakeholders about the organisation's privacy and confidentiality controls and their suitability and effectiveness for the services delivered.

Collection of personal information
- Privacy notices on forms, phone lines and signs advising service users why their personal information is being collected, any legislative authority for the collection, and how it may be used and disclosed.
- Records of informed consent for the collection, use and disclosure of personal information from service users and other relevant stakeholders.
- Where electronic monitoring[29] is in use (e.g. disability accommodation services, women's shelters), the organisation has:
  - Obtained informed consent from service users and other relevant stakeholders,
  - Installed signage to inform clients, staff and visitors where monitoring is in use, and
  - Documented and implemented processes to guide the usage, storage, retrieval, retention and disclosure of images.

Security of personal information
- Documented processes for maintaining physical security, including access to building(s), rooms and filing cabinets (e.g. paper-based files are kept in a secure, lockable area), and physical access audits are conducted by the organisation.
- Documented processes for maintaining digital security, including regular updates and patches, data encryption, password protection, lock screen functions, and access audit trails.
- Documented processes for reviewing staff access permissions including a process for on-boarding and off-boarding staff, and regular (e.g. quarterly) audits to ensure this is done.
- Documented processes regulating the use of portable or removable electronic devices and emails (e.g. iPads, laptops, smartphones, USB drives), including password protection and the ability to remotely wipe devices.

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[28] See Office of Australian Information Commissioner Guide to undertaking Privacy Impact Assessments

[29] Electronic monitoring refers to the process for capturing audio, visual, positional or other information about a person using electronic methods, eg CCTV, Refer to Office of Public Advocate (Qld) Electronic Monitoring Factsheet-Information for accommodation support provider and support staff

- If any personal information is sent overseas (e.g. through use of cloud based systems or internet posts):
  - The department has provided prior written approval, and
  - Consent has been obtained from individuals, or other requirements in s33 *Information Privacy Act 2009 (Qld),* are met.

Access and amendment
- Individuals can find out what type of personal information the organisation collects, how the information is used and how people can obtain access to their own personal information.
- Documented processes for access to and amendments of personal information.

Disclosure of personal information
- Documented processes for sharing personal information with other entities (such as obtaining signed informed consents, understanding and providing information about the privacy practices of third parties with which personal information is shared and keeping a record of disclosures and rationale for such disclosures).

Privacy breaches and complaints
- Documented processes for responding to privacy/data breaches, including:
  - Containing the breach
  - Assessing risk
  - Immediately notifying the department
  - Determining whether affected persons or other agencies should be notified
  - Identifying any systemic issues and taking action to prevent a recurrence.
- A complaints management policy which, in relation to information privacy breaches, includes:
  - Responding to privacy breaches within 45 business days, and
  - Advising complainants that if they are not satisfied with the response they can refer their concerns to the Queensland Office of the Information Commissioner.

Organisations providing services to children and young people in care
- Records are maintained in accordance with the DCSSDS's requirements[30]
- Staff are trained to ensure that they have a comprehensive understanding of confidentiality obligations under the *Child Protection Act 1999.*
- Staff training or guidance addresses how to deal with images of children in care, including on social media, including the requirement not to identify a child as child in care in accordance with the *Child Protection Act 1999* and DCSSDS social media guidelines[31].

Service providers covered by the information sharing provisions of the *Child Protection Act 1999*
- Policies, procedures and protocols to guide sharing of information in accordance with the *Child Protection Act 1999* and DCSSDS's *Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children*, including:
  - What information can be shared, with whom and in what circumstances.
  - How information can be shared, to ensure security in transit and limiting further use or disclosure by the recipient.
  - Processes for seeking consent for sharing information.

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[30] Recordkeeping requirements for non-government organisations

[31] Social media guidelines

- – Processes for sharing information without consent where there is legal authority, it is in the best interests of the child or young person, and it is not safe, possible or practical to obtain consent.

Domestic and Family Violence services

Services have the following structures in place to support information sharing:

- Processes and/or protocols to assess, identify and mitigate risks associated with information sharing, and risk mitigation strategies that are defined in policies, procedures, or other organisational documentation.
- Case notes demonstrate a risk assessment process is followed in the sharing of client related information.
- Client information that may be subpoenaed does not compromise victim safety in any way, for example safety plans may not outline specific details that could jeopardise victim safety if subpoenaed.
- Processes for informing clients about when information may be shared with other agencies as a duty of care, e.g. child protection concerns records that demonstrate information is appropriately shared or sought from other agencies.
- Where electronic surveillance technology is installed, the organisation has documented and implemented processes to guide the collection, use, storage, retrieval of images and disclosure of footage, to ensure the privacy of personal information collected during surveillance activities as far as possible, and signage alerting people to the fact that cameras are in us.
- Policies, procedures, records, staff training, client and staff interviews, case notes and other relevant records and practice support that all staff and volunteers are aware of, and abide by confidentiality, privacy and record management requirements, including:
  - Maintaining privacy and confidentiality
  - Understanding the legislative framework for information sharing
  - Obtaining client consent for sharing information wherever possible
  - Occasions where information can be shared without consent
  - Risks associated with information sharing and risk mitigation strategies.

Standard 2: Service Access

Expected outcome: Sound eligibility, entry and exit processes facilitate access to services on the basis of relative need and available resources.

Context: The organisation makes their services available to their target group in fair, transparent and non-discriminatory ways and people seeking access to services are prioritised and responded to.

Indicator 2.1: Where the organisation has responsibility for eligibility, entry and exit processes, these are consistently applied based on relative need, available resources and the purpose of the service.

- Eligibility, entry and exit processes will vary depending on the type of services delivered and the model of service delivery (e.g. a crisis counselling service will have different processes to a service providing case management or planned support).

	As a part of meeting Indicator 2.1, organisations <u>must</u> demonstrate the common mandatory evidence requirements <u>and</u> relevant service specific requirements detailed below
Common	☑ Documented and implemented processes which ensure: • Eligibility and entry processes consider the best interests and impact on human rights for people seeking services, and where relevant, the potential impacts on existing service users. • Eligibility and entry into the service is provided on a non-discriminatory basis (sex, age, race, gender identity, sexuality, religion, ability or other identifiers), except where services are delivered to meet the needs of specific service users. • Where requested, and as appropriate to the type of services delivered, people exiting the service are assisted to move to where their current needs will be best met.
Child Protection Placement Services	☑ The organisation's eligibility assessment process determines whether the service is able to meet the care needs of a child or young person, specifically ensuring that the care to the young person, and any other children or young people in the care arrangement will comply with the *Statement of Standards* (section 122 *Child Protection Act 1999)* should the referral be accepted. ☑ The organisation matches the identified needs of children and young people to available foster and kinship carers or non–family based placements. ☑ The organisation's entry eligibility, entry and exit processes support DCSSDS's implementation of *Policy 641-2: Decisions about Aboriginal and Torres Strait Islander Children and Young People,* including the five elements of the *Aboriginal and Torres Strait Islander Child Placement Principle.* ☑ The organisation considers referral information and the statutory Case Plan for the child or young person when considering their entry or exit from the service (where this has been made available to the organisation). ☑ The organisation ensures children and young people are prepared for transition from the care service, including having a transition plan to support transition to another care arrangement, care service, transition to adulthood, returning home, or other appropriate option[32]. *Note: A Case Plan must include actions to help the child transition to adulthood*

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[32] Refer to section 75 *Child Protection Act 1999* relating to Transition to Independence.

	commencing from when they are 15 years old and ensure help is available to assist a young person in their transition to adulthood until they turn 25 years of age. An organisation's Care Planning processes must reflect and support these Transition to Adulthood Case Plan goals. *Note: For family-based care services, the organisation works with the carer and other organisations as relevant, to support transition.*
Families	**Aboriginal and Torres Strait Islander Family Wellbeing Services** ☑ Processes which ensure that DCSSDS is advised where families referred by the Department do not engage with the service. **Intensive Family Support** ☑ The organisation ensures that referrals and the process for managing referrals meet the relevant criteria and requirements set out in the *Families Investment Specification.* ☑ Processes which ensure that DCSSDS is advised where families referred by them do not engage with the service. **Family and Child Connect** ☑ Processes which ensure DCSSDS is advised where families referred by them do not engage with the service. **Tertiary Family Support** ☑ Eligibility and entry processes reflect the target group of families who are exclusively referred by DCSSDS.
Domestic & Family Violence	☑ Documented and implemented processes to ensure: 　• Services are welcoming and accessible to a diverse range of client groups, so that anyone can access the service regardless of their race, religion, age, language, gender identity, sexual orientation, cultural background, complexity of their need, the presence of challenging behaviours, or an organisation's history of service provision with the client. 　• Eligibility, entry and exit processes for perpetrators address risk and safety to victims and children, staff, and other service users. ☑ Documented and implemented processes to ensure perpetrator interventions delivered by services who are approved providers, or approved intervention programs (or counselling), comply with the requirements of sections 72-74 *Domestic and Family Violence Protection Act 2012*.
Disability Services	☑ Where the organisation provides accommodation, respite services or other applicable services, compatibility with existing service users is considered as part of entry to the service.

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Policies and procedures for assessing eligibility/service capacity which may include:
    - Defining eligibility criteria.
    - Assessing compatibility with human rights, including whether limiting rights under the policies and procedures is reasonably justified, consistent with Section 13 of the *Human Rights Act 2019.*
    - Defining criteria for determining priority.
    - Defining how service capacity will be assessed by relevant staff.

- – Processes for managing a waiting list, or equivalent, where the demand for service is greater than available resources (where relevant to the type of services delivered).
- Policies and processes for refusing and ending services.
- Processes for assessing impacts of service user entries/exits on other service users (where relevant to the type of services delivered).
- Intake and referral tracking systems.
- Tools used to assess and prioritise each individual's needs based on relative need, available resources and the purpose of the service.
- Records of communication with referring bodies (e.g. referral information is retained on the files of people using services).
- Records such as case notes showing exit/entry processes are consistently applied.
- Records of reporting to relevant authorities where relevant to the type of services delivered (such as Intensive Family Support, Perpetrator Intervention Programs).
- For people exiting services, records of referrals or supported introductions to other service providers.
- Stakeholder feedback confirms that exit/entry processes are consistently applied.
- Staff and volunteers can accurately describe the process for assessing eligibility for entry into the service.
- Staff and volunteers can accurately describe intake and referral processes as relevant to the services being delivered.

Child Protection Placement Services
- Placement matching procedures/tools support placement prioritisation in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle.

Domestic and Family Violence Services
Policies, processes and interviews with staff and clients (where appropriate) demonstrate a service's approach to inclusive practice, such as:
- Providing services over the phone or online.
- Outreach work.
- Disability access.
- Use of a client's preferred name, pronouns, and personal identity language and terms.
- Duration of services takes into consideration client needs and when the client is comfortable exiting the service.
- Assessment of eligibility for service access is at all times based on an anti-discriminatory, non-prejudicial, and consistent judgement of a person's individual needs and experiences.
- Consideration for child victims where appropriate (e.g. if a mother engaged with the service has a child, or a person attending the service is under the age of 18).
- Staff and managers can articulate how the service supports diversity and is accessible and inclusive.
- Where appropriate, interviews with clients support that the service is accessible and inclusive.

Perpetrator Services
- Services have documented and implemented processes to enable informed signing of waivers by perpetrators engaged in interventions, enabling the disclosure of information to relevant advocate staff or agencies to prioritise the safety of people who have experienced domestic and family violence.
- Services have records confirming perpetrators enter an agreement on standards of acceptable behaviour on entry to the program.
- Services have and enact processes to recognise and manage heightened risk to victim safety when the dynamic and environmental risk factors of the perpetrator vary, (e.g. perpetrators attend programs and subsequently disconnect or asked to leave due to risk to other participants or staff).
- Services keep records which indicate that approved providers under the *Domestic and Family Violence Protection Act 2012* comply with the requirements of sections 72-74 (summarised in

the *Domestic and Family Violence Investment Specification*), including:

– Assessing the <u>suitability</u> of the person to participate in the approved intervention program and/or counselling.

– If assessed as suitable, providing advice to the court of the details of the approved intervention program, and/or counselling using the approved form.

– If assessed as <u>not suitable</u>, notifying the court and police commissioner using the approved form.

– Services have a process of notifying the court and/or police as required by the legislation, of a perpetrator's engagement in the intervention program.

Standard 2: Service Access

Expected outcome: Sound eligibility, entry and exit processes facilitate access to services on the basis of relative need and available resources.

Context: The organisation makes their services available to their target group in fair, transparent and non-discriminatory ways and people seeking access to services are prioritised and responded to.

Indicator 2.2: The organisation has processes to communicate, interact effectively and respond to the individuals' decision to access and/or exit services.

As a part of meeting Indicator 2.2, organisations <u>must</u> demonstrate the common mandatory evidence requirements <u>and</u> relevant service specific requirements detailed below	
Common	☑ Documented and implemented processes that demonstrate: • How the organisation communicates effectively and responds to decisions by individual service users to access and/or exit services. • Referrals for service are processed in a timely manner and with regard to the immediacy of the needs of the potential service user. • The organisation works with other agencies to meet the needs of the service users during service entry and exit processes, where appropriate. ☑ The organisation engages interpreters for people who need assistance to communicate effectively in English, in line with the *Queensland Language Services Policy*[33].
Child Protection Placement Services	☑ The organisation has a policy/procedure for supporting children and young people entering or exiting the service in response to DCSSDS's decision to make a placement. *Note: The decision to access a care service, engage a care service or transition a child or young person out of a care service is held by* DCSSDS*. Organisations should, however, ensure they have effective processes to communicate, interact and respond to children and young people upon entry to and exit from the service.*
Disability Services	☑ Evidence that people using services are provided with information (in the format that the person is most likely to understand) and/or support to access a person of their choice to assist them when entering or exiting the service.

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Processes to identify and respond to potential access barriers such as language, culture, ability, safety or physical access to services.
- Policy or processes for engaging interpreting, translating and communication services to facilitate communication with Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds and people with differing abilities/
- Processes for the involvement of representatives / support persons (where relevant) when service users are entering or exiting a service.
- Systems for tracking intake and referrals.

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[33] Organisations funded by the Queensland Government should note that under the Queensland Language Services Policy the relevant funding department is responsible for informing funded services about the process and arrangements for accessing interpreter services, including how costs will be met.

- Publications informing potential service users/referring bodies of services available (such as welcome/induction packs, brochures, website, social media, fact sheets, displays, newsletters).
- Publications about services are in formats that are easily understood by people using services (such as accessible, easy to navigate, large print, relevant language, culturally appropriate, braille).
- Publications informing exiting service users and their representatives/support persons (where relevant) about ongoing support options and service re-entry processes.
- Records of the involvement of other agencies in service user entry and exit processes (such as alternative service providers, Aboriginal and Torres Islander Community Controlled Organisations, multi-cultural organisations, advocacy services, relevant health services).
- Records reflect consideration of specific needs when communicating with potential or actual service users (such as language, culture, age, ability).
- Records demonstrate review of data to inform planning of service delivery (location, types, hours, cultural safety, physical accessibility).
- Records of training for staff and volunteers in engaging and working with interpreters and culturally safe and appropriate practices.
- Records (e.g. Individualised plans) demonstrate planning for exiting or transitioning from the service.
- Records showing that people using services have had the opportunity to have a representative/support person during entry and exit processes.
- Records of entry/exit interviews conducted in a way/and at the times that suit the person using services.
- Staff and volunteers can describe the process for engaging and working with interpreters.
- Staff and volunteers can describe culturally safe practices for engaging with Aboriginal and Torres Strait Islander peoples on entry and exit to the service.

Standard 2: Service Access

Expected outcome: Sound eligibility, entry and exit processes facilitate access to services on the basis of relative need and available resources.

Context: The organisation makes their services available to their target group in fair, transparent and non-discriminatory ways and people seeking access to services are prioritised and responded to.

Indicator 2.3: Where an organisation is unable to provide services to a person, due to ineligibility or lack of capacity, there are processes in place to refer the person to an appropriate alternative service.

As a part of meeting Indicator 2.3, organisations <u>must</u> demonstrate the relevant service specific requirements detailed below	
Common	*There is no common mandatory evidence requirement for this indicator*
Child Protection Placement Services	☑ Where the service provided by the organisation does not meet the child or young person's care needs or it is not appropriate due to other reasons, the organisation advises DCSSDS. *Note: Where a referral to another service is required, this is referred to, and acted on by* DCSSDS *as all referrals are a departmental responsibility.*
Families	**Intensive Family Support** ☑ Documented and implemented process which ensure: • Where an organisation is unable to provide a service, due to ineligibility or lack of capacity, a referral is made to an appropriate alternative service • Families are not excluded from services, while the organisation undertakes assertive outreach (e.g. unannounced visits or cold calling to make contact with families who have been referred without consent) • If during the course of an intervention, a family is subject to a statutory response resulting from a Child Safety Investigation and Assessment, the service may continue to work with the family until the investigation is completed. If the outcome of the investigation is that an ongoing statutory response is required, the Intensive Family Support service must immediately transition lead case management to DCSSDS.
Sexual Violence & Women's Support	☑ Where an organisation is unable to provide services to a person, due to ineligibility or lack of capacity, processes are in place to proactively refer the person to an appropriate alternative service.
Young People	☑ Where an organisation is unable to provide services to a person, due to ineligibility or lack of capacity, processes are in place to proactively refer the person to an appropriate alternative service. The service should facilitate practical support until the appropriate referral is completed.

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Policies and procedures for assessing eligibility/service capacity which may include:
  - Assessing compatibility with human rights, including whether refusing or inability to provide services involves limiting human rights, and whether this limitation is reasonably justified, consistent with Section 13 of the *Human Rights Act 2019.*

- – Timeframes for making a decision about accepting or declining a referral.
  - – Timeframes for communicating that decision.
- Processes for re-directing or transitioning persons to appropriate alternative referral pathways.
- Strategies and process for developing relationships and referral pathways with other agencies (such as alternative service providers, Aboriginal and Torres Islander Community Controlled Organisations, multi-cultural organisations, advocacy services, relevant health services).
- Records relating to notifying people of ineligibility, or of an inability to provide services due to lack of capacity or resources.
- Records of communication with referring agencies or other relevant stakeholders regarding the inability to provide services.
- Records of management and staff participation in networking activities that maintain organisational awareness of internal and external services/referral pathways (e.g. interagency forums).
- Staff can accurately describe referral processes and referral pathways.

Domestic and Family Violence Services
- Records indicate that services refer clients to other services where appropriate, including alcohol and other drugs services, mental health services, gambling support services, homelessness and/or housing support services, LGBTIQA+ services, and services that may be more culturally safe.
- Policies and processes for referral where services are unable to provide services to the clients on the basis of risk to staff or other participants.
- Staff can accurately explain the rationale and process for being unable to provide services to clients from a program or service on the basis of risk to staff or other participants and how they communicate with victims to minimise risk.
- Staff demonstrate an understanding of the organisation's offerings, limitations, and referral pathways to other services to address client needs.

Perpetrator Services
- Managers and staff can explain how referrals are managed in a way that addresses any belief that problems such as substance abuse or gambling minimise the importance or accountability of the perpetrator's behaviour.

Standard 3: Responding to Individual Need

Expected outcome: The assessed needs of the individual are being appropriately addressed and responded to within resource capability.

Context: The organisation provides appropriate services that are identified/assessed, planned, monitored, reviewed and delivered in collaboration with the person using the service, their representative and/or relevant stakeholders. The organisation uses referral pathways and partnerships to promote integrated service provision.

Indicator 3.1: The organisation uses flexible and inclusive methods to identify the individual strengths, needs, goals and aspirations of people using services.

The interpretation of this indicator:

- The requirements for and extent of planning will differ according to types of services delivered and the duration of the intervention.
- Individuals and their representatives / support persons have a right to actively participate in assessment and planning.
- Service planning should focus on goals, address the requirements of people using services in accordance with their needs and promote functional and social independence and quality of life.

	As a part of meeting Indicator 3.1, organisations <u>must</u> demonstrate the common mandatory evidence requirements <u>and</u> relevant service specific requirements detailed below
Common	☑ The organisation documents the methods used to identify the individual strengths, needs, goals and aspirations of people using services. ☑ Documented and implemented processes which ensure: • Service planning is conducted in accordance with the type of services delivered[34], and with regard for the anticipated duration of service delivery. • Service planning includes consideration of relevant decision making/guardianship/custody arrangements (including any statutory orders) that relate to individual service users, where relevant. • Service planning promotes quality of life, autonomy and independence of people using services and inclusion in their community. ☑ Where service delivery requires individualised planning and support[35] (such as case management, recovery/support planning), the organisation develops and implements an individualised plan, in conjunction with the person and their representatives / support persons (where relevant) that includes: • Strategies for meeting the individual's needs and achieving identified goals, including developing and maintaining skills relevant to the person's roles in the community. • The types/level/nature of support to be provided by the service.

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[34] For Queensland Government funded services funded under the Child and Family and Community Services funding streams, service delivery requirements are detailed in *Service Agreement – Funding and Service Details* and the relevant *Investment Specification* available on the relevant department's website.

[35] Applies where an organisation delivers services of a type that require formal/documented individualised planning and support (e.g. Access – Information, Advice and Referral and Community Support may not require development of an individualised plan).

	All placement services must:
	☑ Contribute to the assessment of, and meeting the protection and care needs of the child, and supporting their families in accordance with section 159B(d) *Child Protection Act 1999 and* DCSSDS's *Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.*
	☑ Work in partnership with DCSSDS to provide training, supervision and support to assist foster and kinship carers and direct care staff (whichever is relevant) to provide positive behaviour support to individual children and young people.
	Note: At times, children and young people may display behaviour of such intensity, frequency and duration that their safety, or the safety of others is at immediate risk. In such circumstances, it may be necessary for carers to respond quickly to take emergency actions. *When responding to this behaviour, carers may be required to intervene with reasonable force to protect the child or young person, themselves and others. However, the emergency use of Restrictive Practices must not contravene the Statement of Standards (section 122 Child Protection Act 1999) or be part of a planned response. All strategies must be consistent with* DCSSDS*'s Positive Behaviour Support and Managing High Risk Behaviour policies.*
	Where non-family based care services and/or family based care services that also provide direct care to children and young people are provided, the organisation:
Child Protection Placement Services	☑ Has processes in place to ensure that an Authority to Care is requested from DCSSDS in relation to each child/young person placed, and to advise DCSSDS if this has not been received as requested.
	☑ Undertakes care planning processes (including a strengths and needs assessment) which ensure that the following standards of care are addressed for each child or young person (the *Statement of Standards* section 122 *Child Protection Act 1999*):
	• The child's dignity and rights are respected at all times
	• The child's needs for physical care are met, including adequate food, clothing and shelter.
	• The child receives emotional care that allows him or her to experience being cared about and valued and that contributes to the child's positive self-regard.
	• The child's needs relating to his or her culture and ethnic grouping are met.
	• The child's material needs relating to his or her schooling, physical and mental stimulation, recreation and general living will be met.
	• The child will receive education, training or employment opportunities relevant to the child's age and ability.
	• The child receives positive guidance when necessary to help him or her to change inappropriate behaviour.
	• The child receives dental, medical and therapeutic services necessary to meet his or her needs, including emergency and routine vaccinations in accordance with section 97 *Child Protection Act 1999*. [36].
	• The child is given the opportunity to participate in positive social and recreational activities appropriate to his or her developmental level and age.
	• The child is encouraged to maintain family and other significant personal relationships.
	• If the child has a disability – the child receives care and help appropriate to

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[36] Including emergency and routine vaccinations in accordance with section 97 *Child Protection Act 1999*.

	the child's individual needs.
	☑ Ensures that care planning undertaken for each child or young person reflects DCSSDS's assessment of the child or young person's strengths and needs and any other matters detailed in DCSSDS Case Plan, where the Case Plan has been made available to the organisation[37].
	☑ Ensures that Care Plans are consistent with requirements outlined in:
	• DCSSDS's *Positive Behaviour Support and Managing High Risk Behaviour Policies,* ensuring that Care Plans do not contain behaviour management strategies that would constitute prohibited practices or the planned use of restrictive practices.
	• Other relevant DCSSDS policies (refer to Appendix B).
	☑ Ensures that where DCSSDS has not provided a Case Plan, initial care planning still occurs covering the basic activities the organisation must undertake to meet the *Statement of Standards* (section 122 *Child Protection Act 1999)* for the child.
	☑ Where a child or young person is assessed by DCSSDS as having significant needs in the behaviour and /or emotional stability domains, the organisation:
	• Works in genuine consultation and participation with DCSSDS and Specialist Services staff, the child or young person, their parents (where appropriate), and other specialist providers including Evolve Therapeutic Services, Child and Youth Mental Health Services, NDIS funded service providers and sexual abuse services as relevant to develop/review a Positive Behaviour Support Plan as a part of the case planning process.
	• Implements processes to ensure that staff/carers are appropriately skilled, trained, supported and supervised in order to implement the strategies included in an individual child/young person's Positive Behaviour Support Plan.
	Note: Foster and Kinship Care services are not required to develop a Care Plan unless they also provide direct care, (e.g., if a Youth Worker is engaged by the service to directly support a child or young person in family-based care).
	Non-family based care services
	☑ The organisation implements a trauma-informed therapeutic approach, in accordance with the Hope and Healing Framework for Residential Care [38] practice principles.
Child Protection Support Services	☑ The organisation contributes to the assessment of, and meeting the protection and care needs of the child, and supporting their families in accordance with section 159B(d) *Child Protection Act 1999* and DCSSDS's *Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.*
Families	☑ The organisation contributes to the assessment of, and meeting the protection and care needs of the child, and supporting their families in accordance with section 159B(d) *Child Protection Act 1999* and DCSSDS's *Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.*
	☑ Organisational procedures ensure that:

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[37] Note that for some assessment care orders DCSDSS may not have developed a Case Plan at the time of placement, see *"Care Order"* and *"Case Plan" in Appendix C* for relevant timeframes.

[38] Hope & Healing - Queensland framework for working with children and young people living in residential care

	• Collaborative case management and integrated service planning and delivery is undertaken when family support from more than one practitioner or agency is required to respond to multiple, complex and/or interrelated needs. • An exit plan is developed as part of case planning clearly identifying how the family will transition, or step down, from intensive family support at the end of the intervention. **Tertiary Family Support services** ☑ The organisation ensures that family support intervention aligns directly with the case plan developed by DCSSDS. **Safe Haven** ☑ The organisation ensures community patrol activities are provided with the consent of parents or with the approval of authorised officers as defined by the *Child Protection Act 1999.*
Domestic & Family Violence	☑ Documented and implemented processes ensure that the assessed needs of the individual are being addressed and responded to within a client centred, culturally inclusive, and integrated response.
Sexual Violence & Women's Support	**Adults and young people who have been affected by sexual violence** ☑ The organisation ensures that intervention is consistent with the principles and best-practice framework outlined in *Response to sexual assault – Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault.*
Individuals	**Adults affected by sexual assault or sexual abuse** ☑ The organisation ensures that intervention is consistent with the principles and best-practice framework outlined in *Response to sexual assault – Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault.*
Community Services	**Rest and Recovery and Assertive Outreach services for First Nations peoples (adults)** ☑ The organisation ensures that service planning and delivery aligns to the practices and tools set out in the *Guidelines and Toolkit for Diversion Services*[39].
Disability Services	☑ The organisation promotes opportunities for people using services to fulfil valued community roles. ☑ Where services are provided to adults who have an intellectual or cognitive disability and exhibit challenging behaviours, the organisation undertakes positive behaviour support planning (in accordance with legislative and policy requirements for positive behaviour support planning and the use of restrictive practices as set out in Disability Services Act 2006) which: • Is responsive to the individual's needs. • Include strategies that respond to the person's needs and the causes of the challenging behaviours. • Seeks to reduce or eliminate the use of restrictive practices. • Improves the person's quality of life.
Young People	☑ The organisation contributes to the assessment of, and responses to the protection and care needs of the young person and supporting their families in

[39] Refer to *Guidelines and Toolkit for Diversion Services*

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Policies and procedures detailing how intake, assessment and person-centred planning is undertaken.
- Processes for assessing and recording individuals' strengths, needs, goals and aspirations, including identifying any cultural considerations.
- Processes for planning how services will be delivered to individuals (including ensuring that service delivery aligns with the principles and frameworks outlined in relevant policy/program/investment specifications).
- Processes ensure active participation of individuals and their representatives / support persons (where relevant) in planning.
- Processes for informing people using services and their representatives / support persons (where relevant) about changes in service provision.
- Tools used by staff during planning processes to identify strengths, needs, goals and aspirations of people using services.
- Publications promoting community activities and events which may assist service users to meet their needs, goals and aspirations (such as welcome/induction packs, brochures, website, social media, fact sheets, displays, newsletters)
- Records demonstrating staff members' understanding of the holistic needs of the people using services.
- Records demonstrating that people using services and their representatives / support persons (where relevant) have actively participated in planning processes and goal setting.
- Feedback from people using services and their representatives / support persons (where relevant) confirm participation in planning and goal setting.
- Staff and volunteers can describe the methods used to identify the strengths, needs, goals and aspirations of people using services.

Services for Aboriginal and Torres Strait Islander children and families
- Culturally appropriate decision-making processes when engaging children, families and kin in developing a plan.
- Feedback confirms that the service has worked with the child and family to identify the 'right people' e.g. independent person who should be part of their support team and be involved in decision making.
  Evidence that children and families have been encouraged to bring a representative/ support person with them to planning meetings.

Child Protection Placement Services
- For foster and kinship care services that do not provide direct care, the common and Child Protection Placement Services mandatory evidence requirements may be demonstrated through contributing to the development and implementation of a Placement Agreement (e.g., through attendance at meetings with the department/other stakeholders and developing individual supports and training to carers tailored to the individual needs outlined in the Placement Agreement).
- Evidence of individually tailored care plans addressing appropriate dimensions of need.
- Records of training for staff/carers on how to respond to the unsafe behaviours of children and young people.
- Feedback from partner or referral agencies confirm the organisation works collaboratively to develop/review Positive Behaviour Support Plans as a part of the case planning process.

Domestic and Family Violence Services

Policies, procedures, tools, records, and processes demonstrate flexible and inclusive methods of service delivery:

- Where appropriate, services are delivered using a case management framework or similar, with an expectation that responses provided include advice and referral, individualised risk and needs assessment, individualised safety and support planning (see 4.2), direct service and case coordination and a system for ongoing review of cases.
- Services are delivered from a client centered framework where dignity of choice and self-determination are respected.
- Where appropriate, assessments include consideration for and of children, family, kinship relations and support networks.
- Recognition of diversity and intersectionality.
- Evidence of culturally safe practice.
- Acknowledgement of local systems, processes, knowledge and skills.
- Understanding that a response in the best interest of the client may be an adaptation of a case management framework and include a wider family lens.
- A holistic approach to seeking information about the availability of services in each community.
- Working in close collaboration with Aboriginal and Torres Strait Islander people, families, communities, and Elders.

Perpetrator Services

- Intake processes for perpetrators include individualised processes for risk assessment, safety planning (see 4.2) and an orientation process prior to joining the group in order to introduce core concepts and commitments.
- Group programs and other interventions for perpetrators are planned and structured, adhere to evidence-based practice, and are delivered by qualified and experienced staff.

Disability Services

- Processes for supporting people to actively participate in their chosen community (e.g. people are given opportunities to participate in a range of community-based activities of their choice).
- Staff and volunteers can describe the opportunities given to support people to access community-based activities of their choice.

Standard 3: Responding to Individual Need

Expected outcome: The assessed needs of the individual are being appropriately addressed and responded to within resource capability.

Context: The organisation provides appropriate services that are identified/assessed, planned, monitored, reviewed and delivered in collaboration with the person using the service, their representative and/or relevant stakeholders. The organisation uses referral pathways and partnerships to promote integrated service provision.

Indicator 3.2: The organisation formulates service delivery that respects and values the individual (e.g. identity, gender, sexuality, culture, age and religious beliefs).

The interpretation of this indicator:

- When formulating service delivery, the organisation:
  - Is actively oriented to the needs, identity and culture of the people using services so that they experience an organisation that is open and engaging.
  - Responds fairly and flexibly within its capacity to the changing needs of people using services.

As a part of meeting Indicator 3.2, organisations <u>must</u> demonstrate the common mandatory evidence requirements <u>and</u> relevant service specific requirements detailed below	
Common	☑ Processes for formulating service delivery that respects and values the individual and their human rights, are documented, implemented, monitored and reviewed. ☑ The organisation demonstrates consideration of the individual needs, rights and preferences of service users (such as age, culture, gender identity, sexuality, religious beliefs, ability, communication needs). ☑ Services are delivered in a safe and inclusive environment, which is adapted where necessary to meet the needs of individual service users.
Child Protection Placement Services	☑ The organisation works with DCSDSS (and other agencies where relevant) to ensure that service delivery is tailored to the unique needs of the individual child or young person. ☑ Services to individual Aboriginal and Torres Strait Islander young people are delivered in a manner that promotes their safe care and connection, and in accordance with the *Additional Principles for Aboriginal or Torres Strait Islander Children* (section 5C *Child Protection Act 1999).* ☑ The organisation plans and delivers services to children and young people in a manner that supports DCSDSS's implementation of *Policy 641-4: Decisions about Aboriginal and Torres Strait Islander Children and Young People.*
Domestic & Family Violence	☑ Policies and processes relating to service delivery are documented, implemented, monitored and reviewed and indicate that: • All clients receive non-judgmental service delivery, taking into account diverse backgrounds, cultural practices and/or specific needs that arise from diverse backgrounds. • Staff demonstrate an understanding of the connection between colonisation and intergenerational trauma that impacts on Aboriginal and Torres Strait Islander Peoples. • Victims are treated as individuals and are not stereotyped according to their cultural background, sexual orientation, gender identify, religious or other affiliation or individual needs or differences such as disability.

	• Every victim, perpetrator and relationship is different and that an in-depth assessment needs to be conducted, especially in circumstances where mutual violence has been raised.
Disability Services	☑ The organisation promotes a positive image of people with a disability both within the service and the community and provides opportunities for people with disability to develop skills and participate in and achieve valued community roles.

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Policies and procedures relating to service delivery reflect consideration of the individual needs, rights and preferences of service users (such as age, culture, gender identity, sexuality, religious beliefs, ability, communication needs).
- Evidence that the organisation has considered and adopted sector wide policies relevant to service delivery such as:
  - Multicultural Queensland Charter and Principles,
  - Queensland: An Age-Friendly Community,
  - Queensland's Disability Plan 2022–27: Together, a better Queensland.
- Processes for involving people using services and their representatives/support persons (where relevant) in identifying individual needs, rights and preferences and service planning.
- The service environment meets the needs, and safety requirements of people using services (such as physical access, child safe spaces, clear signage).
- Records (such as case notes, planning tools) demonstrating that services are delivered in accordance with a service user's needs, rights and preferences (such as age, culture, gender identity, sexuality, religious beliefs, ability, communication needs).
- Records showing how the service has supported people to participate in activities in their chosen community.
- Records showing how the service responds to the needs and preference of individual service users (such as recruitment of appropriate staff, matching staff to people using services, cultural safety).
- Records demonstrate consideration of the impacts of service delivery on an individual's human rights (such as individualised plans, risk assessments, safety plans).
- Records demonstrate consideration of whether actions and decisions limiting human rights are consistent with Section 13 of the *Human Rights Act 2019.*
- Records of staff and volunteer training about responding to the needs, rights and preferences of individual service users (such as cultural safety, communication needs, working with interpreters, working with complex behaviours, trauma informed responses).
- Staff and volunteers can describe how the organisation respects and values the individual when planning and delivering services.

Child Protection Placement Services
- For foster and kinship care services that do not provide direct care, the common and Child Protection Placement Services mandatory evidence requirements may be demonstrated through contributing to the development and implementation of a Placement Agreement (e.g., through attendance at meetings with the department/other stakeholders and developing individual supports and training to carers tailored to the individual needs outlined in the Placement Agreement).
- For services that provide direct care, a care plan may provide evidence of meeting this requirement.
- For all foster and kinship care services, processes that support carers to provide a safe and

inclusive environment, which is adapted where necessary to meet the needs of individual service users.

- Processes for ensuring transition to adulthood planning commencing from 15 years and promoting awareness that support may continue to be available up to the age of 25.

Services for Aboriginal and Torres Strait Islander children and families
- Processes for culturally appropriate decision making when engaging children, families and kin in developing a plan (i.e. Aboriginal and Torres Strait Islander family led decision making).
- Feedback confirms that the service has worked with the child and family to identify the 'right people' who should be part of their support team and be involved in decision making.
- Records show that staff have participated in Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) Practice Resources training/workshops.
- Support and adoption for the *QATSICPP Practice Standards* and *Principles of Practice*.

Domestic and Family Violence Services
Procedures, training records and interviews and other evidence can demonstrate:
- Sensitivity to cultural practices and/or specific needs that arise from client's diversity which may be based on age, gender identity, culture, heritage, language, faith, sexual orientation, relationship status, disability, or other relevant characteristics.
- Prioritising of social and emotional wellbeing of clients by building trust, being respectful and understanding local culture, kinship ties and traditions in all interactions with a client.
- Safety plans and records of client advice which show inclusion of local culture, kinship ties, traditions and cultural considerations where applicable.
- The organisation has sought opportunities to engage and promote dialogue with Aboriginal and/or Torres Strait Islander community members as part of cultural induction and orientation before working within a particular community.
- Recognition of the similarities and differences in experiences and impacts of domestic and family violence between different cohorts with consideration to intersectionality.
- Feedback from clients and community stakeholders confirming inclusion of local culture, kinship ties, traditions and cultural considerations where applicable.
- Staff facilitate the engagement of clients with advocacy, such as having an advocate or support service present.
- Victims are offered a choice of staff member to engage with, taking into consideration availability of staff, cultural considerations, diverse backgrounds and gender.

Perpetrator Services
- Staff working with perpetrators can explain and demonstrate how they ensure that group work environments are accessible for perpetrators from a range of socioeconomic and cultural backgrounds by being supportive of change, modelling respectful and safe communication, emotional regulation, and collaboration.
- Perpetrators are supported in taking responsibility for their behaviour and identifying their capacity to be non-violent, for example encouraging the perpetrator to identify what a desirable future looks like and what would need to change.

Standard 3: Responding to Individual Need

Expected outcome: The assessed needs of the individual are being appropriately addressed and responded to within resource capability.

Context: The organisation provides appropriate services that are identified/assessed, planned, monitored, reviewed and delivered in collaboration with the person using the service, their representative and/or relevant stakeholders. The organisation uses referral pathways and partnerships to promote integrated service provision.

Indicator 3.3: The organisation ensures that services to individual/s are delivered, monitored, reviewed and reassessed in a timely manner.

The interpretation of this indicator:

- Services to individuals should continue to be appropriate and meet the needs of the person using the service.

	As a part of meeting Indicator 3.3, organisations <u>must</u> demonstrate the common mandatory evidence requirements <u>and</u> relevant service specific requirements detailed below
Common	☑ Documented and implemented processes for monitoring, reviewing and reassessing service delivery (including monitoring and adapting the physical environment, as relevant to the type of services delivered) to meet the needs of individual service users. ☑ Where service delivery requires individualised planning and support[40] (such as case management, recovery/support planning): • Planning is undertaken in a regular cycle of assessment, planning, implementation and review. • Plans are adapted as required to ensure they continue to be relevant to the changing needs of service users. • Records are maintained to support and demonstrate the effective implementation of individualised plans. • The organisation involves the people using services and their representatives/support persons (where relevant) in reviewing individualised plans.
Disability Services	☑ Where services are provided to adults who have an intellectual or cognitive impairment, the organisation: • Ensures that where a Positive Behaviour Support Plan is in place, service planning, delivery, monitoring, review and reporting is undertaken with reference to the plan, and in accordance with the *Disability Services Act 2006* and *Disability Services Regulation 2017*.

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Policies and procedures for monitoring, reviewing and reassessing services.
- Processes for monitoring the implementation of individualised plans, including timeframes and review mechanisms.

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[40] Applies where an organisation delivers services of a type that require formal/documented individualised planning and support (e.g. Access – Information, Advice and Referral and Community Support may not require development of an individualised plan).

- Processes for involving representatives / support persons (where relevant) of people using services in monitoring and review processes.
- Processes to ensure the service environment adapts to meets the changing needs, preferences, and safety requirements of people using services (such as physical access, child safe spaces, clear signage).
- Tools for monitoring, reviewing and reassessing the services provided to people using services.
- Records demonstrating implementation of individualised plans.
- Assessment and planning records demonstrating comprehensive and ongoing review of individual service user's strengths, needs, goals, aspirations and achievements (such as person-centred plans, recovery plans/support plans, exit/transition plans).
- Records confirming that individualised plans are relevant to people's changing needs and to the types of services being delivered.
- Feedback from staff, people using services and their representatives / support persons (where relevant) confirms that planning is individualised, implemented and regularly reviewed.

Child Protection Placement Services
- For foster and kinship care services that do not provide direct care, the common mandatory evidence requirements may be demonstrated through contributing to the monitoring, reviewing and reassessing of a Placement Agreement (e.g., through attendance at meetings with the department/other stakeholders and developing individual supports and training to carers tailored to the updated individual needs outlined in the revised Placement Agreement).
- For services that provide direct care, an updated Care Plan may provide evidence of meeting this requirement.
- Children, families, kin and other stakeholders are actively involved in reviewing progress towards achieving goals.
- Staff can describe how plans are actively monitored and modified over time to respond to changing needs of children and families.
- Care Plans are updated following the provision of updated DCSSDS Case Plans to ensure that Care Plans continue to reflect DCSSDS's assessment of the child or young person's strength and needs, and any other matters detailed in the DCSSDS Case Plan.

Services for Aboriginal and Torres Strait Islander children and families
- Children, families, kin and other stakeholders are actively involved in reviewing progress towards achieving goals.
- Staff can describe how plans are actively monitored and modified over time to respond to changing needs of children and families.

Mental Health Services
- Case notes, records, individualised plans, case conferencing notes demonstrate continuity of services in response to organisational changes, such as change of key worker.

Standard 3: Responding to Individual Need

Expected outcome: The assessed needs of the individual are being appropriately addressed and responded to within resource capability.

Context: The organisation provides appropriate services that are identified/assessed, planned, monitored, reviewed and delivered in collaboration with the person using the service, their representative and/or relevant stakeholders. The organisation uses referral pathways and partnerships to promote integrated service provision.

Indicator 3.4: The organisation has partnerships and collaborates to enable it to effectively work with community support networks, other organisations and government agencies as relevant and appropriate.

	As a part of meeting Indicator 3.4, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below
Common	☑ Policies and/or procedures outlining how the service will partner and collaborate to enable the service to work effectively with community support networks, other organisations and government agencies, as relevant and appropriate. ☑ Partnership arrangements and collaborative strategies are documented, implemented, and reviewed. ☑ The organisation seeks input/involvement of relevant stakeholders as relevant and appropriate to inform service planning, delivery, monitoring and review processes.
Child Protection Placement Services	☑ The organisation reasonably accepts every opportunity to participate in DCSSDS's case planning process to develop and review the statutory Case Plan. ☑ The organisation works in a coordinated and collaborative way with DCSSDS and other service providers in a manner that is consistent with sections 159B and 159F *Child Protection Act 1999* and DCSSDS's *Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.* **Non-Family Based Care Services** ☑ The organisation identifies and maintains contact points and builds partnerships with agencies and services to support the principles and strategies of the *Joint agency protocol to reduce preventable police call-outs to residential care services,* including working with local Police.
Child Protection Support Services	☑ The organisation works in a coordinated and collaborative way with DCSSDS and other service providers in a manner that is consistent with sections 159B and 159F *Child Protection Act 1999* and DCSSDS's *Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.*
Families	☑ The organisation works in a coordinated and collaborative way with DCSSDS and other service providers in a manner that is consistent with sections 159B and 159F *Child Protection Act 1999* and DCSSDS's *Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.* **Aboriginal and Torres Strait Islander Family Wellbeing Services** ☑ The organisation can demonstrate evidence of representation and participation

	in a local alliance of government and non-government services[41].
	Intensive Family Support
	☑ The organisation can demonstrate evidence of representation and participation in a local alliance of government and non-government services[42].
	Family and Child Connect
	☑ The organisation has documented role responsibilities and processes for lead facilitation and coordination of the local level alliance of government and non-government services.
	Tertiary Family Support
	☑ The organisation can demonstrate that it works in a coordinated and collaborative way with relevant stakeholders to ensure case plan goals and case plan reviews for children and young people are addressed in a timely manner and within a family's local community.
Domestic & Family Violence	☑ Documented processes ensure that the organisation engages in an integrated service response: • Appropriate to the level of funding and size of the organisation, services engage in and provide an integrated service response by having established coordinated and collaborative relationships with other relevant agencies and services. • The service has formal links and regular, collaborative and referral relationships with relevant specialist agencies providing legal, court, multicultural, medical, mental health and advocacy services and key persons in local cultural communities. • The organisation shares appropriate and timely information with agencies in alignment with legislation and Queensland Government *Domestic and Family Violence Information Sharing Guidelines* that hold victim safety and perpetrator accountability at the core of practice. ☑ Organisations uphold cultural safety through strong ties with the local community and appropriate service providers, as well as providing resources that support clients to engage with services of their choice that may be better placed to respond in a culturally safe way. ☑ Perpetrator Intervention Programs ensure that, where possible, staff working with perpetrators establish an ongoing relationship with the victim, by either communicating with the victim (with victim consent) or victim advocate to provide an integrated and collaborative response to victim safety and perpetrator accountability.
Young People	**Support and Case Management** ☑ The organisation demonstrates evidence of collaboration with other services through partnerships and case panels to address individual service user needs and increase self-reliance and independence.

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

• Policies and procedures outline how the organisation works with other service providers and professionals to provide integrated service delivery to meet individual service users' needs.

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[41] Local level alliances may include Supporting Families Alliance and Local Level Alliance led by Family and Child Connect services.

[42] Local level alliances may include Supporting Families Alliance and Local Level Alliance led by Family and Child Connect services.

- Processes for developing relationships with other agencies (such as alternative service providers, Aboriginal and Torres Islander Community Controlled Organisations, multi-cultural organisations, advocacy services, relevant health services).
- Records of agreements with relevant stakeholders (such as protocols, memoranda of understanding, service level agreements, partnership agreements).
- Publications informing people using services about community activities and other services (such as welcome/induction packs, brochures, website, social media, fact sheets, displays, newsletters).
- Records of management and staff participation in networking activities (such as interagency forums, local alliances).
- Records demonstrating the organisation works with other service providers and professionals as required to provide integrated service delivery to meet individual service users' needs (e.g. collaborative individualised plans for people using services).
- Feedback from people using services and their representatives / support persons (where relevant) confirm that services are delivered in collaboration with other relevant services and professionals as required (such as alternative service providers, Aboriginal and Torres Islander Community Controlled Organisations, multi-cultural organisations, advocacy services, relevant health services).
- Feedback from other service providers and professionals confirms involvement in service planning, delivery, monitoring and review for service users.
- Staff can describe the partnerships/collaborative strategies used to support service delivery, planning, monitoring and review.

Services to children and families (includes Child Protection Placement Services, Child Protection Support Services and Families services)
- Processes for meeting information sharing guidelines relevant to legislative requirements (e.g. *Child Protection Act 1999*).

Child Protection Placement Services
- Evidence of attendance at case planning meeting, stakeholder meetings, interagency child safety placement services meetings/forums.
- For foster and kinship care services that do not provide direct care, the organisation assists carer to engages community support networks, other organisations and government agencies as relevant and appropriate to meet the needs of individual children and young people (e.g., evidence of the organisation linking carers with support agencies or community support networks to meet the needs of a child).
- For foster and kinship care services that do not provide direct care, the organisation reasonably accepts every opportunity to assist in the development of DCSDSS's Placement Agreement process which may require supporting the carer's engagement with community support networks, other organisations and government agencies.

Child Protection Non-Family Based Care Services
- Evidence of engagement of children/young people, their support networks, local level relationships and identification of contact points to respond to service users' needs and support incident de-escalation (such as nominated police liaison, mental health intervention and legal support services).
- Policies and procedures that provide clear guidance about involving police in line with the *Joint Agency Protocol to Reduce Preventable Police Call-outs to Residential Care Services.*
- Connections with other residential care services to share information and good practice and promotion of consistent outcomes in line with the *Joint Agency Protocol to Reduce Preventable Police Call-outs to Residential Care Services.*

Services for Aboriginal and Torres Strait Islander children and families
- Evidence of meaningful partnerships with Aboriginal and Torres Strait Islander Community Controlled organisations, community and other service providers.

- Records of management and staff participation in networking activities to identify and establish partnerships.

Domestic and Family Violence Services
Integrated Service Responses
Evidence demonstrating that:
- The service supports meaningful efforts to establish and maintain an effective and purposeful local network with other domestic and family violence services, housing, mental health, alcohol and other drug and government and non-government service providers, as appropriate to service and regional scale, and the capacity and level of engagement of all key partners.
- Non-Indigenous organisations seek out, develop, and maintain relationships with local Aboriginal and Torres Strait Islander organisations to build a culturally inclusive integrated response.
- Organisations can demonstrate established collaborative relationships with Aboriginal and Torres Strait Islander Organisations to support culturally appropriate connections within the community for support and referral.
- The service has readily available and accessible resources that explicitly outline and provide information about culturally specific organisations within the service area (ideally at the front door and provided in first contact with the service).
- Organisations collaborate in capacity building, training programs and sharing resources and information to enhance their response to client diversity and provide effective and appropriate services.
- Documentation and staff articulate and recognise the importance of connection to country, culture and kinship relationships.
- The service supports clients to connect with country through means such as facilitating transport or phone calls to community, referral to more appropriate services to ensure that Aboriginal and Torres Strait Islander Peoples have the capacity, ability or access to their people, community and/or country.
- Services may facilitate community groups led by the Elders within the community.
- The service records of collaboration in capacity building, training programs and sharing resources and information to enhance response to client diversity and provide effective and appropriate services.
- The service supports victims in their discussions and interactions with legal services, government, and non-government agencies, as well as other professionals, including (if required) liaising and advocating on their behalf to achieve goals that the victim has identified.

Information Sharing
Evidence demonstrating that:
- Services have an internal process around information sharing and/or a formalised policy outlining appropriate process.
- Staff share accurate and appropriate information with relevant agencies providing support to clients to streamline services and prevent clients from having to tell their story multiple times.
- Appropriate information sharing guidelines that hold victim safety and perpetrator accountability at the core, particularly in the instance that a client exits the service and there is a risk to victim safety.
- Participation in local and regional inter-agency forums and networks to support information sharing, best practice when working with clients with specific needs, service coordination, and seamless service delivery.
- Processes acknowledging that information sharing in the interest of victim safety may be required depending on the client's engagement and behaviour and may be supported through the client signing a waiver or agreement upon engagement with the intervention.

Perpetrator Services
- Staff working with perpetrators preferably communicate with the victim through the victim advocate (or the victim directly where appropriate) regarding the perpetrators' participation in a program or in a one-to-one setting. This includes providing verbal or written information about

the content and approach of the intervention.

- Communication and engagement with the victim is conducted in such a way that it does not increase risk to the victim, and where possible should be negotiated with the victim.
- Perpetrators who request support to understand or clarify advice provided by organisations outside the service system are referred to appropriate service providers who can assist, for example legal services, the Queensland Police Service, the Children, Youth Justice and Multicultural Affairs or other government and non-government agencies.

Standard 3: Responding to Individual Need

Expected outcome: The assessed needs of the individual are being appropriately addressed and responded to within resource capability.

Context: The organisation provides appropriate services that are identified/assessed, planned, monitored, reviewed and delivered in collaboration with the person using the service, their representative and/or relevant stakeholders. The organisation uses referral pathways and partnerships to promote integrated service provision.

Indicator 3.5: The organisation has a range of strategies to ensure communication and decision-making by the individual is respected and reflected in goals set by the person using services and in plans to achieve service delivery outcomes.

The interpretation of this indicator:

- The organisation assists people to be aware of, and take responsibility for, choices regarding their lives and to move towards self-reliance. People using services have unique perceptions and experiences and opportunities are provided for participation in service planning, development, delivery and evaluation.

	As a part of meeting Indicator 3.5, organisations <u>must</u> demonstrate the common mandatory evidence requirements <u>and</u> relevant service specific requirements detailed below
Common	☑ The organisation uses appropriate communication methods to facilitate the engagement of people using services in decision-making and planning. ☑ Where service delivery requires individualised planning and support[43] (such as case management, recovery/support planning): • The organisation actively encourages the participation or people using services and their representatives/support persons (where relevant) in planning and review processes, as appropriate. • The strengths, needs, goals and aspirations of people using services are recorded and responded to, and their participation in decision-making is promoted, where age and developmentally appropriate. • Individualised Plans are provided in a format that is easily understood by the individual.
Child Protection Placement Services	For non-family based placement services and family based placement services that also provide direct care to children and young people: ☑ The organisation has a documented process to provide opportunities for children and young people to participate in decisions made about their care and protection needs, which are consistent with the principles of the Child Protection Act 1999 (refer to Part 2, Division 1 for a full list of principles). ☑ The organisation ensures that, where age and developmentally appropriate: • The child or young person is given the opportunity to participate in identifying strengths and needs. • Support and encouragement is provided to the child or young person to participate in the development of care plans, care plan reviews, and goal setting.

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[43] Applies where an organisation delivers services of a type that require formal/documented individualised planning and support (e.g. Access – Information, Advice and Referral and Community support may not require development of an individualised plan).

Domestic & Family Violence	☑ Documented and implemented policy and procedures that ensure use of accredited interpreters with domestic and family violence experience where possible.
	☑ Documented and implemented policies, procedures and practice that ensure services are delivered in a manner that: • Provides a framework for access and inclusion. • Promotes the self-determination, dignity of choice and autonomy of victims. • Is tailored to clients' needs taking into account a range of client cohorts and their individual circumstances including their family situation, their personal values and preferences and specific risk and protective factors. • Actively seeks to enable clients to make informed decisions on their own behalf by assisting them to explore and understand the implications of their decisions. • Staff work collaboratively with the family acknowledging strengths and building self-efficacy. • Safety considerations recognising the unique needs of victims of DFV related to communication methods are observed. • Children participate in decisions that affect them where possible and appropriate.

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Policies and procedures for how the service engages with and encourages service user participation in each stage of service delivery.
- Strategies to communicate and engage with service users with diverse needs and preferences about setting goals and achieving outcomes.
- Processes for developing and documenting individualised plans in formats that are easily understood by individual service users.
- Publications informing service users about service planning (such as welcome/induction packs, brochures, website, social media, fact sheets, displays, newsletters).
- Publications about service planning are in formats that are easily understood by people using services (such as accessible, easy to navigate, large print, relevant language, culturally appropriate, braille).
- Records reflect consideration of specific needs when communicating with service users (such as language, culture, age, ability) and their representatives / support persons (where relevant).
- Records demonstrate that different strategies used by the service to communicate and engage with service users in accordance with their needs, rights and preferences (such as interpreters, participation of chosen representatives/support persons, culturally safe practices, flexible approaches, use of technology/communication aids/devices, change of surroundings).
- Feedback from people using services confirms that their strengths, needs, goals and aspirations are respected.
- Feedback from people using services and their representatives / support persons (where relevant) confirms participation in individual planning and review processes and that they understand their individualised plans.
- Staff can describe the processes used to develop and document individualised plans in formats that are easily understood by individual service users.

Services for Aboriginal and Torres Strait Islander children and families
- Strategies to identify and overcome barriers and support participation of people using services (such as participation of representatives / support persons).
- Information is provided in a culturally informed format that is easily understood by people using services.

Child Protection Placement Services

- For foster and kinship care services that do not provide direct care, the organisation supports carers to encourage young people to engage and participate in decisions made about their care and protection needs (e.g., information sheets provided to carers, home visit record content, training and development content).
- The child or young person has been supported to be involved through the assessment and development of any plan to the best extent possible, taking into account their age and level of understanding (e.g., Care Plan, Positive Behaviour Support Plan).

Domestic and Family Violence Services

Staff understand and demonstrate:

- Culturally appropriate, sensitive, and empathic communication and engagement according to client's individual communication needs.
- The impacts of trauma and how this may impact a client's presentation, communication, and narrative.
- Sensitivity to people with disabilities such as difficulties in seeing, hearing, walking, remembering, self-care, or communication requirements.

Evidence of access and inclusion may include that:

- Information provided to clients reiterates their autonomy and dignity of choice.
- Processes for on-boarding new staff reflect core values of dignity of choice, autonomy, and rights of the client.
- Clients are provided with information about available options for meeting their needs and are assisted to identify their preferred option.
- Staff are mindful of the need to provide equitable access by providing supports such as using interpreters to communicate with clients (as in indicator 3.5 DFV criteria), providing disability access points, offering casework and support over the phone or online mediums for clients in rural or remote areas (if safe phone/internet access is available and reliable), and undertaking outreach work where feasible and safe to do so.
- Clients have a choice of case worker (gender and cultural background) where possible and appropriate.
- Acknowledgement of the cultural needs of Aboriginal and Torres Strait Islander and culturally and linguistically diverse service users such as support and communication with family and community.
- Risk assessments and safety plans support the choice made by the client, e.g. keeping the client safe within the home, or planning to assist them in leaving the relationship.
- When working with victims, organisations show a range of communication methods and strategies that uphold victim safety such as not leaving voicemails if unsafe to do so, and various methods of safe contact, such as phone calls, in person engagement, or text messages.
- Processes recognise and manage heightened risk to victim safety when the dynamic and environmental risk factors of the perpetrator vary, and ensure that there is effective communication (e.g. with the victim, victim advocate, perpetrator, relevant authorities, and services engaged and relevant to providing a wrap-around response).

Standard 4: Safety, Wellbeing and Rights

Expected outcome: The safety, wellbeing and human and legal rights of people using services are protected and promoted.

Context: The organisation upholds the legal and human rights of people using services. This includes people's right to receive services that protect and promote their safety and wellbeing, participation and choice.

Indicator 4.1: The organisation provides services in a manner that upholds people's human and legal rights.

	As a part of meeting Indicator 4.1, organisations <u>must</u> demonstrate the common mandatory evidence requirements <u>and</u> relevant service specific requirements detailed below
Common	☑ Documented processes and records of service planning and delivery demonstrate that services are delivered in a manner that is compatible with the human rights of people using services, and upholds their legal rights, including: • Human rights and obligations consistent with the *Human Rights Act 2019.* • Right to information privacy in accordance with the Information Privacy Principles. • Right to access to their personal information held by the service[44]; unless access can be refused under an access law, or the document is expressly excluded from the operation of an access law (e.g. *Right to Information Act 2009).* • Right to seek amendment of their personal information if it is not accurate, relevant, complete, up to date or if it is misleading. • For services funded by a Queensland Government department, the right to apply for access to, or amendment of, information held by the department (e.g. under the *Right to Information Act 2009).* • Right to confidentiality of personal information. • Right to be treated with dignity and respect. ☑ People using services are provided with information on their rights, in ways that are appropriate, having regard to their identity, ability and cultural background.
Child Protection Placement Services	**Rights** ☑ Evidence that information regarding the rights of children in care is displayed and/or provided in an accessible format that facilitates understanding by children and young people, including information regarding the service's role in upholding children and young people's rights. ☑ Ensure that care provided meets the *Statement of Standards* (section 122 *Child Protection Act 1999).* ☑ Plan and deliver services in accordance with the *Charter of Rights for a Child in Care* (Schedule 1 *Child Protection Act 1999*). ☑ For non-family based placement services, ensure there is sufficient space in the living environment for the child to meet with DCSSDS, family and significant others in privacy (this could be a single multi-purpose space or separate spaces).

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[44] For organisations funded by Queensland Government refer to HSQF Standard 1.7 and clause 27 of the *Service Agreement–Standard Terms*

	Positive Behaviour Support
	☑ The organisation has a policy on positive behaviour support which meets legislated requirements and aligns to DCSSDS's *Positive Behaviour Support and Managing High Risk Behaviour Policies*. The organisation's policy prohibits the use of prohibited practices and does not support the planned use of restrictive practices, and includes:
	• The principles of DCSSDS's *Positive Behaviour Support and Managing High Risk Behaviour Policies*
	• A definition of positive behaviour support that aligns with the DCSSDS's *Positive Behaviour Support and Managing High Risk Behaviour Policies*
	• A definition of prohibited practices
	• A definition of restrictive practices, including guiding principles for the emergency use of restrictive practices (and specifying that the emergency use of restrictive practices does not include actions taken by carers and direct care staff in the context of age and developmentally appropriate parenting, e.g., removing scissors from a toddler.) that medication is not to be administered to manage the behaviour of a child or young person in the absence of a diagnosed health or mental health condition, and other requirements outlined in DCSSDS's *Positive Behaviour Support* Policy (PBSP) and *Child Safety Practice Manual – Meet a Child's Health and Wellbeing Needs*.
	NB: if PBSP conditions are not met the use of any medication to manage the behaviour of a child or young person is considered chemical restraint, which is a prohibited practice.
	☑ Evidence that positive behaviour support provided to children and young people in care has been planned and delivered in accordance with:
	• The *Statement of Standards* (section 122 *Child Protection Act 1999*).
	• DCSSDS's *Positive Behaviour Support and Managing High Risk Behaviour Policies*.
	• The organisation's policy on *Positive Behaviour Support*.
	• The *Charter of Rights for a Child in Care*.
Disability Services	☑ Services are planned and delivered in a manner that supports the human rights of people with disability.
	☑ Evidence that people using services have received information necessary to support their rights, in ways that are appropriate, having regard to their disabilities and cultural backgrounds.
	☑ Where services are provided to adult/s with an intellectual or cognitive disability, the organisation:
	• Has developed and implemented policies/procedures for delivering services in the least restrictive way.
	• Complies with legislative requirements for use of restrictive practices and positive behaviour support planning, including[45]:
	– Has assessed and identified any restrictive practices in use.

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[45] Refer to Parts 6 and 8 of the *Disability Services Act 2006 and* section 8 *Disability Services Regulation 2017*.

Note: Where disability services are provided to adults with an intellectual or cognitive disability, and the locking of gates, doors or windows at premises is deemed necessary to prevent physical harm being caused to an adult with a skills deficit, the service provider complies with the requirements of Part 8 of the *Disability Services Act 2006* and the policy and procedure "Locking of gates, doors and windows".

	– Has developed or is developing a positive behaviour support plan, including, where required, ensuring that a multi-functional assessment was/is conducted by an appropriately qualified or experienced practitioner.
	– Has provided a statement to the adult and their support network explaining why the organisation considers the adult needs to be subject to restrictive practices.
	– Has obtained or is obtaining the relevant consents or order (or short term approval) approving the use of the restrictive practice in the context of a positive behaviour support plan.
	– Has reported on a monthly basis on the use of restrictive practices (consistent with the requirements of Disability Services Regulation 2017) using Online Data collection.
	– Is monitoring and reviewing the implementation and outcomes of the positive behaviour support plan.

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Key guiding documents such as:
  - Charter/Statement of Service User Rights (such as human rights) and Responsibilities.
  - Organisational Code of Conduct.
- Publications providing people using services and their representatives/support persons (where relevant) with information about the rights and responsibilities of people using services (such as welcome/induction packs, brochures, website, social media, fact sheets, displays, newsletters).
- Publications about rights and responsibilities of people using services are in formats that are easily understood by people using services (such as accessible, easy to navigate, large print, relevant language, culturally appropriate, braille).
- Publications providing people using services with information about rights human rights, children's rights, rights of Aboriginal and Torres Strait Islander peoples, legal rights, right to make a complaint, right to access personal information, right to use an advocate etc. (such as welcome/induction packs, brochures, website, social media, fact sheets, displays, newsletters).
- Physical environment supports the rights of people using services to confidentiality, privacy and safety (such as child safe environments, quiet spaces, residents have space for personal possessions).
- Records demonstrate consideration of whether actions and decisions limiting human rights are consistent with Section 13 of the *Human Rights Act 2019.*
- Records of management, staff and volunteer training about the human and legal rights of people using services.
- Management and staff can describe the strategies used to ensure that service planning and delivery upholds the human and legal rights of people using services.
- Stakeholder feedback confirms that the human and legal rights of people using services were considered and upheld during service planning and delivery.

Services to children and families (Child Protection Placement Services, Child Protection Support Services and Families services)
- Evidence of information being provided to children and young people regarding the *Time in Care Information Access Service.*

Child Protection Placement Services
- The positive behaviour support policy includes:
  - A requirement for children and young people to be provided the opportunity to reflect on their behaviour after it occurs to provide a learning opportunity to identify triggers, thoughts and feelings (to occur once the child or young person has returned to a regulated state).
  - An outline of all forms of prohibited practices and their impact, as outlined in the Positive

Behaviour Support and Managing High Risk Behaviour policies.

- An outline of the types of physical restraint that are prohibited as either an emergency or as a planned response, and states that the organisation does not support the planned use of physical restraint.
- That the use of psychotropic medication to support a child/young person's mental health is not undertaken without:
  - Information from the prescribing doctor to clarify purpose of medication and ensure it is being prescribed for a mental health diagnosis.
  - Consent obtained from child or young person's guardian.
  - PBS plan in place to access appropriate mental health services to reduce the use of the medication where possible.
  - 6-monthly review by medical professionals to determine if the medication is still required.
- Care Plans do not contain any prohibited practices, or the planned use of restrictive practices (such as the planned use of physical restraint).

Disability Services
- Policies and procedures for ensuring that services are provided in the least restrictive way possible and uphold the rights of people with a disability.
- Records showing use of restrictive practices identification tool.
- Records demonstrate that a model statement (in a format that is easily understood by the individual) has been given to a person with disability and their representatives / support persons.
- Records of staff attendance at Positive Behaviour Support training.
- Records show use of Positive Behaviour Support Plans (consistent with the Positive Behaviour Support Plan - Model Plan) with appropriate approvals.
- Production of the client Record of Restrictive Practice Usage report from the Online Data Collection.

Standard 4: Safety, Wellbeing and Rights

Expected outcome: The safety, wellbeing and human and legal rights of people using services are protected and promoted.

Context: The organisation upholds the legal and human rights of people using services. This includes people's right to receive services that protect and promote their safety and wellbeing, participation and choice.

Indicator 4.2: The organisation proactively prevents, identifies and responds to risks to the safety and wellbeing of people using services.

	As a part of meeting Indicator 4.2, organisations <u>must</u> demonstrate the common mandatory evidence requirements <u>and</u> relevant service specific requirements detailed below
Common	☑ Processes for preventing, identifying and responding to risks to the safety (including the prevention of all forms of harm, abuse and neglect) and wellbeing of people using services[46] are documented, implemented, monitored and reviewed. ☑ Where an organisation delivers services to children and young people and is carrying on a regulated business or employing persons in regulated employment under the *Working with Children (Risk Management and Screening) Act 2000* documented and implemented processes for: • Ensuring all relevant persons working in or for the organisation (including governing body members) have a current blue card or exemption card before commencing in their role and ensuring that the blue card or exemption card remains current at all times whilst they are occupying the role [47]. • Maintaining a register to manage and track the status of blue card applications including pending applications, blue/exemption card numbers, expiry dates and any other relevant information (e.g. the type of employment or any exemptions that may apply). • Appropriately managing the notification of a negative notice for any person working in or for the organisation. • Linking any person who already holds a blue card or exemption card with the organisation. • De-link a card holder when they leave an organisation. • Tell Blue Card Services when there is a change in their organisation's information. • Ensuring that a child and youth risk management strategy addressing the eight minimum requirements set out in the *Working with Children (Risk Management and Screening) Regulation 2020* is in place and is reviewed annually. ☑ Documented and implemented processes for ensuring safe environments for people who use services, with due regard to legislative, regulatory or policy requirements, as outlined in Appendix A, as relevant to the types of services provided.

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[46] These requirements also apply where organisations have subcontracting arrangements in place.

[47] In line with the 'No Card, No Start' legislation, in effect from 31 August 2020. For child safety placement services this must include the Nominee, Directors, persons responsible for managing a care service and persons engaged to provide a care service, including any function of a care service. This requirement applies to these persons regardless of the way they have been engaged by the organisation (e.g., employee, subcontractor, agency staff, student, volunteer).

	☑ Children and young people are provided with a safe living environment with adequate physical space to ensure their safety, wellbeing and protection (i.e. age and developmentally appropriate) such as a lockable bathroom, their own bedroom space and/or a secure place for personal possessions.
	
	Placement services not yet licensed are required to have processes which will allow them to meet the below requirements once they are licensed.
	
	<u>*Licensed placement services*</u> *must also demonstrate evidence of implementing and monitoring the below processes:*
	
	☑ The organisation has policies/procedures which specify and support the nominee's obligation to ensure that the licensee complies with section 129A *Child Protection Act 1999* as follows:
	   • Care services comply with the standards of care stated in the *Statement of Standards* (section 122 *Child Protection Act 1999).*
	   • Each person the licensee engages to provide placement services is a suitable person (in accordance with Part 8 *Child Protection Regulation 2023*).
	   • For carrying on a regulated business or employing persons in regulated employment under the *Working with Children (Risk Management and Screening) Act 2000*, chapter 8 is complied with.
	
	☑ Records demonstrate that directors, persons responsible for directly managing care services, and persons who will be, or are, performing a risk-assessed role for a licensed care service engaged in relation to the provision of a care service or any function of a care service (including employees, subcontractors, agency staff, students and volunteers)have been deemed suitable persons[48] to be engaged in the provision of the care service prior to commencing in their role, and this has included considering the outcome of a Child Safety and Personal History Screening Check.
	
	☑ The organisation has documented processes for ensuring that directors, persons responsible for directly managing care services, and persons who will be, or are, performing a risk-assessed role for a licensed care service engaged in relation to the provision of a care service or any function of a care service (including employees, subcontractors, agency staff, students and volunteers) remain suitable persons[49] for the duration of their engagement.
	
	☑ Records demonstrate that the organisation has effective processes to manage and track the status of Child Safety and Personal History Screening Checks for directors, persons responsible for directly managing care services, persons who will be, or are, performing a risk-assessed role for a licensed care service engaged in relation to the provision of a care service or any function of a care service (including employees, subcontractors, agency staff, students and volunteers) which ensure that Child Safety and Personal History Screening outcomes are received prior to persons commencing in their role, and that screening remains current at all times whilst persons are occupying their role.[50].
	
	☑ The organisation has documented and implemented processes to identify or respond to notification of changes to child protection and personal

Child Protection Placement Services	

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[48] As defined in Part 8 of the *Child Protection Regulation 2023.*

[49] These requirements also apply where organisations have subcontracting arrangements in place.

[50] Information on current requirements specific to various positions held within a care service is available by accessing DCSDSS's resource paper *Suitability and Screening Requirements for Child Safety Licensed Care Services: A Guide for Non-government Organisations*.

	history (the *LCS Form 6* lists relevant changes to be notified to DCSSDS), and records demonstrate form submission where necessary.
	☑ Non-family based care services (residential care) establish and demonstrate procedures for reporting incidents to police that are consistent with the *Joint agency protocol to reduce preventable police call-outs to residential care services* and demonstrate practice consistent with their policies.
	☑ The organisation has documented and implemented processes for vehicle safety[51], including secure storage of car keys and compliance with Queensland child car restraint requirements.
Domestic & Family Violence	☑ Documented, implemented, monitored, and reviewed processes identify and address:
	• The significance of patterns of perpetrator behaviour beyond individual incidents of violence, and meaningfully assessment of these patterns to develop appropriate responses for the victim and appropriate interventions for the perpetrator.
	• How challenging behaviours or threats against other people using the service or working in the organisation are minimised and responded to.
	• How people using services are informed of how their safety and wellbeing will be protected and any actions they are required to take or not take while using the service.
	☑ Records demonstrate that formal, documented, evidence-based risk assessments are:
	• Linked to safety plans that are collaboratively developed.
	• Regularly reviewed, evaluated, and updated based on client circumstances.
	• Appropriately developed to suit the level of engagement and duration of need of the client.
	• Staff are trained to use these processes, and staff regularly participate in training to maintain currency.
	☑ Documented and implemented processes:
	• For notifying relevant authorities or police where a child or young person involved with their service is identified as experiencing significant intra-familial harm or is at risk.
	• For notifying relevant authorities with information as is necessary for the best interests, wellbeing and safety of the child or young person.
	• Service premises have physical security measures in place to meet the safety and privacy needs of service users and workers.
Disability Services	☑ Documented and implemented processes which ensure Disability Worker Screening requirements are complied with in accordance with the *Disability Services Act 2006,* including:
	• Ensuring all persons engaged to carry out state-funded disability work (including volunteers) hold a Disability Worker Screening Clearance before they start work. Note: a blue card is also required for people working with children with disability.
	• Managing and tracking the status of Disability Worker Screening applications and expiry dates.
	• Appropriately managing interim bar, suspension and exclusion notifications received in relation to a worker.
	• Maintaining up to date organisation details and contact person

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[51] Refer to the requirements in DCSDSS's resource: Motor Vehicle Safety - Guidelines for Child Protection Placement Services

	information with the Disability Worker Screening Unit.
	☑ Documented and implemented *Risk Management Strategy*[52] that meets the requirements of section 58 of the *Disability Services Act 2006.*
	☑ Where services and support are provided in an accommodation setting, implemented processes for ensuring that:
	• The health care needs of people with disability are documented and regularly reviewed by a qualified health practitioner or therapist
	• People using services are supported to access preventive health services such as cancer screening, vaccinations.
	• Risk identification and management strategies are applied to minimise the risk of preventable incidents such as swallowing and/or breathing difficulties, medication management issues.
Mental Health	☑ Documented and implemented processes for responding to deterioration in a person's mental state.
Alcohol & Other Drugs	☑ Evidence that the organisation has appropriate clinical governance to support good practice.
	☑ Documented and implemented processes for preventing, identifying and responding to risks associated with the types of health services delivered[53]. Documented and implemented processes for recognising and responding to acute deterioration in a person's health and/or mental state as relevant to the types of services provided.

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Policies and procedures which address how risks to people using services (e.g. risks to safety and wellbeing) are identified, minimised and managed (including prevention of harm, abuse and neglect).
- Child Safe policies and procedures – including screening processes (e.g. Blue Card register, Child Safety and Personal History Screening Check register), risk management strategies, organisational leadership and culture, participation of children in decisions that affect them, child focussed complaints handling processes, safe physical and online environments).
- Policies and procedures and risk assessment/management plans for ensuring safe environments for people who use services as outlined in Appendix A.
- Policies, procedures, materials and resources supporting anti bullying and cyberbullying, which may include requirements as outlined in Appendix A.
- Processes to inform people using services about how their safety and wellbeing will be protected and any actions they are required to take or not take while using the service.
- Processes for minimising and responding to challenging behaviours or threats against other people using the service or people working in the organisation.
- Documented processes for managing screening obligations and related risk management strategies (such as Blue Card, Disability Worker Screening, as relevant to the services provided).
- Characteristics of physical environment (free from hazards, promotes safety and protection).
- Records of risk assessment (such as safety assessments, records of meetings) for preventing, identifying and responding to risks to the safety and wellbeing of people using services.
- Records of preventative and corrective actions to protect the safety and wellbeing of people using services.

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[52] Refer to section 58*, Disability Services Act 2006.*

[53] Depending on the types of services delivered, relevant clinical risks may include: healthcare associated infection; reprocessing of reusable medical devices; safe and secure storage, distribution and disposal of medication; occupational risk of exposure to blood and body fluids or acquiring vaccine-preventable disease; test accuracy and traceability

- Building maintenance schedules, safety and electrical inspections and approvals, fire safety assessment and management plans and relevant certificates of compliance.
- Records of staff and volunteer training/competencies in identified areas of risk to people using services (e.g. safety procedures, medication management, manual handling, clinical deterioration, food safety, complex health needs, challenging behaviours).

Disability Services
- Documented processes for managing screening obligations and related risk management strategies (such as Blue Card, Disability Worker Screening Clearance, as relevant to the services provided).
- Risk assessments/plans.
- Records of staff training in recognising and responding to health issues and implementing risk management strategies such as seizure response, meal time supports, administration of medication, response to respiratory difficulties.
- For accommodation services – evidence that service delivery to individual service users is informed by a current health care/assessment plan with strategies in place to reduce the risk of preventable incidents.

Mental Health Services
- Documented procedures to assist with appropriate responses to clinical deterioration of consumers, including escalation protocols.
- Case records/notes contain safety/risk assessments/plans for individual service users.
- Safety/risk assessments/plans are regularly reviewed.
- For people who have complex needs, collaborative care plans/meetings with other relevant stakeholders consider clinical deterioration and responses.

Alcohol and Other Drugs Services
Processes consistent with relevant guidelines such as:
- *Queensland Alcohol and Drug Withdrawal Clinical Practice Guidelines*
- *Queensland Medication Assisted Treatment of Opioid Dependence – Clinical Guidelines*
- *Guiding Principles of medication management in the community*
- Documented procedures to assist with appropriate responses to clinical deterioration of people, including escalation protocols.
- Case records/notes contain safety/risk assessment/plans for individual service users.
- Safety/risk assessments/plans are regularly reviewed.
- For people with complex needs, collaborative care plans/meetings with other relevant stakeholders consider clinical deterioration and responses.

Domestic and Family Violence Services
Note: evidence can be gathered through policies, procedures, interviews with staff, case notes, training and induction processes and other means that services see fit. However, information specific to safety planning may not be noted or physically recorded in case notes, records, documentation etc. to protect the victim in the instance of information being subpoenaed.

Evidence that individual risk assessments conducted for both victims and perpetrators:
- Prioritise the victim's assessment of risk as one of the most accurate indicators of risk.
- Engage collaboratively with the victim to promote self-determination and dignity of choice.
- Do not press the victim for more information than is required.
- Consider the safety needs of children.
- Assess lethality and extent and history of abusive behaviour including strangulation, weapons use and/or suicide attempts and pet abuse.
- Identify attitudinal, behavioural, and physical risk factors of the perpetrator and incorporate this into safety planning.
- Accurately document the patterns of abuse and how these impact on the functioning, safety and wellbeing of the victim and family.

- Identify and address barriers to participation (such as language, culture, ability, safety, or physical access to services).
- Reflect an understanding that a respectful, positive, or engaged interaction with the perpetrator does not necessarily indicate that they pose less of a risk.
- Demonstrate knowledge and consideration for social, environmental, and protective factors, support networks and personal circumstances of the client in the assessment and planning of responses.

Safety plans conducted for both victims and perpetrators are linked to a risk assessment, collaboratively developed, and may demonstrate:
- Protocols when medium to high risk is identified or the victim is in immediate danger.
- Protocols reporting the disclosure of serious criminal offences committed against women and/or their associates, including their children.
- Specific strategies to increase safety and security if the victim remains with the perpetrator.
- Pre-planned scripts with the victim that can be used if someone other than the victim answers the phone when staff are trying to contact them.
- Reality tested risk assessments and safety plans with the victim, for example have they tried this before and if so, what happened.
- Respond to signs and/or risk factors for child abuse and neglect.
- Encouragement of contact with the service at any time in office hours.
- Encouragement of contact with relevant 24-hour or after-hours services.
- Perpetrator services engagement with the perpetrator to identify actions they can take to ensure victim safety.
- Acknowledgement that information specific to safety planning may not be noted or physically recorded in case notes to protect the victim in the instance of information being subpoenaed, however staff may be able to articulate these processes as evidence.

Risk assessment and safety planning in remote and discrete locations and for Aboriginal and Torres Strait Islander People and Services may include:
- A holistic response to risk assessment and safety planning localised to the community and available networks.
- Engagement of family for support and advocacy.
- Localised risk mitigation and management strategies that may be specific to communities, services and/or individuals.
- Acknowledgement of community knowledge and networks that may not always be evidenced in policy, documentation, or case files.
- Using community knowledge and connection as part of safety planning, risk assessment and risk mitigation.

Physical premises may evidence safety and privacy of clients by:
- Having more than one entry and exit.
- Separate interview rooms for clients.
- Duress alarms and accompanying process to any threats or elevation in physical risks.
- Processes around staff and client safety when conducting outreach services (e.g. conducting visits in pairs, safety protocol upon arrival and leaving the premises).

Standard 4: Safety, Wellbeing and Rights

Expected outcome: The safety, wellbeing and human and legal rights of people using services are protected and promoted.

Context: The organisation upholds the legal and human rights of people using services. This includes people's right to receive services that protect and promote their safety and wellbeing, participation and choice.

Indicator 4.3: The organisation has processes for reporting and responding to potential or actual harm, abuse and/or neglect that may occur for people using services.

The interpretation of this indicator:

- Harm includes self-harm.

	As a part of meeting Indicator 4.3, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below
Common	☑ Processes for reporting and responding to potential, suspected, alleged or actual harm, abuse and/or neglect of service users are documented, implemented, monitored and reviewed. ☑ Processes ensure that all people working in or for a service (including employees, subcontractors, agency staff, students and volunteers[54]) are aware of: • What constitutes, harm, abuse and neglect and how to respond in a manner that is consistent with any legislative requirements. • How to record and report allegations or incidents, including reporting of harm, abuse and neglect through internal processes and to any external agencies, as appropriate. • Their responsibilities to support people or make referrals to appropriate supports. • The importance of responding to allegations of harm, abuse and/or neglect in a manner that observes the principles of natural justice, and for all parties to be supported during the investigation of an allegation of harm, abuse or neglect. ☑ The organisation has an incident reporting system which ensures that incidents are assessed, managed and reported in a timely manner to internal stakeholders and relevant external agencies such as Queensland Police, DCSSDS, Coroner and/or funding bodies[55].
Child Protection Placement Services	☑ The organisation has a policy/procedure which ensures that harm, suspected harm and concerns about standards of care are identified, managed, recorded, and reported in accordance with legislative requirements and DCSSDS policy. This policy/procedure must be kept up to date and: • Include a definition of harm which is consistent with the definition in section 9 *Child Protection Act 1999.* • Facilitate reporting and recording by staff members of all harm/suspected harm (as defined in Section 9 *Child Protection Act 1999*) and concerns about the standards of care being provided to a child, and which meets the requirements of section 28 *Child Protection Regulation 2023.* • Ensure compliance with the mandatory reporting requirements

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[54] Where relevant to the role they are undertaking

[55] Some funding bodies specify timeframes for the reporting of incidents based on the type of incident and its priority level (e.g. Level 1, Level 2)

specified in sections 13F, 13G, 13H and 13I *Child Protection Act 1999* and in Part 2 *Child Protection Regulation 2023.*

- Ensure that all harm/suspected harm and concerns about standards of care are reported to DCSSDS in a timeframe and in sufficient detail to enable the safety, wellbeing and best interests of the child or young person to be addressed by the Department as soon as possible and ensure that the standard of care provided complies, and will continue to comply, with the Statement of Standards.
- Outline the organisation's process for reporting the emergency use of restrictive practices and prohibited practices in line with DCSSDS's *Positive Behaviour Support and Managing High Risk Behaviour Policies.*
- Outline the organisation's process for reporting and recording disclosures of harm that relate to historical harm, or harm that was not a result of services provided by the organisation. This must include processes for how support is provided to the young person following disclosures.
- State what staff are to do if DCSSDS deems an incident to require a Standards of Care Review or Harm Report Investigation and Assessment.
- Specify how the organisation provides support to a child or young person, staff, or foster and kinship carers during and following an incident, disclosure of harm, *Standards of Care Review or Harm Report Investigation and Assessment.* This must include providing information about what external support can be accessed.
- Outline how the organisation will provide training to staff regarding identifying, preventing, responding to, and reporting harm or suspected harm and standard of care concerns, positive behaviour support and managing high risk behaviours.
- Ensure that the management of incidents is consistent with DCSSDS policy and procedural documents and relevant protocols including:
  – Provide and review care procedure Child Safety Practice Manual.
  – Reporting missing children: Guidelines for approved carers and care services.
  – Responding to Concerns About the Standards of Care Policy
  – Positive Behaviour Support and Managing High Risk Behaviour Policies.

  Additionally, for non-family based placement services:
  – Incident management for residential care services.
  – Incident reporting guide for residential care services.
  – Joint agency protocol to reduce preventable police call-outs to residential care services.

☑ Records demonstrate that:

- All incidents have been managed and reported in accordance with the organisation's policies, DCSSDS policy and procedures requirements and relevant protocols including:
  – Provide and review care procedure Child Safety Practice Manual.
  – Reporting missing children: Guidelines for approved carers and care services.
  – Responding to Concerns About the Standards of Care Policy.
  – Positive Behaviour Support and Managing High Risk Behaviour Policies.

  Additionally, for non-family based placement services:
  – Incident management for residential care services.

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– Incident reporting guide for residential care services.

– Joint agency protocol to reduce preventable police call-outs to residential care services.

- Written reports have been provided to DCSSDS in relation to all reportable suspicions (as defined in section 13F *Child Protection Act 1999*) as soon as reportable suspicions have been formed

- Written reports provided to DCSSDS in relation to reportable suspicions contain all information as prescribed in section 13G *Child Protection Act 1999* and Part 2 *Child Protection Regulation 2023.*

- Non 13G harm/suspected harm and concerns about the standards of care have been reported to DCSSDS in sufficient detail to enable the safety, wellbeing and best interests of the child to be addressed by DCSSDS as soon as possible and ensure that the standard of care provided has complied and will continue to comply with the Statement of Standards.

- Any use of prohibited practices has been reported to DCSSDS immediately in accordance with DCSSDS's *Managing High Risk Behaviour Policy.* These incidents must have also been reported in accordance with section 13F *Child Protection Act 1999* when applicable.

- The use of emergency restrictive practices and details of the circumstances in which it occurred has been reported to DCSSDS within 24 hours of the incident occurring (or immediately where the use of restrictive practices may be a breach of the standards of care, or actions may have resulted in harm to the child or young person) in accordance with DCSSDS's *Managing High Risk Behaviour Policy.* These incidents must have also been reported in accordance with section 13F *Child Protection Act 1999* when applicable.

- Where incidents, disclosures of harm, Standards of Care Reviews or Harm Report Investigation and Assessments have occurred, support has been provided to children and young people, staff and foster and kinship carers in accordance with the organisation's policy, and they have been informed of external supports that they may access.

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<td>**Families**

Young People</td>
<td>☑ Documented and implemented processes which ensure that families and young people are aware of the organisation's duty of care to report significant harm or risk of significant harm to relevant authorities including DCSSDS.</td>
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<td>**Sexual Violence & Women's Support**</td>
<td>☑ Documented and implemented processes which ensure that individuals are aware of the organisation's obligation to report significant harm, abuse and/or neglect or risk of significant harm, abuses and/or neglect to relevant authorities. Where a significant incident/harm occurs within the service environment, the organisation reports to relevant authorities and the DJAG Contract Officer.</td>
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<td>**Disability Services**</td>
<td>☑ The organisation must have, maintain, implement and act in accordance with policies consistent with DCSSDS's policy on *Preventing and Responding to the Abuse, Neglect and Exploitation of People with a Disability,* including:

- Promoting a culture of no retribution.
- Ensuring there are systems to identify and respond to abuse, neglect or exploitation of service users.
- Ensuring timely, adequate and appropriate responses to incidents.

☑ The organisation has a policy consistent with DCSSDS's *Critical Incident Reporting Policy.* This policy is implemented, monitored and reviewed, and incidents are reported in accordance with their critical incident type.</td>
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	☑ Documented and implemented processes for identifying and responding to and reviewing clinical incidents, variations in practice and unexpected outcomes including: • Processes for open disclosure. • Processes for ensuring outcomes of review are used to inform the organisation's risk management systems.
Alcohol & Other Drugs	

<div style="background-color:purple; color:white">Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered</div>

- Policies and procedures about:
  - Incident management including reportable incidents.
  - Preventing and responding to harm, abuse and neglect.
- Registers/databases tracking the organisation's responses to:
  - Incidents including reportable incidents.
  - Potential, suspected, alleged or actual harm, abuse and neglect.
- Records (e.g. training register/database) of systematic staff and volunteer training in:
  - Incident management including reportable incidents.
  - What constitutes harm, abuse and/or neglect; how to identify and respond to actual or suspected instances; and how to record and report allegations.
  - Culturally safe and appropriate responses.
- Records of reporting to external agencies where harm, abuse or neglect has been identified or suspected (e.g. Queensland Police Service, DCSSDS).
- Records of communication with guardians/advocates/carers regarding incidents.
- Action plans which outline strategies to prevent future risk (e.g. Safety Plans for people using services).
- Feedback from people using services confirms the responsiveness of the organisation to allegations or concerns about harm, abuse and/or neglect and the support provided.
- Feedback confirms that responses to incidents and allegations of harm, abuse and neglect are culturally appropriate.
- Staff and volunteers can describe processes for:
  - Managing and reporting incident including reportable incidents.
  - Preventing and responding to harm, abuse and neglect.

Child Safety Placement Services
- Records of correspondence with DCSSDS regarding Standards of Care Concerns.
- Records demonstrating the organisation's response to incidents involving the emergency use of restrictive practices or prohibited practices.

Child Safety – Non-Family Based Placement Services (Residential Care)
- Policies and procedures include steps to respond to incidents, including addressing immediate safety needs, making the environment safe, managing the needs of people involved, identifying the cause of the incident and taking corrective action to prevent future incidents, where possible.
- Processes for identifying risk factors and early warning signs with the aim of implementing incident prevention approaches.
- Evidence of culturally responsive approaches for Aboriginal and Torres Strait Islander children and young people such as ensuring cultural support plans are in place and supporting children and young people to make contact with the Aboriginal and Torres Strait Islander Legal Service
- Evidence that themes arising from incidents have been considered and addressed with staff in order to strengthen individual and organisational practice and responses.

Disability Services
- A code of practice/conduct and policies that clearly prohibit all forms of abuse and overly restrictive behaviour management.

- Stakeholder feedback (such as family, carers, kin, advocates, decision makers, guardians) confirms a culture of no retribution for any person who reports abuse, neglect or exploitation of a person with a disability.
- Records of reporting to DCSSDS as required including the use of unauthorised use of restrictive practices.

Alcohol and Other Drugs
- Process for regular auditing of clinical records.

Standard 4: Safety, Wellbeing and Rights

Expected outcome: The safety, wellbeing and human and legal rights of people using services are protected and promoted.

Context: The organisation upholds the legal and human rights of people using services. This includes people's right to receive services that protect and promote their safety and wellbeing, participation and choice.

Indicator 4.4: People using services are enabled to access appropriate supports and advocacy.

As a part of meeting Indicator 4.4, organisations <u>must</u> demonstrate the common mandatory evidence requirements <u>and</u> relevant service specific requirements detailed below	
Common	*There is no common mandatory evidence requirement for this indicator*
Child Protection Placement Services	☑ Processes exist and resources are used to inform children or young people and enable them to access support agencies and advocacy groups, including DCSSDS case workers and the Office of the Public Guardian.
Disability Services	☑ The organisation ensures that people with disability have access to necessary independent advocacy support so they can participate adequately in decision-making about services they receive[56]. ☑ Processes exist and resources are used to inform people using services about accessing relevant support agencies and advocacy groups, including the Office of the Public Guardian.

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Policies and procedures outlining the requirement for people using services to be provided with relevant information and contact details for supports and advocacy services.
- Publications providing contact details for relevant support and advocacy services (e.g. welcome/induction packs, brochures, website, social media, fact sheets, displays, newsletters).
- Publications providing contact details for relevant support and advocacy bodies are in formats are easily understood by people using services (such as accessible, easy to navigate, large print, relevant language, culturally appropriate, braille).
- Records show that people using services have been linked with culturally appropriate supports (such as Aboriginal and Torres Strait Islander services, Aboriginal and Torres Islander Community Controlled Organisations, multi-cultural organisations, community members, Elders, language services).
- Records show how the service has supported people using services to access advocacy and supports (such as Community Visitors, alternative service providers, Aboriginal and Torres Islander Community Controlled Organisations, multi-cultural organisations, advocacy services, relevant health services, community members, Elders).
- Feedback from people using services, their representatives / support persons (where relevant) and other relevant stakeholders confirms that people using services are linked with culturally appropriate supports (such as Aboriginal and Torres Strait Islander services, Aboriginal and

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[56] Relates to section 32 of the *Disability Services Act 2006.*

Torres Islander Community Controlled Organisations, multi-cultural organisations, community members, Elders, language services).

- Feedback from people using services and their representatives / support persons (where relevant) confirms that they have been informed of their right to have a support person or an advocate, and are supported to do so at any stage of service delivery.

Child Protection Placement Services
- For foster and kinship care services that do not provide direct care, the organisation supports carers to inform and enable children or young people to access support agencies and advocacy groups, including DCSDSS case workers and the Office of the Public Guardian. (e.g., evidenced through information sheets provided to carers to give to children, home visit record content, training and development content).

Standard 4: Safety, Wellbeing and Rights

Expected outcome: The safety, wellbeing and human and legal rights of people using services are protected and promoted.

Context: The organisation upholds the legal and human rights of people using services. This includes people's right to receive services that protect and promote their safety and wellbeing, participation and choice.

Indicator 4.5: The organisation has processes that demonstrate the right of the individual to participate and make choices about the services received.

The interpretation of this indicator:

- Reasonable care is taken to avoid risks, without unduly limiting the ability of the person using services to take responsibility for their own decisions and choices.
- Organisations should consider what barriers there might be that could limit participation and address these.
- People using services are aware of, and take responsibility for, choices over their lives and move towards self-reliance and inclusion into the community.
- The independence of people using services is supported, fostered and encouraged.

	As a part of meeting Indicator 4.5, organisations <u>must</u> demonstrate the common mandatory evidence requirements <u>and</u> relevant service specific requirements detailed below

Common	☑ Evidence that people using services are given opportunities to participate as fully as possible and make choices about the services they receive.
	☑ Services are delivered in a manner that is least intrusive while:
	   • Maintaining the safety, wellbeing and rights of people using services; and
	   • Having regard to people using services' human rights including consideration of whether any limitation of human rights is consistent with Section 13 of the *Human Rights Act 2019*.

Child Protection Placement Services	☑ Implemented processes relating to participation and choice that have regard to:
	   • The *Charter of Rights for a Child in Care* (Schedule 1 *Child Protection Act 1999*)
	   • The delivery of services in accordance with the *Statement of Standards* (section 122 *Child Protection Act 1999*)
	   • the Case Plan prepared by DCSSDS, if the Case Plan has been made available to the organisation.
	
	Note: This indicator is <u>not applicable</u> to Foster and Kinship Care services that do not provide direct care to children or young people.

Disability Services	☑ Information is provided in a format easily understood by individual service users (based on the individual's preferences for the communication method) to enable people using services to participate and make choices about the services they receive. ☑ Documented policies and practices which enable people who are using an advocate to participate in decision making and choices in relation to the advocacy strategy being implemented. ☑ Records and/or feedback from people using services demonstrate that where an individual is unable to provide consent, the organisation seeks consent from the person's legal guardian or relevant informal decision-maker/s.

- Strategies (such as risk assessments, safety plans, service user and advocate feedback mechanisms) for identifying and addressing barriers to participation (such as language, culture, ability, safety or physical access to services).
- Process to ensure opportunities for people using service to make informed decisions and choices about the services they receive, according to their individual needs (e.g. such as age, culture, gender identity, sexuality, religious beliefs, ability, communication needs).
- Publications promoting the rights of people using services to participate and make choices about services (e.g. welcome/induction kits, brochures, website, social media, fact sheets, displays, newsletters).
- Publications promoting the rights of people using services to participate and make choices about services are in formats that are easily understood by people using services (such as accessible, easy to navigate, large print, relevant language, culturally appropriate, braille).
- Records of meetings/discussions where the rights, preferences and choices of individual service users have been discussed.
- Records demonstrate the use of flexible service delivery options which reflect the changing needs, aspirations and choices of people using services.
- Records (e.g. case notes/individualised plans) show that people using services are encouraged and able to participate in the planning and operation of the services they receive.
- Records (e.g. case notes/individualised plans) show that service delivery and the service delivery environment is responsive to the rights and diverse needs and preferences of people using services (such as age, culture, gender identity, sexuality, religious beliefs, ability, communication needs).
- Feedback from people using services and their representatives / support persons (where relevant) confirms that people using services are encouraged and able to participate in the planning and operation of the services they receive.
- Feedback from people using services and their representatives / support persons (where relevant) confirms that service delivery and the service delivery environment is responsive to preferences/diverse needs of people using services (such as age, culture, gender identity, sexuality, religious beliefs, ability, communication needs).
- Feedback from people using services and their representatives / support persons (where relevant) confirms that people using services are satisfied with opportunities to participate and make informed choices about the services received.
- Staff and volunteers can describe the strategies used to encourage people using services to participate and make choices about the services they receive.
- Feedback from people using services and their representatives / support persons (where relevant) and/or relevant stakeholders confirms culturally appropriate responses (e.g. evidence that people are supported to connect with their culture and their community).

Standard 5: Feedback, Complaints and Appeals

Expected outcome: Effective feedback, complaints and appeals processes that lead to improvements in service delivery.

Context: The organisation listens to people and takes on feedback as a source of ideas for improving services and other activities. It includes the way the organisation responds to complaints from people using services and their right to have complaints fairly assessed and acted upon.

Indicator 5.1: The organisation has fair, accessible and accountable feedback, complaints and appeals processes.

The interpretation of this indicator:
- Complaints includes disputes.

	As a part of meeting Indicator 5.1, organisations <u>must</u> demonstrate the common mandatory evidence requirements detailed below
Common	☑ Documented and implemented complaint management/dispute resolution procedure for handling complaints between the organisation and people using services concerning any services.
	☑ Documented and implemented procedure for dealing with complaints that any person may make about any of the services, including the right to make a complaint to the relevant funding body and/or an external complaints agency[57].
	☑ Complaint management/dispute resolution procedures and complaints documents are made available to people using services and/or, where relevant, their representatives / support persons.
	☑ People working in or for the organisation are aware of, trained in and comply with the relevant procedures in relation to complaints management and resolution.
	☑ Documented processes which ensure that the organisation does not discontinue or reduce services or take any recriminatory action in relation to a person who has made a complaint about any of the services or who has had a complaint made on their behalf.
	Note: this does not preclude the service from taking action as necessary to ensure the safety and prevent harm to service users and others that may come to the notice of the service through lodgement of the complaint.

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Policies and processes/systems for collecting, recording and responding to compliments, feedback and complaints which address:
  - A definition or explanation of what constitutes a complaint.
  - A description of how a complaint (including an anonymous complaint) can be made, addressing both formal and informal avenues for making complaints.
  - Timeframes and steps for responding to a complaint including, where required, investigating a complaint, noting a complainant has a right to escalate a human rights complaint to the Queensland Human Rights Commissioner if 45 business days have elapsed and the person has either not received a response to the complaint, or has received a response the person

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[57] Queensland Human Rights Commissioner (formerly Anti-Discrimination Commission Queensland), Queensland Police

considers to be inadequate[58].
- Avenues for escalating a complaint (including to the Queensland Human Rights Commissioner) and options for appealing/asking for review of outcomes.
- Processes for referring complaints for external investigation/mediation.
- Systems for recording and tracking complaints.
- How the organisation will respect people's right to privacy and confidentiality in managing complaints.
- How stakeholders will be advised of the outcome of a complaint.
- How compliments, feedback, complaints and appeals are reported to the governance body or to the delegated authority.
- How the organisation ensures compliance with regulatory or legislative requirements for handling complaints.
- Where relevant, requirements to advise relevant funding bodies/stakeholders.
- Mechanisms to ensure complaints are responded to and dealt with in a timely manner.
- Review processes to identify and address any systematic barriers to complaints, appeals and feedback mechanisms.
- Processes for ensuring that people are not disadvantaged as a result of making a complaint or appealing the outcome of a complaint.
- Processes for receiving, acknowledging and acting on compliments, complaints and feedback (such as satisfaction surveys, compliments box/form, online feedback form, complaints forms).
- Records (e.g. complaints register/database) for tracking complaints, timeframes, outcomes, actions recommended and responsible persons.
- Records demonstrating that complaints have been addressed.
- Records of parties involved in a complaints process being advised of the outcome.
- Records showing the level of satisfaction of people using services and their representatives / support persons (where relevant) with the fairness, accessibility and accountability of the organisation's complaints process.
- Feedback from people using services and/or their representatives / support persons (where relevant) confirms that they know how to make a complaint, are comfortable making a complaint, and the organisation's culture enables them to make complaints without fear of retribution.
- Feedback from people using services and stakeholders confirms that the organisation's complaints and feedback processes are culturally appropriate.
- Management and staff can accurately describe the process used to refer and/or escalate complaints including where required referring to external agencies such as Queensland Police or DCSSDS.

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[58] Noting a complainant has a right to escalate a human rights complaint to the Queensland Human Rights Commissioner if 45 business days have elapsed and the person has either not received a response to the complaint, or has received a response the person considers to be inadequate

Standard 5: Feedback, Complaints and Appeals

Expected outcome: Effective feedback, complaints and appeals processes that lead to improvements in service delivery.

Context: The organisation listens to people and takes on feedback as a source of ideas for improving services and other activities. It includes the way the organisation responds to complaints from people using services and their right to have complaints fairly assessed and acted upon.

Indicator 5.2: The organisation effectively communicates feedback, complaints and appeals processes to people using services and other relevant stakeholders.

There are no mandatory evidence requirements for this indicator

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Processes for supporting access to information about complaints, disputes and feedback for all people accessing services including those from diverse stakeholder groups (such as age, culture, gender identity, sexuality, religious beliefs, ability, communication needs).
- Process for reviewing the effectiveness of communication about feedback, complaints and appeals processes in response to feedback.
- Publications promoting feedback, complaints and appeals processes (e.g. welcome/induction packs, brochures, website, social media, fact sheets, displays, newsletters).
- Publications promoting feedback, complaints and appeals processes are in formats that are easily understood by people using services (such as accessible, easy to navigate, large print, relevant language, culturally appropriate, braille).
- Records of discussions between staff and people using services about their right to make a complaint, appeal a decision or provide feedback on the services they receive.
- Records of engagement with community stakeholders (such as community members, multi-cultural organisations, Elders, Aboriginal and Torres Strait Islander Community Controlled organisations) about appropriate and effective feedback, complaints and appeals processes and support mechanisms.
- Feedback from people using services and/or their representatives / support persons (where relevant) confirms that information on feedback, complaints and appeals is provided in an appropriate format (such as accessible, easy to navigate, large print, relevant language, culturally appropriate, braille).
- Management and staff can accurately describe the organisation's feedback, complaints and appeals process, including awareness of their roles and responsibilities in supporting people to provide feedback and responding to feedback, complaints or appeals.

Standard 5: Feedback, Complaints and Appeals

Expected outcome: Effective feedback, complaints and appeals processes that lead to improvements in service delivery.

Context: The organisation listens to people and takes on feedback as a source of ideas for improving services and other activities. It includes the way the organisation responds to complaints from people using services and their right to have complaints fairly assessed and acted upon.

Indicator 5.3: People using services and other relevant stakeholders are informed of and enabled to access any external avenues or appropriate supports for feedback, complaints or appeals processes and assisted to understand how they access them.

	As a part of meeting Indicator 5.3, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below
Common	☑ Evidence that people using services, their representatives / support persons (where relevant) and other relevant stakeholders have been made aware of their right to access an external complaints agency and external advocacy/support agencies as appropriate, and have been informed of how to do so. This includes the right to escalate a human rights complaint to the Queensland Human Rights Commissioner if 45 days have elapsed and the person has either not received a response to the complaint, or has received a response the person considers to be an inadequate. ☑ Implemented policy/procedure which ensures that people using services are appropriately supported to provide feedback, make a complaint or appeal to external avenues should they choose to do so[59]. ☑ Documented and implemented policy which ensures that management and staff refer complaints promptly to external agencies when appropriate (e.g. the relevant department, Queensland Police Service, Office of the Public Guardian).
Child Protection Placement Services	☑ Children and young people and where applicable, foster and kinship carers are provided with information regarding Reviewable Decisions and their right of appeal, and are able to access advocacy/support agencies or DCSSDS staff should they choose to exercise their right[60]. ☑ Children, young people, families and support networks involved with the service are made aware of the complaints and appeals options available to them including making contact with: • DCSSDS • Office of the Public Guardian (including contact with a Community Visitor or Child Advocate Legal Officer).

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Policy or procedure outlining how people using services will be supported to provide feedback, make a complaint or appeal to an external body.
- Procedures for engaging an independent mediator where complaints and appeals remain

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[59] Including the Public Advocate, Queensland Human Rights Commissioner, Health Ombudsman

[60] See Schedule 3 *Child Protection Act 1999* for a list of Reviewable Decisions and Aggrieved Persons.

unresolved.
- Publications promoting external feedback, complaints and appeals mechanisms (e.g. welcome/induction packs, brochures, website, social media, fact sheets, displays, newsletters).
- Records show that as relevant, people using services are made aware of their right to escalate a human rights complaint to the Queensland Human Rights Commissioner if 45 days have elapsed and the person has either not received a response to the complaint, or has received a response the person considers to be an inadequate, and this can be done via publications, website, file notes, or other information avenues which suit the service types being delivered
- Publications promoting external feedback, complaints and appeals mechanisms are in formats that are understood by people using services (such as accessible, easy to navigate, large print, relevant language, culturally appropriate, braille).
- Records showing that supports and/or referrals were provided to assist with making a complaint to an external body (such as interpreters, advocates, Aboriginal and Torres Strait Islander services, Aboriginal and Torres Islander Community Controlled Organisations, multi-cultural organisations, community members, Elders, language services).
- Feedback from people using services and/or their representatives / support persons (where relevant) showing awareness of relevant external feedback, complaints and appeals mechanisms and how to access them.
- Feedback that people have been provided with information/support to access an external complaint body (such as interpreters, advocates, Aboriginal and Torres Strait Islander services, Aboriginal and Torres Islander Community Controlled Organisations, multi-cultural organisations, community members, Elders, language services).
- Feedback from management and staff confirms they understand the processes used to refer people to external complaints and appeal bodies.
- Feedback from management and staff confirms they inform people about the supports available when contacting an external complaints/appeals body (such as interpreters, advocates, Aboriginal and Torres Strait Islander services, Aboriginal and Torres Islander Community Controlled Organisations, multi-cultural organisations, community members, Elders, language services).
- Feedback or records showing the individual needs of people using services were considered when referrals to external agencies were made (such as age, culture, gender identity, sexuality, religious beliefs, ability, communication needs).

Standard 5: Feedback, Complaints and Appeals

Expected outcome: Effective feedback, complaints and appeals processes that lead to improvements in service delivery.

Context: The organisation listens to people and takes on feedback as a source of ideas for improving services and other activities. It includes the way the organisation responds to complaints from people using services and their right to have complaints fairly assessed and acted upon.

Indicator 5.4: The organisation demonstrates that feedback, complaints and appeals processes lead to improvements within the service and that outcomes are communicated to relevant stakeholders.

There are no mandatory evidence requirements for this indicator

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Processes for collecting, analysing and using information from compliments, feedback, complaints and appeals to inform service delivery and planning (e.g. complaints register/database).
- Processes for reporting on outcomes from feedback, complaints and appeals (e.g. reporting to the governing body summarising issues/risks and opportunities for improvement).
- Processes for monitoring and tracking proposed improvements resulting from feedback, complaints or appeals (such as Quality/Continuous Improvement Plan, Action Plan, consideration of outcomes from surveys, complaints).
- Records of review processes that identify trends and patterns resulting from feedback, complaints and appeals (e.g. Board/management reports).
- Records showing that findings and outcomes from compliments, feedback and complaints have been reviewed and where required improvements implemented.
- Records of improvement actions implemented as a result of stakeholder feedback (e.g. finalised actions in Quality/Continuous Improvement Plans or Action Plans).
- Management, staff and stakeholders can describe improvements made as a result of complaints and feedback processes.

Standard 6: Human Resources

Expected outcome: Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service provision.

Context: The organisation has human resource management systems that ensure people working in services (including volunteers) are recruited appropriately and are suitable for their roles within the organisation. Once appointed, people working in the organisation have access to support, supervision, opportunities for training and development and complaint processes.

Indicator 6.1: The organisation has human resource management systems that are consistent with regulatory requirements, industrial relations legislation, work health and safety legislation and relevant agreements or awards.

The interpretation of this indicator:

- Human resources are managed to ensure that adequate numbers of appropriately skilled and trained staff and/or volunteers are available for the delivery of services.
- Risks associated with employees' rights and work health and safety are managed effectively and in accordance with legislation.

As a part of meeting Indicator 6.1, organisations <u>must</u> demonstrate the common mandatory evidence requirements <u>and</u> relevant service specific requirements detailed below	
Common	☑ Documented and implemented process to ensure employment practices comply with relevant employment-related legislation, including the *Human Rights Act 2019*[61]. ☑ Buildings and the physical environment where services are delivered are safe for people working in or for the organisation and are well maintained. ☑ Human resource management systems ensure that workforce planning is undertaken in a manner that supports the level and type of services the organisation delivers.
Child Protection Placement Services	**For all placement services** ☑ Human resource management systems and processes implemented by the organisation include suitable methods for the selection, training and management of people engaged in providing services[62]. Methods must ensure that persons are suitable in accordance with sections 18-25 *Child Protection Regulation 2023*. *Note: Placement services not yet licensed are required to have processes that will allow them to meet the above service requirements once they are licensed. However, licensed placement services must also demonstrate evidence of **implementing and monitoring** the above processes.*
Individuals	**Assertive Outreach** ☑ First Aid kits are accessible for all staff. ☑ Staff are provided with a mobile phone to use in case of emergencies. ☑ Staff work in teams with a minimum of two staff for each shift (usually one male and one female).

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[61] For information about family and domestic leave entitlements, see the Fair Work Ombudsman website.

[62] In addition to the requirements of 6.2 below, selection methods must ensure that persons are suitable in accordance with sections 18-25 *Child Protection Regulation 2023*, including screening processes for Blue Card and Child Safety Personal History Screening Checks as required in 4.21 above.

Community Services	**Assertive Outreach** ☑ First Aid kits are accessible for all staff. ☑ Staff are provided with a mobile phone to use in case of emergencies. ☑ Staff work in teams with a minimum of two staff for each shift (usually one male and one female).

> Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Policies/procedures for Human Resource Management addressing:
  – Non-discriminatory human resource practices
  – Human rights of people working in or for their service
  – Application of equal employment opportunity principles
  – Elimination of bullying and harassment
  – Consistent application of awards, collective agreements and/or contracts
  – Safe work practices
  – Safe work environment
- Policies/procedures for ensuring staff and volunteer safety (such as when working with people with challenging behaviours, working alone, working in people's homes, travel).
- Policies/procedures relating to staff and volunteer ratios and rosters.
- Publications providing updates to staff regarding changes to regulatory requirements and how this will impact upon staff/services (e.g. changes to award and leave entitlements such as unpaid family and domestic violence leave entitlements[63]).
- Staff rosters.
- Records of staff and volunteer training about work, health and safety relevant to their role.
- Records of meetings/discussions/training about safe work practices and safe work environment (such as records of safety and quality committee meeting, staff and volunteer training register/database, publications for staff and volunteers (e.g. staff bulletin/Yammer posts), discussions at team meetings).
- Records of work health and safety assessments and improvements.
- Feedback from staff confirms they are familiar with the regulatory requirements impacting upon them, including relevant awards, agreements and/or contracts.

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[63] See Fair Work Ombudsman website: www.fairwork.gov.au/

Standard 6: Human Resources

Expected outcome: Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service provision.

Context: The organisation has human resource management systems that ensure people working in services (including volunteers) are recruited appropriately and are suitable for their roles within the organisation. Once appointed, people working in the organisation have access to support, supervision, opportunities for training and development and complaint processes.

Indicator 6.2: The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess knowledge, skills and experience required to fulfil their roles.

	As a part of meeting Indicator 6.2, organisations <u>must</u> demonstrate the common mandatory evidence requirements <u>and</u> relevant service specific requirements detailed below
Common	☑ People working in and for the organisation are qualified or skilled to perform their nominated role.
Child Protection Placement Services	**For family based care services** ☑ The organisation has and implements a policy/procedure regarding foster carer recruitment, assessment and training which is consistent with the requirements specified in *Provide and review care procedure* of the Child Safety Practice Manual. ☑ The organisation implements foster carer recruitment processes/strategies which ensure foster and kinship care services work collaboratively with DCSSDS to ensure their activities are complementary. ☑ The organisation's records demonstrate that each foster carer has undergone the required selection process to determine suitability. ☑ Foster carer recruitment strategies have resulted in the recruitment of carers who are appropriate to the service provider's service users. ☑ Foster carers have been approved by DCSSDS before children have been placed with them. ☑ Foster and kinship carers are aware of their roles and responsibilities to the child in care. ☑ All foster carers (with the exception of provisionally approved carers) have a Foster Carer Agreement in place. ☑ Records demonstrate that foster and kinship carer assessments (new and renewal) are undertaken in a timely manner. ☑ Records demonstrate that the organisation works with DCSSDS and carers to ensure that foster and kinship carer renewal applications are submitted within required timeframes to ensure that approvals remain current at all times. ☑ The organisation has effective processes in place to monitor the expiry dates of foster and kinship carer and adult household member (AHM) Blue Cards/Exemption Cards, and ensure that carers and AHMs are supported to maintain current screening (processes should ensure that DCSSDS are advised if screening is not in place as required). **For non-family based care services (excluding Safe Houses)** ☑ The organisation ensures compliance with Minimum Qualification Standards for residential care staff working in Queensland as outlined in the *Strengthening the Queensland Residential Care Workforce – Minimum*

	Qualification Standards Information Sheet[64]*.*
Families	**Family Participation Program** ☑ The organisation has processes in place to ensure that staff working directly with service users have completed training in Aboriginal and Torres Strait Islander family-led decision making processes. ☑ The organisation's recruitment processes and practices ensure Identified roles for all officers working directly with the Aboriginal and Torres Strait Islander child and family.
Individuals	**Rest and Recovery and Assertive Outreach** ☑ Organisation records demonstrate that all staff possess a current First Aid Certificate. **Financial Counselling and Advocacy** ☑ Financial counsellors meet the requirements of membership with the Financial Counsellors' Association of Queensland (FCAQ) and, where not already obtained, are actively working towards completion of a Diploma of Financial Counselling.
Community Services	**Rest and Recovery and Assertive Outreach** ☑ Organisation records demonstrate that all staff possess a current First Aid Certificate.
Domestic & Family Violence	☑ Staff competency levels, knowledge, and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent with their roles and responsibilities. ☑ Organisations adhere to any mandatory experience and qualification requirements that may apply to recruitment processes for perpetrator intervention programs. ☑ Organisations and services promote diversity in their recruitment processes in recognition of the diversity within their communities and client base.
Young People	☑ Staff teams should be appropriately trained and culturally and professionally diverse (where possible) with a mix of qualifications, cultural connections and knowledge of the local area, skills and life experience to be reflected in the team.
Alcohol & Other Drugs	☑ The organisation ensures staff undertaking clinical roles: • Are appropriately qualified. • Maintain qualifications and skills to the required level. • Understand and work within their scope of practice. • Are provided with clinical supervision and professional support to deliver evidence-based services.

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Policies and procedures for workforce planning, recruitment and selection processes.
- Duty statements or position descriptions for roles.
- Duty statements/position descriptions outline the requirements of the position including any requirement to maintain professional registration and/or other credentialing for specialist roles.

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[64] Minimum Qualification Standards apply to all staff providing direct care (including employees, subcontractors, agency staff, students and volunteers) and their direct supervisors engaged by organisations providing residential care services in Queensland., Services in-scope include residential care services, supported independent living services, therapeutic residential care services and individualised placement support arrangements to meet the specific care needs of children and young people. Refer to Strengthening the Queensland Residential Care Workforce - Minimum Qualification Standards Information Sheet

- Processes for undertaking pre-employment checks (such as including references, currency of qualifications, registration and criminal history screening) and ensuring potential staff have the skills and experience necessary for fulfil their role.
- Appeals processes for applicants/ unsuccessful applicants.
- Processes for ensuring the currency of staff qualifications, professional registration and/or other credentialing for specialist roles (e.g. a database/register tracking registration expiry dates).
- Processes for tracking currency of staff and volunteer certificates/competencies (e.g. First Aid).
- Records of merit-based recruitment and selection processes (e.g. evidence of selection criteria and interview processes).
- Records of the advertising/promotion of available positions.
- Records of pre-employment checks including references, qualifications, registrations and criminal history screening.
- Records regarding feedback requested by, and provided to, unsuccessful applicants.
- Records of staff leave/backfill arrangements to support the continuity of service delivery.

Child Protection Placement Services
- Policy and procedures for recruiting Foster Carers with the skills and experience suitable for the role.
- Foster carers can describe the selection processes used by the service to recruit suitability skilled and experienced carers.
- Records/files confirm that a Foster Carer Agreement is in place for each approved carer.

Services for Aboriginal and Torres Strait Islander peoples
- Recruitment and selection practices include identifying and recruiting staff with demonstrated experience and knowledge in culturally safe practice.

Domestic and Family Violence Services
Services can demonstrate:
- Processes that promote and support access and inclusion for people from diverse and intersecting groups, e.g. based on age, gender identity, culture, heritage, language, faith, sexual orientation, relationship status, disability, or other relevant characteristics
- On-boarding and e-learning modules show how the gendered lens, culturally safe and inclusive practice and trauma informed practice is demonstrated to new staff.
- Policies around employing female-identifying people (where exempt under the *Anti-Discrimination Act 1991*) and culturally identified positions within organisations.
- Interview questions and copies of applicants' answers demonstrate a gendered lens, the importance of cultural competency, and acknowledgement of necessary skills, knowledge, and experience.
- Staff have a nuanced and intersectional understanding of the dynamics of gender, power and control, colonisation and trauma which informs all aspects of their practice.
- Staff adopt a gendered analysis of violence in their practice, acknowledging that gender inequality is a predominant cause and consequence of domestic and family violence.
- Staff and services acknowledge, understand and utilise the breadth of knowledge of Aboriginal and Torres Strait Islander Peoples and culturally and linguistically diverse people.

Standard 6: Human Resources

Expected outcome: Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service provision.

Context: The organisation has human resource management systems that ensure people working in services (including volunteers) are recruited appropriately and are suitable for their roles within the organisation. Once appointed, people working in the organisation have access to support, supervision, opportunities for training and development and complaint processes.

Indicator 6.3: The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.

	As a part of meeting Indicator 6.3, organisations <u>must</u> demonstrate the common mandatory evidence requirements <u>and</u> relevant service specific requirements detailed below
Common	☑ Processes providing people working in and for the organisation (including volunteers) with induction, training and development opportunities relevant to their roles are documented, implemented and reviewed. ☑ Persons working in and for the organisation (including employees, subcontractors, agency staff, students and volunteers) have been inducted into the organisation, according to the responsibilities of their role. ☑ Persons working in and for the organisation (including employees, subcontractors, agency staff, students and volunteers) have regular opportunities to have their learning and training needs assessed and responded to. ☑ The organisation ensures that people working in or for their service (including employees, subcontractors, agency staff, students and volunteers) have been appropriately trained to understand the human rights of people using services and the impacts of service delivery on those rights.
Child Protection Placement Services	**For all placement services** ☑ Staff working in and for the organisation (including employees, subcontractors, agency staff, students and volunteers) who provide direct care to children and young people in care and/or provide support to foster and kinship carers (recruiting, assessing, training or supporting carers) have completed the following training within a reasonable Timeframe from their commencement date[65]: • Cultural awareness. • Positive behaviour support and managing high risk behaviour. • Identifying, preventing, responding to, and reporting concerns about the standards of care. • Identifying, preventing, responding to, and reporting harm or suspected harm. **For non-family based services (excluding Safe Houses)** ☑ The organisation ensures that non-family based care staff who provide direct care (including employees, subcontractors, agency staff, students and volunteers), and their direct supervisors complete the Hope and Healing Framework for Residential Care training in compliance with the Minimum Qualifications Standards.

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[65] Training provided should be commensurate with the nature and duration of the role that the person is undertaking.

	For non-family based care services and services providing family-based care with direct care
	☑ The organisation ensures that prior to commencing work with a child or young person, direct care staff and their managers (including employees, subcontractors, agency staff, students and volunteers) have the necessary knowledge, skills, training, supervision and support arrangements in place to enable them to provide/support individualised care to children and young people which meets:
	• The *Statement of Standard*s (section 122 *Child Protection Act 1999)* for that individual child or young person
	• Other legislative and DCSSDS policy requirements.
	• the organisation's policy requirements.
	For family based care services
	☑ Foster carers have undertaken all necessary DCSSDS endorsed training within required timeframes[66].
	☑ The organisation must follow the requirements set out in the <u>Foster Carer Training Guidelines</u> pertaining to the below:
	• maintaining foster carer training and development records
	• implementation of foster carer training processes/strategies to ensure a collaborative approach between foster carers and DCSSDS
	• identification of development opportunities to support individual foster and kinship carers provision of care in accordance with the Statement of Standards (s122 *Child Protection Act 1999*).
Disability Services	☑ The organisation ensures that people working in or for their service have been appropriately trained to:
	• Respond to and mitigate potential critical incidents.
	• Fully and accurately report critical incidents within required timeframes.
	☑ Documented and implemented processes for ensuring compliance with DCSSDS's policy on *Preventing and Responding to the Abuse, Neglect and Exploitation of People with Disability*, including ensuring that all staff and volunteers:
	• Are aware of, trained in, compliant with and implement the policies on preventing and responding to the abuse, neglect and exploitation of people using services.
	• Are trained to recognised and prevent/minimise the occurrence or recurrence of abuse, neglect and exploitation of people using services.
	• Are trained in early intervention approaches where potential or actual abuse, neglect or exploitation of people using services is identified.
	☑ Where services are provided to adult/s with an intellectual or cognitive disability, the organisation ensures that staff and volunteers are:
	• Trained in and understand how to recognise a restrictive practice.
	• Trained in positive behaviour support and the use of proactive and preventative strategies.
Domestic & Family Violence	☑ Documented and implemented policies and procedures enable continuous professional development for people working in the organisation to maintain currency, competence, and confidence in their role in working with adults and children affected by domestic and family violence.

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[66] Refer to DCSDSS website for current requirements.

Mental Health	☑ People working in and for the organisation's mental health services (including volunteers) are provided with induction, training and development opportunities and supervision relevant to the delivery of recovery oriented mental health services.
Alcohol & Other Drugs	☑ People working in and for the organisation's alcohol and other drug services (including peer workers) are provided with induction, training and development opportunities and supervision relevant to their role.

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Policies and procedures for induction, training and development of people working in or for the organisation.
- Records of induction processes showing that the organisation has addressed all mandatory requirements and knowledge necessary to fulfil a role.
- Records communicating organisational and role requirements to staff and volunteers (such as administrative duties, timesheets and record keeping practices).
- Records showing that the organisation has identified and/or responded to the learning needs of people working in the service (such as supervision, performance reviews, achievement and capability plans addressing the learning needs of staff and volunteers, mentoring, work shadowing).
- Records showing how the learning and development opportunities requested/raised by staff or volunteers have been addressed.
- Records of employee, subcontractor, agency staff, student and volunteer attendance at induction, training (including mandatory training), and development activities.
- Records of performance review processes and resultant action plans.
- Feedback from management and staff accurately describing the organisation's induction, training and development processes.
- Feedback from employees, subcontractors, agency staff, students and volunteers that they have accessed induction, training and development opportunities as relevant to their roles.
- Where peer workers, carers, community members / representatives are engaged as staff and/or volunteers, feedback confirms access to relevant induction, training and support where required.

Services for Aboriginal and Torres Strait Islander peoples
- Induction processes include culturally safe practice, culture protocols and the differences between Aboriginal culture and Torres Strait Islander culture and the interconnectedness of the cultures.
- Processes to identify and train cultural mentors.

Domestic and Family Violence Services
Evidence may be demonstrated in:
- Policies and procedures, training registers, training documents, interviews with management, feedback, and staff.
- The organisation participates in joint training initiatives and community education activities with other stakeholders.
- Professional development programs for staff may include, where applicable, the following evidence as it relates to domestic and family violence:
  - Understanding relevant theoretical frameworks.
  - Respectful, developmentally appropriate, culturally safe, and non-judgemental approaches.
  - Analysis of the concepts of power and their internalised bias in relation to raising understanding and awareness around providing culturally safe services and interactions.
  - Cross-cultural competency and working with interpreters.
  - Identifying signs of domestic and family violence and the ability to respond to disclosures of both adults and children.

- Risk assessment and safety planning.
- Understanding the tactics of power and control that can interfere in the relationship between children and their mothers.
- Recognising high risk factors such as history of strangulation, weapons use and/or suicide attempts.
- Dealing with potentially high levels of deceit, manipulation, and justification.
- Recognising ways in which perpetrators minimising, denying, and blaming victims or past events for their violence might prompt staff to sympathise with them.
- Understanding and applying trauma informed approaches.
- Recognising vicarious trauma in self and others.
- Recognising community strengths and resilience when working with Aboriginal and Torres Strait Islander Peoples.

Standard 6: Human Resources

Expected outcome: Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service provision.

Context: The organisation has human resource management systems that ensure people working in services (including volunteers) are recruited appropriately and are suitable for their roles within the organisation. Once appointed, people working in the organisation have access to support, supervision, opportunities for training and development and complaint processes.

Indicator 6.4: The organisation provides ongoing support, supervision, feedback and fair disciplinary processes for people working in the organisation.

	As a part of meeting Indicator 6.4, organisations <u>must</u> demonstrate the common mandatory evidence requirements <u>and</u> relevant service specific requirements detailed below
Common	☑ Evidence that people working in or for the organisation receive periodic feedback/supervision and support, as relevant to their role, level of experience, and the complexity of service user needs.
Child Protection Placement Services	**For all placement services** ☑ Records of written complaints kept by the organisation pursuant to section 29 *Child Protection Regulation 2023* correspond with employee, subcontractor, agency staff, student and volunteer support, supervision, feedback and disciplinary process records as relevant and appropriate. ☑ All persons working in and for the organisation (such as foster and kinship carers and direct care workers) receive support during a Standards of Care Review or Harm Report Investigation and Assessment. **For family based care services** ☑ Records demonstrate that foster and kinship carers receive periodic formal feedback and support in order to support the carer's provision of care in accordance with the *Statement of Standards* (section 122 *Child Protection Act 1999).*
Domestic & Family Violence	☑ Documented and implemented processes demonstrate how the organisation fosters a workplace culture that reduces work-induced trauma. ☑ The performance of workers is managed, developed, and documented, including through providing feedback and development opportunities. ☑ Processes ensure that all staff have access to regular, formal, informal, internal, and professional trauma-informed supervision, support, and resources relevant to the scope and complexity of their role, including specialist supervision where indicated. ☑ Staff and volunteers are informed on how to access services to support their personal wellbeing and the wellbeing of their colleagues, and help them to manage their exposure to vicarious trauma.
Sexual Violence & Women's Support	☑ Organisations that work with victims of domestic and family violence and sexual violence implement policies that demonstrate how they foster a workplace culture that reduces work-induced trauma. ☑ Records demonstrate that staff and volunteers have been informed on how to access services to support their personal wellbeing, and helping them to manage their exposure to distressing stories and other material related to people using services.

- Policies and procedures outlining the organisation's approach to supporting staff and volunteers, providing supervision, feedback and commitment to fair disciplinary processes.
- Processes that support staff and volunteers to do their jobs well and safely (such as Employee Assistance scheme, Employee Health initiatives for example Quit Smoking and Vaccinations programs).
- Strategies for supporting and promoting the retention of staff and/or volunteers.
- Strategies for staff development (such as mentoring programs, development of succession plans for career pathways for example career plans for Aboriginal and Torres Strait Islander staff members, staff members with disability, staff members from culturally and linguistically diverse backgrounds).
- Records of performance management processes (e.g. meeting records or other documents that show the organisation adheres to current industrial legislation requirements in regard to disciplinary processes such as breaches of conduct, demotion and dismissal).
- Records of debriefing sessions with staff and volunteers (e.g. critical incident de-briefing)
- Records showing how the organisation monitors and ensures accountability of sub-contracted or agency/relief staff.
- Supervision agreements/records.
- Feedback from staff and/or volunteers on their satisfaction with the ongoing support, feedback and disciplinary processes provided to them.

Child Protection Placement Services (family-based care services)
- Policies and procedures that outline the nature and level of supports to be provided to foster and kinship carers by the service.
- Records of regular home visits to foster and kinship carers.

Domestic and Family Violence Services
Evidence may include:
- Policy and/or procedures outlining how the organisation recognises, assesses, and supports staff and volunteers providing domestic and family violence services to deal with their exposure to distressing stories and other material related to clients.
- Records of access to, and utilisation of, specialist supervision services for staff.
- Documents that show how the organisation monitors staff and volunteer wellbeing.
- Feedback from staff and/or volunteers on their access to professional supervision.
- Staff leave arrangements, caring policies and leave entitlements (e.g. staff going into negative sick leave may demonstrate understanding that the workforce is largely female and may have caring responsibilities).
- Staff demonstrate awareness of supervision and options and verify access to appropriate support.
- Evidence of personal and team reflection that addresses personal bias related to gender, sexism, intersectionality, culture, and race.
- Workplaces foster an environment where staff can understand and explore their bias and improve their practice through training, supervision, and feedback.
- Evidence of an employee assistance program (EAP) and/or external supervision and support.

Standard 6: Human Resources

Expected outcome: Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service provision.

Context: The organisation has human resource management systems that ensure people working in services (including volunteers) are recruited appropriately and are suitable for their roles within the organisation. Once appointed, people working in the organisation have access to support, supervision, opportunities for training and development and complaint processes.

Indicator 6.5: The organisation ensures that people working in the organisation have access to fair and effective systems for dealing with grievances and disputes.

As a part of meeting Indicator 6.5, organisations <u>must</u> demonstrate the common mandatory evidence requirements <u>and</u> relevant service specific requirements detailed below

Common	☑ Documented and implemented policy or procedure which addresses the management of grievances and disputes raised by people working in and for the organisation (including employees, subcontractors, agency staff, students and volunteers)[67]: • Reflecting the principles of natural justice. • Ensuring that people working in and for the organisation are able to raise grievances without fear of retribution. • Ensuring that people working in and for the organisation are aware of their right to refer a complaint to a relevant external agency (e.g. Fair Work Commission, Queensland Human Rights Commissioner). ☑ Evidence that the organisation responds appropriately to grievances and disputes raised by people working in and for the organisation.

Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered

- Policies and procedures outlining how the organisation manages employee, subcontractor, agency staff, student and volunteer grievances and disputes.
- Procedures for engaging an independent mediator, arbitrator or investigator where required.
- Publication of information to staff about right to refer complaint to external agency including contact details (staff bulletin/Yammer posts).
- Records of employee, subcontractor, agency staff, student and volunteer training (including induction) about the organisation's dispute resolution procedure and the process for raising grievances.
- Records showing engagement of independent person such as a mediator or arbitrator where required.
- Records of relevant parties involved in grievances/disputes being advised of the outcome as appropriate.
- Records of employee, subcontractor, agency staff, student, volunteers and/or carers' satisfaction with the outcome of grievance and dispute processes.
- Records actions implemented as a result of the outcome of grievances/disputes (such as actions plans, improvement plans).
- Feedback from staff, volunteers and/or carers confirms their access to fair and effective

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[67] For family-based child protection placement services, this must include policy or procedure addressing the management of grievances and disputes raised by foster and kinship carers.

systems for dealing with grievances and disputes.
- Feedback from staff and volunteers confirms awareness of access to employee assistance programs that provide counselling and/or other services.

Services to Aboriginal and Torres Strait Islander peoples
- Evidence of culturally safe and appropriate practices (e.g. access to support, training in culturally safe practices and impacts of past policies and intergenerational trauma that may impact upon the ability of staff and volunteers).

Appendix A – Safety requirements

Appendix A includes some of the legislative, regulatory or policy requirements that organisations may need to meet in order to demonstrate compliance with indicator 4.2, specifically that they have documented and implemented processes to ensure safe environments for people using services.

The actual requirements that each organisation needs to meet will depend on the types of services they are delivering and their service delivery environment.

Anti-bullying and cyberbullying

Organisations providing services primarily to children and young people are required to demonstrate that they have documented and implemented processes to ensure safe environments in relation to anti-bullying and cyberbullying, including how:

- Staff are trained to identify and respond to bullying and cyberbullying.

- Safe online environments are maintained without compromising young people's privacy or access to social or learning opportunities.

- The resources produced by the e-safety commissioner and other bodies are made available to children and young people.

- Children and young people can access assistance should they experience bullying or cyberbullying.

- House and/or ground rules for group work are clear that bullying or cyberbullying are not acceptable behaviours.

- Promotional materials are displayed within the service/s making it clear that bullying or cyberbullying is not acceptable.

- The connection to external expertise (as required) is facilitated and managed, to respond to incidents of bullying or cyberbullying.

Organisations should also ensure they comply with all the elements of legislative, regulatory and policy requirements that apply to them, including (but not limited to):

- Fire safety[68]

- Electrical safety

- Pool safety

- Security measures

- Hot water safety

- Maintenance and management of building and equipment, safety equipment, furniture, lighting and ventilation

- General vehicle safety

- Physical accessibility

- Chemical use and storage

- Infection control

- Medication storage and management

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[68] Refer to 'Fire safety – minimum requirements to be demonstrated' for list of requirements to be audited and reported against at each audit

- waste management
- Food safety.

Licensed placement services must also refer to the mandatory requirements for Child Protection Placement Services in indicator 4.2. Links to further resources can be found in Appendix B.

Fire safety – minimum requirements to be demonstrated

Organisations will document and implement processes to promote fire safety in accordance with all fire safety, work health and safety legislative and policy requirements[69].

If you require assistance in understanding your obligations, please refer to the Queensland Fire and Emergency Services website here or contact a licensed fire advisory company (charges may apply).

The **minimum** expectations of what will be reviewed and reported on at each audit are included below, however organisations should understand their responsibility to comply with all relevant obligations dependent on the type of building.

Office or service centre environment

For funded services delivered to service users from an office, service centre or specially constructed multi-occupancy residential site (which may include Safe Houses and other child safety residential care sites, women's shelters and other similar sites):

- A written fire and emergency evacuation plan which is reviewed annually. Organisations which are occupiers of part of a multi-occupancy building, such as a high-rise building or a shopping centre, are required to have their own fire and evacuation plan which complements the Body Corporate or Centre Manager's plan.
- A procedure to evacuate persons with special needs in the fire and emergency escape plan. Personal Emergency Evacuation Plans for individual service users in place where necessary.
- Evacuation signs/diagrams with required information securely fastened and orientated for the building, noting "securely fastened" requires at a minimum that signs/diagrams are held in place with double sided tape or screwed to the wall.
- A Fire Detection and Alarm System in place, as required for the building. An annual Occupier Statement as evidence of maintenance of fire safety equipment. Signatories on an Occupier Statement can be the building owner or occupier or a licensed Fire Safety Advisor.
- Records of staff being provided with fire safety instructions and site induction (i.e. general evacuation instructions for their work site and first-response evacuation instruction).
- Records of regular opportunities for staff and service users to practice evacuation, at least every 12 months.
- Site assessment indicates fire safety equipment is installed and maintained. Fire exit doors are easily opened and evacuation routes are clear of obstructions. Housekeeping is acceptable (no excessive flammable materials under buildings or stairways and no tripping hazards such as lifting tiles and power cords in evacuation routes).

Care environment

For funded services delivered from a domestic dwelling, residential care environment:

- A written fire and emergency escape plan for each residence.

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[69] For further details refer to:
- *Building Fire Safety Management Tool & Advisory Notes – Queensland Fire and Emergency Services (Effective: 05/2018)*
- *Queensland Fire and Emergency Services website- www.qfes.qld.gov.au*
- *Managing the Work Environment and Facilities Code of Practice – Workplace Health and Safety Queensland (2021)*

- A procedure to evacuate persons with special needs in the fire and emergency escape plan. Personal Emergency Evacuation Plans for individual service users who have special needs due to mobility or intellectual disability etc, where necessary.
- Smoke alarms that are regularly tested and cleaned at least once every 12 months. In Queensland, from 1 January 2022, for all dwellings being sold, leased or where an existing lease is being renewed, photoelectric, interconnected smoke alarms must be installed in all bedrooms, in hallways that connect bedrooms with the rest of the dwelling, and on every other level not containing bedrooms.
- Fire extinguishers and fire blankets that are regularly maintained.
- In case of emergency, organisations require evacuation signs/diagrams containing required information to be securely fastened and oriented for the building OR be able to demonstrate other suitable methods to ensure exit and evacuation areas are advised and understood by all clients, staff and visitors.
- Records of staff being provided with fire safety instructions and site induction (i.e. general evacuation instructions for their work site and first-response evacuation instruction).
- Records of regular opportunities for staff and service users to practice evacuation, at least every 12 months.
- Site assessment indicates fire exit doors are easily opened and escape routes are clear of obstructions. The number of the home is clearly visible, in case the emergency services need to locate the home. Housekeeping is acceptable with regular cleaning and maintenance of appliances such as ovens, clothes dryer lint filters, heaters and gas barbeques. Flammable materials and other hazardous items such as matches, candles and lighters are stored safely.

Mobile environment

For funded services delivered from a mobile environment:

- Activity plans and activity risk assessments consider fire safety where relevant to the activity and location of the mobile service.
- Vehicles are serviced regularly, as per the manufacturer's recommendations.
- Drivers are required to undertake basic checks of vehicles (for example operational lights, condition of tyres) and report defective vehicles.
- Services which provide bus transport ensure drivers have the correct licence for the size of the bus and are fitted with any required equipment, which may include a fire extinguisher, emergency exit signage and escape tools. Exits are not obstructed.

Other environment

For funded services delivered to service users from other environments/ for services delivered to service users in their home:

- Policies and procedures for staff who provide home-based services which include identifying and reporting existing and potential fire safety hazards in the care environment and workplace such as inadequate or non-functioning smoke alarms[70] and blocked escape routes.
- Records of initial assessments with service users to determine if their home has a working smoke alarm and safe escape routes. All Queensland homes/units are required to have a smoke alarm.
- Where services are to be provided in the home and there is no smoke alarm, the provider works with the service user to organise the installation of a smoke alarm in line with service provision.
- Records of staff being provided with fire safety instructions.

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[70] Refer to https://www.qfes.qld.gov.au/prepare/fire/smoke-alarms

Appendix B – Links to legislation, policies and resources

All websites links are current at the time of publication. It is acknowledged that these may change - any changes to website links will be reflected in future versions. If a link is not accessible, please access the materials via the relevant department website, or via a search engine.

Legislation

Legislation – Queensland:

www.legislation.qld.gov.au/Acts_SLs/Acts_SL.htm

- Child Protection Act 1999
- Child Protection Regulation 2023
- Child Protection Reform Amendment Act 2017
- Community Services Act 2007
- Coroners Act 2003
- Disability Services Act 2006
- Disability Services Regulation 2017
- Domestic Violence and Family Protection Act 2012
- Guardianship and Administration Act 2000
- Human Rights Act 2019
- Information Privacy Act 2009
- Mental Health Act 2016
- Public Guardian Act 2014
- Residential Tenancies and Rooming Accommodation Act 2008
- Right to Information Act 2009
- Working with Children (Risk Management and Screening) Act 2000
- Working with Children (Risk Management and Screening) Regulation 2020

Legislation – Commonwealth:

www.comlaw.gov.au/Browse/ByTitle/Acts/Current#top

- Privacy Act 1988

All Services

Anti-Cyberbullying Taskforce - Adjust our Settings: A community approach to address cyberbullying among children and young people in Queensland
https://campaigns.premiers.qld.gov.au/antibullying/taskforce/

Business Continuity
www.communitydoor.org.au/planning-and-evaluation/business-continuity
www.csialtd.com.au/news/article/blg-81/business-continuity-planning-for-community-based-organisations

Blue Card Services - Child and Youth Risk Management Strategy Requirements
www.qld.gov.au/bluecardriskmanagement
http://www.qld.gov.au/bluecardorganisations

Blue cards - Services audited by Human Services Quality Framework (HSQF)
https://www.qld.gov.au/law/laws-regulated-industries-and-accountability/queensland-laws-and-regulations/regulated-industries-and-licensing/blue-card/required/industries#HSQF

CSIA Community Recovery Resources
https://csialtd.com.au/major-programs/industrydevelopment/disaster/covid19/communityrecoveryresources/

Disaster Management Recovery: A toolkit supporting and encouraging the role of community-based organisations
www.csialtd.com.au/disastermanagement

Electrical safety
www.worksafe.qld.gov.au/

Fire Safety
https://www.qfes.qld.gov.au/planning-and-compliance/building-owners-and-occupiers
Advisory notes: https://www.qfes.qld.gov.au/sites/default/files/2023-04/FSMT-Advisory-Notes.pdf

Human Services Quality Framework website
https://www.dcssds.qld.gov.au/our-work/human-services-quality-framework

Multicultural Queensland Charter
www.dlgrma.qld.gov.au/multicultural-affairs/policy-and-governance/multicultural-queensland-charter.html

Notifiable Data Breaches Scheme
www.oaic.gov.au/privacy-law/privacy-act/notifiable-data-breaches-scheme

Office of the Australian Information Commissioner
www.oaic.gov.au/

Office of the Information Commissioner Queensland
www.oic.qld.gov.au/

Office of the Public Guardian
www.publicguardian.qld.gov.au/

People with vulnerabilities in disasters: A framework for an effective local response and Toolkit
www.qld.gov.au/community/disasters-emergencies/supporting-people-with-vulnerabilities

Privacy Impact Assessment
www.oaic.gov.au/agencies-and-organisations/guides/guide-to-undertaking-privacy-impact-assessments

Queensland Emergency Risk Management Framework: Risk Assessment Process Handbook
https://www.disaster.qld.gov.au/__data/assets/pdf_file/0021/339402/H1102-QFES-Risk-Assessment-Process-Handbook.pdf

Queensland Human Rights Commission
www.qhrc.qld.gov.au

Queensland Government Human Rights Portal
https://www.forgov.qld.gov.au/service-delivery-and-community-support/design-and-deliver-public-services/comply-with-the-human-rights-act

Queensland Language Services Policy and Guidelines
https://www.des.qld.gov.au/multicultural-affairs/policy-governance/language-services-policy

Testing and tagging electrical equipment
https://www.worksafe.qld.gov.au/safety-and-prevention/hazards/electricity/electrical-products-and-equipment/testing-and-tagging-electrical-equipment

Department of Child Safety, Seniors and Disability Services (DCSSDS)

https://www.dcssds.qld.gov.au/

Complaints Management Policy and Procedure
https://www.dcssds.qld.gov.au/contact-us/compliments-complaints

Critical Incident Reporting Policy
https://www.dcssds.qld.gov.au/resources/dcsyw/about-us/partners/child-family/cir-policy.pdf

Obligations of contracted service providers – *Information Privacy Act 2009*
https://www.dcssds.qld.gov.au/about-us/our-department/right-information/information-privacy

Record Keeping Requirements For Funded Non-Government Organisations
https://www.dcssds.qld.gov.au/about-us/our-department/partners/recordkeeping-requirements-non-government-organisations

Service Agreements
https://www.dcssds.qld.gov.au/about-us/our-department/funding-grants-investment/streamlined-agreements

Child and Family Services

Aboriginal and Torres Strait Islander Child Placement Principle
https://www.dcssds.qld.gov.au/our-work/child-safety/parents-families/ongoing-intervention/aboriginal-torres-strait-islander-peoples/aboriginal-torres-strait-islander-child-placement-principle

Assessment and Service Connect

https://cspm.csyw.qld.gov.au/resources/resource/Assessment-and-Service-Connect-ASC-Operational-Pol/eac1fede-21f0-497b-af8a-9146c0928856

Carer's responsibilities: Critical and Major Incidents
www.qld.gov.au/community/caring-child/foster-kinship-care/information-for-carers/rights-and-responsibilities/carers-responsibilities/critical-and-major-incidents

Child protection resources
https://www.dcssds.qld.gov.au/our-work/child-safety/protecting-children

Change in Personal Circumstances – LCS Form 6
https://www.dcssds.qld.gov.au/about-us/our-department/partners/child-family/child-safety-licensing/licensing-resources

Child Protection (Placement Services) Investment Specification
https://www.dcssds.qld.gov.au/about-us/our-department/funding-grants-investment/investment-specifications

Child Protection (Support Services) Investment Specification
https://www.dcssds.qld.gov.au/about-us/our-department/funding-grants-investment/investment-specifications

Child Safety Licensing Information
https://www.dcssds.qld.gov.au/about-us/our-department/partners/child-family/child-safety-licensing/licensing-resources

Child Safety Practice Manual
Child Safety Practice Manual is designed to support work with a set of principles, values, procedures, approaches and systems. Together, these guide and inform the delivery of child protection services by the Department of Children, Youth Justice and Multicultural Affairs in Queensland.
https://cspm.csyw.qld.gov.au/

Child Safety Practice Manual updates
https://cspm.csyw.qld.gov.au/updates

Decisions about Aboriginal and Torres Strait Islander Children and Young People Policy 641
https://www.dcssds.qld.gov.au/resources/dcsyw/protecting-children/decision-making-atsi-children-641.pdf

Families Investment Specification
https://www.dcssds.qld.gov.au/about-us/our-department/funding-grants-investment/investment-specifications

Family and Child Connect (FaCC) Service Model and Guidelines
https://www.dcssds.qld.gov.au/resources/dcsyw/about-us/funding-grants/specifications/facc-model-guidelines.pdf

Foster and Kinship Care
www.qld.gov.au/community/caring-child/foster-kinship-care

Foster Care Matching: a partnership approach Policy 639

https://www.dcssds.qld.gov.au/resources/dcsyw/foster-kinship-care/foster-care-matching-partnership-approach-639.pdf

Foster Carer Training Guidelines
www.dcssds.qld.gov.au/resources/dcsyw/foster-kinship-care/training/foster-carer-training-guidelines.pdf

Foster Care Training Policy 383
https://www.dcssds.qld.gov.au/resources/dcsyw/foster-kinship-care/foster-care-training-383.pdf

Hope and Healing Framework for Residential Care
www.dcssds.qld.gov.au/our-work/child-safety/foster-kinship-care/training/foster-carer-training/starting-out-training/hope-healing
https://peakcare.org.au/hopehealing/

Incident Management for Residential Care Services
https://www.dcssds.qld.gov.au/about-us/our-department/partners/child-family/resources-publications

Incident Reporting Guide for Residential Care Services
https://www.dcssds.qld.gov.au/about-us/our-department/partners/child-family/resources-publications

Information Sharing for Service Delivery Coordination Policy 403
https://www.dcssds.qld.gov.au/resources/dcsyw/protecting-children/info-sharing-service-delivery-coordination-403.pdf

Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.
https://www.dcssds.qld.gov.au/about-us/our-department/partners/information-sharing/child-family

Intensive Family Support (IFS) Service Model and Guidelines
https://www.dcssds.qld.gov.au/about-us/our-department/funding-grants-investment/investment-specifications

Joint Agency Protocol to Reduce Preventable Police Call-outs to Residential Care Services and Practice Guidelines
https://www.qfcc.qld.gov.au/sector/monitoring-and-reviewing-systems/young-people-living-in-care

https://www.dcssds.qld.gov.au/our-work/child-safety/about-child-protection/improving-care-post-care-children-young-people

Kinship Care Policy 632
https://www.dcssds.qld.gov.au/resources/dcsyw/foster-kinship-care/kinship-care-632.pdf

Managing High Risk Behaviour Policy 646
https://www.dcssds.qld.gov.au/resources/dcsyw/foster-kinship-care/managing-high-risk-behaviour-646.pdf

Participation by Children and Young People in Decision-Making Policy 369
https://www.dcssds.qld.gov.au/resources/dcsyw/foster-kinship-care/participation-children-young-people-decision-making-369.pdf

Permanency Practice kit
https://cspm.csyw.qld.gov.au/practice-kits/permanency-1

Placement of Children in Care Policy 578

https://www.dcssds.qld.gov.au/resources/dcsyw/foster-kinship-care/placement-children-in-care-578.pdf

Positive Behaviour Support Policy 604-5 (Child Safety Services)
https://www.dcssds.qld.gov.au/resources/dcsyw/foster-kinship-care/positive-behaviour-support-604.pdf

Quality Care: Foster Care Training
https://www.dcssds.qld.gov.au/our-work/child-safety/foster-kinship-care/training/foster-carer-training

Reporting missing children: Guidelines for approved carers and care services
www.qld.gov.au/community/caring-child/foster-kinship-care/information-for-carers/rights-and-responsibilities/carers-responsibilities/child-in-care-is-missing

https://www.dcssds.qld.gov.au/our-work/child-safety/foster-kinship-care/family-based-care-resources-publications

Residential Care Policy 606
https://www.dcssds.qld.gov.au/resources/dcsyw/foster-kinship-care/residential-care-606.pdf

Responding to Concerns about the Standards of Care Policy 326
https://www.dcssds.qld.gov.au/resources/dcsyw/foster-kinship-care/responding-concerns-standards-care-326.pdf

Response to Children who are Sexually Abused While in Care Policy 627
https://www.dcssds.qld.gov.au/resources/dcsyw/foster-kinship-care/response-children-sexually-abused-while-in-care-627.pdf

Statement of Commitment to Queensland's Foster and Kinship Carers
www.qld.gov.au/community/caring-child/foster-kinship-care/information-for-carers/rights-and-responsibilities/our-commitment-to-you/statement-of-commitment

Strengthening the Queensland Residential Care Workforce – Minimum Qualification Standards Information Sheet
https://www.dcssds.qld.gov.au/about-us/our-department/partners/child-family/child-safety-licensing/licensing-resources

Suitability and Screening Requirements for Child Safety Licensed Care Services: A guide for non-government organisations
https://www.dcssds.qld.gov.au/about-us/our-department/partners/child-family/child-safety-licensing/licensing-resources

Transferring Records to the Department – Information
https://www.dcssds.qld.gov.au/about-us/our-department/partners/recordkeeping-requirements-non-government-organisations

Transition to Adulthood Policy 349
https://www.dcssds.qld.gov.au/resources/dcsyw/foster-kinship-care/transitioning-from-care-into-adulthood-349.pdf

Young People Investment Specification
https://www.dcssds.qld.gov.au/resources/dcsyw/about-us/funding-grants/specifications/investment-specification-yp.pdf

Youth Support - Practice Guide for Youth Support Service version 3 September 2016

https://www.dcssds.qld.gov.au/resources/dcsyw/youth/youth-support-services/youth-support-practice-guide.pdf

Disability Services
https://www.dcssds.qld.gov.au/our-work/disability-services

Queensland's Disability Plan 2022-2027
https://www.dcssds.qld.gov.au/campaign/queenslands-disability-plan/about-plan/queenslands-disability-plan-2022-27

All Abilities Queensland: opportunities for all
https://www.dcssds.qld.gov.au/our-work/disability-services/state-disability-plan/all-abilities-queensland-opportunities-all

Disability Worker Screening
https://workerscreening.dsdsatsip.qld.gov.au/

Electronic Monitoring Factsheet – Information for accommodation support providers and support staff
www.justice.qld.gov.au/public-advocate/activities/past/inquiry-into-the-use-of-electronic-monitoring-at-disability-accommodation-sites-in-queensland

Critical Incident Reporting
https://www.dcssds.qld.gov.au/our-work/disability-services/disability-service-providers/contracting-us

Obligations to Report a Death in Care
https://www.dcssds.qld.gov.au/our-work/disability-services/national-disability-insurance-scheme/ndis-quality-safeguard-requirements-providers

Positive Behaviour Support (Restrictive Practices)
https://www.dcssds.qld.gov.au/our-work/disability-services/positive-behaviour-support-restrictive-practices

Positive Behaviour Support Plan
https://www.dcssds.qld.gov.au/resources/dcsyw/disability/service-providers/centre-excellence/positive-behaviour-support-plan.pdf

Preventing and Responding to the Abuse, Neglect and Exploitation of People
https://www.dcssds.qld.gov.au/our-work/disability-services/preventing-responding-abuse-neglect-exploitation

Locking of Gates, Door or Windows Information Sheet
https://www.dcssds.qld.gov.au/resources/dcsyw/disability/service-providers/centre-excellence/policy-procedure-locking-gates-doors-windows.pdf

Older People Services

Seniors internet page
https://www.dcssds.qld.gov.au/our-work/seniors

Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (DTATSIPCA)
https://www.dsdsatsip.qld.gov.au/

Complaints Management Policy and Procedure

https://www.dsdsatsip.qld.gov.au/contact-us/compliments-complaints

Financial Counsellors' Association of Queensland
www.fcaq.com.au

Financial Counselling Australia - Standards for agencies employing financial counsellors
www.financialcounsellingaustralia.org.au/docs/standards-for-agencies-employing-financial-counsellors/

National Standards for Membership & Accreditation: Australian State and Territory Financial Counselling Associations
https://www.financialcounsellingaustralia.org.au/our-work/national-standards/

Guidelines and Toolkit for Diversion Services
https://www.housing.qld.gov.au/services/community/funding-and-grants/investment-specifications/guidelines-diversion-services-toolkit

Department of Justice and Attorney-General (DJAG)

Domestic and Family Violence Resources
www.justice.qld.gov.au/initiatives/end-domestic-family-violence/resources

Domestic and Family Violence Information Sharing Guidelines
https://www.justice.qld.gov.au/about-us/services/women-violence-prevention/violence-prevention/service-providers/integrated-service-responses/dfv-information-sharing-guidelines

Domestic and Family Violence Support Services Investment Specification
www.justice.qld.gov.au/about-us/services/women-violence-prevention/violence-prevention/service-providers/funding-and-investment/investment-specifications

Sexual Violence and Women's Support Services Investment Specification
www.justice.qld.gov.au/about-us/services/women-violence-prevention/violence-prevention/service-providers/funding-and-investment/investment-specifications

Response to sexual assault – Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault
publications.qld.gov.au/dataset/1f7ea4ec-bec8-4428-ab60-0a6c119ac70d/resource/3b3958c9-504f-4698-a64d-e56ca7e5248e

Human Rights Act 2019
Notably in relation to section 28 related to the Cultural Rights of Aboriginal and Torres Strait Islander Peoples.
www.legislation.qld.gov.au/Acts_SLs/Acts_SL.htm

Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland
www.justice.qld.gov.au/initiatives/end-domestic-family-violence/about

www.justice.qld.gov.au/initiatives/end-domestic-family-violence/about/not-now-not-ever-report

Queensland Domestic and family violence prevention strategy 2016-26
www.justice.qld.gov.au/initiatives/end-domestic-family-violence/dfvp-strategy

First Action Plan 2015-2016
www.publications.qld.gov.au/dataset/not-now-not-ever/resource/dafdecff-2870-4bec-b5ab-d61795a2364a?truncate=30&inner_span=True

Second Action Plan 2016-19
www.publications.qld.gov.au/dataset/not-now-not-ever/resource/f3c205a3-b4c2-403b-98ae-a7e6e2d91a02

Third Action Plan 2019-20 to 2021-22
www.publications.qld.gov.au/dataset/not-now-not-ever/resource/20cf6cc3-42da-4553-ba15-f2dd3a2a393b

Domestic and Family Violence Practice principles, standards and guidance
www.justice.qld.gov.au/initiatives/end-domestic-family-violence/resources

Human Services Quality Framework

JAS-ANZ website - Scheme Rules Parts 1 and 2
https://register.jasanz.org/endorsed-schemes/details/94179905-9676-e411-8cab-005056b24e56

HSQF website - Scheme Rules Parts 1 and 2
https://www.dcssds.qld.gov.au/our-work/human-services-quality-framework/certification-quality-requirements-resources

Human Services Quality Framework User Guide - Certification
https://www.dcssds.qld.gov.au/our-work/human-services-quality-framework/certification-quality-requirements-resources

HSQF Quality Framework document
https://www.dcssds.qld.gov.au/resources/dcsyw/hsqf/framework.pdf

HSQF Audits and Notifiable Issues Factsheet
https://www.dcssds.qld.gov.au/resources/dcsyw/hsqf/audits-notifiable-issue.pdf

Blue Card Services Factsheets

Shelters for adult women and men
www.publications.qld.gov.au/dataset/blue-card-system-changes/resource/eb2d3713-2b0c-4253-8303-85aaff41ce01

Multiservice business operators and board member requirements fact sheet
https://www.publications.qld.gov.au/dataset/blue-card-system-changes/resource/e2f373a8-ae86-4e70-ab2d-0e8f47cdf58c

Neighbourhood community centres fact sheet
https://www.publications.qld.gov.au/dataset/blue-card-system-changes/resource/242943f6-99f2-4f3c-85cf-92c6c435ecab

Queensland Health

Alcohol and Other Drugs

Queensland Health Co-occurring substance use disorders and mental health disorders: policy position statement for Mental Health Alcohol and Other Drug Services 2021
https://www.health.qld.gov.au/__data/assets/pdf_file/0023/1118246/qh-gdl-964.pdf

Australian Commission on Safety and Quality in Health Care (ACSQHC) National Model Clinical Governance Framework 2017

www.safetyandquality.gov.au/sites/default/files/migrated/National-Model-Clinical-Governance-Framework.pdf

Medicines and Poisons Act 2019
https://www.legislation.qld.gov.au/view/pdf/inforce/current/act-2019-026

Medicines and Poisons (Medicines) Regulations 2021.
https://www.legislation.qld.gov.au/view/pdf/asmade/sl-2021-0140

Queensland Alcohol and Drug Withdrawal Clinical Practice Guidelines
https://insight.qld.edu.au/shop/queensland-alcohol-and-drug-withdrawal-clinical-practice-guidelines-queensland-health-2012

Queensland Opioid Dependence Treatment Guidelines 2023
https://www.health.qld.gov.au/__data/assets/pdf_file/0024/1246605/Queensland-Opioid-Dependence-Treatment-Guidelines-2023.pdf

Alcohol and Other Drug Treatment Services National Minimum Data Set
https://www.aihw.gov.au/about-our-data/our-data-collections/alcohol-other-drug-treatment-services

Queensland Alcohol and Other Treatment Service Delivery Framework 2022
https://qnada.org.au/queensland-alcohol-and-other-drug-treatment-service-delivery-framework/

National Treatment and Harm Reduction Outcomes Framework
https://www.health.gov.au/resources/publications/national-quality-framework-for-drug-and-alcohol-treatment-services?language=en

Queensland Alcohol and Other Drug Treatment and Harm Reduction Outcomes Framework

https://qnada.org.au/queensland-alcohol-and-other-drug-treatment-and-harm-reduction-outcomes-framework/

Appendix C – Terms and Definitions

Please note the various service streams may have differing definitions for the same term	
General Terms	**Definitions**
Blue card	A blue card is issued following the conduct of a 'working with children check'. A person's eligibility to hold a blue card or exemption card is based on an assessment of their known past police and disciplinary information. This process also disqualifies certain people upfront and prevents people from working with children whose past behaviour indicates they are not eligible to enter regulated child-related employment. This assessment is conducted by Blue Card Services. See also *Working with Children Check*. **Note:** some people may hold an exemption card rather than a blue card.
Case note	A record of case-related information.
Case management	A collaborative process, aimed at empowering and working with Service Users to effectively meet their individual needs and increase their self-reliance and independence. The process involves direct support based on identification, assessment and planning for a Service User's needs, and the implementation, coordination, monitoring and review of the services required to meet a Service User's needs.
Certification	Confirmation by an authorised body that a service provider meets the requirements of a set of quality standards. The responsible body for authorising auditing bodies to undertake audits under the HSQF is JAS-ANZ (Joint Accreditation System of Australia and New Zealand). Audits are conducted in accordance with the requirements of the *JAS-ANZ Human Services Scheme Part 1 – Common requirements for bodies certifying human services* and *JAS-ANZ HSQF Scheme Part 2- Additional requirement for certifying human services in Queensland.*
Chief executive	Unless otherwise specified, refers to the Director-General of the relevant Queensland Government department.
Child and youth risk management strategy	Organisations falling within the scope of the blue card system are required to implement child and youth risk management strategies which address eight minimum requirements. The purpose of these strategies is to ensure that organisations have appropriate policies and procedures in place which assist in identifying and minimising the risk of harm to children and young people in regulated service environments.
Child Community Visitor Program (OPG)	The Office of the Public Guardian (OPG) has responsibilities to support and protect the rights of children and young people in family based and non-family based care placements (e.g. foster care, kinship care, residential care) and young people in detention or other supported accommodation. The OPG's responsibilities do not apply to those children and young people placed in the care of a permanent guardian under a Permanent Care Order (PCO). The Community Visitor Program for children and young people is an independent service conducted by the Office of the Public Guardian (OPG). The role of the program is to ensure that the concerns, views and wishes of children and young people are listened to and seriously considered. A Community Visitor can help the child or young person:

General Terms	Definitions
	• resolve any issues and concerns they may have • access support services • make changes to their care arrangement. See also Office of the Public Guardian and Permanent Care Order.
Community Visitor Program (OPG)	The Community Visitor Program operated by the Office of the Public Guardian (OPG) performs a rights protection role for Queensland adults with a disability or mental illness. Community visitors have inquiry and complaints functions and conduct unannounced visits to so they can see the standard of support provided on a typical day at a site. The role of Community Visitors is to inquire into, and lodge complaints about, issues raised by adults or by concerned members of the community. See also *Office of the Public Guardian (OPG)* and Child Community Visitor Program (OPG).
Conformance	The requirements of a standard, or an element associated with a standard are met.
Consent	The voluntary agreement of a person or a person's authorised representative (e.g. a family member, carer, guardian or advocate) empowered to make an informed decision about a proposed action, such as participate in an interview, or review personal records etc.
DCSDSS	This refers to the Department of Child Safety, Disability Services and Seniors, or a 'prescribed delegate' that has performed a function or exercised a power in relation to a child in accordance with the Delegated Authority process. Delegated authority is the process undertaken to implement Chapter 4 Part 2A of the *Child Protection Act 1999* (the Act) that provides for the delegation of one or more of the chief executive's (Director-General, Department of Child Safety, Seniors and Disability Services) functions or powers in relation to an Aboriginal or Torres Strait Islander child to a 'prescribed delegate'. A definition of 'prescribed delegate and further information can be found at: https://www.dcssds.qld.gov.au/resources/dcsyw/aboriginal-torres-strait-islander-families/reclaiming-our-storyline.pdf
DCSSDS	Department of Child Safety, Seniors and Disability Services.
DJAG	Department of Justice and Attorney-General.
DTATSIPCA	Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts.
Exemption Card	A card that Queensland registered teachers and sworn police officers can apply for from Blue Card Services. This exempts the holder from the requirement to apply for a blue card in certain activities.
HSQF	Human Services Quality Framework.
HSQS	Human Services Quality Standards relating to the Human Services Quality Framework (HSQF).
Indicator	A measurable element of practice that may be used to assess whether practice meets a particular standard. Indicators ensure that the expectations for conformity with each standard are clear.
Individualised Plan	A plan/agreement used to inform service delivery. An individualised plan is generally developed by/with the person using services and/or their representatives / support persons (where relevant).

General Terms	Definitions
	Depending on the type of service may also be referred to as case plan, care plan, recovery plan or support plan.
Investment Specification	Describes the intent of funding for a Queensland Government department funding area and includes details about the services, modes, service users, service delivery requirements, performance measurement requirements, and reporting requirements and best practice guidance.
Multicultural Queensland Charter	A set of eight principles in the Multicultural Recognition Act 2016 which promote Queensland as a united, harmonious and inclusive community. Applies to all Queensland government entities and can be voluntarily adopted by any other organisation or individual.
Office of the Public Guardian (OPG)	An independent statutory body responsible for protecting the rights of vulnerable adults with impaired decision making capacity, and children and young people in family based and non-family based care placements (e.g. foster care, kinship care, residential care) and youth detention.
Outcome	The result of change, including the impact of outputs, affecting real-world behaviour and/or circumstances; such as learning, attitudes, motivations, aspirations.
Outlet	A physical location from which services are delivered. Private homes are not included as outlets. For child protection placement services this means 'the point where non-family based care is delivered, or where a family based care service is administered'.
Output	A product or service generated from the consumption of resources. Under a Service Agreement, a Queensland Government department purchases deliverables currently known as outputs.
Procure to Invest (P2i)	Procure to Invest (P2i) provides the Queensland Government and funded organisations with a complete procurement and contract management solution including request for quote, supplier evaluation, contract setup, contract management, performance reporting and payments.
Quality standards	See also *Human Services Quality Standards*
Queensland Language Services Policy	Sets out the Queensland Government's commitment to use interpreters and translated information to improve access to the full range of government and government-funded services for people with difficulty communicating in English.
Regulated business	A business as defined in Schedule 1 of the *Working with Children (Risk Management and Screening) Act 2000.*
Regulated employment	Employment as defined in Schedule 1 of the *Working with Children (Risk Management and Screening) Act 2000.*
Relevant Stakeholder	Relevant stakeholders may include people using services and their representatives/support persons as well as referring agencies, other service providers, Independent Aboriginal and Torres Strait Islander Entities, Aboriginal and Torres Islander Community Controlled Organisations, multi-cultural organisations, community members, Elders, language services.
Representatives/Support Persons	Representatives/support persons may include family, carers, kin, advocates, decision makers, guardians, independent persons, referring agencies, community members.

General Terms	Definitions
Service	A service specifically provided by a human service organisation to support a person using any of the services that falls within the scope of the Human Services Quality Framework. See also *Care Service* in Child and Family services terms.
Service Agreement	Contract used by a Queensland Government department to provide funding to non-government organisations to deliver services.
Service stream	Broad categories of service delivery currently in-scope of the HSQF including Child and Family Services and Community and Seniors Services.
Service type	A care, support activity or service that a human service organisation is funded by a Queensland Government department to provide, normally categorised by funding stream and activity. Examples: those listed in the national Minimum Data Set for Disability Services, Child Safety Residential Care Services, Child Safety Foster Care Services, Child Safety Supported Independent Living Services, Family and Child Connect, Intensive Family Support, Domestic Violence Counselling, Counselling, etc.
Service user	Primarily, a person who is receiving/has received a service/support from the organisation being audited. Service user may also mean family members/s or an unpaid primary carer or advocate of the person using the services. Also known as 'customer', 'client', 'participant', 'person using/accessing services', etc. For Child Protection Placement Services, service user refers to children and young people who are receiving family based and non-family based care services funded by DCSSDS. For Domestic and Family Violence Perpetrator Intervention Programs, service user refers to men who self-refer into the intervention program, mandated by the court as a condition of a voluntary order or other court order following a breach of a protection order or as a bail or parole condition.
Stakeholder	Unless otherwise defined in the Guide, see Relevant stakeholder above.
Support persons	See Representatives / Support Persons above
Site	A **site** is a physical location from which human services (one or more outlets) are managed. Sites may manage outlets and/or deliver services. 'Sites' includes sites controlled by sub-contractors at which human services are provided. Private homes are not included as sites.
Working with children check	The Working with Children Check (also known as the blue card check) is a check conducted by Blue Card Services that assesses: • A charge or conviction for any offence in Australia, even if no conviction was recorded (this includes spent convictions, pending and non-conviction charges). • Child protection prohibition orders both respondents and subjects to the application). • Disqualification orders. • Reporting obligations under the Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004 or Dangerous Prisoners (Sexual Offenders) Act 2003. • Disciplinary information from certain organisations (this includes information about teachers, childcare licensees and foster carers).

General Terms	Definitions
	• Domestic violence information. • Other information about the person that is relevant to deciding whether it would be in the best interests of children to issue a blue card. • Police investigative information relating to allegations of serious child-related sexual offences, even if no charges were laid. A person whose application is approved is issued with a blue or exemption card. If a person's application is refused, they are issued with a negative notice which prohibits them from carrying on a regulated business or providing regulated child-related activities.
Child and Family Services (includes child protection placement services) –	**Terms and Definitions**

Aboriginal and Torres Strait Islander child placement principle	The long-term effect of a decision on an Aboriginal or Torres Strait Islander child's identity and connection with the child's family and community must be taken into account (*Child Protection Act 1999* s5C(1)(b).
	
	In any decisions or actions taken under the *Child Protection Act 1999*, the following principles (the child placement principles (s5C(2)) also apply:
	
	a) The principle (the prevention principle) that a child has the right to be brought up within the child's own family and community
	
	b) The principle (the partnership principle) that Aboriginal or Torres Strait Islander persons have the right to participate in
	
	   i. Significant decisions under this Act about Aboriginal or Torres Strait Islander children; and
	
	   ii. Decisions relating to the development and delivery of services, provided by the department, that:
	   (A) Support Aboriginal or Torres Strait Islander families; or
	
	   (B) Provide for the care or protection of Aboriginal or Torres Strait Islander children;
	
	c) The principle (the placement principle) that, if a child is to be placed in care, the child has a right to be placed with a member of the child's family group.
	
	   Note—See section 83 of the *Child Protection Act 1999* for provisions for placing Aboriginal and Torres Strait Islander children in care.
	
	d) The principle (the participation principle) that a child and the child's parents and family members have a right to participate, and be enabled to participate, in an administrative or judicial process for making a significant decision about the child.
	
	e) The principle (the connection principle) that a child has a right to be supported to develop and maintain a connection with the child's family, community, culture, traditions and language, particularly when the child is in the care of a person who is not an Aboriginal or Torres Strait Islander person.
	
	For further information on the Child Placement Principle please refer to Sections 5C; 5F; 51B and 83 of the *Child Protection Act 1999.*

Approved carer	Persons approved by DCSSDS, in whose care a child has been placed by the chief executive, and include approved foster carers, approved kinship carers and provisionally approved carers.

General Terms	Definitions
Authority to care	A document prepared by DCSSDS which is given, <u>immediately</u> on arrival of the child placed in their care to the: • foster carer; or • kinship carer; or • provisionally approved carer; or • licensee or representative of the licensed non-family based care service; or • manager or representative of a not yet licensed. non-family based care service. The Authority to Care provides evidence that the child is in their care and states the relevant legislative provision or order. Without this document the person caring for the child has no evidence to provide to police, doctors, school, etc. that they have a right to care for the child and make decisions for the child. Licensees <u>must</u> have an authority to care for every child placed in a non-family based care service. Licensees <u>may</u> have a copy of the authority to care for children placed with carers affiliated with the foster and kinship care service. This may be provided by DCSSDS or the carer.
Care plan	A plan developed by an organisation which details the care the service will provide to a child who is placed in non-family based care, or family-based care with direct care. The Care Plan will reflect the outcomes, goals and actions in the DCSSDS developed Case Plan, the Behaviour Support Plan and Placement Agreement. A Care Plan for a child in family based or non-family based care must consider the requirements of the *Statement of Standards* (sometimes referred to the dimensions of need) for each child. The Care Plan must be reviewed when the Case Plan is reviewed and should also be regularly reviewed to ensure that goals and actions are being achieved and the child's needs are being met.
Care service	A *care service* is a physical location from which family based or non-family based care services are delivered. Private homes are not outlets. For child protection placement services this means the point where non-family based care is delivered, or where a family based care service is administered.
Case plan	The Case Plan is a written document that provides a clear statement about why the child is in need of protection, provides key information about the child and records the roles and responsibilities of all participants in addressing the child's protection and care needs during ongoing intervention. The Case Plan identifies the goals to achieve permanency for the child, the actions that need to be undertaken, timeframes and the people or services responsible for undertaking them. All activities, discussions and contact with the child and family will be guided by the Case Plan while it is in effect. DCSSDS must develop a Case Plan within 30 days of a child being taken into care (see Child Protection Orders below). The Case Plan must be reviewed every 6 months as a minimum and more often if necessary depending on any new or identified needs or changing circumstances. The care service must develop a Care Plan based on this document, update/review the Care Plan as and when the Case Plan changes, participate in Case Plan development and review meetings and provide necessary information to develop Case Plans.

General Terms	Definitions
Case planning / review	In the context of child protection, case planning is a collaborative process that includes DCSSDS staff, the child, their family, extended family and other significant people. The case planning process results in a written plan (see Case Plan above) that records the goal, outcomes and actions required to address the child's needs for safety, belonging and wellbeing. Collaborative Family-led Decision Making is a component part of the case planning process. Case work, the behaviour and actions that implement the case plan, is a cycle of assessment, planning, implementation and review. See also Collaborative Family-led Decision Making.
Certificate of approval	The authority provided to an approved carer, once the chief executive has made the decision to grant a foster or kinship carer application, or provisional approval of a carer.
Charter of rights for a child in care	The basic rights established under the *Child Protection Act 1999* for a child in the custody or guardianship of the state. The care service must ensure that the child is advised of their rights, including being provided information about the charter in an age and developmentally appropriate way. (Refer to 'Legislation' link in Appendix B for the full wording of the charter of rights of a child in care)
Child	Section 8 of the *Child Protection Act 1999* defines a child as an individual who is under 18 years of age. The term child is used throughout this document in reference to both children and young people under the age of 18 years.
Child in care	A child in need of protection who has been placed in the custody or guardianship of DCSSDS (refer to child protection order). A child in care may be placed in family based or non-family based care (see definitions of these types of care below) Children assessed as in need of protection may also remain with their family but only where an assessment by DCSSDS confirms the parents are able and willing to work actively with the department to meet the protection and care needs of the child. In this instance an intervention with parental agreement (IPA) case is opened. As DCSSDS is working actively with the family on this basis, the use of a court order is not required, and the child is not 'in care'. *Note: where the parent retains custody/guardianship of the child access to information and information sharing by the organisation, except where necessary for case planning, requires the parent's consent.*
Child in need of protection	A child who has suffered significant harm, is suffering significant harm, or is at unacceptable risk of suffering significant harm, and does not have a parent able and willing to protect the child from the harm (section 10 of the *Child Protection Act 1999*).
Child protection order	A child protection order is an order made by the Children's Court under the *Child Protection Act 1999* when a child is considered in need of protection. Different orders have different purposes and create different expectations of an organisation providing care services. Temporary orders (in care up to 3 days) A Temporary order is made to allow an assessment of the child's protection needs, DCSSDS will not provide a Case Plan when placing these children and pre-placement information will be limited. The care service may not have enough information to develop a

General Terms	Definitions
	detailed Care Plan. Temporary child protection orders (refer Child Safety Practice Manual) include:
	• Temporary assessment orders (TAO)
	• Temporary custody orders (TCO)
	• Interim orders.
	Court Assessment orders
	A Court Assessment order (CAO) is an order made under chapter 2, *Child Protection Act 1999* to authorise actions necessary as part of an investigation and assessment to assess whether a child is in need of protection (refer Child Safety Practice Manual). This permits a more substantial assessment and the development of a Case Plan. The organisation will assist DCSSDS by attending collaborative family-led decision making meetings and providing information to develop a Case Plan. Towards the end of the assessment a Case Plan will be available. Placement information will still be limited. The service will be able to prepare a Care Plan for the child based on limited information.
	Short Term orders (for a period up to 2 years)
	Short term orders cannot be granted without a Case Plan. DCSSDS will provide a detailed placement agreement within 24 hours of a placement and a Case Plan. The service will develop a detailed Care Plan for the child in line with these documents. Short term orders (refer Child Safety Practice Manual and section 61(a) *Child Protection Act 1999*) include:
	• Short-term custody orders
	• Short-term guardianship orders
	Long Term orders (in care up to age 18)
	Long term orders cannot be granted without a Case Plan. DCSSDS will provide a detailed placement agreement within 24 hours of a placement and a Case Plan. The service will develop a detailed Care Plan for the child in line with these documents. Long term orders include:
	• Long-term Guardianship orders – an order made under the *Child Protection Act 1999* granting long-term guardianship of the child to a suitable family members (other than a parent of the child), another suitable person nominated by the Chief Executive or to the Chief Executive (refer section 61(f) *Child Protection Act 1999*)
	• Permanent Care orders (PCO) – an order granting long-term guardianship of a child to a suitable person (other than a parent of a child) or the Chief Executive nominated by the Chief Executive (refer section 61(g) *Child Protection Act 1999*).
	Transition orders
	A Transition order can be made under section 65A *Child Protection Act 1999* which continues the existing child protection order for a period, of no more than 28 days. A transition order to allow the child's gradual transition from a family based or non-family based care placement to the care of the child's parents. A transition order cannot be extended.

General Terms	Definitions
Child Safety and Personal History Screen Check	A check of a person's criminal, personal and child protection history to assist the licensee in determining whether the person meets the suitability requirements of the *Child Protection Regulation 2023*. DCSSDS can undertake Child Safety and Personal History Screening Checks for the following positions in a licensed care service: • Nominee • Directors • Managers • People performing a risk-assessed role. The person to be checked must complete a LCS-2 "*Child safety and personal history screening check"* form and submit it to DCSSDS. DCSSDS will write to the contact person listed on the LCS-2 with the results of the check. The licensee must use the result as part of their suitability process and the organisation must record the results and expiry date of the check as part of their suitability and blue card monitoring.
Child safety after hours service centre (CSAHSC)	A 24 hour DCSSDS service that provides after business hours responses to clients of DCSSDS, the community, other government departments and community agencies in response to child protection and youth justice matters.
Collaborative Family-Led Decision Making	Collaborative family-led decision making includes a process which has been specifically designed to meet the safe care and connection needs of Aboriginal and Torres Strait Islander children and families (the Family Participation Program - FPP), in keeping with the relevant principles in the *Child Protection Act 1999* (Section 5C). Collaborative family-led decision making for Aboriginal and Torres Strait Islander children and families facilitates shared decision making led by an Aboriginal and Torres Strait Islander independent person employed by a community controlled organisation. This process involves children, young people and families during a Child Safety investigation and assessment and aims to develop family based solutions to presenting concerns. Family-led decision making may be facilitated by DCSSDS staff, internal and external convenors from the collaborative family-led decision making regional teams. In addition, the Family Participation Program is funded to deliver Aboriginal and Torres Strait family-ed decision making for Aboriginal and Torres Strait Islander children and families.
Cultural support plan	A component of the case plan for an Aboriginal or Torres Strait Islander child or a child from another cultural community that is completed when a child is in need of protection, to ensure that they are provided with safe and protective family, community and cultural supports.
Cumulative harm	Harm to a child caused by a series or combination of acts, omissions or circumstances that may have a cumulative effect on the child's safety and wellbeing.
Custody	In accordance with the *Child Protection Act 1999*, a person who has or is granted custody of a child has the right and responsibility to attend to day-to-day matters only, including: • A child's daily care • Making decisions about a child's daily care.

General Terms	Definitions
Dimensions of need	This term is often used to mean the Statement of Standards.
Education support plan	A plan developed by the Queensland Department of Education, Training and Employment, in collaboration with DCSSDS, to identify educational goals and targets, and strategies to achieve those targets, for all children subject to a child protection order granting custody or guardianship to the chief executive, DCSSDS.
Emotional harm	When a child's social, emotional, cognitive or intellectual development is impaired or at unacceptable risk of being impaired as a direct result of parental behaviour/attitude. This includes significant emotional deprivation due to persistent coldness, rejection or hostility. The harm to the child may have a cumulative effect and/or be observable in behaviours such as severe anxiety, depression, withdrawal, indicators of inappropriate attachment or bonding, self-harming behaviour or aggressive behaviour towards others.
Family and Child Connect	Family and Child Connect (FaCC) is a community-based intake and referral service providing an additional pathway for referring concerns about children and their families. FaCC provides information and advice to people seeking assistance for children and families where there are concerns about their wellbeing. Families who are at risk of entering or re-entering the child protection system can be referred to FaCC.
Family based care (foster, kinship, intensive foster care)	A type of care provided to a child in a family setting, where the care service is responsible for recruiting, training, assessing and supporting carers who have been approved by Child Safety.
Family based care with direct care (foster, kinship, intensive foster care)	A type of care provided to a child in a family setting where additionally to recruiting, training, assessing and supporting carers the service also provides additional support to children from direct care staff (refer to Appendix B).
Family based and non-family based care	Refers to placements of children, subject to statutory child protection intervention, using the authority of the *Child Protection Act 1999* section 82(1). Family based and non-family based care includes placements with: • A licensed care service • An approved foster or kinship carer • Another entity. Family based and non-family based care provides a safe, supportive and therapeutic environment for a child in care, while working towards either family reunification or an alternative permanency option. Family based and non-family based care may be provided during the investigation and assessment or ongoing intervention phases of child protection intervention.
Family group meeting	A meeting convened in accordance with section 51G of the *Child Protection Act 1999* to: • Provide family based responses to children's protection and care needs. • To ensure an inclusive process for planning and making decisions relating to children's wellbeing and protection and care needs.
Flexible Ancillary funding	Access to Flexible Ancillary Funding is to provide a response to a gap in the Intensive Family Support (IFS) service system and will be used to address prevention and early intervention service delivery gaps and priorities.

General Terms	Definitions
Foster care	Refer to *Family based care*.
Foster carer	Any individual, or two or more individuals approved by DCSSDS to care for a child subject to DCSSDS intervention in a family based placement (irrespective of type of placement). A person living with another person on a genuine domestic basis may only be granted a certificate of approval jointly with their partner.
Foster carer agreement	A written agreement, negotiated between each foster carer and DCSSDS or a foster and kinship care service, that: • Sets out the terms, conditions and responsibilities of the relationship between the foster carer and the CSSC or the foster and kinship care service • Includes plans for the carer's ongoing development and support needs. A Foster Carer Agreement is not completed for a kinship carer, as their support is specific to the child placed in their care and recorded in the placement agreement.
Forgotten Australians and former child migrants	Men and women who turned 18 on or before 31 December 1999 and spent time as children in Queensland children's homes, orphanages and other forms of institutional alternate care.
Guardianship	In accordance with the *Child Protection Act 1999*, a person who has or is granted guardianship of a child has the powers, rights and responsibilities to attend to: • A child's daily care • Make decisions that relate to day-to-day matters concerning the child's daily care • Making decisions about the long-term care, wellbeing and development of the child in the same way a person has parental responsibility under the *Family Law Act 1975*.

Harm	The *Child Protection Act 1999,* (Section 9) defines harm as follows:
	
	1. Harm, to a child, is any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing.
	2. It is immaterial how the harm is caused.
	3. Harm can be caused by—
	   a. Physical, psychological or emotional abuse or neglect; or
	   b. Sexual abuse or exploitation.
	4. Harm can be caused by—
	   a. A single act, omission or circumstance; or
	   b. A series or combination of acts, omissions or circumstances.
	
	Section 13F of the *Child Protection Act 1999* requires persons employed in a licensed care service to give a written report to the chief executive if they have formed a reasonable suspicion that the child has suffered, is suffering, or is at unacceptable risk of suffering, significant harm caused by physical or sexual abuse.
	
	The *Child Protection Regulation 2023*, require the licensee of a child safety care service to have a procedure to report "matters of concern" (Section 28) which includes harm and standard of care concerns, and to keep particular records relating to these concerns (Section 29).

Harm report	Refer to 'Standards of care concern/review or harm report'.
Health plan	A plan developed by a health professional regarding a child or young person following a health assessment comprising:

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	• Significant findings from the health assessment • A proposed health/treatment plan and whose responsibility it will be • Recommended follow-up and timeframe • Actions to be taken. The plan is valid for 12 months.
Hope and Healing Framework	The Hope and Healing Framework sets out the foundation for caring and working with young people in residential are in a way that understands and responds to trauma and is therapeutic in approach. The Framework uses a needs-informed approaching incorporating: • Fundamentals of care: safety, nurture, development, healing • Focus areas: improved capacity for relationship, strengthening of connections, increased emotional know-how, towards building positive identity • Future orientation: increased well being.
Immediately (report incidents to the department)	Where no ongoing emergency exists, immediately means <u>now</u>. Where an ongoing emergency exists, immediately means as soon as the emergency situation has been dealt with, including but not limited to - relevant emergency services have been contacted, everyone involved has been made safe and any property secured or the emergency situation has been handed over to the Police or Emergency Services. For example, if a prohibited practice results in a serious injury to a child, the responsible employee of the service should ensure emergency care is provided; an ambulance is called, provide relevant information to the paramedic, ensure the safety of other children and staff, and deescalate the situation. As soon as the emergency has been dealt with, they must report the incident to DCSSDS.
Individualised Placement and Support (IPS) / Individualised Placement and Support Agreement (IPSA)	Individualised Placement and Support (IPS) – time limited packages supporting children and young people with specific care and support needs that are unable to be met through longer term Service Agreement. These packages are contracted under an Individualised Placement and Support Agreement (IPSA) (previously known as CRC-PaS)
Intensive foster care	A type of family based care – refer to Appendix B.
Kinship care	A type of family based care – refer to Appendix B.
Kinship carer	A kinship carer is a person related to the child or a member of a child's community and considered family or a close friend who is approved by DCSSDS to provide a family based care placement for the child. Kinship carers may be further categorised as: • Grandparents • Aunts/uncles • Other relatives or close friend • For Aboriginal and Torres Strait Islander children, kinship care may include another Aboriginal person or Torres Strait Islander who is a member of, or compatible with the child's community or language group.
Minimum Qualification Standards	Minimum Qualifications Standards apply to all staff providing direct care (including employees, subcontractors, agency staff, students and volunteers) and their direct supervisors engaged by organisations providing licensed residential care services in

General Terms	Definitions
	Queensland. Staff such as allied health professionals, Elders and advocates are excluded from the standards.
Licensed care service	A service operated under a licence, in accordance with the *Child Protection Act 1999* to provide care for children in the custody or guardianship of the chief executive.
Licensee	A corporation that has been granted a licence to provide a care service in Queensland and refers to the holder(s) of the licence collectively. Licensee representatives are the identifiable individuals associated with the corporation.
Local Level Alliance	The Local Level Alliance is led by the Family and Child Connect service and includes members from government and non-government agencies, Local Councils and Australian Government and other service providers who work with vulnerable families within the community to ensure families receive the right mix of services at the right time.
Neglect	The child's basic needs of life are unmet by their parent to such an extent that the child's health and development are affected, causing harm, or likely to cause an unacceptable risk of harm to the child.
Non-family based care (residential care)	A type of care provided to a child in care by staff (paid, contracted, or volunteers) of a care service in residential premises, therapeutic residential care premises, supported independent living premises or a safe house. The child is in the care of the service provider (refer to Appendix B). Models are defined in the investment specifications.
Physical harm	Serious physical trauma or injury of a non-accidental nature a child has suffered or is at an unacceptable risk of suffering, due to the actions of their parent or carer.
Placement	When a child is 'placed' in a family based and non-family based care living arrangement due to intervention by DCSSDS.
Placement agreement	A written agreement that must be developed for a child who is placed in family based and non-family based care with: • An approved foster carer, approved kinship carer or provisionally approved carer (either primary or respite) • A licensed care service, including residential care services, therapeutic residential care services, supported independent living services and safe houses. The purpose of the placement agreement is to ensure carers and care services have access to relevant information about a child and adequate support for the placement. The placement agreement: • 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. If it is not possible to provide a written agreement at the time of placement, the Child Safety Service Centre (CSSC) is to provide the carer or service with as much verbal information about the child as is possible, and provide a written agreement to the carer within 3 working days of the placement commencing.
Positive behaviour support (child safety)	Positive Behaviour Support (PBS) is an evidence-based approach to supporting children and young people who engage in at-risk or challenging behaviour in a range of settings. PBS:

General Terms	Definitions
	• Recognises that at-risk or challenging behaviour is often related to environmental factors, such as interpersonal relationships, physical environment, responses from others and the way in which services are delivered. • Is a holistic approach with a focus on understanding the purpose of the behaviour and increasing positive behaviours through skill development rather than punishing negative behaviours. • Uses proactive rather than reactive or crisis driven strategies. The focus is on skill development and modifying the environment or context to better support the child or young person and reduce the need for them to engage in at risk or challenging behaviour. Refer to DCSSDS's *Positive Behaviour Support and Managing High Risk Behaviour Policies* (refer to Appendix B).
Positive behaviour support plan	Case planning and review processes will identify children and young people displaying at-risk behaviours, or who are at risk of displaying such behaviours, and the negative consequence for the child or young person and/or others. Where the child or young person is assessed as having significant needs in the behaviour and/or emotional stability domains, a PBS plan will be developed as part of the case plan. Within a PBS plan, there are multi-element approaches to support the child or young person and their behaviour, including: • Primary preventative strategies that aim to change the environment and improve quality of life to reduce the need for the child or young person to engage in at-risk or challenging behaviour. These strategies include building strong relationships, recognising positive behaviours rather than negative ones, focussing on strengths, clear and consistent boundaries and assisting with problem solving. • Secondary strategies that aim to alleviate the situation when behaviours are low risk and to prevent the behaviour from escalating. They are used when there are early warning signs of at-risk or challenging behaviour. • Non-aversive reactive strategies that aim to bring about resolution and return to safety including de-escalation strategies.

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Prohibited practice (positive behaviour support – child safety)	Prohibited practices are unlawful and unethical practices which present a high risk of causing high level discomfort and trauma. Any action which is contrary to section 122 of the Child Protection Act 1999 because it frightens, threatens or humiliates a child or young person is a prohibited practice. Prohibited practices must not be used in responding to the behaviour of children who are placed in care under section 82(1) of the Act. Prohibited practices include: • Corporal punishment • Unethical practices to modify a child or young person's behaviour • Planned use of physical restraint • Planned use of restriction of access to items (environmental restraint) • Containment (environmental restraint) • Seclusion • Chemical restraint • Mechanical restraint • Aversive strategies. Refer to DCSSDS's *Positive Behaviour Support and Managing High Risk Behaviour Policies* for Child Safety Care Services (refer to Appendix B).
Provisionally approved carer	A person who has been approved by DCSSDS to care for a particular child for a defined period of time. A provisionally approved carer must have made an application to be either an approved foster carer or kinship carer.
Reportable Suspicion	Under Section 13F of the *Child Protection Act 1999*, a reportable suspicion about a child in care is a reasonable suspicion that the child has suffered, is suffering, or is at unacceptable risk of suffering significant harm caused by physical or sexual abuse. In Section 13F, a child in care means a child placed in the care of an entity conducting a DCSSDS care service or a licensee. If a person employed in a licensed care service forms a reportable suspicion about a child in care, the person must give a written report to the chief executive under Section 13G of the Act. Section 4 of the *Child Protection Regulation 2023* prescribes additional particulars that are to be included in the written report.
Residential care	A type of non-family based care – refer to *Residential Care Policy* (refer to Appendix B).
Restrictive Practices (Managing High Risk Behaviour – child safety)	Restrictive practices are any intervention that impacts on the rights or freedom of movement of a person with the primary purpose of protecting the person or other people from harm.
Safe Haven	Family support services in three discrete indigenous communities (Mornington Island, Cherbourg and Palm Island) that provide support to Aboriginal and Torres Strait Islander families experiencing or witnessing domestic violence.
Safe House	Safe Houses provide integrated residential care services and family intervention services in remote Aboriginal or Torres Strait Islander communities. These services provide a 'safe place' for children and young people who have entered the statutory child protection system by providing non-family based care that enables them to remain safely in their communities while their longer-term child protection needs are being assessed.
Sexual abuse	Any sexual activity or behaviour that is imposed on a child and results in physical or emotional or psychological harm. It includes the

General Terms	Definitions
	inducement or coercion of a child to engage in, or assist any other person to engage in, sexually explicit conduct or behaviour for the sexual gratification or profit of the person responsible. It also includes circumstances where there is an unacceptable risk that the child may be sexually abused.
Statement of Standards	Legislated standards of care all children in care of DCSSDS must receive. Section 122 of the *Child Protection Act 1999* prescribes the chief executive's responsibility to ensure that a child placed in the care of an approved foster carer, licensed care service or DCSSDS care service is cared for in a way that meets the Statement of Standards. The term 'standards of care' also refers to the legislated Statement of Standards. Refer to 'legislation' (refer to Appendix B).
Standards of care concern/review or harm report	Standard of care concern is where an employee of a care service or approved carer is alleged to have harmed or is suspected to have harmed a child or has breached or is suspected to have breached the statement of standards in section 122 of the *Child Protection Act 1999*. A care service must report all instances of the above to DCSSDS. Standard of care review Where concerns are raised that indicate that the standard of care provided to a child in family based and non-family based care may not have been met (*Child Protection Act 1999*, Section 122), DCSSDS will respond by conducting a standard of care review. Where concerns indicate that a child in family based and non-family based care has been harmed, or it is suspected that a child has been harmed, DCSSDS will respond by recording a harm report and conducting an investigation and assessment. Harm report A harm report is recorded where the information gathered indicates that a child in family based and non-family based care has experienced harm or it is suspected that they have experienced harm, and the harm or suspected harm may have involved the actions or inactions of a carer, household member or the staff member of a licensed care service, including failure to protect a child.
Statutory service user	Families with children and young people under 18 years, including unborn children, who are subject to ongoing intervention by Child Safety.
Suitability (suitable persons)	Certain positions in a licensed care service must be occupied by suitable persons. The *Child Protection Regulation 2023,* sections 19-22 defines a suitable person. The definition varies according to the DCSSDS they occupy in the organisation. DCSSDS decides the suitability of the nominee of a licenced care service. On applying for a licence, DCSSDS will decide if it is satisfied that the directors, managers, people performing a risk-assessed role and the nominee are suitable.

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	The licensee is responsible for deciding the suitability of directors, managers, and people performing a risk-assessed role whilst an organisation is licenced.
	
	For all of these positions the person must not pose a risk to a child they are providing services to. The licensee must use the 'Child Safety and Personal History Screening Check' (refer above) results to assist in deciding this component of suitability.
	
	19 Managing licensed care service
	
	A person is a suitable person for managing a licensed care service if the person—
	
	(a) does not pose a risk to the safety of children to whom, under the Act, the licensee is providing care services; and
	
	(b) is able and willing to manage the licensed care service in a way that—
	
	      (i) assists the licensee to ensure the provision of care meets the standards of care stated in the statement of standards; and
	
	      (ii) implements the methods mentioned in section 126(f) of the Act; and
	
	(c) understands, and is committed to, the relevant principles
	
	20 Director of applicant for licence or licensee
	
	A person is a suitable person to be a director of an applicant for a licence, or a licensee, for a licensed care service if the person—
	
	(a) does not pose a risk to the safety of a child to whom, under the Act, the applicant is to provide, or the licensee is providing, care services; and
	
	(b) is able and willing to manage the licensed care service, or ensure the licensed care service is managed, in a way that ensures the provision of care meets the standards of care stated in the statement of standards; and
	
	(c) understands, and is committed to, the relevant principles
	
	21 Nominee for licence
	
	A person is a suitable person to be the nominee for a licence if the person—
	
	(a) does not pose a risk to the safety of a child to whom, under the Act, the licensee is providing care services; and
	
	(b) is able and willing to fulfil the responsibilities of the nominee for the licence under section 130(1) of the Act.
	
	22 Person performing risk-assessed role for licensed care service
	
	A person is a suitable person to be a person performing a risk-assessed role for a licensed care service if the person does not pose a risk to the safety of children.

Suitable right to occupy	This refers to a licensing requirement outlined in Section 126(h) of the *Child Protection Act 1999* which states that a licence must not be granted unless any accommodation provided by the applicant to children in need of protection is, and will continue to be at a place that the applicant has a suitable right to occupy.
	
	Example of a place that an applicant has a suitable right to occupy—
	
	    residential premises leased, rented or owned by the applicant.
	
	Example of a place that an applicant does not have a suitable right to occupy—
	
	    a motel room booked by the applicant.

General Terms	Definitions
	If premises are leased or rented for the above purpose, the lessor must be aware the premises are being used for non-family based care.
Transition to adulthood (transition to independence)	Refers to a child's transition from being a child in care to becoming an independent young adult within the general community. The legislated Charter of Rights for a Child in Care (schedule 1, *Child Protection Act 1999)* specifies the child's right to receive appropriate help with the transition to independence.
	Section 75 *Child Protection Act 1999* sets out DCSSDS obligations in supporting a young person's transition from being a child in care to independence. This includes a review of the Case Plan to ensure the help is available to the person for the period starting when the person turns 15 and ending when the person turns 25 (as far as practicable). This is not a requirement where the young person is placed with a long-term guardian.
Transition plan	Outlines how the chief executive will provide support and gradually transition a child in family based or non-family based care into the parents' care, to minimise distress and disruption to the child. It also includes any other relevant matter, for example:
	• Actions required to ensure the transition occurs within the period of the order
	• Care and contact arrangements for the duration of the order.
	The organisation's care plan must reflect and support DCSSDS's transition plan.

Women, Violence Prevention Services	Terms and Definitions
Domestic and family violence	When one person in a relationship uses violence or abuse to control the other person. Domestic and family violence is usually an ongoing pattern of behaviour aimed at controlling a partner through fear. It can involve emotional, psychological, financial, physical or sexual abuse.
Home security safety upgrade	Services that support and empower people experiencing domestic and family violence, and their children, to remain safely in their homes, where it is appropriate to do so through enhancing home security and enabling them to remain close to family and other support networks such as workplaces, schools and child care.
Perpetrator intervention program	Services that prioritise the safety of those subject to controlling and abusive behaviour and seek to address and change the abusive behaviour of service users who perpetrate domestic and family violence.

Community Services	Terms and Definitions
Assertive outreach	Assertive outreach provides an immediate response to individuals who may be hard to engage or who do not present to required support services of their own volition.
Community Support	Services that promote greater public awareness of social issues and enhance individual and community group capacity.
Financial literacy and resilience	Services that support people to better respond to financial stresses, personal issues and cost of living expenses. Includes services provided by financial resilience workers and financial counsellors.
Rest and recovery services	Rest and recovery services provide a safe, monitored and culturally appropriate place for people to sober up; a reduced risk of harm from being intoxicated in public places; an alternative to being held in

General Terms	Definitions
	police custody for public intoxication offences; and support to access services that would help the person to give up or reduce drinking.
Seniors Services	**Terms and Definitions**
Elder abuse	Elder Abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.
Disability Services	**Terms and Definitions**
Disability Worker Screening	Disability Worker Screening is the scheme established under the *Disability Services Act 2006* (Qld) for screening workers carrying out state-funded disability work. The screening check considers criminal history and other relevant information to determine whether the worker is cleared or excluded. All workers who are engaged or are proposed to be engaged (including volunteers) to carry out state-funded disability work must obtain a Disability Worker Screening Clearance. A clearance is required before they can start work.
Disability Worker Screening Clearance	If a Disability Worker Screening application is approved, a clearance is issued to the worker which means they can undertake state-funded disability work. Confirmation of the clearance is emailed to the worker and a clearance card is posted to them. The clearance remains valid for three years from the date of issue unless it is suspended or cancelled earlier.
Harm	Harm is defined in the *Disability Services Act 2006* as: a) Physical harm to the person; or b) A serious risk of physical harm to the person; or c) Damage to property involving a serious risk of physical harm to the person.
Individual support plan (also referred to as a care plan)	A document in writing between the service and a service user, their family, guardian, advocate or financial manager about the disability services to be delivered to the service user which includes how those services will be delivered to meet the service user's identified goals.
Restrictive practice (disability services)	The *Disability Services Act 2006* defines a restrictive practice as any of the following practices used to respond to the behaviour of an adult with an intellectual or cognitive disability that causes harm to the adult or others – a) Containing or secluding the adult b) Using chemical, mechanical or physical restraint on the adult c) Restricting access of the adult.
Person with a disability	Persons with a disability include those who have an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment and is permanent or likely to be permanent.
Positive behaviour support plan (disability services)	The *Disability Services Act 2006* defines a Positive Behaviour Support Plan as a plan for an adult with an intellectual or cognitive disability, that describes the strategies to be used to: a) Meet the adult's needs b) Support the adult's development of skills c) Maximise opportunities through which the adult can improve their quality of life

	d) Reduce the intensity, frequency and duration of the adult's behaviour that causes harm to themselves or others.
Prescribed disability service	Disability services as prescribed in the *Disability Services Regulation 2017.*
Domestic and family violence services	**Terms and Definitions**
Accountability	System accountability within the DFV sector is multifaceted and consists of accountability of services to delivering high quality services through compliance processes, providing responses that support perpetrator accountability and victim safety through integrated services responses and that with a view of continuous improvement. The concept of perpetrator accountability is broad and includes: • Keeping women and children safe. • Understanding and responding to the needs and experiences of the victim and their views about the outcomes they want to achieve. • Ensuring legal and police responses are adequate and include penalties for breach of orders. • A focus on encouraging the perpetrator to understand and take responsibility for their actions. • A focus on avoiding collusion with perpetrator attitudes and behaviours.
Case management approach	This approach is a collaborative process of assessment, planning, facilitation and advocacy to meet an individual's unique needs and recognises their dignity of choice and autonomy while maintaining victim safety and perpetrator accountability. Responses provided include advice and referral, individualized risk and needs assessment, individual safety and support planning, direct service and case coordination and a system for ongoing review.
Client-centred approach	This involves building interventions around the needs of the individual. Staff operate from a position of listening and believing and drawing on the strengths and resources of the client. It should be noted that while a client-centred approach is an important part of contemporary practice, it cannot be adopted at the expense of victim safety or perpetrator accountability.
Confidentiality	Any information acquired by an entity performing functions under the *Domestic and Family Violence Protection Act 2012* must be kept confidential. Provisions in the *Domestic and Family Violence Protection Act 2012* outline specific confidentiality requirements. For example, it is an offence for a person receiving information to use or disclose the information or give anyone access to a document except where the law allows it.
Conformity	The requirements of a standard, or element associated with a standard such as an indicator, are met. Human Services Scheme Part 1, 3 – Definitions page 6-7
Continuous improvement	A continuous improvement framework supports the participation of people who use services in quality improvement.
Cultural Safety	Cultural Safety is multifaceted and imbedded and driven by governance and management structures so that it informs the physical environment and ensures appropriate service delivery. Cultural Safety is determined by Aboriginal and Torres Strait Islander people and connects to creating environments where Aboriginal and Torres Strait Islander Peoples feel safe, there's no challenge to their identity and their needs can be met. It underpins the physical

	environment, language, social structures, symbolic actions, sharing power, and developing knowledge, understanding and learning. Cultural Safety is the responsibility of all individuals, services and organisations cultivated by an understanding and acknowledgement of past injustices and working towards a process of respect and recognition of cultural differences, by acknowledging that Aboriginal and Torres Strait Islander Peoples are the First Nations Peoples.
Developmentally appropriate	Developmentally appropriate is a concept which involves staff basing their practices and decisions on theories of child development (where the client is a child), individually identified strengths and needs, the client's cultural background and the context defined by the client's community, family or kinship structures.
Domestic and family violence	As defined by the *Domestic and Family Violence Protection Act 2012*, domestic violence means behaviour by a person towards another person in a relevant relationship that: (a) is physically or sexually abusive; or (b) is emotionally or psychologically abusive; or (c) is economically abusive; or (d) is threatening; or (e) is coercive; or (f) in any other way controls or dominates and causes fear.
Empowerment	This is an iterative process, in which a person who lacks power sets a personally meaningful goal toward increasing their power, takes action, and makes progress toward that goal. In doing so, they draw on their evolving self-efficacy, knowledge, skills, and community resources and supports. Empowerment models of practice are survivor-centred and based on victim priorities.
HSQF	The Human Services Quality Framework (HSQF) is a system for assessing and improving the quality of human services. The HSQF is designed to increase administrative efficiency and enable service providers to focus their resources on service provision and continued quality improvement.
Informed consent	For consent to be informed, clients must be given accurate, up to date information in a manner they can understand. The information will cover the nature of the decision and/or service, how it is relevant to the client's goals, and any alternatives. Benefits and potential risks or consequences are fully explored.
Intersectionality	Intersectionality is an analytical framework for understanding how aspects of a person's social and political identities combine to create different modes of discrimination and privilege. Examples of these aspects are gender, caste, sex, race, class, sexuality, religion, disability, physical appearance, and height.
Intervention	The response provided by services.
LGBTIQ+	Throughout the practice standards, the terms sexual orientation, gender diversity, gender identity, and LGBTIQ+ are used interchangeably to refer to the wide range of diverse sexual orientations, gender identities, and intersex variations that exist among the Queensland community. The acronym LGBTIQ+ stands for lesbian, gay, bisexual, transgender, intersex and queer/ questioning, and the + represents other identities not captured in the letters of the acronym.
Major nonconformity	The requirements of a standard, or an element associated with a standard such as an indicator, are not met, or the outcome is ineffective. Human Services Quality Framework Scheme Part 1, 3 – Definitions page 6-7. In addition, a major nonconformity will be raised where the following occurs (and this is sometimes

	referred to as a technical major nonconformity): Human Services Scheme Part 2 – P2_7.4.11 • Three or more nonconforming indicators in the same standard, or • Three or more nonconforming standards overall.
Non-judgmental approach	Ensuring that workers treat clients with respect is essential. Workers are required to establish a trusting, empowering and supportive relationship with clients and ensure all communications and engagements are undertaken with sensitivity, care, and dignity.
Nonconformity	The requirements of a standard, or element associated with a standard such as an indicator, are not fully met, or the outcome is only partly effective – organisations have 12 months from written notification to close out an NC Human Services Scheme Part 1, 3 – Definitions page 6-7.
Notifiable issue	In addition during an audit, if an auditor becomes aware of a serious concern (for example evidence or allegations that an organisation is failing to meet key legislative safeguards: significant harm to a person accessing a service including abuse, safety or wellbeing; financial impropriety including potential insolvency and/or professional misconduct), they are required to refer the matter as a Notifiable Issue to the HSQF Operations team (for investigation by the relevant funding department). Further information is available in the *HSQF Audits and Notifiable Issues factsheet* on the HSQF website.
Observation	Opportunities for continuous improvement or guidance for the organisation on areas for potential system deficiencies that may need to be reviewed to prevent problems occurring in the future. Observations should be considered by the organisation although action on observations is not mandatory. Observations may also be positive findings (noteworthy features) that are included and reported by the auditor. Human Services Scheme Part 1, P1_7.4.16, page 14.
Organisation	An agency providing a service in response to domestic and family violence.
Perpetrator	Person who uses domestic and family violence. The term is used as it is consistent with the principle of placing responsibility for violence with those who use violence. While domestic and family violence is primarily perpetrated by men against women, we acknowledge that perpetrators can be any gender. This is an overarching term used within the sector, however, may not always be culturally appropriate. Communities may identify alternative terms when speaking with or about the person who is using violence.
Practice guidance	Practice guidance is provided for each practice standard to describe in more detail what is expected of workers in their everyday practice. It provides examples for workers about how they can deliver quality services to their clients. The examples provided in the practice guidance are not meant to be exhaustive. New and emerging examples of good practice will be identified in future as the evidence base for effective responses to domestic and family violence expands.
Practice standards	Practice standards outline what is required for effective, professional and accountable practice, generally for a specific profession (such as social workers and psychiatrists) or for a specific workforce (such as mental health workers and child protection caseworkers).
Service	The program, intervention, or activity provided by an organisation.

Victim	A person who has experienced domestic and family violence. This term is inclusive of all ages, including children, young people, and older people. While DFV is primarily perpetrated by men against women, we recognise that victims can be any gender.
	We recognise that not every person who has experienced or is experiencing domestic and family violence identifies with this term. Domestic and family violence is only one part of a victim's life and it does not define who they are.
Victim advocate	The victim advocate role involves building a relationship with the victim and other key stakeholders to respond to the needs of the victim. Advocacy may involve, but is not limited to, the following:
	• Liaising with government agencies so that the victim can access or apply for services, for example, housing and accommodation services.
	• Communicating with schools and employers on the victim's behalf.
	Liaising with prescribed entities to ensure the safety of the victim.

Queensland Health	Terms and Definitions
Recovery oriented mental health services	Recovery oriented mental health practice refers to the application of sets of capabilities that support people to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations
Recovery Plan (mental health)	A Recovery Plan is a plan developed by a person using mental health services in conjunction with their treatment team enabling them to be active and take control of their mental health so they can work towards achieving treatment and recovery goals. A Recovery Plan may include goals, daily activities the person needs to do to stay well/healthy, relapse triggers, early warning signs and /or a crisis plan for difficult times.
Case conferencing (mental health)	Case conferencing is a collaborative process that includes the individual, their family and/or carers and other significant people, the key worker from the non-government organisation, the case manager or clinical team and other key stakeholders. The case conference is a process to engage in monitoring, reviewing and planning to assist in meeting the recovery needs of the individuals as part of the Individual Recovery Plan.
Clinical governance (alcohol and other drugs)	An integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of safe, effective and high-quality services. Clinical governance systems provide confidence to the community and the healthcare organisation that systems are in place to deliver safe and high quality health care[71].
Clinical incidents (alcohol and other drugs)	An event or circumstance that resulted, or could have resulted, in unintended or unnecessary harm to a patient or consumer; or a complaint, loss or damage. An incident may also be a near miss. See also "near miss"[72].

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[71] *Australian Commission on Safety and Quality in Health Care (ACSQHC) National Model Clinical Governance Framework 2017*

[72] *Australian Commission on Safety and Quality in Health Care (ACSQHC) National Model Clinical Governance Framework 2017*

Near miss (alcohol and other drugs)	an incident or potential incident that was averted and did not cause harm, but had the potential to do so[73].
Open disclosure (alcohol and other drugs)	an open discussion with a patient and carer about an incident that resulted in harm to the patient while receiving health care. The criteria of open disclosure are an expression of regret, and a factual explanation of what happened, the potential consequences, and the steps taken to manage the event and prevent recurrence[74].
Scope of practice (alcohol and other drugs)	The extent of an individual clinician's approved clinical practice within a particular organisation, based on the clinician's skills, knowledge, performance and professional suitability, and the needs and service capability of the organisation[75].

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[73] *Australian Commission on Safety and Quality in Health Care (ACSQHC) National Model Clinical Governance Framework 2017*

[74] *Australian Commission on Safety and Quality in Health Care (ACSQHC) National Model Clinical Governance Framework 2017*

[75] *Australian Commission on Safety and Quality in Health Care (ACSQHC) National Model Clinical Governance Framework 2017*