



# Human Services Quality Framework

## User Guide – Self-Assessable

Quality guidelines and evidence requirements for organisations required to undertake a self-assessment (only) against the Human Services Quality Standards

Version: 4.0



Queensland  
Government

# Table of Contents

SECTION 1 – OVERVIEW .....	3
SECTION 2 – STRUCTURE OF THE GUIDE .....	5
SECTION 3 – HUMAN SERVICES QUALITY STANDARDS (HSQS) .....	8
SECTION 4 – REQUIREMENTS.....	11
APPENDIX A – SAFETY REQUIREMENTS.....	58
APPENDIX B – LINKS TO LEGISLATION, POLICIES AND RESOURCES.....	61
APPENDIX C – TERMS AND DEFINITIONS .....	65

# Section 1 – Overview

## Introduction

The Human Services Quality Framework (HSQF) is a system for assessing and improving the quality of human services and promoting quality outcomes for people who access these services.

The HSQF was developed collaboratively with non-government organisations to maintain important safeguards for people using services while streamlining quality requirements. It 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 Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (DSDSATSIP) website:

- Organisations funded to deliver human services under service agreements, or other specified arrangements, with the following four participating Queensland Government departments:
  - Department of Children, Youth Justice and Multicultural Affairs (DCYJMA)<sup>1</sup>
  - Department of Communities, Housing and Digital Economy (DCHDE)
  - Department of Justice and Attorney-General (DJAG)
  - Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (DSDSATSIP).
- Organisations funded to deliver child protection placement services in-scope of licensing under an Individualised Placement and Support Agreement (IPSA) with DCYJMA.<sup>2</sup>
- Disability services delivered directly by DSDSATSIP.
- Organisations that have been advised by Queensland Health they can use HSQF certification to meet quality requirements for Queensland Health.<sup>3</sup>
- Other organisations where approved by the HSQF 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.

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<sup>1</sup> "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.

<sup>2</sup> Self-Assessment is not a demonstration method available for services providing Child Protection Placement Services, including those under an IPSA.

<sup>3</sup> Self-Assessment is not currently a demonstration method available for services funded by Queensland Health.

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 takes into account the individual’s human rights, in keeping with the United Nations Universal Declaration of Human Rights and the *Human Rights Act 2019*
- **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 requirements for organisations with a HSQF demonstration method of **self-assessment**.<sup>4</sup> It outlines the following:

- standard indicator and mandatory evidence requirements
- suggestions of evidence
- links to relevant legislation, policies and resources
- a glossary of terms and definitions.

Service providers are encouraged to use the guide when developing quality systems and processes to enhance their service delivery.

*Note: The guide may be updated from time to time to reflect changes in legislation, departmental and/or service stream requirements.*

This document should be read in conjunction with the *Guide to Self-Assessment and Continuous Improvement – Self-Assessable Organisations*, which explains the entire HSQF self-assessment and continuous improvement process.

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<sup>4</sup> Note that there is a separate *HSQF User Guide - Certification* for organisations that are required to undertake a third-party audit and achieve certification under HSQF.

## Section 2 – Structure of the guide

The guide outlines the title, expected outcome, context and indicators of each standard and sets out relevant *mandatory requirements* that apply to all organisations or specific service streams or services.

Standard title	Summarises the focus of the standard
<b>Expected outcome</b>	Summarises the goal of the standard.
<b>Context</b>	Provides information about the setting or circumstances under which the outcome of the standard is to be achieved.
<b>Indicator</b>	A way the organisation can show it meets the standard.
<b>Interpretation</b>	Explains the indicator and how it should be considered when developing and implementing a quality system. <i>Note: Not all indicators include an interpretation.</i>
<b>Mandatory requirements common to <u>all</u> service streams and all types of services/agreements</b>	Outlines the requirements that are <b>common</b> and apply to all services (all service streams and all types of service agreements). These requirements set a benchmark for quality service delivery and are linked to policy, legislation and regulations and contractual obligations.
<b>Common</b>	<i>Note: Not all indicators have mandatory evidence requirements.</i>
<b>Additional mandatory <u>service specific</u> requirements relevant to specific service streams or services/agreements</b>	Additional requirements that are <b>service specific</b> and only apply to specific service streams, services or agreements. Where an organisation delivers these services, it will need to demonstrate that it meets the relevant indicators in its self-assessment. Coloured symbols are used for each service specific area that has particular requirements. These are detailed in the legend on the next page.
<b>Suggestions of ways that an indicator may be demonstrated</b>	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 sources such as feedback from people using services, staff and other stakeholders.

## Legend of common and specific service stream requirements

The table below contains the different coloured cells that are used to show requirements that apply to all services (common) and specific service streams, services or service agreements (service specific). Organisations only need to self-assess against applicable common requirements plus the service specific requirements that apply to their particular services.

Symbol	Mandatory Requirements	Description
<b>Common</b>	Service agreement type - All	These are mandatory requirements that apply to all services on all types of departmental service agreements.
<b>Child Protection Support Services</b>	Service Stream: Child and Family  Department: DCYJMA	These requirements apply to services funded by DCYJMA 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..
<b>Families</b>	Service Stream: Child and Family  Department: DCYJMA	These requirements apply to services funded by DCYJMA under the Families Investment Specification to improve the safety and wellbeing of children in their homes and reduce the need for children to enter or re-enter the statutory child protection system.
<b>Domestic &amp; Family Violence</b>	Service Stream: Women, 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).
<b>Sexual Violence &amp; Women's Support</b>	Service Stream: Women, 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)
<b>Individuals</b>	Service Stream: Community Services  Department: DCHDE  Service Stream: Child and Family  Department: DCYJMA.  Service Stream: Women and Violence Prevention  Department: DJAG	These requirements apply to services funded by DCYJMA, DCHDE and DJAG under the Individuals Investment Specification. Services are targeted at vulnerable Queenslanders affected by a crisis, difficult personal issue or trauma.

Symbol	Mandatory Requirements	Description
Young People	Service Stream: Youth Services  Department: DCYJMA	These requirements apply to services funded by DCYJMA under the Young People Investment Specification. Services connect young people to programs or activities, resources, information, supports and services deliver responsive and holistic services to young people so they are engaged and participate positively and proactively in their communities
Disability Services	Department: DSDSATSIP	These requirements apply to disability services funded by or delivered directly by DSDSATSIP.

## Further information

**Contact:** HSQF Team

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Website: [www.dldsatsip.qld.gov.au/our-work/human-services-quality-framework](http://www.dldsatsip.qld.gov.au/our-work/human-services-quality-framework)

## Section 3 – Human Services Quality Standards (HSQS)

Standard		Indicator	
1	<b>Governance and management</b>  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	<b>Service access</b>  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	<b>Responding to individual need</b>	3.1	The organisation uses flexible and inclusive methods to identify the individual strengths, goals and aspirations of people using services.



	<p>The assessed needs of the individual are being appropriately addressed and responded to within resource capacity</p>	3.2	<p>The organisation formulates service delivery that respects and values the individual (e.g. identity, gender, sexuality, culture, age and religious beliefs).</p>
		3.3	<p>The organisation ensures that services to the individual/s are delivered, monitored, reviewed and reassessed in a timely manner.</p>
		3.4	<p>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.</p>
		3.5	<p>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.</p>
4	<p><b>Safety, wellbeing and rights</b></p> <p>The safety, wellbeing and human and legal rights of people using services are protected and promoted</p>	4.1	<p>The organisation provides services in a manner that upholds people’s human and legal rights.</p>
		4.2	<p>The organisation proactively prevents, identifies and responds to risks to the safety and wellbeing of people using services.</p>
		4.3	<p>The organisation has processes for reporting and responding to potential or actual harm, abuse and/or neglect that may occur for people using services.</p>
		4.4	<p>People using services are enabled to access appropriate supports and advocacy.</p>
		4.5	<p>The organisation has processes that demonstrate the right of the individual to participate and make choices about the services received.</p>
5	<p><b>Feedback, complaints and appeals</b></p> <p>Effective feedback, complaints and appeals processes that lead to improvements in service delivery</p>	5.1	<p>The organisation has fair, accessible and accountable feedback, complaints and appeals processes.</p>
		5.2	<p>The organisation effectively communicates feedback, complaints and appeals processes to people using services and other relevant stakeholders.</p>
		5.3	<p>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.</p>
		5.4	<p>The organisation demonstrates that feedback, complaints and appeals processes lead to improvements within the service and that outcomes are communicated to relevant stakeholders.</p>

<b>6</b> <b>Human resources</b>  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 – Requirements

<p><b>Standard 1: Governance and management</b></p> <p><b>Expected outcome:</b> Sound governance and management systems that maximise outcomes for stakeholders.</p> <p><b>Context:</b> 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.</p>	
<p><b>Indicator 1.1: The organisation has accountable and transparent governance arrangements that ensure compliance with relevant legislation, regulations and contractual arrangements.</b></p>	
<p><b>Interpretation of this indicator:</b> 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.</p>	
<p><b>As a part of meeting Indicator 1.1, organisations must also demonstrate the mandatory requirement and relevant service stream or service specific requirements detailed below</b></p>	
<p><b>Common</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Documented business structure or organisational diagram that identifies key decision-makers, roles and relationships and delegated authorities.</li> <li><input checked="" type="checkbox"/> Process or system for ensuring compliance with legislative requirements relevant to an organisation’s operations<sup>5</sup> - such as workplace health and safety.</li> <li><input checked="" type="checkbox"/> Governance and management processes promote an organisational culture that respects and protects human rights consistent with the requirements of the <i>Human Rights Act 2019</i>.</li> <li><input checked="" type="checkbox"/> A policy or procedure for identifying and managing conflicts of interest.</li> <li><input checked="" type="checkbox"/> Documented process to ensure written consent is obtained from the funding department before subcontracting the whole or any part of the funded services</li> <li><input checked="" type="checkbox"/> Documented process for ensuring compliance with contractual obligations outlined in the Service Agreement, namely:             <ul style="list-style-type: none"> <li>• notifying the department and other relevant authority of any alleged misconduct</li> <li>• notifying the department of major incidents and intervening events e.g. natural disaster, fire, flood, industrial disturbances</li> <li>• obtaining written consent from the department before subcontracting the whole or any part of the funded services</li> <li>• ensuring that records and files relating to use of funding and delivery of services are securely stored for at least 7 years from the date of expiry or termination of the Funding Schedule.</li> </ul> </li> </ul>
<p><b>Child Protection Support Services</b></p>	<p><b>Child Protection Support Services and services to Families</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Governance and management processes promote the principles and requirements of the <i>Child Protection Act 1999 and Child Protection Regulation</i></li> </ul>

<sup>5</sup> Examples of relevant legislation includes workplace health and safety legislation, taxation etc.

<b>Families</b>	2011 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.
<b>Disability Services</b>	<input checked="" type="checkbox"/> Governance and management processes promote the principles of Part 2 <i>Disability Services Act 2006</i> and comply with the reporting requirements of the Coroners Act 2003. <sup>6</sup>
<b>Suggestions of Evidence</b>	<ul style="list-style-type: none"> <li>• Documents that support good governance e.g. constitution, terms of reference showing how the governing body operates, including meeting and reporting arrangements.</li> <li>• Charter or Statement of service user rights (such as human rights) and responsibilities.</li> <li>• Records of board/management committee processes for monitoring compliance with key legislative and contractual requirements.</li> <li>• Records of governing body/board meetings e.g. agendas, minutes and attendance register.</li> <li>• Records of external audits and internal reviews e.g. Work Health and Safety demonstrating compliance with legislative/regulatory requirements.</li> <li>• Annual Report detailing information about organisational performance</li> <li>• Processes for advising the relevant department/s and other relevant agencies of changes to Board/Management Committee membership.</li> <li>• Conflict of interest policy, conflict of interest disclosure form and procedure</li> <li>• Emails from AustLII advising of updates to legislation.</li> </ul> <p><b>Domestic and Family Violence services</b></p> <p>Documented and implemented processes and systems that ensure compliance with legislative, regulatory, policy and contractual requirements that apply to the organisation, including:</p> <ul style="list-style-type: none"> <li>• <i>Domestic and Family Violence Services: Practice principles, standards and guidance (2020)</i> .</li> <li>• <i>Domestic and Family Violence Protection Act 2012.</i></li> <li>• <i>Child Protection Act 1999.</i></li> <li>• <i>Public Guardian Act 2001.</i></li> <li>• <i>Human Rights Act 2019</i> – clause 28 Cultural rights—Aboriginal Peoples and Torres Strait Islander Peoples.</li> </ul> <p><b>Queensland Community Support Scheme services</b></p> <ul style="list-style-type: none"> <li>• Organisations that have brokerage arrangements in place ensure they adhere to the Queensland Community Support Scheme (QCSS) Practice manual and brokerage guidelines.</li> <li>• Where services are subcontracted, processes ensure that the subcontractor meets the HSQF and other contractual responsibilities applicable to the service being subcontracted.</li> </ul>

<sup>6</sup> Refer to the Queensland Government fact sheet: *Obligations to Report a Death in Care* for further information

**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 must also demonstrate the mandatory requirement and relevant service stream or service specific requirements detailed below**

<b>Common</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> The roles and responsibilities of the members of the governing body are documented.</li> <li><input checked="" type="checkbox"/> Members of the governing body undergo induction relevant to their responsibilities and duties.</li> </ul>
<b>Families</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Members of the governing body are aware of the obligation to provide family support services in accordance with the requirements in the <i>Families Investment Specifications</i>.</li> </ul>
<b>Disability Services</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Members of the governing body are aware of the obligation to provide services in accordance with requirements of the <i>Disability Services Act 2006</i> and relevant departmental policies.</li> </ul>
<b>Suggestions of Evidence</b>	<ul style="list-style-type: none"> <li>• Nomination, election and appointment processes reflect the legal obligations of the organisation, or in the absence of legal obligations, contemporary business practices.</li> <li>• Records of meetings following an AGM between the newly appointed board/management committee and the relevant department/s to discuss the organisation's contractual obligations.</li> <li>• Role descriptions for Board/management committee positions.</li> <li>• Records of orientation/induction, training and information provided to members of the governing body (e.g. management committee).</li> <li>• Process for identifying and addressing any gaps in skills, knowledge or experience of members of the governing body (e.g. records of skills training for member of the governing body).</li> <li>• Members of the governing body can describe the organisation's responsibilities under the <i>Human Rights Act 2019</i>.</li> </ul>

**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 **must also** demonstrate the mandatory and service stream specific requirements detailed below

<b>Common</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Documented vision, purpose, values and objectives.</li> </ul>
<b>Child Protection Support Services</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> The vision, purpose, values and objectives promote the safe care and connection of Aboriginal and Torres Strait Islander children and young people, including the <i>Additional principles for Aboriginal and Torres Strait Islander Children</i> (section 5C <i>Child Protection Act 1999</i>).</li> </ul>
<b>Families</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> The vision, purpose, values, objectives and strategies support the: <ul style="list-style-type: none"> <li>• requirements set out in the <i>Service Agreement – Funding and Service Details</i>, including the <i>Families Investment Specification</i> and relevant service guidelines<sup>7</sup></li> <li>• safe care and connection of Aboriginal and Torres Strait Islander children and young people, including the <i>Additional principles for Aboriginal and Torres Strait Islander Children</i> (section 5C <i>Child Protection Act 1999</i>).</li> </ul> </li> </ul>
<b>Domestic &amp; Family Violence</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 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 <i>Domestic and Family Violence Services Practice, Principles, Standards and Guidance (2020)</i>.</li> <li><input checked="" type="checkbox"/> Theoretical frameworks: <ul style="list-style-type: none"> <li>• 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</li> <li>• 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.</li> </ul> </li> </ul>

<sup>7</sup> 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*.

<b>Sexual Violence &amp; Women's Support</b>	<input checked="" type="checkbox"/> The structure, purpose, vision and values, objectives and strategies support the requirements, set out in the <i>Service Agreement – Funding and Service Details</i> , including the <i>Sexual Violence and Women's Support Services Investment Specification</i> and relevant service guidelines. <sup>8</sup>
<b>Individuals</b>	<input checked="" type="checkbox"/> The vision, purpose, values, objectives and strategies support the requirements, set out in the <i>Service Agreement – Funding and Service Details</i> , including the <i>Individuals Investment Specification</i> and relevant service guidelines. <sup>9</sup>
<b>Young People</b>	<input checked="" type="checkbox"/> The structure, purpose, vision and values, objectives and strategies for service delivery are consistent with and support the requirements in the <i>Service Agreement – Funding and Service Details</i> , including the <i>Young People Investment Specification</i> and relevant practice guides.
<b>Disability Services</b>	<input checked="" type="checkbox"/> The organisation's purpose and objectives are consistent with and support the principles and obligations set out in the <i>Disability Services Act 2006</i> .
<b>Suggestions of Evidence</b>	<ul style="list-style-type: none"> <li>• Strategic, business and/or operational plans.</li> <li>• Risk management plan.</li> <li>• Client service charter.</li> <li>• Vision and values statement.</li> <li>• Members of the Board/governing body can describe the vision, purpose and values of the organisation.</li> </ul> <p><b>Domestic and Family Violence services</b></p> <p>Services may demonstrate the following to support alignment with the Practice Standards:</p> <ul style="list-style-type: none"> <li>• evidence of frameworks that inform client engagement, collaborative risk assessment and safety planning and strategic and structural advocacy to support safer outcomes.</li> <li>• 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: <ul style="list-style-type: none"> <li>○ screening and assessments of clients</li> <li>○ quality of assessments and case notes</li> <li>○ 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</li> <li>○ managers and staff can clearly articulate the theoretical frameworks that</li> </ul> </li> </ul>

<sup>8</sup> For Sexual Violence Services, *Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault*

<sup>9</sup> For Sexual Violence Services, *Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault*

	<p>underpin their practice, particularly those related to cultural safety and a gendered lens of DFV.</p> <ul style="list-style-type: none"><li>• cultural safety principles are embedded within the organisation at all levels including governance, policies, processes and practice</li><li>• 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</li><li>• governance and policy reflect that cultural safety is embedded in their frameworks and within practice, for example through:<ul style="list-style-type: none"><li>○ systems and processes that align with cultural safety principles and best practice</li><li>○ 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</li><li>○ acknowledging the impact of colonisation on Aboriginal and Torres Strait Islander Peoples.</li></ul></li></ul>
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**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:** Risk includes strategic and operational risk, individual risk and employee or work, health and safety risk.

**As a part of meeting Indicator 1.4, organisations must also demonstrate the mandatory requirements detailed below**

<b>Common</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Documented process for identifying, assessing and managing risk in order to ensure continuous, safe, responsive and effective services.</li> <li><input checked="" type="checkbox"/> Members of the governing body and management can describe the process for ensuring that financial accountability and contractual obligations are met and how this is documented.</li> <li><input checked="" type="checkbox"/> Organisations have disaster management and business continuity plans in place.<sup>10</sup></li> <li><input checked="" type="checkbox"/> Insurance coverage and/or funded assets are maintained in accordance with contractual and other identified requirements (e.g. public liability insurance, contents insurance and comprehensive motor vehicle insurance, as appropriate).</li> </ul>
<b>Suggestions of Evidence</b>	<ul style="list-style-type: none"> <li>• Documented risk management processes such as financial and asset management, occupational health and safety, building/equipment maintenance schedules.</li> <li>• Processes for delegating authority and responsibilities throughout the organisation.</li> <li>• Financial reports (including profit and loss and balance sheet).</li> <li>• Annual General Meeting (AGM) records on risk management.</li> <li>• Financial delegations policy/procedure and evidence of dual signatures for approvals of expenditure.</li> <li>• Participation in relevant local disaster management and planning groups, where relevant.</li> </ul>

<sup>10</sup> Refer to [People with vulnerabilities in disasters: A framework for an effective local response](#)

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

*There are no mandatory requirements for this indicator*

**Suggestions of Evidence**

- A continuous quality improvement plan or register that includes:
  - the identified improvement
  - the action to be taken
  - person responsible for actioning
  - date of completion and implementation review date.
- Improvement processes connected to: feedback, complaints and appeals processes; records of incidents of harm, abuse or neglect of people using services; workplace injuries/hazard reporting systems.
- Processes for the governing body to regularly review the effectiveness of its own processes and structure in providing good governance to the organisation.

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

As a part of meeting Indicator 1.6, organisations must also demonstrate the mandatory requirements detailed below

<p><b>Common</b></p>	<ul style="list-style-type: none"> <li>☑ The organisation promotes culturally safe and accessible services for Aboriginal and Torres Strait Islander peoples and for people from culturally and linguistically diverse backgrounds.</li> <li>☑ 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.</li> </ul>
<p><b>Suggestions of Evidence</b></p>	<ul style="list-style-type: none"> <li>• Newsletters inviting people using services and relevant stakeholders (such as family members/carers) to attend or contribute to management/governance meetings.</li> <li>• Feedback from people using services and/or stakeholders confirms the organisation promotes opportunities for participation in governance and management processes.</li> </ul> <p><b>Services for Aboriginal and Torres Strait Islander people</b></p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander communities and Elders attend or contribute to management/governance meetings.</li> </ul>

**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.<sup>11</sup>
- 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 must also demonstrate the mandatory Evidence Requirements and relevant service stream or service specific requirements detailed below**

<b>Common</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Evidence that the organisation is aware of its requirements under the <i>Information Privacy Act 2009</i>.<sup>12</sup></li> <li><input checked="" type="checkbox"/> Processes for ensuring personal information is kept secure, including physical, digital and administrative protections, including (but not limited to):             <ul style="list-style-type: none"> <li>• limiting staff access permission to those with a legitimate need to know, including updating immediately to remove staff who no longer require access</li> <li>• regular audit of staff access permissions to ensure they are up to date</li> <li>• privacy notices are given to clients when they are asked to provide personal information</li> <li>• ensuring staff and management understand their information privacy obligations and can describe how they maintain confidentiality and privacy of personal information at an everyday level</li> <li>• ensuring staff and management understand the processes for responding to privacy breaches and reporting to your funding body.</li> </ul> </li> <li><input checked="" type="checkbox"/> Where the organisation uses electronic surveillance technology:             <ul style="list-style-type: none"> <li>• there are processes in place to ensure it complies with the requirements of the <i>Information Privacy Act 2009 (QLD)</i></li> <li>• signage alerting people to the fact that electronic surveillance is in use is present.</li> </ul> </li> </ul>
<b>Child Protection Support Services</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> For services to children and young people subject to intervention under the <i>Child Protection Act 1999</i>:             <ul style="list-style-type: none"> <li>• records or files of are maintained in accordance with requirements of <i>the Service Agreement – Funding and Service Details</i></li> <li>• information is treated in accordance the Act and DCYJMA’s <i>Information</i></li> </ul> </li> </ul>

<sup>11</sup> 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.

<sup>12</sup> Further information about information privacy available on relevant funding departmental websites

<p><b>Families</b></p>	<p><i>Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.</i></p> <ul style="list-style-type: none"> <li>• processes are in place for securely managing sensitive information including internal and external information technology and systems risks and the controls in place to address risk</li> <li>• records are managed in accordance with DCYJMA's <i>Recordkeeping Guide for Funded Non-Government Organisations</i>.</li> </ul>
<p><b>Domestic &amp; Family Violence</b></p>	<ul style="list-style-type: none"> <li>☑ 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: <ul style="list-style-type: none"> <li>• Part 5A of the <i>Domestic and Family Violence Protection Act 2012</i>.</li> <li>• <i>Domestic and Family Violence Information Sharing Guidelines</i> (May 2017).</li> <li>• Section 159C of the <i>Child Protection Act 1999</i>.</li> </ul> </li> </ul>
<p><b>Disability Services</b></p>	<ul style="list-style-type: none"> <li>☑ There is a system or process for ensuring that records comply with the <i>Disability Services Act 2006</i> and Section 9 of the <i>Disability Services Regulation 2006</i>.</li> </ul>
<p><b>Suggestions of Evidence</b></p>	<ul style="list-style-type: none"> <li>• Policies and procedures addressing information management, privacy and confidentiality requirements, retrieval, archiving and disposal of records and records management generally.</li> <li>• Electronic storage systems and email accounts have appropriate security mechanisms such as access audit trails, password protection, lock screen functions and data encryption, ensuring the integrity, security, privacy and confidentiality of information held on those systems.</li> <li>• Portable or removable electronic devices (e.g. iPads, laptops, smartphones, USB drives) are adequately protected, including password protection and data encryption Information supported by cloud based technology (e.g. web portals and webmail services) is adequately protected against loss, unauthorised access, use, modification or disclosure, or other misuse; and does not involve overseas transfer.</li> <li>• Where electronic monitoring is in use, signage is in place advising people that cameras are in use.</li> <li>• Processes for maintaining physical security, including access to building(s), rooms and filing cabinets.</li> <li>• Documents show the informed consent of people using the service when disclosing their information to other entities.</li> <li>• Records and/or feedback from people using services (and/or family members or carers) and stakeholders confirm the organisation maintains privacy and confidentiality controls, as appropriate to the services delivered.</li> </ul> <p><b>Domestic and Family Violence services</b></p> <p>Services have the following structures in place to support information sharing:</p> <ul style="list-style-type: none"> <li>• processes and/or protocols to assess, identify and mitigate risks associated</li> </ul>

	<p>with information sharing and risk mitigation strategies that are defined in policies, procedures, or other organisational documentation</p> <ul style="list-style-type: none"> <li>• case notes demonstrate a risk assessment process is followed in the sharing of client related information</li> <li>• 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</li> <li>• processes for informing clients about when information may be shared with other agencies as a duty of care, e.g. child protection concerns</li> <li>• records that demonstrate information is appropriately shared or sought from other agencies</li> <li>• 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</li> <li>• 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: <ul style="list-style-type: none"> <li>○ maintaining privacy and confidentiality</li> <li>○ understanding the legislative framework for information sharing</li> <li>○ obtaining client consent for sharing information wherever possible</li> <li>○ occasions where information can be shared without consent</li> <li>○ risks associated with information sharing and risk mitigation strategies.</li> </ul> </li> </ul>
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## 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.**

As a part of meeting Indicator 2.1, organisations **must also** demonstrate the mandatory requirements and relevant service stream or service specific requirements detailed below

<b>Common</b>	<p><input checked="" type="checkbox"/> Documented policies and/or processes describe:</p> <ul style="list-style-type: none"> <li>• eligibility criteria</li> <li>• waiting list management (where relevant)</li> <li>• how access to services is prioritised (if applicable), including how the organisation considers impact on human rights of people using services.</li> </ul> <p><b>Note: Applies only where the organisation is responsible for eligibility, entry and exit processes.</b></p>
<b>Families</b>	<p><b>Aboriginal and Torres Strait Islander Family Wellbeing Services</b></p> <p><input checked="" type="checkbox"/> Processes which ensure that DCYJMA is advised where families referred by the Department do not engage with the service.</p>
<b>Domestic &amp; Family Violence</b>	<p><input checked="" type="checkbox"/> Documented and implemented processes to ensure:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• eligibility, entry and exit processes for perpetrators address risk and safety to victims and children, staff and other service users.</li> </ul>
<b>Disability Services</b>	<p><input checked="" type="checkbox"/> Where the organisation provides accommodation, respite services or other applicable services, compatibility with existing service users is considered as part of commencing with the service.</p>
<b>Suggestions of evidence</b>	<ul style="list-style-type: none"> <li>• Eligibility policy or procedure, including consideration of Section 13 of the <i>Human Rights Act 2019</i>.</li> <li>• Waiting list policy or procedure.</li> <li>• Referral documents and case notes.</li> <li>• Tools used to assess and prioritise the individual needs and compatibility of new clients with people currently using the service.</li> </ul>

- Staff can accurately describe intake and referral processes as relevant to the services being delivered, including how these processes are applied on a non-discriminatory basis.

**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.



**Indicator 2.2: The organisation has processes to communicate, interact effectively and respond to the individual’s decision to access and/or exit services.**

**As a part of meeting Indicator 2.2, organisations must also demonstrate the mandatory requirements and relevant service stream requirements detailed below**

<p><b>Common</b></p>	<p><input checked="" type="checkbox"/> The organisation engages interpreters for people who need assistance to communicate effectively in English, in line with the Queensland Language Services Policy.<sup>13</sup>.</p> <p><b>Where the organisation is responsible for eligibility, entry and exit processes, the following applies:</b></p> <p><input checked="" type="checkbox"/> Information is provided to people to assist them understand how to access and/or leave the service.</p> <p><input checked="" type="checkbox"/> Staff and management can describe how the service works with other agencies to respond to the needs of the people accessing or leaving the service.</p>
<p><b>Disability Services</b></p>	<p><input checked="" type="checkbox"/> 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.</p>
<p><b>Suggestions of Evidence</b></p>	<ul style="list-style-type: none"> <li>• Welcome kits, brochures and/or fact sheets providing information about the services provided.</li> <li>• The availability of service information, such as brochures, in other languages.</li> <li>• A policy and procedure for engaging and working with interpreters.</li> <li>• Records of training for staff and volunteers in engaging and working with interpreters.</li> <li>• Intake and referral tracking systems.</li> <li>• Records of the review of data to inform planning of service delivery (location, types, hours, physical accessibility).</li> <li>• Records of the involvement of other agencies in entry and exit processes.</li> <li>• Use of relevant support persons when people are entering or exiting a service.</li> <li>• Staff can describe the process for engaging and working with interpreters.</li> </ul>

<sup>13</sup> 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. For further information about this, please contact your departmental Contract Officer. The Queensland Language Services Policy and Guideline can be accessed at: [www.dlgrma.qld.gov.au/multicultural-affairs/policy-and-governance/language-services-policy.html](http://www.dlgrma.qld.gov.au/multicultural-affairs/policy-and-governance/language-services-policy.html)

<b>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.</b>	
<b>As a part of meeting Indicator 2.3, organisations <u>must also</u> demonstrate the relevant service stream requirements detailed below</b>	
<b>Common</b>	<p><i>There is no common mandatory evidence requirement for this indicator.</i></p>
<b>Sexual Violence &amp; Women's Support</b>	<p><input checked="" type="checkbox"/> 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.</p>
<b>Young People</b>	<p><input checked="" type="checkbox"/> 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.</p>
<b>Suggestions of Evidence</b>	<ul style="list-style-type: none"> <li>• Details of ineligibility or inability to provide services are recorded along with correspondence to relevant referring agencies, 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 <i>Human Rights Act 2019</i>.</li> <li>• Staff can accurately describe referral processes.</li> <li>• Evidence of staff/management attendance at networking activities that maintain organisational awareness of internal and external services/referral pathways.</li> </ul> <p><b>Domestic and Family Violence services</b></p> <ul style="list-style-type: none"> <li>• 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, LGBTIQ+ services and services that may be more culturally safe.</li> <li>• 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.</li> <li>• 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.</li> <li>• Staff demonstrate an understanding of the organisation's offerings, limitations and referral pathways to other services to address client needs.</li> </ul>

## 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.

**Interpretation of this indicator:** The requirements and extent of planning will differ according to types of services delivered. 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 must also demonstrate the mandatory requirements and relevant service stream or service specific requirements detailed below**

<b>Common</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Processes to support individualised, person centred and goal/outcome oriented planning<sup>14</sup> (See footnote below for information about when this requirement applies).</li> <li><input checked="" type="checkbox"/> Staff and management can describe how the service works with people to develop and maintain their independence and connection with the community as appropriate to their age, developmental stage and cultural circumstances.</li> </ul>
<b>Child Protection Support Services</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 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) <i>Child Protection Act 1999</i> and DCYJMA's <i>Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.</i></li> </ul>
<b>Families</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 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) <i>Child Protection Act 1999</i> and DCYJMA's <i>Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.</i></li> <li><input checked="" type="checkbox"/> Organisational procedures ensure that 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.</li> </ul>

<sup>14</sup> Only applies where an organisation delivers services of a type that require formal/documented individual planning and support (e.g. Access – Information, advice and referral and Community Support may not require development of an individualised plan).

<b>Domestic &amp; Family Violence</b>	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.
<b>Sexual Violence &amp; Women's Support</b>	<p><b>Adults and young people who have been affected by sexual violence</b></p> <p>The organisation ensures that intervention is consistent with the principles and best-practice framework outlined in <i>Response to sexual assault – Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault</i>.</p>
<b>Disability Services</b>	<p><input checked="" type="checkbox"/> The organisation promotes opportunities for people using services to fulfil valued community roles.</p>
<b>Individuals</b>	<p><b>Adults affected by alcohol (Aboriginal and Torres Strait Islander people, Rest and Recovery and Assertive Outreach)</b></p> <p><input checked="" type="checkbox"/> Service planning and delivery aligns to the practices and tools set out in the <i>Guidelines and Toolkit for Diversion Services</i>.</p>
<b>Young People</b>	<p><input checked="" type="checkbox"/> The organisation contributes to the assessment of and responses to the protection and care needs of the young person and supports their families in accordance with <i>section 159B(d) Child Protection Act 1999</i> and DCYJMA's <i>Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children</i>.</p>
<b>Suggestions of Evidence</b>	<ul style="list-style-type: none"> <li>• Documented processes for: <ul style="list-style-type: none"> <li>○ intake, assessment and recording individual/s needs, strengths, goals and aspirations</li> <li>○ planning how services will be delivered to individuals</li> <li>○ ensuring the active participation of individuals in planning including informing people using services about changes in service provision.</li> </ul> </li> <li>• Newsletters to people using services and staff promoting relevant community activities and events that may assist people using services to meet their needs, goals and aspirations.</li> </ul> <p><b>Services for Aboriginal and Torres Strait Islander children and families</b></p> <ul style="list-style-type: none"> <li>• Culturally appropriate decision making processes when engaging children, families and kin in developing a plan.</li> <li>• 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.</li> <li>• Evidence that children and families have been encouraged to bring a representative/ support person with them to planning meetings.</li> </ul> <p><b>Domestic and Family Violence services</b></p> <p>Policies, procedures, tools, records and processes demonstrate flexible and inclusive methods of service delivery:</p> <ul style="list-style-type: none"> <li>• where appropriate, services are delivered using a case management framework or similar, with an expectation that responses provided include</li> </ul>

	<p>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</p> <ul style="list-style-type: none"><li>• services are delivered from a client centred framework where dignity of choice and self-determination are respected</li><li>• where appropriate, assessments include consideration for and of children, family, kinship relations and support networks</li><li>• recognition of diversity and intersectionality</li><li>• evidence of culturally safe practice, for example:</li><li>• acknowledgement of local systems, processes, knowledge and skills</li><li>• 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</li><li>• a holistic approach to seeking information about the availability of services in each community</li><li>• working in close collaboration with Aboriginal and Torres Strait Islander people, families, communities and Elders.</li></ul>
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<b>Indicator 3.2: The organisation formulates service delivery that respects and values the individual (e.g. identity, gender, sexuality, culture, age and religious beliefs).</b>	
<b>As a part of meeting Indicator 3.2, organisations <u>must also</u> demonstrate the mandatory requirements and relevant service stream requirements detailed below</b>	
<b>Common</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Staff and management can describe how the organisation tailors support towards the individual needs, preferences and human rights of people using the services.</li> <li><input checked="" type="checkbox"/> Records of service planning and/or stakeholders confirm that services are delivered in a safe and inclusive environment which is adapted to meet the needs of people using the services, where necessary.</li> </ul>
<b>Domestic &amp; Family Violence</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Policies and processes relating to service delivery are documented, implemented, monitored and reviewed and indicate that:               <ul style="list-style-type: none"> <li>• all clients receive non-judgmental service delivery, taking into account diverse backgrounds, cultural practices and/or specific needs that arise from diverse backgrounds</li> <li>• staff demonstrate an understanding of the connection between colonisation and intergenerational trauma that impacts on Aboriginal and Torres Strait Islander Peoples</li> <li>• 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</li> <li>• 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.</li> </ul> </li> </ul>
<b>Disability Services</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 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.</li> </ul>
<b>Suggestions of Evidence</b>	<ul style="list-style-type: none"> <li>• Completed service planning tools and records enable the delivery of services respecting the people using the services human rights, identity, interests and safety requirements.</li> <li>• Meeting records show engagement with the people using the services community of identity and matched appropriate support staff.</li> <li>• The service has encouraged people using services to engage in activities consistent with his/her culture, values and interests and identity.</li> <li>• Records of training provided to staff regarding how to respond to individuals' cultural, physical, intellectual and communication requirements and human rights.</li> <li>• Records demonstrate consideration of whether actions and decisions limiting human rights are consistent with Section 13 of the <i>Human Rights Act 2019</i>.</li> </ul>

- Staff can describe how the organisation respects and values the individual when formulating service delivery.
- Evidence that the organisation has:
  - adopted the Multicultural Queensland Charter or considered the Multicultural Queensland Charter principles in the design, development and delivery of services
  - included information on the Multicultural Queensland Charter in staff induction and training
  - disseminated information on the Multicultural Queensland Charter to partners and stakeholders.

#### **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.
- 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 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.

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

As a part of meeting Indicator 3.3, organisations **must also** demonstrate the mandatory requirements and relevant service stream requirements detailed below

<p><b>Common</b></p>	<ul style="list-style-type: none"> <li>☑ Documented processes or systems for monitoring, reviewing and reassessing service delivery to meet the needs of individual service users.</li> <li>☑ Where service delivery requires individual planning and support<sup>15</sup> (e.g. case management):             <ul style="list-style-type: none"> <li>• this is undertaken in a regular cycle of assessment, planning, implementation and review to meet the changing needs of people using the service</li> <li>• involves the people using services and their representatives / support persons (where relevant) in reviewing individualised plans</li> <li>• records show that individualised plans are implemented.</li> </ul> </li> </ul>
<p><b>Suggestions of Evidence</b></p>	<ul style="list-style-type: none"> <li>• Processes that specify how, when and by whom services are to be monitored, reviewed and reassessed.</li> <li>• Processes for the ongoing review of needs, preferences, goals, aspirations and achievements of people using services.</li> <li>• Records show that achievements and milestones people using services have been recognised or celebrated by the service and/or that individual support/care plans and up to date.</li> </ul> <p><b>Services for Aboriginal and Torres Strait Islander children and families</b></p> <ul style="list-style-type: none"> <li>• Children, families, kin and other stakeholders are actively involved in reviewing progress towards achieving goals.</li> <li>• Staff can described how plans are actively monitored and modified over time to respond to changing needs of children and families.</li> </ul>

<sup>15</sup> Only applies where an organisation delivers services of a type that require formal/documented individual planning and support (e.g. Access – Information, advice and referral and Community Support may not require development of an individualised plan).



<b>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.</b>	
<b>As a part of meeting Indicator 3.4, organisations <u>must also</u> demonstrate the mandatory requirements and relevant service stream or service specific requirements detailed below</b>	
<b>Common</b>	<input checked="" type="checkbox"/> Partnership arrangements and collaborative strategies are in place.
<b>Child Protection Support Services</b>	<input checked="" type="checkbox"/> The organisation works with DCYJMA and other service providers consistent with sections 159B and 159F <i>Child Protection Act 1999</i> and <i>DCYJMA's Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.</i>
<b>Families</b>	<input checked="" type="checkbox"/> The organisation works with DCYJMA and other service providers consistent with sections 159B and 159F <i>Child Protection Act 1999</i> and <i>DCYJMA's Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.</i> <b>Aboriginal and Torres Strait Islander Family Wellbeing Services</b> <input checked="" type="checkbox"/> The organisation can demonstrate evidence of representation and participation in a local alliance of government and non-government services. <sup>16</sup>
<b>Domestic &amp; Family Violence</b>	<input checked="" type="checkbox"/> Documented processes ensure that the organisation engages in an integrated service response: <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• the organisation shares appropriate and timely information with agencies in alignment with legislation and Queensland Government <i>Domestic and Family Violence Information Sharing Guidelines</i> that hold victim safety and perpetrator accountability at the core of practice.</li> </ul> <input checked="" type="checkbox"/> 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.

<sup>16</sup> Local level alliances may include Supporting Families Alliance and Local Level Alliance led by Family and Child Connect services.

<p><b>Young People</b></p>	<p><b>Support and Case Management:</b></p> <ul style="list-style-type: none"> <li>☑ 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.</li> </ul>
<p><b>Suggestions of Evidence</b></p>	<ul style="list-style-type: none"> <li>• Records of participation in interagency service network meetings and forums.</li> <li>• Evidence of attendance at meetings with stakeholders to discuss the individual care/support needs of people using services.</li> <li>• Evidence of the development of collaborative Case/Support/Care Plans.</li> <li>• Staff can describe the partnerships/collaborative strategies used to support service delivery used.</li> <li>• Processes for involving guardians/family members of people using services in service planning, delivery, monitoring and review processes.</li> </ul> <p><b>Services to children and families (includes Child Protection Support Services and services for Families)</b></p> <ul style="list-style-type: none"> <li>• Processes for meeting information sharing guidelines relevant to legislative requirements (e.g. <i>Child Protection Act 1999</i>).</li> </ul> <p><b>Services for Aboriginal and Torres Strait Islander children and families</b></p> <ul style="list-style-type: none"> <li>• Evidence of meaningful partnerships with Aboriginal and Torres Strait Islander Community Controlled organisations, community and other service providers.</li> <li>• Records of management and staff participation in networking activities to identify and establish partnerships.</li> </ul> <p><b>Domestic and Family Violence services</b></p> <p><u>Integrated Service Responses</u></p> <p>Evidence demonstrating that:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• non-Indigenous organisations seek out, develop and maintain relationships with local Aboriginal and Torres Strait Islander organisations to build a culturally inclusive integrated response</li> <li>• 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</li> <li>• 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)</li> <li>• 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</li> <li>• documentation and staff articulate and recognise the importance of connection to country, culture and kinship relationships</li> </ul>

- 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.

<b>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.</b>	
<b>As a part of meeting Indicator 3.5, organisations <u>must</u> demonstrate the mandatory requirements detailed below</b>	
<b>Common</b>	<input checked="" type="checkbox"/> Staff and management can describe user friendly ways for encouraging people using the services to be involved in decision-making and planning about the services they receive.
<b>Domestic &amp; Family Violence</b>	<input checked="" type="checkbox"/> Documented and implemented policy and procedures that ensure use of accredited interpreters with domestic and family violence experience where possible.  <input checked="" type="checkbox"/> Documented and implemented policies, procedures and practice that ensure services are delivered in a manner that: <ul style="list-style-type: none"> <li>• provides a framework for access and inclusion</li> <li>• promotes the self-determination, dignity of choice and autonomy of victims</li> <li>• 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</li> <li>• 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</li> <li>• staff work collaboratively with the family acknowledging strengths and building self-efficacy</li> <li>• safety considerations recognising the unique needs of victims of DFV related to communication methods are observed</li> <li>• children participate in decisions that affect them where possible and appropriate.</li> </ul>
<b>Suggestions of Evidence</b>	<ul style="list-style-type: none"> <li>• Policies that set out how the service will engage with and encourage participation by people using services in service delivery in accordance with their needs, rights and preferences.</li> <li>• There are user-friendly ways to encourage people using services to engage in planning and decision-making.</li> <li>• There are effective processes to develop and record individual plans in appropriate formats and staff are familiar with these.</li> <li>• Feedback from people using services, family members or carers confirms participation in individualised planning and review processes.</li> </ul> <p><b>Services for Aboriginal and Torres Strait Islander children and families</b></p> <ul style="list-style-type: none"> <li>• Strategies to identify and overcome barriers and support participation of people using services (such as participation of representatives / support</li> </ul>

persons).

- Information is provided in a culturally informed format that is easily understood by people using services.

### **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 **must also** demonstrate the mandatory requirements and relevant service stream requirements detailed below

<b>Common</b>	<ul style="list-style-type: none"> <li>☑ Services are planned and delivered in a manner that upholds the human and legal rights of people using the service, including confidentiality of personal information<sup>17</sup>, the right to be treated with dignity and respect and are consistent with the <i>Human Rights Act 2019</i>.</li> </ul>
<b>Disability Services</b>	<ul style="list-style-type: none"> <li>☑ Services are planned and delivered in a manner that supports the human rights of people with a disability.</li> <li>☑ Evidence that people using services have received information necessary to support their rights, in ways that are appropriate, taking into account their disabilities and cultural background.</li> </ul>
<b>Suggestions of Evidence</b>	<ul style="list-style-type: none"> <li>• A clear user-friendly statement of rights and responsibilities/our vision and goals is provided for people using services.</li> <li>• Information displays support human rights, children's rights etc.</li> <li>• Private meeting spaces to ensure confidentiality of discussions.</li> <li>• Feedback confirms that the human and legal rights of people using services are upheld during service planning and delivery.</li> <li>• Records demonstrate consideration of whether actions and decisions limiting human rights are consistent with Section 13 of the <i>Human Rights Act 2019</i>.</li> </ul> <p><b>Services to children and Families (Child Protection Support Services and services for Families)</b></p> <ul style="list-style-type: none"> <li>• Evidence of information being provided to children and young people regarding the <i>Time in Care Information Access Service</i>.</li> </ul>

<sup>17</sup> Relates to Standard 1.7 and clause 27 of the *Service Agreement – Standard Terms*.

## 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 must also demonstrate the mandatory requirements and relevant service stream or service specific requirements detailed below

<p><b>Common</b></p>	<ul style="list-style-type: none"> <li>☑ Policies and procedures 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.<sup>18</sup></li> <li>☑ Where required, documented and implemented processes for ensuring the screening requirements in the <i>Working with Children (Risk Management and Screening) Act 2000</i> (blue card system), including the risk management strategy are met, including:             <ul style="list-style-type: none"> <li>• ensuring all relevant persons working in or for the organisation (including governing body members) have either a current blue card or exemption card before commencing in their role and that the blue card or exemption card remains current at all times whilst they are occupying the role.<sup>19</sup></li> <li>• 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)</li> <li>• appropriately managing the notification of a negative notice for any person working in or for the organisation</li> <li>• linking any person who already holds a blue card or exemption card with the organisation</li> <li>• ensuring that a child and youth risk management strategy addressing the eight minimum requirements set out in the <i>Working with Children (Risk Management and Screening) Regulation 2011</i> is in place and is reviewed annually.</li> </ul> </li> <li>☑ Processes for ensuring a safe environment for people who use services that take into account the types of services delivered and legislative requirements.<sup>20</sup></li> </ul>
<p><b>Disability Services</b></p>	<ul style="list-style-type: none"> <li>☑ Documented processes for ensuring that Criminal History Screening – Prescribed Notice (Yellow Card) required under the <i>Disability Services Act 2006</i> for persons working in or for the service (this includes staff, volunteers, students on work experience) are met, including:             <ul style="list-style-type: none"> <li>• ensuring that all relevant persons engaged in or for the organisation undergo appropriate criminal history screening (e.g. Yellow Card, Blue Card/Yellow Card Exemption)</li> <li>• managing and tracking the status of screening applications and expiry dates by maintaining a register</li> <li>• appropriately managing the notification of a negative notice and notifications of change in criminal history for any person working in or for the organisation</li> </ul> </li> </ul>

<sup>18</sup> These requirements also apply where organisations have subcontracting arrangements in place.

<sup>19</sup> In line with the 'No Card, No Start' legislation, in effect from 31 August 2020

<sup>20</sup> Relevant requirements may include suggestions as outlined in [Appendix A](#).

	<ul style="list-style-type: none"> <li>• linking any person who already holds a Yellow Card or Blue Card/Yellow Card Exemption as a result of an engagement with another provider with the organisation.</li> </ul> <p><input checked="" type="checkbox"/> Documented and implemented Risk Management Strategy<sup>21</sup> that meets requirements of section 49 Disability Services Act 2006.</p>
<b>Domestic &amp; Family Violence</b>	<p><input checked="" type="checkbox"/> Documented, implemented, monitored and reviewed processes identify and address:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• how challenging behaviours or threats against other people using the service or working in the organisation are minimised and responded to</li> <li>• 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.</li> </ul> <p><input checked="" type="checkbox"/> Records demonstrate that formal, documented, evidence-based risk assessments are:</p> <ul style="list-style-type: none"> <li>• linked to safety plans that are collaboratively developed</li> <li>• regularly reviewed, evaluated and updated based on client circumstances</li> <li>• appropriately developed to suit the level of engagement and duration of need of the client</li> <li>• staff are trained to use these processes and staff regularly participate in training to maintain currency.</li> </ul> <p><input checked="" type="checkbox"/> Documented and implemented processes:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• for notifying relevant authorities with information as is necessary for the best interests, wellbeing and safety of the child or young person</li> <li>• service premises have physical security measures in place to meet the safety and privacy needs of service users and workers.</li> </ul>
<b>Suggestions of Evidence</b>	<ul style="list-style-type: none"> <li>• Documents showing that all screening is up to date e.g. Criminal history, Blue Card register/Yellow Card registers.</li> <li>• Risk management policies/procedures which address how risks to the safety of people using services will be identified, minimised and managed, including the prevention of harm, abuse and neglect.</li> <li>• Identify and respond to risks to the safety and wellbeing of people using services and review these regularly.</li> <li>• Physical environment is free from hazards and promotes safety and wellbeing.</li> <li>• Records of preventative and corrective actions taken to ensure a safe environment.</li> </ul>

<sup>21</sup> Refer to section 49, *Disability Services Act 2006*.



### **Anti-bullying and cyberbullying**

Processes of organisations providing services primarily to children and young people support anti bullying and cyberbullying, which may include evidence that:

- 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.

### **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).

<b>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.</b>	
<b>Interpretation of this indicator:</b> Harm includes self-harm.	
<b>As a part of meeting Indicator 4.3, organisations <u>must also</u> demonstrate the mandatory requirements and relevant service stream or service specific requirements detailed below</b>	
<b>Common</b>	<ul style="list-style-type: none"> <li>☑ Documented and implemented processes for reporting and responding to potential, suspected, alleged or actual harm, abuse and/or neglect of people using services, including critical incident reporting.</li> <li>☑ Staff and management can describe and have an agreed understanding of: <ul style="list-style-type: none"> <li>• what constitutes as harm, abuse, neglect and exploitation</li> <li>• how to respond, record and report to allegations or incidents of harm, abuse, neglect and exploitation</li> <li>• internal and external processes for reporting and responding.</li> </ul> </li> </ul>
<b>Families</b>	<ul style="list-style-type: none"> <li>☑ There are processes for informing families and young people of the organisation’s duty of care to report significant harm or risk to relevant authorities including the department.</li> </ul>
<b>Young People</b>	
<b>Sexual Violence &amp; Women’s Support</b>	<ul style="list-style-type: none"> <li>☑ Processes ensure families are aware of the organisation’s obligation to report significant harm or risk of significant harm to relevant authorities including DCYJMA as per DCYJMA’s Critical Incident Reporting Policy.</li> </ul>
<b>Disability Services</b>	<ul style="list-style-type: none"> <li>☑ The organisation maintains, implements and acts in accordance with department’s <i>Critical Incident Reporting Policy</i> and <i>Preventing and Responding to the Abuse, Neglect and Exploitation of People with a Disability</i>.</li> </ul>
<b>Suggestions of Evidence</b>	<ul style="list-style-type: none"> <li>• Incident management policy and procedures, registers and reports relating to abuse, neglect and exploitation.</li> <li>• Feedback from people using services confirms an effective response of the organisation to allegations or concerns about harm, abuse and/or neglect and the support provided.</li> <li>• Records of staff training on: what constitutes harm, abuse, neglect and exploitation; how to respond to actual or suspected instances; and how to respond to, record and report allegations.</li> <li>• Staff can accurately describe what constitutes harm, suspected harm, abuse, neglect and exploitation and how to respond appropriately.</li> <li>• <i>Disability Services</i> – A code of practice and policies that clearly prohibit all forms of abuse and overly restrictive behaviour management.</li> <li>• <i>Disability Services</i> – Stakeholder feedback confirms a culture of no retribution for any person who reports abuse, neglect or exploitation of a person with a disability.</li> </ul>

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 also</u> demonstrate the relevant service stream requirements detailed below	
<b>Common</b>	<i>There is no common mandatory evidence requirement for this indicator</i>
<b>Disability Services</b>	<input checked="" type="checkbox"/> Processes and material available for people using the service to access necessary independent advocacy support, including the Office of the Public Guardian.
<b>Suggestions of Evidence</b>	<ul style="list-style-type: none"> <li>• Welcome kits including details of relevant advocacy and support services.</li> <li>• Contact details for support/advocacy bodies are displayed in areas that are frequently accessed by people using services.</li> <li>• Records showing that people using services have been supported to access advocacy and support services (e.g. Community Visitors, advocates).</li> <li>• Where applicable, processes for linking people using services with specialist services (such as language/interpreter services) to support people exercise their legal and human rights.</li> </ul>

<b>Indicator 4.5: The organisation has processes that demonstrate the right of the individual to participate and make choices about the services received.</b>	
<p><b>Interpretation of this indicator:</b> 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.</p>	
<b>As a part of meeting Indicator 4.5, organisations <u>must also</u> demonstrate the mandatory requirements and relevant service stream requirements detailed below</b>	
<b>Common</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Evidence that people using services are given opportunities to participate as fully as possible and make choices about the services they receive.</li> <li><input checked="" type="checkbox"/> Services take into account people’s human rights, including consideration of whether any limitation of human rights is consistent with Section 13 of the <i>Human Rights Act 2019</i>.</li> </ul>
<b>Disability Services</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Information is available in appropriate formats (based on the individual’s preferences for the communication method) to support people using services to participate and make choices about the services they receive.</li> <li><input checked="" type="checkbox"/> Documented policies and practices that enable people to participate in decision making and choices in relation the services they receive.</li> <li><input checked="" type="checkbox"/> Records and/or feedback show that where a person who is using the service is unable to provide consent, the organisation seeks consent from the person’s legal guardian or relevant informal decision-maker/s.</li> </ul>
<b>Suggestions of Evidence</b>	<ul style="list-style-type: none"> <li>• The organisation provides opportunities for people using services to make informed decisions and choices about the services they receive, according to their individual needs.</li> <li>• Records showing that people using services are satisfied with their ability to participate and make choices about the services received.</li> <li>• Service delivery environment reflects different choices that may be made by people using services (e.g. daily activities, leisure, food choices, exercise, communication preferences).</li> <li>• Staff can describe strategies used to encourage people using services to participate and make choices about the services they receive.</li> <li>• Minutes of meetings showing that the rights, preferences and choices of people using services have been discussed and considered.</li> </ul>

## 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.

As a part of meeting Indicator 5.1, organisations **must also** demonstrate the mandatory requirements detailed below

<p><b>Common</b></p>	<ul style="list-style-type: none"> <li>☑ Processes for managing and tracking complaints including:             <ul style="list-style-type: none"> <li>• a definition or explanation of what constitutes a complaint</li> <li>• how the complaint can be made, including formal and informal avenues for making complaints, including anonymously</li> <li>• timeframes and steps for responding to a complaint</li> <li>• avenues for escalating a complaint including making a complaint to the department and/or external complaints agency<sup>22</sup></li> <li>• how complaints are recorded and tracked and processes to identify and address any systematic barriers to complaints, appeals and feedback mechanisms</li> <li>• how people’s right to privacy and confidentiality is managed during the complaints process</li> <li>• how people are advised of the outcome of the complaint</li> <li>• how feedback, complaints and appeals are reported to the governing body/management committee or to the delegated authority.</li> </ul> </li> <li>☑ Processes are in place to ensure that people are not disadvantaged as a result of making complaints.</li> </ul>
<p><b>Suggestions of Evidence</b></p>	<ul style="list-style-type: none"> <li>• Policies and processes for collecting, recording and responding to feedback.</li> <li>• Processes to ensure that people are not disadvantaged as a result of making complaints such as:             <ul style="list-style-type: none"> <li>○ how the organisation will respect people’s right to privacy and confidentiality in managing complaints and advise on outcomes</li> <li>○ how feedback, complaints and appeals are reported to the governance body or to the delegated authority</li> <li>○ how the organisation ensures compliance to any regulatory or legislative requirements for handling complaints</li> <li>○ mechanisms to ensure complaints are responded to and dealt with in a timely manner<sup>23</sup></li> <li>○ review processes to identify and address any systematic barriers to complaints, appeals and feedback mechanisms.</li> </ul> </li> </ul>

<sup>22</sup> Queensland Human Rights Commissioner (formerly Anti-Discrimination Commission Queensland), Queensland Police

<sup>23</sup> 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 an inadequate

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

*There are no mandatory requirements for this indicator*

<p><b>Suggestions of Evidence</b></p>	<ul style="list-style-type: none"> <li>• Feedback from people using the service confirming that they have received information from the service about feedback, complaints and appeals mechanisms.</li> <li>• Processes are in place that maximise access to information about complaints, disputes and feedback processes for all people accessing services including those from diverse stakeholder groups (culture, age etc).</li> <li>• Complaints information is made available in areas that are frequently accessed by people using services.</li> <li>• Case notes/client records reflect discussions between staff and people using services about their right to make a complaint, appeal or provide feedback.</li> <li>• Staff can describe the organisation’s complaints policy, including awareness of their roles and responsibilities in the complaints process.</li> </ul>
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**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 also demonstrate the mandatory requirements detailed below**

<p><b>Common</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> People using services and relevant stakeholders (e.g. family, carer, guardian) can describe how to access an external complaints agency and external advocacy/support agencies,<sup>24 25</sup> as appropriate.</li> <li><input checked="" type="checkbox"/> Staff and management can describe how to refer complaints promptly to external agencies when appropriate (e.g. the department, Queensland Police Service, Office of the Public Guardian).</li> </ul>
<p><b>Suggestions of Evidence</b></p>	<ul style="list-style-type: none"> <li>• Policy/procedure outlining how people using services will be supported to provide feedback, make a complaint or appeal to an external body.</li> <li>• Case notes that reflect discussions between staff and service users/stakeholders regarding their right to provide feedback, appeal, or make a complaint externally.</li> <li>• Feedback from people using services demonstrates that they are aware of relevant external feedback, complaints and appeals mechanisms.</li> <li>• Management and staff can describe the processes used to refer people using services to external complaints and appeal bodies/mechanisms.</li> </ul>

<sup>24</sup> 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 inadequate

<sup>25</sup> Including the Public Advocate, Queensland Human Rights Commissioner, Health Ombudsman



**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 requirements for this indicator*

**Suggestions of Evidence**

- Procedures show how feedback, complaints and appeals will inform service delivery and planning such as an improvement plan, complaints register and feedback management system.
- Welcome/Induction pack for people using services explaining how the organisation will use feedback, complaints and appeals information.
- Records of the review of feedback and associated trends and what improvements have been made in the organisation.
- A process that monitors or tracks proposed improvements resulting from feedback, complaints or appeals (e.g. a quality improvement plan or a complaints register).
- Management and staff 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.**

**Interpretation of this indicator:** The organisation provides adequate numbers of appropriately skilled and trained staff/volunteers. Employees' rights and workplace health and safety are managed effectively and in accordance with legislation.

**As a part of meeting Indicator 6.1, organisations must also demonstrate the relevant Mandatory requirement and service specific requirements detailed below**

<b>Common</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Workforce planning is undertaken that supports the organisation to meet its relevant regulatory and industrial relations requirements and to deliver the services it is funded to deliver.</li> <li><input checked="" type="checkbox"/> Building and the physical environment where services are delivered are safe and well maintained.</li> <li><input checked="" type="checkbox"/> Employment practice comply with relevant legislation including the <i>Human Rights Act 2019</i>.<sup>26</sup></li> </ul>
<b>Individuals</b>	<p><b>Assertive Outreach</b></p> <p>The organisation's work health and safety requirements confirm that:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> First Aid Kits are accessible for all staff.</li> <li><input checked="" type="checkbox"/> Staff are provided with a mobile phone to use in case of emergencies.</li> <li><input checked="" type="checkbox"/> Staff work in teams with a minimum of two staff for each shift (usually one male and one female).</li> </ul>
<b>Suggestions of Evidence</b>	<ul style="list-style-type: none"> <li>• Meeting/training records regarding safe work practices and safe work environment (e.g. records of safety and quality committee meeting agenda and minutes).</li> <li>• Non-discriminatory human resource practices which address human rights of people working in or for the service (including volunteers).</li> <li>• Application of equal employment opportunity principles in recruitment.</li> <li>• Policy/procedure for the elimination of bullying and harassment in the workplace.</li> <li>• Policy/procedure for the application of industrial awards, collective agreements or contracts.</li> <li>• Policy/procedures for ensuring safe work practices/safe work environment</li> <li>• Succession planning.</li> </ul>

<sup>26</sup> For information about family and domestic leave entitlements, see the [Fair Work Ombudsman website](#).

<b>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.</b>	
<b>As a part of meeting Indicator 6.2 organisations <u>must also</u> demonstrate the mandatory requirements and relevant service specific requirements detailed below</b>	
<b>Common</b>	<input checked="" type="checkbox"/> Staff and management are qualified or skilled to perform their roles.
<b>Families</b>	<b>Family Participation Program</b> <input checked="" type="checkbox"/> Organisation records demonstrate that all staff working directly with service users have completed training in Aboriginal and Torres Strait Islander family-led decision making processes.
<b>Individuals</b>	<b>Rest and Recovery and Assertive Outreach</b> <input checked="" type="checkbox"/> Organisation records demonstrate that all staff possess a current First Aid Certificate.  <b>Financial Counselling and Advocacy</b> <input checked="" type="checkbox"/> 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.
<b>Domestic &amp; Family Violence</b>	<input checked="" type="checkbox"/> 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.  <input checked="" type="checkbox"/> Organisations and services promote diversity in their recruitment processes in recognition of the diversity within their communities and client base.
<b>Young People</b>	<input checked="" type="checkbox"/> 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.
<b>Suggestions of Evidence</b>	<ul style="list-style-type: none"> <li>• Policy and processes for workforce planning, recruitment and selection processes.</li> <li>• Duty statements or position descriptions and records of the advertising/promotion of available positions.</li> <li>• Evidence that staff qualifications have been checked and are current and that they have the skills and experience necessary for fulfil their role.</li> <li>• Records of merit-based recruitment and selection processes (e.g. evidence of selection criteria and interview processes).</li> </ul>

- Personnel/HR files show evidence that staff have qualifications and experience relevant to their role.

### **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.

<b>Indicator 6.3: The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.</b>	
<b>As a part of meeting Indicator 6.3, organisations <u>must also</u> demonstrate the mandatory requirements and relevant service stream requirements detailed below</b>	
<b>Common</b>	<input checked="" type="checkbox"/> Records show that people working in and for the organisation (including volunteers) have: <ul style="list-style-type: none"> <li>• been inducted according to the responsibilities of their role</li> <li>• been provided with opportunities to have their learning and training needs assessed and responded to</li> <li>• an understanding of the human rights of people using services and the impacts of service delivery on those rights.</li> </ul>
<b>Disability Services</b>	<input checked="" type="checkbox"/> The organisation complies with the requirements of the department's <i>Critical Incident Reporting Policy</i> that staff have been appropriately trained to mitigate potential critical incidents and to accurately report critical incidents. <input checked="" type="checkbox"/> The organisation complies with the requirements of the department's policy on <i>Preventing and Responding to the Abuse, Neglect and Exploitation of People with Disability</i> , including: <ul style="list-style-type: none"> <li>• 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</li> <li>• staff are trained to recognised and prevent/minimize the occurrence or recurrence of abuse, neglect and exploitation of people using services</li> <li>• staff are trained in early intervention approaches where potential or actual abuse, neglect or exploitation of people using services is identified.</li> </ul>
<b>Domestic &amp; Family Violence</b>	<input checked="" type="checkbox"/> 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.
<b>Suggestions of Evidence</b>	<ul style="list-style-type: none"> <li>• Policies or procedures addressing induction, training and development of people working in or for the organisation.</li> <li>• Records showing that the organisation has identified and/or responded to the learning needs of people working in the service (e.g. achievement and capability plans addressing the learning needs of staff/volunteers).</li> <li>• Records of meetings showing how the learning and development opportunities requested/raised by staff or volunteers have been addressed.</li> <li>• Registers of staff attendance at induction, mandatory training and development activities.</li> </ul> <p><b>Domestic and Family Violence services</b></p>

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.

**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 **must also** demonstrate the Mandatory requirements detailed below

<b>Common</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Records show that staff receive periodic feedback/supervision and support, as relevant to their role, level of experience and the complexity of service user needs.</li> </ul>
<b>Domestic &amp; Family Violence</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Documented and implemented processes demonstrate how the organisation fosters a workplace culture that reduces work-induced trauma.</li> <li><input checked="" type="checkbox"/> The performance of workers is managed, developed and documented, including through providing feedback and development opportunities.</li> <li><input checked="" type="checkbox"/> 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.</li> <li><input checked="" type="checkbox"/> 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.</li> </ul>
<b>Sexual Violence &amp; Women's Support</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Organisations that deliver domestic and family violence and sexual violence services have policies in place to foster a workplace culture that reduces work-induced trauma.</li> <li><input checked="" type="checkbox"/> Staff and volunteers know how to access services to support their wellbeing and manage their exposure to distressing stories and other material related to people using services.</li> </ul>
<b>Suggestions of Evidence</b>	<ul style="list-style-type: none"> <li>• Policy and/or procedures outlining how the organisation supports staff/volunteers, provides guidance and feedback.</li> <li>• Records of performance management processes that show the organisation's commitment to fair disciplinary processes.</li> <li>• Written strategies/policies that support and promote the retention of staff and/or volunteers.</li> <li>• Documents that show how the organisation monitors and ensures accountability of sub-contracted or agency/relief staff.</li> <li>• Evidence of processes or systems that support volunteers to do their jobs well and safely.</li> <li>• Feedback from staff and/or volunteers on their satisfaction with the ongoing support, feedback and disciplinary processes provided to them.</li> </ul> <p><b>Domestic and family violence services</b></p> <ul style="list-style-type: none"> <li>• Processes outline how the organisation recognises, assesses and supports staff and volunteers to manage their exposure to distressing stories and other material related to clients.</li> </ul>

- Records of specialist supervision services for staff.
- Evidence that the organisation monitors staff and volunteer wellbeing.

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.



**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 **must also** demonstrate the Mandatory requirements detailed below

<p><b>Common</b></p>	<p><input checked="" type="checkbox"/> A policy or procedure for managing internal grievances/disputes that:</p> <ul style="list-style-type: none"> <li>• reflects the principles of natural justice</li> <li>• ensures that staff are aware of their rights to refer a complaint to a relevant external agency (e.g. Fair Work Commission, Queensland Human Rights Commissioner)</li> <li>• ensures that staff can raise grievances without fear of retribution.</li> </ul>
<p><b>Suggestions of Evidence</b></p>	<ul style="list-style-type: none"> <li>• Policies or procedures which outline how the organisation manages staff grievances and disputes.</li> <li>• Evidence of staff awareness of access to employee assistance programs that provide counselling and/or other services.</li> <li>• Records of engagement of external grievance investigation bodies who provide objective investigation into grievances, where required.</li> <li>• Records conveying the outcome of grievances/disputes to relevant parties as appropriate.</li> <li>• Feedback from staff, volunteers and/or carers on their access to fair and effective systems for dealing with grievances and disputes.</li> </ul>

# Appendix A – Safety requirements

Appendix A includes some of the legislative, regulatory or policy requirements that organisations should consider when self-assessing against the requirements in indicator 4.2 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<sup>27</sup>
- 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
- waste management
- food safety.

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<sup>27</sup> Refer to '[Fire safety – minimum requirements to be demonstrated](#)' for list of requirements to be audited and reported against at each audit

## Fire safety – minimum requirements to be met

Organisations should document and implement processes to promote fire safety in accordance with all fire safety, work health and safety legislative and policy requirements.<sup>28</sup>

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 organisations should review as part of their self-assessment is 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:<sup>29</sup>

- 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.<sup>30</sup>
- 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.
- 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.

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<sup>28</sup> 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](http://www.qfes.qld.gov.au)*
- *Managing the Work Environment and Facilities Code of Practice – Workplace Health and Safety Queensland (2021)*

<sup>29</sup> Specially constructed multi-occupancy residential sites may include Safe Houses and other child safety residential care sites, women's shelters and other similar sites.

<sup>30</sup> Securely fastened requires at a **minimum** that signs/diagrams are held in place with double sided tape or screwed to the wall.

- 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<sup>31</sup> 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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<sup>31</sup> Refer to <https://www.qfes.qld.gov.au/prepare/fire/smoke-alarms>

# Appendix B – Links to legislation, policies and resources

## GENERAL LINKS

### Legislation:

- State [www.legislation.qld.gov.au/Acts\\_SLs/Acts\\_SL.htm](http://www.legislation.qld.gov.au/Acts_SLs/Acts_SL.htm)
  - *Child Protection Act 1999*
  - *Child Protection Regulation 2011*
  - *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*
  - *Public Guardian Act 2014*
  - *Right to Information Act 2009*
  - *Working with Children (Risk Management and Screening) Act 2000*
  - *Working with Children (Risk Management and Screening) Regulation 2011*
  - *Work Health and Safety Act 2011*
- Commonwealth [www.comlaw.gov.au/Browse/ByTitle/Acts/Current#top](http://www.comlaw.gov.au/Browse/ByTitle/Acts/Current#top)
  - *Privacy Act 1988 (Commonwealth)*

**AustLII (Legislation database jointly operated by the Faculties of Law at the University of Technology, Sydney and the University of New South Wales (UNSW)**

[www.austlii.edu.au/austlii/help/legis-help.html](http://www.austlii.edu.au/austlii/help/legis-help.html)

**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](http://www.communitydoor.org.au/planning-and-evaluation/business-continuity)

[www.csialtd.com.au/news/article/blg-81/business-continuity-planning-for-community-based-organisations](http://www.csialtd.com.au/news/article/blg-81/business-continuity-planning-for-community-based-organisations)

**Child and Youth Risk Management Strategy Requirements (Blue Card System)**

[www.qld.gov.au/bluecardriskmanagement](http://www.qld.gov.au/bluecardriskmanagement)

**Blue card system review – No Card No Start**

[www.qld.gov.au/law/laws-regulated-industries-and-accountability/queensland-laws-and-regulations/regulated-industries-and-licensing/blue-card/system/review](http://www.qld.gov.au/law/laws-regulated-industries-and-accountability/queensland-laws-and-regulations/regulated-industries-and-licensing/blue-card/system/review)

### **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](http://www.csialtd.com.au/disastermanagement)

**Electrical safety**

[www.worksafe.qld.gov.au/](http://www.worksafe.qld.gov.au/)

**Fire Safety**

[www.qfes.qld.gov.au/buildingsafety/Pages/owner-occupier.aspx](http://www.qfes.qld.gov.au/buildingsafety/Pages/owner-occupier.aspx)

Advisory notes: <https://www.qfes.qld.gov.au/buildingsafety/documents/FSMT-AdvisoryNotes.pdf>

**Human Services Quality Framework**

[www.dsdsatsip.qld.gov.au/our-work/human-services-quality-framework](http://www.dsdsatsip.qld.gov.au/our-work/human-services-quality-framework)

**Multicultural Queensland Charter**

[www.cyjma.qld.gov.au/multicultural-affairs/policy-governance/multicultural-queensland-charter](http://www.cyjma.qld.gov.au/multicultural-affairs/policy-governance/multicultural-queensland-charter)

**QCOSS HSQF resources (including policy templates)**

[www.qcoss.org.au/our-work/our-work-in-summary/human-services-quality-framework-resources/](http://www.qcoss.org.au/our-work/our-work-in-summary/human-services-quality-framework-resources/)

**Queensland Human Rights Commission**

[www.qhrc.qld.gov.au](http://www.qhrc.qld.gov.au)

**Queensland Language Services Policy and Guideline**

[www.cyjma.qld.gov.au/multicultural-affairs/policy-governance/language-services-policy](http://www.cyjma.qld.gov.au/multicultural-affairs/policy-governance/language-services-policy)

**Financial Counsellors' Association of Queensland**

[www.fcaq.com.au/](http://www.fcaq.com.au/)

## DEPARTMENTAL LINKS

**Department of Children, Youth Justice and Multicultural Affairs (DCYJMA)**

[www.cyjma.qld.gov.au/](http://www.cyjma.qld.gov.au/)

**Critical Incident Reporting**

<https://www.cyjma.qld.gov.au/resources/dcsyw/about-us/partners/child-family/cir-policy.pdf>

**Investment specifications**

[www.cyjma.qld.gov.au/about-us/our-department/funding-grants-investment/investment-specifications](http://www.cyjma.qld.gov.au/about-us/our-department/funding-grants-investment/investment-specifications)

**Guidelines for diversion services and toolkit**

[www.cyjma.qld.gov.au/about-us/our-department/funding-grants-investment/investment-specifications/guidelines-diversion-services-toolkit](http://www.cyjma.qld.gov.au/about-us/our-department/funding-grants-investment/investment-specifications/guidelines-diversion-services-toolkit)

**Record Keeping Guide For Funded Non-Government Organisations**

[www.cyjma.qld.gov.au/about-us/our-department/partners/child-family/recordkeeping-requirements-non-government-organisations](http://www.cyjma.qld.gov.au/about-us/our-department/partners/child-family/recordkeeping-requirements-non-government-organisations)

**Service Agreements**

[www.cyjma.qld.gov.au/about-us/our-department/funding-grants-investment/streamlined-agreements](http://www.cyjma.qld.gov.au/about-us/our-department/funding-grants-investment/streamlined-agreements)

**Obligations of contracted service providers – *Information Privacy Act 2009***

[www.cyjma.qld.gov.au/about-us/our-department/information-privacy](http://www.cyjma.qld.gov.au/about-us/our-department/information-privacy)

## **Department of Communities, Housing and Digital Economy (DCHDE)**

[www.chde.qld.gov.au/](http://www.chde.qld.gov.au/)

### **Investment specifications**

[www.chde.qld.gov.au/services/community/funding-and-grants/investment-specifications](http://www.chde.qld.gov.au/services/community/funding-and-grants/investment-specifications)

## **Department of Justice and Attorney-General (DJAG)**

[www.justice.qld.gov.au/](http://www.justice.qld.gov.au/)

### **Domestic and Family Violence Resources**

[www.publications.qld.gov.au/dataset/domestic-and-family-violence-resources](http://www.publications.qld.gov.au/dataset/domestic-and-family-violence-resources)

### **Domestic and Family Violence Information Sharing Guidelines**

[www.justice.qld.gov.au/initiatives/end-domestic-family-violence/our-progress/strengthening-justice-system-responses/domestic-family-violence-information-sharing-guidelines](http://www.justice.qld.gov.au/initiatives/end-domestic-family-violence/our-progress/strengthening-justice-system-responses/domestic-family-violence-information-sharing-guidelines)

### **Investment specifications**

- [www.publications.qld.gov.au/dataset/service-providers-resources-for-violence-prevention/resource/c96539aa-1351-4971-8f5b-7515fb3c121c](http://www.publications.qld.gov.au/dataset/service-providers-resources-for-violence-prevention/resource/c96539aa-1351-4971-8f5b-7515fb3c121c)
- [www.publications.qld.gov.au/dataset/service-providers-resources-for-violence-prevention/resource/68b6223c-6f48-4dd6-bb2a-cf967d344e8f](http://www.publications.qld.gov.au/dataset/service-providers-resources-for-violence-prevention/resource/68b6223c-6f48-4dd6-bb2a-cf967d344e8f)
- [www.cyjma.qld.gov.au/resources/dcsyw/about-us/funding-grants/specifications/investment-specifications-individuals.pdf](http://www.cyjma.qld.gov.au/resources/dcsyw/about-us/funding-grants/specifications/investment-specifications-individuals.pdf)

### **Domestic and Family Violence services regulatory framework**

[www.justice.qld.gov.au/about-us/services/women-violence-prevention/violence-prevention/service-providers/domestic-and-family-violence-services-regulatory-framework](http://www.justice.qld.gov.au/about-us/services/women-violence-prevention/violence-prevention/service-providers/domestic-and-family-violence-services-regulatory-framework)

### **Blue Card Services factsheet – Shelters for adult women and men**

<https://www.publications.qld.gov.au/dataset/blue-card-system-changes/resource/eb2d3713-2b0c-4253-8303-85aaff41ce01>

### **DFV HSQF Supplement**

[www.publications.qld.gov.au/dataset/service-providers-resources-for-violence-prevention/resource/4e633e3b-a367-4f23-b60a-926a100aaab3](http://www.publications.qld.gov.au/dataset/service-providers-resources-for-violence-prevention/resource/4e633e3b-a367-4f23-b60a-926a100aaab3)

### **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](http://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/not-now-not-ever-report](http://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, including action plans**

[www.justice.qld.gov.au/initiatives/end-domestic-family-violence/dfvp-strategy](http://www.justice.qld.gov.au/initiatives/end-domestic-family-violence/dfvp-strategy)

### **Domestic and Family Violence Practice principles, standards and guidance**

[www.justice.qld.gov.au/about-us/services/women-violence-prevention/violence-prevention/service-providers/practice-principles-standards-guidance](http://www.justice.qld.gov.au/about-us/services/women-violence-prevention/violence-prevention/service-providers/practice-principles-standards-guidance)

**Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (DSDSATSIP)**

[www.dsdsatsip.qld.gov.au/](http://www.dsdsatsip.qld.gov.au/)

**Critical Incident Reporting policy**

[www.dsdsatsip.qld.gov.au/resources/dsdsatsip/disability/service-providers/critical-incident-policy.pdf](http://www.dsdsatsip.qld.gov.au/resources/dsdsatsip/disability/service-providers/critical-incident-policy.pdf)

**Disability Connect Queensland – Our role in disability**

[www.dsdsatsip.qld.gov.au/our-work/disability-services/disability-connect-queensland/our-role-disability](http://www.dsdsatsip.qld.gov.au/our-work/disability-services/disability-connect-queensland/our-role-disability)

**Disability Worker Screening**

<https://workerscreening.dsdsatsip.qld.gov.au/>

**Human Services Quality Framework**

- **Scheme Rules Part 1**

[www.jas-anz.org/sites/default/files/human\\_services\\_scheme\\_hs\\_scheme\\_-\\_part\\_1\\_-\\_common\\_requirements\\_for\\_bodies\\_certifying\\_human\\_services.pdf](http://www.jas-anz.org/sites/default/files/human_services_scheme_hs_scheme_-_part_1_-_common_requirements_for_bodies_certifying_human_services.pdf)

- **Scheme Rules Part 2**

[www.jas-anz.org/sites/default/files/hs\\_part\\_2\\_hs\\_qf\\_scheme\\_issue\\_9\\_13\\_september\\_2021-2.pdf](http://www.jas-anz.org/sites/default/files/hs_part_2_hs_qf_scheme_issue_9_13_september_2021-2.pdf)

- **Human Services Quality Framework user guide**

[www.dsdsatsip.qld.gov.au/resources/dsdsatsip/work/hsqf/user-guide-certification.pdf](http://www.dsdsatsip.qld.gov.au/resources/dsdsatsip/work/hsqf/user-guide-certification.pdf)

- **HSQF Framework Document**

[www.dsdsatsip.qld.gov.au/resources/dsdsatsip/work/hsqf/framework.pdf](http://www.dsdsatsip.qld.gov.au/resources/dsdsatsip/work/hsqf/framework.pdf)

**Investment specifications**

[www.dsdsatsip.qld.gov.au/about-us/funding-sponsorship/investment-specifications](http://www.dsdsatsip.qld.gov.au/about-us/funding-sponsorship/investment-specifications)

**Office of the Public Guardian Website**

[www.publicguardian.qld.gov.au/](http://www.publicguardian.qld.gov.au/)

**Preventing and Responding to the Abuse, Neglect and Exploitation of People**

[www.dsdsatsip.qld.gov.au/our-work/disability-services/disability-connect-queensland/preventing-responding-abuse-neglect-exploitation](http://www.dsdsatsip.qld.gov.au/our-work/disability-services/disability-connect-queensland/preventing-responding-abuse-neglect-exploitation)



## Appendix C – Terms and Definitions

**Please note the various service streams may have different definitions for the same term**

General terms and definitions	
<b>Assertive outreach</b>	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.
<b>Blue card exemption notice / exemption card</b>	A notice that registered teachers and 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. However, when providing regulated child-related services which fall outside of their professional duties, registered teachers and police officers <b>must</b> now apply for an exemption card.
<b>Blue card screening</b>	The assessment of a person's eligibility to hold a blue card or exemption card based on 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. A blue card is issued following the conduct of a 'working with children check'. Refer to 'Working with children check'. <i>Note: some people may hold an exemption card rather than a blue card.</i>
<b>Case management</b>	A collaborative process that involves assessment, planning, implementation, monitoring and review of the services required to meet a service user's needs.
<b>Case note</b>	A record of case-related information.
<b>Child and youth risk management strategy</b>	Organisations falling within the scope of the blue card system are required to implement child and youth risk management strategies which address <b>eight</b> 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.
<b>Community Support</b>	Services that promote greater public awareness of social issues and enhance individual and community group capacity.
<b>Consent</b>	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.
<b>Financial literacy and resilience</b>	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.
<b>Indicator</b>	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.
<b>Investment Specification</b>	Describes the intent of funding for a funding area and includes details about the service types, modes, service users, service delivery requirements, performance measurement requirements and reporting requirements and best practice guidance.

General terms and definitions	
<b>Multicultural Queensland Charter</b>	A set of eight principles in the <i>Multicultural Recognition Act 2016</i> 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.
<b>Office of the Public Guardian (OPG)</b>	An independent statutory body responsible for protecting the rights of vulnerable adults with impaired decision-making capacity and children and young people in out - of - home care (foster care, kinship care, residential care) and youth detention.
<b>Outcome</b>	The result of change, including the impact of outputs, affecting real-world behaviour and/or circumstances; such learning, attitudes, motivations and aspirations.
<b>Participating department/s</b>	Queensland Government departments of: <ul style="list-style-type: none"> <li>○ Children, Youth Justice and Multicultural Affairs (DCYJMA)</li> <li>○ Communities, Housing and Digital Economy (DCHDE)</li> <li>○ Justice and Attorney-General (DJAG)</li> <li>○ Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (DSDSATSIP)</li> <li>○ Queensland Health.</li> </ul>
<b>Policies, processes, procedures and records</b>	Policies state an organisation's position on an issue or issues. Processes are used to implement the policies. A process contains procedures or steps. These should be recorded (documented) to help evaluation and quality improvement.
<b>Queensland Language Services Policy</b>	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.
<b>Regulated business</b>	A business as defined in Schedule 1 of the <i>Working with Children (Risk Management and Screening) Act 2000</i> .
<b>Regulated employment</b>	Employment as defined in Schedule 1 of the <i>Working with Children (Risk Management and Screening) Act 2000</i> .
<b>Relevant Stakeholder</b>	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.
<b>Representatives / Support Persons</b>	Representatives / support persons may include family, carers, kin, advocates, decision makers, guardians, independent persons, referring agencies, community members.
<b>Rest and recovery services</b>	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 police custody for public intoxication offences; and support to access services that would help the person to give up or reduce drinking.
<b>Service</b>	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.
<b>Service agreement</b>	Contract used to provide funding to non-government organisations to deliver services.
<b>Service outlet</b>	A location used by an organisation to provide services to service users.

General terms and definitions	
<b>Service stream</b>	Broad categories of services currently in-scope of the HSQF including Child Safety (Child and Family), Community Services, Disability Services and the Queensland Community Services Scheme.
<b>Service type</b>	A support activity or service that a human service organisation is funded by the department to provide, normally categorised by service stream and activity.
<b>Service user (also referred to as people using services)</b>	Primarily, a person who is receiving/has received a service/support from the organisation being assessed. 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.
<b>Staff</b>	General term intended to include all persons who have a function/position description within the organisation. This includes volunteers.
<b>Working with children check</b>	<p>The Working with Children Check (also known as the blue card check) is a check conducted by Blue Card Services that assesses:</p> <ul style="list-style-type: none"> <li>any national charge or conviction (including spent convictions and pending and non-conviction charges) for an offence (even if no conviction was recorded)</li> <li>child protection prohibition orders (whether a person is a respondent or subject to an application)</li> <li>disqualification orders</li> <li>if a person is subject to reporting obligations under the <i>Child Protection (Offender Reporting) Act 2004</i> or <i>Dangerous Prisoners (Sexual Offenders) Act 2003</i></li> <li>disciplinary information held by certain professional organisations including teachers, childcare licensees, foster carers and certain health practitioners and</li> <li>information that the Police Commissioner may provide in relation to police investigations into allegations of serious child-related sexual offences, even if no charges were laid.</li> </ul> <p>A person whose application is approved is issued with a positive notice letter and a blue card. If a person's application is refused, they are issued with a negative notice which prohibits them from carrying on a business or providing regulated child-related activities.</p>

Disability Services – terms and definitions	
<b>Criminal history screening</b>	<p>The <i>Disability Services Act 2006</i> outlines the criminal history screening requirements for people engaged by department funded non-government service providers.</p> <p>All persons who are employed or proposed to be employed (including volunteers) by a department funded non-government disability service provider at a service outlet needs to be screened.</p>
<b>Harm</b>	<p>Harm is defined in the <i>Disability Services Act 2006</i> as:</p> <ul style="list-style-type: none"> <li>Physical harm to the person; or</li> <li>A serious risk of physical harm to the person; or</li> <li>Damage to property involving a serious risk of physical harm to the person.</li> </ul>
<b>Individualised plan (also referred to as a care plan)</b>	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.
<b>Person with a disability</b>	Persons with disability include those who have an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment that is permanent or likely to be permanent.
<b>Yellow card</b>	<p>If an application for criminal history screening is approved, a person will receive a positive notice and a Yellow Card or Yellow Card Exemption (if they are also the holder of a Blue Card)</p> <p>A positive notice remains current for three years from the date of issue, unless it is suspended or cancelled earlier because of a change in criminal history or in the case of a Yellow Card Exemption, if their Blue Card expires or is cancelled or suspended.</p> <p>A positive notice means a person can work in regulated employment for DSDSATSIP or a funded non-government service provider at a service outlet.</p>

### Domestic and Family Violence – terms and definitions

<b>Domestic and family violence</b>	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.
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### Seniors – terms and definitions

<b>Elder abuse</b>	Any act within a relationship of trust which results in harm to an older person. It can be emotional, psychological, financial, physical or sexual abuse, or neglect.
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