

Human Services Quality Framework

Licensing Companion Guide

Contents

Introduction	3
Purpose	3
Standard 1	4
Governance and management	4
Standard 2	7
Service access	7
Standard 3	9
Responding to individual need.....	9
Standard 4	12
Safety, wellbeing and rights.....	12
Standard 5	16
Feedback, complaints and appeals	16
Standard 6	17
Human resources	17
Appendix A: Glossary of terms – Child Safety.....	20
Appendix B: Relevant departmental resources (Child Safety)	33
Appendix C: Child Safety Service Models	34

Introduction

Under the *Child Protection Act 1999* (the *CP Act*), services providing care to children in the custody or guardianship of the Chief Executive of the Department of Communities, Child Safety and Disability Services are required to be licensed. The purpose of licensing is to ensure that the care provided meets the statement of standards in the *CP Act*.

The certification/recertification audit, conducted under the Human Services Quality Framework (HSQF), is used in the licensing process to meet the legislative requirement for independent advice to be used to assist the department in deciding a licence application.

Further information on the department's processes for licensing care services is available on the department's website (refer to appendix B, "licensing information" for the relevant link).

Purpose

This Licensing Companion Guide has been prepared to advise care service providers and certification bodies of the mandatory requirements for services required to be licensed. These requirements are specific to child safety care services and are additional to those already described in the *HSQF User Guide*.

Certification bodies **MUST** discuss these requirements in the certification report and describe how the evidence sighted during the audit supports, or does not support compliance with mandatory licensing requirements.

General Information:

1. For all of the requirements contained in this guide, the organisation must document that;
 - a. a policy/process exists
 - b. the process is delivered (or not)
 - c. the delivery is recorded
2. Sampling of files of children and young people in care is undertaken to collect evidence that the standard of care provided by the organisation complies with the Statement of Standards. As the auditor is performing a function under the *CP Act*, sampling of children and young people's files can be undertaken to the extent necessary to make a judgement regarding conformity.
3. Evidence required for licensing may apply to more than one indicator within a standard. Where this is the case, the evidence requirement is listed at the standard level and can be recorded in the audit report at the standard level.
4. In addition to the mandatory requirements listed in this document, the audit report must address the requirements for each indicator within the user guide.
5. To avoid duplication, the report can refer the reader to other sections of the report if relevant evidence is detailed under another indicator.

A list of relevant departmental policies, associated website links and relevant legislation can be found at the end of this guide.

The *HSQF Licensing Companion Guide* MUST be read in conjunction with the *HSQF User Guide*.

Standard 1

Governance and management

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

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

Mandatory requirements for licensing

For all care services

The organisation must have appropriate governance and management processes in place that:

- meet all legislative and administrative requirements of good and sustainable governance and management and meet the requirement of section 126(a) of the *CP Act*, to be a suitable entity to provide care services
- allow the licensee to comply with section 129A of the *CP Act* and ensure that the care provided to children complies with the Statement of Standards in section 122 of the *CP Act*. This includes induction and training of the governing body to inform members of the principles of the *CP Act* and the development of a vision and care model that meets the Statement of Standards
- ensure record keeping processes are consistent with the requirements of section 7 of the *Child Protection Regulation 2011* (the *CP Regulation*).

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

For all care services

The organisation must have processes in place to ensure that:

- any proposed nominee has received confirmation from Child Safety Services, Department of Communities, Child Safety and Disability Services (DCCSDS) that they are a suitable person prior to becoming a nominee (This is referred to as a suitability check, and includes a child safety and personal history check, blue card/exemption notice outcome and confirmation of meeting the requirements of s125 of the *CP Act* in relation to nominees and s20 of the *CP Regulation*)
- the nominee continues to be suitable during the period of the licence
- the licensee decides whether applicant directors are suitable persons before they are appointed directors - this shall include requesting a Child Safety and Personal History check from the department to assist in deciding suitability (reported under standard 6)
- directors continue to be suitable persons (reported under standard 6)
- directors of a care service have a current blue card (positive prescribed notice) or exemption notice.

Note: Care services not yet licenced are required to have processes that will allow them to meet the requirements once they are licenced. Licenced care services must also demonstrate evidence of implementing these processes.

Further information about suitability requirements is available in the resource paper

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.

Mandatory requirements for licensing for this indicator are captured at the standard level.

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

For all care services

The organisation's structure, purpose, vision and values are consistent with:

- meeting the care needs of the child/ young person and
- the department's goals (outlined in the funding information papers for the service model and/or policy statements such as those for residential care and therapeutic residential care).

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

For all care services

The organisation must:

- have a management system in place that ensures that decision making processes and accountability measures are clearly defined and are in the best interest of the child/young person
- have a clear organisational structure
- have procedures and relevant records for managing financial responsibilities and assets
- have appropriate insurance coverage
- demonstrate how the Licensee's obligations under S129A of the CP Act are delegated to the nominee and director(s) or similar persons responsible for the service's operations to the child
- have a suitable right to occupy premises where care service(s) operate
- demonstrate that if premises are leased to provide care service(s), the person who owns the leased premises is aware that their property is being used as a residential care service.

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

Mandatory requirements for licensing for this indicator are captured at the standard level.

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

Mandatory requirements for licensing for this indicator are captured at the standard level.

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

For all care services

The organisation must ensure that the information obtained by the care service during the operation of a care service under the *CP Act* is treated confidentially, including ensuring non-disclosure of information and exemptions to disclosure of information in line with sections 187 and 188 of the *CP Act*.

Organisations should comply with the department's Non-Government Service Provider Basic Recordkeeping Guide (refer to Appendix B), which provides requirements on how to appropriately manage records that relate to children who are clients of the department.

Organisations must have a documented process which describes:

- how records and files are created
- how information is collected from children, young people and families
- how information is entered into electronic information systems
- how records and files (both paper and electronic) are stored and maintained
- how information is protected against unauthorised access
- how records are transported securely
- how records and files are archived
- how client files are closed after the client has left the service or turns 18 years old.

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.

Mandatory requirements for licensing

For all care services

The organisation:

- matches the identified needs of children and young people to available foster and kinship carers or residential placements to ensure a good fit with the child's needs, specifically ensuring that the care will meet each of the standards listed in Section 122 of the CP Act
- ensures that placement matching considers any impact on existing placements
- aligns entry and exit decisions with the departmental case plan (where this has been made available to the organisation)
- ensures children are prepared for transition from the care service, including having a transition plan to support transition to another care service, independent living, returning home, or other appropriate option. If the department has provided a case plan, the transition plan aligns to the departmental case plan

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.

For all care services

- the care service is welcoming and accessible to the range of children in the target group
- the care service is accessed by the agreed target group.

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

For all care services

Note - the decision to access, engage or transition out of services is a departmental decision made in consultation with Recognised Entities where appropriate. Organisations should, however, ensure they have effective processes to communicate, interact and respond to children and young people upon entry and exit to the service.

- The organisation must have a procedure for supporting children and young people entering or exiting the service in response to the department's decision to make, change or end a placement.
- The organisation must have an appropriate eligibility assessment process to ensure a child is a good fit to the service and that the service meets the child's needs.

- Children within the organisation are able to communicate and interact with family, friends, departmental staff or relevant others in an environment that can meet the child's privacy needs where this is permitted by the department's case plan.
- The organisation can demonstrate it has referred to, and worked closely with, allied agencies in order to meet the child's care needs where appropriate.

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.

Where the service provided by the organisation does not meet the referred child's care needs or it is not appropriate for the child due to other reasons, the organisation advises the department that the service it provides will not meet the needs of the referred child.

Standard 3

Responding to individual need

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

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.

Mandatory requirements for licensing

For all care services

The organisation:

- contributes to the assessment of, and meeting the needs of, the child and supports the child's family as required by section 159B(d) of the *CP Act* as appropriate
- accepts every opportunity to participate in the departmental case planning process to develop and review the case plan
- ensures the use of reactive responses (refer Appendix A for definition) has been reported to the department as per section 148 of the *CP Act* and section 6, 7, and 10 of the *CP Regulation* as relevant
- has procedures that state that prohibited practices (refer Appendix A for definition) are not to be used in the organisation
- ensures that the use of prohibited practices is immediately reported to the department as per section 148 of the *Act* and section 6, 7, and 10 of the *Regulation* as relevant.

Non-family based care

The organisation must:

- undertake a strengths and needs assessment for each child or young person, which supports the provision of care in accordance with the Statement of Standards
- ensure the strengths and needs assessment considers the department's assessment of the child's strengths and needs detailed in the departmental case plan, where the case plan has been made available to the organisation. (Note that for some assessment care orders the department may not have developed a case plan at the time of placement, see "care orders" and "case plan" in the glossary of terms for relevant time frames)
- develop a care plan based on the organisation's assessment of the child's strengths and needs that complies with the Statement of Standards and is consistent with the departmental case plan, if the department has provided a case plan, and departmental policy (refer to Appendix A for relevant policies)
- ensure that where the department has not provided a case plan, initial care planning still occurs covering the basic activities the organisation must undertake to meet the statement of standards for the child
- ensures that care planning is a participatory process that involves a cycle of assessment, planning, implementation and review.

The organisation must also ensure that, where age and developmentally appropriate:

- support and encouragement is provided to the child or young person to participate in planning services and goal setting
- the child or young person is given the opportunity to participate in identifying strengths and needs and
- the care plan aligns to the department's Positive Behaviour Support Policy (refer to Appendix A for definition and Appendix B for a link to the Positive Behaviour Support policy).

The organisation must monitor its services by having a regular cycle for reviewing care plans reflecting any changes to the case plan and changing needs of the child as required

Family based care

Licensed Foster and Kinship Care services are not required to develop a care plan unless staff employed by the service provide direct care to children or young people, eg; if a youth worker is employed by the service to directly support a child or young person. In this instance the requirements for the organisation are the same as those for Non Family Based Care (see above).

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

For all care services

The organisation matches the identified needs of children and young people to available foster and kinship carers or residential placements.

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

For all care services

The organisation works with the department and other agencies to meet the range of the child's needs.

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

All mandatory requirements for licensing for this indicator are captured at the standard level.

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.

For all care services

The service provider works in a coordinated and collaborative way with other service providers as required by section 159B of the *CP Act*.

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.

For all care services

- The preferences of children and young people are recorded and responded to and their participation in decision making is promoted where age and development appropriate.

- The child, young person or family is supported towards self-reliance and inclusion in the community where appropriate.

For Non-family based care services and family based care services that also provide direct care to children and young people

The organisation has a documented process to provide opportunities for children and young people to participate in decisions made about their care and protection needs, which are consistent with the principles in the *CP Act* (refer to Part 2 for a full list of principals).

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.

Mandatory requirements for licensing for this standard

For all care services

- Care must be compliant with the Statement of Standards.
- The licensee must keep specific records of concerns about the standard of care not meeting the Statement of Standards.
- Care should have regard for the Charter of Rights in Schedule 1 of the *CP Act*.

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

For all care services

Privacy

- The organisation must have a documented process to ensure the privacy of the child's personal information, as well as ensuring children have the right to access personal information held by the organisation. The *Right to Information Act 2011* also applies to records held by the organisation.

Positive Behaviour Support

- Services must be planned and delivered in accordance with the Statement of Standards, the department's Positive Behaviour Support Policy and the Charter of Rights in the *CP Act*.
- No prohibited practices are used by the organisation.
- The organisation must have a policy on positive behaviour support which meets legislated requirements and aligns to the department's Positive Behaviour Support Policy. This policy will advise that the use of planned reactive responses and prohibited practices is not permitted. It will also include:
 - the principles of the department's positive behaviour support policy
 - a definition of positive behaviour support responses, ensuring that the service aims to de-escalate negative behaviour through positive responses
 - a definition of prohibited practices
 - a definition of reactive responses, including that reactive responses do not include age and development appropriate parenting.

Note: There are circumstances where unplanned reactive responses may be appropriate such as an immediate response prevent harm to the child or young person or others. However, reactive responses must not contravene the Statement of Standards or be part of a planned response.

For non-family based care services

Privacy

- There are sufficient private interview rooms and space in the living environment for the child to meet with the department, family and significant others in privacy (this could be a single multi-purpose space or separate spaces).

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

For all care services

- The organisation has a document describing how harm is proactively prevented. The document will address issues of: security; hygiene; use of motor vehicles; emergency situations; and personal safety of children and young people.
- The organisation implements a risk management strategy which is consistent with the requirements of the *Commission for Children and Young People and Child Guardian Act 2000 (CCYPCG Act)*.
- The organisation identifies risks to the safety and wellbeing of children and young people and reviews these regularly.
- The buildings used by the organisation comply with health and safety legislation.
- The child has adequate physical space within the living environment to ensure their privacy is maintained and their safety is protected. Eg; access to a lockable bathroom, their own bedroom space, a secure place for personal possessions etc.

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.

For all care services

- The organisation manages harm and the risk of harm in accordance with Part 3 (6) and (7) and (10) of the *CP Regulation*; and section 148 of the *CP Act*, including:
 - Immediately reporting harm to the department (after the staff member has become aware, or reasonably suspects, harm has been caused to the child in the care of the care service).
 - documenting their process for reporting incidents i.e. an incident reporting procedure and keeping records (refer to the department's Responding To Concerns About The Standards Of Care Policy and the Complaints Management Policy – refer Appendix B).
 - ensuring that the documented procedure complies with legislation and includes:
 - definitions of harm and incidents which reflect the definitions in Section 9 of the *CP Act*
 - how and when incidents are reported based on their seriousness including that critical incidents should be reported to the department and harm, suspected harm, and concerns about the standard of care must be reported to the department immediately
 - what to do if the department deems the incident to be a *standards of care review* or *harm report* (see Appendix A).
 - what to do if the department has not provided any advice regarding reported incidents (Note: Where an incident is reported, and the department does not advise the organisation of the outcome of the assessment within six weeks, the organisation can record the incident as “not a standard of care concern or a harm report” and record that the six week timeframe is the reason for no further action). The organisation's process should indicate that there is no need to follow up with the department in this case.
 - what to do if disclosures of harm have occurred but are not directly from the services

provided

- a link to the department's "Reporting missing or absconding children to the department" guideline (refer Appendix B)
 - the organisation's process for reporting the use of reactive and prohibited responses
 - how the organisation provides training around incident reporting and positive behaviour support
 - how the organisation provides support to a child or young person, staff or foster and kinship carers during a harm report investigation and what external support can be accessed.
- The organisation ensures that incident reporting and recording is consistent with the organisation's procedures and departmental policies such as the department's incident reporting policy, the child safety practice manual and the Missing and Absconding Children Guideline (refer to Appendix B).
 - The organisation has a matters of concern procedure (aligned to the department's Standard of Care requirements in Chapter 9 of the Child Safety Practice Manual – refer Appendix B).
 - The use of reactive responses is reported to the department as per the requirements of the department's Positive Behaviour Support Policy, sections 6 and 10 of the *CP Regulation* and section 148 of the *CP Act*.
 - Any incidents of the use of prohibited practices are reported to the department immediately
 - The organisation's incident register includes:
 - date/time of the incident
 - who was involved in the incident
 - what happened during the incident
 - date/time it was verbally reported to the department
 - to whom it was verbally reported to in the department
 - who made the verbal report
 - date it was reported in writing to the department
 - date of follow up with the department, if appropriate
 - outcome of the department's investigation, if appropriate
 - action in response to the outcome, if appropriate
 - copy of the report to the department.
 - The organisation maintains records of harm or concern about the standard of care not meeting the Statement of Standards as required under section 7 of the *CP Regulation*

Refer to Glossary of Terms (Appendix A) for definitions of harm, Matters of Concern (legislative term applicable to care services), concerns about the standards of care (departmental term replacing matters of concern), Critical Incident and immediate reporting.

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

For all care services

The organisation has appropriate processes and material available for children/young people to be informed about accessing support agencies and advocacy groups, including the departmental case worker, the Commission for Children and Young People and Child Guardian (CCYPCG) and CREATE Foundation Qld.

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

For Non Family Based Care Services and Family Based Care services that provide direct care to children or young people

- The organisation has processes for participation and choice that have regard for:
 - the Charter of Rights in Schedule 1 of the CP Act
 - service delivery complying with the Statement of Standards in section 122 of the CP Act
 - the departmental case plan prepared by the department, (if the case plan has been made available to the organisation)
 - consultation and involvement of the child or young person in the development of the care plan where appropriate.
- The organisation has processes in place to support the child or young person towards self-reliance and inclusion in the community where appropriate.

Note: This indicator is not applicable to Foster and Kinship Care services that do not provide direct care to children or young people.

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.

There are no additional mandatory requirements for licensing applicable at the standard level.

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

For all care services

- The organisation has a documented process for managing feedback, complaints and appeals, including making children and young people aware of their right to access the department's Complaints Management Policy (refer Appendix B).
- The organisation promotes and seeks client feedback on the service it delivers and uses this feedback to develop improvements where applicable.
- Children using the services are supported when making a complaint within the organisation.

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

There are no additional mandatory requirements for licensing for this indicator.

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.

For all care services

- Children and young people using services are given appropriate support to provide feedback or complaints to external bodies.
- The organisation has implemented a process to ensure the child or young person will be supported to access external bodies when raising complaints.
- Children are aware of their right of appeal for reviewable decisions and are able to access advocacy/support agencies or departmental staff where appropriate.
- Children, young people and families using the service are aware of the complaints and appeals options available to them including through the department and the CCYPCG.

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 additional mandatory requirements for licensing for this indicator.

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 foster and kinship carers and 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 grievance processes.

Mandatory requirements for licensing

For all care services

The organisation must have suitable methods for selection, training and management of people engaged in providing care services (section 126 (f) of the *CP Act*).

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.

For all care services (including licensed and not yet licensed services)

The organisation must have processes in place to ensure that:

- the Nominee will decide whether applicant directors, managers, employees and volunteers are suitable persons before they are appointed to positions working in a care service, and this shall include requesting a Child Safety and Personal History check (LCS-2) from the department to assist in deciding suitability
- blue card or exemption notice requirements of the *CCYPCG Act* are met
- directors, managers, employees and volunteers continue to be suitable persons and meet the requirements of the *CCYPCG Act*
- the organisation meets the risk management strategy requirement as required by the *CCYPCG Act*.

For all care services currently holding a care service licence

- Staff are suitably qualified or skilled to perform the nominated role.
- Where applicable, the organisation has recruited departmentally approved foster carers who are appropriate to its target client group.
- Where applicable, departmentally approved foster carers are aware of their roles and responsibilities to the child in care.
- Records are maintained as per departmental policy and procedures and consistent with legislation.
- All complaints involving staff or the service are recorded as per the *CP Regulation*.
- Nominees hold a current blue card, or exemption notice before commencing as Nominee. Evidence of suitability can include the Nominee's name on the licence or a letter from the department indicating the nominee is a suitable person.
- Directors are suitable, ie; the Nominee will need to seek information from relevant sources to ensure that the Director does not pose a risk to the safety of children cared for by the service;

is able and willing to manage the service, or ensure the service is managed, in a way that ensures the provision of care complies with the Statement of Standards; and that they understand and are committed to, the principles for administering the *CP Act*.

Prior to or immediately after commencing in the role of Director of a licensed care service a person must be deemed suitable by the Nominee and must submit relevant paperwork for Child Safety and Personal History screening and blue card or exemption notice screening.

- Managers are suitable, the Nominee will need to seek information from relevant sources to ensure that the manager does not pose a risk to the safety of children cared for by the service (including requesting a Child Safety and Personal History check from the department); is able and willing to manage the service, in a way that ensures the provision of care complies with the statement of standards; implements the methods mentioned in s126(f) of the *CP Act*; and understands and is committed to, the principles for administering the *CP Act*. Managers must have an outcome of Child Safety and Personal History Screening and must at least have their blue card application lodged with the CCYPCG before they undertake employment within the care service.
- Employees of the care service must have an outcome of Child Safety and Personal History screening and at least have their blue card application lodged with the CCYPCG before they undertake employment within the care service.
- Volunteers must have an outcome of Child Safety and Personal History screening and hold a blue card before undertaking work within the service.

If the above requirements are not met this is a breach of legislative requirements and therefore constitutes a major nonconformity

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.

For all Care Services

Organisations must

- have a documented process and maintain records that reflect the *Child Safety Practice Manual* chapter 8 (refer Appendix B) which includes how foster and kinship carers are assessed, recruited and trained.
- undertake fair, transparent and merit based recruitment of staff, contracted workers and volunteers.
- ensure that outcomes of Child Safety and Personal History checks and blue cards/exemption notices are managed and tracked to ensure compliance with departmental requirements and legislation.
- ensure that all complaints involving staff or the service are recorded as per the *CP Regulation*.

For Family based care services

- Organisations must ensure that:
 - foster and kinship carers have undergone the required selection process to determine suitability and there is a documented process for how foster and kinship carers are

- assessed, recruited and trained
- foster carers are approved by the department before children are placed with them
- foster and kinship carers are aware of their roles and responsibilities to the child in care
- foster carers have a foster carer agreement in place.

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

For all care services

- Staff and contracted workers have completed cultural awareness training, positive behaviour support training and matters of concern training within a reasonable timeframe from their commencement date.
- All staff and contracted workers have been inducted to the organisation.
- Staff and contracted workers have regular opportunities to have their learning and training needs assessed and responded to.

If the organisation uses volunteers:

- volunteers have been inducted into the organisation
- volunteers have regular opportunities to have their learning and training needs assessed and responded to.

For family based care services

- Foster carers have received the department-endorsed training within the required timeframes (see departmental website for latest requirements).
- Foster and kinship carers are inducted into the service and are aware of their role and responsibilities.
- Foster carers have a current valid certificate of approval and undertake ongoing training and development based on assessed training needs.
- Foster carers have undertaken, in the required timeframes, the training specified by the department. The organisation must keep records of this training. See the *Foster Care Training policy 383-3 (refer Appendix B)*.

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

For all care services

- All staff and volunteers receive feedback and supervision appropriate to their role.
- If applicable, foster and kinship carers receive periodic formal feedback and support.
- Staff, foster and kinship carers, volunteers and contracted workers receive support during a standards of care review or harm report (formerly a “matter of concern”) investigation.

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.

For all care services

- Staff and foster and kinship carers are aware of the organisation’s complaints/grievance process and the escalation of concerns/ issues to management where required.
- The organisation responds appropriately to grievances and disputes.

Appendix A: Glossary of terms – Child Safety

The following list defines terms used in this document and also terms used in child protection practice.

Approved carer	Persons approved by the department, in whose care a child has been placed by the chief executive, including approved foster carers, approved kinship carers and provisionally approved carers.
Authority to care	<p>A document prepared by the department which is given, <u>immediately</u> on arrival of the child placed in their care to the:</p> <ul style="list-style-type: none"> • foster carer, or • kinship carer, or • licensee or representative of the licensed non-family based care service, or • manager or representative of the unlicensed non-family based care service <p>The authority to care provides evidence that the child is in their care and states the relevant legislative provision or order. Without this document the person caring for the child has no evidence to provide to Police, Doctors, School, etc. that they have a right to care for the child and make decisions for the child.</p> <p>Licensees <u>must</u> have an authority to care for every child placed in a non-family based care service. Licensees <u>may</u> have a copy of the authority to care for children placed with carers affiliated with the foster and kinship care service. This may be provided by the department or the carer.</p>
Behaviour support plan	<p>A part of the case plan for children/young people displaying behaviours or at risk of displaying behaviours, which may have a negative consequence for the child or young person and/or others.</p> <p>Casework support to the carer and direct care staff will include assisting them to plan and implement strategies to de-escalate negative behaviours through positive responses such as re-direction, changing the environment and removal of privileges or attention for a period of time, and where required, organising referrals to therapeutic services.</p>
Blue card	<p>Holding a 'positive prescribed notice' or blue card issued by the CCYPCG is a pre-condition of initial and ongoing approval as a foster or kinship carer for all approved carers and other adult household members. It is also a requirement of people employed to provide care in a care service, managers or directors of a care services and the nominee of a care service. A blue card is issued following the conduct of a 'working with children check'. Refer to 'Working with children check'.</p> <p><i>Note: some people may hold an exemption card rather than a blue card.</i></p>
Charter of rights of a child in care	<p>The basic rights established under the <i>CP Act</i> for a child in the custody or guardianship of the state. The care service must ensure that the child is advised of their rights, including being provided information about the charter in an age and developmentally appropriate way.</p> <p>(Refer to "Legislation" in Appendix C below for the full wording of the</p>

	charter of rights of a child in care)
Care Plan	<p>A plan developed by the organisation detailing the care the service will provide to the child. The care plan will reflect the outcomes, goals and actions in the departmentally developed case plan, the behaviour support plan and placement agreement.</p> <p>A care plan must consider the requirements of the statement of standards for each child.</p> <p>The care plan must be reviewed when the case plan is reviewed and should also be regularly reviewed to ensure that goals and actions are being achieved and the child's needs are being met.</p>
Care Order	<p>A care order is an order granted by a court to place a child in the custody or guardianship of the Chief Executive of the Department of Communities, Child Safety and Disability Services.</p> <p>Different orders have different purposes and create different expectations of an organisation providing care services.</p> <p><u>Temporary order</u> – In care up to 3 days to allow an assessment of the child's protection needs, the department will not provide a case plan when placing these children and pre-placement information will be limited. The care service may not have enough information to develop a detailed care plan. Temporary orders include:</p> <ul style="list-style-type: none"> • Temporary assessment order - (TAO) • Temporary custody order - (TCO) • Interim order <p><u>Court Assessment order</u> – In care for up to 1 month to allow a more substantial assessment and to develop a case plan. The organisation will assist the department by attending family group meetings and providing information to develop a case plan. Towards the end of the assessment a case plan will be available. Placement information will still be limited. The service will be able to prepare a care plan for the child based on limited information.</p> <p><u>Short term order</u> – In care up to 2 years. Short term orders cannot be granted without a case plan. The department will provide a detailed placement agreement within 24 hours of a placement and a case plan. The service will develop a detailed care plan for the child in line with these documents. Short term orders include:</p> <ul style="list-style-type: none"> • Short-term custody order • Short-term guardianship order <p><u>Long term order</u> – In care up to age 18. Long term orders cannot be granted without a case plan. The department will provide detailed placement agreement within 24 hours of a placement and a case plan. The service will develop a detailed care plan for the child in line with these documents. Long term orders include:</p> <ul style="list-style-type: none"> • Custody order • Guardianship order • Long-term guardianship order

	<p><u>Transition order</u> - A transition order can be made under the section 65 A of <i>CP Act</i>, which continues the existing child protection order for a period of up to 28 days, to allow the child's gradual transition from an out-of-home care placement to their parent's full-time care. A transition order cannot be extended.</p>
Care Service / Outlet	<p>A care service is a physical location from which services are delivered.</p> <p>An outlet has the same definition as care service.</p> <p>Private homes are not care services/outlets.</p> <p>For care services this means the point where non-family based care is delivered to a child (residential premises) or where a family based care service (eg; Foster and Kinship care service) is administered.</p>
Case planning / plan / plan review	<p>A departmentally led participatory process. Participants include the department, child, their family and other people significant to the child and family, including the care service (refer to family group conference). The process undertakes planning strategies to address a child's protection and care needs and promote a child's well-being. It is made up of a cycle of assessment, planning, implementation and review.</p> <p>The planning process results in a written plan for meeting the child's protection and care needs. The plan records the goals and outcomes of ongoing intervention and identifies the agreed tasks that will occur to meet the goals and outcomes.</p> <p>The department must develop a case plan within 30 days of a child being taken into care (see care orders above). The case plan must be reviewed every 6 months as a minimum and more often if necessary depending on any new or identified needs or changing circumstances.</p> <p>The care service must develop a care plan based on this document, update/review the care plan. When the case plan changes, services must participate in case plan development and review meetings and provide necessary information to develop case plans.</p>
Chief executive	<p>Unless otherwise specified, refers to the Director-General of the Department of Communities, Child Safety and Disability Services (DCCSDS).</p>
Child	<p>Section 8 of the <i>CP Act</i> defines a child as an individual who is under 18 years of age. The term child is used throughout the child safety practice manual and other departmental resources to signify both a child and a young person.</p>
Child in need of protection	<p>A child who has suffered harm, is suffering harm, or is at unacceptable risk of suffering from harm, and does not have a parent able and willing to protect the child from the harm (section 10 of the <i>CP Act</i>).</p>
Child placement concern report	<p>This term has been replaced. Refer to standard of care review.</p>

Child placement principle	Section 83 of the CP Act identifies the preferred care options for an Aboriginal or Torres Strait Islander child. Refer to section 83 of the Act for further information.
Child in Care	A child who is in need of protection and has been placed in the custody or guardianship of the department (refer to care order).
Child Safety and Personal History Check	<p>A check of a person's criminal, personal and child protection history to assist the licensee in determining whether the person meets the suitability requirements of the <i>CP Regulation</i>.</p> <p>The department can undertake Child Safety and Personal History Checks for the following positions in a licensed care service:</p> <ul style="list-style-type: none"> • nominee; • directors; • managers; and • people engaged to provide care. <p>The person to be checked must complete a LCS-2 "Child safety and personal history check" form and submit it to the department. The department will write to the contact person listed on the LCS-2 with the results of the check. The licensee must use the result as part of their suitability process and the organisation must record the results and expiry date of the check as part of their suitability and blue card monitoring.</p>
Child Safety After Hours Service Centre (CSAHSC)	A 24 hour departmental service that provides after business hours responses to clients of the department, the community, other government departments and community agencies in response to child protection and youth justice matters.
Community visitor program	An independent service provided by the CCYPCG which monitors the safety and well-being of children placed in all forms of out-of-home care and advocates on behalf of the children in these placements.
Critical incident	<p>An incident which is crucial to the:</p> <ul style="list-style-type: none"> • care, safety, or wellbeing of a child, staff member or member of the public; • the sustainability of the care provided; or • a criminal matter. <p>As a guide:</p> <ul style="list-style-type: none"> • any matters listed in the department's critical incident policy require immediate reporting to the department by the organisation. • Matters of concern (suspected or actual harm or a breach of the statement of standards) must be reported immediately. <p>Other incidents can be reported to the child's Child Safety Officer, normally within one working day.</p> <p>The following departmental documents (refer to appendix B) can assist:</p>

	<ul style="list-style-type: none"> • Foster Care manual which provides examples of reportable incidents for children in foster care • Child Safety publication "Reporting missing or absconded children". <p>Training for care service providers in incident reporting is available if requested from the local Child Safety Service Centre delivered by the Senior Practitioner or CSSC Manager.</p>
Cultural Support Plan	A component of the case plan for an Aboriginal or Torres Strait Islander child or a child from another cultural community that is completed when a child is in need of protection, to ensure that they are provided with safe and protective family, community and cultural supports.
Cumulative harm	Harm to a child caused by a series or combination of acts, omissions or circumstances that may have a cumulative effect on the child's safety and wellbeing. The acts, omissions or circumstances may apply at a particular point in time or over an extended period, as well as the same acts, omissions or circumstance being repeated over time.
Custody	<p>In accordance with the <i>Child Protection Act 1999</i>, a person who has or is granted custody of a child has the right and responsibility to attend to day-to-day matters, including:</p> <ul style="list-style-type: none"> • a child's daily care • making decisions about a child's daily care.
the Department	The Department of Communities, Child Safety and Disability Services
Dimensions of need	This term has been used by some organisations in the past and was used in previously published departmental guidance to mean statement of standards. This term is no longer in use.
Educational Support Plan	A plan developed by the Queensland Department of Education, Training and Employment, in collaboration with DCCSDS, to identify educational goals and targets, and strategies to achieve those targets, for all children subject to a child protection order granting custody or guardianship to the chief executive, DCCSDS except children on interim orders.
Emotional harm	When the child's social, emotional, cognitive or intellectual development is impaired or at unacceptable risk of being impaired as a direct result of parental behaviour/attitude. This includes significant emotional deprivation due to persistent coldness, rejection or hostility.
Exemption notice	<p>A notice that registered teachers and police officers can apply for from the CCYPCG. This exempts the holder from the requirement to apply for a blue card in certain activities.</p> <p>However, when providing regulated child-related services which fall outside of their professional duties, registered teachers and police officers must apply for an exemption card.</p>
Family based care (Foster, Kinship, Intensive foster care)	A type of care provided to a child in a family setting, where the care service is responsible for recruiting, training, assessing and supporting carers who have been approved by Child Safety Services.

Family based care and direct care (Foster, Kinship, Intensive foster care)	A type of care provided to a child in a family setting where additionally to recruiting, training, assessing and supporting carers the service also provides additional support from direct care staff. (Refer to appendix C)
Family group meeting	A meeting convened in accordance with the <i>Child Protection Act 1999</i> , section 51, to: <ul style="list-style-type: none"> • provide family-based responses to children's protection and care needs • to ensure an inclusive process for planning and making decisions relating to children's wellbeing and protection and care needs.
Foster care	Refer to family based care
Foster carer	Any individual, or two or more individuals approved by the department to care for a child subject to departmental intervention and an out-of-home care placement (irrespective of type of placement).
Foster carer agreement	A written agreement, negotiated between each foster carer and the department or a foster and kinship care service, that: <ul style="list-style-type: none"> • sets out the terms, conditions and responsibilities of the relationship between the foster carer and the CSSC or the foster and kinship care service • includes plans for the carer's ongoing development and support needs. <p>A Foster Carer Agreement is not completed for a kinship carer, as their support is specific to the child placed in their care and recorded in the placement agreement.</p>
Guardianship	In accordance with the <i>Child Protection Act 1999</i> , a person who has or is granted guardianship of a child has the powers, rights and responsibilities to: <ul style="list-style-type: none"> • attend to a child's daily care • make decisions that relate to day-to-day matters concerning the child's daily care • make decisions about the long-term care, wellbeing and development of the child in the same way a person has parental responsibility under the <i>Family Law Act 1975</i>.
Harm	Defined in the Act as: <ol style="list-style-type: none"> (1) Harm, to a child, is any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing. (2) It is immaterial how the harm is caused. (3) Harm can be caused by— <ol style="list-style-type: none"> (a) physical, psychological or emotional abuse or neglect; or (b) sexual abuse or exploitation. (4) Harm can be caused by— <ol style="list-style-type: none"> (a) a single act, omission or circumstance; or (b) a series or combination of acts, omissions or

	<p>circumstances.</p> <p>For a detrimental effect to be of a significant nature it must have more than a minor impact upon a child. It must be substantial, serious and demonstrable - that is, measurable and observable on the child's body, in the child's functioning or behaviour. A detrimental effect of a significant nature may also be indicated by the likelihood of the detrimental effect being long-term (more than transitory), or adversely affecting the child's health or wellbeing to an extent which would be considered by the general public to be unacceptable.</p> <p>Section 148 of the <i>CP Act</i> requires that an employee of a licensed residential care service must report harm or suspected harm immediately in line with regulation.</p> <p>Sections 6 and 7 of the <i>CP Regulation</i>, require the licensee to have a procedure to report "matters of concern", including harm, and to record certain details.</p> <p>(Refer to "legislation" below for full wording of s 148 of the <i>CP Act</i> and section 6 and 7 of the <i>CP Regulation</i>)</p>
Health plan	<p>A plan developed by a health professional following a health assessment comprising:</p> <ul style="list-style-type: none"> • significant findings from the health assessment • a proposed health/treatment plan and whose responsibility it will be to implement and monitor the plan • recommended follow-up and timeframe • actions to be taken. <p>The plan is valid for 12 months.</p>
Non-family based care (Residential care)	<p>A type of care provided to a child in care by staff (Paid, contracted, or volunteers) of a care service in residential premises. The child is in the care of the licensee or if the child is placed under section 82(1)(f) the service provider.</p> <p>Refer to Appendix C</p>
Immediately (report harm or suspected harm to the department)	<p>Where no ongoing emergency exists, immediately means as soon as the harm or suspected harm occurs.</p> <p>Where an ongoing emergency exists, immediately means as soon as the emergency situation has been dealt with, including but not limited to - relevant emergency services have been contacted, everyone involved has been made safe and any property secured or the emergency situation has been handed over to the Police or Emergency Services.</p> <p>For example, after an incident resulting in a serious injury to a child, the responsible employee of the service should;</p> <ul style="list-style-type: none"> • ensure emergency care is provided; • call an ambulance • provide relevant information to the paramedic

	<ul style="list-style-type: none"> • ensure other children and staff are safe • deescalate the immediate impact of the situation. <p>As soon as the immediate impact of the emergency has been dealt with, the responsible employee must report the incident to the department.</p>
Intensive foster care	A type of family based care – refer to Appendix C
Kinship care	A type of family based care – refer to Appendix C
Kinship carer	<p>A kinship carer is a person related to the child or a member of a child's community and considered family or a close friend who is approved by the department to provide an out-of-home care placement for the child. Kinship carers may be further categorised as:</p> <ul style="list-style-type: none"> • grandparents • aunts/uncles • other relatives or close friends • for Aboriginal and Torres Strait Islander children, relative care may include another Aboriginal person or Torres Strait Islander who is a member of, or compatible with the child's community or language group.
Licensed care service	A service operated under a licence, in accordance with the <i>CP Act</i> to provide care for children in the custody or guardianship of the chief executive.
Licensee	A corporation that has been granted a licence to provide a care service in Queensland and refers to the holder(s) of the licence collectively. Licensee representatives are the identifiable individuals associated with the corporation.
Matter of concern	<p><u>For a care service</u> the term matter of concern is a legislative term meaning either:</p> <ul style="list-style-type: none"> • harm (see harm above); • suspected harm; or • a concern or suspicion about the standard of care not complying with the statement of standards (see statement of standards below). <p>The care service must prepare and train staff in a procedure to immediately report matters of concern to the department and record them in line with the regulation (Refer to legislation link in Appendix B specifically regulation 6 and 10). Often the organisation's incident reporting process meets this requirement.</p> <p><u>For the department</u> the term was formerly used by the department to refer to concerns about the standard of care a child received, refer to standard of care concern/review or harm report below.</p>
Neglect	The child's basic needs of life are unmet by their parent to such an extent that the child's health and development are affected, causing

	harm, or likely to cause an unacceptable risk of harm to the child.
Organisation	A non-government corporation that provides one or more care services.
Out-of-home Care	Refers to placements of children, subject to statutory child protection intervention, using the authority of the <i>CP Act</i> , section 82(1). Out-of-home care includes placements with: <ul style="list-style-type: none"> • a licensed care service • an approved foster carer or kinship carer • another entity.
Outlet	Refer to care service
Physical harm	Serious physical trauma or injury of a non-accidental nature a child has suffered or is at an unacceptable risk of suffering, due to the actions of their parent or carer.
Placement	When a child is 'placed' in an out-of-home care living arrangement due to intervention by the department.
Placement Agreement	<p>A written agreement between the department and the carers or the care service for a child in an out-of-home care placement, excluding placements with parental consent, which:</p> <ul style="list-style-type: none"> • provides the relevant information known by the department about the child, and sufficient information to allow the carers or the care service to provide adequate care for the child and ensure the safety of a child, the carers, other members of the carer's household, or staff of the care service • records the agreed support and services to be provided to the carers. <p>This is a document prepared by the department and given to the licensee or their representative and to any foster or kinship carers <u>within 24 hours</u> of a child being placed. The document outlines the day to day care requirements of the child and is an agreement between the department and person the child is placed with to provide the care outlined in the agreement.</p> <p>Licensees <u>must</u> have a placement agreement for every child placed in a residential care service within 24 hours of the placement.</p> <p>Licensees <u>must</u> have a placement agreement for every child placed with carers affiliated with the foster and kinship care service within 24 hours of the placement.</p>
Positive Behaviour Support	Responses that assist a child to learn acceptable behaviours through positive strategies such as role-modelling, positive reinforcement, skill development and collaborative and inclusive approaches. In the context of out-of-home care, responses are targeted to address the developmental needs of children and young people who have been exposed to abuse and neglect, many of whom have experienced trauma and cumulative harm. Positive behaviour support strategies will promote

	<p>positive connections with carers and significant others to assist in ameliorating the effects of these experiences and to minimise the possibility of re-traumatisation.</p> <p>Refer to the department's Positive Behaviour Support policy (Link listed in Appendix B).</p>
Prohibited Practice (Positive Behaviour Support)	<p>Responses to the behaviour of a child or young person where the response interferes with basic human rights. Unlawful and unethical practices are prohibited practices, as are practices which cause a high level of discomfort and trauma. Any action which is contrary to section 122 of the <i>CP Act</i> because it frightens, threatens or humiliates a child or young person is a prohibited practice. Prohibited practices must not be used in responding to the behaviour of children or young people who are placed in out-of-home care under section 82 (1) of the <i>CP Act</i>.</p> <p>Refer to the department's Positive Behaviour Support policy (Refer Appendix B).</p>
Provisionally approved carer	<p>A person who has been approved by the department to care for a particular child for a defined period of time. A provisionally approved carer must have made an application to be either an approved foster carer or kinship carer.</p>
Reactive Response (Positive Behaviour Support)	<p>Immediate responses where reasonable force is necessary to respond to a child or young person's behaviour to ensure the safety of those involved while avoiding potential escalation of the behaviour.</p> <p>Refer to the department's Positive Behaviour Support policy (Refer Appendix B).</p>
Recognised entity	<p>An entity (an individual or organisation) with whom the chief executive must consult about issues relating to the protection and care of Aboriginal or Torres Strait Islander children.</p>
Residential Care	<p>A type of non-family based care – refer to Appendix C</p>
Sexual abuse	<p>Any sexual activity or behaviour that is imposed on a child and results in physical or emotional harm. It includes the inducement or coercion of a child to engage in, or assist any other person to engage in, sexually explicit conduct or behaviour for the sexual gratification or profit of the person responsible. It also includes circumstances where there is an unacceptable risk that the child may be sexually abused.</p>
Site	<p>A site is a physical location from which human services (one or more outlets) are managed.</p> <p>If the site provides direct service delivery to children and young people it will also be an outlet.</p>
Statement of standards (s122 of the CP Act)	<p>Legislated standards of care that all children in care of the department must receive.</p> <p>Section 122 of the <i>CP Act</i> prescribes the chief executive's responsibility to ensure that a child placed in the care of an approved foster carer,</p>

	<p>licensed care service or departmental care service is cared for in a way that meets the Statement of Standards. The term 'standards of care' also refers to the legislated Statement of Standards.</p> <p>Refer to the “legislation” link below in appendix B.</p>
Standards of care concern/review or harm report	<p><u>Standard of care concern</u> is where an employee of a care service or approved carer is alleged to have harmed or is suspected to have harmed a child or has breached or is suspected to have breached the statement of standards in s122 of the Act. A care service must report all instances of the above to the department immediately. This was formerly called a matter of concern.</p> <p><u>Standard of care reviews</u> (formerly called Child Placement Concern reports) are investigations conducted by the department where the standards of care may not or have not been met. These are aimed at improving the quality of care provided rather than allocating blame. The investigation results in a breach or not breach decision, and actions are determined by the decision.</p> <p><u>Harm reports</u> (formerly Matter of Concern Notification) are investigations conducted by the department where harm is suspected or has occurred. These are aimed at reviewing the appropriateness of the placement and the ongoing suitability of the carer or care service employee.</p> <p><u>Continue to monitor the standard of care</u> is where the concern does not require a review or harm report. The standard of care is monitored via casework and additional support to the carer/employee.</p> <p>Refer to Chapter 9 of the Child Safety Practice Manual (website link in Appendix B)</p>
Support person	<p>A person who is known and trusted by the child, the parent, or the carer, and chosen by the child, parent or carer to support them during the investigation and assessment process. It is not appropriate for the alleged person responsible for harm to be the support person for the child or a parent.</p>
Suitability (Suitable persons)	<p>Certain positions in a licensed care service must be occupied by suitable persons. The <i>CP Regulation</i>, sections 18-21 defines a suitable person. The definition varies according to the position they occupy in the organisation.</p> <p>The department decides the suitability of the nominee of a licenced care service.</p> <p>On applying for a licence, the department will decide if it is satisfied that the directors, managers, people engaged in providing care and the nominee are suitable.</p> <p>The licensee is responsible for deciding the suitability of directors, managers, and people engaged to provide care whilst an organisation is licenced. For all of these positions the person must not pose a risk to a child they are providing services to. The licensee must use the “Child Safety and Personal History Check” (refer above) results to assist in</p>

	<p>deciding this component of suitability.</p> <p>18 Managing licensed care service <i>A person is a suitable person for managing a licensed care service if the person—</i> <i>(a) does not pose a risk to the safety of children to whom, under the Act, the licensee is providing care services; and</i> <i>(b) is able and willing to manage the licensed care service in a way that—</i> <i>(i) assists the licensee to ensure the provision of care complies with the statement of standards; and</i> <i>(ii) implements the methods mentioned in section 126(f) of the Act; and</i> <i>(c) understands, and is committed to, the principles for administering the Act.</i></p> <p>19 Director of applicant for licence or licensee <i>A person is a suitable person to be a director of an applicant for a licence, or a licensee, for a licensed care service if the person—</i> <i>(a) does not pose a risk to the safety of children to whom, under the Act, the licensee is providing care services; and</i> <i>(b) is able and willing to manage the licensed care service, or ensure the licensed care service is managed, in a way that ensures the provision of care complies with the statement of standards; and</i> <i>(c) understands, and is committed to, the principles for administering the Act.</i></p> <p>20 Nominee for licence <i>A person is a suitable person to be a nominee for a licence if the person—</i> <i>(a) does not pose a risk to the safety of children to whom, under the Act, the licensee is providing care services; and</i> <i>(b) is able and willing to fulfil the responsibilities of a nominee for a licence under section 130(1) of the Act.</i></p> <p>21 Person engaged in relation to provision of care services <i>A person is a suitable person to be engaged in relation to the provision of care services by a licensed care service if the person does not pose a risk to the safety of children in the custody or guardianship of the chief executive.</i></p>
<p>Suitable right to occupy</p>	<p>Refers to the legislated requirement in s126(h) of the CP Act requiring that “any accommodation provided by the (<i>licence</i>) applicant to children in need of protection is, and will continue to be, at a place that the applicant has a suitable right to occupy.</p> <p><i>Example of a place that an applicant has a suitable right to occupy—</i> <i>residential premises leased, rented or owned by the applicant</i> <i>Example of a place that an applicant does not have a suitable right to occupy—</i> <i>a motel room booked by the applicant”</i></p> <p>The premises must meet any relevant local government authority requirements for operating residential services.</p> <p>Note: Buildings owned by the State of Queensland meet the necessary requirements and do not need to be confirmed as complying.</p>

	<p>If a non-family based care residential site is leased or rented the leaseor must be aware the premises is being used to provide care to children and young people.</p>
Transition to Independence	<p>Refers to a child's transition from being a child in care to becoming an independent young adult within the general community. The legislated Charter of Rights for a Child in Care, schedule 1, of the <i>CP Act</i>, specifies the child's right to receive appropriate help with the transition to independence.</p>
Transition plan	<p>Outlines how the chief executive will provide support and gradually transition the child into the parent's care, to minimise distress and disruption to the child. It also includes any other relevant matter, for example:</p> <ul style="list-style-type: none"> • actions required to ensure the transition occurs within the period of the order • care and contact arrangements for the duration of the order. <p>The organisation's care plan must reflect and support the department's transition plan</p>
Working with children check	<p>A detailed check of a person's national criminal history (including any charges, convictions or investigative information) and disciplinary information held on a person by certain professional organisations. Undertaken by the CCYPCG as part of an application for a blue card (also known as positive prescribed notice). Refer above to definition of Blue Card)</p>

Appendix B: Relevant departmental resources (Child Safety)

Child Safety Practice Manual

<http://www.communities.qld.gov.au/childsafety/child-safety-practice-manual>

This suite of documents provides the policy and procedure framework for departmental staff to undertake all departmental service activities. This includes how the department works with non-government providers. Of particular interest are:

- Chapter 8 covering the regulation of care
- Chapter 9 covering how the department responds to standards of care concerns
- Chapter 5 covering how the department places a child on out of home care
- Practice papers which cover specific topics on more detail

Policies

<http://www.communities.qld.gov.au/childsafety/foster-care/resources-and-publications>

The following items are of particular interest:

- Positive Behaviour Support Policy
- Residential Care
- Therapeutic Residential Care
- Responding To Concerns About The Standards Of Care

<http://www.communities.qld.gov.au/gateway/about-us/feedback-and-complaints/complaints-management-policy-and-procedure>

- Complaints Management

<http://www.communities.qld.gov.au/resources/childsafety/foster-care/foster-care-training-383.rtf>

- Foster Carer Training

Quality Care: Foster Care Training

<http://www.communities.qld.gov.au/childsafety/foster-care/carers-training/foster-carer-training>

Blue Cards and Suitability

<http://www.communities.qld.gov.au/resources/childsafety/partners/documents/guidelines-suitability-blue-card-requirements-lcs.pdf>

Guides for non-government partners

<http://www.communities.qld.gov.au/childsafety/partners/resources-and-publications>

The following items are of particular interest:

- Non-government Service Provider Basic Record Keeping Guide
- Transferring records to the department

<http://www.communities.qld.gov.au/childsafety/foster-care/resources-and-publications>

- Reporting missing or absconding children to the department

Licensing Information

<http://www.communities.qld.gov.au/childsafety/partners/child-safety-licensing>

Legislation

Child Protection Act 1999

Child Protection Regulation 2011

Commission for Children and Young People and Child Guardian Act 2000

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

Appendix C: Child Safety Service Models

Family based care	<p>Approved carers are volunteers who care for children without expectation of remuneration. However, carers are entitled to financial reimbursement of direct and indirect costs of caring for children and the level of financial assistance will be determined by the department based on the costs to carers associated with meeting the child's needs. This includes situations where groups of children, including sibling groups, are placed with carers but children in the group have been assessed as requiring different levels of support. Children are in the care of the foster or kinship carer, not in the care of the service provider.</p>
Foster and Kinship Care	<p>Foster and kinship care is provided to a child or young person with moderate to high (including high-plus) support needs in a carer's home. In certain circumstances foster or kinship carers may provide care for a particular child or young person with complex or extreme support needs where additional wrap-around support is either not required to maintain the care arrangement or is funded through an alternative source to the grant. This may include situations where more than one child is placed with a carer, including sibling groups, and where it is determined that the child or children with complex or extreme support needs is best maintained in that placement rather than moved to a different care arrangement. Where organisations are funded for both foster and kinship care and intensive foster care services a child or children may be placed with a carer as a foster or kinship care placement/s while other children are placed with the same carer as intensive foster care placements.</p> <p>Foster and kinship care services are responsible for recruiting, training, assessing and supporting carers who have been approved by Child Safety Services.</p> <p>Approved carers may be eligible to receive cost reimbursement paid directly by Child Safety Services via the Fortnightly Caring Allowance, High Support Needs Allowance and Complex Support Needs Allowance in accordance with Child Safety Services policy.</p> <p>Foster and kinship carers should have access to regular and emergency respite, facilitated by the service.</p> <p>Note:</p> <ul style="list-style-type: none"> Some foster and kinship care services may also support carers who have been provisionally approved by Child Safety Services, while those carers are undertaking the formal departmental carer approval process. Some foster and kinship carers are supported directly by Child Safety Services and not a non-government foster and kinship care service.
Foster and Kinship Care with Direct care	<p>This is funded as Foster and Kinship care however the service model also includes providing direct care, such as a youth worker, to the child placed. Whilst the grant funding model is the same, for sampling this should be considered a separate service type.</p>

Intensive Foster Care	<p>Intensive foster care is provided to a child or young person with complex to extreme support needs in a carer's home where the carers provide specialised care. These services will provide placements for children and young people who are unable to be supported in 'standard' foster and kinship care, which is mostly suitable for children with moderate to high support needs (including high-plus support needs).</p> <p>Typically carers providing intensive foster care will care for only one child or young person at a time. Exceptions may include where a sibling group or group of children who are known to one another would best be placed together for continuity of relationships, and either one of the children has been assessed as having complex or extreme support needs, or the group as a whole is considered to have complex or extreme support needs.</p> <p>Where a group of children is placed with a carer, but not all children in the group have been assessed as having complex or extreme support needs, the intensive foster care service and Child Safety Services will negotiate service delivery arrangements. For stand-alone intensive foster care services this may involve weighting of placements (that is, some children being counted as less than one funded place). Alternatively, where organisations are funded for both intensive foster care and foster and kinship care services a child or children may be placed with a carer as an intensive foster care placement/s while other children are placed with the same carer as foster or kinship care placements.</p> <p>Intensive foster care services are responsible for recruiting, training, assessing and supporting carers who have been approved by Child Safety Services.</p> <p>Approved carers may be eligible to receive cost reimbursement paid directly by Child Safety Services via the Fortnightly Caring Allowance, High Support Needs Allowance and Complex Support Needs Allowance in accordance with Child Safety Services policy.</p> <p>Carers supported by intensive foster care services should have access to higher levels of regular and emergency respite, facilitated by the service, with services also expected to provide on-call support arrangements.</p> <p>Note:</p> <ul style="list-style-type: none"> Some intensive foster care services may also support carers who have been provisionally approved by Child Safety Services, while those carers are undertaking the formal departmental carer approval process.
Intensive Foster Care with Direct care	<p>This is funded as Intensive Foster care however the service model also includes providing direct care, such as a youth worker, to the child placed. Whilst the grant funding model is the same, for sampling this should be considered a separate service type.</p>
<p>Non-family based care</p> <p>A type of care provided to a child in care by staff (Paid, contracted, or volunteers) of a care service in residential premises. The child is in the care of the licensee (if the service is licensed), or the service provider (if a placement is made under S82(1)(f) of the Child Protection</p>	

Act 1999).	
Residential Care	<p>Residential care is provided to a young person in residential premises (not a carer's own home) by paid or contracted workers and/or volunteers.</p> <p>Residential care is primarily for young people aged 12-17 years with complex to extreme support needs and mostly involves small group care (up to six places), though may also accommodate sibling groups or individual care arrangements. In certain circumstances, including with sibling groups, the service may provide care for particular children or young people with lower or higher levels of support needs where additional wrap-around support is either not required to maintain the placement/s or is funded through an alternative source to the grant.</p> <p>Placement of more than six children may only be made where all children in the placement are of one sibling group, and the premises can reasonably accommodate the children. Children younger than 12 years may only be considered for placement if comprehensive assessment indicates they have needs best met by residential care and/or they are one of a sibling group that would benefit from being placed together.</p> <p>Residential care provides an environment that supports the young person in their adolescent development and is an alternative to family based care.</p> <p>Residential care may include live-in or rostered workers with combinations of awake and sleepover shifts and on-call arrangements. Services are often expected to provide care 24 hours a day, every day of the year, including when young people are not attending school during holiday periods or at other times.</p>
Therapeutic Residential Care	<p>Therapeutic residential care is provided to a young person in residential premises (not a carer's own home) by paid or contracted workers.</p> <p>Therapeutic residential care is primarily for young people aged 12-15 years with complex to extreme support needs who require an intensive level of therapeutic care and are unable to be appropriately placed in other forms of out-of-home care. Therapeutic residential care involves small group care (either four or six places) and may also accommodate sibling groups.</p> <p>Therapeutic residential care provides a time-limited therapeutic environment conducive to young people recovering from the impact of physical, psychological and emotional trauma and pain resulting from their experience of harm or risk of harm.</p> <p>Therapeutic residential care services will be provided in a least restrictive environment, which is designed to minimise the risk of self-harming and violence.</p>
Indigenous Safe Houses	<p>Indigenous Safe Houses deliver a supervised residential care service providing placements for children and young people aged 0-17 years and a related Family Intervention service providing practical supports to families, and parenting interventions during supervised contact consistent with case plan goals.</p> <p>Safe Houses operate in remote communities to provide emergency and</p>

	<p>short term out-of-home care to enable children and young people to safely remain in their community while their child protection needs are being assessed. They also seek to support the re-unification of children and young people with their family, including those who may have been placed off community, where this is assessed as being in the best interests of the child. Safe Houses also support families in a manner that prevents the need for statutory child protection intervention.</p> <p>In some instances a Safe House may be funded to provide support to foster and kinship carers in the community. However, Child Safety Services will retain direct responsibility for all of the usual placement-related functions of recruiting, training, assessing and supporting carers. The foster and kinship carer support worker will provide only limited assistance with these activities as negotiated with, and coordinated by, the Placement Services Unit, and this assistance is not required to be licensed.</p>
Supported Independent Living	<p>Supported independent living is provided to a young person in residential premises (not a carer's own home) by paid or contracted workers and/or volunteers, where the workers generally do not live in the house but provide external support through regular visiting.</p> <p>Supported independent living involves individual or small group living and is most suited for young people aged 15-17 years with moderate to complex support needs who are transitioning to independent living. In certain circumstances, including with sibling groups, services may provide care for particular children or young people with lower or higher levels of support needs where additional wrap-around support is either not required to maintain the placement/s or is funded through an alternative source to the grant. Children younger than 15 years may only be considered for placement if comprehensive assessment indicates they have needs best met by supported independent living.</p>