



Human Services Quality Framework

User Guide – Certification

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

Version 4.1

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- Staff from non-government organisations
- Peak body representatives
- Representatives from certification bodies
- Central and regional departmental staff.

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 with non-government organisations to maintain safeguards for people using services while streamlining quality requirements. It incorporates:

- a set of quality standards (Human Services Quality Standards) which cover the core elements of human services
- an assessment process to measure the performance of service providers against the standards (through independent third-party certification, self-assessment or recognition of other accreditation)
- a continuous improvement framework which encourages people using services to participate in quality improvement activities.

The HSQF applies to:

- organisations delivering services funded under a service agreement with the Department of Communities, Child Safety and Disability Services¹
- providers of child protection placement services in-scope of licensing funded through Child Related Costs Placement and Support (CRC-PAS)
- disability services delivered directly by the department
- service providers registered to deliver prescribed disability services in Queensland for the National Disability Insurance Scheme (NDIS).

In this booklet, the following terms are used:

- organisations – the legal entities which deliver services. Includes organisations funded by the department as well as providers of NDIS disability services in Queensland.
- department – Department of Communities, Child Safety and Disability Services
- service stream – the five broad categories of service delivery currently in-scope of the HSQF including Disability Services, Child Safety (Child and Family), Community Services, Queensland Community Care and NDIS.
- services – the specific services delivered within each service stream.

The Human Services Quality Standards which underpin the HSQF are based on the following principles:

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

¹ There is a small number of service agreements where HSQF does not apply e.g. for products or assets.

The HSQF is one component of a broader quality assurance system to monitor and promote service quality and sustainability and help ensure organisations comply with legislative, regulatory and other requirements.

This guide

This guide outlines HSQF requirements for organisations with a HSQF demonstration method of **certification**². It includes the following:

- mandatory evidence requirements that all organisations need to meet
- additional mandatory evidence requirements relevant to specific services, such as disability services, child protection placement services and domestic and family violence services
- suggestions of evidence that an organisation may use to help demonstrate conformance with a standard
- a list of useful policies and resources relevant to specific services
- a glossary of terms and definitions.

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

Note: The guide reflects current departmental, legislative or policy requirements and may be updated from time to time to reflect changes in legislation, departmental and/or funding requirements. A version control register and log of changes is available on the department's website at www.communities.qld.gov.au/hsqf.

Please read this guide in conjunction with the *Guide to Self-Assessment and Continuous Improvement – Certification*, which explains the self-assessment and continuous improvement process for organisations undertaking certification.

How to use this guide

Links with other key documents and requirements

Departmentally funded organisations

The department invests in a broad range of services to improve outcomes for vulnerable Queenslanders and communities. The department's service system is organised into three service delivery streams – Child and Family Services, Community Services and Disability Services. Each of the streams has requirements specific to the types of services delivered, including how services are delivered, who can access services, referral processes, planning and support requirements and critical incident and harm reporting processes.

These requirements are detailed in a number of key documents which should be considered in conjunction with this guide. Key documents include but are not limited to:

- Service Agreements – including *Service Agreement – Standard Terms and Conditions*, *Service Agreement – Funding and Service Details and Funding Schedule*
- Investment Specifications for Child and Family and Community Services service streams
- *Organisation Level Licensing Manual for non-government organisations providing out-of-home care services*

² There is a separate *HSQF User Guide – Self-Assessable Organisations* for organisations that are only required to undertake a self-assessment against HSQF. Information about the different demonstration methods are outlined in the Human Services Quality Framework V4.0.

- *Disability Services Funding Accountability Guidelines (applicable to disability service providers funded by the department)*
- legislation, regulation, policies, program guidelines and other requirements specific to the services being provided.

A guide to self-assessment and a self-assessment workbook are available to assist organisations undertake a self-assessment against the standards and the evidence requirements outlined in this user guide. Organisations are encouraged to use the workbook to record the findings of their self-assessment. These resources are available from the department's website at:

www.communities.qld.gov.au/hsqf.

Relationship to departmental service agreement

Organisations funded under a service agreement are required to ensure that their services comply with the Human Services Quality Standards. The department has different methods for assessing whether an organisation's services meet the standards, depending on the:

- type and complexity of the services provided
- vulnerability of people using services
- level of departmental investment.

Details on the methods of assessing and demonstrating compliance with the standards and how these apply to different services are outlined in the *Human Services Quality Framework* available from the department's website at: www.communities.qld.gov.au/hsqf.

The requirement to be assessed against the standards, and for in-scope organisations, to achieve and maintain HSQF certification, is a contractual obligation which is specified in the service agreement.

Organisations should refer to their service agreement or contact their departmental contract officer for further information.

Licensing of care services

Under the *Child Protection Act 1999*, services providing care to children or young people in the custody or guardianship of the Chief Executive of the department are required to be licensed. The purpose of licensing is to ensure that the care provided meets Section 122 of the *Child Protection Act 1999* (the *Statement of Standards*).

An independent audit conducted against the full set of the Human Services Quality Standards (known as a certification or recertification audit) is used in the licensing process to meet the legislative requirement for independent advice to assist the department in deciding a licence application³. A mid-term maintenance audit conducted approximately 18 months after initial certification or recertification against a sample of the standards may also replace a scheduled Licence Monitoring Inspection for non-family based services where the HSQF maintenance audit is conducted 3 months before or after the date of the scheduled inspection.

Many of the mandatory requirements for child safety placement services outlined in this guide relate to licensing requirements that are set out in the *Child Protection Act 1999* and *Child Protection Regulation 2011*. The requirement to achieve and maintain certification against the standards is a condition of an organisation's *Licence to Provide Care Services*.

³ *Child Protection Regulation 2011 - Part 3 Regulation of Care - Division 1 Licensing of Care Services - 4 Independent evaluation for grant or renewal of license.*

Further information regarding the department's processes for licensing care services is available from the department's website at: www.communities.qld.gov.au/childsafety/partners/child-safety-licensing.

National Disability Insurance Scheme (NDIS) providers

The Australian Government, in partnerships with states and territories, has designed a national quality and safeguards framework for the NDIS. During transition to the NDIS or until the national framework is implemented, Queensland's existing quality and safeguards system will apply to NDIS providers registered to deliver disability services in Queensland that are prescribed by the *Disability Services Regulation 2017*.

Registered providers operating in Queensland will need to demonstrate and maintain compliance with the HSQF.

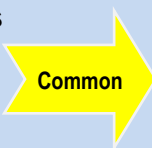
Further information about the quality and safeguards requirements can be found at:

- NDIS Provider Toolkit Module 4 – Guide to Suitability - <https://www.ndis.gov.au/providers/provider-toolkit.html>
- NDIS Quality and Safeguarding Framework - <https://www.dss.gov.au/disability-and-carers/programs-services/for-people-with-disability/ndis-quality-and-safeguarding-framework> HSQF website – <https://www.communities.qld.gov.au/gateway/funding-and-grants/human-services-quality-framework/national-disability-insurance-scheme-ndis-quality-assurance-requirements-for-queensland>.

Section 2 – Structure of the User Guide




The guide outlines the title, expected outcome, context and individual indicators of each standard and where necessary, includes an interpretation of the individual indicator. The guide sets out **mandatory evidence requirements** which are common and apply to all organisations (common) and additional requirements that are specific to particular service streams and/or services (service specific). **All mandatory requirements (both common and service specific) must be evidenced by the organisation in order to meet the standards.**


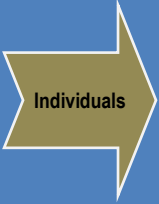

The guide also includes examples of evidence to assist organisations assess their performance against each indicator and identify areas for improvement, as relevant to the type of services delivered and the size and structure of the organisation.



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

Legend of service specific requirements

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

Symbol	Service specific areas	Description
	Child Protection Placement Services (Child and Family service stream)	<p>These requirements apply to services funded by the department under the Child Protection Support Services Investment Specification and providers of child protection placement services in-scope of licensing funded through Child Related Costs Placement and Support (CRC-PAS).</p> <p>Services include out-of-home placement services for children and young people subject to intervention under the <i>Child Protection Act 1999</i> such as:</p> <p><i>Family based care</i></p> <ul style="list-style-type: none"> • Foster and Kinship Care • Intensive Foster Care <p><i>Non-family based care</i></p> <ul style="list-style-type: none"> • Residential Care • Therapeutic Residential Care • Safe Houses • Supported Independent Living.
	Child Protection Support Services (Child and Family service stream)	<p>These requirements apply to services funded by the department under the Child Protection Support Services Investment Specification. Services include therapeutic counselling and intensive support services for children and young people in the care of, and post care of the department such as:</p> <ul style="list-style-type: none"> • Counselling and Intervention • Sexual Abuse Counselling • Transition to Independence • Educational Support.
	Families (Child and Family service stream)	<p>These requirements apply to services funded by the department under the Families Investment Specification. Services are provided to families to improve the safety and wellbeing of children in their home and reduce the need for children to enter or re-enter the statutory child protection system. Services include:</p> <ul style="list-style-type: none"> • Family and Child Connect • Intensive Family Support • Secondary and Targeted Family Support • Aboriginal and Torres Strait Islander Family Support • Safe Haven • Assessment and Service Connect.

Symbol	Service specific areas	Description
	Domestic and Family Violence (Community Services service stream)	<p>These requirements apply to services funded by the department under the Domestic and Family Violence Investment Specification. Services include counselling, support, assessment and information services for people affected by domestic and family violence (includes prevention and early intervention and service system capacity building) such as:</p> <ul style="list-style-type: none"> • Domestic Violence Counselling • Children's Domestic Violence Counselling • Telephone Services • Aboriginal and Torres Strait Islander Services • Court Based Services • Perpetrator Intervention Programs • Home Security Safety Upgrade • Local Domestic and Family Violence Service Systems • Research.
	Individuals (Community Services service stream)	<p>These requirements apply to services funded by the department under the Individuals Investment Specification. Services are targeted at vulnerable Queenslanders affected by a crisis, difficult personal issue or trauma and include:</p> <ul style="list-style-type: none"> • Information, advice and referral • Community Support • Counselling • Case management • Financial and material assistance • Assertive Outreach • Rest and Recovery • Capability building.
	Young People (Community Services service stream)	<p>These requirements apply to services funded by the department under the Young People Investment Specification. Services connect young people to community based resources, information and services so they are enabled to participate positively and proactively in their communities. Services include:</p> <ul style="list-style-type: none"> • Information, advice and referral • Support and Case management • Integrated response • Community support • Transition from care.

Symbol	Service specific areas	Description
	Disability Services	<p>These requirements apply to disability services funded by or delivered directly by the department. The services are targeted at people with a disability and include:</p> <ul style="list-style-type: none"> • Accommodation support services • Respite services • Community support services (including Your Life Your Choice) • Community access • Advocacy or information services • Services that provide alternative forms of communication • Research, training or development services.
	NDIS providers	<p>These requirements apply to providers registered to deliver prescribed disability services in Queensland for the NDIS. The NDIS registration groups that these requirements currently apply to include:</p> <ul style="list-style-type: none"> • Assistance with daily life tasks in a group or shared living arrangement (Daily Tasks/Shared Living) • Daily personal activities • High intensity daily personal activities • Development of daily living and life skills (Development-Life Skills) • Therapeutic supports (Therapeutic supports) • Early intervention supports for early childhood (Early childhood supports) • Specialist Positive Behaviour supports (Behaviour support) • Assistance in coordinating or managing life stages, transitions and supports (Assist- Life Stage transition) • Management of funding for supports in participants plan (Plan management) • Participation in community, social and civic activities (Participate Community) • Group and centre based activities (Group/Centre Activities) • Support Coordination. <p><i>Note: Registration group names and requirements may change from time to time as published in the NDIS Provider Toolkit Module 4 - Guide to Suitability.</i></p>

Further information

This guide is part of a suite of resources developed for the Human Service Quality Framework available on the department's website at: www.communities.qld.gov.au/hsqf.

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Website: <http://www.communites.qld.gov.au/hsqf>

Section 3 – Human Services Quality Standards (HSQS)

Standard		Indicator	
1	Governance and management Sound governance and management systems that maximise outcomes for stakeholders	1.1	The organisation has accountable and transparent governance arrangements that ensure compliance with relevant legislation, regulations and contractual arrangements.
		1.2	The organisation ensures that members of the governing body possess and maintain the knowledge, skills and experience required to fulfil their roles.
		1.3	The organisation develops and implements a vision, purpose statement, values, objectives and strategies for service delivery that reflect contemporary practice.
		1.4	The organisation's management systems are clearly defined, documented and monitored and (where appropriate) communicated including finance, assets and risk.
		1.5	Mechanisms for continuous improvement are demonstrated in organisational management and service delivery processes.
		1.6	The organisation encourages and promotes processes for participation by people using services and other relevant stakeholders in governance and management processes.
		1.7	The organisation has effective information management systems that maintain appropriate controls of privacy and confidentiality for stakeholders.
2	Service access Sound eligibility, entry and exit processes facilitate access to services on the basis of relative need and available resources	2.1	Where the organisation has responsibility for eligibility, entry and exit processes, these are consistently applied based on relative need, available resources and the purpose of the service.
		2.2	The organisation has processes to communicate, interact effectively and respond to the individual's decision to access and/or exit services.
		2.3	Where an organisation is unable to provide services to a person, due to ineligibility or lack of capacity, there are processes in place to refer the person to an appropriate alternative service.

3	Responding to individual need	3.1	The organisation uses flexible and inclusive methods to identify the individual strengths, goals and aspirations of people using services.
	The assessed needs of the individual are being appropriately addressed and responded to within resource capacity	3.2	The organisation formulates service delivery that respects and values the individual (e.g. identity, gender, sexuality, culture, age and religious beliefs).
		3.3	The organisation ensures that services to the individual/s are delivered, monitored, reviewed and reassessed in a timely manner.
		3.4	The organisation has partnerships and collaborates to enable it to effectively work with community support networks, other organisations and government agencies as relevant and appropriate.
		3.5	The organisation has a range of strategies to ensure communication and decision-making by the individual is respected and reflected in goals set by the person using services and in plans to achieve service delivery outcomes.
4	Safety, wellbeing and rights	4.1	The organisation provides services in a manner that upholds people's human and legal rights.
	The safety, wellbeing and human and legal rights of people using services are protected and promoted	4.2	The organisation proactively prevents, identifies and responds to risks to the safety and wellbeing of people using services.
		4.3	The organisation has processes for reporting and responding to potential or actual harm, abuse and/or neglect that may occur for people using services.
		4.4	People using services are enabled to access appropriate supports and advocacy.
		4.5	The organisation has processes that demonstrate the right of the individual to participate and make choices about the services received.
5	Feedback, complaints and appeals	5.1	The organisation has fair, accessible and accountable feedback, complaints and appeals processes.
	Effective feedback, complaints and appeals processes that lead to improvements in service delivery	5.2	The organisation effectively communicates feedback, complaints and appeals processes to people using services and other relevant stakeholders.
		5.3	People using services and other relevant stakeholders are informed of and enabled to access any external avenues or appropriate supports for feedback, complaints or appeals and assisted to understand how they access them.

		5.4	The organisation demonstrates that feedback, complaints and appeals processes lead to improvements within the service and that outcomes are communicated to relevant stakeholders.
6	Human resources Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service provision.	6.1	The organisation has human resource management systems that are consistent with regulatory requirements, industrial relations legislation, work health and safety legislation and relevant agreements or awards.
		6.2	The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess the knowledge, skills and experience required to fulfil their roles.
		6.3	The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
		6.4	The organisation provides ongoing support, supervision, feedback and fair disciplinary processes for people working in the organisation.
		6.5	The organisation ensures that people working in the organisation have access to fair and effective systems for dealing with grievances and disputes.

Section 4 – Conformance Requirements

Standard 1: Governance and management

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


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

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

Interpretation of this indicator

- It is acknowledged that the systems and processes used to ensure compliance with legislation regulation, contracts and policy will vary depending on the purpose, size and structure of the organisation and its governance and management arrangements.




As a part of meeting Indicator 1.1, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below

	<ul style="list-style-type: none">☑ The organisation's governance arrangements are documented, implemented, reviewed and communicated to stakeholders.☑ The organisation has documented processes in place to ensure compliance with legislative, regulatory and policy requirements that apply to its operations.☑ The organisation (where funding is provided under a departmental service agreement) has documented and implemented processes which ensure compliance with key contractual obligations, including⁴:<ul style="list-style-type: none">• notifying the department and other relevant authority of any alleged misconduct• notifying the department of major incidents and intervening events• ensuring that subcontracting/brokerage arrangements are consistent with the service agreement and/or specific service stream requirements⁵• implementing a conflict of interest policy consistent with the service agreement requirements• ensuring that recordkeeping practices meet service agreement, legislative and/or policy requirements• ensuring that reporting obligations are met⁶.
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⁴ Refer to the *Service Agreement – Standard Terms* and *Service Agreement – Funding and Service Details* for details and definitions of requirements.

⁵ *Service Agreement – Standard Terms* requires all funded organisations to seek prior written consent from the department before subcontracting the whole or part of their funded service obligations under the service agreement (Clause 22).

⁶ Reporting obligations and platforms vary across the different streams – reporting requirements may include NMDS reporting, Directors' Certification of expenditure, audited financial statement, and performance and outcomes measurement reporting. Departmental reporting platforms include OASIS and Service User Management System for services funded under the *Young People Investment Specification*.

	<p>Child Protection Placement Services, Child Protection Support Services and services to Families</p> <ul style="list-style-type: none"> ☑ The organisation's governance and management processes promote the principles and requirements of the <i>Child Protection Act 1999</i> including that the safety, wellbeing and best interests of the child are paramount. <p>Additional requirement for Child Protection Placement Services</p> <ul style="list-style-type: none"> ☑ The organisation (where funding is provided under a service agreement) has documented and implemented processes to ensure compliance with the licensing requirements set out in the <i>Service Agreement – Funding and Service Details Community Services and Child Safety</i>.
	<ul style="list-style-type: none"> ☑ The organisation's governance and management processes promote the principles outlined in Part 2 of the <i>Disability Services Act 2006</i> and comply with the reporting requirements of the <i>Coroners Act 2003</i>⁷, where relevant.
	<p>Perpetrator Intervention Programs</p> <ul style="list-style-type: none"> ☑ The organisation's governance and management processes promote the principles and requirements of section 68-75 of the <i>Domestic and Family Violence Protection Act 2012</i>.

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

- Constitution, terms of reference or equivalent guiding documents that outline processes of how the governing body operates, including meeting and reporting arrangements
- Policies, procedures and other documentation that support good governance (e.g. policies that specify meeting and reporting arrangements, a Board manual, duty statement of Board and committee members, delegations policy and procedures)
- Documented system/process for identifying relevant legislation, regulation, policies and guidelines, and for ensuring compliance with requirements (e.g. internal reviews, legal compliance register or schedule, subscriptions to relevant databases/and or membership of organisations that provide legal compliance information or updates)
- Records of governing body/board meetings (e.g. agendas, minutes and attendance register)
- Members of the governing body can describe their obligations under relevant legislation
- Records of external audits and internal reviews (e.g. Work Health and Safety) demonstrating compliance with legislative/regulatory requirements
- Annual Report includes information about organisational performance
- Processes and/or records of reviews of breaches of legislation

⁷ Refer to the department's fact sheet: *Obligations to Report a Death in Care* for further information

- Processes for advising the department and other relevant agencies of changes to Board/Committee membership



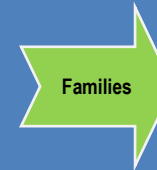

Standard 1: Governance and management

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

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

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

As a part of meeting Indicator 1.2, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below

	<ul style="list-style-type: none"> ☑ Processes to ensure that members of the governing body have the knowledge, skills and experience required to fulfil their roles are documented and implemented and reviewed. ☑ Members of the governing body undergo induction relevant to their responsibilities and duties.
	<ul style="list-style-type: none"> ☑ The organisation implements processes which ensure that members of the governing body are aware of the organisation's obligation to provide care services in accordance with: <ul style="list-style-type: none"> • the <i>Statement of Standards</i> • relevant provisions within the <i>Child Protection Act 1999</i> and the <i>Child Protection Regulation 2011</i> • relevant departmental policies⁸ • requirements set out in the <i>Child Protection Placement Services Investment Specifications</i> and/or <i>Individual Client Service Agreement</i> specifications, whichever is relevant.
	<ul style="list-style-type: none"> ☑ The organisation implements processes which ensure that members of the governing body are aware of the organisation's obligation to provide family support services in accordance with the requirements in the <i>Families Investment Specifications</i>.
	<ul style="list-style-type: none"> ☑ The organisation has documented and implemented processes which ensure that members of the governing body are aware of the organisation's obligation to provide services in accordance with the requirements of the <i>Disability Services Act 2006</i>.

⁸ Refer to policies, program descriptions and *Child Safety Practice Manual* references listed in *Appendix A* for Child Safety Care Services as relevant to the types of services provided.

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

- Nomination, election and appointment processes reflect the legal obligations of the organisation, or in the absence of legal obligations, contemporary business practices
- Policies and procedures for the election and induction of the Board/members of the governing body
- Records of election/appointment processes
- Records of induction, training and information provided to members of the governing body
- Process for identifying or addressing any gaps in skills, knowledge or experience required by members of the governing body and the skills held by current members (e.g. records of skills training for member of the governing body)
- Processes for training and providing information to member of the governing body as required
- Members of the Board/governing body can describe their responsibilities and duties
- Records of meetings following an AGM between newly appointed board/committee members and departmental representatives (e.g. regional Contract Officer) to discuss the organisation's contractual obligations





Standard 1: Governance and management

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

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

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

As a part of meeting Indicator 1.3, organisations must also demonstrate the relevant service specific requirements detailed below

	<p><i>There are no mandatory common evidence requirements for this indicator</i></p>
	<p><input checked="" type="checkbox"/> The organisation's structure, purpose, vision and values, objectives and strategies for service delivery are consistent with and support:</p> <ul style="list-style-type: none"> the provision of care services in a manner that is consistent with the <i>Statement of Standards</i> other provisions within the <i>Child Protection Act 1999</i> and the <i>Child Protection Regulation 2011</i> relevant departmental policies⁹ requirements as set out in the <i>Service Agreement – Funding and Service Details</i>, <i>Child Protection (Placement Services) Investment Specification</i>, and/or <i>Individual Client Service Agreement</i>, whichever is relevant.
	<p><input checked="" type="checkbox"/> The organisation's structure, purpose, vision and values, objectives and strategies for service delivery are consistent with and support requirements set out in the <i>Service Agreement – Funding and Service Details</i> including, the <i>Families Investment Specification</i> requirements, as relevant.</p>
	<p><input checked="" type="checkbox"/> The organisation's structure, purpose and values, objectives and strategies are consistent with, and support the principles and obligations set out in the <i>Disability Services Act 2006</i>.</p>

⁹ Refer to policies, program descriptions and *Child Safety Practice Manual* references listed in *Appendix A* for Child Safety Care Services as relevant to the types of services provided by the organisation.

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

- Policies and processes for establishing plans, objectives and strategies required to deliver quality services. These may include:
 - strategic, business and/or operational plan
 - risk management plan
 - client charter
 - vision and values statement
- Processes for measuring performance against established plans
- Documented procedures for allocating resources to enable plans to be actioned
- Processes or strategies for ensuring that service delivery is informed by contemporary best practice and/or evidence based practice
- Members of the Board/governing body can describe the vision, purpose and values of the organisation and how these support the delivery of services consistent with the principles of the relevant guiding legislation/s

Standard 1: Governance and management

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



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

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

Interpretation of this indicator is:


- Risk includes strategic and operational risk, individual risk and employee or work, health and safety risk.

As a part of meeting Indicator 1.4, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below

	<ul style="list-style-type: none">✓ Processes for identifying, assessing and managing risk in order to ensure continuous, safe, responsive and effective services, are documented, implemented and reviewed.✓ Processes for delegating authority and responsibilities throughout the organisation are documented, implemented and reviewed and communicated to stakeholders.✓ The organisation (where funding is provided under a departmental service agreement) has documented and implemented processes which ensure that:<ul style="list-style-type: none">• insurance coverage and/or funded assets are maintained in accordance with requirements (including public liability insurance, contents insurance and comprehensive motor vehicle insurance, as appropriate)• financial accountability requirements are met¹⁰.
	<ul style="list-style-type: none">✓ The organisation must:<ul style="list-style-type: none">• have a management structure in place to ensure that decision-making processes and accountability measures ensure that the safety, wellbeing and best interests of a child or young person remain paramount in accordance with the principles of the <i>Child Protection Act 1999</i>• demonstrate how its authority is conveyed to the nominee¹¹ and to director(s) or similar persons responsible for the service's operations to the child or young person• demonstrate that where any accommodation is provided directly by the organisation to children or young people, the service has a suitable right to

¹⁰ For department funded disability services, this includes meeting the requirements of the *Disability Services Funding Accountability Guidelines*.

¹¹ See Section 130 of the *Child Protection Act 1999* for the nominee responsibilities.

	<p>occupy premises where the care service operates, in accordance with Section 126(h) of the <i>Child Protection Act 1999</i></p> <ul style="list-style-type: none"> • demonstrate that if premises are leased by the organisation in order to provide accommodation to children or young people, the person who owns the leased premises is aware that their property is being used as a residential care service. <p><input checked="" type="checkbox"/> Where an organisation has entered into an Individual <i>Client Service Agreement (Placement Services)</i> – it ensures that property is appropriately insured against damages (building and contents).</p>
	<p><input checked="" type="checkbox"/> The organisation has a documented and implemented risk management framework that is aligned with <i>AS/NZS ISO 31000 Risk Management Principles and Guidelines</i>.</p>

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

- Financial management systems which support effective management, accountability, control and ongoing viability. For example:
 - documentation of financial controls and delegations
 - established safeguards to prevent fraud and financial mismanagement
 - budgeting records
 - purchasing records
 - internal and external reporting documents
 - insurance certificates of currency
 - maintenance schedules
 - payroll processes
 - asset management records
- Minutes or other records of meetings and/or decisions that clearly define responsibilities and timeframes
- Policies, processes and strategies for managing assets, if applicable, that enable the effective delivery of repairs and maintenance so that assets are well maintained, replaced according to a schedule, and the assets managed by the organisation are protected
- Policies, processes and strategies for identifying, managing and monitoring risks
- Documented risk management plans such as financial management, occupational health and safety, business continuity and disaster management and recovery plans, asbestos management plans and removal schedule, where appropriate
- Annual General Meeting (AGM) documentation detailing how the organisation manages and monitors risk, financial management systems etc

Standard 1: Governance and management

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

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

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

There are no mandatory evidence requirements for this indicator

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

- Documented continuous improvement framework and/or continuous quality improvement plan
- Systems for regularly monitoring and evaluating the effectiveness of service delivery and governance/management systems and plans
- Documents, registers or meeting records that evidence the regular review of policies and procedures
- Tools for seeking feedback from people using services and other relevant stakeholders (e.g. organisational performance reviews, service delivery and satisfaction surveys)
- Records showing the relevant data held by the organisation is analysed and used to inform management decisions
- Improvement processes relating 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 (e.g. processes for assessing the effectiveness of meetings, adequacy of response time to important issues, awareness of responsibilities and effectiveness of delegations)

Standard 1: Governance and management

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


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

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

Interpretation of this indicator is:

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

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

	<ul style="list-style-type: none">☑ Evidence that the community in which the organisation's service operates is understood and engaged with, and that this understanding is reflected in service planning and development activities.☑ Evidence that the organisation promotes cultural accessibility of services for Aboriginal and Torres Strait Islander peoples and for people from culturally and linguistically diverse backgrounds.☑ Where the target group for services is Aboriginal or Torres Strait Islander people, the organisation can demonstrate that meaningful community consultation has taken place, as relevant to the needs of people using services¹².
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Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered:

- The organisation has strategies and processes that support participation by people using services and other stakeholders – examples include:
 - encouraging people using services to participate in management and service planning, development, delivery and evaluation, where relevant
 - developing relationships or agreements with relevant stakeholders, such as preferred supplier relationships and memorandums of understanding
 - providing a variety of ways in which people using services can provide feedback regarding service management or governance processes (e.g. surveys, feedback forms)

¹² Refer to Clause 4.6 of the *Service Agreement – Standard Terms* for requirements for organisations that have entered into a service agreement with the department.

- communiques encouraging people using services and relevant stakeholders (such as family members/carers, referral agencies) to attend or contribute to management/governance meetings
- minutes or records of service planning/evaluation meetings showing that people using services have participated.
- Feedback from people using services and/or stakeholders confirms the organisation promotes opportunities for participation in governance and management processes

Standard 1: Governance and management

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

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

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

Interpretation of this indicator:

- Information management requirements are identified, including how information is maintained, stored, shared and destroyed. Information includes: records (e.g. minutes of meetings, completed forms); files (e.g. people using services and staff); and knowledge (this includes knowledge which is informally gathered).





As a part of meeting Indicator 1.7, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below



- ☒ The organisation has documented and implemented processes for aligning information management systems with privacy legislation and relevant privacy principles¹³.
- ☒ Evidence that the organisation (where funding is provided under a departmental service agreement):
 - is aware that it is bound to comply with the requirements of *Information Privacy Act 2009*
 - ensures that people working in or for the organisation understand their obligations around the management and overseas transfer of personal information as provided by that Act¹⁴
 - understands its obligations to report privacy breaches to the department in accordance with the service agreement.
- ☒ Evidence that people using services have been made aware of their right to access and amend personal information held by the organisation under the *Information Privacy Act 2009*.

¹³ In relation to an organisation's service agreement with the department, this is the Queensland *Information Privacy Act 2009* (refer to the department's fact sheet: *Information Privacy Act 2009: Obligations of Contracted Service Providers* for information on current requirements).

¹⁴ Organisations should seek and be guided by their own legal advice in relation to their obligations under the *Information Privacy Act 2009*. Organisations may also have obligations under Commonwealth privacy legislation. However, organisations should note that the obligations under the Queensland *Information Privacy Act 2009* will prevail in relation to documents that are held or generated in connection with the services the department is funding. The Office of the Queensland Information Commissioner's website contains useful guidance for organisations on information privacy law and practice: www.oic.qld.gov.au. For records relating to children in care (child protection placement services) the service agreement specifically prohibits, as required by the *Information Privacy Act 2009*, child related information being transferred or stored overseas, including overseas servers or cloud storage overseas.

 <p>Child Protection Placement</p>	<ul style="list-style-type: none"> ☑ Information obtained during the operation of a care service under the <i>Child Protection Act 1999</i> is treated confidentially, in accordance with their obligations under that Act including sections 187 and 188 of the <i>Child Protection Act 1999</i>. ☑ For licensed care services, the organisation's records are kept in accordance with Section 7 of the <i>Child Protection Regulation 2011</i> for each child receiving a care service. ☑ Evidence the organisation (where funded under a service agreement) maintains records and files relating to children and young people subject to intervention under the <i>Child Protection Act 1999</i> in accordance with the requirements of the <i>Service Agreement – Funding and Service Details</i>.
 <p>Child Protection Support Services</p>  <p>Families</p>	<ul style="list-style-type: none"> ☑ Documented and implemented processes for ensuring that records or files of children or young people subject to intervention under the <i>Child Protection Act 1999</i> are maintained in accordance with requirements of <i>the Service Agreement – Funding and Service Details</i>. <p>Assessment and Service Connect and Family and Child Connect¹⁵</p> <ul style="list-style-type: none"> ☑ Documented and implemented processes for ensuring that families are advised of: <ul style="list-style-type: none"> • the requirement to provide informed consent to accept support (including information sharing with other service providers that can assist them) and of the option of limiting or not permitting information sharing with particular services or organisations. <p>Assessment and Service Connect</p> <ul style="list-style-type: none"> ☑ Documented and implemented processes for ensuring consent based engagement when working with families and Child Safety¹⁶.
 <p>Domestic & Family Violence</p>	<p>All Domestic and Family Violence Services that work with female service users</p> <ul style="list-style-type: none"> ☑ The organisation has documented processes for ensuring compliance with the privacy and confidentiality requirements set out in Principle 5: <i>Confidentiality of the Practice Standards for Working with Women Affected by Domestic and Family Violence</i>. <p>Perpetrator Intervention Programs</p> <ul style="list-style-type: none"> ☑ Evidence the organisation complies with the privacy and confidentiality requirements set out in <i>Professional Practice Standards for Working with men who perpetrate domestic and family violence</i>, including: <ul style="list-style-type: none"> • evidence of a signed waiver by the service user, enabling the disclosure of information to relevant advocate agencies to prioritise the safety of people who have experienced domestic and family violence¹⁷.

¹⁵ Also known as Community Based Intake and Referral services.

¹⁶ Refer to Families Investment Specification.

¹⁷ Refer to Section 3.1.1 *Professional Practice Standards for Working with men who perpetrate domestic and family violence*.

	<input checked="" type="checkbox"/> The organisation has documented and implemented processes which ensure that records comply with the <i>Disability Services Act 2006</i> and Section 9 of the <i>Disability Services Regulation 2017</i> .
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Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered:

- Policies and procedures addressing information management, privacy and confidentiality requirements, retrieval, archiving and disposal of records, and records management generally.
- Evidence that staff have been made aware of relevant policies and procedures relating to information management, privacy and confidentiality, retrieval, archiving and disposal of records, and records management generally (e.g. staff files, interviews with staff)
- Electronic storage systems have appropriate security mechanisms (including ensuring the security, privacy and confidentiality of information supported by cloud based technology such as web portals and portable electronic devices such as iPad and laptops, smartphones and USB drives (e.g. access audit trails and password protection)
- Processes for maintaining physical security, including access to building(s), rooms and filing cabinets (e.g. paper-based files are kept in a secure, lockable area and physical access audits are conducted by the organisation)
- Records are maintained in accordance with department's *Non-government service provider basic recordkeeping guide* (relevant to organisations providing services to children and young people in care)
- Documents are created which evidence the informed consent of people using services and stakeholders when sharing disclosing information with other entities (e.g. signed consents for the disclosure of personal information with another agency or other relevant stakeholder)
- Where electronic monitoring¹⁸ is in use (e.g. in disability accommodation sites), the organisation has documented and implemented processes to guide its usage, storage and retrieval of images and obtaining informed consent from people using services and other relevant stakeholders
- 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

¹⁸ Electronic monitoring refers to the process for capturing audio, visual, positional or other information about a person using electronic methods.

Standard 2: Service access



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


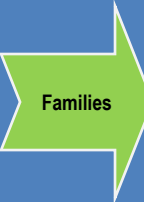
Context: The organisation makes their services available to their target group in fair, transparent and non-discriminatory ways and people seeking access to services are prioritised and responded to.

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

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

As a part of meeting Indicator 2.1, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below

	<ul style="list-style-type: none"> ☑ The organisation has documented and implemented processes which ensure: <ul style="list-style-type: none"> • eligibility and entry processes consider the best interest of people using services, and where relevant, the potential impacts on existing service users • eligibility and entry into the service is provided on a non-discriminatory basis (age, gender, sexuality, race, culture, religion, disability or other identifiers), except where services are delivered to meet the needs of specific service users • where requested, and as appropriate to the type of services delivered, people exiting the service are assisted to move to where their current needs will be best met.
	<ul style="list-style-type: none"> ☑ The organisation's eligibility assessment process determines whether the service is able to meet the care needs of a child or young person, specifically ensuring that the care will comply with the <i>Statement of Standards</i> should the referral be accepted. ☑ The organisation matches the identified needs of children and young people to available foster and kinship carers or non-family based placements. ☑ The organisation considers the statutory Case Plan for the child or young person when considering their entry or exit from the service (where this has been made available to the organisation). ☑ The organisation ensures children and young people are prepared for transition from the care service, including having a transition plan to support transition to another care arrangement, care service, independent living, returning home, or other appropriate option. If the department has provided a Case Plan, the transition plan aligns to the Case Plan.

	<p><i>Note: For family-based care services, the organisation works with the carer and other organisations as relevant, to support transition.</i></p>
	<ul style="list-style-type: none"> <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 entry to the service.
	<p>Intensive Family Support</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The organisation ensures that referrals and the process for managing referrals meet the relevant criteria and requirements set out <i>Families Investment Specification</i> <input checked="" type="checkbox"/> The organisation has documented and implemented processes which ensure that the department is advised where families referred by them, do not engage with the service. <p>Family and Child Connect</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The organisation has documented and implemented processes which ensure the department is advised where families referred by them, do not engage with the service. <p>Tertiary Family Support</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The organisation's eligibility and entry processes reflect the target group of families who are exclusively referred by the department.

Perpetrator Intervention Programs – Approved intervention programs (counselling and group program)

- ☑ Where a person is the respondent to a voluntary intervention order requiring the person to attend an approved intervention program (or counselling) provided by an approved provider, the organisation complies with the requirements of sections 68-75 of the *Domestic and Family Violence Protection Act 2012* (summarised in the *Domestic and Family Violence Investment Specification*), including:
 - assessing the suitability of the person to participate in the approved intervention program and/or counselling
 - if assessed as suitable, providing advice to the court of the details of the approved intervention program, and/or counselling using the approved form
 - if assessed as not suitable, notifying the court and police commissioner using the approved form
 - if the participant contravenes the terms of a voluntary intervention order, notifying the court and police commissioner within the required timeframes using the approved form, unless the service is satisfied that the contravention is minor and the participant has taken steps to remedy the contravention or has otherwise complied with the order
 - notifying the court and police commissioner that the participant has completed the approved program and/or counselling, using the approved form.

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

- Policies and processes for assessing eligibility / service capacity which may include:
 - defining eligibility criteria
 - defining how service capacity will be assessed by relevant staff
 - processes for managing a waiting list, or equivalent, where the demand for service is greater than available resources (where relevant to the type of services delivered)
- Referral information is retained on the files of people using services
- Emails and other records of correspondence with referring bodies
- Stakeholder feedback regarding entry and exit processes
- Meeting records or case notes regarding exit/entry of individual service users.
- Tools used to assess and prioritise each individual's needs relative to the needs of other persons trying to access the service.
- Policy, procedures or tools used to assess the compatibility of prospective service users with existing service users
- Records of reporting to relevant authorities
- Staff/volunteers can accurately describe the process for assessing eligibility for entry into the service
- Staff can accurately describe intake and referral processes as relevant to the services being delivered




Standard 2: Service access

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

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

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

As a part of meeting Indicator 2.2, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below

	<ul style="list-style-type: none"> ☑ The organisation has documented and implemented processes that demonstrate: <ul style="list-style-type: none"> • how the organisation communicates effectively and responds to decisions by individual service users to access and/or exit services • referrals for service are processed in a timely manner and with regard to the immediacy of the needs of the potential service user • the organisation works with other agencies to meet the needs of the service users during service entry and exit processes, where appropriate. ☑ The organisation engages interpreters for people who need assistance to communicate effectively in English, in line with the Queensland Language Services Policy¹⁹
	<ul style="list-style-type: none"> ☑ The organisation has a policy/procedure for supporting children and young people entering or exiting the service in response to the department's decision to make a placement. <p><i>Note: The decision to access, engage or transition a child or young person out of a care service is a departmental decision. Organisations should, however, ensure they have effective processes to communicate, interact and respond to children and young people upon entry to and exit from the service.</i></p>
	<ul style="list-style-type: none"> ☑ Evidence that people using services are provided with information and/or support to access a person of their choice to assist them when entering or exiting the service.

¹⁹ 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. The Queensland Language Services Policy and Guideline can be accessed at: <https://www.communities.qld.gov.au/multicultural/policy-and-governance/language-services-policy>.

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

- Welcome kits, brochures, website, fact sheets and service leaflets informing potential service users/referring bodies of services available
- Processes for welcoming individuals and providing relevant information upon entry to the service
- Intake and referral tracking systems
- Processes to identify and respond to potential access barriers, such as language or physical access to services
- Records of the review of data to inform planning of service delivery (location, types, hours, physical accessibility)
- Information regarding eligibility, entry and exit criteria is provided in appropriate formats to meet the needs of people wishing to access the service
- Records of the involvement of other agencies in service user entry and exit processes.
- Use of relevant support persons when service users are entering or exiting a service
- Entry/exit interviews conducted in a way/and at the times that suit the person using services
- Policy or processes for engaging interpreting, translating and communication services to facilitate communication with a range of groups including, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse or Australian South Sea Islander backgrounds, deaf or hearing impaired and blind or visually impaired people
- Policies, documents and case records reflect the consideration of specific needs when communicating with potential or actual service users (e.g. people with a disability, people from culturally or linguistically diverse backgrounds)
- The availability of service information, such as brochures, in other languages
- A policy and procedure for engaging and working with interpreters
- Records of training for staff and volunteers in engaging and working with interpreters
- Staff can describe the process for engaging and working with interpreters





Standard 2: Service access

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

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

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

As a part of meeting Indicator 2.3, organisations must demonstrate the relevant service specific requirements detailed below

	<p><i>There is no common mandatory evidence requirement for this indicator</i></p>
	<p><input checked="" type="checkbox"/> Where the service provided by the organisation does not meet the child or young person's care needs or it is not appropriate due to other reasons, the organisation advises the department.</p> <p><i>Note: Where a referral to another service is required, this is referred to, and acted on, by the department as all referrals are a departmental responsibility</i></p>
	<p><input checked="" type="checkbox"/> Where the organisation provides services that are subject to Disability Services' capacity notification process, the organisation has documented and implemented processes in place to ensure compliance with the requirements set out in the <i>Disability Services Funding Accountability Guidelines</i>.</p>
	<p>Intensive Family Support (Family and Child Connect)</p> <p><input checked="" type="checkbox"/> Documented and implemented process which ensure that:</p> <ul style="list-style-type: none"> • where an organisation is unable to provide a service, due to ineligibility or lack of capacity, a referral is made to an appropriate alternative service • families are not excluded from services, while the organisation undertakes assertive outreach (e.g. unannounced visits or cold calling to make contact with families who have been referred without consent) • if during the course of an intervention, a family is subject to a statutory response resulting from a Child Safety Investigation and Assessment, lead case management is immediately transitioned to the department.

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

- Policies, procedures and/or processes for re-directing or transitioning persons to alternative referral pathways
- Relevant policies, procedures and processes for assessing eligibility/service capacity include timeframes in which the service will make a decision about accepting or declining a referral and communicating that decision to the person seeking the service and/or the referrer
- Records relating to notifying people of ineligibility, or of an inability to provide services due to lack of capacity or resources
- Records of correspondence with referring agencies or other relevant stakeholders regarding the inability to provide services
- Staff can accurately describe referral processes
- Evidence of staff/management attendance at networking activities that maintain organisational awareness of internal and external services/referral pathways

Standard 3: Responding to individual need

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


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

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

The interpretation of this indicator:


- The requirements and extent of planning will differ according to types of services delivered and the duration of the intervention.
- Individuals and their representatives such as guardians, carers or advocates (as relevant) have a right to actively participate in assessment and planning.
- Service planning should: focus on goals; address the requirements of people using services with complex needs; and promote functional and social independence and quality of life.



As a part of meeting Indicator 3.1, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below

	<ul style="list-style-type: none">☑ The organisation documents the methods used to identify the individual strengths, needs, goals and aspirations of people using services.☑ The organisation has documented and implemented processes which ensure:<ul style="list-style-type: none">• service planning is conducted in accordance with the type of services delivered²⁰, and with regard for the anticipated duration of service delivery• service planning includes consideration of relevant guardianship/custody arrangements (including any statutory orders) that relate to individual service users, where relevant• service planning promotes quality of life, autonomy and independence of people using services and inclusion in their community.☑ Where service delivery requires individual planning and support²¹ (e.g. case management), the organisation develops and implements a Support/Care Plan which is individualised and includes:<ul style="list-style-type: none">• strategies for meeting the individual's needs and achieving identified goals, including developing and maintaining skills relevant to the person's roles in the community
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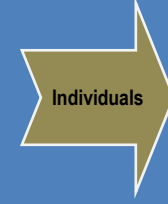
²⁰ For services funded under the Child and Family and Community Services funding streams, service delivery requirements are detailed in *Service Agreement – Funding and Service Details* and the relevant *Investment Specification* available on the department's website.

²¹ 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 a support plan).

	<ul style="list-style-type: none"> the types/level/nature of support to be provided by the service.
	<p>All placement services must:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> contribute to the assessment of, and meeting the protection and care needs of the child, and supporting their families in accordance with Section 159B(d) of the <i>Child Protection Act 1999</i> <input checked="" type="checkbox"/> work in partnership with the department to provide training and support to assist carers, direct care staff, foster carers and kinship carers (whichever is relevant) to provide positive behaviour support to individual children and young people. This must include training in strategies to respond to the unsafe behaviour of children and young people (Reactive Responses). <p><i>Note: Carers and direct care staff may be required to intervene with reasonable force to protect the child, themselves and others. However, Reactive Responses must not contravene the Statement of Standards or be part of a planned response. All strategies must be consistent with the department's Positive Behaviour Support Policy.</i></p> <p>Where non-family based care services and/or family based care services that also provide direct care to children and young people are provided, the organisation:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> has processes in place to ensure that an Authority to Care is requested from the department in relation to each child/young person placed, and to advise the department if this has not been received as requested <input checked="" type="checkbox"/> undertakes care planning processes (including a strengths and needs assessment) which ensure that the following standards of care are addressed for each child or young person (the <i>Statement of Standards</i>): <ul style="list-style-type: none"> the child's dignity and rights are respected at all times the child's needs for physical care are met, including adequate food, clothing and shelter the child receives emotional care that allows him or her to experience being cared about and valued and that contributes to the child's positive self-regard the child's needs relating to his or her culture and ethnic grouping are met the child's material needs relating to his or her schooling, physical and mental stimulation, recreation and general living will be met the child will receive education, training or employment opportunities relevant to the child's age and ability the child receives positive guidance when necessary to help him or her to change inappropriate behaviour the child receives dental, medical and therapeutic services necessary to meet his or her needs the child is given the opportunity to participate in positive social and recreational activities appropriate to his or her developmental level and age the child is encouraged to maintain family and other significant personal relationships

	<ul style="list-style-type: none"> • if the child has a disability – the child receives care and help appropriate to the child’s individual needs. <ul style="list-style-type: none"> ☑ ensures that care planning undertaken for each child or young person reflects the department’s assessment of the child / young person’s strengths and needs and any other matters detailed in the departmental Case Plan, where the Case Plan has been made available to the organisation²². ☑ ensures that Care Plans are consistent with requirements outlined in: <ul style="list-style-type: none"> • the department’s <i>Positive Behaviour Support Policy</i>, particularly in relation to prohibited and restrictive practices • other relevant departmental policies (refer to Appendix A) ☑ ensures 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 <i>Statement of Standards</i> for the child. ☑ Where non-family based care services are provided, and a child or young person is assessed by the department as having significant needs in the behaviour and /or emotional stability domains, the organisation: <ul style="list-style-type: none"> • works in partnership with the department and other specialists (e.g. Evolve Interagency Services) to develop/review a Behaviour Support Plan as a part of the statutory Case Plan • implements processes to ensure that staff/carers are appropriately skilled and trained in order to implement the strategies included in the child/young person’s Behaviour Support Plan. <p><i>Note: Foster and Kinship Care services are not required to develop a Care Plan unless they also provide direct care, e.g., if a Youth Worker is employed by the service to directly support a child or young person.</i></p>
	<ul style="list-style-type: none"> ☑ Organisational procedures ensure that: <ul style="list-style-type: none"> • collaborative case management and integrated service planning and delivery is undertaken when family support from more than one practitioner or agency is required to respond to multiple, complex and/or interrelated needs • an exit plan is developed as part of case planning clearly identifying how the family will transition, or step down, from intensive family support at the end of the intervention. <p>Tertiary Family Support services</p> <ul style="list-style-type: none"> ☑ The organisation ensures that family support intervention aligns directly with the case plan developed by the department. <p>Safe Haven</p> <ul style="list-style-type: none"> ☑ The organisation ensures community patrol activities are provided with the consent of parents or with the approval of authorised officers as defined by the <i>Child Protection Act 1999</i>.

²² Note that for some assessment care orders the department may not have developed a Case Plan at the time of placement, see “Care Order” and “Case Plan” in Appendix B for relevant timeframes.

	<ul style="list-style-type: none"> ☑ The organisation promotes opportunities for people using services to fulfil valued community roles. ☑ Where services are provided to adults who have an intellectual or cognitive disability and exhibit challenging behaviours, the organisation undertakes positive behaviour support planning (in accordance with legislative and policy requirements for positive behaviour support planning and the use of restrictive practices as set out in <i>Disability Services Act 2006</i>) which: <ul style="list-style-type: none"> - is responsive to the individual's needs - include strategies that respond to the person's needs and the causes of the challenging behaviours - seeks to reduce or eliminate the use of restrictive practices - improves the person's quality of life. <p>Your Life Your Choice (funded by the department)</p> <ul style="list-style-type: none"> ☑ The Host Provider ensures that planning of supports and services for a person choosing to self-direct their supports, aligns with the requirements of the Host Provider Handbook²³.
	<p>Perpetrator Intervention Programs</p> <ul style="list-style-type: none"> ☑ The organisation ensures that service planning and delivery is consistent with the requirements in the <i>Professional Practice Standards Working with men who perpetrate domestic and family violence</i> (Section 3: Overall program structure and operation), including the requirement for intake and assessment processes to identify, acknowledge and address the service user's use of violence.
	<p>Adults affected by sexual assault or sexual abuse</p> <ul style="list-style-type: none"> ☑ 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>Adults affected by alcohol (Aboriginal and Torres Strait Islander people)</p> <p>Rest and Recovery and Assertive Outreach</p> <ul style="list-style-type: none"> ☑ The organisation ensures that service planning and delivery aligns to the practices and tools set out in the <i>Guidelines and Toolkit for Diversion Services</i>.

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

- The organisation has processes for:
 - intake, assessing and recording individual/s needs, strengths, goals and aspirations
 - planning how services will be delivered to individuals (this includes ensuring that service delivery aligns with the principles and frameworks outlined in relevant policy/program/investment specifications)

²³ The Your Life Your Choice Host Provider Handbook is available on the department's website at: www.qld.gov.au/disability/documents/service-providers/host-provider-handbook.pdf.

- ensuring the active participation of individuals in planning
- informing people using services about changes in service provision
- assessing and recording individual/s' needs strengths and goals.
- Completed forms and tools used by staff to identify needs, goals, aspirations of people using services during planning processes
- Feedback from staff and/or people using services confirm participation in planning and goal setting
- Policies and procedures detailing how intake, assessment and planning will be undertaken
- Daybook entries/notes demonstrating staff members' understanding of the holistic needs of the people using services
- Case records/notes demonstrating that people using services have actively participated in planning processes and goal setting
- Newsletters to people using services and staff promoting community activities and events which may assist service users to meet their needs, goals and aspirations
- *Child Protection Placement services* – Evidence of individually tailored case management plans addressing appropriate dimensions of need
- *Child Protection Placement services* –Records of training for staff/carers on how to respond to the unsafe behaviours of children and young people
- *Child Protection Placement services* – Feedback from partner or referral agencies confirm the organisation works collaboratively to develop/review Behaviour Support Plans as a part of the statutory Case Plan

Standard 3: Responding to individual need

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




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

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

The interpretation of this indicator:

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

As a part of meeting Indicator 3.2, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below

	<ul style="list-style-type: none"> ☑ The organisation's processes for formulating service delivery that respects and values the individual are documented, implemented and monitored and reviewed. ☑ The organisation demonstrates consideration of cultural, physical, intellectual and communication requirements of individual service users when delivering services. ☑ Services are delivered in a safe and inclusive environment, which is adapted where necessary to meet the needs of individual service users.
	<ul style="list-style-type: none"> ☑ The organisation works with the department (and other agencies where relevant) to ensure that service delivery is tailored to the unique needs of the individual child or young person. ☑ The organisation works in a manner that supports the department's implementation of the <i>Working with Aboriginal and Torres Strait Islander Children, Families and Communities Policy</i>, where relevant.
	<ul style="list-style-type: none"> ☑ The organisation promotes a positive image of people with a disability both within the service and the community and provides opportunities for people with disability to develop skills and participate in and achieve valued community roles.

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

- Completed service planning tools and records that support the delivery of services in accordance with a service user's identity
- Case notes/day books demonstrate that day to day care is provided in accordance with the individual service user's values, preferences, culture and identity, as appropriate
- The service environment characteristics reflect the needs, identity and interests and safety requirements of people using services (e.g. modifications made to the care environment where required)
- Policies that reflect how the service will match appropriate support staff to people using services
- Meeting records that show how the service has engaged with a service user's community of identity
- Records that show how the service has encouraged people using services to engage in activities and events consistent with his/her culture, values and interests and identity
- Records of any action taken to improve the level to which service delivery is meeting the cultural, physical, intellectual and communication requirements of individual service users (e.g. recruitment of appropriate staff, changes to care service environment)
- Records of training provided to staff regarding how to respond to cultural, physical, intellectual and communication requirements of individual service users when delivering services
- 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.

Standard 3: Responding to individual need

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



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

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

The interpretation of this indicator:

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

As a part of meeting Indicator 3.3, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below

	<ul style="list-style-type: none">☑ The organisation has documented and implemented processes for monitoring, reviewing and reassessing service delivery (including monitoring and adapting the physical environment, as relevant to the type of services delivered) to meet the needs of individual service users.☑ Where service delivery requires individual planning and support²⁴ (e.g. case management):<ul style="list-style-type: none">individual support/care planning is undertaken in a regular cycle of assessment, planning, implementation and reviewindividual support/care plans are adapted as required to ensure they continue to be relevant to the changing needs of service userssufficient records are maintained to support and demonstrate the effective implementation of individual support/care plans.
	<ul style="list-style-type: none">☑ Where advocacy is provided, the organisation involves the people who are advocated for and those representing their best interests in reviewing individual strategies within agreed timeframes.☑ Where services are provided to adults who have an intellectual or cognitive impairment, the organisation must:<ul style="list-style-type: none">ensure that where a <i>Positive Behaviour Support Plan</i> is in place, service planning, delivery, monitoring, review and reporting is undertaken with reference to the plan, and in accordance with <i>the Disability Services Act 2006</i> and <i>Disability Services Regulation 2017</i>.

²⁴ 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 a support plan).

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

- Policies that specify how, when and by whom services are to be monitored, reviewed and reassessed
- Case notes/day books that evidence staff have supported people using services to meet their changing needs, strengths, goals and aspirations
- Tools that support the comprehensive and ongoing review of client needs, preferences, goals, aspirations and achievements
- Records which reflect that achievements and milestones of people using services have been recognised and celebrated by the service
- Meeting records that evidence staff have worked together effectively in order to achieve the goals and outcomes for people using services
- Planning meeting records which evidence that the service has been flexible and creative in their approach to addressing the needs of people using services within program and resource constraints
- Records of the monitoring, review, reassessment or adaption of the physical environment to ensure its appropriateness to meeting the needs of people using services
- Client records confirm that individual support/care plans of people using services are relevant to their changing needs
- Individual support/care plans are appropriate to the person using services and to the types of services being delivered
- Feedback from staff, people using services, family members/carers confirms that support plans are individualised and regularly reviewed




Standard 3: Responding to individual need

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


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

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

As a part of meeting Indicator 3.4, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below

	<ul style="list-style-type: none"> ☑ The organisation's policies and/or procedures outline how the service will partner and collaborate to enable the service to work effectively with community support networks, other organisations and government agencies, as relevant and appropriate. ☑ Partnership arrangements and collaborative strategies are documented, implemented, and reviewed. ☑ The organisation seeks input/involvement of relevant stakeholders (including guardians/custodians/family members/carers or advocates as relevant and appropriate) to inform service planning, delivery, monitoring and review processes.
	<ul style="list-style-type: none"> ☑ The organisation reasonably accepts every opportunity to participate in the departmental case planning process to develop and review the statutory Case Plan. ☑ The organisation works in a coordinated and collaborative way with the department and other service providers in a manner that is consistent with Sections 159B and 159F of the <i>Child Protection Act 1999</i>.
	<p>Intensive Family Support</p> <ul style="list-style-type: none"> ☑ The organisation can demonstrate evidence of representation and participation in a local alliance of government and non-government services²⁵. <p>Family and Child Connect</p> <ul style="list-style-type: none"> ☑ The organisation has documented role responsibilities and processes for lead facilitation and coordination of the local level alliance of government and non-government services.

²⁵ Local level alliances may include Supporting Families Alliance and Local Level Alliance led by Family and Child Connect services.

	Tertiary Family Support <ul style="list-style-type: none"> ☑ The organisation can demonstrate that it works in a coordinated and collaborative way with relevant stakeholders to ensure case plan goals and case plan reviews for children and young people are addressed in a timely manner and within a family's local community.
	Integrated Response <ul style="list-style-type: none"> ☑ The organisation demonstrates evidence of collaboration with other services through partnerships and case panels to address individual service user needs and increase self-reliance and independence.

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

- Records of participation in interagency service network meetings and forums
- Evidence of attendance at meetings with stakeholders to discuss the individual care/support needs of people using services
- Memorandums of understanding
- Formal protocol document
- Newsletters promoting local and alternative community services for service users
- Case records/notes demonstrating consultation with relevant professionals regarding individual care/support needs of people using services
- Evidence of the development of collaborative Case/Support/Care Plans
- Records of reviews of partnership arrangements and collaborative strategies
- Feedback from stakeholders confirming their involvement in service planning, delivery and monitoring
- Staff can describe the partnerships/collaborative strategies used to support service delivery
- Records of communications with relevant stakeholders seeking input/involvement in service planning, delivery, monitoring and review processes
- Meeting records demonstrating input/involvement of relevant stakeholders in service planning, delivery, monitoring and review processes
- Processes for involving guardians/custodians/family members or carers (whichever is applicable) of people using services in service planning, delivery, monitoring and review processes

Standard 3: Responding to individual need

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



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

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

The interpretation of this indicator:

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

As a part of meeting Indicator 3.5, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below

	<ul style="list-style-type: none"> ☑ The organisation uses appropriate communication methods to facilitate the engagement of people using services in decision-making and planning. ☑ Where service delivery requires individual planning and support²⁶ (e.g. case management): <ul style="list-style-type: none"> • the organisation actively encourages the participation of people using services (including their representative, nominated support person, advocate, guardian or carer where relevant) in care planning and review processes, as appropriate • the preferences, goals and aspirations of people using services are recorded and responded to, and their participation in decision-making is promoted, where age and developmentally appropriate • Individual Support/Care Plans are provided in a format that is easily understood by the individual.
	<p>For non-family based placement services and family based placement services that also provide direct care to children and young people:</p> <ul style="list-style-type: none"> ☑ The organisation has a documented process to provide opportunities for children and young people to participate in decisions made about their care

²⁶ 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 a support plan).

	<p>and protection needs, which are consistent with the principles of the <i>Child Protection Act 1999</i> (refer to Part 2, Division 1 for a full list of principles).</p> <p>☑ The organisation ensures that, where age and developmentally appropriate:</p> <ul style="list-style-type: none"> • the child or young person is given the opportunity to participate in identifying strengths and needs • support and encouragement is provided to the child or young person to participate in the development of care plans, care plan reviews, and goal setting.
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Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered:

- Policies that set out the manner in which the service will engage with and encourage service user participation in each stage of service delivery
- Mechanisms (e.g. brochures, information packs, audio-visual presentations) for disseminating information and communicating in a manner that encourages people using services to engage in planning, service delivery and decision-making processes
- Case records demonstrating the service's employment of a range of techniques to effectively communicate and engage with service users in accordance with their needs (e.g. interpreters, communication aids/devices)
- Processes for developing and documenting Individual Support/Care Plan in a format that meets the needs of the individual service users
- Records of confirmation from people using services that they understand their Individual Support/Care Plans and that their preferences, goals and aspirations are adequately reflected in these plans
- Staff can describe the processes used to develop and document support/care plans in a format that is appropriate to the needs of individual service users
- Feedback from people using services, family members or carers confirms participation in individual support planning and review processes



Standard 4: Safety, wellbeing and rights

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

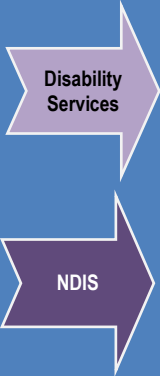
Context: The organisation upholds the legal and human rights of people using services. This includes people's right to receive services that protect and promote their safety and wellbeing, participation and choice.

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 demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below

	<input checked="" type="checkbox"/> The organisation's documented processes and records of service planning and delivery demonstrate that services are delivered in a manner that upholds the human and legal rights of people using services, including: <ul style="list-style-type: none"> • privacy of the service users' personal information ²⁷ • the right of service users to access personal information held by the service, noting that the <i>Right to Information Act 2009</i> applies to organisation records which are held by the department.
	<p>Rights All placement services must:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> evidence that information regarding the rights of children in care is displayed and/or provided in an accessible format that facilitates understanding by children and young people, including information regarding the service's role in upholding children and young people's rights <input checked="" type="checkbox"/> ensure that care provided meets the <i>Statement of Standards</i> <input checked="" type="checkbox"/> plan and deliver services in accordance with the <i>Charter of Rights for a Child in Care</i> (Schedule 1, <i>Child Protection Act 1999</i>) <input checked="" type="checkbox"/> for non-family based placement services, there is sufficient 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). <p>Positive Behaviour Support</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The organisation has a policy on positive behaviour support which meets legislated requirements and aligns to the department's <i>Positive Behaviour Support Policy</i>. The organisation's policy prohibits the use of planned reactive responses and prohibited practices, and includes: <ul style="list-style-type: none"> • the principles of the department's <i>Positive Behaviour Support Policy</i>

²⁷ Relates to Standard 1.7 and clause 27 of the *Service Agreement–Standard Terms*

	<ul style="list-style-type: none"> • 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 developmentally appropriate parenting. <p>☑ Evidence that behaviour support provided to children and young people in care has been planned and delivered in accordance with:</p> <ul style="list-style-type: none"> • the <i>Statement of Standards</i> • the department's <i>Positive Behaviour Support Policy</i> • the organisation's policy on <i>Positive Behaviour Support</i> • the <i>Charter of Rights for a Child in Care</i>.
	<p>☑ Services are planned and delivered in a manner that supports the human rights of people with a disability.</p> <p>☑ Evidence that people using services have received information necessary to support their rights, in ways that are appropriate, having regard to their disabilities and cultural backgrounds.</p> <p>☑ Where services are provided to adult/s with an intellectual or cognitive disability, the organisation:</p> <ul style="list-style-type: none"> • has developed and implemented policies/procedures for delivering services in the least restrictive way • complies with legislative requirements for use of restrictive practices and positive behaviour support planning, including²⁸: <ul style="list-style-type: none"> - developing a positive behaviour support plan - providing a statement to the adult and their support network explaining why the service provider considers the adult needs to be subject to restrictive practices - obtaining the relevant order (or short term approval) approving the use of the restrictive practice in the context of a positive behaviour support plan - identifying and reporting the use of restrictive practices in compliance with the <i>Disability Services Regulation 2017</i> - monitoring and reviewing the implementation and outcomes of the positive behaviour support plan.

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

- A Code of Conduct or Charter of Rights

²⁸ Refer to Parts 6 and 8 of the *Disability Services Act 2006* and Section 8 of *Disability Services Regulation 2017*.

Note: Where disability services are provided to adults with an intellectual or cognitive disability, and the locking of gates, doors or windows at premises is deemed necessary to prevent physical harm being caused to an adult with a skills deficit, the service provider complies with the requirements of Part 8 of the *Disability Services Act 2006* and the department's policy "Locking of Gates, Doors and Windows as the Least Restrictive Way of Supporting an Adult with an Intellectual or Cognitive Disability Safely".

- Pamphlets/welcome kits providing information to service users about their rights and responsibilities
- The physical environment of the accommodation/care service supports the service users' rights to confidentiality and privacy (e.g. private space, bedroom).
- Information displays supporting human rights, children's rights, rights of indigenous peoples, legal rights etc.
- Evidence of support mechanisms for statutory or non-voluntary people using services
- Staff and management can describe the strategies used to ensure that service planning and delivery upholds the human and legal rights of people using services
- Stakeholder feedback confirms that the human and legal rights of people using services were considered and upheld during service planning and delivery
- Disability Services – Policies and procedures for ensuring that services are provided in the least restrictive way possible and uphold the rights of people with a disability

Standard 4: Safety, wellbeing and rights

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

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

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




As a part of meeting Indicator 4.2, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below

Common

- ☑ The organisation's processes for preventing, identifying and responding to risks to the safety (including the prevention of all forms of harm, abuse and neglect) and wellbeing of people using services²⁹ are documented, implemented, monitored and reviewed.
- ☑ Where an organisation is carrying on a regulated business or employing persons in regulated employment under the *Working with Children (Risk Management and Screening) Act 2000*, the organisation:
 - ensures that the requirements for screening set out in Chapter 8 of the above Act are complied with at all times
 - has and implements a *Risk Management Strategy* in accordance with Chapter 8, Part 3 of the above Act and Section 3 of the *Working with Children (Risk Management and Screening) Regulation 2011*. The strategy must address the 8 minimum requirements set out in the Regulation and be reviewed annually.
- ☑ The organisation has documented and implemented processes for ensuring safe environments, with due regard to legislative requirements as relevant to the types of services provided³⁰.

²⁹ These requirements also apply where organisations have subcontracting arrangements in place.


³⁰ Relevant requirements may include: fire safety and emergency procedures; pool safety; safety and security measures; maintenance and management of equipment, furniture, lighting and ventilation; electrical safety; vehicle safety*; physical accessibility, chemical use and storage; infection control; medication storage and management, and food storage and preparation. * *Note: Licensed placement services must also refer to the mandatory requirements for Child Protection Placement Services for this indicator*

 <p>Child Protection Placement Services</p>	<ul style="list-style-type: none"> ☑ Children and young people are provided with a safe living environment with adequate physical space to ensure their safety, wellbeing and protection (i.e. age and developmentally appropriate) – for example a lockable bathroom, their own bedroom space, a secure place for personal possessions. <p><i>Placement services not yet licensed are required to have processes that will allow them to meet the below requirements once they are licensed.</i></p> <p><u>Licensed placement services</u> must also demonstrate evidence of implementing and monitoring the below processes:</p> <ul style="list-style-type: none"> ☑ The organisation has policies/procedures which specify and support the nominee's obligation to ensure that the licensee complies with Section 129A of the <i>Child Protection Act 1999</i> as follows: <ul style="list-style-type: none"> • care services comply with the standards of care stated in the <i>Statement of Standards</i> • each person the licensee engages to provide placement services is a suitable person (in accordance with Part 7 of the <i>Child Protection Regulation 2011</i>) • for carrying on a regulated business or employing persons in regulated employment under the <i>Working with Children (Risk Management and Screening) Act 2000</i>, chapter 8 is complied with. ☑ Organisation records demonstrate that directors, managers, employees and volunteers have been deemed suitable persons³¹ to be engaged in the provision of the care service, and this has included considering the outcome of a Child Safety and Personal History Check conducted by the department. ☑ Records demonstrate that the organisation has effective processes to manage and track the status of Child Safety and Personal History Checks, and Blue Cards/Exemption Notices in order to ensure ongoing compliance with current suitability and screening requirements³². ☑ The organisation develops and implements policies/procedures in line with the guidelines for vehicle safety, as issued by the department, when made available.
 <p>Disability Services</p>  <p>NDIS</p>	<ul style="list-style-type: none"> ☑ The organisation has documented and implemented processes which ensure that Criminal History Screening – Prescribed Notice (Yellow Card) requirements are complied with in accordance with the <i>Disability Services Act 2006</i> including: <ul style="list-style-type: none"> • development and implementation of a written <i>Risk Management Strategy</i>³³ which complies with legislative requirements • processes to manage and track the status of applications for a prescribed notice or exemption notice for persons working in or for the service (includes staff, volunteers, students on work experience) in order to ensure compliance with screening requirements.

³¹ As defined in Part 7 of the *Child Protection Regulation 2011*.

³² Information on current requirements specific to various positions held within a care service is available by accessing the department's resource paper *Suitability and Screening Requirements for Child Safety Licensed Care Services: A Guide for Non-government Organisations* (Appendix A).

³³ Refer to Section 49, *Disability Services Act 2006*.

	<p>☑ Organisation records demonstrate that risk assessments and safety plans are developed in line with the relevant practice standards and principles³⁴ and are regularly reviewed based on service user circumstances.</p> <p>Additional requirement for Perpetrator Intervention Programs</p> <p>☑ The organisation's records demonstrate that:</p> <ul style="list-style-type: none"> • risk assessments of each service user's behaviour includes assessment of lethality, extent and history of abusive behaviour, and are undertaken in liaison with the victim advocate • risk assessments are conducted throughout the duration of the program • protocols are in place to ensure that action is undertaken and documented at a management level when medium to high risk is identified.
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Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered:

- Processes and registers for ensuring that criminal history screening requirements for all persons working in or for the organisation including volunteers are monitored and met (e.g. Blue Card register/Yellow Card register, Child Safety and Personal History Check register)
- Risk management policies/procedures which address:
 - how risks to the safety of service users will be identified, minimised and managed, including the prevention of harm, abuse and neglect
 - identify and respond to risks to the safety and wellbeing of service users and review these regularly in accordance with the above document
- Processes to inform people using services about how their safety and wellbeing will be protected and any actions they are required to take or not take while using the service
- Documented processes that minimise and promptly respond to challenging behaviours or threats against other people using the service or people working in the organisation
- Physical care environment characteristics (free from hazards, promotes safety and protection)
- Risk management policies/strategies which meet legislative requirements
- Building maintenance schedules
- Records of meetings for preventing, identifying and responding to risks to the safety and wellbeing of people using services
- Records of preventative and corrective actions to protect the safety and wellbeing of people using services
- Policies/procedures/registers for ensuring that medication is managed safely and correctly (e.g. security, storage and disposal of medications, authorisation and administration of medications, processes for monitoring correctness of medications against medication records, monitoring and review of medication errors)
- Policies and procedures for food safety and handling
- Policies and procedures/risk assessment for ensuring pool safety

³⁴ Refer to: 1. *Practice Standards for Working with Women Affected by Domestic and Family Violence*, 2. *Professional Practice Principles - Working with men who perpetrate domestic and family violence*, 3. *Professional Practice Standards - Working with men who perpetrate domestic and family violence*.

Standard 4: Safety, wellbeing and rights

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

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

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

The interpretation of this indicator:

- Harm includes self-harm.

As a part of meeting Indicator 4.3, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below

Common

- ☑ Processes for reporting and responding to potential, suspected, alleged or actual harm, abuse and/or neglect of service users are documented, implemented, monitored and reviewed.
- ☑ The organisation's processes ensure that all people working in or for a service (includes staff, volunteers and subcontractors) are aware of:
 - what constitutes, harm, abuse, neglect and exploitation; and how to respond in a manner that is consistent with any legislative requirements
 - how to record and report allegations or incidents, including reporting of harm through internal processes and to any external agencies, as appropriate
 - their responsibilities to support people, or make referrals to appropriate supports
 - the importance of responding to allegations of harm in a manner that observes the principles of natural justice, and for all parties to be supported during the investigation of an allegation of harm.


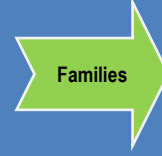


Child Protection Placement Services

- ☑ The organisation has a policy/procedure which ensures that harm, suspected harm and standard of care concerns are identified, managed, recorded, and reported in accordance with legislative requirements and departmental policy. This policy/procedure must be kept up to date and:
 - include a definition of harm which is consistent with the definition in Section 9 of the *Child Protection Act 1999*
 - facilitate reporting by staff members of all harm/suspected harm (as defined in Section 9 of The Act) and standard of care concerns, in accordance with the requirements of Section 6 of the *Child Protection Regulation 2011*
 - ensure compliance with the mandatory reporting requirements specified in Sections 13F, 13G, 13H and 13I of the *Child Protection Act 1999* and in Section 10 of the *Child Protection Regulation 2011*

- ensure that all harm/suspected harm is reported to the department in a timeframe and in sufficient detail that ensures the welfare and best interests of the child or young person is able to be addressed by the department as soon as possible
- outline the organisation's process for reporting the use of reactive responses and prohibited practices in line with the department's *Positive Behaviour Support Policy*
- state what staff are to do if disclosures of harm have occurred but are not directly from the services provided, state what staff are to do if the department deems an incident to require a *Standards of Care Review* or *Harm Report Investigation and Assessment*
- specify how the organisation provides support to a child or young person, staff, or foster and kinship carers during a *Standards of Care Review* or *Harm Report Investigation and Assessment* and what external support can be accessed
- outline how the organisation will provide training to staff regarding identifying, preventing, responding to, and reporting harm or suspected harm and standard of care concerns, and positive behaviour support
- ensure that the management of incidents is consistent with departmental policy and procedural documents such as:
 - *Chapter 9 Child Safety Practice Manual*
 - *Reporting missing children: Guidelines for approved carers and care services*
 - *Responding to Concerns About the Standards Of Care Policy*
 - *Positive Behaviour Support Policy*.

☒ Organisational records demonstrate that:

- all incidents have been managed and reported in accordance with the organisation's policies, and legislative/departamental requirements including *Reporting missing children: Guidelines for approved carers and care services*
- written reports have been provided to the department in relation to all reportable suspicions (as defined in Section 13F of the *Child Protection Act 1999*) as soon as reportable suspicions have been formed
- written reports provided to the department in relation to reportable suspicions contain all information as prescribed in Section 13G of the *Child Protection Act 1999* and Section 10 of the *Child Protection Regulation 2011*
- all other forms of harm/suspected harm have been reported to the department in a timeframe and in sufficient detail that ensures the welfare and best interests of the child have been able to be addressed by the department as soon as possible
- any use of prohibited practices has been reported to the department immediately in accordance with the department's Positive Behaviour Support Policy
- the use of reactive responses and details of the circumstances in which it occurred has been reported to the department within 24 hours of the incident occurring in accordance with the department's *Positive*

	<p><i>Behaviour Support Policy</i>, or in accordance with Section 13F of the <i>Child Protection Act 1999</i> when applicable.</p> <ul style="list-style-type: none"> Where Standards of Care Reviews or Harm Report Investigation and Assessments have occurred, support has been provided to children and young people in accordance with the organisation's policy, and they have been informed of external supports that they may access. <p><i>Refer to Appendix B: Terms and Definitions for definitions of harm, Matter of Concern, Standard of Care Concern/Review and Harm Report.</i></p>
	<p><input checked="" type="checkbox"/> The organisation has documented and implemented processes which ensure that families are aware of the organisation's duty of care to report significant harm or risk of significant harm to relevant authorities including the department.</p>
	<p><input checked="" type="checkbox"/> Where funding is provided under a departmental service agreement, the organisation has a policy consistent with the department's <i>Critical Incident Reporting Policy</i>. This policy is implemented, monitored and reviewed, and incidents are reported in accordance with their critical incident type³⁵.</p> <p><input checked="" type="checkbox"/> The organisation must have, maintain, implement and act in accordance with policies consistent with the department's policy on <i>Preventing and Responding to the Abuse, Neglect and Exploitation of People with a Disability</i>, including:</p> <ul style="list-style-type: none"> promoting a culture of no retribution ensuring there are systems to identify and respond to abuse, neglect or exploitation of service users ensuring timely, adequate and appropriate responses to incidents.
	<p>Additional requirement for Perpetrator Intervention Programs</p> <p><input checked="" type="checkbox"/> The organisation has documented and implemented processes for reporting crimes to relevant authorities and managing reported threats or acts of violence.</p>

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

- Incident management policy and procedures, registers and reports
- Policies and procedures for preventing and responding to abuse, neglect and exploitation
- Records of reporting to external agencies where harm has been identified or suspected (e.g. the Queensland Police Service)
- Feedback from people using services confirms the responsiveness of the organisation to allegations or concerns about harm, abuse and/or neglect and the support provided
- Records of communications with guardians/custodians/carers regarding incidents
- Records demonstrating the organisation's response to incidents involving the use of restrictive or prohibited practices
- Action plans which outline strategies to prevent future risk
- 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

³⁵ This requirement does not apply to NDIS providers.

- Staff can accurately describe what constitutes harm, suspected harm, abuse, neglect and exploitation, and how to respond to suspected/ actual instances
- *Child Safety placement services* – Records of correspondence with the department regarding Standards of Care Concerns
- *Disability Services* – A code of practice and policies that clearly prohibit all forms of abuse and overly restrictive behaviour management
- *Disability Services* – Stakeholder feedback (such as family members/carers/advocates) confirms a culture of no retribution for any person who reports abuse, neglect or exploitation of a person with a disability





Standard 4: Safety, wellbeing and rights

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

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

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

As a part of meeting Indicator 4.4, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below

	<i>There is no common mandatory evidence requirement for this indicator</i>
	<input checked="" type="checkbox"/> The organisation has processes and material available to inform children or young people and enable them to access support agencies and advocacy groups, including departmental case workers and the Office of the Public Guardian.
 	<input checked="" type="checkbox"/> The organisation ensures that people with disability have access to necessary independent advocacy support so they can participate adequately in decision-making about services they receive ³⁶ . <input checked="" type="checkbox"/> The organisation has processes and material available for people using services to be informed about accessing relevant support agencies and advocacy groups, including the Office of the Public Guardian.

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

- Welcome kits including details of relevant advocacy and support services
- Contact details for support/advocacy bodies are displayed in areas that are frequently accessed by people using services
- Case records demonstrate how the service has supported people using services to access advocacy and support services (e.g. Community Visitors, advocates)
- Policies outlining the requirement for people using services to be provided with relevant information and contact details
- People using services (and, if applicable, their support/s such as family members/carers) confirm that they have been informed of their right to support or an advocate, and are supported to do so at any stage of service delivery

³⁶ Relates to Section 32 of the *Disability Services Act 2006*.

- Where applicable, processes to link people using services with Aboriginal and Torres Strait Islander services, ethno-specific or multi-cultural services (including language or specialist services) in order to support people exercise their legal and human rights

Standard 4: Safety, wellbeing and rights

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





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

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

The interpretation of this indicator:

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

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

	<ul style="list-style-type: none"> ☑ Evidence that people using services are given opportunities to participate as fully as possible and make choices about the services they receive. ☑ Services are delivered in a manner that is least intrusive while maintaining the safety, wellbeing and dignity of people using services.
	<ul style="list-style-type: none"> ☑ The organisation has implemented processes relating to participation and choice that have regard for: <ul style="list-style-type: none"> • the <i>Charter of Rights for a Child in Care</i>, (Schedule 1 of the <i>Child Protection Act 1999</i>) • the delivery of services in accordance with the <i>Statement of Standards</i> in Section 122 of the <i>Child Protection Act 1999</i> • the Case Plan prepared by the department, if the Case Plan has been made available to the organisation. <p><i>Note: This indicator is not applicable to Foster and Kinship Care services that do not provide direct care to children or young people.</i></p>
	<ul style="list-style-type: none"> ☑ The organisation provides information in appropriate formats (based on the individual's preferences for the communication method) to enable people using services to participate and make choices about the services they receive.
	

	<ul style="list-style-type: none"> ☑ Documented policies and practices that enable people who are advocated for to participate in decision making and choices in relation to the advocacy strategy being implemented. ☑ Records and/or feedback from people using services demonstrate that where an individual is unable to provide consent, the organisation seeks consent from the person's legal guardian or relevant informal decision-maker/s.
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Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered:

- The organisation provides opportunities for people using service to make informed decisions and choices about the services they receive, according to their individual needs
- Case notes/records reflect that people using services are encouraged and able to participate continually in the planning and operation of the services they receive
- Welcome/ induction packs contain information regarding rights of people using services to participate and make choices about services
- Day book entries/communication books that document preferences of people using services and how these were accommodated by staff, or if not, why they were not
- Documented strategies for identifying and addressing barriers to participation
- Records of confirmation from people using services that they are satisfied with their ability to participate and make choices about the services received.
- Service delivery environments that reflect different choices that may be made by people using services (e.g. daily activities, leisure, food choices, exercise, communication preferences)
- The organisation has flexible service delivery options which reflect the changing needs, aspirations and choices of people using services
- Staff can describe the strategies used to encourage people using services to participate and make choices about the services they receive
- Minutes of house/team meetings where the preferences and choices of individual service users have been discussed.

Standard 5: Feedback, complaints and appeals

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



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

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

The interpretation of this indicator is:

- Complaints includes disputes.

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

	<p><input checked="" type="checkbox"/> The organisation:</p> <ul style="list-style-type: none"> has and complies with a complaint management/dispute resolution procedure for disputes between the organisation and people using services concerning any services keeps and implements a document outlining a procedure for dealing with complaints that any person may make about any of the services, including the right to make a complaint to the department and/or an external complaints agency ensures that the complaint management/dispute resolution procedure and complaints document are made available to people using services or their representative (e.g. family member, carer, advocate). <p><input checked="" type="checkbox"/> The organisation has documented processes which ensure that it does not discontinue or reduce services or take any recriminatory action in relation to a person who has made a complaint about any of the services or who has had a complaint made on their behalf.</p> <p><i>Note: this does not preclude the service from taking action as necessary to ensure the safety and prevent harm to service users and others that may come to the notice of the service through lodgement of the complaint.</i></p>
	<p><input checked="" type="checkbox"/> The organisation has a complaints management framework that is aligned with the Australian/New Zealand Standard Guidelines for Complaint Management in Organisations (AS/NZS 10002:2014).</p>

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

- Policies and processes for collecting, recording and responding to feedback
- Processes to ensure that people are not disadvantaged as a result of making complaints

- Processes for managing complaints may include:
 - a definition or explanation of what constitutes a complaint
 - how the complaint can be made, including formal and informal avenues for making complaints, including anonymously
 - timeframes and steps for responding to a complaint
 - avenues for escalating a complaint
 - how complaints are recorded
 - a method for tracking complaints
 - how the organisation will respect people's right to privacy and confidentiality in managing complaints
 - how the stakeholders will be advised of the outcome of the complaint
 - how feedback, complaints and appeals are reported to the governance body or to the delegated authority
 - how the organisation ensures compliance to any regulatory or legislative requirements for handling complaints
 - how complaints are submitted to funding bodies where required
 - mechanisms to ensure complaints are responded to and dealt with in a timely manner
 - review processes to identify and address any systematic barriers to complaints, appeals and feedback mechanisms
- Feedback from people using services, or their representative (e.g. guardian/family members/carers/advocate) confirms the organisation's culture enables them to make complaints without fear of retribution
- Feedback from people using services indicates a willingness to raise complaints directly with the organisation
- Documents detailing the outcome of complaints to parties involved in a complaints process
- Records of service users' satisfaction with the fairness, accessibility and accountability of the organisation's complaints process
- Case notes/meeting records where complaints have been raised and/or addressed

Standard 5: Feedback, complaints and appeals

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

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

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

There are no mandatory evidence requirements for this indicator

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

- Processes 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.)
- Welcome kit/induction pack information informing service users of the organisation's complaint mechanisms and feedback processes
- Feedback from people using services and stakeholders (such as guardian/family member/carer/advocate) confirms they received information from the service regarding feedback complaints and appeals mechanisms
- Feedback from people using services demonstrates their awareness of relevant complaints mechanisms
- Complaints information is made available in areas that are frequently accessed by people using services
- Case notes/client records reflect discussions between staff and people using services about their right to make a complaint, appeal or provide feedback
- Staff can accurately describe the organisation's complaints policy, including awareness of their roles and responsibilities when people using services make complaints



Standard 5: Feedback, complaints and appeals

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

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

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

As a part of meeting Indicator 5.3, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below

	<ul style="list-style-type: none"> ☑ Evidence that people using services and relevant stakeholders (e.g. family, carer, guardian) have been made aware of their right to access an external complaints agency and external advocacy/support agencies as appropriate, and have been informed of how to do so. ☑ The organisation has and implements a policy/procedure which ensures that people using services are appropriately supported to provide feedback, make a complaint or appeal to external avenues should they choose to do so. ☑ The organisation has and implements a policy which ensures that staff and management refer complaints promptly to external agencies when appropriate (e.g. the department, Queensland Police Service, Office of the Public Guardian).
	<ul style="list-style-type: none"> ☑ Children and young people and where applicable, foster/kinship carers are made aware of their right of appeal regarding Reviewable Decisions and are able to access advocacy/support agencies or departmental staff should they choose to exercise their right³⁷. ☑ Children, young people and families using the service are made aware of the complaints and appeals options available to them including making contact with: <ul style="list-style-type: none"> • the department • Office of the Public Guardian (including contact with a Community Visitor or Child Advocacy Officer).

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

- Policy/procedure outlining how service users will be supported to provide feedback, make a complaint or appeal to an external body

³⁷ See *Child Protection Act 1999* Schedule 3 for a definition of Reviewable Decision.

- Welcome kit/induction pack containing contact information for relevant external feedback, complaint, appeal bodies
- Procedures for engaging an independent mediator where complaints and appeals remain unresolved
- Case notes that reflect discussions between staff and people using services /stakeholders regarding their right to provide feedback, appeal, or make a complaint externally
- People using services demonstrate an awareness of relevant external feedback, complaints and appeals mechanisms
- Information regarding external feedback, complaints and appeals mechanisms is made available in areas that are frequently accessed by service users
- Case notes/records reflect discussions between staff and people using services regarding their right to provide feedback, make a complaint, or appeal externally
- Management and staff can accurately describe the processes used to refer people using services to external complaints and appeal bodies/mechanisms
- Management and staff can accurately describe the process used to refer complaints to external agencies such as Queensland Police
- Appropriate support is provided to people using services to assist them make a complaint to an external body (e.g. communication support such as interpreters)

Standard 5: Feedback, complaints and appeals

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

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

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

There are no mandatory evidence requirements for this indicator

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

- Policy/procedure that address how feedback, complaints and appeals will inform service delivery and planning
- Welcome/Induction pack for people using services includes information about how the organisation will use feedback, complaints and appeals information
- Quality Improvement Plan and action plans
- Complaints Register (including actions recommended)
- Systems for managing feedback, complaints and appeals
- Records of review processes that identify trends and patterns resulting from feedback, complaints and appeals
- Records of the review of client feedback mechanisms
- Meeting agenda templates with relevant standing agenda items regarding feedback, complaints, appeals and continuous quality improvement
- Meeting minutes where client feedback and complaints is reviewed/addressed
- A process that monitors or tracks proposed improvements resulting from feedback, complaints or appeals (e.g. a quality improvement plan or a complaints register)
- Evidence of changes that have been made as a result of client/stakeholder feedback
- 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.



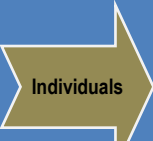
Context: The organisation has human resource management systems that ensure people working in services (including volunteers) are recruited appropriately and are suitable for their roles within the organisation. Once appointed, people working in the organisation have access to support, supervision, opportunities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

The interpretation of this indicator:

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

As a part of meeting Indicator 6.1, organisations **must** demonstrate the common mandatory evidence requirements **and** relevant service specific requirements detailed below

	<ul style="list-style-type: none"> ☑ Human resource management systems ensure that workforce planning is undertaken in a manner that supports the level and type of services the organisation is funded to deliver. ☑ Buildings and the physical environment where services are delivered are safe for people working in or for the organisation and are well maintained.
	<p>For all placement services:</p> <ul style="list-style-type: none"> ☑ Human resource management systems and processes implemented by the organisation include satisfactory methods for the selection, training and management of people engaged in providing services³⁸. Methods must ensure that persons are suitable in accordance with Sections 18-21 of the <i>Child Protection Regulation 2011</i>. <p><i>NB: Placement services not yet licensed are required to have processes that will allow them to meet the above service requirements once they are licensed. However, licensed placement services must also demonstrate evidence of implementing and monitoring the above processes.</i></p>
	<p>Assertive Outreach</p> <p>The organisation's work health and safety requirements confirm that:</p> <ul style="list-style-type: none"> ☑ First Aid kits are accessible for all staff

³⁸ In addition to the requirements of 6.2 below, selection methods must ensure that persons are suitable in accordance with Sections 18-21 of the *Child Protection Regulation 2011*, including screening processes for blue card and Child Safety Personal History Checks as required in 4.1 above.

	<input checked="" type="checkbox"/> Staff are provided with a mobile phone to use in case of emergencies <input checked="" type="checkbox"/> Staff work in teams with a minimum of two staff for each shift (usually one male and one female).
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Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered:

- Policies and procedures for Human Resource Management are in place that include:
 - non-discriminatory human resource practices
 - the application of equal employment opportunity principles
 - the elimination of bullying and harassment
 - the consistent application of awards, collective agreements or contracts
 - safe work practices
 - safe work environment
- Evidence of health and safety training relevant to a staff member's role
- Meeting/training records regarding safe work practices and safe work environment (e.g. records of safety and quality committee meeting agenda and minutes)
- Communiques regarding changes to regulatory requirements and how this will impact upon staff/services
- Records of workforce planning and rostering
- Records of workplace health and safety assessments and improvement registers
- Staff are familiar with the regulatory requirements impacting upon them, including awards, collective agreements or contracts
- Policy/procedures for ensuing staff safety (e.g. when working with people with challenging behaviours)



Standard 6: Human resources



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

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

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

As a part of meeting Indicator 6.2, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below

	<ul style="list-style-type: none"> ☑ People working in and for the organisation are qualified or skilled to perform their nominated role.
	<p>For family based placement services</p> <ul style="list-style-type: none"> ☑ The organisation has and implements a policy/procedure regarding foster carer recruitment, assessment and training which is consistent with the requirements specified in Chapter 8 of the <i>Child Safety Practice Manual</i>. ☑ The organisation implements foster carer recruitment processes/strategies which ensure that foster and kinship care services work collaboratively with the department to ensure that their activities are complementary. ☑ The organisation's records demonstrate that each foster carer has undergone the required selection process to determine suitability. ☑ Foster carer recruitment strategies have resulted in the recruitment of carers who are appropriate to the service provider's service users. ☑ Foster carers have been approved by the department before children have been placed with them. ☑ Foster and kinship carers are aware of their roles and responsibilities to the child in care. ☑ All foster carers (with the exception of provisionally approved carers) have a <i>Foster Carer Agreement</i> in place.

	<p>Perpetrator Intervention Programs</p> <ul style="list-style-type: none"> ☑ The organisation ensures Perpetrator Intervention group facilitators meet the requirements (including experience and qualifications) as set out in Section 2.1: Program staff of the <i>Professional Practice Standards: Working with men who perpetrate domestic and family violence</i>.
	<p>Rest and Recovery and Assertive Outreach</p> <ul style="list-style-type: none"> ☑ Organisation records demonstrate that all staff possess a current First Aid Certificate. <p>Financial Counselling and Advocacy</p> <ul style="list-style-type: none"> ☑ 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.

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

- Policy and procedures for workforce planning, recruitment and selection processes
- Duty statements or position descriptions for all roles
- Records of the advertising/promotion of available positions
- Evidence that staff qualifications have been checked and are current and that they have the skills and experience necessary for fulfil their role
- Records of merit-based recruitment and selection processes (e.g. evidence of selection criteria and interview processes)
- Records regarding feedback requested by and provided to unsuccessful applicants
- Appeals processes and records regarding applicants/ unsuccessful applicants
- Meeting records addressing staff leave/backfill arrangements to support the continuity of service delivery to service users
- Professional registration and/or other credentialing requirements for specialist roles are outlined within position descriptions and a process is in place to ensure that staff maintain these requirements
- *Child Protection Placement services* – Policy and procedures for recruiting Foster Carers with the skills and experience suitable for the role
- *Child Protection Placement services* – Foster carers can describe the selection processes used by the service to recruit suitability skilled and experienced carers
- *Child Protection Placement services* – Records/ files confirm that a Foster Carer Agreement is in place for each approved carer



Standard 6: Human Resources


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

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

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

As a part of meeting Indicator 6.3, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below

 <p>Common</p>	<ul style="list-style-type: none"> ☑ The organisation's processes/strategies for providing people working in and for the organisation (including volunteers) with induction, training and development opportunities relevant to their roles are documented, implemented and reviewed. ☑ Persons working in and for the organisation (including volunteers) have been inducted into the organisation, according to the responsibilities of their role. ☑ Persons working in and for the organisation (including volunteers) have regular opportunities to have their learning and training needs assessed and responded to.
 <p>Child Protection Placement Services</p>	<p>For all placement services</p> <ul style="list-style-type: none"> ☑ Staff working in and for the organisation who provide direct care to children and young people in care and/or provide support to foster/kinship carers have completed the following training within a reasonable timeframe from their commencement date: <ul style="list-style-type: none"> • cultural awareness • positive behaviour support • identifying, preventing, responding to, and reporting concerns about the standards of care • identifying, preventing, responding to, and reporting harm or suspected harm. <p>For non-family based care and Intensive Foster Care with Direct Care</p> <ul style="list-style-type: none"> ☑ The organisation ensures that prior to commencing work with a child or young person, direct care staff have the necessary knowledge, skills, training, supervision and support arrangements in place to enable them to provide/support care to children and young people which meets: <ul style="list-style-type: none"> • the <i>Statement of Standards</i> • other legislative and departmental policy requirements

	<ul style="list-style-type: none"> the organisation's policy requirements. <p>For family based placement services:</p> <ul style="list-style-type: none"> ☑ Foster carers have undertaken all necessary departmentally-endorsed training within required timeframes³⁹. The organisation must keep records of this training⁴⁰. ☑ The organisation has a documented process and maintains foster carer training and development records that reflect Child Safety Practice Manual Chapter 8 requirements⁴¹, which includes how foster carers are to be trained. ☑ The organisation implements foster carer training processes/strategies which ensure that foster and kinship care services work collaboratively with Child Safety Services to ensure that their activities are complementary. ☑ The organisation has processes in place to monitor expiry of foster and kinship carer Blue Cards/Exemption Notices and Certificates of Approval (which incorporate screening such as Child Safety and Personal History checks). The organisation works with the department to ensure that foster and kinship carer re-approvals, including re-screening, occurs as required and within required timeframes. ☑ Records demonstrate that the service has identified development opportunities as necessary in order to support individual foster and kinship carers' provision of care in accordance with the <i>Statement of Standards</i>.
	<ul style="list-style-type: none"> ☑ Where funding is provided under a departmental service agreement, the organisation ensures that people working in or for their service have been appropriately trained to: <ul style="list-style-type: none"> mitigate potential critical incidents fully and accurately report critical incidents within required timeframes. ☑ 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"> 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 staff are trained to recognise and prevent/minimize the occurrence or recurrence of abuse, neglect and exploitation of people using services staff are trained in early intervention approaches where potential or actual abuse, neglect or exploitation of people using services is identified.

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

³⁹ Refer to the department's website for current requirements.

⁴⁰ Refer to *Foster Care Training Policy 383-3* (Appendix A).

⁴¹ Refer to Appendix A.

- Policies or procedures addressing induction, training and development of people working in or for the organisation
- Records of induction processes showing that the organisation has addressed all mandatory requirements and the knowledge necessary to fulfil a role within the organisation
- Supervision records showing that the service 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)
- Emails/records communicating organisational and role requirements to staff (e.g. administrative duties, timesheets and record keeping practices)
- Records of meetings showing how the learning and development opportunities requested/raised by staff or volunteers have been addressed
- Registers of staff attendance at induction, mandatory training, and development activities
- Records of performance review processes and resultant action plans
- Management and staff can accurately describe the organisation's training and induction processes – this may include peer support and work shadowing arrangements



Standard 6: Human resources

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

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

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

As a part of meeting Indicator 6.4, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below

	<input checked="" type="checkbox"/> Evidence that people working in or for the organisation receive periodic feedback/supervision and support, as relevant to their role.
	<p>For all placement services</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Records of written complaints kept by the organisation pursuant to Section 7 of the <i>Child Protection Regulation 2011</i> correspond with staff support, supervision, feedback and disciplinary process records as relevant and appropriate. <input checked="" type="checkbox"/> All persons working in and for the organisation (such as foster and kinship carers and direct care workers) receive support during a Standards of Care Review or Harm Report Investigation and Assessment. <p>For family based placement services</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Records demonstrate that foster and kinship carers receive periodic formal feedback and support in order to support the carer's provision of care in accordance with the <i>Statement of Standards</i>.

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

- Policy and/or procedures outlining the organisation's approach to supporting staff/volunteers, providing supervision, feedback and commitment to fair disciplinary processes.
- Records of performance management processes
- Documents/meeting records regarding debriefing sessions with staff (e.g. critical incident debriefing)
- Written strategies/policies that support and promote the retention of staff and/or volunteers
- Documents that show how the organisation monitors and ensures accountability of sub-contracted or agency/relief staff

- Evidence of processes or systems that support volunteers to do their jobs well and safely
- Supervision, meeting records or other documents that show the organisation adheres to current industrial legislation requirements in regard to disciplinary processes (discipline for specific breaches of conduct, demotion and dismissal)
- Copies of supervision agreements/records
- Feedback from staff and/or volunteers on their satisfaction with the ongoing support, feedback and disciplinary processes provided to them

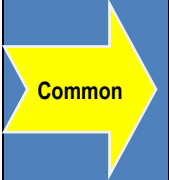
Standard 6: Human resources

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

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

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

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

	<ul style="list-style-type: none">☑ The organisation has and implements a policy or procedure which addresses the management of grievances and disputes raised by people working in and for the organisation. This policy/procedure:<ul style="list-style-type: none">• reflects the principles of natural justice• ensures that people working in and for the organisation are aware of their right to access the department's complaints process• ensures that people working in and for the organisation are able to raise grievances without fear of retributive action.☑ Evidence that the organisation responds appropriately to grievances and disputes raised by people working in and for the organisation.
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Below are suggestions of how this indicator may be demonstrated, depending on the size and complexity of an organisation and the type of services delivered:

- Policies or procedures which outline how the organisation manages staff/volunteer grievances and disputes
- Staff induction kit containing information regarding the organisation's dispute resolution procedure and how staff can raise grievances
- Evidence of staff awareness of access to employee assistance programs that provide counselling and/or other services
- Records that demonstrate the engagement of external grievance investigation bodies who provide objective investigation into grievances, where required
- Records conveying the outcome of grievances/disputes to relevant parties as appropriate
- Action plans associated with grievances/disputes
- Feedback from staff, volunteers and/or carers on their access to fair and effective systems for dealing with grievances and disputes
- Records of staff, volunteers and/or carers' satisfaction with the outcome of grievance and dispute processes

Appendix A – Links to legislation, policies and resources

ALL SERVICES

Complaints Management Policy and Procedure

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

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

<http://www.bluecard.qld.gov.au/risk-management.html>

Critical Incident Reporting Policy

<https://www.communities.qld.gov.au/resources/disability/publication/critical-incident-policy.pdf>

Department of Communities, Child Safety and Disability Services Website

<http://www.communities.qld.gov.au/>

Information Privacy Act 2009: Obligations of Contracted Service Providers

<http://www.communities.qld.gov.au/resources/rti/information-privacy-and-contracted-service-providers.pdf>

Legislation:

- State https://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*
 - *Guardianship and Administration Act 2000*
 - *Information Privacy Act 2009*
 - *Public Guardian Act 2014*
 - *Right to Information Act 2011*
 - *Working with Children (Risk Management and Screening) Act 2000*
 - *Working with Children (Risk Management and Screening) Regulation 2011*
- Commonwealth <http://www.comlaw.gov.au/Browse/ByTitle/Acts/Current#top>
 - *Privacy Act 1988 (Commonwealth)*

Multicultural Queensland Charter

<https://www.communities.qld.gov.au/multicultural/policy-and-governance/multicultural-queensland-charter>

Non-government Service Provider Basic Record Keeping Guide

www.communities.qld.gov.au/resources/childsafety/partners/funding/documents/ngo-recordkeeping-guide.pdf

Office of the Public Guardian Website

www.publicguardian.qld.gov.au/

Queensland Language Services Policy and Guideline

<https://www.communities.qld.gov.au/multicultural/policy-and-governance/language-services-policy>

Service Agreement Standard Terms

www.communities.qld.gov.au/gateway/funding-and-grants/streamlined-agreements

Service Agreement Funding and Service Details by Funding Stream, and Short Form Particulars

www.communities.qld.gov.au/gateway/funding-and-grants/streamlined-agreements

DISABILITY SERVICES

A range of publications and resources to assist people with a disability, their family, friends, carers and service providers can be found at:

<http://www.communities.qld.gov.au/disability/information/publications-and-resources>

Positive Behaviour Support (Restrictive Practices)

<https://www.communities.qld.gov.au/disability/key-projects/positive-behaviour-support>

Disability Services Funding Accountability Guidelines

<https://www.communities.qld.gov.au/disability/support-and-services/for-service-providers/funding>

Obligations to Report a Death in Care Fact Sheet

<http://www.communities.qld.gov.au/resources/disability/information/documents/obligation-report-death-in-care.pdf>

Preventing and Responding to the Abuse, Neglect and Exploitation of People with a Disability Policy

<http://www.communities.qld.gov.au/resources/disability/publication/abuse-neglect-exploitation-policy.pdf>

Your Life Your Choice requirements

<https://www.communities.qld.gov.au/disability/key-projects/your-life-your-choice>

Disability Services Policy: Locking of gates, doors and windows as the least restrictive way of supporting an adult with an intellectual or cognitive disability safely

<http://www.communities.qld.gov.au/resources/disability/key-projects/positive-behaviour-support/policy-locking-gates-doors-and-windows.pdf>

Criminal History Screening requirements

<http://www.communities.qld.gov.au/disability/key-projects/criminal-history-screening/criminal-history-screening-frequently-asked-questions>

Critical Incident Reporting Policy

<https://www.communities.qld.gov.au/resources/disability/publication/critical-incident-policy.pdf>

NATIONAL DISABILITY INSURANCE SCHEME

Provider Toolkit – Guide to Suitability available at <https://www.ndis.gov.au/providers/provider-toolkit.html>

Key modules within the Toolkit include:

- Module 3 – Terms of Business
- Module 4 – Guide to Suitability
- Module 5 – Service agreements

CHILD PROTECTION SERVICES

A comprehensive list of relevant child protection resources can be found at:

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

Aboriginal and Torres Strait Islander Child Placement Principle Policy Statement

<http://www.communities.qld.gov.au/resources/childsafety/child-protection/atsi-child-placement-principle-609.pdf>

Child Placement Principle Practice Resource

<http://www.communities.qld.gov.au/resources/childsafety/practice-manual/pr-the-child-placement-principle.pdf>

Child Protection (Placement Services) Investment Specification

<http://www.communities.qld.gov.au/resources/funding/investment-domains/investment-spec-cp-placements.pdf>

Child Safety Licensing Information

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

Child Safety Practice Manual

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

The Child Safety Practice Manual provides a comprehensive set of procedures that guide and inform the delivery of child protection services by the Department of Communities, Child Safety and Disability Services in Queensland. This includes how the department works with non-government providers. The following sections of the manual have particular relevance to non-government service providers:

- Chapter 5: Children in Out-of-Home-Care
- Chapter 8: Regulation of Care
- Chapter 9: Standards of Care
- Practice Papers which cover specific topics in more detail.

Foster and Kinship Carer Handbook

<https://publications.qld.gov.au/dataset/foster-and-kinship-care-resources/resource/foster-kinship-carer-handbook>

Foster Care Training Policy

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

Kinship Care Policy

<http://www.communities.qld.gov.au/resources/childsafety/foster-care/kinship-care-632.pdf>

Participation by Children and Young People in Decision-Making Policy

<http://www.communities.qld.gov.au/resources/childsafety/foster-care/participation-children-young-people-decision-making-369.pdf>

Permanency Planning Policy

<http://www.communities.qld.gov.au/resources/childsafety/foster-care/permanency-planning-594.pdf>

Placement of Children in Care as part of an Integrated Child Protection Response Policy

<http://www.communities.qld.gov.au/resources/childsafety/foster-care/placement-children-integrated-child-protection-response-578.pdf>

Positive Behaviour Support Policy (Child Safety Services)

<http://www.communities.qld.gov.au/resources/childsafety/foster-care/positive-behaviour-support-604.pdf>

Quality Care: Foster Care Training

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

Reporting missing children: Guidelines for approved carers and care services

<https://www.communities.qld.gov.au/resources/childsafety/foster-care/reporting-missing-childrens-guidelines.pdf>

Residential Care Policy

<http://www.communities.qld.gov.au/resources/childsafety/foster-care/residential-care-606.pdf>

Responding to Concerns About the Standards of Care Policy

<http://www.communities.qld.gov.au/resources/childsafety/foster-care/assessing-responding-moc-326.pdf>

Response to Children and Young People Sexually Abused Whilst Placed in Out-of-Home Care Policy

<http://www.communities.qld.gov.au/resources/childsafety/foster-care/response-children-young-people-sexually-abused-oohc-627.pdf>

Statement of Commitment between the Department of Communities, Child Safety and Disability Services and the Foster and Kinship Carers of Queensland

<http://www.communities.qld.gov.au/resources/childsafety/foster-care/statement-commitment.pdf>

Suitability and Screening Requirements for Child Safety Licensed Care Services: A guide for Non-government Organisations

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

Therapeutic Residential Care Policy

<http://www.communities.qld.gov.au/resources/childsafety/foster-care/therapeutic-residential-care-577.pdf>

Transferring Records to the Department – Information

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

Transitioning From Care into Adulthood Policy

<http://www.communities.qld.gov.au/resources/childsafety/foster-care/transitioning-from-care-into-adulthood-349.pdf>

Working with Aboriginal and Torres Strait Islander Children, Families and Communities Policy

<http://www.communities.qld.gov.au/resources/childsafety/child-protection/working-atsi-children-families-communities-610.pdf>

COMMUNITY SERVICES

Domestic and Family Violence Resources (including Practice Standards)

<https://publications.qld.gov.au/dataset/domestic-and-family-violence-resources>

Guidelines, tools and resources for diversion services: An information kit for staff working across Cell Visitor, Community Patrol and Diversion Centre services

<https://www.communities.qld.gov.au/gateway/funding-and-grants/investment-domains-guideline-and-investment-specifications/guidelines-for-diversion-services-and-toolkit>

Financial Counselling and Advocacy

Financial Counsellors' Association of Queensland

<http://www.fcaq.com.au/>

Standards for agencies employing financial counsellors Version 1: January 2015 and National Standards for Membership & Accreditation Australian State and Territory Financial Counselling Associations January 2015

<https://www.financialcounsellingaustralia.org.au/Corporate/Financial-Counselling/Policies>

Appendix B – Terms and Definitions

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

General terms and definitions

Blue card exemption notice / exemption card	<p>A notice that registered teachers and police officers can apply for from the Public Safety Business Agency (PSBA). 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 now apply for an exemption card.</p>
Blue card screening	<p>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 the Public Safety Business Agency (PSBA).</p> <p>A blue card is issued following the conduct of a 'working with children check'. Refer to 'Working with children check'.</p> <p>Note: some people may hold an exemption card rather than a blue card.</p>
Case note	A record of case-related information.
Case management	A collaborative process that involves assessment, planning, implementation, monitoring and review of the services required to meet a service user's needs.
Certification	<p>Confirmation by an authorised body that a service provider meets the requirements of a set of quality standards.</p> <p>The responsible body for authorising auditing bodies to undertake audits under the HSQF is JAS-ANZ (Joint Accreditation System of Australia and New Zealand). Audits are conducted in accordance with the requirements of the <i>JAS-ANZ Human Services Scheme Part 1 – Common requirements for bodies certifying human services</i> and <i>JAS-ANZ HSQF Scheme Part 2- Additional requirement for certifying human services in Queensland</i>.</p>
Chief executive	Unless otherwise specified, refers to the Director-General of the Department of Communities, Child Safety and Disability Services (the department).
Child and youth risk management strategy	Organisations falling within the scope of the blue card system are required to implement child and youth risk management strategies which address eight minimum requirements. The purpose of these strategies is to ensure that organisations have appropriate policies and procedures in place which assist in identifying and minimising the risk of harm to children and young people in regulated service environments.
Child Community Visitor Program (OPG)	<p>The Office of the Public Guardian (OPG) has responsibilities to support and protect the rights of children and young people in out-of-home care (foster care, kinship care, residential care) and young people in detention or other supported accommodation.</p> <p>The Community Visitor Program for children and young people is an independent service conducted by the Office of the Public Guardian (OPG). The role of the program is to ensure that the concerns, views and wishes of children and young people are listened to and seriously considered. A Community Visitor can help the child or young person:</p> <ul style="list-style-type: none"> • resolve any issues and concerns they may have • access support services • make changes to their care arrangement. <p>See also 'Office of the Public Guardian'.</p>

Community Visitor Program (OPG)	The Community Visitor Program operated by the Office of the Public Guardian (OPG) performs a rights protection role for Queensland adults with a disability or mental illness. Community visitors have inquiry and complaints functions and conduct unannounced visits to so they can see the standard of support provided on a typical day at a site. The role of Community Visitors is to inquire into, and lodge complaints about, issues raised by adults or by concerned members of the community. See also 'Office of the Public Guardian'. See also <i>"The Child Community Visitor Program (OPG)"</i>
Conformance	The requirements of a standard, or an element associated with a standard are met.
Consent	The voluntary agreement of a person or a person's authorised representative (e.g. a family member, carer, guardian or advocate) empowered to make an informed decision about a proposed action, such as participate in an interview, or review personal records etc.
Department	Queensland Government Department of Communities, Child Safety and Disability Services.
HSQF	Human Services Quality Framework.
HSQS	Human Services Quality Standards relating to the Human Services Quality Framework (HSQF).
Indicator	A measurable element of practice that may be used to assess whether practice meets a particular standard. Indicators ensure that the expectations for conformity with each standard are clear.
Investment Specification	Describe the intent of funding for a department funding area and include details about the services, modes, service users, service delivery requirements, performance measurement requirements, and reporting requirements and best practice guidance.
Multicultural Queensland Charter	A set of eight principles in the <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.
OASIS	On-line Acquittal Support Information System used by Community Services and Child Safety service streams
Office of the Public Guardian (OPG)	An independent statutory body responsible for protecting the rights of vulnerable adults with impaired decision making capacity, and children and young people in out-of-home care (foster care, kinship care, residential care) and youth detention.
Outcome	The result of change, including the impact of outputs, affecting real-world behaviour and/or circumstances; such as learning, attitudes, motivations, aspirations.
Outlet	A physical location from which services are delivered. Private homes are not included as outlets. For child protection placement services this means 'the point where non-family based care is delivered, or where a family based care service is administered'.
Output	A product or service generated from the consumption of resources. Under a service agreement, the department purchases deliverables currently known as outputs.
Quality standards	Refers to the Human Services Quality Standards forming part of the Quality Framework.
Queensland Language Services Policy	Sets out the Queensland Government's commitment to use interpreters and translated information to improve access to the full range of government and government-funded services for people with difficulty communicating in English.
Regulated business	A business as defined in Schedule 1 of the <i>Working with Children (Risk Management and Screening) Act 2000</i> .
Regulated employment	Employment as defined in Schedule 1 of the <i>Working with Children (Risk Management and Screening) Act 2000</i> .
Service	A service specifically provided by a human service organisation to support a person using any of the services that falls within the scope of the Human

	Services Quality Framework. See also 'Care Service in Child and Family services terms.
Service agreement	Contract used by the department to provide funding to non-government organisations to deliver services.
Service stream	Broad categories of service delivery currently in-scope of the HSQF including Disability Services, Child Safety (Child and Family), Community Services, Queensland Community Care and NDIS.
Service type	A care, support activity or service that a human service organisation is funded by the department to provide, normally categorised by funding stream and activity. Examples: those listed in the national Minimum Data Set for Disability Services, Child Safety Residential Care Services, Child Safety Foster Care Services, Child Safety Supported Independent Living Services, Family and Child Connect, Intensive Family Support, Domestic Violence Counselling, Counselling, etc.
Service user	<p>Primarily, a person who is receiving/has received a service/support from the organisation being audited. Service user may also mean family members/s or an unpaid primary carer or advocate of the person using the services. Also known as 'customer', 'client', 'participant', 'person using/accessing services', etc.</p> <p>For Child Protection Placement Services, service user refers to children and young people who are receiving out of home care services funded by the department.</p> <p>For Domestic and Family Violence Perpetrator Intervention Programs, service user refers to men who self-refer into the intervention program, mandated by the court as a condition of a voluntary order or other court order following a breach of a protection order or as a bail or parole condition.</p>
Site	A site is a physical location from which human services (one or more outlets) are managed. Sites may manage outlets and/or deliver services. 'Sites' includes sites controlled by sub-contractors at which human services are provided. Private homes are not included as sites.
Working with children check	<p>The Working with Children Check (also known as the blue card check) is a check conducted by the Public Safety Business Agency (PSBA) that assesses:</p> <ul style="list-style-type: none"> any national charge or conviction (including spent convictions and pending and non-conviction charges) for an offence (even if no conviction was recorded) child protection prohibition orders (whether a person is a respondent or subject to an application) disqualification orders 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> disciplinary information held by certain professional organisations including teachers, child care licensees, foster carers and certain health practitioners, and 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. <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>
Child and Family services (includes child protection placement services) – terms and definitions	
Aboriginal and Torres Strait	The general principle that an Aboriginal or Torres Strait Islander child should be cared for within an Aboriginal or Torres Strait Islander community. Refer to Section 83 of the <i>Child Protection Act 1999</i> and the department's <i>Aboriginal</i>

Islander child placement principle	<i>and Torres Strait Islander Child Placement Principle Policy Statement</i> for further information.
Approved carer	Persons approved by the department, in whose care a child has been placed by the chief executive, and include 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 • provisionally approved carer; or • licensee or representative of the licensed non-family based care service; or • manager or representative of a not yet licensed. non-family based care service. <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>
Care plan	<p>A plan developed by an organisation which details the care the service will provide to a child who is placed in non-family based care, or family-based care with direct care. The Care Plan will reflect the outcomes, goals and actions in the departmentally developed Case Plan, the Behaviour Support Plan and Placement Agreement.</p> <p>A Care Plan for a child in out-of-home care must consider the requirements of the <i>Statement of Standards</i> (sometimes referred to the dimensions of need) for each child. The Care Plan must be reviewed when the Case Plan is reviewed and should also be regularly reviewed to ensure that goals and actions are being achieved and the child's needs are being met.</p>
Care service	<p>A care service is a physical location from which out-of-home care services are delivered. Private homes are not outlets.</p> <p>For child protection placement services this means the point where non-family based care is delivered, or where a family based care service is administered.</p>
Case plan	<p>In the context of child protection, the case planning process results in a written plan for meeting the child's protection and care needs. It records the goal and outcomes of ongoing intervention and identifies the agreed tasks that will occur to meet the goal 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>

	The care service must develop a Care Plan based on this document, update/review the care plan as and when the case plan changes, participate in Case Plan development and review meetings and provide necessary information to develop case plans.
Case planning / plan / plan review	A departmentally led participative process (including the department, child, their family and other people significant to the child and family, including the care service – refer to family group conference) of planning strategies to address a child's protection and care needs and promote a child's wellbeing. It is made up of a cycle of assessment, planning, implementation and review.
Certificate of approval	The authority provided to an approved carer, once the chief executive has made the decision to grant a foster or kinship carer application, or provisional approval of a carer.
Charter of rights for a child in care	The basic rights established under the <i>Child Protection Act 1999</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. (Refer to 'Legislation' link in Appendix A for the full wording of the charter of rights of a child in care)
Child	Section 8 of the <i>Child Protection Act 1999</i> defines a child as an individual who is under 18 years of age. The term child is used throughout this document in reference to both children and young people under the age of 18 years.
Child in care	<p>A child who is in need of protection and has been placed in the custody or guardianship of the department (refer to child protection order).</p> <p>Children in care are then placed in out-of-home care (refer to out-of-home care below).</p> <p>Children on voluntary orders, such as a Child Protection Care Agreement, are not in care and whilst they may reside at a care service or be placed with a foster carer they should be excluded from the audit of records.</p> <p><i>Note: where the parent retains custody/guardianship of the child access to information and information sharing by the organisation, except where necessary for case planning, requires the parent's consent.</i></p>
Child in need of protection	A child who has suffered significant harm, is suffering significant harm, or is at unacceptable risk of suffering significant harm, and does not have a parent able and willing to protect the child from the harm (section 10 of the <i>Child Protection Act 1999</i>).
Child protection order	<p>A Child Protection Order is an order made by the Children's Court under the <i>Child Protection Act 1999</i>. Different orders have different purposes and create different expectations of an organisation providing care services.</p> <p>Temporary orders – 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>Court Assessment order – 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>Short term orders – 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</p>

	<p>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>Long term order – 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"> • long-term guardianship order - to a suitable member of the child's family or to a suitable person or to the chief executive. <p>Transition order – A transition order can be made under the section 65 A of CP Act, 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 or to their parents full-time care. A transition order cannot be extended.</p>
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>Child Protection Regulation 2011</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 • people engaged to provide care. <p>The person to be checked must complete a LCS-2 "<i>Child safety and personal history check</i>" 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.
Cultural support plan	A component of the case plan for an Aboriginal or Torres Strait Islander child or a child from another cultural community that is completed when a child is in need of protection, to ensure that they are provided with safe and protective family, community and cultural supports.
Cumulative harm	Harm to a child caused by a series or combination of acts, omissions or circumstances that may have a cumulative effect on the child's safety and wellbeing.
Custody	<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 only, including:</p> <ul style="list-style-type: none"> • a child's daily care • making decisions about a child's daily care.
Dimensions of need	This term is often used to mean the Statement of Standards.
Education support plan	A plan developed by the Queensland Department of Education, Training and Employment, in collaboration with 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.
Emotional harm	When a child's social, emotional, cognitive or intellectual development is impaired or at unacceptable risk of being impaired as a direct result of parental behaviour/attitude. This includes significant emotional deprivation due to

	<p>persistent coldness, rejection or hostility. The harm to the child may have a cumulative effect and/or be observable in behaviours such as severe anxiety, depression, withdrawal, indicators of inappropriate attachment or bonding, self-harming behaviour or aggressive behaviour towards others.</p>
Family and Child Connect	<p>Family and Child Connect (FaCC) is a community-based intake and referral service providing an additional pathway for referring concerns about children and their families.</p> <p>FaCC provides information and advice to people seeking assistance for children and families where there are concerns about their wellbeing. Families who are at risk of entering or re-entering the child protection system can be referred to FaCC.</p>
Family based care (foster, kinship, intensive foster care)	<p>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.</p>
Family based care and direct care (foster, kinship, intensive foster care)	<p>A type of care provided to a child in a family setting where additionally to recruiting, training, assessing and supporting carers the service also provides additional support to children from direct care staff. (Refer to Appendix A).</p>
Family group meeting	<p>A meeting convened in accordance with section 51 of the <i>Child Protection Act 1999</i> to:</p> <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
Flexible Ancillary funding	<p>Access to Flexible Ancillary Funding is to provide a response to a gap in the Intensive Family Support (IFS) service system and will be used to address prevention and early intervention service delivery gaps and priorities.</p>
Foster care	<p>Refer to 'Family based care'.</p>
Foster carer	<p>Any individual, or two or more individuals approved by the department to care for a child subject to departmental intervention in an out-of-home care placement (irrespective of type of placement). A person living with another person on a genuine domestic basis may only be granted a certificate of approval jointly with their partner.</p>
Foster carer agreement	<p>A written agreement, negotiated between each foster carer and the department or a foster and kinship care service, that:</p> <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	<p>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 attend to:</p> <ul style="list-style-type: none"> • a child's daily care • make decisions that relate to day-to-day matters concerning the child's daily care • making decisions about the long-term care, wellbeing and development of the child in the same way a person has parental responsibility under the <i>Family Law Act 1975</i>.
Harm	<p>The <i>Child Protection Act 1999</i>, (Section 9) defines harm as follows:</p>

	<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 circumstances. <p>Section 13F of the <i>Child Protection Act 1999</i> requires persons employed in a licensed care service to give a written report to the chief executive if they have formed a reasonable suspicion that the child has suffered, is suffering, or is at unacceptable risk of suffering, significant harm caused by physical or sexual abuse.</p> <p>The <i>Child Protection Regulation 2011</i>, require the licensee of a child safety care service to have a procedure to report “matters of concern” (Section 6) which includes harm and standard of care concerns, and to keep particular records relating to these concerns (Section 7).</p>
Harm report	Refer to ‘Standards of care concern/review or harm report’
Health plan	<p>A plan developed by a health professional regarding a child or young person 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 • recommended follow-up and timeframe • actions to be taken. <p>The plan is valid for 12 months.</p>
Non-family based care (residential care)	A type of care provided to a child in care by staff (paid, contracted, or volunteers) of a care service in residential premises. The child is in the care of the service provider. Refer to Appendix A.
Immediately (report incidents to the department)	<p>Where no ongoing emergency exists, immediately means <u>now</u>. Where an ongoing emergency exists, immediately means as soon as the emergency situation has been dealt with, including but not limited to - relevant emergency services have been contacted, everyone involved has been made safe and any property secured or the emergency situation has been handed over to the Police or Emergency Services.</p> <p>For example, if a prohibited practice results in a serious injury to a child, the responsible employee of the service should ensure emergency care is provided; an ambulance is called, provide relevant information to the paramedic, ensure the safety of other children and staff, and deescalate the situation. As soon as the emergency has been dealt with, they must report the incident to the department.</p>
Intensive foster care	A type of family based care – refer to Appendix A.
Kinship care	A type of family based care – refer to Appendix A.
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 friend • for Aboriginal and Torres Strait Islander children, kinship care may include another Aboriginal person or Torres Strait Islander who is a member of, or compatible with the child's community or language group.
Licensed care service	A service operated under a licence, in accordance with the <i>Child Protection Act 1999</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.
Local Level Alliance	The Local Level Alliance is led by the Family and Child Connect service and includes members from government and non-government agencies, Local Councils and Australian Government and other service providers who work with vulnerable families within the community to ensure families receive the right mix of services at the right time.
Neglect	The child's basic needs of life are unmet by their parent to such an extent that the child's health and development are affected, causing harm, or likely to cause an unacceptable risk of harm to the child.
Out-of-home care	<p>Refers to placements of children, subject to statutory child protection intervention, using the authority of the <i>Child Protection Act 1999</i> section 82(1).</p> <p>Out-of-home care includes placements with:</p> <ul style="list-style-type: none"> • a licensed care service • an approved foster or kinship carer • another entity. <p>Out-of-home care provides a safe, supportive and therapeutic environment for a child in care, while working towards either family reunification or an alternative permanency option. Out-of-home care may be provided during the investigation and assessment or ongoing intervention phases of child protection intervention.</p> <p>An out-of-home care placement can be made in family based or non-family based care.</p>
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 that must be developed for a child who is placed in out-of-home care with:</p> <ul style="list-style-type: none"> • an approved foster carer, approved kinship carer or provisionally approved carer (either primary or respite) • a licensed care service, including residential care services and therapeutic residential care services. <p>The purpose of the placement agreement is to ensure carers and care services have access to relevant information about a child and adequate support for the placement. The placement agreement:</p> <ul style="list-style-type: none"> • outlines the goals of the placement • provides relevant information about a child • records the agreed support and services to be provided to the carer or care service, based on the assessed level of the child's needs. <p>If it is not possible to provide a written agreement at the time of placement, the Child Safety Service Centre (CSSC) is to provide the carer or service with as much verbal information about the child as is possible, and provide a written agreement to the carer within 3 working days of the placement commencing.</p>
Positive behaviour support (child safety)	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 positive connections with carers and significant others to

	<p>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 A).</p>
Prohibited practice (positive behaviour support – child safety)	<p>Responses to the behaviour of a child or young person which interfere 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>Child Protection Act 1999</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>Child Protection Act 1999</i>.</p> <p>Refer to the department's Positive Behaviour Support policy for Child Safety Care Services (link listed in Appendix A).</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 – child safety)	<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 (link listed in Appendix A).</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>
Reportable Suspicion	<p>Under Section 13F of the <i>Child Protection Act 1999</i>, a reportable suspicion about a child in care is a reasonable suspicion that the child has suffered, is suffering, or is at unacceptable risk of suffering significant harm caused by physical or sexual abuse. In Section 13F, a child in care means a child placed in the care of an entity conducting a departmental care service or a licensee. If a person employed in a licensed care service forms a reportable suspicion about a child in care, the person must give a written report to the chief executive under Section 13G of the Act. Section 10 of the <i>Child Protection Regulation 2011</i> prescribes additional particulars that are to be included in the written report.</p>
Residential care	<p>A type of non-family based care – refer to <i>Residential Care Policy</i> (link listed in Appendix A).</p>
Safe Haven	<p>Family support services in three discrete indigenous communities (Mornington Island, Cherbourg and Palm Island) that provide support to Aboriginal and Torres Strait Islander families experiencing or witnessing domestic violence.</p>
Safe House	<p>Safe Houses provide integrated residential care services and family intervention services in remote Aboriginal or Torres Strait Islander communities. These services provide a 'safe place' for children and young people who have entered the statutory child protection system by providing out-of-home care that enables them to remain safely in their communities while their longer-term child protection needs are being assessed.</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>
Statement of standards (s122 of the CP Act)	<p>Legislated standards of care all children in care of the department must receive.</p> <p>Section 122 of the <i>Child Protection Act 1999</i> prescribes the chief executive's responsibility to ensure that a child placed in the care of an approved foster carer, 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>

	Refer to 'legislation' (link listed in Appendix A).
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 <i>Child Protection Act 1999</i>. A care service must report all instances of the above to the department.</p> <p><u>Standard of care review</u> Where concerns are raised that indicate that the standard of care provided to a child in out-of-home care may not have been met (<i>Child Protection Act 1999</i>, Section 122), the department will respond by conducting a standard of care review. Where concerns indicate that a child in out-of-home care has been harmed, or it is suspected that a child has been harmed, the department will respond by recording a harm report and conducting an investigation and assessment.</p> <p><u>Harm report</u> A harm report is recorded where the information gathered indicates that a child in out-of-home care has experienced harm or it is suspected that they have experienced harm, and the harm or suspected harm may have involved the actions or inactions of a carer, household member or the staff member of a licensed care service, including failure to protect a child.</p> <p><u>Continue to monitor the standard of care</u> The decision to 'continue monitoring the standards of care' will be recorded when the concerns do not warrant a 'standards of care review' or 'harm report' response, but require proactive case work and support to address the issues, to prevent them from continuing or escalating into a future 'standards of care review' or 'harm report'.</p> <p>For further information, refer to Chapter 9 of the Child Safety Practice Manual (link listed in Appendix A).</p>
Statutory service user	Families with children and young people under 18 years, including unborn children, who are subject to ongoing intervention by Child Safety.
Suitability (suitable persons)	<p>Certain positions in a licensed care service must be occupied by suitable persons. The <i>Child Protection Regulation 2011</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. 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 deciding this component of suitability.</p> <p>18 Managing licensed care service A person is a suitable person for managing a licensed care service if the person— (a) does not pose a risk to the safety of children to whom, under the Act, the licensee is providing care services; and (b) is able and willing to manage the licensed care service in a way that— (i) assists the licensee to ensure the provision of care complies with the statement of standards; and (ii) implements the methods mentioned in section 126(f) of the Act; and (c) understands, and is committed to, the principles for administering the Act.</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></p> <p><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>
Suitable right to occupy	<p>This refers to a licensing requirement outlined in Section 126(h) of the <i>Child Protection Act 1999</i> which states that a licence must not be granted unless any accommodation provided by the applicant to children in need of protection is, and will continue to be at a place that the applicant has a suitable right to occupy.</p> <p><i>Example of a place that an applicant has a suitable right to occupy—</i> residential premises leased, rented or owned by the applicant <i>Example of a place that an applicant does not have a suitable right to occupy—</i> a motel room booked by the applicant</p> <p>If premises are leased or rented for the above purpose, the lessor must be aware the premises are being used for non-family based care.</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 <i>Charter of Rights for a Child in Care, Schedule 1</i> of the <i>Child Protection Act 1999</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 a child in out of home care into the parents' 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>
Disability Services – terms and definitions	
Criminal history screening	<p>The <i>Disability Services Act 2006</i> outlines the criminal history screening requirements for people engaged by department funded non-government service providers or NDIS registered provider.</p> <p>All persons who are employed or proposed to be employed (including volunteers) by a department funded non-government disability service provider or NDIS registered provider at a service outlet need to be screened.</p>
Harm	<p>Harm is defined in the <i>Disability Services Act 2006</i> as:</p>

	<ul style="list-style-type: none"> a) Physical harm to the person; or b) A serious risk of physical harm to the person; or c) Damage to property involving a serious risk of physical harm to the person.
Individual support plan (also referred to as a care plan)	A document in writing between the service and a service user, their family, guardian, advocate or financial manager about the disability services to be delivered to the service user which includes how those services will be delivered to meet the service user's identified goals.
NDIA	National Disability Insurance Agency. The NDIA is the statutory authority responsible for delivering the NDIS.
NDIS	National Disability Insurance Scheme.
Participant	A person eligible to receive support from the NDIS.
Registered Provider	Organisations or individuals that have been approved (under section 70 of the NDIS Act) to be a Registered Provider with the NDIA. Registered Providers of supports have met requirements regarding qualifications, approvals, experience and capacity for the approved supports.
Restrictive practice (disability services)	<p>The <i>Disability Services Act 2006</i> defines a restrictive practice as any of the following practices used to respond to the behaviour of an adult with an intellectual or cognitive disability that causes harm to the adult or others –</p> <ul style="list-style-type: none"> a) containing or secluding the adult; b) using chemical, mechanical or physical restraint on the adult; c) restricting access of the adult.
Person with a disability	Persons with a disability include those who have an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment and is permanent or likely to be permanent.
Positive behaviour support plan (disability services)	<p>The <i>Disability Services Act 2006</i> defines a Positive Behaviour Support Plan as a plan for an adult with an intellectual or cognitive disability, that describes the strategies to be used to:</p> <ul style="list-style-type: none"> a) meet the adult's needs; and b) support the adult's development of skills; and c) maximise opportunities through which the adult can improve their quality of life; and d) reduce the intensity, frequency and duration of the adult's behaviour that causes harm to themselves or others.
Prescribed disability service	Disability services as prescribed in the <i>Disability Services Regulation 2017</i> .
Yellow card	<p>If an application for criminal history screening is approved, a person will receive a positive notice and a Yellow 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.</p> <p>A positive notice means a person can work for the department, funded non-government service provider or NDIS registered non-government service provider at a service outlet.</p>
Your Life Your Choice	The framework for self-directed support to people with a disability.
Your Life Your Choice Host Provider	<p>A non-government service provider that has been endorsed as a host provider to assist a person to self-direct their individual funding and to have more choice and control over the supports and services they receive.</p> <p>Host provider services enable a person to make decisions about the level of responsibility a person has for purchasing and managing their disability supports and services.</p>
Community Services – terms and definitions	
Assertive outreach	Assertive outreach provides an immediate response to individuals who may be hard to engage or who do not present to required support services of their own volition.

Community Support	Services that promote greater public awareness of social issues and enhance individual and community group capacity.
Domestic and family violence	When one person in a relationship uses violence or abuse to control the other person. Domestic and family violence is usually an ongoing pattern of behaviour aimed at controlling a partner through fear. It can involve emotional, psychological, financial, physical or sexual abuse.
Elder abuse	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.
Financial literacy and resilience	Services that support people to better respond to financial stresses, personal issues and cost of living expenses. Includes services provided by financial resilience workers and financial counsellors.
Forgotten Australians and former child migrants	Men and women who turned 18 on or before 31 December 1999 and spent time as children in Queensland children's homes, orphanages and other forms of institutional out-of-home care.
Home security safety upgrade	Services that support and empower people experiencing domestic and family violence, and their children, to remain safely in their homes, where it is appropriate to do so through enhancing home security and enabling them to remain close to family and other support networks such as workplaces, schools and child care.
Integrated response	Integrated response (case management) is a collaborative, service user-centred process aimed at empowering and working with service users to effectively meet their individual needs and to increase their self-reliance and independence. Integrated response services provide case management which incorporates direct support to the service user, based on support needs identification, assessment and planning and the coordination of access to a range of other appropriate supports. This includes leading, establishing and participating in case panels between services to support the service user's journey.
Perpetrator intervention program	Services that prioritise the safety of those subject to controlling and abusive behaviour and seek to address and change the abusive behaviour of service users who perpetrate domestic and family violence.
Rest and recovery services	Rest and recovery services provide a safe, monitored and culturally appropriate place for people to sober up; a reduced risk of harm from being intoxicated in public places; an alternative to being held in police custody for public intoxication offences; and support to access services that would help the person to give up or reduce drinking.