



# HUMAN SERVICES

## Quality Framework

### User Guide – Certification

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

Version 10.0



Queensland  
Government

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

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## Section 1 – Overview

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

The HSQF incorporates:

- A set of quality standards, known as the Human Services Quality Standards (the standards), which cover the core elements of human service delivery.
- An assessment process to measure the performance of service providers against the standards (through independent third-party certification, self-assessment or recognition of accreditation under another approved quality system).
- A continuous improvement framework, which supports the participation of people who use services in quality improvement.

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

- Organisations funded to deliver human services under service agreements, or other specified arrangements<sup>1</sup>, with the following ~~four~~ current or former participating Queensland Government departments:
  - In-scope investment specifications with the former Department of Child Safety, Seniors and Disability Services (DCSSDS), in progress of, or transitioned to, the Department of Families, Seniors, Disability Services and Child Safety (DFSDSCS).
  - In-scope investment specifications with the former Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (DTATSIPCA), in progress of, or transitioned to, the Department of Families, Seniors, Disability Services and Child Safety (DFSDSCS).
  - In-scope investment specifications with the former Department of Justice and Attorney-General (DJAG) in progress of, or transitioned to, the Department of Families, Seniors, Disability Services and Child Safety (DFSDSCS).
  - Queensland Health (QH).
- Organisations funded to deliver child protection placement services in-scope of licensing under an Individualised Placement and Support Agreement (IPSA) with the former DCSSDS or current DFSDSCS.
- Disability services delivered directly by the former DCSSDS or current DFSDSCS.
- Disability services funded by the former DCSSDS or current DFSDSCS.
- Organisations that have been advised by Queensland Health they can use HSQF certification to meet quality requirements for Queensland Health.
- Other organisations were approved by the HSQF Operations team and, if relevant, the Queensland Government department funding the human service delivery.

**Note: the above references to transition arrangements from former to current departments apply to service types and departments throughout the remainder of this document, and the former departments are not individually referenced in each area.**

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

## Rationale underpinning the HSQF

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

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

- **Respecting human rights** – services are planned and delivered in a manner that respects and has regard for the individual's human rights, in keeping with the United Nations Universal Declaration of Human Rights and the *Human Rights Act 2019*.
- **Social Inclusion** – services are planned and delivered to promote opportunities for people to be included in their communities.
- **Participation** – people using services are included in decision-making about the service they receive.
- **Choice** – people using services have the opportunity to make choices about the services, and where and how they receive them, within available resources.

## This guide

This guide outlines the requirements for organisations required to achieve external certification against the Human Services Quality Standards<sup>2</sup>. It includes the following:

- Mandatory evidence requirements that all organisations need to meet (Section 4).
- Additional mandatory evidence requirements relevant to specific services such as child protection placement services and domestic and family violence services (Section 4).
- Suggestions of evidence that an organisation may use to help demonstrate conformance with a standard (Section 4, below each mandatory evidence table).

## Supporting Appendices

- Appendix A – lists some of the legislative, regulatory or policy requirements that organisations may need to meet in order to demonstrate compliance with indicator 4.2.
- Appendix B – provides a list of, and links to, relevant legislation, policies and resources relevant to specific services.
- Appendix C - glossary of terms and definitions.
- Appendix D - how participating organisations can demonstrate their alignment with the Queensland Child Safe Standards (CSS) via the requirements of the Human Services Quality Standards Indicator 1.1, should they be required to do so.

## Definitions

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



In this guide, the following terms are used:

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

## How to use this guide

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

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

## How this guide relates to other key documents

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

Key documents include but are not limited to:

Key documents to be read in conjunction with this guide	Applies to:
Human Services Quality Framework	All organisations in-scope of the HSQF
Service agreements including: <ul style="list-style-type: none"> <li>• Service Agreement – Standard Terms and Conditions.</li> <li>• Service Agreement – Funding and Service Details and any attached</li> <li>• Funding Schedule/s</li> <li>• (Short Form) Terms and Conditions and Particulars (Service Provision)</li> </ul>	All organisations in scope of HSQF receiving Queensland Government funding.  Certification is a contractual obligation where a contract, variation or notification under that agreement or contract specifies the requirement to achieve and maintain HSQF certification.
Individualised Placement and Support Agreement (IPSA) <ul style="list-style-type: none"> <li>• Request for Quote</li> <li>• Supplier Response</li> <li>• Funding Schedule</li> </ul>	All organisations in-scope of licensing have a contractual obligation to achieve and maintain HSQF certification.
Investment Specifications	Organisations receiving funding from participating Queensland Government departments under an investment specification.
Organisation Level Licensing Manual for non-government organisations providing family based and non-family based care services	Licensed care services for children or young people in the custody or guardianship of the Chief Executive of <b>DFSDSCS</b> .

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

## Licensing of care services

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

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

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

Further information regarding DFSDSCS's processes for licensing care services is available from: [www.families.qld.gov.au/about-us/our-department/partners/child-family/child-safety-licensing](http://www.families.qld.gov.au/about-us/our-department/partners/child-family/child-safety-licensing).

### Further information

This guide is part of a suite of resources developed for the HSQF available on the HSQF website at: [www.families.qld.gov.au/our-work/human-services-quality-framework](http://www.families.qld.gov.au/our-work/human-services-quality-framework).

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

Telephone: 1800 034 022

Email: [hsqf@qld.gov.au](mailto:hsqf@qld.gov.au)

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

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<sup>3</sup> [Child Protection Regulation 2023](#) - Part 4 Regulation of Care - Division 1 Licensing of Care Services - 7 Independent evaluation for grant or renewal of licence



## Section 2 – Structure of the User Guide

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

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

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

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

<b>Standard title</b>	Summarises the focus of the standard
<b>Expected outcome</b>	Summarises the goal of the standard
<b>Context</b>	Provides information about the setting or circumstances under which the outcome is to be achieved.
<b>Indicator:</b>	A measure of performance which outlines what an organisation needs to demonstrate to meet the standard.
<b>Interpretation</b>	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>
<b>Mandatory evidence requirements common to all organisations</b>	Outlines the evidence requirements that are <b>common</b> and apply to all organisations funded by the department. These requirements set a benchmark for quality service delivery and are linked to policy, legislation and regulations, contractual obligations and/or quality/safeguarding requirements.
<b>Common</b>	<i>Note: Not all indicators have mandatory evidence requirements.</i>
<b>Additional mandatory evidence requirements for specific services</b>	Additional requirements that are <b>service specific</b> 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.
<b>Suggestions of ways that an indicator may be demonstrated</b>	Suggestions of processes, systems or practices that an organisation may have in place to help demonstrate how it meets the indicator. These may include policies and procedures, registers, reports and other evidence source such as feedback from people using services, staff and other stakeholders.

## Legend of service specific requirements

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

Funding or Program Area	Service specific areas	Description
<b>Child Protection Placement Services</b>	<i>Service Stream:</i> Child and Family <i>Department:</i> DFSDSCS	<p>These requirements apply to services funded by DFSDSCS in accordance with the Child Protection (Placement Services) Investment Specification and providers of child protection placement services confirmed by DFSDSCS to be in-scope of licensing funded to provide Individualised Placement and Support. Services include family based and non-family based care services for children and young people subject to intervention under the <i>Child Protection Act 1999</i> such as:</p> <p>Family based care</p> <ul style="list-style-type: none"> <li>• Foster and Kinship Care</li> <li>• Intensive Foster Care</li> </ul> <p>Non-family based care</p> <ul style="list-style-type: none"> <li>• Residential Care</li> <li>• Therapeutic Residential Care</li> <li>• Safe Houses</li> <li>• Supported Independent Living.</li> </ul>
<b>Family Based Care Services</b>	<i>Service Stream:</i> Child and Family <i>Department:</i> DFSDSCS	<p>These requirements apply to services funded by DFSDSCS in accordance with the Family Based Care Services Investment Specification.</p> <p>Services confirmed by DFSDSCS in-scope of licensing are:</p> <ul style="list-style-type: none"> <li>• Supporting Kin (T212)</li> <li>• Supporting foster Care (T214)</li> <li>• Specialist Family Based Care Model (T215)</li> </ul> <p>Services not in-scope of licensing are:</p> <ul style="list-style-type: none"> <li>• Connecting Kin (T210)</li> <li>• Equipping Kin (T211)</li> <li>• Foster Care Recruitment (T213)</li> </ul>
<b>Child Protection Support Services</b>	<i>Service Stream:</i> Child and Family <i>Department:</i> DFSDSCS	<p>These requirements apply to services funded by DFSDSCS 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"> <li>• Assertive Outreach.</li> <li>• Counselling and Intervention</li> <li>• Transition to Adulthood</li> <li>• Educational Support</li> <li>• Sexual Abuse Counselling.</li> </ul>

Funding or Program Area	Service specific areas	Description
<b>Families</b>	<p><i>Service Stream:</i> Child and Family <i>Department:</i> <b>DFSDSCS</b></p>	<p>These requirements apply to services funded by <b>DFSDSCS</b> under the Families Investment Specification. Services provide support to families experiencing vulnerability to prevent their children from entering or re-entering the statutory child protection system. Services include:</p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander Services</li> <li>• Aboriginal and Torres Strait Islander Family Wellbeing Services</li> <li>• Case management</li> <li>• Community support</li> <li>• Intensive Family Support</li> <li>• Safe Haven</li> <li>• Secondary Family Support</li> <li>• Targeted Family Support</li> <li>• Tertiary Family Support</li> <li>• Family and Child Connect</li> <li>• Assessment and Service Connect</li> <li>• Family Participation Program.</li> </ul>
<b>Domestic and Family Violence</b>	<p><i>Service Stream:</i> Women's Safety and Violence Prevention Services <i>Department:</i> <b>DFSDSCS</b></p>	<p>These requirements apply to services funded by <b>DFSDSCS</b> under the Domestic and Family Violence Support Services Investment Specification. Services include counselling, support, case management, accommodation, assessment and information services for people affected by domestic and family violence (includes prevention and early intervention and service system capacity building) such as:</p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander Services</li> <li>• Children's Domestic Violence Counselling</li> <li>• Domestic Violence Counselling</li> <li>• Court Based Services</li> <li>• Perpetrator Intervention Programs</li> <li>• Telephone Services</li> <li>• Local Domestic and Family Violence Service Systems</li> <li>• Women's Shelters and Non-Accommodation Support Services (i.e. Temporary Supported Accommodation – Immediate, Mobile Support and Centre Based Support).</li> </ul>
<b>Sexual Violence and Women's Support</b>	<p><i>Service Stream:</i> Women's Safety and Violence Prevention Services <i>Department:</i> <b>DFSDSCS</b></p>	<p>These requirements apply to services funded by <b>DFSDSCS</b> under the Sexual Violence and Women's Support Services Investment Specification. Services include counselling and case management support and information and referral services to people affected by sexual violence and to women and young women who are experiencing vulnerability and require assistance to</p>

Funding or Program Area	Service specific areas	Description
		<p>achieve better health and wellbeing (includes prevention and early intervention and service system capacity building) such as:</p> <ul style="list-style-type: none"> <li>• Sexual Violence Counselling</li> <li>• Women's Health and Wellbeing Counselling</li> <li>• Prevention, Capacity Building and Awareness Raising.</li> </ul>
<b>Community Services</b>	<p><i>Service Stream:</i> Community Services <i>Department:</i> <b>DFSDSCS</b></p>	<p>These requirements apply to services funded by <b>DFSDSCS</b> under the Community Services 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"> <li>• Community Support</li> <li>• Information and referral<sup>4</sup></li> <li>• Community Education</li> <li>• Case management</li> <li>• Assertive Outreach</li> <li>• Counselling</li> <li>• Rest and Recovery</li> <li>• Financial and material assistance</li> <li>• Financial counselling and Resilience</li> <li>• Information, Assessment and Referral</li> <li>• Direct Care and Supports</li> <li>• Community Connection supports</li> <li>• Community Transport</li> <li>• Social and personal development.</li> </ul>
<b>Individuals</b>	<p><i>Service Stream:</i> Seniors Services Community Services Child and Family <i>Department:</i> <b>DFSDSCS</b></p>	<p>These requirements apply to services funded by <b>DFSDSCS</b> 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"> <li>• Community Support</li> <li>• Information, advice and referral</li> <li>• Case management</li> <li>• Counselling</li> <li>• Assertive Outreach</li> <li>• Rest and Recovery</li> <li>• Financial and material assistance</li> </ul>

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

Funding or Program Area	Service specific areas	Description
<b>Young People</b>	<i>Service Stream:</i> Youth Services Department: <b>DFSDSCS</b>	These requirements apply to services funded by <b>DFSDSCS</b> under the Young People Investment Specification. Services deliver responsive and holistic services to young people so they are engaged and participate positively and proactively in their communities. Services include: <ul style="list-style-type: none"> <li>• Information, advice and referral</li> <li>• Support and Case management</li> <li>• Community support</li> </ul>
<b>Disability Services</b>	Department: <b>DFSDSCS</b>	These requirements apply to disability services funded by or delivered directly by <b>DFSDSCS</b> . The services are targeted at people with a disability and include: <ul style="list-style-type: none"> <li>• Accommodation support services/continuity of support</li> <li>• Community support services/continuity of support</li> <li>• Community access/continuity of support</li> <li>• Respite/continuity of support</li> <li>• Advocacy</li> </ul>
<b>Mental Health Services</b>	Department: Queensland Health	These requirements apply to mental health services funded by Queensland Health. These services include: <ul style="list-style-type: none"> <li>• Individual Support and Rehabilitation</li> <li>• Group Support and Rehabilitation</li> <li>• Individual Peer Work</li> <li>• Group Based Peer Work</li> <li>• Individual Carer Support</li> <li>• Group Carer Support</li> <li>• Other Residential Services</li> <li>• Suicide Prevention – Crisis Support Spaces</li> </ul>
<b>Alcohol and Other Drugs</b>	Department: Queensland Health	These requirements apply to alcohol and other drug treatment services funded by Queensland Health. These services include: <ul style="list-style-type: none"> <li>• Residential Rehabilitation (Individuals)</li> <li>• Residential Rehabilitation (Parents with children)</li> <li>• Residential Withdrawal Management and Care</li> <li>• Psychosocial Interventions</li> <li>• Non-residential Rehabilitation</li> <li>• Police/Court Diversion Services</li> <li>• Family Support Services</li> <li>• Drug and Alcohol Assessment and Referral</li> <li>• Diversion Coordination Service</li> </ul>

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



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

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

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

## Section 4 – Conformance Requirements

### Standard 1: Governance and management

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

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

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

Interpretation of this indicator

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

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

<b>Common</b>	<ul style="list-style-type: none"><li>☑ Governance arrangements are documented, implemented, reviewed and communicated to stakeholders.</li><li>☑ Governance and management processes promote an organisational culture that respects and protects human rights consistent with the requirements of the <i>Human Rights Act 2019</i>.</li><li>☑ Documented and implemented processes to ensure compliance with legislative, regulatory, policy and contractual requirements that apply to the organisation, including:<ul style="list-style-type: none"><li>Reporting misconduct (alleged and actual) to the relevant authority.</li><li>Notifying reportable incidents (e.g. critical incidents)<sup>5</sup>.</li><li>Ensuring that subcontracting or brokerage arrangements are consistent with legislative and contractual obligations, including seeking consent as required<sup>6</sup>.</li><li>Implementing a conflict of interest policy.</li><li>Ensuring that recordkeeping practices meet legislative and contractual obligations<sup>7</sup>.</li><li>Meeting reporting obligations<sup>8</sup></li><li>The Child Safe Standards, for organisations required to comply with the <i>Child Safe Organisations Act 2024</i><sup>9</sup>.</li></ul></li></ul>
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<sup>5</sup> Reportable incidents includes: critical incidents, Deaths in Care, major incidents or intervening events as defined in the *Service Agreement – Standard Terms* that applies to organisations funded by the Queensland Government

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

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

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

<sup>9</sup> Organisations required to comply with the Child Safe Standards, refer to *HSQF User Guide – Certification - Appendix D* for full requirements.

<b>Child Protection Placement Services</b>	<p><b>Child Protection Placement Services, Child Protection Support Services and services to Families</b></p> <p>☑ Governance and management processes promote the principles and requirements of the <i>Child Protection Act 1999 and Child Protection Regulation 2023</i> including that the safety, wellbeing and best interests of the child, both through childhood and for the rest of the child's life, are paramount.</p> <p><b>Additional requirement for all Placement Services</b></p> <p>☑ Where funding is provided under a Service Agreement, documented and implemented processes are in to ensure compliance with the licensing requirements set out in the <i>Service Agreement – Funding and Service Details</i>.</p> <p>☑ Where funding is provided under IPSAs, documented and implemented processes are in place to ensure compliance with the requirements, terms and conditions of the Agreement/s.</p> <p>☑ There are documented processes that outline nomination/appointment processes, roles and responsibilities, and delegations for the Nominee and members of the organisation's governing body<sup>10</sup>.</p> <p>☑ Organisations granted a care service licence have implemented systems and processes that ensure the licensee's adherence to the conditions listed on the licence (note: specific requirements for licence conditions related to suitability and screening obligations are separately addressed in Standards 4 and 6).</p>
<b>Family Based Care Services</b>	
<b>Child Protection Support Services</b>	
<b>Families</b>	
<b>Disability Services</b>	<p>☑ Governance and management processes promote the principles of Part 2 <i>Disability Services Act 2006</i> and ensure compliance with the reporting requirements of the <i>Coroners Act 2003</i><sup>11</sup>.</p>
<b>Mental Health</b>	<p>☑ Governance and management processes promote the principles of Recovery Oriented Mental Health Practice.</p>
<b>Alcohol &amp; Other Drugs</b>	<p>☑ Clinical governance and management processes reflect the principles of the National Quality Framework for Drug and Alcohol Treatment Services.</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

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

<sup>10</sup> See section 130 *Child Protection Act 1999* for the nominee responsibilities.

<sup>11</sup> Refer to the Queensland Government fact sheet: *Obligations to Report a Death in Care* for further information

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

### **Domestic and Family Violence Services**

Documented and implemented processes and systems that ensure compliance with legislative, regulatory, policy and contractual requirements that apply to the organisation, including:

- *Domestic and Family Violence Services: Practice principles, standards and guidance* (2020)
- *Domestic and Family Violence Protection Act 2012*
- *Child Protection Act 1999*
- *Public Guardian Act 2001*
- *Human Rights Act 2019* – clause 28 Cultural rights—Aboriginal Peoples and Torres Strait Islander Peoples.

### **Queensland Community Support Scheme Services**

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



## Standard 1: Governance and management

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

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

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

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

<b>Common</b>	<ul style="list-style-type: none"><li>☑ Processes which ensure that members of the governing body have the knowledge, skills and experience required to fulfil their roles and govern effectively are documented, implemented and reviewed.</li><li>☑ Members of the governing body undergo induction relevant to their responsibilities and duties.</li></ul>
<b>Child Protection Placement Services</b>	<ul style="list-style-type: none"><li>☑ Implemented processes which ensure 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"><li>• The <i>Statement of Standards</i> (section 122 <i>Child Protection Act 1999</i>)</li><li>• The principles and requirements of the <i>Child Protection Act 1999</i> and <i>Child Protection Regulation 2023</i></li><li>• Relevant <b>DFSDSCS</b> policies<sup>12</sup></li><li>• Requirements set out in the <i>Child Protection (Placement Services) Investment Specification and Service Agreements</i>, and/or <i>IPSA</i>, whichever is relevant.</li></ul></li></ul>
<b>Family Based Care Services</b>	
<b>Families</b>	<ul style="list-style-type: none"><li>☑ Implemented processes which ensure members of the governing body are aware of the organisation's obligation to provide family support services in accordance with the requirements in the <i>Families Investment Specification</i> and relevant service guidelines<sup>13</sup>.</li></ul>
<b>Disability Services</b>	<ul style="list-style-type: none"><li>☑ Implemented processes which ensure members of the governing body are aware of the organisation's obligation to provide services in accordance with the requirements of the <i>Disability Services Act 2006</i>.</li></ul>

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

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

<sup>12</sup> As relevant to the type of being services provided, refer to policies, program descriptions and *Child Safety Practice Manual* references listed in *Appendix B* for Child Safety Care Services.

<sup>13</sup> As relevant to the services being provided, includes the *Family and Child Connect (FACC) Service Model and Guidelines*, the *Intensive Family Support (IFS) Service Model and Guidelines* and the *Assessment and Service Connect Operational Policy Guidelines*.

business practices.

- Processes for identifying or addressing any gaps in the skills, knowledge or experience required of members of the governing body.
- Processes for induction, training and providing information to members of the governing body (such as manuals, board portal, in house training, external governance training, meetings with relevant stakeholders such as a funding body contract manager).
- Records of election/appointment processes.
- Records of skills training for members of the governing body.
- Evidence of skill development in cultural safety and practice.
- Human rights are embedded in position descriptions and performance reviews for governing body members.
- Members of the governing body can describe their responsibilities and duties as relevant to the organisation's business structure (e.g. evidence that members of the governing body for a company limited by guarantee are aware of their responsibilities as a Company Director).
- Members of the governing body can describe the organisation's responsibilities under the *Human Rights Act 2019* and the *Information Privacy Act 2009*.

## 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

Common	<i>There are no mandatory common evidence requirements for this indicator</i>
<p><b>Child Protection Placement Services</b></p>	<p>☑ 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"> <li>The provision of care services in a manner that is consistent with the <i>Statement of Standards</i> (section 122 <i>Child Protection Act 1999</i>).</li> <li>The principles and requirements of the <i>Child Protection Act 1999</i> and <i>Child Protection Regulation 2023</i>.</li> <li>Relevant <b>DFSDSCS</b> policies<sup>14</sup>.</li> <li>Requirements as set out in the <i>Service Agreement – Funding and Service Details, Child Protection (Placement Services) Investment Specification</i>, and/or <i>IPSA</i>, whichever is relevant.</li> <li>Provision of services in a manner that promotes the safe care and connection of Aboriginal and Torres Strait Islander children and young people, including the <i>Additional principles for Aboriginal or Torres Strait Islander Children</i> (section 5C <i>Child Protection Act 1999</i>).</li> </ul>
<p><b>Family Based Care Services</b></p>	
<p><b>Child Protection Support Services</b></p>	<p>☑ The organisation's structure, purpose, vision and values, objectives and strategies for service delivery are consistent with and support the provision of services in a manner that promotes the safe care and connection of Aboriginal and Torres Strait Islander children and young people, including the <i>Additional principles for Aboriginal or Torres Strait Islander Children</i> (section 5C <i>Child Protection Act 1999</i>).</p>
<p><b>Families</b></p>	<p>☑ 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"> <li>Requirements set out in the <i>Service Agreement – Funding and Service Details</i>, including the <i>Families Investment Specification</i> and relevant service guidelines<sup>15</sup>.</li> <li>Provision of services in a manner that promotes the safe care and connection of Aboriginal and Torres Strait Islander children and young people, including the <i>Additional principles for Aboriginal or Torres Strait Islander Children</i> (section 5C <i>Child Protection Act 1999</i>).</li> </ul>

<sup>14</sup> As relevant to the services being provided by the organisation, refer to policies, program descriptions and *Child Safety Practice Manual* references listed in *Appendix B* for Child Safety Care Services.

<sup>15</sup> As relevant to the services being provided, includes the *Family and Child Connect (FACC) Service Model, Guidelines* and the *Intensive Family Support (IFS) Service Model and Guidelines* and the *Assessment and Service Connect Operational Policy Guidelines*.

<b>Domestic &amp; Family Violence</b>	<ul style="list-style-type: none"> <li>☑ The structure, purpose, vision and values, objectives and strategies for service delivery are consistent with, and support the requirements set out in funding and service agreements and the <i>Domestic and Family Violence Services Practice, Principles, Standards and Guidance (2020)</i>.</li> <li>☑ Theoretical frameworks: <ul style="list-style-type: none"> <li>• Are appropriate to the context of the service environment and are culturally safe, evidence based, gender and risk focussed and informed by trauma frameworks and attachment theories.</li> <li>• Guide practice in the organisation and are aligned and embedded throughout policies and procedures, assessment and intervention processes and staff training are clearly articulated by staff as underpinning their practice.</li> </ul> </li> </ul>
<b>Sexual Violence &amp; Women's Support</b>	<ul style="list-style-type: none"> <li>☑ The organisation's structure, purpose, vision and values, objectives and strategies for service delivery are consistent with, and support the requirements, set out in the <i>Service Agreement – Funding and Service Details</i>, including the <i>Sexual Violence and Women's Support Services Investment Specification</i> and relevant service guidelines<sup>16</sup>.</li> </ul>
<b>Individuals</b>	<ul style="list-style-type: none"> <li>☑ The organisation's structure, purpose, vision and values, objectives and strategies for service delivery are consistent with, and support the requirements, set out in the <i>Service Agreement – Funding and Service Details</i>, including the <i>Individuals Investment Specification</i> and relevant service guidelines<sup>17</sup>.</li> </ul>
<b>Community Services</b>	<ul style="list-style-type: none"> <li>☑ The organisation's structure, purpose, vision and values, objectives and strategies for service delivery are consistent with, and support the requirements, set out in the <i>Service Agreement – Funding and Service Details</i>, including the <i>Community Services Investment Specification</i> and relevant service guideline.</li> </ul>
<b>Young People</b>	<ul style="list-style-type: none"> <li>☑ The organisation's structure, purpose, vision and values, objectives and strategies for service delivery are consistent with, and support the requirements, set out in the <i>Service Agreement – Funding and Service Details</i>, including the <i>Young People Investment Specification</i> and relevant practice guides.</li> </ul>
<b>Disability Services</b>	<ul style="list-style-type: none"> <li>☑ 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>.</li> </ul>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>☑ The organisation's structure, purpose and values, objectives and strategies are consistent with, and support the principles of contemporary, recovery oriented mental health practice.</li> </ul>

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

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

<sup>16</sup> For Sexual Violence Services, *Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault*

<sup>17</sup> For Sexual Violence Services, *Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault*

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

### **Domestic and Family Violence Services**

Services may demonstrate the following to support alignment with the Practice Standards:

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



## Standard 1: Governance and management

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

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

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

Interpretation of this indicator is:

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

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

<p><b>Common</b></p>	<ul style="list-style-type: none"> <li>☑ Processes for identifying, assessing and managing risk in order to ensure continuous, safe, responsive and effective services are documented, implemented and reviewed.</li> <li>☑ Processes for delegating authority and responsibilities throughout the organisation are documented, implemented, reviewed and communicated to stakeholders.</li> <li>☑ Organisations have disaster management and business continuity plans in place and, where relevant, participate in local disaster management planning to assess and support people with vulnerabilities<sup>18</sup>.</li> <li>☑ Documented and implemented processes which ensure: <ul style="list-style-type: none"> <li>• Insurance coverage and/or funded assets are maintained in accordance with contractual and other identified requirements (including public liability insurance, contents insurance and comprehensive motor vehicle insurance, as appropriate).</li> <li>• Financial accountability requirements are met.</li> </ul> </li> </ul>
<p><b>Child Protection Placement Services</b></p>	<ul style="list-style-type: none"> <li>☑ The organisation must: <ul style="list-style-type: none"> <li>• Have a management structure in place to ensure that decision-making processes and accountability measures ensure that the safety, wellbeing and best interests of a child or young person, both through childhood and for the rest of the child's life, are paramount in accordance with the principles of the <i>Child Protection Act 1999</i>.</li> <li>• Demonstrate that where any accommodation is provided directly by the organisation to children or young people, the service has a suitable right to occupy premises where the care service operates, in accordance with section 126(h) <i>Child Protection Act 1999</i>.</li> <li>• Demonstrate that if premises are leased by the organisation in order to provide accommodation to children or young people, the person who owns the leased premises is aware that their property is being used to provide a non-family based care service.</li> </ul> </li> <li>☑ Where an organisation has entered into an <i>IPSA</i>, it ensures that property is appropriately insured against damages (including dwellings and contents).</li> </ul>

<sup>18</sup> Refer to [People with vulnerabilities in disasters: A framework for an effective local response](#)

## Family Based Care Services

The organisation must have a management structure in place to ensure that decision-making processes and accountability measures ensure that the safety, wellbeing and best interests of a child or young person, both through childhood and for the rest of the child's life, are paramount in accordance with the principles of the *Child Protection Act 1999*.

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

## Standard 1: Governance and management

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

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

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

*There are no mandatory evidence requirements for this indicator*

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

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

## Standard 1: Governance and management

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

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

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

Interpretation of this indicator is:

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

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

#### Common

- ☒ Evidence that the community in which the organisation's service operates is understood and engaged with, and that this understanding is reflected in service planning and development activities.
- ☒ Evidence that the organisation promotes culturally safe and accessible services for Aboriginal and Torres Strait Islander peoples and for people from culturally and linguistically diverse backgrounds.
- ☒ Where the target group for services is Aboriginal or Torres Strait Islander peoples, the organisation can demonstrate that meaningful community consultation has taken place, as relevant to the needs of people using services.

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

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

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

**Services for Aboriginal and Torres Strait Islander Peoples**

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



## Standard 1: Governance and management

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

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

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

Interpretation of this indicator:

- Information management requirements are identified, including how information is collected, stored, managed, secured, used, disclosed and destroyed in accordance with information privacy and confidentiality obligations<sup>19</sup>.
- Information includes: records (e.g. minutes of meetings, completed forms, closed-circuit television (CCTV) footage); files (e.g. about people using services ~~and staff~~); and knowledge (this includes knowledge which is informally gathered).

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

<b>Common</b>	<ul style="list-style-type: none"><li>☑ Evidence that the organisation is aware that it is bound to comply with the requirements of <i>Information Privacy Act 2009</i> (Qld), e.g. documented and implemented policies and processes for aligning information management systems with privacy legislation and relevant privacy principles<sup>20</sup>.</li><li>☑ Evidence that the organisation is aware of, and has taken steps to meet, its obligation to ensure that personal information is kept secure, including physical, digital and administrative protections, including but not limited to, evidence that the organisation:<ul style="list-style-type: none"><li>Has a process for monitoring staff access permissions to information systems and databases containing personal information to ensure access is limited those with a legitimate need to know.</li><li>Ensures that staff access permissions are updated immediately to remove staff who no longer require access to the information system or database (for example where staff leave the organisation or move to another role which does not require that access).</li><li>Conducts regular (e.g. quarterly) audits of staff access permissions to ensure any which have been overlooked are identified and promptly actioned.</li><li>Has audit capability in its systems, to enable it to identify who accessed what information and when</li></ul></li></ul>
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<sup>19</sup> It is noted that the *Human Rights Act 2019* includes a right to privacy which is broader in scope than information privacy. This indicator deals with the obligations under the *Information Privacy Act 2009*, but broader human rights obligations also apply.

<sup>20</sup> Although some contracted organisations may otherwise be subject to the *Privacy Act 1988* (Cth) (C'wth), to the extent that they are a contracted service provider for a State contract, the relevant privacy obligations will be under the *Queensland Information Privacy Act 2009* in accordance with the terms of the Service Agreement and/or IPSA (child protection placement services). However, evidence that they are compliant with the federal Privacy Act may be relevant to their ability to meet their contractual obligations. For organisations who enter into contracts with the department after the commencement of the *Information Privacy and Other legislation Amendment Act 2023* (or who vary the terms of the contract to do so), the obligations will largely align with the obligations under the federal Privacy Act. The department does not provide privacy advice to organisations, and they should be guided by their own legal advice in relation to how to meet their information privacy obligations.

	<p>☑ Evidence that the organisation takes reasonable steps to ensure that people using services who are asked to provide personal information are given a privacy notice (e.g. through notices on forms, a brochure/fact sheet, message on their phone line). The privacy notice should <del>which</del> outlines the purpose of the collection; whether personal information is collected from third parties or other collections the individual may not be aware of; any law or court order which authorises the collection; the main consequences if the information is not collected; to whom the organisation usually discloses the information; any overseas disclosure of personal information, including to which countries personal information may be disclosed; and information about the organisation's Privacy Policy (including access to and correction of personal information and how to make a privacy complaint) and, if known, to whom the recipient usually discloses the information (e.g. notices on forms, a brochure/fact sheet, message on their phone line).</p> <p>☑ Evidence that people using services have been made aware of their right to access and amend <del>correct their</del> personal information held by the organisation. <del>under privacy legislation and/or privacy principles.</del></p> <p>☑ Documented and implemented processes for responding to privacy breaches and reporting to <del>notifying</del> the funding department <del>about such breaches</del> (and any other relevant authority in accordance with applicable legislation)<sup>21</sup>.</p> <p>☑ Evidence that the organisation<sup>22</sup> ensures that staff understand their obligations around the management and overseas transfer of personal information as provided by that <del>under the IP Act</del><sup>23</sup> (e.g. through the provision of <del>induction and refresher</del> training, including monitoring training completion; and guidelines).</p> <p>☑ Evidence that any use of electronic surveillance technology (e.g. CCTV cameras) complies with the requirements of the <i>Information Privacy Act 2009</i> (Qld) <del>and other applicable legislation.</del></p> <p>☑ Where electronic surveillance technology is used, the organisation must ensure it has:</p> <ul style="list-style-type: none"> <li>• Limited the scope of the footage as much as possible (e.g. does not encroach on neighbouring properties and does not capture people in circumstances where they may reasonably expect privacy).</li> <li>• Signage alerting people to the fact that electronic surveillance technology is in use.</li> <li>• Documented and implemented policies and processes to guide the collection, use, storage, retrieval, access to and disclosure of surveillance footage, to ensure personal information in the footage is protected in accordance with the <i>Information Privacy Act 2009</i> (Qld).</li> </ul>
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<sup>21</sup> Privacy breaches relating to services funded by a Queensland Government department must be reported to the relevant department as required under the Service Agreement. ~~The department may be required to notify the Office of the Information Commissioner and affected persons about contractor breaches in some circumstances.~~ The Queensland Office of the Information Commissioner provides guidance about when affected parties should be notified about information privacy breaches. Unlike the [Notifiable Data Breaches Scheme](#) under the *Privacy Act 1988* (C'wth) the Queensland *Information Privacy Act 2009* does not include a mandatory notification scheme, but the federal guidelines may also provide useful guidance about when it is appropriate to notify affected persons about a privacy breach.

<sup>22</sup> For Queensland Government funded organisations refer to the [Office of Information Commissioner Queensland website](#). Queensland Government funded organisations may find relevant information in the [DFSDSCS](#) fact sheet: [Obligations of Contracted Service Providers - Information Privacy Act 2009](#)

<sup>23</sup> If an organisation intends to send personal information overseas (or use a cloud-based service provider which stores data overseas), ~~the~~ The terms of the Service Agreement generally require it to obtain consent from the relevant department ~~if they intend~~ to transfer ~~disclose~~ personal information overseas. In seeking that consent, they should provide evidence of how they will meet their privacy obligations in relation to the information being sent ~~disclosed~~ overseas. It is also important to note that [DFSDSCS](#) does not consent to records relating to children in care being stored or transferred overseas, unless prior written consent is obtained from [DFSDSCS](#).

<p><b>Child Protection Placement Services</b></p>	<ul style="list-style-type: none"> <li>☑ <del>Information obtained during the operation of a care service under the <i>Child Protection Act 1999</i> is treated confidentially, in accordance with requirements of the Act and DCSSDS's <i>Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.</i></del></li> <li>☑ For licensed care services, the organisation's records are kept in accordance with section 29 <i>Child Protection Regulation 2023</i> for each child receiving a care service.</li> <li>☑ Where the organisation is funded under a Service Agreement, evidence that 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>.</li> <li>☑ Documented and implemented processes for managing security of sensitive information relating to children and young people in care which addresses both internal and external information technology and systems risks and the controls in place to address risk</li> </ul>
<p><b>Family Based Care Services</b></p>	<ul style="list-style-type: none"> <li>☑ Information obtained during the operation of a care service under the <i>Child Protection Act 1999</i> is treated confidentially, in accordance with requirements of the Act and the department's <i>Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.</i></li> <li>☑ Documented and implemented processes for managing security of personal information relating to children and young people in care which addresses both internal and external information technology and systems risks and the controls in place to address risk.</li> </ul>
<p><b>Child Protection Support Services</b></p>	<ul style="list-style-type: none"> <li>☑ Where the organisation is funded under a Service Agreement, 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 the <i>Service Agreement – Funding and Service Details</i>.</li> <li>☑ Where services are provided under a funding arrangement with the department, records of services provided to children and young people who are subject to the <i>Child Protection Act 1999</i> are managed in accordance with the department's requirements<sup>25</sup>.</li> </ul>

<sup>24</sup> [Recordkeeping requirements for non-government organisations](#)

<sup>25</sup> [Recordkeeping requirements for non-government organisations](#)

Families	<ul style="list-style-type: none"> <li>☑ Information obtained when providing services under or in relation to the <i>Child Protection Act 1999</i> is treated in accordance with requirements of the Act and <b>DFSDSCS's Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.</b></li> <li>☑ Documented and implemented processes for managing security of sensitive <b>personal</b> information relating to children and young people in care which addresses both internal and external information technology and systems risks and the controls in place to address risk; <b>noting that additional obligations may apply in relation to sensitive information.</b></li> </ul> <p><del>Where services are provided under a funding arrangement with DCSSDS, records of services provided to children and young people who are subject to the <i>Child Protection Act 1999</i> are managed in accordance with DCSSDS's requirements<sup>26</sup></del></p> <p><b>Assessment and Service Connect and Family and Child Connect<sup>27</sup></b></p> <ul style="list-style-type: none"> <li>☑ Documented and implemented processes for ensuring consent-based engagement when working with families<sup>28</sup>.</li> <li>☑ Documented and implemented processes for ensuring that families are advised of the requirement to provide informed consent to accept support (including information sharing with other service providers that can assist them) and of the option of limiting or not permitting information sharing with particular services or organisations.</li> <li>☑ Privacy notices that inform clients that information may be shared with <b>DFSDSCS</b> in certain circumstances, including where a child has been harmed or may be at risk of harm, and for contract management or evaluation purposes.</li> </ul>
Domestic & Family Violence	<ul style="list-style-type: none"> <li>☑ Documented and implemented processes, policies and procedures including risk assessment processes associated with collection, security, <b>use</b>, disclosure, privacy breaches, client access to <b>their own</b> personal information and sharing of client related information, including without consent where applicable, in accordance with: <ul style="list-style-type: none"> <li>• Part 5A of the <i>Domestic and Family Violence Protection Act 2012</i></li> <li>• <i>Domestic and Family Violence Information Sharing Guidelines</i> (May 2017)</li> <li>• Section 159C of the <i>Child Protection Act 1999</i><sup>29</sup>.</li> </ul> </li> </ul>
Disability Services	<ul style="list-style-type: none"> <li>☑ Documented and implemented processes which ensure that records comply with the <i>Disability Services Act 2006</i> and section 9 <i>Disability Services Regulation 2017</i>.</li> </ul>

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

- Privacy policy and procedures addressing:
  - Information privacy obligations (including collection, security, access and amendment, use, disclosure and overseas **disclosure** transfer).
  - Records management obligations (including creating files as necessary, retention, searching and retrieval, archiving and disposal).

<sup>26</sup> [Recordkeeping requirements for non-government organisations](#)<sup>27</sup> Also known as Community Based Intake and Referral services.

<sup>27</sup> Also known as Community Based Intake and Referral services.

<sup>28</sup> Refer to [Families Investment Specification](#)

<sup>29</sup> *Information Sharing Guidelines* were issued under Section 5A of the *Domestic and Family Violence Act 2012* and Section 159C of *Child Protection Act 1999* to support and guide organisations and agencies within the Queensland domestic and family violence and child protection system to collect, use and share information.

- Documentation (e.g. training registers/databases, staff files) which show that staff and volunteers have been made aware of relevant policies and procedures relating to confidentiality, privacy, records management and, where relevant, *the Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children and the Domestic and Family Violence Information Sharing Guidelines*.
- Feedback from staff demonstrates they are aware of relevant policies and procedures relating to confidentiality, information privacy and records management.
- Documented process for when and how to conduct a Privacy Impact Assessment<sup>30</sup>.
- A process for obtaining feedback from service users and relevant stakeholders about the organisation's privacy and confidentiality controls and their suitability and effectiveness for the services delivered.

#### Collection of personal information

- Privacy notices on forms, phone lines and signs advising service users why their personal information is being collected, any legislative authority for the collection; how it may be used and disclosed; *if it may be disclosed overseas, which countries; and that the Privacy Policy contains information about access and correction processes and how to make a privacy complaint.*
- Records of informed consent for the collection, use and disclosure of personal information from service users and other relevant stakeholders.
- Where electronic monitoring<sup>31</sup> is in use (e.g. disability accommodation services, women's shelters), the organisation has:
  - Obtained informed consent from service users and other relevant stakeholders,
  - Installed signage to inform clients, staff and visitors where monitoring is in use, and
  - Documented and implemented processes to guide the usage, storage, retrieval, *disclosure, and retention/disposal and disclosure of images.*

#### Security of personal information

- Documented processes for maintaining physical security, including access to building(s), rooms and filing cabinets (e.g. paper-based files are kept in a secure, lockable area), and physical access audits are conducted by the organisation.
- Documented processes for maintaining digital security, including regular updates and patches, data encryption, password protection, lock screen functions, and access audit trails.
- Documented processes for reviewing staff access permissions including a process for on-boarding and off-boarding staff, and regular (e.g. quarterly) audits to ensure this is done.
- Documented processes regulating the use of portable or removable electronic devices and emails (e.g. iPads, laptops, smartphones, USB drives), including password protection and the ability to remotely wipe devices.
- If any personal information is *disclosed* sent overseas (e.g. through use of cloud-based systems or internet posts):
  - The department has provided prior written approval, and
  - Consent has been obtained from individuals, or other requirements in s33 *Information Privacy Act 2009 (Qld)*, are met.

#### Access and *correction* amendment

- Individuals can find out what type of personal information the organisation collects, how *it is*

<sup>30</sup> See Office of Australian Information Commissioner [Guide to undertaking Privacy Impact Assessments](#); and Queensland Office of the Information Commissioner: [Undertaking a Privacy Impact Assessment | Office of the Information Commissioner Queensland](#)

<sup>31</sup> Electronic monitoring refers to the process for capturing audio, visual, positional or other information about a person using electronic methods, eg CCTV. Refer to Office of Public Advocate (Qld) [Electronic Monitoring Factsheet-Information for accommodation support provider and support staff](#)



the information is used, access and correction rights, and how to make a privacy complaint (e.g. in a Privacy Policy) and how people can obtain access to their own personal information.

- Documented processes for access to and corrections amendments of personal information.

#### Disclosure of personal information

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

#### Privacy breaches and complaints

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

#### **Organisations providing services to children and young people in care**

- Records are maintained in accordance with the DFSDSCS's requirements<sup>32</sup>
- Staff are trained to ensure that they have a comprehensive understanding of confidentiality obligations under the *Child Protection Act 1999* and other applicable legislation.
- Staff training or guidance addresses how to deal with images of children in care, for example, on social media, including the requirement not to identify a child as child in care in accordance with the *Child Protection Act 1999* and DFSDSCS social media guidelines<sup>33</sup>.

#### **Service providers covered by the information sharing provisions of the *Child Protection Act 1999***

- Policies, procedures and protocols to guide sharing of information in accordance with the *Child Protection Act 1999* and DFSDSCS's *Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children*, including:
  - What information can be shared, with whom and in what circumstances.
  - How information can be shared, to ensure security in transit and limiting further use or disclosure by the recipient.
  - Processes for seeking consent for sharing information.
  - Processes for sharing information without consent where there is legal authority, it is in the best interests of the child or young person, and it is not safe, possible or practical to obtain consent.

#### **Domestic and Family Violence services**

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

- Processes and/or protocols to assess, identify and mitigate risks associated with information sharing, and risk mitigation strategies that are defined in policies, procedures, or other organisational documentation.
- Case notes demonstrate a risk assessment process is followed in the sharing of client related

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<sup>32</sup> [Recordkeeping requirements for non-government organisations](#)

<sup>33</sup> [Social media guidelines](#)



information.

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

## Standard 2: Service Access

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

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

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

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

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

<b>Common</b>	<ul style="list-style-type: none"><li>☑ Documented and implemented processes which ensure:<ul style="list-style-type: none"><li>• Eligibility and entry processes consider the best interests and impact on human rights for people seeking services, and where relevant, the potential impacts on existing service users.</li><li>• Eligibility and entry into the service is provided on a non-discriminatory basis (sex, age, race, gender identity, sexuality, religion, ability or other identifiers), except where services are delivered to meet the needs of specific service users.</li><li>• 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.</li></ul></li></ul>
<b>Child Protection Placement Services</b>	<ul style="list-style-type: none"><li>☑ The organisation's eligibility assessment process determines whether the service is able to meet the care needs of a child or young person, specifically ensuring that the care to the young person, and any other children or young people in the care arrangement will comply with the <i>Statement of Standards</i> (section 122 <i>Child Protection Act 1999</i>) should the referral be accepted.</li><li>☑ The organisation matches the identified needs of children and young people to available foster and kinship carers or non-family based placements.</li><li>☑ The organisation's entry eligibility, entry and exit processes support <b>DFSDSCS</b>'s implementation of <i>Policy 641-2: Decisions about Aboriginal and Torres Strait Islander Children and Young People</i>, including the five elements of the <i>Aboriginal and Torres Strait Islander Child Placement Principle</i>.</li><li>☑ The organisation considers referral information and the statutory Case Plan for the child or young person when considering their entry or exit from the service (where this has been made available to the organisation).</li><li>☑ The organisation ensures children and young people are prepared for transition from the care service, including having a transition plan to support transition to another care arrangement, care service, transition to adulthood, returning home, or other appropriate option<sup>34</sup>.</li></ul> <p><i>Note: A Case Plan must include actions to help the child transition to adulthood</i></p>

<sup>34</sup> Refer to section 75 *Child Protection Act 1999* relating to Transition to Independence.

	<p>commencing from when they are 15 years old and ensure help is available to assist a young person in their transition to adulthood until they turn 25 years of age. An organisation's Care Planning processes must reflect and support these Transition to Adulthood Case Plan goals.</p> <p><i>Note: For family-based care services, the organisation works with the carer and other organisations as relevant, to support transition.</i></p>
<p><b>Family Based Care Services</b></p>	<ul style="list-style-type: none"> <li>☑ Organisations that seek and support prospective foster care households work with the department to understand and build the capacity consistent with the wishes of foster carers to support planning and matching of children and young people to available foster carers. This work is documented via <i>Foster Care Agreements</i> and used to inform completion of the <i>Foster care matching tool</i>.</li> <li>☑ The organisation's entry eligibility, entry and exit processes support DCSSDS's implementation of <i>Policy 641-2: Decisions about Aboriginal and Torres Strait Islander Children and Young People</i>, including the five elements of the <i>Aboriginal and Torres Strait Islander Child Placement Principle</i>.</li> <li>☑ The organisation considers referral information and the statutory Case Plan for the child or young person when considering their entry or exit from the service (where this has been made available to the organisation).</li> <li>☑ Organisation that support approved carer households (including provisionally approved care households) ensures children and young people are prepared for transition from the care service, including having a transition plan to support transition to another care arrangement, care service, transition to adulthood, returning home, or other appropriate option<sup>35</sup>.</li> </ul> <p><i>Note: A Case Plan must include actions to help the child transition to adulthood commencing from when they are 15 years old and ensure help is available to assist a young person in their transition to adulthood until they turn 25 years of age. An organisation's Care Planning processes must reflect and support these Transition to Adulthood Case Plan goals.</i></p> <p><i>Note: For family-based care services, the organisation works with the carer and other organisations as relevant, to support transition.</i></p>

<sup>35</sup> Refer to section 75 *Child Protection Act 1999* relating to Transition to Independence.

Families	<p><b>Aboriginal and Torres Strait Islander Family Wellbeing Services</b></p> <ul style="list-style-type: none"> <li>☑ Processes which ensure that <b>DFSDSCS</b> is advised where families referred by the Department do not engage with the service.</li> </ul> <p><b>Intensive Family Support</b></p> <ul style="list-style-type: none"> <li>☑ The organisation ensures that referrals and the process for managing referrals meet the relevant criteria and requirements set out in the <i>Families Investment Specification</i>.</li> <li>☑ Processes which ensure that <b>DFSDSCS</b> is advised where families referred by them do not engage with the service.</li> </ul> <p><b>Family and Child Connect</b></p> <ul style="list-style-type: none"> <li>☑ Processes which ensure <b>DFSDSCS</b> is advised where families referred by them do not engage with the service.</li> </ul> <p><b>Tertiary Family Support</b></p> <ul style="list-style-type: none"> <li>☑ Eligibility and entry processes reflect the target group of families who are exclusively referred by <b>DFSDSCS</b>.</li> </ul>
Domestic & Family Violence	<ul style="list-style-type: none"> <li>☑ Documented and implemented processes to ensure: <ul style="list-style-type: none"> <li>• Services are welcoming and accessible to a diverse range of client groups, so that anyone can access the service regardless of their race, religion, age, language, gender identity, sexual orientation, cultural background, complexity of their need, the presence of challenging behaviours, or an organisation's history of service provision with the client.</li> <li>• Eligibility, entry and exit processes for perpetrators address risk and safety to victims and children, staff, and other service users.</li> </ul> </li> <li>☑ Documented and implemented processes to ensure perpetrator interventions delivered by services who are approved providers, or approved intervention programs (or counselling), comply with the requirements of sections 72-74 <i>Domestic and Family Violence Protection Act 2012</i>.</li> </ul>
Disability Services	<ul style="list-style-type: none"> <li>☑ 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.</li> </ul>

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

- Policies and procedures for assessing eligibility/service capacity which may include:
  - Defining eligibility criteria.
  - Assessing compatibility with human rights, including whether limiting rights under the policies and procedures is reasonably justified, consistent with Section 13 of the *Human Rights Act 2019*.
  - Defining criteria for determining priority.
  - Defining how service capacity will be assessed by relevant staff.
  - Processes for managing a waiting list, or equivalent, where the demand for service is greater than available resources (where relevant to the type of services delivered).
- Policies and processes for refusing and ending services.
- Processes for assessing impacts of service user entries/exits on other service users (where relevant to the type of services delivered).
- Intake and referral tracking systems.
- Tools used to assess and prioritise each individual's needs based on relative need, available resources and the purpose of the service.
- Records of communication with referring bodies (e.g. referral information is retained on the files of people using services).

- Records such as case notes showing exit/entry processes are consistently applied.
- Records of reporting to relevant authorities where relevant to the type of services delivered (such as Intensive Family Support, Perpetrator Intervention Programs).
- For people exiting services, records of referrals or supported introductions to other service providers.
- Stakeholder feedback confirms that exit/entry processes are consistently applied.
- Staff and volunteers can accurately describe the process for assessing eligibility for entry into the service.
- Staff and volunteers can accurately describe intake and referral processes as relevant to the services being delivered.

### **Child Protection Placement Services and Family Based Care Services (Supporting Kin, Supporting Foster Care and Specialist Family Based Care only)**

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

### **Domestic and Family Violence Services**

Policies, processes and interviews with staff and clients (where appropriate) demonstrate a service's approach to inclusive practice, such as:

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

### **Perpetrator Services**

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

## Standard 2: Service Access

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

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

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

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

<b>Common</b>	<ul style="list-style-type: none"> <li>☑ Documented and implemented processes that demonstrate: <ul style="list-style-type: none"> <li>• How the organisation communicates effectively and responds to decisions by individual service users to access and/or exit services.</li> <li>• Referrals for service are processed in a timely manner and with regard to the immediacy of the needs of the potential service user.</li> <li>• The organisation works with other agencies to meet the needs of the service users during service entry and exit processes, where appropriate.</li> </ul> </li> <li>☑ The organisation engages interpreters for people who need assistance to communicate effectively in English, in line with the <i>Queensland Language Services Policy</i><sup>36</sup>.</li> </ul>
<b>Child Protection Placement Services</b>	<ul style="list-style-type: none"> <li>☑ The organisation has a policy/procedure for supporting children and young people entering or exiting the service in response to <b>DFSDSCS's</b> decision to make a placement.</li> </ul> <p><i>Note: The decision to access a care service, engage a care service or transition a child or young person out of a care service is held by <b>DFSDSCS</b>. 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>
<b>Family Based Care Services</b>	<ul style="list-style-type: none"> <li>☑ For organisations supporting approved carer households (including provisionally approved carer households) the organisation has <ul style="list-style-type: none"> <li>○ a policy/procedure for supporting children and young people entering or exiting an approved carer's household (including a provisional approved carer household) in response to DCSSDS's decision to make a placement.</li> <li>○ has a policy/procedure to work in partnership with approved carers to support to children and young people who ordinarily reside in the household.</li> </ul> </li> <li>☑ For organisations seeking or supporting prospective carer households, the organisation has a policy/procedure that support carer applicants and persons interested in becoming care applicants to make informed decisions on entry and progression of any carer application and withdrawal.</li> </ul>

<sup>36</sup> Organisations funded by the Queensland Government should note that under the [Queensland Language Services Policy](#) the relevant funding department is responsible for informing funded services about the process and arrangements for accessing interpreter services, including how costs will be met.



	<i>Note: The decision to access a care service, engage a care service or transition a child or young person out of a care service is held by DCSSDS. Organisations should, however, ensure they have effective processes to communicate, interact and respond to children and young people upon entry to and exit from the service.</i>
<b>Disability Services</b>	<input checked="" type="checkbox"/> Evidence that people using services are provided with information (in the format that the person is most likely to understand) and/or support to access a person of their choice to assist them when entering or exiting the service.

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

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

## Standard 2: Service Access

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

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

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

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

<b>Common</b>	<i><b>There is no common mandatory evidence requirement for this indicator</b></i>
<b>Child Protection Placement Services</b>	<input checked="" type="checkbox"/> Where the service provided by the organisation does not meet the <b>carer applicant, approved carer household or</b> child or young person's care needs or it is not appropriate due to other reasons, the organisation advises <b>DFSDSCS</b> .
<b>Family Based Care Services</b>	<i>Note: Where a referral to another service is required, this is referred to, and acted on by <b>DFSDSCS</b> as all referrals are a departmental responsibility.</i>
<b>Families</b>	<b>Intensive Family Support</b> <input checked="" type="checkbox"/> Documented and implemented process which ensure: <ul style="list-style-type: none"> <li>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</li> <li>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)</li> <li>If during the course of an intervention, a family is subject to a statutory response resulting from a Child Safety Investigation and Assessment, the service may continue to work with the family until the investigation is completed. If the outcome of the investigation is that an ongoing statutory response is required, the Intensive Family Support service must immediately transition lead case management to <b>DFSDSCS</b>.</li> </ul>
<b>Sexual Violence &amp; Women's Support</b>	<input checked="" type="checkbox"/> Where an organisation is unable to provide services to a person, due to ineligibility or lack of capacity, processes are in place to proactively refer the person to an appropriate alternative service.
<b>Young People</b>	<input checked="" type="checkbox"/> Where an organisation is unable to provide services to a person, due to ineligibility or lack of capacity, processes are in place to proactively refer the person to an appropriate alternative service. The service should facilitate practical support until the appropriate referral is completed.

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

- Policies and procedures for assessing eligibility/service capacity which may include:
  - Assessing compatibility with human rights, including whether refusing or inability to provide services involves limiting human rights, and whether this limitation is reasonably justified, consistent with Section 13 of the *Human Rights Act 2019*.
  - Timeframes for making a decision about accepting or declining a referral.
  - Timeframes for communicating that decision.
- Processes for re-directing or transitioning persons to appropriate alternative referral pathways.
- Strategies and process for developing relationships and referral pathways with other agencies (such as alternative service providers, Aboriginal and Torres Islander Community Controlled Organisations, multi-cultural organisations, advocacy services, relevant health services).
- Records relating to notifying people of ineligibility, or of an inability to provide services due to lack of capacity or resources.
- Records of communication with referring agencies or other relevant stakeholders regarding the inability to provide services.
- Records of management and staff participation in networking activities that maintain organisational awareness of internal and external services/referral pathways (e.g. interagency forums).
- Staff can accurately describe referral processes and referral pathways.

#### **Domestic and Family Violence Services**

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

#### **Perpetrator Services**

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

## Standard 3: Responding to Individual Need

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

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

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

The interpretation of this indicator:

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

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

<b>Common</b>	<ul style="list-style-type: none"><li>☑ The organisation documents the methods used to identify the individual strengths, needs, goals and aspirations of people using services.</li><li>☑ Documented and implemented processes which ensure:<ul style="list-style-type: none"><li>• Service planning is conducted in accordance with the type of services delivered<sup>37</sup>, and with regard for the anticipated duration of service delivery.</li><li>• Service planning includes consideration of relevant decision making/guardianship/custody arrangements (including any statutory orders) that relate to individual service users, where relevant.</li><li>• Service planning promotes quality of life, autonomy and independence of people using services and inclusion in their community.</li></ul></li><li>☑ Where service delivery requires individualised planning and support<sup>38</sup> (such as case management, recovery/support planning), the organisation develops and implements an individualised plan, in conjunction with the person and their representatives / support persons (where relevant) that includes:<ul style="list-style-type: none"><li>• 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.</li><li>• The types/level/nature of support to be provided by the service.</li></ul></li></ul>
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<sup>37</sup> For Queensland Government funded services funded under the Child and Family and Community Services funding streams, service delivery requirements are detailed in *Service Agreement – Funding and Service Details* and the relevant *Investment Specification* available on the relevant department's website.

<sup>38</sup> Applies where an organisation delivers services of a type that require formal/documented individualised planning and support (e.g. Access – Information, Advice and Referral and Community Support may not require development of an individualised plan).

**All placement services must:**

- ☑ Contribute to the assessment of, and meeting the protection and care needs of the child, and supporting their families in accordance with section 159B(d) *Child Protection Act 1999* and **DFSDSCS's** *Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children*.
- ☑ Work in partnership with **DFSDSCS** to provide training, supervision and support to assist foster and kinship carers and direct care staff (whichever is relevant) to provide positive behaviour support to individual children and young people.

*Note: At times, children and young people may display behaviour of such intensity, frequency and duration that their safety, or the safety of others is at immediate risk. In such circumstances, it may be necessary for carers to respond quickly to take emergency actions.*

*When responding to this behaviour, carers may be required to intervene with reasonable force to protect the child or young person, themselves and others. However, the emergency use of Restrictive Practices must not contravene the Statement of Standards (section 122 Child Protection Act 1999) or be part of a planned response. All strategies must be consistent with **DFSDSCS's** Positive Behaviour Support and Managing High Risk Behaviour policies.*

Where non-family based care services and/or family based care services that also provide direct care to children and young people are provided, the organisation:

- ☑ Has processes in place to ensure that an Authority to Care is requested from **DFSDSCS** in relation to each child/young person placed, and to advise **DFSDSCS** if this has not been received as requested.
- ☑ Undertakes care planning processes (including a strengths and needs assessment) which ensure that the following standards of care are addressed for each child or young person (the *Statement of Standards* section 122 *Child Protection Act 1999*):
  - The child's dignity and rights are respected at all times
  - The child's needs for physical care are met, including adequate food, clothing and shelter.
  - The child receives emotional care that allows him or her to experience being cared about and valued and that contributes to the child's positive self-regard.
  - The child's needs relating to his or her culture and ethnic grouping are met.
  - The child's material needs relating to his or her schooling, physical and mental stimulation, recreation and general living will be met.
  - The child will receive education, training or employment opportunities relevant to the child's age and ability.
  - The child receives positive guidance when necessary to help him or her to change inappropriate behaviour.
  - The child receives dental, medical and therapeutic services necessary to meet his or her needs, including emergency and routine vaccinations in accordance with section 97 *Child Protection Act 1999*.<sup>39</sup>
  - The child is given the opportunity to participate in positive social and recreational activities appropriate to his or her developmental level and age.
  - The child is encouraged to maintain family and other significant personal relationships.
  - If the child has a disability – the child receives care and help appropriate to

<sup>39</sup> Including emergency and routine vaccinations in accordance with section 97 *Child Protection Act 1999*.

the child's individual needs.

- ☑ Ensures that care planning undertaken for each child or young person reflects DFSDSCS's assessment of the child or young person's strengths and needs and any other matters detailed in DFSDSCS Case Plan, where the Case Plan has been made available to the organisation<sup>40</sup>.
- ☑ Ensures that Care Plans are consistent with requirements outlined in:
  - DCSSDS's *Positive Behaviour Support and Managing High Risk Behaviour Policies*, ensuring that Care Plans do not contain behaviour management strategies that would constitute prohibited practices or the planned use of restrictive practices.
  - Other relevant DFSDSCS policies (refer to Appendix B).
- ☑ Ensures that where DFSDSCS has not provided a Case Plan, initial care planning still occurs covering the basic activities the organisation must undertake to meet the *Statement of Standards* (section 122 *Child Protection Act 1999*) for the child.
- ☑ Where a child or young person is assessed by DFSDSCS as having significant needs in the behaviour and /or emotional stability domains, the organisation:
  - Works in genuine consultation and participation with DFSDSCS and Specialist Services staff, the child or young person, their parents (where appropriate), and other specialist providers including Evolve Therapeutic Services, Child and Youth Mental Health Services, NDIS funded service providers and sexual abuse services as relevant to develop/review a Positive Behaviour Support Plan as a part of the case planning process.
  - Implements processes to ensure that staff/carers are appropriately skilled, trained, supported and supervised in order to implement the strategies included in an individual child/young person's Positive Behaviour Support Plan.

*Note: Foster and Kinship Care services are not required to develop a Care Plan unless they also provide direct care, (e.g., if a Youth Worker is engaged by the service to directly support a child or young person in family-based care).*

#### **Non-family based care services**

- ☑ The organisation implements a trauma-informed therapeutic approach, in accordance with the Hope and Healing Framework for Residential Care <sup>41</sup> practice principles.

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<sup>40</sup> Note that for some assessment care orders DFSDSCS may not have developed a Case Plan at the time of placement, see "Care Order" and "Case Plan" in Appendix C for relevant timeframes.

<sup>41</sup> [Hope & Healing - Queensland framework for working with children and young people living in residential care](#)



<p><b>Family Based Care Services</b></p>	<p><b>All services supporting an approved carer household, including a provisionally approved carer household:</b></p> <ul style="list-style-type: none"> <li>☑ 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) <i>Child Protection Act 1999</i> and DCSSDS's <i>Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.</i></li> <li>☑ Work in partnership with DFSDSCS to provide training, supervision and support to assist approved carers (including provisionally approved carers) and direct care staff to provide positive behaviour support to individual children and young people.</li> </ul> <p><i>Note: At times, children and young people may display behaviour of such intensity, frequency and duration that their safety, or the safety of others is at immediate risk. In such circumstances, it may be necessary for carers to respond quickly to take emergency actions.</i></p> <p><i>When responding to this behaviour, carers may be required to intervene with reasonable force to protect the child or young person, themselves and others. However, the emergency use of Restrictive Practices must not contravene the Statement of Standards (section 122 Child Protection Act 1999) or be part of a planned response. All strategies must be consistent with DCSSDS's Positive Behaviour Support and Managing High Risk Behaviour policies.</i></p> <p>The organisation will support the approved carer, including provisionally approved carers who holds the authority to care for a particular child to exercise that authority, including providing support based on their approved carers' direction consistent with:</p> <ul style="list-style-type: none"> <li>☑ The child or young person's Case Plan</li> <li>☑ The approved carers; Placement Agreement</li> <li>☑ Statement of Standards (the <i>Statement of Standards</i> section 122 <i>Child Protection Act 1999</i>):</li> <li>☑ <a href="#">Foster and kinship carer orientation and responsibility guidelines</a></li> </ul> <p>In providing this support the organisation will</p> <ul style="list-style-type: none"> <li>☑ Contribute to Case Plans and Placement Agreement processes in partnership with DFSDSCS and the approved carer (including provisionally approved carer) and child and/or young person. Where Case Plan and Placement Agreements are completed, shared and maintained in partnership, further care plans may not be required.</li> <li>☑ Ensures that where DFSDSCS has not provided or yet able to complete a Case Plan or Placement Agreement, and/or emergent needs have arisen and are not address in documents provided, additional care planning occurs covering the basic activities the care and organisation must undertake to meet the <i>Statement of Standards</i> (section 122 <i>Child Protection Act 1999</i>) for the child and/or young person.</li> <li>☑ Ensures that care planning is undertaken in partnership with approved carers and for each child or young person this planning reflects DCSSDS's assessment of the child or young person's strengths and needs and any other matters detailed in DFSDSCS Case Plan, where the Case Plan has been made</li> </ul>
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	<p>available to the organisation<sup>42</sup>.</p> <ul style="list-style-type: none"> <li>☑ Tailor additional financial and/or practical supports (via available brokerage funds) to the needs of carer households. Advice will be supplied to DFSDSCS when supports are not yet documented in Placement Agreements and are ongoing in nature.</li> <li>☑ When direct care is provided as a support to an approved carer (including provisionally approved carer) (e.g., if a Youth Worker is engaged by the service to directly support a child or young person in family-based care), that is not already documented in a Placement Agreement shared between the carer, DFSDSCS and the origination, the organisation will develop a Care Plan.</li> <li>☑ Ensures that Care Plans are consistent with requirements outlined in: <ul style="list-style-type: none"> <li>• DCSSDS's <i>Positive Behaviour Support and Managing High Risk Behaviour Policies</i>, ensuring that Care Plans do not contain behaviour management strategies that would constitute prohibited practices or the planned use of restrictive practices.</li> <li>• Other relevant DFSDSCS policies (refer to Appendix B).</li> </ul> </li> <li>☑ Ensure Care Plans are supplied to DFSDSCS to update Placement Agreement.</li> <li>☑ Work in genuine consultation and participation with DFSDSCS and other Specialist Services staff, the child or young person, their parents (where appropriate), and other specialist providers including Evolve Therapeutic Services, Child and Youth Mental Health Services, NDIS funded service providers and sexual abuse services as relevant to develop/review a Positive Behaviour Support Plan as a part of the case planning process.</li> <li>☑ Implement processes to ensure that staff and approved carers (including provisionally approved carers) are appropriately skilled, trained, supported and supervised in order to positively contribute to and implement individual child/young person's Case Plan and where required, Positive Behaviour Support Plan, Child Health Passport, Cultural Support Plan, Education Support Plan and Transition to Adulthood Plan.</li> </ul>
<b>Child Protection Support Services</b>	<ul style="list-style-type: none"> <li>☑ The organisation contributes to the assessment of, and meeting the protection and care needs of the child, and supporting their families in accordance with section 159B(d) <i>Child Protection Act 1999</i> and DFSDSCS's <i>Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children</i>.</li> </ul>
<b>Families</b>	<ul style="list-style-type: none"> <li>☑ The organisation contributes to the assessment of, and meeting the protection and care needs of the child, and supporting their families in accordance with section 159B(d) <i>Child Protection Act 1999</i> and DFSDSCS's <i>Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children</i>.</li> <li>☑ Organisational procedures ensure that: <ul style="list-style-type: none"> <li>• Collaborative case management and integrated service planning and delivery is undertaken when family support from more than one practitioner or agency is required to respond to multiple, complex and/or interrelated needs.</li> <li>• 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.</li> </ul> </li> </ul>

<sup>42</sup> Note that for some assessment care orders DFSDSCS may not have developed a Case Plan at the time of placement, see "Care Order" and "Case Plan" in Appendix C for relevant timeframes.

	<p><b>Tertiary Family Support services</b></p> <p>☑ The organisation ensures that family support intervention aligns directly with the case plan developed by <b>DFSDSCS</b>.</p> <p><b>Safe Haven</b></p> <p>☑ 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>.</p>
<b>Domestic &amp; Family Violence</b>	<p>☑ Documented and implemented processes ensure that the assessed needs of the individual are being addressed and responded to within a client centred, culturally inclusive, and integrated response.</p>
<b>Sexual Violence &amp; Women's Support</b>	<p><b>Adults and young people who have been affected by sexual violence</b></p> <p>☑ The organisation ensures that intervention is consistent with the principles and best-practice framework outlined in <i>Response to sexual assault – Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault</i>.</p>
<b>Individuals</b>	<p><b>Adults affected by sexual assault or sexual abuse</b></p> <p>☑ The organisation ensures that intervention is consistent with the principles and best-practice framework outlined in <i>Response to sexual assault – Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault</i>.</p>
<b>Community Services</b>	<p><b>Rest and Recovery and Assertive Outreach services for First Nations peoples (adults)</b></p> <p>☑ 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><sup>43</sup>.</p>
<b>Disability Services</b>	<p>☑ The organisation promotes opportunities for people using services to fulfil valued community roles.</p> <p>☑ Where services are provided to adults who have an intellectual or cognitive disability and exhibit challenging behaviours, the organisation undertakes positive behaviour support planning (in accordance with legislative and policy requirements for positive behaviour support planning and the use of restrictive practices as set out in Disability Services Act 2006) which:</p> <ul style="list-style-type: none"> <li>• Is responsive to the individual's needs.</li> <li>• Include strategies that respond to the person's needs and the causes of the challenging behaviours.</li> <li>• Seeks to reduce or eliminate the use of restrictive practices.</li> <li>• Improves the person's quality of life.</li> </ul>
<b>Young People</b>	<p>☑ The organisation contributes to the assessment of, and responses to the protection and care needs of the young person and supporting their families in accordance with section 159B(d) <i>Child Protection Act 1999</i> and <b>DFSDSCS's Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children</b>.</p>

<sup>43</sup> Refer to [Guidelines and Toolkit for Diversion Services](#)

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

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

#### **Services for Aboriginal and Torres Strait Islander children and families**

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

#### **Child Protection Placement Services**

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

#### **Family Based Care Services**

- Service supporting approved carers including provisionally approved carers are considered direct care services (T212, T214 & T215)
- For service seeking or assessing prospective carers (T210, T211 & T213) evidence of engagement and assessment activities undertaken, records of expression of interest (EOI), records of family contact and evidence of assessments of prospective carers.

### **Domestic and Family Violence Services**

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

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

### **Perpetrator Services**

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

### **Disability Services**

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

### Standard 3: Responding to Individual Need

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

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

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

The interpretation of this indicator:

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

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

<b>Common</b>	<ul style="list-style-type: none"><li>☑ Processes for formulating service delivery that respects and values the individual and their human rights, are documented, implemented, monitored and reviewed.</li><li>☑ The organisation demonstrates consideration of the individual needs, rights and preferences of service users (such as age, culture, gender identity, sexuality, religious beliefs, ability, communication needs).</li><li>☑ Services are delivered in a safe and inclusive environment, which is adapted where necessary to meet the needs of individual service users.</li></ul>
<b>Child Protection Placement Services</b>	<ul style="list-style-type: none"><li>☑ The organisation works with <b>DFSDSCS</b> (and other agencies where relevant) to ensure that service delivery is tailored to the unique needs of the individual child or young person.</li><li>☑ Services to individual Aboriginal and Torres Strait Islander young people are delivered in a manner that promotes their safe care and connection, and in accordance with the <i>Additional Principles for Aboriginal or Torres Strait Islander Children</i> (section 5C <i>Child Protection Act 1999</i>).</li><li>☑ The organisation plans and delivers services to children and young people in a manner that supports DCSDSS's implementation of <i>Policy 641-4: Decisions about Aboriginal and Torres Strait Islander Children and Young People</i>.</li></ul>



<b>Family Based Care Services</b>	<ul style="list-style-type: none"> <li>☑ The organisation works with approved and prospective carer households (included provisionally approved carer households), DFSDSCS (and other agencies where relevant) to ensure that service delivery is tailored to the unique needs of the individual household, including any child or young person in care belonging to that household.</li> <li>☑ Organisations work with prospective and approved carer households consistent with the department's Children and young people with gender and sexual orientation diversity Policy No: 648-1.</li> <li>☑ Services to individual Aboriginal and Torres Strait Islander young people are delivered in a manner that promotes their safe care and connection, and in accordance with the <i>Additional Principles for Aboriginal or Torres Strait Islander Children</i> (section 5C <i>Child Protection Act 1999</i>).</li> <li>☑ The organisation plans and delivers services to children and young people in a manner that supports DCSDSS's implementation of Policy 641-4: Decisions about Aboriginal and Torres Strait Islander Children and Young People.</li> </ul>
<b>Domestic &amp; Family Violence</b>	<ul style="list-style-type: none"> <li>☑ Policies and processes relating to service delivery are documented, implemented, monitored and reviewed and indicate that: <ul style="list-style-type: none"> <li>• All clients receive non-judgmental service delivery, taking into account diverse backgrounds, cultural practices and/or specific needs that arise from diverse backgrounds.</li> <li>• Staff demonstrate an understanding of the connection between colonisation and intergenerational trauma that impacts on Aboriginal and Torres Strait Islander Peoples.</li> <li>• Victims are treated as individuals and are not stereotyped according to their cultural background, sexual orientation, gender identify, religious or other affiliation or individual needs or differences such as disability.</li> <li>• Every victim, perpetrator and relationship is different and that an in-depth assessment needs to be conducted, especially in circumstances where mutual violence has been raised.</li> </ul> </li> </ul>
<b>Disability Services</b>	<ul style="list-style-type: none"> <li>☑ The organisation promotes a positive image of people with a disability both within the service and the community and provides opportunities for people with disability to develop skills and participate in and achieve valued community roles.</li> </ul>

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

- Policies and procedures relating to service delivery reflect consideration of the individual needs, rights and preferences of service users (such as age, culture, gender identity, sexuality, religious beliefs, ability, communication needs).
- Evidence that the organisation has considered and adopted sector wide policies relevant to service delivery such as:
  - Multicultural Queensland Charter and Principles,
  - Queensland: An Age-Friendly Community,
  - Queensland's Disability Plan 2022–27: Together, a better Queensland.
- Processes for involving people using services and their representatives/support persons (where relevant) in identifying individual needs, rights and preferences and service planning.
- The service environment meets the needs, and safety requirements of people using services (such as physical access, child safe spaces, clear signage).
- Records (such as case notes, planning tools) demonstrating that services are delivered in

accordance with a service user's needs, rights and preferences (such as age, culture, gender identity, sexuality, religious beliefs, ability, communication needs).

- Records showing how the service has supported people to participate in activities in their chosen community.
- Records showing how the service responds to the needs and preference of individual service users (such as recruitment of appropriate staff, matching staff to people using services, cultural safety).
- Records demonstrate consideration of the impacts of service delivery on an individual's human rights (such as individualised plans, risk assessments, safety plans).
- Records demonstrate consideration of whether actions and decisions limiting human rights are consistent with Section 13 of the *Human Rights Act 2019*.
- Records of staff and volunteer training about responding to the needs, rights and preferences of individual service users (such as cultural safety, communication needs, working with interpreters, working with complex behaviours, trauma informed responses).
- Staff and volunteers can describe how the organisation respects and values the individual when planning and delivering services.

### **Child Protection Placement Services**

- For foster and kinship care services that do not provide direct care, the common and Child Protection Placement Services mandatory evidence requirements may be demonstrated through contributing to the development and implementation of a Placement Agreement (e.g., through attendance at meetings with the department/other stakeholders and developing individual supports and training to carers tailored to the individual needs outlined in the Placement Agreement).
- For services that provide direct care, a care plan may provide evidence of meeting this requirement.
- For all foster and kinship care services, processes that support carers to provide a safe and inclusive environment, which is adapted where necessary to meet the needs of individual service users.
- Processes for ensuring transition to adulthood planning commencing from 15 years and promoting awareness that support may continue to be available up to the age of 25.

### **Family Based Care Services**

- Service supporting approved carers including provisionally approved carers are considered direct care services (T212, T214 & T215)
- For service seeking or assessing prospective carers (T210, T211 & T213) evidence of engagement and assessment activities undertaken, records of expression of interest (EOI), records of family contact and evidence of assessments of prospective carers.

### **Services for Aboriginal and Torres Strait Islander children and families**

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

### **Domestic and Family Violence Services**

Procedures, training records and interviews and other evidence can demonstrate:

- Sensitivity to cultural practices and/or specific needs that arise from client's diversity which may be based on age, gender identity, culture, heritage, language, faith, sexual orientation, relationship status, disability, or other relevant characteristics.

- Prioritising of social and emotional wellbeing of clients by building trust, being respectful and understanding local culture, kinship ties and traditions in all interactions with a client.
- Safety plans and records of client advice which show inclusion of local culture, kinship ties, traditions and cultural considerations where applicable.
- The organisation has sought opportunities to engage and promote dialogue with Aboriginal and/or Torres Strait Islander community members as part of cultural induction and orientation before working within a particular community.
- Recognition of the similarities and differences in experiences and impacts of domestic and family violence between different cohorts with consideration to intersectionality.
- Feedback from clients and community stakeholders confirming inclusion of local culture, kinship ties, traditions and cultural considerations where applicable.
- Staff facilitate the engagement of clients with advocacy, such as having an advocate or support service present.
- Victims are offered a choice of staff member to engage with, taking into consideration availability of staff, cultural considerations, diverse backgrounds and gender.

### **Perpetrator Services**

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

### Standard 3: Responding to Individual Need

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

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

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

The interpretation of this indicator:

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

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

<b>Common</b>	<ul style="list-style-type: none"><li>☑ 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.</li><li>☑ Where service delivery requires individualised planning and support<sup>44</sup> (such as case management, recovery/support planning):<ul style="list-style-type: none"><li>• Planning is undertaken in a regular cycle of assessment, planning, implementation and review.</li><li>• Plans are adapted as required to ensure they continue to be relevant to the changing needs of service users.</li><li>• Records are maintained to support and demonstrate the effective implementation of individualised plans.</li><li>• The organisation involves the people using services and their representatives/support persons (where relevant) in reviewing individualised plans.</li></ul></li></ul>
<b>Disability Services</b>	<ul style="list-style-type: none"><li>☑ Where services are provided to adults who have an intellectual or cognitive impairment, the organisation:<ul style="list-style-type: none"><li>• Ensures that where a Positive Behaviour Support Plan is in place, service planning, delivery, monitoring, review and reporting is undertaken with reference to the plan, and in accordance with the <i>Disability Services Act 2006</i> and <i>Disability Services Regulation 2017</i>.</li></ul></li></ul>

<sup>44</sup> Applies where an organisation delivers services of a type that require formal/documented individualised planning and support (e.g. Access – Information, Advice and Referral and Community Support may not require development of an individualised plan).

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

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

### **Child Protection Placement Services**

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

### **Family Based Care Services**

- Service supporting approved carers including provisionally approved carers are considered direct care services (T212, T214 & T215)
- For service seeking or assessing prospective carers (T210, T211 & T213) evidence of engagement and assessment activities undertaken, records of expression of interest (EOI), records of family contact and evidence of assessments of prospective carers.

### **Services for Aboriginal and Torres Strait Islander children and families**

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

### **Mental Health Services**

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

### Standard 3: Responding to Individual Need

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

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

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

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

<b>Common</b>	<ul style="list-style-type: none"><li>☑ Policies and/or procedures outlining how the service will partner and collaborate to enable the service to work effectively with community support networks, other organisations and government agencies, as relevant and appropriate.</li><li>☑ Partnership arrangements and collaborative strategies are documented, implemented, and reviewed.</li><li>☑ The organisation seeks input/involvement of relevant stakeholders as relevant and appropriate to inform service planning, delivery, monitoring and review processes.</li></ul>
<b>Child Protection Placement Services</b>	<ul style="list-style-type: none"><li>☑ The organisation reasonably accepts every opportunity to participate in <b>DFSDSCS</b>'s case planning process to develop and review the statutory Case Plan.</li><li>☑ The organisation works in a coordinated and collaborative way with <b>DFSDSCS</b> and other service providers in a manner that is consistent with sections 159B and 159F <i>Child Protection Act 1999</i> and <b>DFSDSCS</b>'s <i>Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.</i></li></ul> <p><b>Non-Family Based Care Services</b></p> <ul style="list-style-type: none"><li>☑ The organisation identifies and maintains contact points and builds partnerships with agencies and services to support the principles and strategies of the <i>Joint agency protocol to reduce preventable police call-outs to residential care services</i>, including working with local Police.</li></ul>



<b>Family Based Care Services</b>	<ul style="list-style-type: none"> <li>☑ When seeking and supporting prospective carer households, organisations identify and maintain contact points and builds partnerships within communities to maximise outcomes for carer recruitment.</li> <li>☑ The organisation partners with prospective and approved carer household's consistent with the principles and roles outlined in the <i>Statement of Commitment to Queensland foster and kinship carers</i><sup>45</sup>.</li> <li>☑ When supporting approved carer households (including provisionally approved care households) the organisation reasonably accepts every opportunity to participate in DCSSDS's case planning process to develop and review the statutory Case Plan and Placement Agreement. This includes contributing to financial and practical supports via the use of brokerage funds consistent with the Family Based Care Brokerage Guidelines<sup>46</sup></li> <li>☑ The organisation works in a coordinated and collaborative way with DFSDSCS and other service providers in a manner that is consistent with sections 159B and 159F <i>Child Protection Act 1999</i> and DCSSDS's <i>Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children</i>.</li> </ul>
<b>Child Protection Support Services</b>	<ul style="list-style-type: none"> <li>☑ The organisation works in a coordinated and collaborative way with DFSDSCS and other service providers in a manner that is consistent with sections 159B and 159F <i>Child Protection Act 1999</i> and DFSDSCS's <i>Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children</i>.</li> </ul>
<b>Families</b>	<ul style="list-style-type: none"> <li>☑ The organisation works in a coordinated and collaborative way with DFSDSCS and other service providers in a manner that is consistent with sections 159B and 159F <i>Child Protection Act 1999</i> and DFSDSCS's <i>Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children</i>.</li> </ul> <p><b>Aboriginal and Torres Strait Islander Family Wellbeing Services</b></p> <ul style="list-style-type: none"> <li>☑ The organisation can demonstrate evidence of representation and participation in a local alliance of government and non-government services<sup>47</sup>.</li> </ul> <p><b>Intensive Family Support</b></p> <ul style="list-style-type: none"> <li>☑ The organisation can demonstrate evidence of representation and participation in a local alliance of government and non-government services<sup>48</sup>.</li> </ul> <p><b>Family and Child Connect</b></p> <ul style="list-style-type: none"> <li>☑ The organisation has documented role responsibilities and processes for lead facilitation and coordination of the local level alliance of government and non-government services.</li> </ul> <p><b>Tertiary Family Support</b></p> <ul style="list-style-type: none"> <li>☑ 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.</li> </ul>

<sup>45</sup> [Statement of Commitment – To Queensland's foster and kinship carers](#)

<sup>46</sup> [Family Based Care brokerage guidelines](#)

<sup>47</sup> Local level alliances may include Supporting Families Alliance and Local Level Alliance led by Family and Child Connect services.

<sup>48</sup> Local level alliances may include Supporting Families Alliance and Local Level Alliance led by Family and Child Connect services.

<b>Domestic &amp; Family Violence</b>	<ul style="list-style-type: none"> <li>☑ Documented processes ensure that the organisation engages in an integrated service response: <ul style="list-style-type: none"> <li>• Appropriate to the level of funding and size of the organisation, services engage in and provide an integrated service response by having established coordinated and collaborative relationships with other relevant agencies and services.</li> <li>• The service has formal links and regular, collaborative and referral relationships with relevant specialist agencies providing legal, court, multicultural, medical, mental health and advocacy services and key persons in local cultural communities.</li> <li>• The organisation shares appropriate and timely information with agencies in alignment with legislation and Queensland Government <i>Domestic and Family Violence Information Sharing Guidelines</i> that hold victim safety and perpetrator accountability at the core of practice.</li> </ul> </li> <li>☑ Organisations uphold cultural safety through strong ties with the local community and appropriate service providers, as well as providing resources that support clients to engage with services of their choice that may be better placed to respond in a culturally safe way.</li> <li>☑ Perpetrator Intervention Programs ensure that, where possible, staff working with perpetrators establish an ongoing relationship with the victim, by either communicating with the victim (with victim consent) or victim advocate to provide an integrated and collaborative response to victim safety and perpetrator accountability.</li> </ul>
<b>Young People</b>	<p><b>Support and Case Management</b></p> <ul style="list-style-type: none"> <li>☑ The organisation demonstrates evidence of collaboration with other services through partnerships and case panels to address individual service user needs and increase self-reliance and independence.</li> </ul>

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

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

planning, monitoring and review.

### **Services to children and families (includes Child Protection Placement Services, Child Protection Support Services and Families services)**

- Processes for meeting information sharing guidelines relevant to legislative requirements (e.g. *Child Protection Act 1999*).

### **Child Protection Placement Services**

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

### **Family Based Care Services**

- Service supporting approved carers including provisionally approved carers are considered direct care services (T212, T214 & T215)
- For service seeking or assessing prospective carers (T210, T211 & T213) evidence of engagement and assessment activities undertaken, records of expression of interest (EOI), records of family contact and evidence of assessments of prospective carers.

### **Child Protection Non-Family Based Care Services**

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

### **Services for Aboriginal and Torres Strait Islander children and families**

- Evidence of meaningful partnerships with Aboriginal and Torres Strait Islander Community Controlled organisations, community and other service providers.
- Records of management and staff participation in networking activities to identify and establish partnerships.

### **Domestic and Family Violence Services**

#### **Integrated Service Responses**

Evidence demonstrating that:

- The service supports meaningful efforts to establish and maintain an effective and purposeful local network with other domestic and family violence services, housing, mental health, alcohol and other drug and government and non-government service providers, as appropriate to service and regional scale, and the capacity and level of engagement of all key partners.
- Non-Indigenous organisations seek out, develop, and maintain relationships with local Aboriginal and Torres Strait Islander organisations to build a culturally inclusive integrated response.
- Organisations can demonstrate established collaborative relationships with Aboriginal and Torres Strait Islander Organisations to support culturally appropriate connections within the

community for support and referral.

- The service has readily available and accessible resources that explicitly outline and provide information about culturally specific organisations within the service area (ideally at the front door and provided in first contact with the service).
- Organisations collaborate in capacity building, training programs and sharing resources and information to enhance their response to client diversity and provide effective and appropriate services.
- Documentation and staff articulate and recognise the importance of connection to country, culture and kinship relationships.
- The service supports clients to connect with country through means such as facilitating transport or phone calls to community, referral to more appropriate services to ensure that Aboriginal and Torres Strait Islander Peoples have the capacity, ability or access to their people, community and/or country.
- Services may facilitate community groups led by the Elders within the community.
- The service records of collaboration in capacity building, training programs and sharing resources and information to enhance response to client diversity and provide effective and appropriate services.
- The service supports victims in their discussions and interactions with legal services, government, and non-government agencies, as well as other professionals, including (if required) liaising and advocating on their behalf to achieve goals that the victim has identified.

### **Information Sharing**

Evidence demonstrating that:

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

### **Perpetrator Services**

- Staff working with perpetrators preferably communicate with the victim through the victim advocate (or the victim directly where appropriate) regarding the perpetrators' participation in a program or in a one-to-one setting. This includes providing verbal or written information about the content and approach of the intervention.
- Communication and engagement with the victim is conducted in such a way that it does not increase risk to the victim, and where possible should be negotiated with the victim.
- Perpetrators who request support to understand or clarify advice provided by organisations outside the service system are referred to appropriate service providers who can assist, for example legal services, the Queensland Police Service, the Children, Youth Justice and Multicultural Affairs or other government and non-government agencies.

### Standard 3: Responding to Individual Need

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

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

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

The interpretation of this indicator:

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

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

<b>Common</b>	<ul style="list-style-type: none"><li>☑ The organisation uses appropriate communication methods to facilitate the engagement of people using services in decision-making and planning.</li><li>☑ Where service delivery requires individualised planning and support<sup>49</sup> (such as case management, recovery/support planning):<ul style="list-style-type: none"><li>• The organisation actively encourages the participation of people using services and their representatives/support persons (where relevant) in planning and review processes, as appropriate.</li><li>• The strengths, needs, goals and aspirations of people using services are recorded and responded to, and their participation in decision-making is promoted, where age and developmentally appropriate.</li><li>• Individualised Plans are provided in a format that is easily understood by the individual.</li></ul></li></ul>
<b>Child Protection Placement Services</b>	<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"><li>☑ The organisation has a documented process to provide opportunities for children and young people to participate in decisions made about their care and protection needs, which are consistent with the principles of the <i>Child Protection Act 1999</i> (refer to Part 2, Division 1 for a full list of principles).</li><li>☑ The organisation ensures that, where age and developmentally appropriate:<ul style="list-style-type: none"><li>• The child or young person is given the opportunity to participate in identifying strengths and needs.</li><li>• 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.</li></ul></li></ul>

<sup>49</sup> Applies where an organisation delivers services of a type that require formal/documented individualised planning and support (e.g. Access – Information, Advice and Referral and Community support may not require development of an individualised plan).



<b>Family Based Care Services</b>	<p>For organisations that support approved carer households (including provisionally approved carer households):</p> <ul style="list-style-type: none"> <li>☑ The organisation has a documented process to work in partnership with the department and approved carers (including provisionally approved carers) to provide opportunities for children and young people to participate in decisions made about their care and protection needs, which are consistent with the principles of the <i>Child Protection Act 1999</i> (refer to Part 2, Division 1 for a full list of principles).</li> <li>☑ The organisation ensures that, where age and developmentally appropriate, <ul style="list-style-type: none"> <li>• The child or young person is given the opportunity to participate in identifying strengths and needs.</li> <li>• 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.</li> </ul> </li> </ul>
<b>Domestic &amp; Family Violence</b>	<ul style="list-style-type: none"> <li>☑ Documented and implemented policy and procedures that ensure use of accredited interpreters with domestic and family violence experience where possible.</li> <li>☑ Documented and implemented policies, procedures and practice that ensure services are delivered in a manner that: <ul style="list-style-type: none"> <li>• Provides a framework for access and inclusion.</li> <li>• Promotes the self-determination, dignity of choice and autonomy of victims.</li> <li>• Is tailored to clients' needs taking into account a range of client cohorts and their individual circumstances including their family situation, their personal values and preferences and specific risk and protective factors.</li> <li>• Actively seeks to enable clients to make informed decisions on their own behalf by assisting them to explore and understand the implications of their decisions.</li> <li>• Staff work collaboratively with the family acknowledging strengths and building self-efficacy.</li> <li>• Safety considerations recognising the unique needs of victims of DFV related to communication methods are observed.</li> <li>• Children participate in decisions that affect them where possible and appropriate.</li> </ul> </li> </ul>

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

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



approaches, use of technology/communication aids/devices, change of surroundings).

- Feedback from people using services confirms that their strengths, needs, goals and aspirations are respected.
- Feedback from people using services and their representatives / support persons (where relevant) confirms participation in individual planning and review processes and that they understand their individualised plans.
- Staff can describe the processes used to develop and document individualised plans in formats that are easily understood by individual service users.

### **Services for Aboriginal and Torres Strait Islander children and families**

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

### **Child Protection Placement Services**

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

### **Family Based Care Services**

- Service supporting approved carers including provisionally approved carers are considered direct care services (T212, T214 & T215)
- For service seeking or assessing prospective carers (T210, T211 & T213) evidence of engagement and assessment activities undertaken, records of expression of interest (EOI), records of family contact and evidence of assessments of prospective carers.

### **Domestic and Family Violence Services**

Staff understand and demonstrate:

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

Evidence of access and inclusion may include that:

- Information provided to clients reiterates their autonomy and dignity of choice.
- Processes for on-boarding new staff reflect core values of dignity of choice, autonomy, and rights of the client.
- Clients are provided with information about available options for meeting their needs and are assisted to identify their preferred option.
- Staff are mindful of the need to provide equitable access by providing supports such as using interpreters to communicate with clients (as in indicator 3.5 DFV criteria), providing disability access points, offering casework and support over the phone or online mediums for clients in rural or remote areas (if safe phone/internet access is available and reliable), and undertaking outreach work where feasible and safe to do so.
- Clients have a choice of case worker (gender and cultural background) where possible and appropriate.
- Acknowledgement of the cultural needs of Aboriginal and Torres Strait Islander and culturally and linguistically diverse service users such as support and communication with family and

community.

- Risk assessments and safety plans support the choice made by the client, e.g. keeping the client safe within the home, or planning to assist them in leaving the relationship.
- When working with victims, organisations show a range of communication methods and strategies that uphold victim safety such as not leaving voicemails if unsafe to do so, and various methods of safe contact, such as phone calls, in person engagement, or text messages.
- Processes recognise and manage heightened risk to victim safety when the dynamic and environmental risk factors of the perpetrator vary, and ensure that there is effective communication (e.g. with the victim, victim advocate, perpetrator, relevant authorities, and services engaged and relevant to providing a wrap-around response).

## Standard 4: Safety, Wellbeing and Rights

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

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

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

As a part of meeting Indicator 4.1, organisations must demonstrate the common mandatory evidence requirements and relevant service specific requirements detailed below

Common	<ul style="list-style-type: none"> <li>☑ Documented processes and records of service planning and delivery demonstrate that services are delivered in a manner that is compatible with the human rights of people using services, and upholds their legal rights, including: <ul style="list-style-type: none"> <li>• Human rights and obligations consistent with the <i>Human Rights Act 2019</i>.</li> <li>• Right to information privacy in accordance with the <i>Information Privacy Act 2009</i>. Principles</li> <li>• Right to access to their personal information held by the service<sup>50</sup>; unless access can be refused under an access law, or the document is expressly excluded from the operation of an access law (e.g. <i>Right to Information Act 2009</i>).</li> <li>• Right to seek <b>correction</b> amendment of their personal information if it is not accurate, relevant, complete, up to date, <b>complete, relevant</b> or if it is misleading.</li> <li>• For services funded by a Queensland Government department, the right to apply for access to, or <b>correction</b> amendment of, information held by the department (e.g. under the <i>Right to Information Act 2009</i>).</li> <li>• Right to confidentiality of personal information.</li> <li>• Right to be treated with dignity and respect.</li> </ul> </li> <li>☑ People using services are provided with information on their rights, in ways that are appropriate, having regard to their identity, ability and cultural background.</li> </ul>
Child Protection Placement Services	<p><b>Rights</b></p> <ul style="list-style-type: none"> <li>☑ 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.</li> <li>☑ Ensure that care provided meets the <i>Statement of Standards</i> (section 122 <i>Child Protection Act 1999</i>).</li> <li>☑ 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>).</li> <li>☑ For non-family based placement services, ensure there is sufficient space in the living environment for the child to meet with <b>DFSDSCS</b>, family and significant others in privacy (this could be a single multi-purpose space or separate spaces).</li> </ul>

<sup>50</sup> For organisations funded by Queensland Government refer to HSQF Standard 1.7 and clause 27 of the *Service Agreement–Standard Terms*

	<p><b>Positive Behaviour Support</b></p> <p>☑ The organisation has a policy on positive behaviour support which meets legislated requirements and aligns to <b>DFSDSCS's Positive Behaviour Support and Managing High Risk Behaviour Policies</b>. The organisation's policy prohibits the use of prohibited practices and does not support the planned use of restrictive practices, and includes:</p> <ul style="list-style-type: none"> <li>• The principles of <b>DFSDSCS's Positive Behaviour Support and Managing High Risk Behaviour Policies</b></li> <li>• A definition of positive behaviour support that aligns with the <b>DFSDSCS's Positive Behaviour Support and Managing High Risk Behaviour Policies</b></li> <li>• A definition of prohibited practices</li> <li>• A definition of restrictive practices, including guiding principles for the emergency use of restrictive practices (and specifying that the emergency use of restrictive practices does not include actions taken by carers and direct care staff in the context of age and developmentally appropriate parenting, e.g., removing scissors from a toddler.) that medication is not to be administered to manage the behaviour of a child or young person in the absence of a diagnosed health or mental health condition, and other requirements outlined in <b>DFSDSCS's Positive Behaviour Support Policy (PBSP)</b> and <i>Child Safety Practice Manual – Meet a Child's Health and Wellbeing Needs</i>.</li> </ul> <p><i>NB: if PBSP conditions are not met the use of any medication to manage the behaviour of a child or young person is considered chemical restraint, which is a prohibited practice.</i></p> <p>☑ Evidence that positive 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"> <li>• The <i>Statement of Standards</i> (section 122 <i>Child Protection Act 1999</i>).</li> <li>• DCSSDS's <i>Positive Behaviour Support and Managing High Risk Behaviour Policies</i>.</li> <li>• The organisation's policy on <i>Positive Behaviour Support</i>.</li> <li>• The <i>Charter of Rights for a Child in Care</i>.</li> </ul>
<p><b>Family Based Care Services</b></p>	<p><b>Rights</b></p> <p>☑ 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 in care, prospective carer households and approved carer households, including information regarding the service's role and approved carers' role in upholding children and young people's rights.</p> <p>☑ Ensure that care provided by approved carer households (including provisionally approved carer households) and direct care supports provided by the organisation meets the <i>Statement of Standards</i> (section 122 <i>Child Protection Act 1999</i>).</p> <p>☑ 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>).</p> <p><b>Positive Behaviour Support</b></p> <p>For organisations that support approved carer households (including provisionally approved carer households):</p> <p>☑ The organisation has a policy on positive behaviour support which meets legislated requirements and aligns to DCSSDS's <i>Positive Behaviour Support and Managing High Risk Behaviour Policies</i>.</p> <p>☑ The organisation has appropriate training and information for approved carers (including provisionally approved carers) to understand and be</p>

	<p>supported to comply.</p> <p>☑ The organisation's policy and training for approved carers prohibits the use of prohibited practices and does not support the planned use of restrictive practices, and includes:</p> <ul style="list-style-type: none"> <li>• The principles of DCSSDS's Positive Behaviour Support and Managing High Risk Behaviour Policies</li> <li>• A definition of positive behaviour support that aligns with the DCSSDS's Positive Behaviour Support and Managing High Risk Behaviour Policies</li> <li>• A definition of prohibited practices</li> <li>• A definition of restrictive practices, including guiding principles for the emergency use of restrictive practices (and specifying that the emergency use of restrictive practices does not include actions taken by carers and direct care staff in the context of age and developmentally appropriate parenting, e.g., removing scissors from a toddler.) that medication is not to be administered to manage the behaviour of a child or young person in the absence of a diagnosed health or mental health condition, and other requirements outlined in DCSSDS's Positive Behaviour Support Policy (PBSP) and Child Safety Practice Manual – Meet a Child's Health and Wellbeing Needs.</li> </ul> <p><i>NB: if PBSP conditions are not met the use of any medication to manage the behaviour of a child or young person is considered chemical restraint, which is a prohibited practice.</i></p> <p>☑ Evidence that positive 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"> <li>• The Statement of Standards (section 122 <i>Child Protection Act 1999</i>).</li> <li>• DCSSDS's Positive Behaviour Support and Managing High Risk Behaviour Policies.</li> <li>• The organisation's policy on Positive Behaviour Support.</li> <li>• The Charter of Rights for a Child in Care.</li> </ul> <p>For organisations seeking and supporting prospective carer households:</p> <p>☑ Evidence that information provide to prospective carer households prepares and informs prospective about care responsibilities consistent with:</p> <ul style="list-style-type: none"> <li>• The Statement of Standards (section 122 <i>Child Protection Act 1999</i>).</li> <li>• DCSSDS's Positive Behaviour Support and Managing High Risk Behaviour Policies.</li> <li>• The Charter of Rights for a Child in Care.</li> </ul>
<p><b>Disability Services</b></p>	<p>☑ Services are planned and delivered in a manner that supports the human rights of people with 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"> <li>• Has developed and implemented policies/procedures for delivering services in the least restrictive way.</li> <li>• Complies with legislative requirements for use of restrictive practices and</li> </ul>

	<p>positive behaviour support planning, including<sup>51</sup>:</p> <ul style="list-style-type: none"> <li>- Has assessed and identified any restrictive practices in use.</li> <li>- Has developed or is developing a positive behaviour support plan, including, where required, ensuring that a multi-functional assessment was/is conducted by an appropriately qualified or experienced practitioner.</li> <li>- Has provided a statement to the adult and their support network explaining why the organisation considers the adult needs to be subject to restrictive practices.</li> <li>- Has obtained or is obtaining the relevant consents or order (or short term approval) approving the use of the restrictive practice in the context of a positive behaviour support plan.</li> <li>- Has reported on a monthly basis on the use of restrictive practices (consistent with the requirements of Disability Services Regulation 2017) using Online Data collection.</li> <li>- Is monitoring and reviewing the implementation and outcomes of the positive behaviour support plan.</li> </ul>
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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

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

<sup>51</sup> Refer to Parts 6 and 8 of the *Disability Services Act 2006* and section 8 *Disability Services Regulation 2017*.

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



### **Services to children and families (Child Protection Placement Services, Child Protection Support Services and Families services)**

- Evidence of information being provided to children and young people regarding the *Time in Care Information Access Service*.

### **Child Protection Placement Services and Family Based Care Services**

- The positive behaviour support policy includes:
  - A requirement for children and young people to be provided the opportunity to reflect on their behaviour after it occurs to provide a learning opportunity to identify triggers, thoughts and feelings (to occur once the child or young person has returned to a regulated state).
  - An outline of all forms of prohibited practices and their impact, as outlined in the Positive Behaviour Support and Managing High Risk Behaviour policies.
  - An outline of the types of physical restraint that are prohibited as either an emergency or as a planned response, and states that the organisation does not support the planned use of physical restraint.
  - That the use of psychotropic medication to support a child/young person's mental health is not undertaken without:
    - Information from the prescribing doctor to clarify purpose of medication and ensure it is being prescribed for a mental health diagnosis.
    - Consent obtained from child or young person's guardian.
    - PBS plan in place to access appropriate mental health services to reduce the use of the medication where possible.
    - 6-monthly review by medical professionals to determine if the medication is still required.
- Care Plans do not contain any prohibited practices, or the planned use of restrictive practices (such as the planned use of physical restraint).

### **Disability Services**

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

## Standard 4: Safety, Wellbeing and Rights

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

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

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

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

#### Common

- ☑ Processes for preventing, identifying and responding to risks to the safety (including the prevention of all forms of harm, abuse and neglect) and wellbeing of people using services<sup>52</sup> are documented, implemented, monitored and reviewed.
- ☑ Where an organisation delivers services to children and young people and is carrying on a regulated business or employing persons in regulated employment under the *Working with Children (Risk Management and Screening) Act 2000* documented and implemented processes for:
  - Ensuring all relevant persons working in or for the organisation (including governing body members) have a current blue card or exemption card before commencing in their role and ensuring that the blue card or exemption card remains current at all times whilst they are occupying the role<sup>53</sup>.
  - Maintaining an **employee** register to manage and track the status of blue card applications including **pending applications, employees' full names, dates of birth, blue/exemption card numbers and expiry dates. and any other relevant information (e.g. the type of employment or any exemptions that may apply). Ensure employees who are employed in restricted employment have their names and dates of birth recorded.**
  - Appropriately managing the notification of a negative notice for any person working in or for the organisation.
  - Linking any person who already holds a blue card or exemption card with the organisation.
  - De-link a card holder when they leave **an the** organisation.
  - **Tell Inform** Blue Card Services when there is a change in their organisation's information.
  - ~~Ensuring that a child and youth risk management strategy addressing the eight minimum requirements set out in the *Working with Children (Risk Management and Screening) Regulation 2020* is in place and is reviewed annually.~~
- ☑ Documented and implemented processes for ensuring safe environments for people who use services, with due regard to legislative, regulatory or

<sup>52</sup> These requirements also apply where organisations have subcontracting arrangements in place.

<sup>53</sup> In line with the 'No Card, No Start' legislation, in effect from 31 August 2020. For child safety placement services this must include the Nominee, Directors, persons responsible for managing a care service and persons engaged to provide a care service, including any function of a care service. This requirement applies to these persons regardless of the way they have been engaged by the organisation (e.g., employee, subcontractor, agency staff, student, volunteer).

	policy requirements, as outlined in Appendix A, as relevant to the types of services provided.
<b>Child Protection Placement Services</b>	<p>☑ Children and young people are provided with a safe living environment with adequate physical space to ensure their safety, wellbeing and protection (i.e. age and developmentally appropriate) such as a lockable bathroom, their own bedroom space and/or a secure place for personal possessions.</p> <p><i>Placement services not yet licensed are required to have processes which will allow them to meet the below requirements once they are licensed.</i></p> <p><u>Licensed placement services must also demonstrate evidence of implementing and monitoring the below processes:</u></p> <p>☑ The organisation has policies/procedures which specify and support the nominee's obligation to ensure that the licensee complies with section 129A <i>Child Protection Act 1999</i> as follows:</p> <ul style="list-style-type: none"> <li>• Care services comply with the standards of care stated in the <i>Statement of Standards</i> (section 122 <i>Child Protection Act 1999</i>).</li> <li>• Each person the licensee engages to provide placement services is a suitable person (in accordance with Part 8 <i>Child Protection Regulation 2023</i>).</li> <li>• 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.</li> </ul> <p>☑ Records demonstrate that directors, persons responsible for directly managing care services, and persons who will be, or are, performing a risk-assessed role for a licensed care service engaged in relation to the provision of a care service or any function of a care service (including employees, subcontractors, agency staff, students and volunteers) have been deemed suitable persons<sup>54</sup> to be engaged in the provision of the care service prior to commencing in their role, and this has included considering the outcome of a Child Safety and Personal History Screening Check.</p> <p>☑ The organisation has documented processes for ensuring that directors, persons responsible for directly managing care services, and persons who will be, or are, performing a risk-assessed role for a licensed care service engaged in relation to the provision of a care service or any function of a care service (including employees, subcontractors, agency staff, students and volunteers) remain suitable persons<sup>55</sup> for the duration of their engagement.</p> <p>☑ Records demonstrate that the organisation has effective processes to manage and track the status of Child Safety and Personal History Screening Checks for directors, persons responsible for directly managing care services, persons who will be, or are, performing a risk-assessed role for a licensed care service engaged in relation to the provision of a care service or any function of a care service (including employees, subcontractors, agency staff, students and volunteers) which ensure that Child Safety and Personal History Screening outcomes are received prior to persons commencing in their role, and that screening remains current at</p>

<sup>54</sup> As defined in Part 8 of the *Child Protection Regulation 2023*.

<sup>55</sup> These requirements also apply where organisations have subcontracting arrangements in place.

	<p>all times whilst persons are occupying their role.<sup>56</sup>.</p> <ul style="list-style-type: none"> <li>☑ The organisation has documented and implemented processes to identify or respond to notification of changes to child protection and personal history (the <i>LCS Form 6</i> lists relevant changes to be notified to <b>DFSDSCS</b>), and records demonstrate form submission where necessary.</li> <li>☑ Non-family based care services (residential care) establish and demonstrate procedures for reporting incidents to police that are consistent with the <i>Joint agency protocol to reduce preventable police call-outs to residential care services</i> and demonstrate practice consistent with their policies.</li> <li>☑ The organisation has documented and implemented processes for vehicle safety<sup>57</sup>, including secure storage of car keys and compliance with Queensland child car restraint requirements.</li> </ul>
<p><b>Family Based Care Services</b></p>	<p>Organisations that support approved carer households (including provisionally approved carer households) are within scope of Child Safety Licensing.</p> <p><i>Services not yet licensed are required to have processes which will allow them to meet the below requirements once they are licensed.</i></p> <p><u><i>Licensed placement services must also demonstrate evidence of implementing and monitoring the below processes:</i></u></p> <ul style="list-style-type: none"> <li>☑ The organisation has policies/procedures which specify and support the nominee's obligation to ensure that the licensee complies with section 129A <i>Child Protection Act 1999</i> as follows: <ul style="list-style-type: none"> <li>• Care services comply with the standards of care stated in the <i>Statement of Standards</i> (section 122 <i>Child Protection Act 1999</i>).</li> <li>• Each person the licensee engages to provide placement services is a suitable person (in accordance with Part 8 <i>Child Protection Regulation 2023</i>).</li> <li>• 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.</li> </ul> </li> <li>☑ Records demonstrate that directors, persons responsible for directly managing care services, and persons who will be, or are, performing a risk-assessed role for a licensed care service engaged in relation to the provision of a care service or any function of a care service (including employees, subcontractors, agency staff, students and volunteers) have been deemed suitable persons<sup>58</sup> to be engaged in the provision of the care service prior to commencing in their role, and this has included considering the outcome of a Child Safety and Personal History Screening Check.</li> <li>☑ The organisation has documented processes for ensuring that directors, persons responsible for directly managing care services, and persons who will be, or are, performing a risk-assessed role for a licensed care service engaged in relation to the provision of a care service or any function of a care service (including employees, subcontractors, agency staff, students and volunteers) remain suitable persons<sup>59</sup> for the duration of their</li> </ul>

<sup>56</sup> Information on current requirements specific to various positions held within a care service is available by accessing **DFSDSCS's** resource paper [Suitability and Screening Requirements for Child Safety Licensed Care Services: A Guide for Non-government Organisations](#).

<sup>57</sup> Refer to the requirements in **DFSDSCS's** resource: [Motor Vehicle Safety - Guidelines for Child Protection Placement Services](#)

<sup>58</sup> As defined in Part 8 of the *Child Protection Regulation 2023*.

<sup>59</sup> These requirements also apply where organisations have subcontracting arrangements in place.

	<p>engagement.</p> <ul style="list-style-type: none"> <li>☑ Records demonstrate that the organisation has effective processes to manage and track the status of Child Safety and Personal History Screening Checks for directors, persons responsible for directly managing care services, persons who will be, or are, performing a risk-assessed role for a licensed care service engaged in relation to the provision of a care service or any function of a care service (including employees, subcontractors, agency staff, students and volunteers) which ensure that Child Safety and Personal History Screening outcomes are received prior to persons commencing in their role, and that screening remains current at all times whilst persons are occupying their role.<sup>60</sup>.</li> <li>☑ The organisation has documented and implemented processes to identify or respond to notification of changes to child protection and personal history (the <i>LCS Form 6</i> lists relevant changes to be notified to DCSSDS), and records demonstrate form submission where necessary.</li> <li>☑ The organisation has documented and implemented processes for vehicle safety<sup>61</sup>, including secure storage of car keys and compliance with Queensland child car restraint requirements.</li> </ul>
<p><b>Domestic &amp; Family Violence</b></p>	<ul style="list-style-type: none"> <li>☑ Documented, implemented, monitored, and reviewed processes identify and address: <ul style="list-style-type: none"> <li>• The significance of patterns of perpetrator behaviour beyond individual incidents of violence, and meaningfully assessment of these patterns to develop appropriate responses for the victim and appropriate interventions for the perpetrator.</li> <li>• How challenging behaviours or threats against other people using the service or working in the organisation are minimised and responded to.</li> <li>• How people using services are informed of how their safety and wellbeing will be protected and any actions they are required to take or not take while using the service.</li> </ul> </li> <li>☑ Records demonstrate that formal, documented, evidence-based risk assessments are: <ul style="list-style-type: none"> <li>• Linked to safety plans that are collaboratively developed.</li> <li>• Regularly reviewed, evaluated, and updated based on client circumstances.</li> <li>• Appropriately developed to suit the level of engagement and duration of need of the client.</li> <li>• Staff are trained to use these processes, and staff regularly participate in training to maintain currency.</li> </ul> </li> <li>☑ Documented and implemented processes: <ul style="list-style-type: none"> <li>• For notifying relevant authorities or police where a child or young person involved with their service is identified as experiencing significant intra-familial harm or is at risk.</li> <li>• For notifying relevant authorities with information as is necessary for the best interests, wellbeing and safety of the child or young person.</li> <li>• Service premises have physical security measures in place to meet the safety and privacy needs of service users and workers.</li> </ul> </li> </ul>

<sup>60</sup> Information on current requirements specific to various positions held within a care service is available by accessing DFSDSCS's resource paper [Suitability and Screening Requirements for Child Safety Licensed Care Services: A Guide for Non-government Organisations](#).

<sup>61</sup> Refer to the requirements in DFSDSCS'S resource: [Motor Vehicle Safety - Guidelines for Child Protection Placement Services](#)

<b>Disability Services</b>	<ul style="list-style-type: none"> <li>☑ Documented and implemented processes which ensure Disability Worker Screening requirements are complied with in accordance with the <i>Disability Services Act 2006</i>, including: <ul style="list-style-type: none"> <li>• Ensuring all persons engaged to carry out state-funded disability work (including volunteers) hold a Disability Worker Screening Clearance before they start work. Note: a blue card is also required for people working with children with disability <b>if the role is deemed risk-assessed</b>.</li> <li>• Managing and tracking the status of Disability Worker Screening applications and expiry dates.</li> <li>• Appropriately managing interim bar, suspension and exclusion notifications received in relation to a worker.</li> <li>• Maintaining up to date organisation details and contact person information with the Disability Worker Screening Unit.</li> </ul> </li> <li>☑ Documented and implemented <i>Risk Management Strategy</i><sup>62</sup> that meets the requirements of section 58 of the <i>Disability Services Act 2006</i>.</li> <li>☑ Where services and support are provided in an accommodation setting, implemented processes for ensuring that: <ul style="list-style-type: none"> <li>• The health care needs of people with disability are documented and regularly reviewed by a qualified health practitioner or therapist</li> <li>• People using services are supported to access preventive health services such as cancer screening, vaccinations.</li> <li>• Risk identification and management strategies are applied to minimise the risk of preventable incidents such as swallowing and/or breathing difficulties, medication management issues.</li> </ul> </li> </ul>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>☑ Documented and implemented processes for responding to deterioration in a person's mental state.</li> </ul>
<b>Alcohol &amp; Other Drugs</b>	<ul style="list-style-type: none"> <li>☑ Evidence that the organisation has appropriate clinical governance to support good practice.</li> <li>☑ Documented and implemented processes for preventing, identifying and responding to risks associated with the types of health services delivered<sup>63</sup>. Documented and implemented processes for recognising and responding to acute deterioration in a person's health and/or mental state as relevant to the types of services provided.</li> </ul>

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

- Policies and procedures which address how risks to people using services (e.g. risks to safety and wellbeing) are identified, minimised and managed (including prevention of harm, abuse and neglect).
- Child Safe policies and procedures – including screening processes (e.g. **employee** register, Child Safety and Personal History Screening Check register), risk management strategies, organisational leadership and culture, participation of children in decisions that affect them, child focussed complaints handling processes, safe physical and online environments).
- Policies and procedures and risk assessment/management plans for ensuring safe environments for people who use services as outlined in Appendix A.
- Policies, procedures, materials and resources supporting anti bullying and cyberbullying,

<sup>62</sup> Refer to section 58, *Disability Services Act 2006*.

<sup>63</sup> Depending on the types of services delivered, relevant clinical risks may include: healthcare associated infection; reprocessing of reusable medical devices; safe and secure storage, distribution and disposal of medication; occupational risk of exposure to blood and body fluids or acquiring vaccine-preventable disease; test accuracy and traceability



which may include requirements as outlined in Appendix A.

- Processes to inform people using services about how their safety and wellbeing will be protected and any actions they are required to take or not take while using the service.
- Processes for minimising and responding to challenging behaviours or threats against other people using the service or people working in the organisation.
- Documented processes for managing screening obligations and related risk management strategies (such as Blue Card, Disability Worker Screening, as relevant to the services provided).
- Characteristics of physical environment (free from hazards, promotes safety and protection).
- Records of risk assessment (such as safety assessments, records of meetings) for preventing, identifying and responding to risks to the safety and wellbeing of people using services.
- Records of preventative and corrective actions to protect the safety and wellbeing of people using services.
- Building maintenance schedules, safety and electrical inspections and approvals, fire safety assessment and management plans and relevant certificates of compliance.
- Records of staff and volunteer training/competencies in identified areas of risk to people using services (e.g. safety procedures, medication management, manual handling, clinical deterioration, food safety, complex health needs, challenging behaviours).

### **Disability Services**

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

### **Mental Health Services**

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

### **Alcohol and Other Drugs Services**

Processes consistent with relevant guidelines such as:

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

### **Domestic and Family Violence Services**

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

Evidence that individual risk assessments conducted for both victims and perpetrators:

- Prioritise the victim's assessment of risk as one of the most accurate indicators of risk.
- Engage collaboratively with the victim to promote self-determination and dignity of choice.
- Do not press the victim for more information than is required.
- Consider the safety needs of children.
- Assess lethality and extent and history of abusive behaviour including strangulation, weapons use and/or suicide attempts and pet abuse.
- Identify attitudinal, behavioural, and physical risk factors of the perpetrator and incorporate this into safety planning.
- Accurately document the patterns of abuse and how these impact on the functioning, safety and wellbeing of the victim and family.
- Identify and address barriers to participation (such as language, culture, ability, safety, or physical access to services).
- Reflect an understanding that a respectful, positive, or engaged interaction with the perpetrator does not necessarily indicate that they pose less of a risk.
- Demonstrate knowledge and consideration for social, environmental, and protective factors, support networks and personal circumstances of the client in the assessment and planning of responses.

Safety plans conducted for both victims and perpetrators are linked to a risk assessment, collaboratively developed, and may demonstrate:

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

Risk assessment and safety planning in remote and discrete locations and for Aboriginal and Torres Strait Islander People and Services may include:

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

Physical premises may evidence safety and privacy of clients by:

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

## Standard 4: Safety, Wellbeing and Rights

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

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

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

The interpretation of this indicator:

- Harm includes self-harm.

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

<b>Common</b>	<ul style="list-style-type: none"><li>☑ 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.</li><li>☑ Processes ensure that all people working in or for a service (including employees, subcontractors, agency staff, students and volunteers<sup>64</sup>) are aware of:<ul style="list-style-type: none"><li>• What constitutes, harm, abuse and neglect and how to respond in a manner that is consistent with any legislative requirements.</li><li>• How to record and report allegations or incidents, including reporting of harm, abuse and neglect through internal processes and to any external agencies, as appropriate.</li><li>• Their responsibilities to support people or make referrals to appropriate supports.</li><li>• The importance of responding to allegations of harm, abuse and/or neglect in a manner that observes the principles of natural justice, and for all parties to be supported during the investigation of an allegation of harm, abuse or neglect.</li></ul></li><li>☑ The organisation has an incident reporting system which ensures that incidents are assessed, managed and reported in a timely manner to internal stakeholders and relevant external agencies such as Queensland Police, <b>DFSDSCS</b>, Coroner and/or funding bodies<sup>65</sup>.</li></ul>
<b>Child Protection Placement Services</b>	<ul style="list-style-type: none"><li>☑ The organisation has a policy/procedure which ensures that harm, suspected harm and concerns about standards of care are identified, managed, recorded, and reported in accordance with legislative requirements and <b>DFSDSCS</b> policy. This policy/procedure must be kept up to date and:<ul style="list-style-type: none"><li>• Include a definition of harm which is consistent with the definition in section 9 <i>Child Protection Act 1999</i>.</li><li>• Facilitate reporting and recording by staff members of all harm/suspected harm (as defined in Section 9 <i>Child Protection Act 1999</i>) and concerns about the standards of care being provided to a child, and which meets the requirements of section 28 <i>Child Protection Regulation 2023</i>.</li><li>• Ensure compliance with the mandatory reporting requirements</li></ul></li></ul>

<sup>64</sup> Where relevant to the role they are undertaking

<sup>65</sup> Some funding bodies specify timeframes for the reporting of incidents based on the type of incident and its priority level (e.g. Level 1, Level 2)

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

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

Additionally, for non-family based placement services:

- Incident management for residential care services.
- Incident reporting guide for residential care services.
- Joint agency protocol to reduce preventable police call-outs to residential care services.

☒ Records demonstrate that:

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

Additionally, for non-family based placement services:

- Incident management for residential care services.

	<ul style="list-style-type: none"> <li>- Incident reporting guide for residential care services.</li> <li>- Joint agency protocol to reduce preventable police call-outs to residential care services.</li> <li>• Written reports have been provided to DFSDSCS in relation to all reportable suspicions (as defined in section 13F <i>Child Protection Act 1999</i>) as soon as reportable suspicions have been formed</li> <li>• Written reports provided to DFSDSCS in relation to reportable suspicions contain all information as prescribed in section 13G <i>Child Protection Act 1999</i> and Part 2 <i>Child Protection Regulation 2023</i>.</li> <li>• Non 13G harm/suspected harm and concerns about the standards of care have been reported to DFSDSCS in sufficient detail to enable the safety, wellbeing and best interests of the child to be addressed by DFSDSCS as soon as possible and ensure that the standard of care provided has complied and will continue to comply with the Statement of Standards.</li> <li>• Any use of prohibited practices has been reported to DFSDSCS immediately in accordance with DFSDSCS's <i>Managing High Risk Behaviour Policy</i>. These incidents must have also been reported in accordance with section 13F <i>Child Protection Act 1999</i> when applicable.</li> <li>• The use of emergency restrictive practices and details of the circumstances in which it occurred has been reported to DFSDSCS within 24 hours of the incident occurring (or immediately where the use of restrictive practices may be a breach of the standards of care, or actions may have resulted in harm to the child or young person) in accordance with DFSDSCS's <i>Managing High Risk Behaviour Policy</i>. These incidents must have also been reported in accordance with section 13F <i>Child Protection Act 1999</i> when applicable.</li> <li>• Where incidents, disclosures of harm, Standards of Care Reviews or Harm Report Investigation and Assessments have occurred, support has been provided to children and young people, staff and foster and kinship carers in accordance with the organisation's policy, and they have been informed of external supports that they may access.</li> </ul>
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## Family Based Care Services

For organisations that support approved carer households (including provisionally approved carer households):

- ☒ The organisation has a policy/procedure which ensures that harm, suspected harm and concerns about standards of care are identified, managed, recorded, and reported in accordance with legislative requirements and DFSDSCS policy. This policy/procedure must be kept up to date and:
  - Include a definition of harm which is consistent with the definition in section 9 *Child Protection Act 1999*.
  - Facilitate reporting and recording by staff members of all harm/suspected harm (as defined in Section 9 *Child Protection Act 1999*) and concerns about the standards of care being provided to a child, and which meets the requirements of section 28 *Child Protection Regulation 2023*.
  - Ensure compliance with the mandatory reporting requirements specified in sections 13F, 13G, 13H and 13I *Child Protection Act 1999* and in Part 2 *Child Protection Regulation 2023*.
  - Ensure that all harm/suspected harm and concerns about standards of care are reported to DFSDSCS in a timeframe and in sufficient detail to enable the safety, wellbeing and best interests of the child or young person to be addressed by the Department as soon as possible and ensure that the standard of care provided complies, and will continue to comply, with the Statement of Standards.
  - Outline the organisation's process for reporting the emergency use of restrictive practices and prohibited practices in line with DCSSDS's *Positive Behaviour Support and Managing High Risk Behaviour Policies*.
  - Outline the organisation's process for reporting and recording disclosures of harm that relate to historical harm, or harm that was not a result of services provided by the organisation. This must include processes for how support is provided to the young person following disclosures.
  - State what staff are to do if DFSDSCS deems an incident to require a Standards of Care Review or Harm Report Investigation and Assessment.
  - Specify how the organisation provides support to a child or young person, staff, or foster and kinship carers during and following an incident, disclosure of harm, *Standards of Care Review or Harm Report Investigation and Assessment*. This must include providing information about what external support can be accessed.
  - Outline how the organisation will provide training to staff and approved carers regarding critical and major incidents consistent with the Foster and Kinship Carer Orientation Guidelines<sup>66</sup>.
  - Training will support identify, preventing, responding to, and reporting harm or suspected harm and standard of care concerns, positive behaviour support and managing high risk behaviours.
  - Ensure that the management of incidents is consistent with DFSDSCS policy and procedural documents and relevant protocols including:
    - Provide and review care procedure Child Safety Practice Manual.
    - Reporting missing children: Guidelines for approved carers and care services.

<sup>66</sup> [Foster and Kinship carer orientation and responsibility guidelines](#)



	<ul style="list-style-type: none"> <li>- Responding to Concerns About the Standards of Care Policy</li> <li>- Positive Behaviour Support and Managing High Risk Behaviour Policies.</li> </ul> <p>Records demonstrate that:</p> <ul style="list-style-type: none"> <li>• All incidents have been managed and reported in accordance with the organisation's policies, DFSDSCS policy and procedures requirements and relevant protocols including: <ul style="list-style-type: none"> <li>- Provide and review care procedure Child Safety Practice Manual.</li> <li>- Reporting missing children: Guidelines for approved carers and care services.</li> <li>- Responding to Concerns About the Standards of Care Policy.</li> <li>- Positive Behaviour Support and Managing High Risk Behaviour Policies.</li> </ul> </li> </ul> <p>Written reports have been provided to DFSDSCS in relation to all reportable suspicions (as defined in section 13F <i>Child Protection Act 1999</i>) as soon as reportable suspicions have been formed</p> <ul style="list-style-type: none"> <li>• Written reports provided to DFSDSCS in relation to reportable suspicions contain all information as prescribed in section 13G <i>Child Protection Act 1999</i> and Part 2 <i>Child Protection Regulation 2023</i>.</li> <li>• Non 13G harm/suspected harm and concerns about the standards of care have been reported to DFSDSCS in sufficient detail to enable the safety, wellbeing and best interests of the child to be addressed by DFSDSCS as soon as possible and ensure that the standard of care provided has complied and will continue to comply with the Statement of Standards.</li> <li>• Any use of prohibited practices has been reported to DFSDSCS immediately in accordance with DCSSDS's <i>Managing High Risk Behaviour Policy</i>. These incidents must have also been reported in accordance with section 13F <i>Child Protection Act 1999</i> when applicable.</li> <li>• The use of emergency restrictive practices and details of the circumstances in which it occurred has been reported to DFSDSCS within 24 hours of the incident occurring (or immediately where the use of restrictive practices may be a breach of the standards of care, or actions may have resulted in harm to the child or young person) in accordance with DCSSDS's <i>Managing High Risk Behaviour Policy</i>. These incidents must have also been reported in accordance with section 13F <i>Child Protection Act 1999</i> when applicable.</li> </ul> <p><input checked="" type="checkbox"/> Where incidents, disclosures of harm, Standards of Care Reviews or Harm Report Investigation and Assessments have occurred, support has been provided to children and young people, staff and foster and kinship carers in accordance with the organisation's policy, and they have been informed of external supports that they may access.</p>
<b>Families</b>	<input checked="" type="checkbox"/> Documented and implemented processes which ensure that families and young people are aware of the organisation's duty of care to report significant harm or risk of significant harm to relevant authorities including DFSDSCS.
<b>Young People</b>	
<b>Sexual Violence &amp; Women's Support</b>	<input checked="" type="checkbox"/> Documented and implemented processes which ensure that individuals are aware of the organisation's obligation to report significant harm, abuse and/or neglect or risk of significant harm, abuses and/or neglect to relevant authorities. Where a significant incident/harm occurs within the service environment, the organisation reports to relevant authorities and the DFSDSCS Contract Officer.

<b>Disability Services</b>	<ul style="list-style-type: none"> <li>☑ The organisation must have, maintain, implement and act in accordance with policies consistent with DFSDSCS's policy on <i>Preventing and Responding to the Abuse, Neglect and Exploitation of People with a Disability</i>, including: <ul style="list-style-type: none"> <li>• Promoting a culture of no retribution.</li> <li>• Ensuring there are systems to identify and respond to abuse, neglect or exploitation of service users.</li> <li>• Ensuring timely, adequate and appropriate responses to incidents.</li> </ul> </li> <li>☑ The organisation has a policy consistent with DFSDSCS's <i>Critical Incident Reporting Policy</i>. This policy is implemented, monitored and reviewed, and incidents are reported in accordance with their critical incident type.</li> </ul>
<b>Alcohol &amp; Other Drugs</b>	<ul style="list-style-type: none"> <li>☑ Documented and implemented processes for identifying and responding to and reviewing clinical incidents, variations in practice and unexpected outcomes including: <ul style="list-style-type: none"> <li>• Processes for open disclosure.</li> <li>• Processes for ensuring outcomes of review are used to inform the organisation's risk management systems.</li> </ul> </li> </ul>

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

#### **Child Safety Placement Services and Family Based Care Services**

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

#### **Child Safety – Non-Family Based Placement Services (Residential Care)**

- Policies and procedures include steps to respond to incidents, including addressing immediate safety needs, making the environment safe, managing the needs of people involved, identifying the cause of the incident and taking corrective action to prevent future incidents, where possible.

- Processes for identifying risk factors and early warning signs with the aim of implementing incident prevention approaches.
- Evidence of culturally responsive approaches for Aboriginal and Torres Strait Islander children and young people such as ensuring cultural support plans are in place and supporting children and young people to make contact with the Aboriginal and Torres Strait Islander Legal Service
- Evidence that themes arising from incidents have been considered and addressed with staff in order to strengthen individual and organisational practice and responses.

### **Disability Services**

- A code of practice/conduct and policies that clearly prohibit all forms of abuse and overly restrictive behaviour management.
- Stakeholder feedback (such as family, carers, kin, advocates, decision makers, guardians) confirms a culture of no retribution for any person who reports abuse, neglect or exploitation of a person with a disability.
- Records of reporting to **DFSDSCS** as required including the use of unauthorised use of restrictive practices.

### **Alcohol and Other Drugs**

- Process for regular auditing of clinical records.

## Standard 4: Safety, Wellbeing and Rights

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

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

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

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

<b>Common</b>	<i>There is no common mandatory evidence requirement for this indicator</i>
<b>Child Protection Placement Services</b>	<input checked="" type="checkbox"/> Processes exist and resources are used to inform children or young people and enable them to access support agencies and advocacy groups, including <b>DFSDSCS</b> case workers and the Office of the Public Guardian.
<b>Family Based Care Services</b>	
<b>Disability Services</b>	<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 <sup>67</sup> . <input checked="" type="checkbox"/> Processes exist and resources are used to inform people using services about accessing relevant support agencies and advocacy groups, including the Office of the Public Guardian.

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

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

<sup>67</sup> Relates to section 32 of the *Disability Services Act 2006*.

relevant health services, community members, Elders).

- Feedback from people using services, their representatives / support persons (where relevant) and other relevant stakeholders confirms that people using services are linked with culturally appropriate supports (such as Aboriginal and Torres Strait Islander services, Aboriginal and Torres Strait Islander Community Controlled Organisations, multi-cultural organisations, community members, Elders, language services).
- Feedback from people using services and their representatives / support persons (where relevant) confirms that they have been informed of their right to have a support person or an advocate, and are supported to do so at any stage of service delivery.

### **Child Protection Placement Services**

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

### **Family Based Care Services**

- Service supporting approved carers including provisionally approved carers are considered direct care services (T212, T214 & T215)
- For service seeking or assessing prospective carers (T210, T211 & T213) evidence of engagement and assessment activities undertaken, records of expression of interest (EOI), records of family contact and evidence of assessments of prospective carers.

## 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

Common	<ul style="list-style-type: none"> <li>☑ Evidence that people using services are given opportunities to participate as fully as possible and make choices about the services they receive.</li> <li>☑ Services are delivered in a manner that is least intrusive while: <ul style="list-style-type: none"> <li>• Maintaining the safety, wellbeing and rights of people using services; and</li> <li>• Having regard to people using services' human rights including consideration of whether any limitation of human rights is consistent with Section 13 of the <i>Human Rights Act 2019</i>.</li> </ul> </li> </ul>
Child Protection Placement Services	<ul style="list-style-type: none"> <li>☑ Implemented processes relating to participation and choice that have regard to: <ul style="list-style-type: none"> <li>• The <i>Charter of Rights for a Child in Care</i> (Schedule 1 <i>Child Protection Act 1999</i>)</li> <li>• The delivery of services in accordance with the <i>Statement of Standards</i> (section 122 <i>Child Protection Act 1999</i>)</li> <li>• the Case Plan prepared by <b>DFSDSCS</b>, if the Case Plan has been made available to the organisation.</li> </ul> </li> </ul> <p><i>Note: This indicator is <u>not applicable</u> to Foster and Kinship Care services under the <b>Child Protection Placement Services</b> that do not provide direct care to children or young people.</i></p>
Family Based Care Services	



<b>Disability Services</b>	<ul style="list-style-type: none"> <li>☑ Information is provided in a format easily understood by individual service users (based on the individual's preferences for the communication method) to enable people using services to participate and make choices about the services they receive.</li> <li>☑ Documented policies and practices which enable people who are using an advocate to participate in decision making and choices in relation to the advocacy strategy being implemented.</li> <li>☑ 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.</li> </ul>
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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

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

## Standard 5: Feedback, Complaints and Appeals

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

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

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

The interpretation of this indicator:

- Complaints includes disputes.

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

#### Common

- ☑ Documented and implemented complaint management/dispute resolution procedure for handling complaints between the organisation and people using services concerning any services.
- ☑ Documented and implemented procedure for dealing with complaints that any person may make about any of the services, including the right to make a complaint to the relevant funding body and/or an external complaints agency<sup>68</sup>.
- ☑ Complaint management/dispute resolution procedures and complaints documents are made available to people using services and/or, where relevant, their representatives / support persons.
- ☑ People working in or for the organisation are aware of, trained in and comply with the relevant procedures in relation to complaints management and resolution.
- ☑ Documented processes which ensure that the organisation does not discontinue or reduce services or take any retaliatory action in relation to a person who has made a complaint about any of the services or who has had a complaint made on their behalf.

*Note: this does not preclude the service from taking action as necessary to ensure the safety and prevent harm to service users and others that may come to the notice of the service through lodgement of the complaint.*

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

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

<sup>68</sup> Queensland Human Rights Commissioner (formerly Anti-Discrimination Commission Queensland), Queensland Police

considers to be inadequate<sup>69</sup>.

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

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<sup>69</sup> Noting a complainant has a right to escalate a human rights complaint to the Queensland Human Rights Commissioner if 45 business days have elapsed and the person has either not received a response to the complaint, or has received a response the person considers to be inadequate

## Standard 5: Feedback, Complaints and Appeals

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

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

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

*There are no mandatory evidence requirements for this indicator*

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

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

## Standard 5: Feedback, Complaints and Appeals

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

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

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

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

<b>Common</b>	<ul style="list-style-type: none"> <li>☑ Evidence that people using services, their representatives / support persons (where relevant) and other relevant stakeholders have been made aware of their right to access an external complaints agency and external advocacy/support agencies as appropriate, and have been informed of how to do so. This includes the right to escalate a human rights complaint to the Queensland Human Rights Commissioner if 45 days have elapsed and the person has either not received a response to the complaint, or has received a response the person considers to be an inadequate.</li> <li>☑ Implemented policy/procedure which ensures that people using services are appropriately supported to provide feedback, make a complaint or appeal to external avenues should they choose to do so<sup>70</sup>.</li> <li>☑ Documented and implemented policy which ensures that management and staff refer complaints promptly to external agencies when appropriate (e.g. the relevant department, Queensland Police Service, Office of the Public Guardian).</li> </ul>
<b>Child Protection Placement Services</b>	<ul style="list-style-type: none"> <li>☑ Children and young people and where applicable, <b>prospective and approved</b> foster and kinship carers are provided with information regarding Reviewable Decisions and their right of appeal, and are able to access advocacy/support agencies or <b>DFSDSCS</b> staff should they choose to exercise their right<sup>71</sup>.</li> </ul>
<b>Family Based Care Services</b>	<ul style="list-style-type: none"> <li>☑ Children, young people, families, <b>carers and prospective carers</b>, and <b>their</b> support networks involved with the service are made aware of the complaints and appeals options available to them including making contact with: <ul style="list-style-type: none"> <li>• DCSSDS</li> <li>• Office of the Public Guardian (including contact with a Community Visitor or Child Advocate Legal Officer).</li> <li>• <b>The Queensland Ombudsman.</b></li> </ul> </li> </ul>

<sup>70</sup> Including the Public Advocate, Queensland Human Rights Commissioner, Health Ombudsman

<sup>71</sup> See Schedule 3 *Child Protection Act 1999* for a list of Reviewable Decisions and Aggrieved Persons.

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

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



## Standard 5: Feedback, Complaints and Appeals

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

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

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

*There are no mandatory evidence requirements for this indicator*

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

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

## Standard 6: Human Resources

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

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

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

The interpretation of this indicator:

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

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

<b>Common</b>	<ul style="list-style-type: none"> <li>☑ Documented and implemented process to ensure employment practices comply with relevant employment-related legislation, including the <i>Human Rights Act 2019</i><sup>72</sup>.</li> <li>☑ Buildings and the physical environment where services are delivered are safe for people working in or for the organisation and are well maintained.</li> <li>☑ Human resource management systems ensure that workforce planning is undertaken in a manner that supports the level and type of services the organisation delivers.</li> </ul>
<b>Child Protection Placement Services</b>	<p><b>For all placement services</b></p> <ul style="list-style-type: none"> <li>☑ Human resource management systems and processes implemented by the organisation include suitable methods for the selection, training and management of people engaged in providing services<sup>73</sup>. Methods must ensure that persons are suitable in accordance with sections 18-25 <i>Child Protection Regulation 2023</i>.</li> </ul>
<b>Family Based Care Services</b>	<p><i>Note: Placement services and services supporting approved carer households (including provisionally approved carer households) 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 <b>implementing and monitoring</b> the above processes.</i></p>

<sup>72</sup> For information about family and domestic leave entitlements, see the [Fair Work Ombudsman website](#).

<sup>73</sup> In addition to the requirements of 6.2 below, selection methods must ensure that persons are suitable in accordance with sections 18-25 *Child Protection Regulation 2023*, including screening processes for Blue Card and Child Safety Personal History Screening Checks as required in 4.21 above.

<b>Individuals</b>	<b>Assertive Outreach</b> <ul style="list-style-type: none"> <li>☑ First Aid kits are accessible for all staff.</li> <li>☑ Staff are provided with a mobile phone to use in case of emergencies.</li> <li>☑ Staff work in teams with a minimum of two staff for each shift (usually one male and one female).</li> </ul>
<b>Community Services</b>	<b>Assertive Outreach</b> <ul style="list-style-type: none"> <li>☑ First Aid kits are accessible for all staff.</li> <li>☑ Staff are provided with a mobile phone to use in case of emergencies.</li> <li>☑ Staff work in teams with a minimum of two staff for each shift (usually one male and one female).</li> </ul>

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

- Policies/procedures for Human Resource Management addressing:
  - Non-discriminatory human resource practices
  - Human rights of people working in or for their service
  - Application of equal employment opportunity principles
  - Elimination of bullying and harassment
  - Consistent application of awards, collective agreements and/or contracts
  - Safe work practices
  - Safe work environment
- Policies/procedures for ensuring staff and volunteer safety (such as when working with people with challenging behaviours, working alone, working in people's homes, travel).
- Policies/procedures relating to staff and volunteer ratios and rosters.
- Publications providing updates to staff regarding changes to regulatory requirements and how this will impact upon staff/services (e.g. changes to award and leave entitlements such as unpaid family and domestic violence leave entitlements<sup>74</sup>).
- Staff rosters.
- Records of staff and volunteer training about work, health and safety relevant to their role.
- Records of meetings/discussions/training about safe work practices and safe work environment (such as records of safety and quality committee meeting, staff and volunteer training register/database, publications for staff and volunteers (e.g. staff bulletin/Yammer posts), discussions at team meetings).
- Records of work health and safety assessments and improvements.
- Feedback from staff confirms they are familiar with the regulatory requirements impacting upon them, including relevant awards, agreements and/or contracts.

<sup>74</sup> See Fair Work Ombudsman website: [www.fairwork.gov.au/](http://www.fairwork.gov.au/)

## Standard 6: Human Resources

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

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

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

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

<b>Common</b>	<input checked="" type="checkbox"/> People working in and for the organisation are qualified or skilled to perform their nominated role.
<b>Child Protection Placement Services</b>	<p><b>For family based care services (relates only to T204 and T205)</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> The organisation has and implements a policy/procedure regarding foster carer recruitment, assessment and training which is consistent with the requirements specified in <i>Provide and review care procedure</i> of the Child Safety Practice Manual.</li> <li><input checked="" type="checkbox"/> The organisation implements foster carer recruitment processes/strategies which ensure foster and kinship care services work collaboratively with <b>DFSDSCS</b> to ensure their activities are complementary.</li> <li><input checked="" type="checkbox"/> The organisation's records demonstrate that each foster carer has undergone the required selection process to determine suitability.</li> <li><input checked="" type="checkbox"/> Foster carer recruitment strategies have resulted in the recruitment of carers who are appropriate to the service provider's service users.</li> <li><input checked="" type="checkbox"/> Foster carers have been approved by <b>DFSDSCS</b> before children have been placed with them.</li> <li><input checked="" type="checkbox"/> Foster and kinship carers are aware of their roles and responsibilities to the child in care.</li> <li><input checked="" type="checkbox"/> All foster carers (with the exception of provisionally approved carers) have a Foster Carer Agreement in place.</li> <li><input checked="" type="checkbox"/> Records demonstrate that foster and kinship carer assessments (new and renewal) are undertaken in a timely manner.</li> <li><input checked="" type="checkbox"/> Records demonstrate that the organisation works with <b>DFSDSCS</b> and carers to ensure that foster and kinship carer renewal applications are submitted within required timeframes to ensure that approvals remain current at all times.</li> <li><input checked="" type="checkbox"/> The organisation has effective processes in place to monitor the expiry dates of foster and kinship carer and adult household member (AHM) Blue Cards/Exemption Cards, and ensure that carers and AHMs are supported to maintain current screening (processes should ensure that <b>DFSDSCS</b> are advised if screening is not in place as required).</li> </ul> <p><b>For non-family based care services (excluding Safe Houses)</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> The organisation ensures compliance with Minimum Qualification Standards for residential care staff working in Queensland as outlined in the <i>Strengthening the Queensland Residential Care Workforce – Minimum Qualification Standards</i></li> </ul>

	Information Sheet <sup>75</sup> .
Family Based Care Services	<p>For all organisations:</p> <ul style="list-style-type: none"> <li>☑ The organisation has and implements a policy/procedure regarding carer recruitment, assessment and training which is consistent with the requirements specified in Family Based Care Investment Specification and <i>Provide and review care procedure</i> of the Child Safety Practice Manual.</li> </ul> <p>For organisations seeking and/or supporting prospective foster carer households (T213):</p> <ul style="list-style-type: none"> <li>☑ The organisation implements foster carer recruitment processes/strategies which ensure services work collaboratively with DFSDSCS to ensure their activities are complementary.</li> <li>☑ Foster carer recruitment strategies inform people about the roles and responsibilities undertaken by foster carers and the needs of children and young people in care.</li> <li>☑ Records and procedures demonstrate that people interested in making an application to be assessed as foster carers are: <ul style="list-style-type: none"> <li>○ proactively and positively engaged in a timely manner</li> <li>○ provided information and opportunity to ask questions in order to make an informed decision about making an application to be assessed.</li> </ul> </li> <li>☑ Records and procedures demonstrate that people who make an application to be assessed as foster carers: <ul style="list-style-type: none"> <li>○ have that assessments undertaken in a timely manner.</li> <li>○ undergo the required selection process to determine suitability.</li> <li>○ undergo the required training and achieved learning outcomes.</li> <li>○ Are supported to develop a Foster Carer Agreement that explores and shares the carers motivation to provide care and expected capacity and capability when approved.</li> <li>○ are informed about available foster care support services the prospective foster care household may be affiliated to when approved and that early warm referrals are made to that service with advice about the prospective foster carers Foster Carer Agreement and timeframe for completion of their full assessment.</li> </ul> </li> <li>☑ For any organisation that provide both T213 and any care support service working with foster carers in the same region, records and procedures demonstrate how the organisation manages conflict of interests and services other organisation with approved foster carer households.</li> </ul> <p>For organisations seeking and/or supporting prospective kinship carer households (T210 and T211):</p> <ul style="list-style-type: none"> <li>☑ The organisation works collaboratively with DFSDSCS to ensure their activities are complementary to family engagement for children in care.</li> <li>☑ Kin engagement strategies inform people about the roles and responsibilities undertaken by kinship carers and the specific needs of children and young people in care requiring kinship care.</li> </ul>

<sup>75</sup> Minimum Qualification Standards apply to all staff providing direct care (including employees, subcontractors, agency staff, students and volunteers) and their direct supervisors engaged by organisations providing residential care services in Queensland., Services in-scope include residential care services, supported independent living services, therapeutic residential care services and individualised placement support arrangements to meet the specific care needs of children and young people. Refer to [Strengthening the Queensland Residential Care Workforce - Minimum Qualification Standards Information Sheet](#)

	<ul style="list-style-type: none"> <li>☑ Records and procedures demonstrate that people interested in making an application to be assessed as kinship carers are: <ul style="list-style-type: none"> <li>○ proactively and positively engaged in a timely manner</li> <li>○ provided information and opportunity to ask questions in order to make an informed decision about making an application to be assessed.</li> </ul> </li> <li>☑ Records and procedures demonstrate that people who make an application to be assessed as kinship carers: <ul style="list-style-type: none"> <li>○ have that assessment undertaken in a timely manner.</li> <li>○ undergo the required selection process to determine suitability.</li> <li>○ If not able to be supported by the same organisation, are informed about available kinship care support services the prospective kinship care household may be affiliated to when approved</li> <li>○ Are supported by a Supporting Kin service should they be provisionally approved during their initial assessment.</li> </ul> </li> </ul> <p>For organisations supporting approved foster and kinship carer households (T210 and T211):</p> <ul style="list-style-type: none"> <li>☑ Records demonstrate that the organisation works with DFSDSCS and carers to ensure that foster and kinship carer renewal applications are submitted within required timeframes to ensure that approvals remain current at all times.</li> <li>☑ The organisation has effective processes in place to monitor the expiry dates of carer and adult household member (AHM) Blue Cards/Exemption Cards, and ensure that carers and AHMs are supported to maintain current screening (processes should ensure that DFSDSCS are advised if screening is not in place as required).</li> </ul>
<b>Families</b>	<p><b>Family Participation Program</b></p> <ul style="list-style-type: none"> <li>☑ The organisation has processes in place to ensure that staff working directly with service users have completed training in Aboriginal and Torres Strait Islander family-led decision making processes.</li> <li>☑ The organisation's recruitment processes and practices ensure Identified roles for all officers working directly with the Aboriginal and Torres Strait Islander child and family.</li> </ul>
<b>Individuals</b>	<p><b>Rest and Recovery and Assertive Outreach</b></p> <ul style="list-style-type: none"> <li>☑ Organisation records demonstrate that all staff possess a current First Aid Certificate.</li> </ul> <p><b>Financial Counselling and Advocacy</b></p> <ul style="list-style-type: none"> <li>☑ 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.</li> </ul>
<b>Community Services</b>	<p><b>Rest and Recovery and Assertive Outreach</b></p> <ul style="list-style-type: none"> <li>☑ Organisation records demonstrate that all staff possess a current First Aid Certificate.</li> </ul>
<b>Domestic &amp; Family Violence</b>	<ul style="list-style-type: none"> <li>☑ Staff competency levels, knowledge, and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent with their roles and responsibilities.</li> <li>☑ Organisations adhere to any mandatory experience and qualification requirements that may apply to recruitment processes for perpetrator intervention programs.</li> <li>☑ Organisations and services promote diversity in their recruitment processes in recognition of the diversity within their communities and client base.</li> </ul>



<b>Young People</b>	<input checked="" type="checkbox"/> Staff teams should be appropriately trained and culturally and professionally diverse (where possible) with a mix of qualifications, cultural connections and knowledge of the local area, skills and life experience to be reflected in the team.
<b>Alcohol &amp; Other Drugs</b>	<input checked="" type="checkbox"/> The organisation ensures staff undertaking clinical roles: <ul style="list-style-type: none"> <li>• Are appropriately qualified.</li> <li>• Maintain qualifications and skills to the required level.</li> <li>• Understand and work within their scope of practice.</li> <li>• Are provided with clinical supervision and professional support to deliver evidence-based services.</li> </ul>

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

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

#### **Child Protection Placement Services**

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

#### **Services for Aboriginal and Torres Strait Islander peoples**

- Recruitment and selection practices include identifying and recruiting staff with demonstrated experience and knowledge in culturally safe practice.

#### **Domestic and Family Violence Services**

Services can demonstrate:

- Processes that promote and support access and inclusion for people from diverse and intersecting groups, e.g. based on age, gender identity, culture, heritage, language, faith, sexual orientation, relationship status, disability, or other relevant characteristics
- On-boarding and e-learning modules show how the gendered lens, culturally safe and inclusive practice and trauma informed practice is demonstrated to new staff.
- Policies around employing female-identifying people (where exempt under the *Anti-Discrimination Act 1991*) and culturally identified positions within organisations.
- Interview questions and copies of applicants' answers demonstrate a gendered lens, the importance of cultural competency, and acknowledgement of necessary skills, knowledge, and

experience.

- Staff have a nuanced and intersectional understanding of the dynamics of gender, power and control, colonisation and trauma which informs all aspects of their practice.
- Staff adopt a gendered analysis of violence in their practice, acknowledging that gender inequality is a predominant cause and consequence of domestic and family violence.
- Staff and services acknowledge, understand and utilise the breadth of knowledge of Aboriginal and Torres Strait Islander Peoples and culturally and linguistically diverse people.

## Standard 6: Human Resources

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

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

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

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

Common	<ul style="list-style-type: none"> <li>☑ Processes providing people working in and for the organisation (including volunteers) with induction, training and development opportunities relevant to their roles are documented, implemented and reviewed.</li> <li>☑ Persons working in and for the organisation (including employees, subcontractors, agency staff, students and volunteers) have been inducted into the organisation, according to the responsibilities of their role.</li> <li>☑ Persons working in and for the organisation (including employees, subcontractors, agency staff, students and volunteers) have regular opportunities to have their learning and training needs assessed and responded to.</li> <li>☑ The organisation ensures that people working in or for their service (including employees, subcontractors, agency staff, students and volunteers) have been appropriately trained to understand the human rights of people using services and the impacts of service delivery on those rights.</li> </ul>
Child Protection Placement Services	<p><b>For all placement services</b></p> <ul style="list-style-type: none"> <li>☑ Staff working in and for the organisation (including employees, subcontractors, agency staff, students and volunteers) who provide direct care to children and young people in care and/or provide support to foster and kinship carers (recruiting, assessing, training or supporting carers) have completed the following training within a reasonable Timeframe from their commencement date<sup>76</sup>: <ul style="list-style-type: none"> <li>• Cultural awareness.</li> <li>• Positive behaviour support and managing high risk behaviour.</li> <li>• Identifying, preventing, responding to, and reporting concerns about the standards of care.</li> <li>• Identifying, preventing, responding to, and reporting harm or suspected harm.</li> </ul> </li> </ul>
Family Based Care Services	<p><b>For non-family based services (excluding Safe Houses)</b></p> <ul style="list-style-type: none"> <li>☑ The organisation ensures that non-family based care staff who provide direct care (including employees, subcontractors, agency staff, students and volunteers), and their direct supervisors complete the Hope and Healing Framework for Residential Care training in compliance with the Minimum Qualifications Standards.</li> </ul>

<sup>76</sup> Training provided should be commensurate with the nature and duration of the role that the person is undertaking.

	<p><b>For non-family based care services and services providing family-based care with direct care</b></p> <ul style="list-style-type: none"> <li>☑ The organisation ensures that prior to commencing work with a child or young person, direct care staff and their managers (including employees, subcontractors, agency staff, students and volunteers) have the necessary knowledge, skills, training, supervision and support arrangements in place to enable them to provide/support individualised care to children and young people which meets: <ul style="list-style-type: none"> <li>• The <i>Statement of Standards</i> (section 122 <i>Child Protection Act 1999</i>) for that individual child or young person</li> <li>• Other legislative and <b>DFSDSCS</b> policy requirements.</li> <li>• the organisation's policy requirements.</li> </ul> </li> </ul> <p><b>For family based care services</b></p> <ul style="list-style-type: none"> <li>☑ As a basis to support informed decision making for prospective carers and to support awareness of roles and responsibilities for approved carers (including provisionally approved carers), information about regulated out of home care responsibilities is shared consistent with <i>Foster and Kinship Carer Orientation Guidelines</i><sup>77</sup></li> <li>☑ Foster carers have undertaken all necessary <b>DFSDSCS</b> endorsed training within required timeframes<sup>78</sup>.</li> <li>☑ The organisation must follow the requirements set out in the <i>Foster Carer Training Guidelines</i> pertaining to the below: <ul style="list-style-type: none"> <li>• maintaining foster carer training and development records</li> <li>• implementation of foster carer training processes/strategies to ensure a collaborative approach between foster carers and <b>DFSDSCS</b></li> <li>• identification of development opportunities to support individual foster and kinship carers provision of care in accordance with the <i>Statement of Standards</i> (s122 <i>Child Protection Act 1999</i>).</li> </ul> </li> </ul>
<p><b>Disability Services</b></p>	<ul style="list-style-type: none"> <li>☑ The organisation ensures that people working in or for their service have been appropriately trained to: <ul style="list-style-type: none"> <li>• Respond to and mitigate potential critical incidents.</li> <li>• Fully and accurately report critical incidents within required timeframes.</li> </ul> </li> <li>☑ Documented and implemented processes for ensuring compliance with <b>DFSDSCS's</b> policy on <i>Preventing and Responding to the Abuse, Neglect and Exploitation of People with Disability</i>, including ensuring that all staff and volunteers: <ul style="list-style-type: none"> <li>• Are aware of, trained in, compliant with and implement the policies on preventing and responding to the abuse, neglect and exploitation of people using services.</li> <li>• Are trained to recognise and prevent/minimise the occurrence or recurrence of abuse, neglect and exploitation of people using services.</li> <li>• Are trained in early intervention approaches where potential or actual abuse, neglect or exploitation of people using services is identified.</li> </ul> </li> <li>☑ Where services are provided to adult/s with an intellectual or cognitive disability, the organisation ensures that staff and volunteers are: <ul style="list-style-type: none"> <li>• Trained in and understand how to recognise a restrictive practice.</li> <li>• Trained in positive behaviour support and the use of proactive and preventative strategies.</li> </ul> </li> </ul>

<sup>77</sup> Refer to [Foster and Kinship carer orientation and responsibility guidelines](#)

<sup>78</sup> Refer to **DFSDSCS** website for current requirements.

<b>Domestic &amp; Family Violence</b>	<input checked="" type="checkbox"/> Documented and implemented policies and procedures enable continuous professional development for people working in the organisation to maintain currency, competence, and confidence in their role in working with adults and children affected by domestic and family violence.
<b>Mental Health</b>	<input checked="" type="checkbox"/> People working in and for the organisation's mental health services (including volunteers) are provided with induction, training and development opportunities and supervision relevant to the delivery of recovery oriented mental health services.
<b>Alcohol &amp; Other Drugs</b>	<input checked="" type="checkbox"/> People working in and for the organisation's alcohol and other drug services (including peer workers) are provided with induction, training and development opportunities and supervision relevant to their role.

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

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

### **Services for Aboriginal and Torres Strait Islander peoples**

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

### **Domestic and Family Violence Services**

Evidence may be demonstrated in:

- Policies and procedures, training registers, training documents, interviews with management, feedback, and staff.
- The organisation participates in joint training initiatives and community education activities with other stakeholders.
- Professional development programs for staff may include, where applicable, the following evidence as it relates to domestic and family violence:
  - Understanding relevant theoretical frameworks.
  - Respectful, developmentally appropriate, culturally safe, and non-judgemental approaches.

- Analysis of the concepts of power and their internalised bias in relation to raising understanding and awareness around providing culturally safe services and interactions.
- Cross-cultural competency and working with interpreters.
- Identifying signs of domestic and family violence and the ability to respond to disclosures of both adults and children.
- Risk assessment and safety planning.
- Understanding the tactics of power and control that can interfere in the relationship between children and their mothers.
- Recognising high risk factors such as history of strangulation, weapons use and/or suicide attempts.
- Dealing with potentially high levels of deceit, manipulation, and justification.
- Recognising ways in which perpetrators minimising, denying, and blaming victims or past events for their violence might prompt staff to sympathise with them.
- Understanding and applying trauma informed approaches.
- Recognising vicarious trauma in self and others.
- Recognising community strengths and resilience when working with Aboriginal and Torres Strait Islander Peoples.



## Standard 6: Human Resources

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

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

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

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

<b>Common</b>	<ul style="list-style-type: none"> <li>☑ Evidence that people working in or for the organisation receive periodic feedback/supervision and support, as relevant to their role, level of experience, and the complexity of service user needs.</li> </ul>
<b>Child Protection Placement Services</b>	<p><b>For all placement services</b></p> <ul style="list-style-type: none"> <li>☑ Records of written complaints kept by the organisation pursuant to section 29 <i>Child Protection Regulation 2023</i> correspond with employee, subcontractor, agency staff, student and volunteer support, supervision, feedback and disciplinary process records as relevant and appropriate.</li> <li>☑ 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.</li> </ul>
<b>Family Based Care Services</b>	<p><b>For family based care services</b></p> <ul style="list-style-type: none"> <li>☑ 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> (section 122 <i>Child Protection Act 1999</i>). Feedback, is to cover, but not limited by, areas outlined in the <i>Foster and Kinship Carer Orientation and Responsibility Guidelines</i><sup>79</sup>.</li> </ul>
<b>Domestic &amp; Family Violence</b>	<ul style="list-style-type: none"> <li>☑ Documented and implemented processes demonstrate how the organisation fosters a workplace culture that reduces work-induced trauma.</li> <li>☑ The performance of workers is managed, developed, and documented, including through providing feedback and development opportunities.</li> <li>☑ Processes ensure that all staff have access to regular, formal, informal, internal, and professional trauma-informed supervision, support, and resources relevant to the scope and complexity of their role, including specialist supervision where indicated.</li> <li>☑ Staff and volunteers are informed on how to access services to support their personal wellbeing and the wellbeing of their colleagues, and help them to manage their exposure to vicarious trauma.</li> </ul>

<sup>79</sup> [Foster and Kinship carer orientation and responsibility guidelines](#)

## Sexual Violence & Women's Support

- ☑ Organisations that work with victims of domestic and family violence and sexual violence implement policies that demonstrate how they foster a workplace culture that reduces work-induced trauma.
- ☑ Records demonstrate that staff and volunteers have been informed on how to access services to support their personal wellbeing, and helping them to manage their exposure to distressing stories and other material related to people using services.

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

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

### Child Protection Placement Services (family-based care services)

- Policies and procedures that outline the nature and level of supports to be provided to foster and kinship carers by the service.
- Records of regular home visits to foster and kinship carers.

### Domestic and Family Violence Services

Evidence may include:

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

## Standard 6: Human Resources

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

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

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

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

### Common

- ☒ Documented and implemented policy or procedure which addresses the management of grievances and disputes raised by people working in and for the organisation (including employees, subcontractors, agency staff, students and volunteers)<sup>80</sup>:
  - Reflecting the principles of natural justice.
  - Ensuring that people working in and for the organisation are able to raise grievances without fear of retribution.
  - Ensuring that people working in and for the organisation are aware of their right to refer a complaint to a relevant external agency (e.g. Fair Work Commission, Queensland Human Rights Commissioner).
- ☒ Evidence that the organisation responds appropriately to grievances and disputes raised by people working in and for the organisation.

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

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

<sup>80</sup> For family-based child protection placement services, this must include policy or procedure addressing the management of grievances and disputes raised by foster and kinship carers.

- Feedback from staff and volunteers confirms awareness of access to employee assistance programs that provide counselling and/or other services.

#### **Services to Aboriginal and Torres Strait Islander peoples**

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

**End of document**

**Please refer to individual documents on the [HSQF website](#) for Appendix A to D.**