# Appendix C – Terms and Definitions

This document is to be read in conjunction with *HSQF User Guide – Certification – Version 10.0.*

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

| **General Terms** | **Definitions** |
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| **Blue card** | A blue card is issued following the conduct of a ‘working with children check’.  A person’s eligibility to hold a blue card or exemption card is based on an assessment of their known past police and disciplinary information. This process also disqualifies certain people upfront and prevents people from working with children whose past behaviour indicates they are not eligible to enter regulated child-related employment. This assessment is conducted by Blue Card Services.  See also *Working with Children Check*.  **Note:** some people may hold an exemption card rather than a blue card. |
| **Case note** | A record of case-related information. |
| **Case management** | A collaborative process, aimed at empowering and working with Service Users to effectively meet their individual needs and increase their self-reliance and independence. The process involves direct support based on identification, assessment and planning for a Service User’s needs, and the implementation, coordination, monitoring and review of the services required to meet a Service User’s needs. |
| **Certification** | Confirmation by an authorised body that a service provider meets the requirements of a set of quality standards.  The responsible body for authorising auditing bodies to undertake audits under the HSQF is JAS-ANZ (Joint Accreditation System of Australia and New Zealand). Audits are conducted in accordance with the requirements of the *JAS-ANZ Human Services Scheme Part 1 – Common requirements for bodies certifying human services* and *JAS-ANZ HSQF Scheme Part 2- Additional requirement for certifying human services in Queensland.* |
| **Chief executive** | Unless otherwise specified, refers to the Director-General of the relevant Queensland Government department. |
| **Child Community Visitor Program (OPG)** | The Office of the Public Guardian (OPG) has responsibilities to support and protect the rights of children and young people in family based and non-family based care placements (e.g. foster care, kinship care, residential care) and young people in detention or other supported accommodation. The OPG’s responsibilities do not apply to those children and young people placed in the care of a permanent guardian under a Permanent Care Order (PCO).  The Community Visitor Program for children and young people is an independent service conducted by the Office of the Public Guardian (OPG). The role of the program is to ensure that the concerns, views and wishes of children and young people are listened to and seriously considered. A Community Visitor can help the child or young person:   * resolve any issues and concerns they may have * access support services * make changes to their care arrangement.   See also Office of the Public Guardianand Permanent Care Order. |
| **Child Safe Standards/  Child Safe Organisations/  Child Safe Entities** | Organisations that engage in child related work, provide services specifically for children, or run facilities for children’s use will be required to implement 10 Child Safe Standards and the Universal Principle within their processes, policies and practices. This includes early childhood education providers, schools, hospitals and churches through to businesses and organisations employing staff or run by volunteers that provide services to or who work with children.  Further information regarding the Child Safe Standards can be found in HSQF User Guide – Appendix D – Child Safe Organisations |
| **Community Visitor Program (OPG)** | The Community Visitor Program operated by the Office of the Public Guardian (OPG) performs a rights protection role for Queensland adults with a disability or mental illness. Community visitors have inquiry and complaints functions and conduct unannounced visits to so they can see the standard of support provided on a typical day at a site. The role of Community Visitors is to inquire into, and lodge complaints about, issues raised by adults or by concerned members of the community.  See also *Office of the Public Guardian (OPG)* and Child Community Visitor Program (OPG). |
| **Conformance** | The requirements of a standard, or an element associated with a standard are met. |
| **Consent** | The voluntary agreement of a person or a person’s authorised representative (e.g. a family member, carer, guardian or advocate) empowered to make an informed decision about a proposed action, such as participate in an interview, or review personal records etc. |
| **DFSDSCS – Delegated Authority** | This refers to the Department of Families, Seniors and Disability Services (formerly Department of Child Safety, Disability Services and Seniors), or a ‘prescribed delegate’ that has performed a function or exercised a power in relation to a child in accordance with the Delegated Authority process.  Delegated authority is the process undertaken to implement Chapter 4 Part 2A of the *Child Protection Act 1999* (the Act) that provides for the delegation of one or more of the chief executive’s (Director-General, Department of Families, Seniors and Disability Services) functions or powers in relation to an Aboriginal or Torres Strait Islander child to a ‘prescribed delegate’.  A definition of ‘prescribed delegate and further information can be found at:  www.families.qld.gov.au/\_media/documents/aboriginal-torres-strait-islander-families/reclaiming-our-storyline.pdf |
| **DFSDSCS** | Department of Families, Seniors, Disability Services and Child Safety. |
| **DoJ** | Department of Justice |
| **Exemption Card** | A card that Queensland registered teachers and sworn police officers can apply for from Blue Card Services. The exemption card is only needed when if they work with children outside their role as a teacher or police officer. |
| **HSQF** | Human Services Quality Framework. |
| **HSQS** | Human Services Quality Standards relating to the Human Services Quality Framework (HSQF). |
| **Indicator** | A measurable element of practice that may be used to assess whether practice meets a particular standard. Indicators ensure that the expectations for conformity with each standard are clear. |
| **Individualised Plan** | A plan/agreement used to inform service delivery. An individualised plan is generally developed by/with the person using services and/or their representatives / support persons (where relevant).  Depending on the type of service may also be referred to as case plan, care plan, recovery plan or support plan. |
| **Investment Specification** | Describes the intent of funding for a Queensland Government department funding area and includes details about the services, modes, service users, service delivery requirements, performance measurement requirements, and reporting requirements and best practice guidance. |
| **Multicultural Queensland Charter** | A set of eight principles in the Multicultural Recognition Act 2016 which promote Queensland as a united, harmonious and inclusive community. Applies to all Queensland government entities and can be voluntarily adopted by any other organisation or individual. |
| **Office of the Public Guardian (OPG)** | An independent statutory body responsible for protecting the rights of vulnerable adults with impaired decision making capacity, and children and young people in family based and non-family based care placements (e.g. foster care, kinship care, residential care) and youth detention. |
| **Outcome** | The result of change, including the impact of outputs, affecting real-world behaviour and/or circumstances; such as learning, attitudes, motivations, aspirations. |
| **Outlet** | A physical location from which services are delivered. Private homes are not included as outlets.  For Child Protection Placement services and Family Based Care services this means ‘the point where non-family based care is delivered, or where a family based care service is administered’. |
| **Output** | A product or service generated from the consumption of resources. Under a Service Agreement, a Queensland Government department purchases deliverables currently known as outputs. |
| **Procure to Invest (P2i)** | Procure to Invest (P2i) provides the Queensland Government and funded organisations with a complete procurement and contract management solution including request for quote, supplier evaluation, contract setup, contract management, performance reporting and payments. |
| **Quality standards** | See also *Human Services Quality Standards* |
| **Queensland Language Services Policy** | Sets out the Queensland Government’s commitment to use interpreters and translated information to improve access to the full range of government and government-funded services for people with difficulty communicating in English. |
| **Regulated business** | A business as defined in Schedule 1 of the *Working with Children (Risk Management and Screening) Act 2000.* |
| **Regulated employment** | Employment as defined in Schedule 1 of the *Working with Children (Risk Management and Screening) Act 2000.* |
| **Relevant Stakeholder** | Relevant stakeholders may include people using services and their representatives/support persons as well as referring agencies, other service providers, Independent Aboriginal and Torres Strait Islander Entities, Aboriginal and Torres Islander Community Controlled Organisations, multi-cultural organisations, community members, Elders, language services. |
| **Representatives/Support Persons** | Representatives/support persons may include family, carers, kin, advocates, decision makers, guardians, independent persons, referring agencies, community members. |
| **Service** | A service specifically provided by a human service organisation to support a person using any of the services that falls within the scope of the Human Services Quality Framework.  See also *Care Service* in Child and Family services terms. |
| **Service Agreement** | Contract used by a Queensland Government department to provide funding to non-government organisations to deliver services. |
| **Service stream** | Broad categories of service delivery currently in-scope of the HSQF including Child and Family Services and Community and Seniors Services. |
| **Service type** | A care, support activity or service that a human service organisation is funded by a Queensland Government department to provide, normally categorised by funding stream and activity. Examples: those listed in the national Minimum Data Set for Disability Services, Child Safety Residential Care Services, Child Safety Foster Care Services, Child Safety Supported Independent Living Services, Family and Child Connect, Intensive Family Support, Domestic Violence Counselling, Counselling, etc. |
| **Service user** | Primarily, a person who is receiving/has received a service/support from the organisation being audited. Service user may also mean family members/s or an unpaid primary carer or advocate of the person using the services. Also known as ‘customer’, ‘client’, ‘participant’, ‘person using/accessing services’, etc.  For Child Protection Placement Services, service user refers to children and young people who are receiving family based and non-family based care services funded by DFSDSCS.  For Domestic and Family Violence Perpetrator Intervention Programs, service user refers to men who self-refer into the intervention program, mandated by the court as a condition of a voluntary order or other court order following a breach of a protection order or as a bail or parole condition. |
| **Stakeholder** | Unless otherwise defined in the Guide, see Relevant stakeholder above. |
| **Support persons** | See Representatives / Support Persons above |
| **Site** | A **site** is a physical location from which human services (one or more outlets) are managed. Sites may manage outlets and/or deliver services. ‘Sites’ includes sites controlled by sub-contractors at which human services are provided. Private homes are not included as sites. |
| **The Universal Principle** | The Universal Principal requires child safe entities to provide an environment that promotes and upholds the right to cultural safetyof children who are Aboriginal persons or Torres Strait Islander persons. |
| **Working with children check** | The Working with Children Check (also known as the blue card check) is a check conducted by Blue Card Services that assesses:   * A charge or conviction for any offence in Australia, even if no conviction was recorded (this includes spent convictions, pending and non-conviction charges). * Child protection prohibition orders both respondents and subjects to the application). * Disqualification orders. * Reporting obligations under the Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004 or Dangerous Prisoners (Sexual Offenders) Act 2003. * Disciplinary information from certain organisations (this includes information about teachers, childcare licensees and foster carers). * Domestic violence information. * Other information about the person that is relevant to deciding whether it would be in the best interests of children to issue a blue card. * Police investigative information relating to allegations of serious child-related sexual offences, even if no charges were laid.   A person whose application is approved is issued with a blue or exemption card. If a person’s application is refused, they are issued with a negative notice which prohibits them from carrying on a regulated business or providing regulated child-related activities. |
| **Child and Family Services (includes child protection placement and family based care services) –** | **Terms and Definitions** |
| **Aboriginal and Torres Strait Islander child placement principle** | The long-term effect of a decision on an Aboriginal or Torres Strait Islander child’s identity and connection with the child’s family and community must be taken into account (*Child Protection Act 1999* s5C(1)(b).  In any decisions or actions taken under the *Child Protection Act 1999*, the following principles (the child placement principles (s5C(2)) also apply:   1. The principle (the prevention principle) that a child has the right to be brought up within the child’s own family and community 2. The principle (the partnership principle) that Aboriginal or Torres Strait Islander persons have the right to participate in 3. Significant decisions under this Act about Aboriginal or Torres Strait Islander children; and 4. Decisions relating to the development and delivery of services, provided by the department, that: (A) Support Aboriginal or Torres Strait Islander families; or   (B) Provide for the care or protection of Aboriginal or Torres Strait Islander children;   1. The principle (the placement principle) that, if a child is to be placed in care, the child has a right to be placed with a member of the child’s family group.   Note—See section 83 of the *Child Protection Act 1999* for provisions for placing Aboriginal and Torres Strait Islander children in care*.*   1. The principle (the participation principle) that a child and the child’s parents and family members have a right to participate, and be enabled to participate, in an administrative or judicial process for making a significant decision about the child. 2. The principle (the connection principle) that a child has a right to be supported to develop and maintain a connection with the child’s family, community, culture, traditions and language, particularly when the child is in the care of a person who is not an Aboriginal or Torres Strait Islander person.   For further information on the Child Placement Principle please refer to Sections 5C; 5F; 51B and 83 of the *Child Protection Act 1999.* |
| **Approved carer** | Persons approved by DFSDSCS, in whose care a child has been placed by the chief executive, and include approved foster carers, approved kinship carers and provisionally approved carers. |
| **Authority to care** | A document prepared by DFSDSCS which is given, immediately on arrival of the child placed in their care to the:   * foster carer; or * kinship carer; or * provisionally approved carer; or * licensee or representative of the licensed non-family based care service; or * manager or representative of a not yet licensed. non-family based care service.   The Authority to Care provides evidence that the child is in their care and states the relevant legislative provision or order. Without this document the person caring for the child has no evidence to provide to police, doctors, school, etc. that they have a right to care for the child and make decisions for the child.  Licensees must have an authority to care for every child placed in a non-family based care service. Licensees may have a copy of the authority to care for children placed with carers affiliated with the foster and kinship care service. This may be provided by DFSDSCS or the carer. |
| **Care plan** | A plan developed by an organisation which details the care the service will provide to a child who is placed in non-family based care, or family-based care with direct care. The Care Plan will reflect the outcomes, goals and actions in the DFSDSCS developed Case Plan, the Behaviour Support Plan and Placement Agreement.  A Care Plan for a child in family based or non-family based care must consider the requirements of the *Statement of Standards* (sometimes referred to the dimensions of need) for each child. The Care Plan must be reviewed when the Case Plan is reviewed and should also be regularly reviewed to ensure that goals and actions are being achieved and the child’s needs are being met. |
| **Care service** | A ***care service*** is a physical location from which family based or non-family based care services are delivered. Private homes are not outlets.  For Child Protection Placement Services and Family Based Care Services, this means the point where non-family based care is delivered, or where a family based care service is administered. |
| **Case plan** | The Case Plan is a written document that provides a clear statement about why the child is in need of protection, provides key information about the child and records the roles and responsibilities of all participants in addressing the child’s protection and care needs during ongoing intervention. The Case Plan identifies the goals to achieve permanency for the child, the actions that need to be undertaken, timeframes and the people or services responsible for undertaking them. All activities, discussions and contact with the child and family will be guided by the Case Plan while it is in effect.  DFSDSCS must develop a Case Plan within 30 days of a child being taken into care (see Child Protection Orders below). The Case Plan must be reviewed every 6 months as a minimum and more often if necessary depending on any new or identified needs or changing circumstances.  The care service must develop a Care Plan based on this document, update/review the Care Plan as and when the Case Plan changes, participate in Case Plan development and review meetings and provide necessary information to develop Case Plans. |
| **Case planning / review** | In the context of child protection, case planning is a collaborative process that includes DFSDSCS staff, the child, their family, extended family and other significant people. The case planning process results in a written plan (see Case Plan above) that records the goal, outcomes and actions required to address the child’s needs for safety, belonging and wellbeing. Collaborative Family-led Decision Making is a component part of the case planning process. Case work, the behaviour and actions that implement the case plan, is a cycle of assessment, planning, implementation and review.  See also Collaborative Family-led Decision Making. |
| **Certificate of approval** | The authority provided to an approved carer, once the chief executive has made the decision to grant a foster or kinship carer application, or provisional approval of a carer. |
| **Charter of rights for a child in care** | The basic rights established under the *Child Protection Act 1999* for a child in the custody or guardianship of the state. The care service must ensure that the child is advised of their rights, including being provided information about the charter in an age and developmentally appropriate way.  (Refer to ‘Legislation’ link in Appendix B for the full wording of the charter of rights of a child in care) |
| **Child** | Section 8 of the *Child Protection Act 1999* defines a child as an individual who is under 18 years of age. The term child is used throughout this document in reference to both children and young people under the age of 18 years. |
| **Child in care** | A child in need of protection who has been placed in the custody or guardianship of DFSDSCS (refer to child protection order).  A child in care may be placed in family based or non-family based care (see definitions of these types of care below)  Children assessed as in need of protection may also remain with their family but only where an assessment by DFSDSCS confirms the parents are able and willing to work actively with the department to meet the protection and care needs of the child. In this instance an intervention with parental agreement (IPA) case is opened. As DFSDSCS is working actively with the family on this basis, the use of a court order is not required, and the child is not ‘in care’.  *Note: where the parent retains custody/guardianship of the child access to information and information sharing by the organisation, except where necessary for case planning, requires the parent’s consent*. |
| **Child in need of protection** | A child who has suffered significant harm, is suffering significant harm, or is at unacceptable risk of suffering significant harm, and does not have a parent able and willing to protect the child from the harm (section 10 of the *Child Protection Act 1999*). |
| **Child protection order** | A child protection order is an order made by the Children’s Court under the *Child Protection Act 1999* when a child is considered in need of protection*.* Different orders have different purposes and create different expectations of an organisation providing care services.  Temporary orders (in care up to 3 days)  A Temporary order is made to allow an assessment of the child’s protection needs, DFSDSCS will not provide a Case Plan when placing these children and pre-placement information will be limited. The care service may not have enough information to develop a detailed Care Plan. Temporary child protection orders (refer Child Safety Practice Manual) include:   * Temporary assessment orders (TAO) * Temporary custody orders (TCO) * Interim orders.   Court Assessment orders  A Court Assessment order (CAO) is an order made under chapter 2, *Child Protection Act 1999* to authorise actions necessary as part of an investigation and assessment to assess whether a child is in need of protection (refer Child Safety Practice Manual). This permits a more substantial assessment and the development of a Case Plan. The organisation will assist DFSDSCS by attending collaborative family-led decision making meetings and providing information to develop a Case Plan. Towards the end of the assessment a Case Plan will be available. Placement information will still be limited. The service will be able to prepare a Care Plan for the child based on limited information.  Short Term orders (for a period up to 2 years)  Short term orders cannot be granted without a Case Plan. DFSDSCS will provide a detailed placement agreement within 24 hours of a placement and a Case Plan. The service will develop a detailed Care Plan for the child in line with these documents. Short term orders (refer Child Safety Practice Manual and section 61(a) *Child Protection Act 1999*) include:   * Short-term custody orders * Short-term guardianship orders   Long Term orders (in care up to age 18)  Long term orders cannot be granted without a Case Plan. DFSDSCS will provide a detailed placement agreement within 24 hours of a placement and a Case Plan. The service will develop a detailed Care Plan for the child in line with these documents. Long term orders include:   * Long-term Guardianship orders – an order made under the *Child Protection Act 1999* granting long-term guardianship of the child to a suitable family members (other than a parent of the child), another suitable person nominated by the Chief Executive or to the Chief Executive (refer section 61(f) *Child Protection Act 1999*) * Permanent Care orders (PCO) – an order granting long-term guardianship of a child to a suitable person (other than a parent of a child) or the Chief Executive nominated by the Chief Executive (refer section 61(g) *Child Protection Act 1999*).   Transition orders  A Transition order can be made under section 65A *Child Protection Act 1999* which continues the existing child protection order for a period, of no more than 28 days. A transition order to allow the child’s gradual transition from a family based or non-family based care placement to the care of the child’s parents. A transition order cannot be extended. |
| **Child Safety and Personal History Screen Check** | A check of a person’s criminal, personal and child protection history to assist the licensee in determining whether the person meets the suitability requirements of the *Child Protection Regulation 2023*.  DFSDSCS can undertake Child Safety and Personal History Screening Checks for the following positions in a licensed care service:   * Nominee * Directors * Managers * People performing a risk-assessed role.   The person to be checked must complete a LCS-2 “*Child safety and personal history screening check”* form and submit it to DFSDSCS. DFSDSCS will write to the contact person listed on the LCS-2 with the results of the check. The licensee must use the result as part of their suitability process and the organisation must record the results and expiry date of the check as part of their suitability and blue card monitoring. |
| **Child safety after hours service centre (CSAHSC)** | A 24 hour DFSDSCS service that provides after business hours responses to clients of DFSDSCS, the community, other government departments and community agencies in response to child protection and youth justice matters. |
| **Collaborative Family-Led Decision Making** | Collaborative family-led decision making includes a process which has been specifically designed to meet the safe care and connection needs of Aboriginal and Torres Strait Islander children and families (the Family Participation Program - FPP), in keeping with the relevant principles in the *Child Protection Act 1999* (Section 5C).  Collaborative family-led decision making for Aboriginal and Torres Strait Islander children and families facilitates shared decision making led by an Aboriginal and Torres Strait Islander independent person employed by a community controlled organisation. This process involves children, young people and families during a Child Safety investigation and assessment and aims to develop family based solutions to presenting concerns.  Family-led decision making may be facilitated by DFSDSCS staff, internal and external convenors from the collaborative family-led decision making regional teams. In addition, the Family Participation Program is funded to deliver Aboriginal and Torres Strait family-ed decision making for Aboriginal and Torres Strait Islander children and families. |
| **Cultural support plan** | A component of the case plan for an Aboriginal or Torres Strait Islander child or a child from another cultural community that is completed when a child is in need of protection, to ensure that they are provided with safe and protective family, community and cultural supports. |
| **Cumulative harm** | Harm to a child caused by a series or combination of acts, omissions or circumstances that may have a cumulative effect on the child’s safety and wellbeing. |
| **Custody** | In accordance with the *Child Protection Act 1999*, a person who has or is granted custody of a child has the right and responsibility to attend to day-to-day matters only, including:   * A child's daily care * Making decisions about a child's daily care. |
| **Dimensions of need** | This term is often used to mean the Statement of Standards. |
| **Education support plan** | A plan developed by the Queensland Department of Education, Training and Employment, in collaboration with DFSDSCS, to identify educational goals and targets, and strategies to achieve those targets, for all children subject to a child protection order granting custody or guardianship to the chief executive, DFSDSCS. |
| **Emotional harm** | When a child’s social, emotional, cognitive or intellectual development is impaired or at unacceptable risk of being impaired as a direct result of parental behaviour/attitude. This includes significant emotional deprivation due to persistent coldness, rejection or hostility. The harm to the child may have a cumulative effect and/or be observable in behaviours such as severe anxiety, depression, withdrawal, indicators of inappropriate attachment or bonding, self-harming behaviour or aggressive behaviour towards others. |
| **Family and Child Connect** | Family and Child Connect (FaCC) is a community-based intake and referral service providing an additional pathway for referring concerns about children and their families.  FaCC provides information and advice to people seeking assistance for children and families where there are concerns about their wellbeing. Families who are at risk of entering or re-entering the child protection system can be referred to FaCC. |
| **Family based care (foster, kinship, intensive foster care)** **- with regard to Child Protection (Placement Services)** | A type of care provided to a child in a family setting, where the care service is responsible for recruiting, training, assessing and supporting carers who have been approved by Child Safety. |
| **Family based care with direct care (foster, kinship, intensive foster care)** - **with regard to Child Protection (Placement Services)** | A type of care provided to a child in a family setting where additionally to recruiting, training, assessing and supporting carers the service also provides additional support to children from direct care staff (refer to Appendix B). |
| **Family Based Care – Supporting Kin (T210), Supporting Foster Care (T214) and Specialist Family Based Care Model (T215)** | A type of care provided to a child in a family setting where the service may also provide additional support to children from direct care staff (Direct Care). |
| **Family based and non-family based care** | Refers to placements of children, subject to statutory child protection intervention, using the authority of the *Child Protection Act 1999* section 82(1).  Family based and non-family based care includes placements with:   * A licensed care service * An approved foster or kinship carer * Another entity.   Family based and non-family based care provides a safe, supportive and therapeutic environment for a child in care, while working towards either family reunification or an alternative permanency option. Family based and non-family based care may be provided during the investigation and assessment or ongoing intervention phases of child protection intervention. |
| **Family Based Care - Brokerage** | Brokerage funds are provided to organisations as a component of investment in Family Based Care (FBC) service delivery under the Family Based Care investment specification. The primary aim of brokerage is to improve access to or assist carer households to provide or maintain care arrangements for children or young people within their care. |
| **Family group meeting** | A meeting convened in accordance with section 51G of the *Child Protection Act 1999* to:   * Provide family based responses to children's protection and care needs. * To ensure an inclusive process for planning and making decisions relating to children's wellbeing and protection and care needs. |
| **Foster care** | Refer to *Family based care*. |
| **Foster carer** | Any individual, or two or more individuals approved by DFSDSCS to care for a child subject to DFSDSCS intervention in a family based placement (irrespective of type of placement). A person living with another person on a genuine domestic basis may only be granted a certificate of approval jointly with their partner. |
| **Foster carer agreement** | A written agreement, negotiated between each foster carer and DFSDSCS or a foster and kinship care service, that:   * Sets out the terms, conditions and responsibilities of the relationship between the foster carer and the CSSC or the foster and kinship care service * Includes plans for the carer's ongoing development and support needs.   A Foster Carer Agreement is not completed for a kinship carer, as their support is specific to the child placed in their care and recorded in the placement agreement. |
| **Forgotten Australians and former child migrants** | Men and women who turned 18 on or before 31 December 1999 and spent time as children in Queensland children’s homes, orphanages and other forms of institutional alternate care. |
| **Guardianship** | In accordance with the *Child Protection Act 1999*, a person who has or is granted guardianship of a child has the powers, rights and responsibilities to attend to:   * A child's daily care * Make decisions that relate to day-to-day matters concerning the child's daily care * Making decisions about the long-term care, wellbeing and development of the child in the same way a person has parental responsibility under the *Family Law Act 1975*. |
| **Harm** | The *Child Protection Act 1999,* (Section 9) defines harm as follows:   1. Harm, to a child, is any detrimental effect of a significant nature on the child’s physical, psychological or emotional wellbeing. 2. It is immaterial how the harm is caused. 3. Harm can be caused by— 4. Physical, psychological or emotional abuse or neglect; or 5. Sexual abuse or exploitation. 6. Harm can be caused by— 7. A single act, omission or circumstance; or 8. A series or combination of acts, omissions or circumstances.   Section 13F of the *Child Protection Act 1999* requires persons employed in a licensed care service to give a written report to the chief executive if they have formed a reasonable suspicion that the child has suffered, is suffering, or is at unacceptable risk of suffering, significant harm caused by physical or sexual abuse.  The *Child Protection Regulation 2023*, require the licensee of a child safety care service to have a procedure to report “matters of concern” (Section 28) which includes harm and standard of care concerns, and to keep particular records relating to these concerns (Section 29). |
| **Harm report** | Refer to ‘Standards of care concern/review or harm report’. |
| **Health plan** | A plan developed by a health professional regarding a child or young person following a health assessment comprising:   * Significant findings from the health assessment * A proposed health/treatment plan and whose responsibility it will be * Recommended follow-up and timeframe * Actions to be taken.   The plan is valid for 12 months. |
| **Hope and Healing Framework** | The Hope and Healing Framework sets out the foundation for caring and working with young people in residential are in a way that understands and responds to trauma and is therapeutic in approach. The Framework uses a needs-informed approaching incorporating:   * Fundamentals of care: safety, nurture, development, healing * Focus areas: improved capacity for relationship, strengthening of connections, increased emotional know-how, towards building positive identity * Future orientation: increased well being. |
| **Immediately (report incidents to the department)** | Where no ongoing emergency exists, immediately means now. Where an ongoing emergency exists, immediately means as soon as the emergency situation has been dealt with, including but not limited to - relevant emergency services have been contacted, everyone involved has been made safe and any property secured or the emergency situation has been handed over to the Police or Emergency Services.  For example, if a prohibited practice results in a serious injury to a child, the responsible employee of the service should ensure emergency care is provided; an ambulance is called, provide relevant information to the paramedic, ensure the safety of other children and staff, and deescalate the situation. As soon as the emergency has been dealt with, they must report the incident to DFSDSCS. |
| **Individualised Placement and Support (IPS) / Individualised Placement and Support Agreement (IPSA)** | Individualised Placement and Support (IPS) – time limited packages supporting children and young people with specific care and support needs that are unable to be met through longer term Service Agreement.  These packages are contracted under an Individualised Placement and Support Agreement (IPSA) (previously known as CRC-PaS) |
| **Intensive foster care** | A type of family based care – refer to Appendix B. |
| **Kinship care** | A type of family based care – refer to Appendix B. |
| **Kinship carer** | A kinship carer is a person related to the child or a member of a child's community and considered family or a close friend who is approved by DFSDSCS to provide a family based care placement for the child. Kinship carers may be further categorised as:   * Grandparents * Aunts/uncles * Other relatives or close friend * For Aboriginal and Torres Strait Islander children, kinship care may include another Aboriginal person or Torres Strait Islander who is a member of, or compatible with the child's community or language group. |
| **Minimum Qualification Standards** | Minimum Qualifications Standards apply to all staff providing direct care (including employees, subcontractors, agency staff, students and volunteers) and their direct supervisors engaged by organisations providing licensed residential care services in Queensland. Staff such as allied health professionals, Elders and advocates are excluded from the standards. |
| **Licensed care service** | A service operated under a licence, in accordance with the *Child Protection Act 1999* to provide care for children in the custody or guardianship of the chief executive. |
| **Licensee** | A corporation that has been granted a licence to provide a care service in Queensland and refers to the holder(s) of the licence collectively. Licensee representatives are the identifiable individuals associated with the corporation. |
| **Local Level Alliance** | The Local Level Alliance is led by the Family and Child Connect service and includes members from government and non-government agencies, Local Councils and Australian Government and other service providers who work with vulnerable families within the community to ensure families receive the right mix of services at the right time. |
| **Neglect** | The child's basic needs of life are unmet by their parent to such an extent that the child's health and development are affected, causing harm, or likely to cause an unacceptable risk of harm to the child. |
| **Non-family based care (residential care)** | A type of care provided to a child in care by staff (paid, contracted, or volunteers) of a care service in residential premises, therapeutic residential care premises, supported independent living premises or a safe house. The child is in the care of the service provider (refer to Appendix B). Models are defined in the investment specifications. |
| **Physical harm** | Serious physical trauma or injury of a non-accidental nature a child has suffered or is at an unacceptable risk of suffering, due to the actions of their parent or carer. |
| **Placement** | When a child is 'placed' in a family based and non-family based care living arrangement due to intervention by DFSDSCS. |
| **Placement agreement** | A written agreement that must be developed for a child who is placed in family based and non-family based care with:   * An approved foster carer, approved kinship carer or provisionally approved carer (either primary or respite) * A licensed care service, including residential care services, therapeutic residential care services, supported independent living services and safe houses.   The purpose of the placement agreement is to ensure carers and care services have access to relevant information about a child and adequate support for the placement. The placement agreement:   * Outlines the goals of the placement * Provides relevant information about a child * Records the agreed support and services to be provided to the carer or care service, based on the assessed level of the child's needs.   If it is not possible to provide a written agreement at the time of placement, the Child Safety Service Centre (CSSC) is to provide the carer or service with as much verbal information about the child as is possible, and provide a written agreement to the carer within 3 working days of the placement commencing. |
| **Positive behaviour support (child safety)** | Positive Behaviour Support (PBS) is an evidence-based approach to supporting children and young people who engage in at-risk or challenging behaviour in a range of settings. PBS:   * Recognises that at-risk or challenging behaviour is often related to environmental factors, such as interpersonal relationships, physical environment, responses from others and the way in which services are delivered. * Is a holistic approach with a focus on understanding the purpose of the behaviour and increasing positive behaviours through skill development rather than punishing negative behaviours. * Uses proactive rather than reactive or crisis driven strategies. The focus is on skill development and modifying the environment or context to better support the child or young person and reduce the need for them to engage in at risk or challenging behaviour.   Refer to DFSDSCS’s *Positive Behaviour Support and Managing High Risk Behaviour Policies* (refer to Appendix B). |
| **Positive behaviour support plan** | Case planning and review processes will identify children and young people displaying at-risk behaviours, or who are at risk of displaying such behaviours, and the negative consequence for the child or young person and/or others. Where the child or young person is assessed as having significant needs in the behaviour and/or emotional stability domains, a PBS plan will be developed as part of the case plan. Within a PBS plan, there are multi-element approaches to support the child or young person and their behaviour, including:   * Primary preventative strategies that aim to change the environment and improve quality of life to reduce the need for the child or young person to engage in at-risk or challenging behaviour. These strategies include building strong relationships, recognising positive behaviours rather than negative ones, focussing on strengths, clear and consistent boundaries and assisting with problem solving. * Secondary strategies that aim to alleviate the situation when behaviours are low risk and to prevent the behaviour from escalating. They are used when there are early warning signs of at-risk or challenging behaviour. * Non-aversive reactive strategies that aim to bring about resolution and return to safety including de-escalation strategies. |
| **Prohibited practice (positive behaviour support – child safety)** | Prohibited practices are unlawful and unethical practices which present a high risk of causing high level discomfort and trauma. Any action which is contrary to section 122 of the Child Protection Act 1999 because it frightens, threatens or humiliates a child or young person is a prohibited practice. Prohibited practices must not be used in responding to the behaviour of children who are placed in care under section 82(1) of the Act. Prohibited practices include:   * + - Corporal punishment     - Unethical practices to modify a child or young person’s behaviour     - Planned use of physical restraint     - Planned use of restriction of access to items (environmental restraint)     - Containment (environmental restraint)     - Seclusion     - Chemical restraint     - Mechanical restraint     - Aversive strategies.   Refer to DFSDSCS*’s Positive Behaviour Support and Managing High Risk Behaviour Policies* for Child Safety Care Services (refer to Appendix B). |
| **Provisionally approved carer** | A person who has been approved by DFSDSCS to care for a particular child for a defined period of time. A provisionally approved carer must have made an application to be either an approved foster carer or kinship carer. |
| **Reportable Suspicion** | Under Section 13F of the *Child Protection Act 1999*, a reportable suspicion about a child in care is a reasonable suspicion that the child has suffered, is suffering, or is at unacceptable risk of suffering significant harm caused by physical or sexual abuse. In Section 13F, a child in care means a child placed in the care of an entity conducting a DFSDSCS care service or a licensee.  If a person employed in a licensed care service forms a reportable suspicion about a child in care, the person must give a written report to the chief executive under Section 13G of the Act. Section 4 of the *Child Protection Regulation 2023* prescribes additional particulars that are to be included in the written report. |
| **Residential care** | A type of non-family based care – refer to *Residential Care Policy* (refer to Appendix B). |
| **Restrictive Practices (Managing High Risk Behaviour – child safety)** | Restrictive practices are any intervention that impacts on the rights or freedom of movement of a person with the primary purpose of protecting the person or other people from harm. |
| **Safe Haven** | Family support services in three discrete indigenous communities (Mornington Island, Cherbourg and Palm Island) that provide support to Aboriginal and Torres Strait Islander families experiencing or witnessing domestic violence. |
| **Safe House** | Safe Houses provide integrated residential care services and family intervention services in remote Aboriginal or Torres Strait Islander communities. These services provide a ‘safe place’ for children and young people who have entered the statutory child protection system by providing non-family based care that enables them to remain safely in their communities while their longer-term child protection needs are being assessed. |
| **Sexual abuse** | Any sexual activity or behaviour that is imposed on a child and results in physical or emotional or psychological harm. It includes the inducement or coercion of a child to engage in, or assist any other person to engage in, sexually explicit conduct or behaviour for the sexual gratification or profit of the person responsible. It also includes circumstances where there is an unacceptable risk that the child may be sexually abused. |
| **Statement of Standards** | Legislated standards of care all children in care of DFSDSCS must receive.  Section 122 of the *Child Protection Act 1999* prescribes the chief executive's responsibility to ensure that a child placed in the care of an approved foster carer, licensed care service or DFSDSCS care service is cared for in a way that meets the Statement of Standards. The term 'standards of care' also refers to the legislated Statement of Standards.  Refer to ‘legislation’ (refer to Appendix B). |
| **Standards of care concern/review or harm report** | Standard of care concern is where an employee of a care service or approved carer is alleged to have harmed or is suspected to have harmed a child or has breached or is suspected to have breached the statement of standards in section 122 of the *Child Protection Act 1999*.  A care service must report all instances of the above to DFSDSCS.  Standard of care review  Where concerns are raised that indicate that the standard of care provided to a child in family based and non-family based care may not have been met (*Child Protection Act 1999*, Section 122), DFSDSCS will respond by conducting a standard of care review. Where concerns indicate that a child in family based and non-family based care has been harmed, or it is suspected that a child has been harmed, DFSDSCS will respond by recording a harm report and conducting an investigation and assessment.  Harm report  A harm report is recorded where the information gathered indicates that a child in family based and non-family based care has experienced harm or it is suspected that they have experienced harm, and the harm or suspected harm may have involved the actions or inactions of a carer, household member or the staff member of a licensed care service, including failure to protect a child. |
| **Statutory service user** | Families with children and young people under 18 years, including unborn children, who are subject to ongoing intervention by Child Safety. |
| **Suitability (suitable persons)** | Certain positions in a licensed care service must be occupied by suitable persons. The *Child Protection Regulation 2023,* sections 19-22 defines a suitable person. The definition varies according to the DFSDSCS they occupy in the organisation.  DFSDSCS decides the suitability of the nominee of a licenced care service.  On applying for a licence, DFSDSCS will decide if it is satisfied that the directors, managers, people performing a risk-assessed role and the nominee are suitable.  The licensee is responsible for deciding the suitability of directors, managers, and people performing a risk-assessed role whilst an organisation is licenced.  For all of these positions the person must not pose a risk to a child they are providing services to. The licensee must use the ‘Child Safety and Personal History Screening Check’ (refer above) results to assist in deciding this component of suitability.  ***19 Managing licensed care service***  *A person is a suitable person for managing a licensed care service if the person—*  *(a) does not pose a risk to the safety of children to whom, under the Act, the licensee is providing care services; and*  *(b) is able and willing to manage the licensed care service in a way that—*  *(i) assists the licensee to ensure the provision of care meets the standards of care stated in the statement of standards; and*  *(ii) implements the methods mentioned in section 126(f) of the Act; and*  *(c) understands, and is committed to, the relevant principles*  ***20 Director of applicant for licence or licensee***  *A person is a suitable person to be a director of an applicant for a licence, or a licensee, for a licensed care service if the person—*  *(a) does not pose a risk to the safety of a child to whom, under the Act, the applicant is to provide, or the licensee is providing, care services; and*  *(b) is able and willing to manage the licensed care service, or ensure the licensed care service is managed, in a way that ensures the provision of care meets the standards of care stated in the statement of standards; and*  *(c) understands, and is committed to, the relevant principles*  ***21 Nominee for licence***  *A person is a suitable person to be the nominee for a licence if the person—*  *(a) does not pose a risk to the safety of a child to whom, under the Act, the licensee is providing care services; and*  *(b) is able and willing to fulfil the responsibilities of the nominee for the licence under section 130(1) of the Act.*  ***22 Person performing risk-assessed role for licensed care service***  *A person is a suitable person to be a person performing a risk-assessed role for a licensed care service if the person does not pose a risk to the safety of children.* |
| **Suitable right to occupy** | This refers to a licensing requirement outlined in Section 126(h) of the *Child Protection Act 1999* which states that a licence must not be granted unless any accommodation provided by the applicant to children in need of protection is, and will continue to be at a place that the applicant has a suitable right to occupy.  *Example of a place that an applicant has a suitable right to occupy—*  residential premises leased, rented or owned by the applicant.  *Example of a place that an applicant does not have a suitable right to occupy—*  a motel room booked by the applicant.  If premises are leased or rented for the above purpose, the lessor must be aware the premises are being used for non-family based care. |
| **Transition to adulthood (transition to independence)** | Refers to a child's transition from being a child in care to becoming an independent young adult within the general community. The legislated Charter of Rights for a Child in Care (schedule 1, Child Protection Act 1999) specifies the child's right to receive appropriate help with the transition to independence.  Section 75 *Child Protection Act 1999* sets out DFSDSCS obligations in supporting a young person’s transition from being a child in care to independence. This includes a review of the Case Plan to ensure the help is available to the person for the period starting when the person turns 15 and ending when the person turns 25 (as far as practicable). This is not a requirement where the young person is placed with a long-term guardian. |
| **Transition plan** | Outlines how the chief executive will provide support and gradually transition a child in family based or non-family based care into the parents’ care, to minimise distress and disruption to the child. It also includes any other relevant matter, for example:   * Actions required to ensure the transition occurs within the period of the order * Care and contact arrangements for the duration of the order.   The organisation’s care plan must reflect and support DFSDSCS’s transition plan. |
| **Women, Violence Prevention Services** | **Terms and Definitions** |
| **Domestic and family violence** | When one person in a relationship uses violence or abuse to control the other person. Domestic and family violence is usually an ongoing pattern of behaviour aimed at controlling a partner through fear. It can involve emotional, psychological, financial, physical or sexual abuse. |
| **Home security safety upgrade** | Services that support and empower people experiencing domestic and family violence, and their children, to remain safely in their homes, where it is appropriate to do so through enhancing home security and enabling them to remain close to family and other support networks such as workplaces, schools and child care. |
| **Perpetrator intervention program** | Services that prioritise the safety of those subject to controlling and abusive behaviour and seek to address and change the abusive behaviour of service users who perpetrate domestic and family violence. |
| **Community Services** | **Terms and Definitions** |
| **Assertive outreach** | Assertive outreach provides an immediate response to individuals who may be hard to engage or who do not present to required support services of their own volition. |
| **Community Support** | Services that promote greater public awareness of social issues and enhance individual and community group capacity. |
| **Financial literacy and resilience** | Services that support people to better respond to financial stresses, personal issues and cost of living expenses. Includes services provided by financial resilience workers and financial counsellors. |
| **Rest and recovery services** | Rest and recovery services provide a safe, monitored and culturally appropriate place for people to sober up; a reduced risk of harm from being intoxicated in public places; an alternative to being held in police custody for public intoxication offences; and support to access services that would help the person to give up or reduce drinking. |
| **Seniors Services** | **Terms and Definitions** |
| **Elder abuse** | Elder Abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person. |

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| **Disability Services** | **Terms and Definitions** |
| **Disability Worker Screening** | Disability Worker Screening is the scheme established under the *Disability Services Act 2006* (Qld) for screening workers carrying out state-funded disability work. The screening check considers criminal history and other relevant information to determine whether the worker is cleared or excluded.  All workers who are engaged or are proposed to be engaged (including volunteers) to carry out state-funded disability work must obtain a Disability Worker Screening Clearance. A clearance is required before they can start work. |
| **Disability Worker Screening Clearance** | If a Disability Worker Screening application is approved, a clearance is issued to the worker which means they can undertake state-funded disability work. Confirmation of the clearance is emailed to the worker and a clearance card is posted to them. The clearance remains valid for three years from the date of issue unless it is suspended or cancelled earlier. |
| **Harm** | Harm is defined in the *Disability Services Act 2006* as:   1. Physical harm to the person; or 2. A serious risk of physical harm to the person; or 3. Damage to property involving a serious risk of physical harm to the person. |
| **Individual support plan (also referred to as a care plan)** | A document in writing between the service and a service user, their family, guardian, advocate or financial manager about the disability services to be delivered to the service user which includes how those services will be delivered to meet the service user’s identified goals. |
| **Restrictive practice (disability services)** | The *Disability Services Act 2006* defines a restrictive practice as any of the following practices used to respond to the behaviour of an adult with an intellectual or cognitive disability that causes harm to the adult or others –   1. Containing or secluding the adult 2. Using chemical, mechanical or physical restraint on the adult 3. Restricting access of the adult. |
| **Person with a disability** | Persons with a disability include those who have an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment and is permanent or likely to be permanent. |
| **Positive behaviour support plan (disability services)** | The *Disability Services Act 2006* defines a Positive Behaviour Support Plan as a plan for an adult with an intellectual or cognitive disability, that describes the strategies to be used to:   1. Meet the adult’s needs 2. Support the adult’s development of skills 3. Maximise opportunities through which the adult can improve their quality of life 4. Reduce the intensity, frequency and duration of the adult’s behaviour that causes harm to themselves or others. |
| **Prescribed disability service** | Disability services as prescribed in the *Disability Services Regulation 2017.* |

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| **Domestic and family violence services** | **Terms and Definitions** |
| **Accountability** | System accountability within the DFV sector is multifaceted and consists of accountability of services to delivering high quality services through compliance processes, providing responses that support perpetrator accountability and victim safety through integrated services responses and that with a view of continuous improvement.  The concept of perpetrator accountability is broad and includes:   * Keeping women and children safe. * Understanding and responding to the needs and experiences of the victim and their views about the outcomes they want to achieve. * Ensuring legal and police responses are adequate and include penalties for breach of orders. * A focus on encouraging the perpetrator to understand and take responsibility for their actions. * A focus on avoiding collusion with perpetrator attitudes and behaviours. |
| **Case management approach** | This approach is a collaborative process of assessment, planning, facilitation and advocacy to meet an individual’s unique needs and recognises their dignity of choice and autonomy while maintaining victim safety and perpetrator accountability. Responses provided include advice and referral, individualized risk and needs assessment, individual safety and support planning, direct service and case coordination and a system for ongoing review. |
| **Client-centred approach** | This involves building interventions around the needs of the individual. Staff operate from a position of listening and believing and drawing on the strengths and resources of the client.  It should be noted that while a client-centred approach is an important part of contemporary practice, it cannot be adopted at the expense of victim safety or perpetrator accountability. |
| **Confidentiality** | Any information acquired by an entity performing functions under the *Domestic and Family Violence Protection Act 2012* must be kept confidential. Provisions in the *Domestic and Family Violence Protection Act 2012* outline specific confidentiality requirements. For example, it is an offence for a person receiving information to use or disclose the information or give anyone access to a document except where the law allows it. |
| **Conformity** | The requirements of a standard, or element associated with a standard such as an indicator, are met. [Human Services Scheme Part 1](https://www.families.qld.gov.au/_media/documents/hsqf/certification/human-services-scheme-part1.pdf) |
| **Continuous improvement** | A continuous improvement framework supports the participation of people who use services in quality improvement. |
| **Cultural Safety** | Cultural Safety is multifaceted and imbedded and driven by governance and management structures so that it informs the physical environment and ensures appropriate service delivery. Cultural Safety is determined by Aboriginal and Torres Strait Islander people and connects to creating environments where Aboriginal and Torres Strait Islander Peoples feel safe, there’s no challenge to their identity and their needs can be met. It underpins the physical environment, language, social structures, symbolic actions, sharing power, and developing knowledge, understanding and learning. Cultural Safety is the responsibility of all individuals, services and organisations cultivated by an understanding and acknowledgement of past injustices and working towards a process of respect and recognition of cultural differences, by acknowledging that Aboriginal and Torres Strait Islander Peoples are the First Nations Peoples. |
| **Developmentally appropriate** | Developmentally appropriate is a concept which involves staff basing their practices and decisions on theories of child development (where the client is a child), individually identified strengths and needs, the client’s cultural background and the context defined by the client’s community, family or kinship structures. |
| **Domestic and family violence** | As defined by the *Domestic and Family Violence Protection Act 2012*, domestic violence means behaviour by a person towards another person in a relevant relationship that: (a) is physically or sexually abusive; or (b) is emotionally or psychologically abusive; or (c) is economically abusive; or (d) is threatening; or (e) is coercive; or (f) in any other way controls or dominates and causes fear. |
| **Empowerment** | This is an iterative process, in which a person who lacks power sets a personally meaningful goal toward increasing their power, takes action, and makes progress toward that goal. In doing so, they draw on their evolving self-efficacy, knowledge, skills, and community resources and supports.  Empowerment models of practice are survivor-centred and based on victim priorities. |
| **HSQF** | The Human Services Quality Framework (HSQF) is a system for assessing and improving the quality of human services. The HSQF is designed to increase administrative efficiency and enable service providers to focus their resources on service provision and continued quality improvement. |
| **Informed consent** | For consent to be informed, clients must be given accurate, up to date information in a manner they can understand. The information will cover the nature of the decision and/or service, how it is relevant to the client’s goals, and any alternatives. Benefits and potential risks or consequences are fully explored. |
| **Intersectionality** | Intersectionality is an analytical framework for understanding how aspects of a person's social and political identities combine to create different modes of discrimination and privilege. Examples of these aspects are gender, caste, sex, race, class, sexuality, religion, disability, physical appearance, and height. |
| **Intervention** | The response provided by services. |
| **LGBTIQ+** | Throughout the practice standards, the terms sexual orientation, gender diversity, gender identity, and LGBTIQ+ are used interchangeably to refer to the wide range of diverse sexual orientations, gender identities, and intersex variations that exist among the Queensland community. The acronym LGBTIQ+ stands for lesbian, gay, bisexual, transgender, intersex and queer/ questioning, and the + represents other identities not captured in the letters of the acronym. |
| **Major nonconformity** | The requirements of a standard, or an element associated with a standard such as an indicator, are not met, or the outcome is ineffective. Human Services Quality Framework Scheme Part 1, 3 – Definitions page 6-7. In addition, a major nonconformity will be raised where the following occurs (and this is sometimes referred to as a technical major nonconformity): [Human Services Scheme Part 2](https://www.families.qld.gov.au/_media/documents/hsqf/certification/human-services-scheme-part2.pdf) – P2\_7.4.11   * Three or more nonconforming indicators in the same standard, or * Three or more nonconforming standards overall. |
| **Non-judgmental approach** | Ensuring that workers treat clients with respect is essential. Workers are required to establish a trusting, empowering and supportive relationship with clients and ensure all communications and engagements are undertaken with sensitivity, care, and dignity. |
| **Nonconformity** | The requirements of a standard, or element associated with a standard such as an indicator, are not fully met, or the outcome is only partly effective – organisations have 12 months from written notification to close out an NC [Human Services Scheme Part 1](https://www.families.qld.gov.au/_media/documents/hsqf/certification/human-services-scheme-part1.pdf) |
| **Notifiable issue** | In addition during an audit, if an auditor becomes aware of a serious concern (for example evidence or allegations that an organisation is failing to meet key legislative safeguards: significant harm to a person accessing a service including abuse, safety or wellbeing; financial impropriety including potential insolvency and/or professional misconduct), they are required to refer the matter as a Notifiable Issue to the HSQF Operations team (for investigation by the relevant funding department). Further information is available in the *HSQF Audits and Notifiable Issues factsheet* on the [HSQF website](https://www.families.qld.gov.au/our-work/human-services-quality-framework/certification-quality-requirements-resources). |
| **Observation** | Opportunities for continuous improvement or guidance for the organisation on areas for potential system deficiencies that may need to be reviewed to prevent problems occurring in the future. Observations should be considered by the organisation although action on observations is not mandatory. Observations may also be positive findings (noteworthy features) that are included and reported by the auditor. [Human Services Scheme Part 1](https://www.families.qld.gov.au/_media/documents/hsqf/certification/human-services-scheme-part1.pdf) |
| **Organisation** | An agency providing a service in response to domestic and family violence. |
| **Perpetrator** | Person who uses domestic and family violence. The term is used as it is consistent with the principle of placing responsibility for violence with those who use violence. While domestic and family violence is primarily perpetrated by men against women, we acknowledge that perpetrators can be any gender. This is an overarching term used within the sector, however, may not always be culturally appropriate. Communities may identify alternative terms when speaking with or about the person who is using violence. |
| **Practice guidance** | Practice guidance is provided for each practice standard to describe in more detail what is expected of workers in their everyday practice. It provides examples for workers about how they can deliver quality services to their clients.  The examples provided in the practice guidance are not meant to be exhaustive. New and emerging examples of good practice will be identified in future as the evidence base for effective responses to domestic and family violence expands. |
| **Practice standards** | Practice standards outline what is required for effective, professional and accountable practice, generally for a specific profession (such as social workers and psychiatrists) or for a specific workforce (such as mental health workers and child protection caseworkers). |
| **Service** | The program, intervention, or activity provided by an organisation. |
| **Victim** | A person who has experienced domestic and family violence. This term is inclusive of all ages, including children, young people, and older people. While DFV is primarily perpetrated by men against women, we recognise that victims can be any gender.  We recognise that not every person who has experienced or is experiencing domestic and family violence identifies with this term. Domestic and family violence is only one part of a victim’s life and it does not define who they are. |
| **Victim advocate** | The victim advocate role involves building a relationship with the victim and other key stakeholders to respond to the needs of the victim. Advocacy may involve, but is not limited to, the following:   * Liaising with government agencies so that the victim can access or apply for services, for example, housing and accommodation services. * Communicating with schools and employers on the victim’s behalf.   Liaising with prescribed entities to ensure the safety of the victim. |
| **Queensland Health** | **Terms and Definitions** |
| **Recovery oriented mental health services** | Recovery oriented mental health practice refers to the application of sets of capabilities that support people to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations |
| **Recovery Plan (mental health)** | A Recovery Plan is a plan developed by a person using mental health services in conjunction with their treatment team enabling them to be active and take control of their mental health so they can work towards achieving treatment and recovery goals. A Recovery Plan may include goals, daily activities the person needs to do to stay well/healthy, relapse triggers, early warning signs and /or a crisis plan for difficult times. |
| **Case conferencing (mental health)** | Case conferencing is a collaborative process that includes the individual, their family and/or carers and other significant people, the key worker from the non-government organisation, the case manager or clinical team and other key stakeholders. The case conference is a process to engage in monitoring, reviewing and planning to assist in meeting the recovery needs of the individuals as part of the Individual Recovery Plan. |
| **Clinical governance (alcohol and other drugs)** | An integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of safe, effective and high-quality services. Clinical governance systems provide confidence to the community and the healthcare organisation that systems are in place to deliver safe and high quality health care[[1]](#footnote-1). |
| **Clinical incidents (alcohol and other drugs)** | An event or circumstance that resulted, or could have resulted, in unintended or unnecessary harm to a patient or consumer; or a complaint, loss or damage. An incident may also be a near miss. See also “near miss”[[2]](#footnote-2). |
| **Near miss (alcohol and other drugs)** | an incident or potential incident that was averted and did not cause harm, but had the potential to do so[[3]](#footnote-3). |
| **Open disclosure (alcohol and other drugs)** | an open discussion with a patient and carer about an incident that resulted in harm to the patient while receiving health care. The criteria of open disclosure are an expression of regret, and a factual explanation of what happened, the potential consequences, and the steps taken to manage the event and prevent recurrence[[4]](#footnote-4). |
| **Scope of practice (alcohol and other drugs)** | The extent of an individual clinician’s approved clinical practice within a particular organisation, based on the clinician’s skills, knowledge, performance and professional suitability, and the needs and service capability of the organisation[[5]](#footnote-5). |

**Version Control**

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1. *Australian Commission on Safety and Quality in Health Care (ACSQHC) National Model Clinical Governance Framework 2017* [↑](#footnote-ref-1)
2. *Australian Commission on Safety and Quality in Health Care (ACSQHC) National Model Clinical Governance Framework 2017* [↑](#footnote-ref-2)
3. *Australian Commission on Safety and Quality in Health Care (ACSQHC) National Model Clinical Governance Framework 2017* [↑](#footnote-ref-3)
4. *Australian Commission on Safety and Quality in Health Care (ACSQHC) National Model Clinical Governance Framework 2017* [↑](#footnote-ref-4)
5. *Australian Commission on Safety and Quality in Health Care (ACSQHC) National Model Clinical Governance Framework 2017* [↑](#footnote-ref-5)