HUMAN SERVICES

Quality Framework

Self-Assessment Workbook – Certification

For organisations undertaking a self-assessment using HSQF User Guide – Certification Version 9.0

Queensland Government

HSQF Self-Assessment Workbook - Certification

The HSQF Self-Assessment Workbook – Certification has been developed by the Department of Child Safety, Seniors and Disability Services (DCSSDS) to assist organisations required to demonstrate compliance with the Human Services Quality Framework (HSQF) by achieving independent third-party certification against the Human Services Quality Standards (the Standards).

Self-assessment against the Standards is an opportunity to identify what your organisation is doing well and areas for development or improvement. Organisations preparing for initial HSQF certification are generally required to undertake a self-assessment (sometimes referred to as a Stage 1 audit) prior to scheduling the organisation's onsite (Stage 2) audit.

This Self-Assessment Workbook – Certification can be used by organisations preparing for their Stage 1 Audit. However, **use of this Self-Assessment Workbook - Certification is not mandatory**.

Organisations may choose to use other tools such as on-line platforms or self-assessment tools provided by their independent third party certification body.

Additional information about HSQF certification, is available at https://www.dcssds.qld.gov.au/our-work/human-services-quality-framework

General Instructions

The Self-Assessment Workbook replicates the common mandatory requirements that all organisations must meet as well as the service specific requirements that are mandatory for particular services streams or services.

Organisations planning to submit the Self-Assessment Workbook to their Certifying Body for a Stage 1 Audit should:

- complete the 'Self-Assessment and Organisation Details' sheet (part of the self-assessment workbook)

- fully complete the Self-Assessment Workbook by addressing all Indicators including common mandatory requirements as well as the service specific requirements relevant to the services included in the scope of the organisation's HSQF certification.

- complete a Continuous Improvement Plan listing the actions identified in this Self-Assessment Workbook. A template Continuous Improvement Plan is available on the Certification page at https://www.dcssds.qld.gov.au/our-work/human-services-quality-framework

The Self-Assessment Workbook and Continuous Improvement Plan should be saved as a PDF prior to submission.

The *Human Services Quality Framework User Guide - Certification* on the Certification page at https://www.dcssds.qld.gov.au/our-work/human-services-quality-framework contains comprehensive information about the mandatory evidence requirements for organisations seeking certification to the Standards.

Both the "Common" and the service specific requirements are easily identifiable by colour coding aligned with the coloured arrows in the *Human Services Quality Framework User Guide - Certification* as shown in the Legend on page 2 below.

While the "Common" and the service specific requirements are outlined within this self-assessment workbook, important supporting information including references relevant to specific indicators, safety requirements, terms and definitions and links to relevant resources is contained within the Human Services Quality Framework User Guide – Certification V9.0, which should be read in conjunction with this workbook.

How to use the HSQF Self-Assessment Workbook - Certification

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples.	Improvement action	Required by date
You do not need to enter anything in these columns.			**Record relevant information in these columns as described below**		
Describes each measure of performance within a standard. An organisation needs to demonstrate it has met <u>every indicator within each standard</u>.	Colour coded to indicate whether an evidence requirement is: • *Common* - all organisations must meet these requirements • *Additional* – only apply to specific service streams or types of services.	Mandatory evidence requirements set benchmarks for quality service delivery and are linked to policy, legislation and regulations, contractual obligations and/or quality safeguarding requirements. An organisation needs to demonstrate it meets all common evidence requirements and any additional requirements relevant to the service types it is funded to deliver. Not all indicators have mandatory evidence requirements. An organisation must still provide evidence that it meets an indicator even where there are no mandatory evidence requirements. For suggestions about how to demonstrate each indicator see *Human Services Quality Framework User Guide – Certification* available on the Certification page at https://www.dcssds.qld.gov.au/our-work/human-services-quality-framework	Record the evidence the organisation that demonstrates the organisation is meeting the requirements of the indicator. See 'Types of Evidence' below for additional information on what should be recorded.	Record any intended Improvement Actions to be implemented so that the organisation can meet the requirements of the indicator. Improvement Actions and the related 'required by date' should be copied to the Continuous Improvement Plan.	Record the date for completing any Improvement Actions. The date and the related Improvement Action should be copied to the Continuous Improvement Plan

Types of Evidence

Evidence should be gathered from various sources to show that an organisation is meeting each standard and its performance indicators. The strongest evidence can be verified through interview (people), observation (process) and documentation (paper). While there is no set rule about how much evidence is required when undertaking a self-assessment, an organisation should look for examples of evidence from each of these sources for every standard indicator.

Each organisation should assess whether the evidence collected meets the intent of each standard indicator and addresses the requirements outlined in the *Human Services Quality Framework User Guide – Certification*. Where there are gaps in policies, processes, systems or practices document relevant Improvement Actions to be implemented to address those gaps.

Self-Assessment and Organisation Details

Organisation name (legal entity)		
Trading name (where applicable)		
Australian Business No (ABN)		
	Service/service outlet name/s	**Service number/s or provider outlet ID**
Service details		
Organisation postal, email and telephone contact details		
Organisation contact person for the self-assessment		
Self-assessment completion date		
Date submitted		
Certification body contact person submitted to		
Certification body contact person email		

Service Specific Area Legend

Common	Child Protection Placement Services	Child Protection Support Services	Families	Domestic & Family Violence	Sexual Violence and Women's Support
Community Services	**Individuals**	**Young People**	**Disability Services**	**Mental Health**	**Alcohol & Other Drugs**

STANDARD 1 Governance and Management	**Expected Outcomes**: 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 details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples.	Improvement action	Required by date
1.1 The organisation has accountable and transparent governance arrangements that ensure compliance with relevant legislation, regulations and contractual arrangements.	Common	Governance arrangements are documented, implemented, reviewed and communicated to stakeholders. Governance and management processes promote an organisational culture that respects and protects human rights consistent with the requirements of the *Human Rights Act 2019*. Documented and implemented processes to ensure compliance with legislative, regulatory, policy and contractual requirements that apply to the organisation, including: • reporting misconduct (alleged and actual) to the relevant authority • notifying reportable incidents (e.g. critical incidents) • ensuring that subcontracting or brokerage arrangements are consistent with legislative and contractual obligations, including seeking consent as required • implementing a conflict of interest policy • ensuring that recordkeeping practices meet legislative and contractual obligations • meeting reporting obligations.			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples.	Improvement action	Required by date
	Child Protection Placement Services / Child Protection Support Services / Families	**Child Protection Placement Services, Child Protection Support Services and services to Families** Governance and management processes promote the principles and requirements of the *Child Protection Act 1999* and *Child Protection Regulation 2023* 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. **Additional requirement for all Placement Services** 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 *Service Agreement – Funding and Service Details*. 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. 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. 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).			
	Disability Services	Governance and management processes promote the principles of Part 2 *Disability Services Act 2006* and ensure compliance with the reporting requirements of the *Coroners Act 2003.*			
	Mental Health	Governance and management processes promote the principles of Recovery Oriented Mental Health Practice.			
	Alcohol & Other Drugs	Clinical governance and management processes reflect the principles of the National Quality Framework for Drug and Alcohol Treatment Services			
1.2 The organisation ensures that members of the governing body possess and maintain the knowledge, skills and	Common	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. Members of the governing body undergo induction relevant to their responsibilities and duties.			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples.	Improvement action	Required by date
experience required to fulfil their roles.	Child Protection Placement Services	Implemented processes which ensure members of the governing body are aware of the organisation's obligation to provide care services in accordance with: • the *Statement of Standards* (section 122 *Child Protection Act 1999*) • the principles and requirements of the *Child Protection Act 1999* and *Child Protection Regulation 2023* • relevant DCSSDS policies • requirements set out in the *Child Protection (Placement Services) Investment Specification and Service Agreements* and/or *IPSA*, whichever is relevant.			
	Families	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 *Families Investment Specification* and relevant service guidelines.			
	Disability Services	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 *Disability Services Act 2006*.			
1.3 The organisation develops and implements a vision, purpose statement, values, objectives and strategies for service delivery that reflect contemporary practice.	Common	***There are no mandatory common evidence requirements for this indicator***			
	Child Protection Placement Services	The organisation's structure, purpose, vision and values, objectives and strategies for service delivery are consistent with and support: • the provision of care services in a manner that is consistent with the *Statement of Standards* (section 122 *Child Protection Act 1999*) • the principles and requirements of the *Child Protection Act 1999* and *Child Protection Regulation 2023* • relevant DCSSDS policies • requirements as set out in the *Service Agreement – Funding and Service Details, Child Protection (Placement Services) Investment Specification*, and/or *IPSA*, whichever is relevant • 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 *Additional principles for Aboriginal or Torres Strait Islander Children* (section 5C *Child Protection Act 1999*).			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples.	Improvement action	Required by date
	Child Protection Support Services	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 *Additional principles for Aboriginal or Torres Strait Islander Children* (section 5C *Child Protection Act 1999*).			
	Families	The organisation's structure, purpose, vision and values, objectives and strategies for service delivery are consistent with and support: • requirements set out in the *Service Agreement – Funding and Service Details*, including the *Families Investment Specification* and relevant service guidelines • 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 *Additional principles for Aboriginal or Torres Strait Islander Children* (section 5C *Child Protection Act 1999*).			
	Domestic and Family Violence	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 *Domestic and Family Violence Services Practice, Principles, Standards and Guidance (2020).* Theoretical frameworks: • 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 • 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			
	Sexual Violence and Women's Support	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 *Service Agreement – Funding and Service Details*, including the *Sexual Violence and Women's Support Services Investment Specification* and relevant service guidelines			
	Individuals	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 *Service Agreement – Funding and Service Details*, including the Individuals Investment *Specification* and relevant service guidelines.			
	Community Services	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 *Service Agreement – Funding and Service Details*, including the *Community Services Investment Specification* and relevant service guideline.			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples.	Improvement action	Required by date
	Young People	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 *Service Agreement – Funding and Service Details*, including the *Young People Investment Specification* and relevant practice guides.			
	Disability Services	The organisation's structure, purpose and values, objectives and strategies are consistent with, and support the principles and obligations set out in the *Disability Services Act 2006*.			
	Mental Health	The organisation's structure, purpose and values, objectives and strategies are consistent with, and support the principles of contemporary, recovery oriented mental health practice.			
1.4 The organisation's management systems are clearly defined, documented, monitored and (where appropriate) communicated including finance, assets and risk.	Common	Processes for identifying, assessing and managing risk in order to ensure continuous, safe, responsive and effective services are documented, implemented and reviewed. Processes for delegating authority and responsibilities throughout the organisation are documented, implemented, reviewed and communicated to stakeholders. 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. Documented and implemented processes which ensure: • 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) • financial accountability requirements are met.			
	Child Protection Placement 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* • demonstrate that where any accommodation is provided directly by the organisation children or young people, the service has a suitable right to occupy premises where the care service operates, in accordance with section 126(h) *Child Protection Act 1999* • 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			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples.	Improvement action	Required by date
		care service. Where an organisation has entered into an *IPSA,* it ensures that property is appropriately insured against damages (including dwellings and contents).			
1.5 Mechanisms for continuous improvement are demonstrated in organisational management and service delivery processes.	Common	***The are no mandatory evidence requirements for this indicator***			
1.6 The organisation encourages and promotes processes for participation by people using services and other relevant stakeholders in governance and management processes.	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.			
1.7 The organisation has effective information management systems that maintain appropriate controls of privacy and confidentiality for stakeholders.	Common	Evidence that the organisation is aware that it is bound to comply with the requirements *of Information Privacy Act 2009* (Qld), e.g. documented and implemented policies and processes for aligning information management systems with privacy legislation and relevant privacy principles. 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: • 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 • 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) • conducts regular (e.g. quarterly) audits of staff access permissions to ensure any which have been overlooked are identified and promptly actioned. Evidence that the organisation takes reasonable steps to ensure that people using			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples.	Improvement action	Required by date
		services who are asked to provide personal information are given a privacy notice which outlines the purpose of the collection, any law which authorises the collection, to whom the organisation usually discloses the information 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). Evidence that people using services have been made aware of their right to access and amend personal information held by the organisation under privacy legislation and/or privacy principles. Documented and implemented processes for responding to privacy breaches and reporting to the funding departments (and any other relevant authority in accordance with applicable legislation). Evidence that the organisation ensures that staff understand their obligations around the management and overseas transfer of personal information as provided by that Act (e.g. through the provision of training and guidelines). Evidence that any use of electronic surveillance technology (e.g. CCTV cameras) complies with the requirements of the *Information Privacy Act 2009* (Qld). Where electronic surveillance technology is used, the organisation must ensure it has: • 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) • signage alerting people to the fact that electronic surveillance technology is in use, and • 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 *Information Privacy Act 2009* (Qld).			
	Child Protection Placement Services	Information obtained during the operation of a care service under the *Child Protection Act 1999* is treated confidentially, in accordance with requirements of the Act and DCSSDS's *Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children*. For licensed care services, the organisation's records are kept in accordance with section 29 *Child Protection Regulation 2023* for each child receiving a care service. Evidence the organisation (where funded under a Service Agreement) maintains records and files relating to children and young people subject to intervention under the *Child Protection Act 1999* in accordance with the requirements of the *Service Agreement – Funding and Service Details*. 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.			

Indicator details	Service specific area		Requirements	Provider evidence What is your policy? When did you implement this? List examples.	Improvement action	Required by date
			Where services are provided under a funding arrangement with DCSSDS, records of services provided to children and young people who are subject to the *Child Protection Act 1999* are managed in accordance with DCSSDS's requirements.			
	Child Protection Support Services	Families	Documented and implemented processes for ensuring that records or files of children or young people subject to intervention under the *Child Protection Act 1999* are maintained in accordance with requirements of the Service Agreement – Funding and Service Details. Information obtained when providing services under or in relation to the *Child Protection Act 1999* is treated in accordance with requirements of the *Act* and DCSSDS's *Information Sharing Guidelines* – To meet the protection and care needs and promote the wellbeing of children. 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. Where services are provided under a funding arrangement with DCSSDS, records of services provided to children and young people who are subject to the *Child Protection Act 1999* are managed in accordance with DCSSDS's requirements. **Assessment and Service Connect and Family and Child Connect:** Documented and implemented processes for ensuring consent-based engagement when working with families. 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. Privacy notices that inform clients that information may be shared with DCSSDS in certain circumstances, including where a child has been harmed or may be at risk of harm, and for contract management or evaluation purposes.			
	Domestic and Family Violence		Documented and implemented processes, policies and procedures including risk assessment processes associated with collection, security, disclosure, privacy breaches, client access to personal information and sharing of client related information, including without consent where applicable, in accordance with: • Part 5A of the *Domestic and Family Violence Protection Act 2012* • *Domestic and Family Violence Information Sharing Guidelines* (May 2017) • Section 159C of the *Child Protection Act 1999*			
	Disability Services		Documented and implemented processes which ensure that records comply with the *Disability Services Act 2006* and section 9 *Disability Services Regulation 2017*.			

	STANDARD 2 Service Access	**Expected Outcomes**: 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 priorities and responded to.

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples.	Improvement action	Required by date
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.	Common	Documented and implemented processes which ensure: • 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 • eligibility and entry into the service is provided on a non-discriminatory basis (sex, age, race, gender identify, sexuality, religion, ability or other identifiers), except where services are delivered to meet the needs of specific service users • where request, 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.			
	Child Protection Placement Services	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 *Statement of Standards* (section 122 *Child Protection Act 1999*) should the referral be accepted. The organisation matches the identified needs of children and young people to available foster and kinship carers or non–family based placements. The organisation's entry eligibility, entry and exit processes support DCSSDS's implementation of *Policy 641-2: Decisions about Aboriginal and Torres Strait Islander Children and Young People,* including the five elements of the *Aboriginal and Torres Strait Islander Child Placement Principle* 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). 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.			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples.	Improvement action	Required by date
		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. *Note: For family-based care services, the organisation works with the carer and other organisations as relevant, to support transition.*			
	Families	**Aboriginal and Torres Strait Islander Family Wellbeing Services:** Processes which ensure that DCSSDS is advised where families referred by the Department do not engage with the service. **Intensive Family Support:** The organisation ensures that referrals and the process for managing referrals meet the relevant criteria and requirements set out in the *Families Investment Specification*. Processes which ensure that DCSSDS is advised where families referred by them do not engage with the service. **Family and Child Connect:** Processes which ensure DCSSDS is advised where families referred by them do not engage with the service. **Tertiary Family Support:** Eligibility and entry processes reflect the target group of families who are exclusively referred by DCSSDS.			
	Domestic and Family Violence	Documented and implemented processes to ensure: • 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 • eligibility, entry and exit processes for perpetrators address risk and safety to victims and children, staff, and other service users. 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 Domestic and Family Violence Protection Act 2012*.			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples.	Improvement action	Required by date
	Disability Services	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.			
2.2 The organisation has processes to communicate, interact effectively and respond to the individuals' decision to access and/or exit services.	Common	Documented and implemented processes that demonstrate: • how the organisation communicates effectively and responds to decisions by individual service users to access and/or exit services • referrals for service are processed in a timely manner and with regard to the immediacy of the needs of the potential service user • the organisation works with other agencies to meet the needs of the service users during service entry and exit processes, where appropriate. The organisation engages interpreters for people who need assistance to communicate effectively in English, in line with the *Queensland Language Services Policy*.			
	Child Protection Placement Services	The organisation has a policy/procedure for supporting children and young people entering or exiting the service in response to DCSSDS's decision to make a placement. *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.*			
	Disability Services	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.			

Indicator details	Service specific area	Requirements	Provider evidence what is your policy? When did you implement this? List examples	Improvement action	Required by date
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.	Common	*There is no common mandatory evidence requirement for this indicator.*			
	Child Protection Placement Services	Where the service provided by the organisation does not meet the child or young person's care needs or it is not appropriate due to other reasons, the organisation advises DCSSDS. *Note: Where a referral to another service is required, this is referred to, and acted on by DCSSDS as all referrals are a departmental responsibility.*			
	Families	**Intensive Family Support:** Documented and implemented process which ensure: • where an organisation is unable to provide a service, due to ineligibility or lack of capacity, a referral is made to an appropriate alternative service • families are not excluded from services, while the organisation undertakes assertive outreach (e.g. unannounced visits or cold calling to make contact with families who have been referred without consent) • if during the course of an intervention, a family is subject to a statutory response resulting from a Child Safety Investigation and Assessment, 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 DCSSDS.			
	Sexual Violence and Women's Support	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			
	Young People	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.			

STANDARD 3	**Expected Outcomes**: The assessed needs of the individual are being appropriately addressed and responded to within resource capability.
Responding to Individual Need	**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 details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
3.1 The organisation uses flexible and inclusive methods to identify the individual strengths, needs, goals and aspirations of people using services.	Common	The organisation documents the methods used to identify the individual strengths, needs, goals and aspirations of people using services. Documented and implemented processes which ensure: • service planning is conducted in accordance with the type of services delivered and with regard for the anticipated duration of service delivery • service planning includes consideration of relevant decision making/guardianship/custody arrangements (including any statutory orders) that relate to individual service users, where relevant • service planning promotes quality of life, autonomy and independence of people using services and inclusion in their community. Where service delivery requires individualised planning and support (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 that includes: • 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 • the types/level/nature of support to be provided by the service.			
	Child Protection Placement Services	**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 DCSSDS's *Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children*. • work in partnership with DCSSDS to provide training, supervision and support to assist foster and kinship carers and direct care staff (whichever is relevant) to			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date

		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 DCSSDS'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 DCSSDS in relation to each child/young person placed, and to advise DCSSDS 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*
		
		  • the child is given the opportunity to participate in positive social and recreational activities appropriate to his or her developmental level and age			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date

		• 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 the child's individual needs.
		
		• ensures that care planning undertaken for each child or young person reflects DCSSDS's assessment of the child or young person's strengths and needs and any other matters detailed in DCSSDS Case Plan, where the Case Plan has been made available to the organisation
		
		• 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 DCSSDS policies (refer to Appendix B)
		
		• ensures that where DCSSDS 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 DCSSDS as having significant needs in the behaviour and /or emotional stability domains, the organisation:
		
		    • works in genuine consultation and participation with DCSSDS 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 common practice principles.			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
	Child Protection Support Services	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) *Child Protection Act 1999* and DCSSDS's *Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.*			
	Families	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) *Child Protection Act 1999* and DCSSDS's *Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.* Organisational procedures ensure that: • collaborative case management and integrated service planning and delivery is undertaken when family support from more than one practitioner or agency is required to respond to multiple, complex and/or interrelated needs • 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. **Tertiary Family Support services:** The organisation ensures that family support intervention aligns directly with the case plan developed by DCSSDS. **Safe Haven:** The organisation ensures community patrol activities are provided with the consent of parents or with the approval of authorised officers as defined by the *Child Protection Act 1999.*			
	Domestic and Family Violence	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.			
	Sexual Violence and Women's Support	**Adults and young people who have been affected by sexual violence** The organisation ensures that intervention is consistent with the principles and best-practice framework outlined in *Response to sexual assault – Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault*			
	Individuals	**Adults affected by sexual assault or sexual abuse** The organisation ensures that intervention is consistent with the principles and best-practice framework outlined in Response to sexual assault – *Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual*			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
		Assault.			
	Community Services	**Rest and Recovery and Assertive Outreach services for First Nations peoples (adults)** The organisation ensures that service planning and delivery aligns to the practices and tools set out in the *Guidelines and Toolkit for Diversion Services.*			
	Disability Services	The organisation promotes opportunities for people using services to fulfil valued community roles. Where services are provided to adults who have an intellectual or cognitive disability and exhibit challenging behaviours, the organisation undertakes positive behaviour support planning (in accordance with legislative and policy requirements for positive behaviour support planning and the use of restrictive practices as set out in *Disability Services Act 2006*) which: • is responsive to the individual's needs • include strategies that respond to the person's needs and the causes of the challenging behaviours • seeks to reduce or eliminate the use of restrictive practices • improves the person's quality of life.			
	Young People	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) *Child Protection Act 1999* and DCSSDS's Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.			
3.2 The organisation formulates service delivery that respects and values the individual (e.g. identity, gender, sexuality, culture, age and religious beliefs).	Common	Processes for formulating service delivery that respects and values the individual and their human rights, are documented, implemented, monitored and reviewed. 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). Services are delivered in a safe and inclusive environment, which is adapted where necessary to meet the needs of individual service users.			
	Child Protection Placement Services	The organisation works with DCSSDS (and other agencies where relevant) to ensure that service delivery is tailored to the unique needs of the individual child or young person. 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			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
		Additional Principles for Aboriginal or Torres Strait Islander Children (section 5C *Child Protection Act 1999*). The organisation plans and delivers services to children and young people in a manner that supports DCSSDS's implementation of *Policy 641-4: Decisions about Aboriginal and Torres Strait Islander Children and Young People.*			
	Domestic and Family Violence	Policies and processes relating to service delivery are documented, implemented, monitored and reviewed and indicate that: • all clients receive non-judgmental service delivery, taking into account diverse backgrounds, cultural practices and/or specific needs that arise from diverse backgrounds • staff demonstrate an understanding of the connection between colonisation and intergenerational trauma that impacts on Aboriginal and Torres Strait Islander Peoples • 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 • 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.			
	Disability Services	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.			
3.3 The organisation ensures that services to individual/s are delivered, monitored, review and reassessed in a timely manner.	Common	Documented and implemented processes for monitoring, reviewing and reassessing service delivery (including monitoring and adapting the physical environment, as relevant to the type of services delivered) to meet the needs of individual service users. Where service delivery requires individualised planning and support (such as case management, recovery/support planning): • planning is undertaken in a regular cycle of assessment, planning, implementation and review • plans are adapted as required to ensure they continue to be relevant to the changing needs of service users • records are maintained to support and demonstrate the effective implementation of individualised plans • the organisation involves the people using services and their representatives / support persons in reviewing individualised plans.			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
	Disability Services	Where services are provided to adults who have an intellectual or cognitive impairment, the organisation: • 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 *Disability Services Act 2006* and *Disability Services Regulation 2017.*			
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.	Common	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. Partnership arrangements and collaborative strategies are documented, implemented, and reviewed. The organisation seeks input/involvement of relevant stakeholders as relevant and appropriate to inform service planning, delivery, monitoring and review processes.			
	Child Protection Placement Services	The organisation reasonably accepts every opportunity to participate in DCSSDS's case planning process to develop and review the statutory Case Plan. The organisation works in a coordinated and collaborative way with DCSSDS and other service providers in a manner that is consistent with sections 159B and 159F *Child Protection Act 1999* and DCSSDS's *Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.* **Non-Family Based Care Services:** The organisation identifies and maintains contact points and builds partnerships with agencies and services to support the principles and strategies of the *Joint agency protocol to reduce preventable police call-outs to residential care services* including working with local Police.			
	Child Protection Support Services	The organisation works in a coordinated and collaborative way with DCSSDS and other service providers in a manner that is consistent with sections 159B and 159F *Child Protection Act 1999* and DCSSDS's *Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.*			
	Families	The organisation works in a coordinated and collaborative way with DCSSDS and other service providers in a manner that is consistent with sections 159B and 159F *Child Protection Act 1999* and DCSSDS's *Information Sharing Guidelines – To meet the protection and care needs and promote the wellbeing of children.*			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
		Aboriginal and Torres Strait Islander Family Wellbeing Services: The organisation can demonstrate evidence of representation and participation in a local alliance of government and non-government services. **Intensive Family Support:** The organisation can demonstrate evidence of representation and participation in a local alliance of government and non-government services. **Family and Child Connect:** The organisation has documented role responsibilities and processes for lead facilitation and coordination of the local level alliance of government and non-government services. **Tertiary Family Support:** 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.			
	Domestic & Family Violence	Documented processes ensure that the organisation engages in an integrated service response: • 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 • 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 • the organisation shares appropriate and timely information with agencies in alignment with legislation and Queensland Government *Domestic and Family Violence Information Sharing Guidelines* that hold victim safety and perpetrator accountability at the core of practice. 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. 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.			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
	Young People	**Support and Case Management:** 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.			
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.	Common	The organisation uses appropriate communication methods to facilitate the engagement of people using services in decision-making and planning. Where service delivery requires individualised planning and support (such as case management, recovery/support planning): • the organisation actively encourages the participation or people using services and their representatives / support persons in planning and review processes, as appropriate • 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 • Individualised Plans are provided in a format that is easily understood by the individual.			
	Child Protection Placement Services	**For non-family based placement services and family based placement services that also provide direct care to children and young people:** The organisation has a documented process to provide opportunities for children and young people to participate in decisions made about their care and protection needs, which are consistent with the principles of the *Child Protection Act 1999* (refer to Part 2, Division 1 for a full list of principles). The organisation ensures that, where age and developmentally appropriate: - the child or young person is given the opportunity to participate in identifying strengths and needs - support and encouragement is provided to the child or young person to participate in the development of care plans, care plan reviews, and goal setting.			
	Domestic & Family Violence	Documented and implemented policy and procedures that ensure use of accredited interpreters with domestic and family violence experience where possible. Documented and implemented policies, procedures and practice that ensure services are delivered in a manner that: • provides a framework for access and inclusion • promotes the self-determination, dignity of choice and autonomy of victims • is tailored to clients' needs taking into account a range of client cohorts and their			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
		individual circumstances including their family situation, their personal values and preferences and specific risk and protective factors • 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 • staff work collaboratively with the family acknowledging strengths and building self-efficacy • safety considerations recognising the unique needs of victims of DFV related to communication methods are observed • children participate in decisions that affect them where possible and appropriate.			

STANDARD 4		
STANDARD 4 Safety, Wellbeing and Rights	**Expected Outcomes**: 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 details	Service specific area	Requirements	**Provider evidence** What is your policy? When did you implement this? List examples	Improvement action	Required by date
4.1 The organisation provides services in a manner that upholds people's human and legal rights.	Common	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: • human rights and obligations consistent with the *Human Rights Act 2019* • right to information privacy in accordance with the Information Privacy Principles • right to access to their personal information held by the service ; unless access can be refused under an access law, or the document is expressly excluded from the operation of an access law (e.g. *Right to Information Act 2009* • right to seek amendment of their personal information if it is not accurate, relevant, complete, up to date or if it is misleading • for services funded by a Queensland Government department, the right to apply for access to, or amendment of, information held by the department (e.g. under the *Right to Information Act 2009*) • right to confidentiality of personal information • right to be treated with dignity and respect People using services are provided with information on their rights, in ways that are appropriate, having regard to their identity, ability and cultural background.			
	Child Protection Placement Services	***Rights*** **All Placement services must demonstrate the following:** 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 Ensure that care provided meets the *Statement of Standards* (section 122 *Child Protection Act 1999*) Plan and deliver services in accordance with the *Charter of Rights for a Child in Care* (Schedule 1 *Child Protection Act 1999*)			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
		For non-family based placement services, ensure there is sufficient space in the living environment for the child to meet with DCSSDS, family and significant others in privacy (this could be a single multi-purpose space or separate spaces). ***Positive Behaviour Support*** The organisation has a policy on positive behaviour support which meets legislated requirements and aligns to DCSSDS's *Positive Behaviour Support and Managing High Risk Behaviour Policies*. The organisation's policy prohibits the use of prohibited practices and does not support the planned use of restrictive practices, and includes: • the principles of DCSSDS's *Positive Behaviour Support and Managing High Risk Behaviour Policies* • a definition of positive behaviour support that aligns with the DCSSDS's *Positive Behaviour Support and Managing High Risk Behaviour Policies* • a definition of prohibited practices • 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*. *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.* Evidence that positive behaviour support provided to children and young people in care has been planned and delivered in accordance with: • *the Statement of Standards* (section 122 *Child Protection Act 1999*) • DCSSDS's *Positive Behaviour Support and Managing High Risk Behaviour Policies* the organisation's policy on *Positive Behaviour Support* • the Charter of Rights for a Child in Care.			
	Disability Services	Services are planned and delivered in a manner that supports the human rights of people with disability. 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.			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date

		Where services are provided to adult/s with an intellectual or cognitive disability, the organisation:
		
		• has developed and implemented policies/procedures for delivering services in the least restrictive way
		
		• complies with legislative requirements for use of restrictive practices and positive behaviour support planning, including:
		
		  - has assessed and identified any restrictive practices in use
		
		  - 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
		
		  - 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
		
		  - 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
		
		  - has reported on a monthly basis on the use of restrictive practices (consistent with the requirements of *Disability Services Regulation 2017*) using On Line Data collection
		
		  - is monitoring and reviewing the implementation and outcomes of the positive behaviour support plan.			

4.2 The organisation proactively prevents, identified and responds to risks to the safety and wellbeing of people using services.	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 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 either 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 • maintaining a register to manage and track the status of blue card applications including pending applications, blue/exemption card numbers, expiry dates and any other relevant information (e.g. the type of employment or any exemptions that may apply)			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
		• 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 organisation • tell 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 policy requirements, as outlined in Appendix A, as relevant to the types of services provided.			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
4.2 (continued) The organisation proactively prevents, identified and responds to risks to the safety and wellbeing of people using services.	Child Protection Placement Services	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. ***Placement services not yet licensed are required to have processes which will allow them to meet the below requirements once they are licensed.*** ***Licensed placement services must also demonstrate evidence of implementing and monitoring the below processes:*** The organisation has policies/procedures which specify and support the nominee's obligation to ensure that the licensee complies with section 129A *Child Protection Act 1999* as follows: - care services comply with the standards of care stated in the Statement of Standards (section 122 *Child Protection Act 1999*) - each person the licensee engages to provide placement services is a suitable person (in accordance with Part 8 *Child Protection Regulation 2023*) - for carrying on a regulated business or employing persons in regulated employment under the *Working with Children (Risk Management and Screening) Act 2000*, chapter 8 is complied with. Records demonstrate that 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 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. 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 for the duration of their engagement. 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			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
		their role, and that screening remains current at all times whilst persons are occupying their role.			
		The organisation has documented and implemented processes to identify or respond to notification of changes to child protection and personal history (the *LCS Form 6* lists relevant changes to be notified to DCSSDS), and records demonstrate form submission where necessary.			
		Non-family based care services (residential care) establish and demonstrate procedures for reporting incidents to police that are consistent with the *Joint agency protocol to reduce preventable police call-outs to residential care services* and demonstrate practice consistent with their policies.			
		The organisation has documented and implemented processes for vehicle safety, including secure storage of car keys and compliance with Queensland child car restraint requirements.			
	Domestic and Family Violence	Documented, implemented, monitored, and reviewed processes identify and address: • 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 • how challenging behaviours or threats against other people using the service or working in the organisation are minimised and responded to • 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. Records demonstrate that formal, documented, evidence-based risk assessments are: • linked to safety plans that are collaboratively developed • regularly reviewed, evaluated, and updated based on client circumstances • appropriately developed to suit the level of engagement and duration of need of the client • staff are trained to use these processes, and staff regularly participate in training to maintain currency. Documented and implemented processes: • 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 • for notifying relevant authorities with information as is necessary for the best interests, wellbeing and safety of the child or young person • service premises have physical security measures in place to meet the safety and privacy needs of service users and workers.			

Indicator details	Service specific area	Requirements	**Provider evidence** What is your policy? When did you implement this? List examples	Improvement action	Required by date
	Disability Services	Documented and implemented processes which ensure Worker Screening requirements are complied with in accordance with the *Disability Services Act 2006,* including: • 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. • Managing and tracking the status of Disability Worker Screening applications and expiry dates. • Appropriately managing interim bar, suspension and exclusion notifications received in relation to a worker. • Maintaining up to date organisation details and contact person information with the Disability Worker Screening Unit. Documented and implemented *Risk Management Strategy* that meets the requirements of section 58 of the *Disability Services Act 2006.* Where services and support are provided in an accommodation setting, implemented processes for ensuring that: • the health care needs of people with disability are documented and regularly reviewed by a qualified health practitioner or therapist • people using services are supported to access preventive health services such as cancer screening, vaccinations • risk identification and management strategies are applied to minimise the risk of preventable incidents such as swallowing and/or breathing difficulties, medication management issues.			
	Mental Health	Documented and implemented processes for responding to deterioration in a person's mental state.			
	Alcohol & Other Drugs	Evidence that the organisation has appropriate clinical governance to support good practice. Documented and implemented processes for preventing, identifying and responding to risks associated with the types of health services delivered. 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.			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
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.	Common	Processes for reporting and responding to potential, suspected, alleged or actual harm, abuse and/or neglect of service users are documented, implemented, monitored and reviewed. Processes ensure that all people working in or for a service (including employees, subcontractors, agency staff, students and volunteers and subcontractors) are aware of: • what constitutes, harm, abuse and neglect and how to respond in a manner that is consistent with any legislative requirements • how to record and report allegations or incidents, including reporting of harm , abuse and neglect through internal processes and to any external agencies, as appropriate • their responsibilities to support people, or make referrals to appropriate supports • the importance of responding to allegations of harm, 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. 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, DCSSDS, Coroner and/or funding bodies.			
	Child Protection Placement Services	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 DCSSDS 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 DCSSDS 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			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
		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 DCSSDS 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 DCSSDS 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, DCSSDS 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*			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
		- *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* • written reports have been provided to DCSSDS in relation to all reportable suspicions (as defined in section 13F *Child Protection Act 1999*) as soon as reportable suspicions have been formed • written reports provided to DCSSDS in relation to reportable suspicions contain all information as prescribed in section 13G *Child Protection Act 1999* and Part 2 *Child Protection Regulation 2023* • Non 13G harm/suspected harm and concerns about the standards of care have been reported to DCSSDS in sufficient detail to enable the safety, wellbeing and best interests of the child to be addressed by DCSSDS as soon as possible and ensure that the standard of care provided has complied and will continue to comply with the Statement of Standards. • any use of prohibited practices has been reported to DCSSDS immediately in accordance with DCSSDS's *Managing High Risk Behaviour Policy.* These incidents must have also been reported in accordance with section 13F *Child Protection Act 1999* when applicable. • the use of emergency restrictive practices and details of the circumstances in which it occurred has been reported to DCSSDS 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 *Managing High Risk Behaviour Policy*. These incidents must have also been reported in accordance with section 13F *Child Protection Act 1999* when applicable. • 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.			
	Families	Documented and implemented processes which ensure that families and young people			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
	Young People	are aware of the organisation's duty of care to report significant harm or risk of significant harm to relevant authorities including DCSSDS.			
	Sexual Violence and Women's Support	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 DJAG Contract Officer.			
	Disability Services	The organisation must have, maintain, implement and act in accordance with policies consistent with DCSSDS's Policy on *Preventing and Responding to the Abuse, Neglect and Exploitation of People with a Disability*, including: • promoting a culture of no retribution • ensuring there are systems to identify and respond to abuse, neglect or exploitation of service users • ensuring timely, adequate and appropriate responses to incidents. The organisation has a policy consistent with DCSSDS's Critical Incident Reporting Policy. This policy is implemented, monitored and reviewed, and incidents are reported in accordance with their critical incident type.			
	Alcohol & Other Drugs	Documented and implemented processes for identifying and responding to and reviewing clinical incidents, variations in practice and unexpected outcomes including: • Processes for open disclosure • Processes for ensuring outcomes of review are used to inform the organisation's risk management systems.			
4.4 People using services are enabled to access appropriate supports and advocacy.	Common	***There is no common mandatory evidence requirement for this indicator.***			
	Child Protection Placement Services	Processes exist and resources are used to inform children or young people and enable them to access support agencies and advocacy groups, including DCSSDS case workers and the Office of the Public Guardian.			
	Disability Services	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. 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.			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
4.5 The organisation has processes that demonstrate the right of the individual to participate and make choices about the services received.	Common	Services are delivered in a manner that is least intrusive while: • maintaining the safety, wellbeing and rights of people using services. • having regard to people using services' human rights including consideration of whether any limitation of human rights is consistent with Section 13 of *the Human Rights Act 2019*.			
	Child Protection Placement Services	Implemented processes relating to participation and choice that have regard to: • the *Charter of Rights for a Child in Care* (Schedule 1 *Child Protection Act 1999*) • the delivery of services in accordance with the Statement of Standards (section 122 *Child Protection Act 1999*) • the Case Plan prepared by DCSSDS, if the Case Plan has been made available to the organisation. *Note: This indicator is <u>not applicable</u> to Foster and Kinship Care services that do not provide direct care to children or young people.*			
	Disability Services	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. 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. 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.			

STANDARD 5	**Expected Outcomes**: Effective feedback, complaints and appeals processes that lead to improvements in service delivery.
Feedback, Complaints and Appeals	**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 details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
5.1 The organisation has fair, accessible and accountable feedback, complaints and appeals processes.	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. Complaint management/dispute resolution procedures and complaints documents are made available to people using services and/or 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 recriminatory action in relation to a person who has made a complaint about any of the services or who has had a complaint made on their behalf. *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.*			
5.2 The organisation effectively communicates feedback, complaints and appeals processes to people using services and other relevant stakeholders.	Common	***There are no mandatory evidence requirements for this indicator***			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
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.	Common	Evidence that people using services, their representatives / support persons 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. 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. 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).			
	Child Protection Placement Services	Children and young people and where applicable, 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 DCSSDS staff should they choose to exercise their right. Children, young people, families and support networks involved with the service are made aware of the complaints and appeals options available to them including making contact with: • DCSSDS • Office of the Public Guardian (including contact with a Community Visitor or Child Advocate Legal Officer).			
5.4 The organisation demonstrates that feedback, complaints and appeals processes lead to improvements within the service that outcomes are communicated to relevant stakeholders.	Common	*There are no mandatory evidence requirements for this indicator*			

	STANDARD 6 Human Resources	**Expected Outcomes**: 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 details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
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.	Common	Documented and implemented process to ensure employment practices comply with relevant employment-related legislation, including the *Human Rights Act 2019*. Buildings and the physical environment where services are delivered are safe for people working in or for the organisation and are well maintained. Human resource management systems ensure that workforce planning is undertaken in a manner that supports the level and type of services the organisation delivers.			
	Child Protection Placement Services	**For all placement services:** 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. Methods must ensure that persons are suitable in accordance with sections 18-25 *Child Protection Regulation 2023*. *Note: Placement services not yet licensed are required to have processes that will allow them to meet the above service requirements once they are licensed. However, licensed placement services must also demonstrate evidence of **implementing and monitoring** the above processes.*			
	Individuals	**Assertive Outreach:** First Aid kits are accessible for all staff. Staff are provided with a mobile phone to use in case of emergencies. Staff work in teams with a minimum of two staff for each shift (usually one male and one female).			
	Community Services	**Assertive Outreach:** First Aid kits are accessible for all staff. Staff are provided with a mobile phone to use in case of emergencies. Staff work in teams with a minimum of two staff for each shift (usually one male and one female).			

Indicator details	Service specific area	Requirements	**Provider evidence** What is your policy? When did you implement this? List examples	**Improvement action**	**Required by date**
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.	Common	People working in and for the organisation are qualified or skilled to perform their nominated role.			
	Child Protection Placement Services	**For family based care services** The organisation has and implements a policy/procedure regarding foster carer recruitment, assessment and training which is consistent with the requirements specified in *Provide and review care procedure* of the Child Safety Practice Manual. The organisation implements foster carer recruitment processes/strategies which ensure foster and kinship care services work collaboratively with DCSSDS to ensure their activities are complementary. The organisation's records demonstrate that each foster carer has undergone the required selection process to determine suitability. Foster carer recruitment strategies have resulted in the recruitment of carers who are appropriate to the service provider's service users. Foster carers have been approved by DCSSDS before children have been placed with them. Foster and kinship carers are aware of their roles and responsibilities to the child in care. All foster carers (with the exception of provisionally approved carers) have a Foster Carer Agreement in place. Records demonstrate that foster and kinship carer assessments (new and renewal) are undertaken in a timely manner. Records demonstrate that the organisation works with DCSSDS 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. 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 DCSSDS are advised if screening is not in place as required). **For non-family based care services (excluding Safe Houses):** The organisation ensures compliance with Minimum Qualification Standards for residential care staff working in Queensland as outlined in the *Strengthening the*			

Indicator details	Service specific area	Requirements	**Provider evidence** What is your policy? When did you implement this? List examples	Improvement action	Required by date
		Queensland Residential Care Workforce – Minimum Qualification Standards Information Sheet.			
	Families	**Family Participation Program:** 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. 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.			
	Individuals	**Rest and Recovery and Assertive Outreach:** Organisation records demonstrate that all staff possess a current First Aid Certificate. **Financial Counselling and Advocacy:** 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.			
	Community Services	**Rest and Recovery and Assertive Outreach:** Organisation records demonstrate that all staff possess a current First Aid Certificate.			
	Domestic & Family Violence	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. Organisations adhere to any mandatory experience and qualification requirements that may apply to recruitment processes for perpetrator intervention programs. Organisations and services promote diversity in their recruitment processes in recognition of the diversity within their communities and client base.			
	Young People	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.			
	Alcohol & Other Drugs	The organisation ensures staff undertaking clinical roles: • are appropriately qualified			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
		• maintain qualifications and skills to the required level • understand and work within their scope of practice • are provided with clinical supervision and professional support to deliver evidence-based services.			
6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.	Common	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. 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. 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. 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.			
	Child Protection Placement Services	**For all placement services:** 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: • Cultural awareness • Positive behaviour support and managing high risk behaviour • Identifying, preventing, responding to, and reporting concerns about the standards of care • Identifying, preventing, responding to, and reporting harm or suspected harm. **For non-family based services (excluding Safe Houses):** The organisation ensures that non-family based care staff who provide direct care (including employees, subcontractors, agency staff, students and volunteers), and			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
		their direct supervisors complete the Hope and Healing Framework for Residential Care training in compliance with the Minimum Qualifications Standards. **For non-family based care services and services providing family-based care with direct care:** 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: • the Statement of Standards (section 122 *Child Protection Act 1999*) for that individual child or young person • other legislative and DCSSDS policy requirements • the organisation's policy requirements. **For family based care services:** Foster carers have undertaken all necessary DCSSDS endorsed training within required timeframes. The organisation must follow the requirements set out in the Foster Carer Training Guidelines pertaining to the below: • maintaining foster carer training and development records • implementation of foster carer training processes/strategies to ensure a collaborative approach between foster carers and DCSSDS • identification of development opportunities to support individual foster and kinship carers provision of care in accordance with the Statement of Standards (s122 *Child Protection Act 1999*).			
	Disability Services	The organisation ensures that people working in or for their service have been appropriately trained to: • respond to and mitigate potential critical incidents • fully and accurately report critical incidents within required timeframes. Documented and implemented processes for ensuring compliance with DCSSDS's policy on *Preventing and Responding to the Abuse, Neglect and Exploitation of People with Disability*, including ensuring that all staff and volunteers: • are aware of, trained in, compliant with and implement the policies on preventing and responding to the abuse, neglect and exploitation of people using services			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
		• are trained to recognised and prevent/minimise the occurrence or recurrence of abuse, neglect and exploitation of people using services • are trained in early intervention approaches where potential or actual abuse, neglect or exploitation of people using services is identified. Where services are provided to adult/s with an intellectual or cognitive disability, the organisation ensures that staff and volunteers are: • trained in and understand how to recognise a restrictive practice • trained in positive behaviour support and the use of proactive and preventative strategies.			
	Domestic & Family Violence	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.			
	Mental Health	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.			
	Alcohol & Other Drugs	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.			
6.4 The organisation provides ongoing support, supervision, feedback and fair disciplinary processes for people working in the organisation.	Common	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.			
	Child Protection Placement Services	**For all placement services:** • Records of written complaints kept by the organisation pursuant to section 29 *Child Protection Regulation 2023* correspond with employee, subcontractor, agency staff, student and volunteer support, supervision, feedback and disciplinary process records as relevant and appropriate. • 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. **For family based care services:** • Records demonstrate that foster and kinship carers receive periodic formal feedback and support in order to support the carer's provision of care in			

Indicator details	Service specific area	Requirements	Provider evidence What is your policy? When did you implement this? List examples	Improvement action	Required by date
		accordance with the *Statement of Standards* (section 122 *Child Protection Act 1999*).			
	Domestic and Family Violence	Documented and implemented processes demonstrate how the organisation fosters a workplace culture that reduces work-induced trauma. The performance of workers is managed, developed, and documented, including through providing feedback and development opportunities. 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. 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.			
	Sexual Violence and 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.			
6.5 The organisation ensures that people working in the organisation have access to fair and effective systems for dealing with grievances and disputes.	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): • 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.			