

# Schedule 2 – Performance and Outcomes Data Reporting

This Schedule sets out performance and outcomes data reporting requirements for the Permanency Support Program, including the Key Performance Indicators and other outcomes measurement data that Service Providers will be required to report on.

Service Provider Name	«Provider_name»
PLA ID	«PSP_PLA_ID»
Program	Permanency Support Program

## 1. Purpose

- (a) The purpose of this Schedule 2 is to set out in detail the Service Provider's obligations in respect of Performance and Outcomes Data Reporting.
- (b) The contents of this Schedule have been prepared to ensure:
  - i. accurate and timely reporting of Performance and Outcomes Data Reporting requirements;
  - ii. Children and Young People's privacy and confidentiality have been maintained and preserved; and
  - iii. the voice of the Child or Young Person is heard at all times, including in selfreports.

## 2. Definitions

In this Agreement, unless the context requires, all defined terms will have the meanings set out in Schedule 5 – Definitions.

# 3. General obligations

#### 3.1 Key outcomes

The Service Provider must deliver reports against and meet the Key Performance Indicators set out in the provisions and Appendices of this Schedule 2.

#### 3.2 Reporting requirements under Performance and Outcomes Data Reporting

- (a) The Service Provider must meet all data reporting requirements, including:
  - i. the performance and outcomes data requirements set out in section 4.1 and Appendix B (the OOHC Reporting Requirements) of this Schedule 2;
  - ii. the outcomes data requirements set out in Appendix C (the Quality Assurance Framework) of this Schedule 2, for QAF sites only
  - iii. providing any other information reasonably required and requested by the DCJ Representative to assess the performance of the Service Provider, including under any performance framework advised by DCJ from time to time.
- (b) The Service Provider must report to DCJ each item outlined in the OOHC Reporting Requirements in electronic format via ChildStory Partner, or as otherwise specified by the DCJ Representative for the purposes of section 3.2(a).

## 4. Specific obligations

#### 4.1 OOHC Reporting Requirements

- (a) The Service Provider must:
  - i. collect the data that is required to meet the OOHC Reporting Requirements set out in Appendix B of this Schedule 2; and
  - ii. provide the data in a manner compliant with section 3.2(b).

- (b) The Service Provider must update Placement Data as and when:
  - i. a Child's or Young Person's circumstances change; or
  - ii. the Service Provider becomes aware of new information relating to a Child or Young Person,

including but not limited to instances of entries, exits, or respite.

#### 4.2 Outcomes Data Reporting

- (a) This clause applies to Service Providers at Intensive Therapeutic Care QAF Trial sites only.
- (b) The Service Provider will be required to comply with the requirements set out in Clause 4.2 of Schedule 2 from the date of rollout of the QAF, unless otherwise notified by DCJ in accordance with Clause 9.2 of the Program Level Agreement.
- (c) The Service Provider must collect the data that is required to meet the reporting requirements of the QAF, including in Appendix C of this Schedule 2. This will be in the form of a questionnaire for Children and Young People and their Carers, as specified by the DCJ representative. The parties acknowledge and agree that where data collection requires the cooperation of, and voluntary participation from Children or Young People and their Carers, the Service Provider must use reasonable endeavours to obtain the information, but in doing so, may not be able to collect it.

# 5. Other obligations

#### 5.1 Performance of activities to collect data

- (a) In circumstances where ascertaining the information from a Child or Young Person for the purposes of complying with sections 4.1 and 4.2 requires:
  - i. a caseworker or other staff member to ask a Child or Young Person a question;
  - ii. Child or Young Person scoring;
  - iii. a survey to be administered; or
  - iv. other methods of manual collection,

the Service Provider must use reasonable endeavours to use valid and reliable instruments that are culturally appropriate to collate this information.

(b) The Service Provider agrees and acknowledges that it is required to cooperate with the DCJ Representative with respect to the use of instruments in accordance with section 5.1(a).

#### 5.2 Information to be submitted to DCJ for Intensive Therapeutic Care

- (a) The Service Provider must comply with all of DCJ's requirements in respect of information sharing for the purposes of:
  - i. delivering quality Services; and
  - ii. developing an evidence base of quality therapeutic care.

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- iii. For Intensive Therapeutic Care (ITC) services, the Service Provider must record daily observations of client level data to support Reflective Practice, Care Team Meetings and the formulation of Case Plans. The client level data should be both informed by and provided to Care Team meetings and Therapeutic Specialist to support planning and the review of the Child or Young Person's progress towards achieving outcomes.
- iv. Daily observations should align with the domains of the Quality Assurance Framework.
- v. The DCJ representative may request this data from the Service Provider. The data must also be made available to other Service Providers when a Child or Young Person transitions to another service.
- vi. As interim measure, if functionality is not available in ChildStory, DCJ will require, on a weekly basis, service providers to exchange data on the movement of children and young people within ITC service types and details on the capacity of individual Intensive Therapeutic Care Homes and Intensive Therapeutic Care Significant Disability homes. This information is required to support the Central Access Unit (CAU) role in effectively matching placements to contracted capacity.

#### 5.3 Joint Protocol reporting

Following an incident where behaviour could not be de-escalated and required contact with the Police:

- (a) The Service Provider must record if the Joint Protocol was applied and provide information to meet the reporting requirements of the Joint Protocol set out in appendix B of this Schedule 2.
- (b) Incident report must be completed before the end of a staff member's shift, including steps undertaken to de-escalate the presenting behaviour.
- (c) The incident report is to include a summary of the incidents leading up to a request for police involvement.
- (d) Records must be maintained whenever the Joint Protocol is utilised, including where a decision is made not to call the Police.
- (e) On request from the DCJ Representative, the Service Provider must provide copies of any reports or investigations undertaken in response to any incident or event.

#### 5.4 Information to be submitted for the National Standards for Out-ofhome-care

The Service Provider must provide information required to meet reporting requirements for National Standards for Out-of-Home-Care via ChildStory Partner as outlined in the OOHC Reporting Requirements set out in appendix B of this Schedule 2.

#### 5.5 Information submitted to the Office of the Children's Guardian

The Service Provider must make available to DCJ a copy of all documents or any other information submitted by the Service Provider to the Office of the Children's Guardian within 5 Business Days of submitting that information to the extent the documents or other information relate to the Program or this Agreement.

#### 5.6 Information to be provided following a critical event

(a) The Service Provider must immediately advise the DCJ Representative of a critical event as outlined in section 6.1 of the <u>Permanency Support Program Critical</u> <u>Events Policy</u> (b) On request from the DCJ Representative, the Service Provider must provide copies of any reports or investigations undertaken in response to any incident or event.

#### 5.7 **Program evaluation**

The Service Provider must participate in evaluation and research activities with DCJ as required by the DCJ Representative, including providing all reasonable information available to the Service Provider to support DCJ evaluation and research activities.

The Service Provider must comply with any reasonable request from the DCJ Representative for statistical or other information relating to the Program to be used for surveys or research authorised by DCJ.

#### 5.8 National Disability Insurance Scheme information

- (a) For Children and Young People in Intensive Therapeutic Care the Service Provider must make available to DCJ a copy of all documents and information relating to the National Disability Insurance Scheme within 5 Business Days of the request being made by the DCJ Representative. This includes but is not limited to information relevant to a Child or Young Person's application, review, plan, or the utilisation of any funding allocated under a plan.
- (b) The Service Provider must notify the DCJ Representative when a Child or Young Person's plan:
  - i. ceases to be in effect;
  - ii. is varied as the result of a review;
  - iii. is suspended or has a suspension lifted; or
  - iv. is replaced by another plan.

# 6. Service Provider Declaration

I have read, understood and agree with the Schedule 2: Performance and Outcomes Data Reporting as it relates to the Program Level Agreement.

Service Provider: «Provider	_name»
Delegated Signatory	
Name:	
Position in Organisation:	
Date:	
Signature:	
Department of Communities a	nd Justice:
Delegated Signatory	
Name:	
Position in Organisation:	
Date:	
Signature:	

# APPENDICES

# Appendix A: Key Performance Indicators

## Table 1: Key Performance Indicators

KPI No.	Key Performance Indicator	Key Performance Indicator         Performance Indicator or Failure         Application		Abatement value per Performance Failure (\$)				
KPIs wh	KPIs where abatements apply							
101	<ul> <li>The required case plans have been appropriately developed on time, for all Children and Young People required to have such plans in place in compliance with the Service Requirements.</li> <li>The required plans include the: <ul> <li>OOHC case plan</li> <li>Cultural Support Plan</li> <li>Leaving Care Plan</li> <li>as described in the relevant sections of the Services Requirements.</li> </ul> </li> </ul>	<ul><li>For the avoidance of doubt, a separate Performance Failure should be reported where:</li><li>1. a plan has not been developed on time; or</li><li>2. the development of a plan has not been appropriately reported to DCJ.</li></ul>	Each Incident of failure applies to: per Child or Young Person, per Plan, per Performance Failure	2,000				
102	The required plans (set out in KPI 101) have been reviewed annually, for all Children and Young People required to have such plans in place in compliance with the Service Requirements.	<ul> <li>For the avoidance of doubt, a separate Performance Failure should be reported where:</li> <li>1. a plan has not been reviewed on time or a plan could not have been reviewed on time because it was not developed on time; or</li> <li>2. the review of a plan has not been appropriately reported to DCJ.</li> </ul>	Each Incident of failure applies to: per Child or Young Person, per Plan, per Performance Failure	200				

KPI No.	Key Performance Indicator	Performance Indicator or Failure					
KPIs th	KPIs that apply to all providers						
Service	Activity Compliance KPI						
103	DCJ is advised of any temporary or permanent change to the primary placement or any placement details for a Child or Young Person other than respite within 5 business days of the change to the primary placement ( <b>Placement Change</b> ).	For the avoidance of doubt, a separate Performance Failure is where the temporary or permanent change to a placement or any placement details for Child or Young Person is not reported to DCJ on time.					
Service	Reporting Compliance KPI						
201	Service Provider meets the 'General Reporting Requirements of Service Providers', including Notification Requirements, as set out in the Program Level Agreement and the Funding Deed.	Number of instances where the Service Provider has failed to meet the 'General Reporting Requirements of Service Providers', including Notification Requirements, as set out in the Program Level Agreement and the Funding Deed.					
Service	Provision KPI						
301	Service Provider accepts Placement Referrals within the specified timeframe as described in the relevant sections of the Services Requirements.	A Service Provider with an Actual Vacancy undertakes a Placement Referral Acceptance within the specified timeframe					
302	Service Provider commences Placements within the specified timeframe as described in the relevant sections of the Services Requirements.	A Service Provider with a Placement Referral Acceptance commences the placement within the specified timeframe.					
303	Children and young people with an approved case plan goal of restoration, guardianship or adoption achieve permanency within 2 years.	For the avoidance of doubt, refer to the Permanency Case Management Policy, and Permanency Progress Review and Case Plan Goal Extension Policy outlined in Schedule 4.					

# Appendix B: OOHC Reporting Requirements

#### Table 2: OOHC Reporting Requirements

Reportin	ng Requirement	Reporting Method	Reporting Period	
1. Pers	on profile - Child or young person (child)			
1.1	Person Number	ChildStory Partner	As per clause 4.1.(b)	
1.2	First Name			
1.3	Family Name			

1.5     Other names (as required)       1.6     Date of Birth       1.7     Date of Birth Status       1.8     Gender       1.9     Residency status       1.00     Religion       1.11     Main language spoken at home other than English (Language)       1.12     Indigenous status*       1.13     Cultural affiliation       1.14     Health condition       1.15     Behaviour (including psychotropic medication)       1.16     Immunisation       1.17     Disability diagnoses if any (by qualified professional)       1.18     Disability diagnose       1.19     Patomethy a placement, the Service Provider must report:       2.1     First Name       2.1     First Name       2.3     Name Type       2.4     Date of Birth	1.4	Name Type	ChildStory Partner	As per clause 4.1.(b)
Image: Note of Birth         1.7       Date of Birth         1.7       Date of Birth         1.8       Gender         1.9       Residency status         1.10       Religion         1.11       Main language spoken at home other than English (Language)         1.12       Indigenous status <sup>1</sup> 1.13       Cultural affiliation         1.14       Health condition         1.15       Behaviour (including psychotropic medication)         1.16       Immunisation         1.17       Disability diagnoses if any (by qualified professional)         1.18       Disability diagnosed         2.       Percenting a placement, the Service Provider must report:         2.1       First Name         2.1       First Name         2.3       Name Type         2.4       Date of Birth			officiation of a children of the children of t	
1.7Date of Birth Status1.8Gender1.8Gender1.9Residency status1.10Religion1.11Main language spoken at home other than English (Language)1.12Indigenous status'1.13Cultural affiliation1.14Health condition1.15Behaviour (including psychotropic medication)1.16Immunisation1.17Disability diagnoses if any (by qualified professional)1.18Disability diagnoses1.19Disability diagnose2.11First Name2.12First Name2.13First Name2.14First Name2.15First Name2.14As per clause 4.1.(b)				
1.8       Gender         1.8       Gender         1.9       Residency status         1.10       Religion         1.11       Main language spoken at home other than English (Language)         1.12       Indigenous status <sup>1</sup> 1.13       Cultural affiliation         1.14       Health condition         1.15       Behaviour (Including psychotropic medication)         1.16       Immunisation         1.17       Disability diagnoses if any (by qualified professional)         1.18       Disability diagnosed         ChildStory Partner         ChildStory Partner         Sep clause 4.1.(b)         2.1       First Name         2.2       Family Name         2.3       Name Type         2.4       Date of Birth	1.6	Date of Birth		
1.9       Residency status         1.9       Religion         1.10       Religion         1.11       Main language spoken at home other than English (Language)         1.12       Indigenous status'         1.13       Cultural affiliation         1.14       Health condition         1.15       Behaviour (including psychotropic medication)         1.16       Immunisation         1.17       Disability diagnoses if any (by qualified professional)         1.18       Disability diagnoses         1.19       Pisability diagnoses         2.17       First Name         2.18       First Name         2.20       Family Name         2.30       Name Type         2.40       Date of Birth	1.7	Date of Birth Status		
1.10       Religion         1.11       Main language spoken at home other than English (Language)         1.12       Indigenous status <sup>1</sup> 1.12       Indigenous status <sup>1</sup> 1.13       Cultural affiliation         1.14       Health condition         1.15       Behaviour (including psychotropic medication)         1.16       Immunisation         1.17       Disability diagnoses if any (by qualified professional)         1.18       Disability diagnosed         2.       Pers-perofile and household - authorised foster or relative/kin carer including Therapeutic Home Based Care         When reverting a placement, the Service Provider must report:         2.1       First Name         2.2       Family Name         2.3       Name Type         2.4       Date of Birth	1.8	Gender		
1.11       Main language spoken at home other than English (Language)         1.12       Indigenous status <sup>1</sup> 1.13       Cuttural affiliation         1.14       Health condition         1.15       Behaviour (including psychotropic medication)         1.16       Immunisation         1.17       Disability diagnoses if any (by qualified professional)         1.18       Disability diagnosed         2.       Person profile and household – authorised foster or relative/kin carer including Therapeutic Home Based Care         When recording a placement, the Service Provider must report:         2.1       First Name         2.3       Name Type         2.4       Date of Birth	1.9	Residency status		
1.12       Indigenous status <sup>1</sup> 1.13       Cultural affiliation         1.14       Health condition         1.15       Behaviour (including psychotropic medication)         1.16       Immunisation         1.17       Disability diagnoses if any (by qualified professional)         1.18       Disability diagnosed         2. Person profile and household – authorised foster or relative/kin carer including Therapeutic Home Based Care         When recording a placement, the Service Provider must report:         2.1       First Name         2.2       Family Name         2.3       Name Type         2.4       Date of Birth	1.10	Religion		
1.13       Cultural affiliation         1.14       Health condition         1.15       Behaviour (including psychotropic medication)         1.16       Immunisation         1.17       Disability diagnoses if any (by qualified professional)         1.18       Disability diagnosed         2. Persur profile and household – authorised foster or relative/kin carer including Therapeutic Home Based Care         When recursing a placement, the Service Provider must report:         2.1       First Name         2.2       Family Name         2.3       Name Type         2.4       Date of Birth	1.11	Main language spoken at home other than English (Language)		
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1.16Immunisation1.17Disability diagnoses if any (by qualified professional)1.18Disability diagnosed1.18Disability diagnosedConstruction of the service of t	1.14	Health condition		
1.17Disability diagnoses if any (by qualified professional)1.18Disability diagnosed2. Persurportile and household – authorised foster or relative/kin carer including Therapeutic Home Based CareeWhen revorting a placement, the Service Provider must report:2.1First Name2.1First Name2.2Family Name2.3Name Type2.4Date of Birth	1.15	Behaviour (including psychotropic medication)		
1.18       Disability diagnosed         2. Person profile and household – authorised foster or relative/kin carer including Therapeutic Home Based Care         When recording a placement, the Service Provider must report:         2.1       First Name       ChildStory Partner       As per clause 4.1.(b)         2.2       Family Name       As per clause 4.1.(b)         2.3       Name Type       Date of Birth       Date of Birth	1.16	Immunisation		
2. Person profile and household – authorised foster or relative/kin carer including Therapeutic Home Based Care         When recording a placement, the Service Provider must report:         2.1       First Name       ChildStory Partner       As per clause 4.1.(b)         2.2       Family Name       Name Type       As per clause 4.1.(b)         2.3       Name Type       Date of Birth       Date of Birth	1.17	Disability diagnoses if any (by qualified professional)		
When recording a placement, the Service Provider must report:       ChildStory Partner       As per clause 4.1.(b)         2.1       First Name       ChildStory Partner       As per clause 4.1.(b)         2.2       Family Name       Name Type       As per clause 4.1.(b)         2.3       Name Type       Date of Birth       Date of Birth	1.18	Disability diagnosed		
2.1First NameChildStory PartnerAs per clause 4.1.(b)2.2Family Name2.3Name Type2.4Date of Birth	2. Per	son profile and household – authorised foster or relative/kin carer including Therapeutic Home Based C	are	
2.2Family Name2.3Name Type2.4Date of Birth	When re	ecording a placement, the Service Provider must report:		
2.3     Name Type       2.4     Date of Birth	2.1	First Name	ChildStory Partner	As per clause 4.1.(b)
2.4 Date of Birth	2.2	Family Name		
	2.3	Name Type		
2.5 Indigenous status	2.4	Date of Birth		
	2.5	Indigenous status		

<sup>1</sup> DCJ approval is required to update a child or young person's Indigenous status Schedule 2 – Permanency Support Program

2.6	Cultural affiliation	ChildStory Partner	As per clause 4.1.(b)	
2.7	Religion			
2.8	Disability diagnoses if any (by qualified professional)			
2.9	Disability diagnosed			
2.10	Street Address			
2.11	Suburb			
2.12	State			
2.13	Postcode			
2.14	Mobile			
2.15	Email address			
3. Hou	sehold / Service Provider (ITC placements only)			
When re	cording or updating a placement, the Service Provider must report:			
3.1	Name of service provider property	ChildStory Partner	As per clause 4.1.(b)	
3.2	Street Address			
3.3	Suburb			
3.4	State			
3.5	Postcode			
3.6	ITC Hub location			
3.7	Service type			
When re	cording or updating a property, the Service Provider must report:			
3.8	Service provider property status	ChildStory Partner	As per clause 4.1.(b)	
3.9	Service provider number of physical beds in property for children			
3.10	Ownership of service provider property			

The Ser	vice Provider must report:			
3.12	Therapeutic Specialist (full-time equivalent, qualifications, years of experience, current registration and vacancies)	ChildStory Partner	Quarterly	
3.13	Multidisciplinary Specialist Team – ITTC only (full-time equivalent, vacancies, qualifications)	Format to be specified by DCJ		
3.14	Direct Care staff (full-time equivalent, vacancies, casual and agency staff, staff without minimum qualifications)	Format to be specified by DCJ	Quarterly	
4. Pri	nary and Secondary (Respite) Placement			
On plac	ement entry, the Service Provider must report:			
4.1	Placement Start Date	ChildStory Partner	As per clause 4.1.(b)	
4.2	Placement purpose			
4.3	Placement type			
4.4	Shared Care			
4.5	Service Type			
4.6	Carer Household / Service Provider Property Name			
4.7	S13 Placement Principles			
On plac	ement exit or move, the Service Provider must report:			
4.8	Placement exit reason	ChildStory Partner	As per clause 4.1.(b)	
4.9	Placement end date		Quarterly	
5. Wh	ereabouts			
5.1	Whereabouts start date	ChildStory Partner	As per clause 4.1.(b)	
5.2	Whereabouts type			
5.3	Whereabouts location (if known)			
5.4	Whereabouts end date			
6. Cas	e Plans			
6.1	Date and Time of OOHC Case Plan Review	ChildStory Partner	Quarterly	
6.2	Case Plan Review Reason			

6.3	Case Plan Review Decision	ChildStory Partner	Quarterly
6.4	Case Plan Review completed		
6.5	Case Plan Goal		
6.6	Leaving Care Plan		
6.7	Cultural Support Plan (Aboriginal)		
6.8	Is there a current Personalised Learning and Support Plan		
6.9	Date of Personalised Learning and Support Plan		
6.10	Is there a current Health Management Plan		
6.11	Date of Health Management Plan		
6.12	Is a Behaviour Support Plan required		
6.13	Date of Behaviour Support Plan		
7. Joint	Protocol Reporting (ITC providers only)		
When r report:	ecording an incident where a Child or Young Person's behaviour was unable to be de-escalated and req	uired contact with the Police, th	e Service Provider must
7.1	Date of incident	Format to be specified by DCJ	Quarterly
7.2	Incident Type a. Self-harm/mental health concern b. Verbal abuse/threats c. Property damage d. Physical violence e. Drug-related f. Sexual abuse		
7.3	Incident outcome a. Resolved at the local level Y/N b. Resolved in consultation with PAC and YLO Y/N		
7.4	Police involvement a. Police contacted Y/N b. Date of police contact c. Did police attend? Y/N		

## Appendix C: Quality Assurance Framework and Aboriginal Children and Young People outcome indicators

The following data is to be reported by QAF sites as notified by the DCJ representative.

#### Table 3: Quality Assurance Framework

#	Outcome Description	Indicator	Information Reporting Requirement	Measure	Reporting Methods	Reporting Period		
1.	Outcome Domain – Safety							
Outc	come Description – Children and Young	People have the opportunity and sup	port needed to ensure that they are physically and psycholo	gically safe and fr	ee from maltreatment.			
1.1.	Feelings of safety and security (age range 7-17)	Does the Child feel cared for in their current placement?	Child's answer to "Do you feel cared for where you're living now?"	Multiple choice	Child and Young Person Questionnaire	Bi-annual		
1.2.	Feelings of safety and security (age range 7-17)	Does the Child feel safe in their current placement?	Child's answer to "Do you feel safe where you're living now?"	Multiple choice	Child and Young Person Questionnaire	Bi-annual		
1.3.	Risk taking behaviour (age range 12-17)	Has the child had an alcoholic drink or used drugs in the past 6 months, four weeks and seven days?	Child answer to: "Have you had an alcoholic drink?" and "Have you used drugs"	Multiple choice	Child and Young Person Questionnaire	Bi-annual		
1.4.	Risk taking behaviour (age range 14-18)	Does the Child think they have been doing anything that could hurt themselves during the past six months?	Child answer to: "Have you thought about hurting yourself on purpose in any way?" and "Have you ever considered attempting suicide?"	Multiple choice	Child and Young Person Questionnaire	Bi-annual		
2.	Outcome Domain – Permanency				1			
	come Description – Children and Young the definition of legal permanence.	People have permanency and stabilit	y in their living situations, and the continuity of family relation	onships and conne	ections is preserved. Th	his is distinct		
2.1.	Key relationships are supportive, safe, secure (age range 7-17)	Does the Child feel that they have someone they could talk to, if they didn't feel safe or cared for?	Child's answer to "Are there any responsible adults you could turn to if you were having problems?"	Multiple choice	Child and Young Person Questionnaire	Bi-annual		
3.	Outcome Domain – Wellbeing (includi	ng Educational Potential, Physical hea	alth and development, Emotional & Psychological Wellbeing	, Social functioning	g, and Cultural and Spi	ritual identity)		
pote	ntial; maximise their physical health, st	rength, and functioning; manage their	port needed to: maximise their intellectual ability and function rmental health and wellness; cultivate and strong and resilied d develop their own cultural, ethnic, and spiritual identity.					
3.1.	Emotional & Psychology Wellbeing and Social Functioning (age range 2-17)	Carer report on the conduct, behaviour, and relationships of children and young people.	Child's score across five sub-scales of the Strengths & Difficulties Questionnaire (SDQ) - emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, total problems and positive social skills, from 0-5.	Score, compared with Australian mean for age/gender.	Strengths & Difficulties Questionnaire (SDQ) completed by carer	Bi-annual		
3.2.	Aboriginal Cultural and Spiritual Identity (age range 9-17)	Cultural knowledge and connection to kin and land for Aboriginal children and young people	"Do you know who your family/mob is" "Do you know the town/city you family/mob is from"	Multiple choice/ Free Text	Child and Young Person Questionnaire – Aboriginal Cultural	Bi-annual		

#	Outcome Description	Indicator	Information Reporting Requirement	Measure	Reporting Methods	Reporting Period
			"Do you know the name of the Land/Clan/Country/Nation you are from?		Connections Questionnaire	
			"What is the name of Land/Clan/Country/Nation"			
			"How often go back to country?"			
			"What is your Aboriginal totem?			
			"Do you know any Aboriginal words or language?"			
			What do you know about your Aboriginal Culture?"			
			"Would you like to know more about your Aboriginal culture?"			
			"Which groups of Aboriginal people are you connected to?"			
			"Who do you learn about your Aboriginal Culture?"			
3.3.	Multicultural Cultural and Spiritual Identity (age range 12-17)	Connection and affiliation for multicultural children and young people to their culture	Child's score across two sub-scales of the Multi Ethnic Identity Measure - Exploration/Search (how interested the young person is in learning about their culture) and Commitment/Affiliation (how culturally immersed a young person is) and total score	Multiple choice/ Free Text	Child and Young Person Questionnaire – Multi Ethnic Identity Measure	Bi-annual