

Workplace Practice Self-Assessment Toolkit

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1 Background

The Child Protection Commission of Inquiry final report, *Taking Responsibility: A Roadmap for Queensland Child Protection*, identified the need for cultural change throughout the child protection and family support sector, to support the reform process.

The Queensland Family and Child Commission (QFCC) developed this Workplace Practice Self-Assessment Toolkit as a resource for agencies to examine their workplace practices and to ensure they achieve the recommended cultural change.

1.1 What is workplace culture?

Workplace culture refers to a system of shared assumptions, values, and beliefs, which govern how people behave in organisations. It is constructed socially and is affected by environment and history¹.

The culture is reflected in how people perceive, think and feel about the organisation and has an overwhelming effect on how individuals both within and outside experience the organisation and its work units. It creates a sense of identity for employees and develops standards of behaviour and communication.

Culture is bound up in individual and group approaches to power (control), fear (threat) and hope (opportunity) based on past events and the expected future.

1.2 What is workplace practice?

Workplace practices are the processes and behaviours that people undertake in an organisation to deliver services and complete other organisational or corporate activities such as recruitment, quality management and governance.

It includes the manner in which these tasks are carried out and the quality of interactions amongst staff and between staff and clients. Workplace culture, formal procedures and informal routines all have a strong influence on workplace practices.

1.3 About this Toolkit

The child protection and family support system involves the interaction of many different disciplines, sectors (government, non-government, academic), portfolios, families, children, young people and communities – which bring together a myriad of cultures with their own priorities, beliefs, philosophical base and ways of being. The common thread is the overarching desire to keep children safe and allow them to reach their full potential.

¹ Queensland Family and Child Commission (2016) *Strengthening the Sector: A Strategy for working together for a responsive and sustainable system across the child protection and family support sector*

In 2015, stakeholders and specialists from across the child protection and family support system participated in a two-day workshop to identify the workplace practices that align with and reflect the culture change described in the *Queensland Child Protection Commission of Inquiry* final report.

These practices were developed into a set of questions (the Toolkit) workers, supervisors, managers and executives can use to assess their own practices and the workplace practices of their teams and organisations.

This Toolkit allows workplace practices to be assessed across four attributes, which are described and explained in section 2:

1. Strength-based practice
2. Leadership
3. Collaboration
4. Cross-cultural practice.

The Toolkit can be used by most people working in the child protection and family support sector. Sets of questions have been developed for four categories of workers:

1. Frontline workers – working with:
 - a) children and young people
 - b) young adults
 - c) families and parents
 - d) kinship, foster and respite carers
 - e) Elders and community members
2. Human Services staff
3. Managers and Executives
4. Service network members

The questions are presented from two perspectives – for self-assessment, and for feedback from others. Section 3 explains this approach to assessing workplace practices.

Section 4 provides instructions on how to use the questions, including options for adaptation according to context and individual need, appropriate use and ethical considerations.

2 Four attributes of workplace practice

This Toolkit allows workplace practices to be assessed across four attributes:

1. Strength-based practice
2. Leadership
3. Collaboration
4. Cross-cultural practice.

2.1 Strength-based practice

The strength-based practice and philosophy described by the *Queensland Child Protection Commission of Inquiry* final report is one which:

- utilises strengths-based approaches at all levels – with staff, families, children and young people
- listens and responds respectfully to children, young people and families
- works inclusively and finds holistic responses for children, young people and families
- trusts others and empowers them to make decisions
- values good practice and innovation
- learns from mistakes, feedback, evaluation and research
- manages risk judiciously so government and community provide a balanced level of response
- uses professional judgement alongside of standards and procedures
- skills and supports staff with guidance, reflection and mentoring.

The Department of Communities, Child Safety and Disability Services (DCCSDS) has developed a new framework for practice to provide a transparent, strengths-based, safety-oriented approach to Child Safety work through all phases of the child protection process – the ***Strengthening Families Protecting Children Framework for Practice***².

This framework is a key project within the child protection reforms. The Workplace Practice Self-Assessment Toolkit has been developed to align with and support this framework for practice.

Strength-based approaches are widely used by non-government organisations delivering child protection and family support services.

The DCCSDS is also embedding a practice of appreciative inquiry across the organisation to support the new Framework for Practice. Appreciative inquiry involves a cooperative search for the best in people, their organisations and communities and the world around them. It involves systematic discovery of what gives 'life' to an organisation or community when it is most effective and most capable³. This approach informs

² <https://www.communities.qld.gov.au/childsafety/child-safety-practice-manual/framework-for-practice-and-maps>

³ Queensland Family and Child Commission (2016) *Strengthening the Sector: A Strategy for working together for a responsive and sustainable system across the child protection and family support sector*

the conduct of training, staff supervision, organisational oversight, research, contract management – all workplace practices.

2.2 Leadership

Leaders have a critical role in changing culture and in implementing reform. What they say, the decisions they make, what they attend to and ignore, and how they relate to others – give signals to staff that are mirrored through the organisation. Integrity and reliability are fundamental values required for leaders to gain trust and to influence others.

Leaders include organisational leaders – executives, managers and supervisors who have positional power. However, all front-line staff are leaders in their interactions with the public and the community. Their confidence and capacity to lead change in behaviour and to model positive behaviour depends on the support of their colleagues, line managers and organisational leaders.

It is important to recognise the role of family and community leaders who are able to communicate, mediate and support parents who are at risk, or who are not presently able and willing to protect and care for their children. These leaders are able to bring parties together and ensure the best interests of the child are 'front and centre'. Vulnerable children and young people can also learn and develop leadership roles to be their own advocates and advocates for other children and young people in similar situations. The extent to which this occurs will depend on the leadership shown by family and community members and front-line staff.

Positive attributes of leadership described in the *Queensland Child Protection Commission of Inquiry* final report include:

- transparency and trust
- valuing, listening to and respecting others
- giving time and engaging
- communicating the goal in ways that resonate
- working clearly towards the goal
- modelling and promoting a positive culture
- having courage to challenge and move roadblocks
- supporting people to take responsibility for achieving results
- leading and trusting others to lead.

2.3 Collaboration

The *Queensland Child Protection Commission of Inquiry* final report acknowledges that a large number of agencies are involved in the child protection and family support system – the Department of Communities, Child Safety and Disability Services, Childrens Court, Department of Education and Training, Queensland

Health, Queensland Police Service, Department of Housing and Public Works, government agencies responsible for advocacy and oversight, non-government agencies delivering services to children and families, advocates and academics. The report proposes that all parties work together towards the common goal of keeping children safe and able to reach their potential.

There are different ways of ‘working together’, depending on the degree of inter-connection⁴:

- 1. Cooperation** – informal or loose connections, with infrequent information flows, to adjust individual projects
- 2. Coordination** – formal or defined connections, with structured communication flows and shared project resources, to develop joint programs
- 3. Collaboration** – close or integrated relationships, with thick communication flows, pooled power and collective resources, to create inter-agency programs and system change.

These ways of ‘working together’ are all valid – the most appropriate approach will depend on the context and initiative/s being developed.

Collaboration and coordination involve interdependent relationships to resolve a problem that cannot be resolved alone. They require the expertise, support and resources of multiple people and organisations. They rely on trust, reciprocity and reputation.

Collaboration and coordination are developed through strategic intent and deliberate action. Time and effort are required to nurture and leverage the relationships. In the context of the child protection and family support system, the following relationships would benefit from improved collaboration:

- client-practitioner
- inter-disciplinary
- inter-organisation.

For simplicity, this Toolkit uses the term collaboration to refer to both coordination and collaboration. They have similar pre-requisites and will therefore require similar changes in workplace practice. The distinction between these two terms is a matter of degree.

“The challenge for the Commission has been to make reform recommendations that, if adopted by government and properly implemented over time, will not only ensure that the statutory system is ‘fit for purpose’ but also can operate in a stronger, broader, cohesive and collaborative manner consistent with the vision of the National Framework for Protecting Australia’s Children 2009–2020.”

Queensland Child Protection Commission of Inquiry final report, page 11

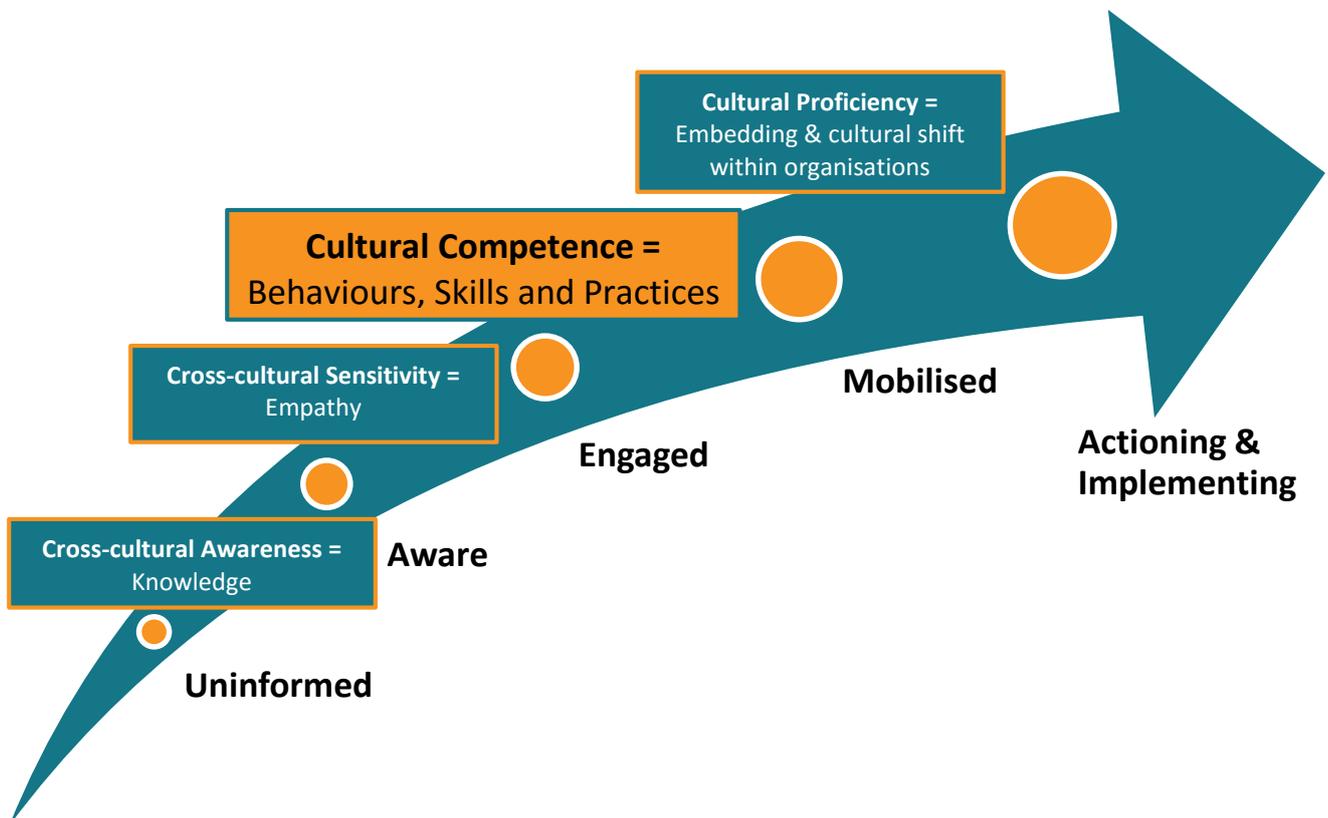
⁴ Keast R (2015) *Networks and Collaborations* website

2.4 Cross-cultural practice

Cross-cultural practice involves:

- **Culturally suitable services** – providing services which reflect the person’s culture, makes sense to them and avoids any unconscious bias or inadvertent racism which discriminates against them or marginalises them.
- **Cultural competence** – “a set of behaviours, attitudes and skills, policies and procedures that help staff to work effectively and efficiently in a cross-cultural context at all levels within the organisation”.⁵
- **Cultural capability** – the “skills, knowledge and behaviours that are required to plan, support, improve and deliver services in a culturally respectful and suitable manner”.⁶

The Australian Institute of Health and Welfare⁷ describes cultural competence as developing through a number of stages:



Vulnerable families and children at risk whose cultural and linguistic background differs from the general community often experience different stresses and react in different ways. They may have a range of

⁵ Multicultural Mental Health Australia (2010) *National Cultural Competency Tool (NCCT) for Mental Health Services*

⁶ Queensland Health (2010) *Queensland Health Aboriginal and Torres Strait Islander cultural capability framework*

⁷ Cultural competency in the delivery of health services for Indigenous people (2015), page 24

complex needs and challenges that can only be resolved with a deep understanding and valuing of the culture and how it impacts on them from day to day.

Having insight into cultural identity is critical when planning and delivering services for clients and engaging with communities. The *Queensland Child Protection Commission of Inquiry* final report points to the importance of involving family members and a consideration of children's culture in decision making and participation of family and community members in planning and carrying out connections to culture (pages 220, 233).

Personal identity and belonging are basic human needs for mental health and wellbeing. Knowing our roots and our heritage gives us a sense of place and self that guides our beliefs and our future. These connections are very important for normal growth and development through childhood and adolescence. Hence the connections to culture are critical for improving the safety and wellbeing of children.

The respect, value and acknowledgement given to a person's culture affects their feelings of inclusion into society.

Positive cultural practices are ones that:

- respect, value and acknowledge cultures and the community leaders who carry and impart this knowledge
- seek to gain more knowledge and understanding of cultures and how they impact on people
- involve consultation with community leaders and other stakeholders
- embrace the diversity of community perspectives
- empower people to express their culture in ways that make sense to them
- support connections with culture
- adapt services to reflect cultural needs and preferences
- seek and value cultural wisdom, experiences and knowledge to inform interactions and decisions
- encourage an understanding of one's own culture and reflection on cross-cultural practices
- monitor how well cultural competence is embedded within systems, processes and practices.

2.4.1 Cross-cultural practices for working with Aboriginal and Torres Strait Islander people

Delivering human services in culturally suitable ways for Aboriginal and Torres Strait Islander culture is a major strategy across the Queensland Government to:

- reduce the number and proportion of Aboriginal and Torres Strait Islander children and young people who are separated from their families
- reduce the gap between wellbeing outcomes for Aboriginal and Torres Strait Islander people and non-Indigenous people.

In this context, an understanding of the depths of emotions associated with one's culture and history must include:

- knowledge of and appreciation of the way of life of Aboriginal and Torres Strait people before settlement – their systems of law (lore), government, education, health, trade, diplomacy, the arts, sport, ownership, resource management, kinship and communication
- the depth of meaning associated with responsibilities and roles within clans and tribes and care of land
- the impact of invasion, loss of land, loss of traditions, removal of children from families and other historical policies which have denied the Aboriginal and Torres Strait Islander way of life and their languages and which have failed to meet the Universal Declaration of Human Rights.

The Department of Aboriginal and Torres Strait Islander Partnerships (DATSIP) provides protocols for consultation and negotiation with Aboriginal and Torres Strait Islander people:

- Protocols for consultation and negotiation with Aboriginal people⁸
- Proper communication with Torres Strait Islander people⁹

2.4.2 Cross-cultural practices for working with people from culturally and linguistically diverse backgrounds

People from culturally and linguistically diverse backgrounds face many barriers to settling and adapting to a new environment, particularly those who are refugees and humanitarian migrants. People may experience grief and loss of country, family, belongings, cultural position, customs, employment, qualifications, as well as the effects of trauma and torture. Misunderstandings occur when the difficulty of the circumstances are not considered and cultural differences are not recognised and responded to.

In this context, an understanding of cultural factors may include:

- knowledge of and appreciation of their culture and customs
- gauging English proficiency
- appreciation of the factors leading to their decision to leave their country of origin
- opportunities and threats to social and economic wellbeing
- any trauma, loss or hardship which occurred prior to leaving and on the journey.

The Department of Communities, Child Safety and Disability Services (DCCSDS) provides guidelines for working with people from culturally and linguistically diverse backgrounds, within the context of child protection – *Practice Paper: Working with people from culturally and linguistically diverse backgrounds*¹⁰

⁸ <https://www.datsip.qld.gov.au/resources/datsima/people-communities/protocols-aboriginal/aboriginal-protocols-for-consultation.pdf>

⁹ <https://www.datsip.qld.gov.au/resources/datsima/people-communities/protocols-torres/tsi-protocols-for-consultation.pdf>

¹⁰ <https://www.communities.qld.gov.au/resources/child-safety/practice-manual/prac-paper-working-cald.pdf>

2.5 Criteria for assessing the four attributes

The four attributes of workplace culture (strength-based practice, leadership, collaboration and cross-cultural practice) are quite broad, and further details were required to identify the specific behaviours that are indicative of the desired workplace practices.

In 2015, stakeholders and specialists from across the child protection and family support system participated in a two-day workshop to identify criteria for assessing the four attributes of workplace practice. Six to eight criteria were identified for each attribute:

Strength-based practice:

- Person-centred
- Listening and respect
- Strength-based
- Works together
- Risk taking
- Learning

Leadership:

- Leads change
- Communicates goals
- Supports people to take responsibility
- Models and promotes a positive culture
- Challenges and moves roadblocks, pays attention to feedback
- Transparency and integrity
- Leads and trusts others to lead

Collaboration:

- Mutual trust
- Open respectful communication
- Shared aims
- Openness to others' views
- Shared decision making
- Able to negotiate and compromise

Cross-cultural practice:

- Respect, value, acknowledge
- Grows knowledge, understands impacts of history
- Encourages expression of culture
- Supports connection to culture

- Adapts services
- Values cultural wisdom to inform decisions
- Acknowledges own culture and reflects
- Monitors embedding of cross-cultural practice

Each of these criteria were then translated into workplace behaviours. Most attributes have one behaviour, but some criteria required two or three behaviours. The questions in this Toolkit ask respondents whether these behaviours are taking place. This allows the workplace practices to be assessed.

3 Approach to assessment

3.1 Multi-source assessment

Multi-source assessment (also known as 360-degree feedback) is a process used to examine workplace practices from a number of perspectives. For example, a child safety officer can self-assess their own practices, and can receive feedback from their clients, their colleagues, their supervisor and their manager. In the same way, supervisors and managers can self-assess and receive feedback from the people they work with.

This Toolkit allows four categories of workers to assess their workplace practices:

1. **Frontline workers** – how do I work with clients?
2. **Human Services staff** – how do I work with my colleagues?
3. **Managers and Executives** – how do I work with my staff?
4. **Service network members** – how do I work with other network members?

These categories cover most of the positions within the child protection and family support sector. Example roles within these categories are presented below. Some people/roles may fit in more than one category.

1. Frontline workers	
<ul style="list-style-type: none">• Advocates• Child and youth support workers• Child safety officers• Community visitors• Community development workers• Community engagement workers• Community justice officers• Counsellors• Court and tribunal staff• Court support workers• Disability workers• Domestic violence workers• Early childhood and child care educators• Family and Child Connect staff• Family support workers• Foster, kinship and respite carers	<ul style="list-style-type: none">• Health staff• Homelessness and housing workers• Intensive family support workers• Judicial officers – judges, magistrates, tribunal members• Legal officers and legal services staff• Police and police liaison officers• Probation officers• Recognised Entity staff• Residential care workers• Sports and recreation staff• Teachers and trainers• Therapeutic staff• Volunteers• Youth justice officers• Youth workers

2. Human Services staff

- **N.B. Frontline workers from category 1 are also Human Services staff**
- Ancillary staff
- Auditors and quality assurance staff
- Business support workers
- Corporate staff
- Contract managers
- Complaint managers
- Communication staff
- Curriculum developers
- ICT developers
- Investigators
- Licensing staff
- Maintenance staff
- Policy and program development staff
- Regulators and administrators
- Researchers and evaluators
- Technicians

3. Managers and Executives

- Directors
- Executives
- Managers
- Senior Executives
- Supervisors

4. Service network members

- Advisory bodies
- Communities of practice
- Community collectives
- Inter-agency practice groups
- Local Level Alliances
- Multi-agency service teams
- Network groups
- One-stop service “shops”
- Reform implementation leaders
- Regional inter-agency networks and committees
- Suspected Child Abuse Network (SCAN) teams
- Senior officer committees

3.2 Sets of questions

Frontline workers in the child protection and family support system interface with many different clients – children, young people, young adults, parents, families, carers, Elders and community members. In order to capture the full range of practices required to work successfully with these clients, five sets of questions have been developed for Frontline workers. The other categories of workers each have a single set. The sets are as follows:

SET 1: Frontline workers – working with children and young people

SET 2: Frontline workers – working with young adults

SET 3: Frontline workers – working with families and parents

SET 4: Frontline workers – working with kinship, foster and respite carers

SET 5: Frontline workers – working with Elders and community members

SET 6: Human Services staff – working with colleagues

SET 7: Managers and Executives – working with staff

SET 8: Service network members – working with other network members

3.3 Self-assessment and feedback

This Toolkit presents the eight sets of questions from two different perspectives:

1. Self-assessment – workers assess their own practice
2. Feedback – from clients or colleagues, etc.

A matrix of all questions can be found in the **Appendix**. The Appendix has been formatted so that for each attribute (strength-based practice, leadership, collaboration and cross-cultural practice), a table of self-assessment and then feedback questions are presented.

As an illustrative example, the questions for strength-based practice are presented below.

	SELF-ASSESSMENT	FEEDBACK
	SET 1 Frontline Workers: How do I work with children and young people?	SET 1 Frontline Workers: Feedback from children and young people
CRITERIA	When working with children and young people, do I:	Do the adults who work with you:
Person-centred	<ol style="list-style-type: none"> 1. show them I care about them 2. take their feelings and worries into account 	<ol style="list-style-type: none"> 1. care about you 2. take your feelings and worries into account
Listening and respect	<ol style="list-style-type: none"> 3. listen to their ideas 4. include them in discussions 	<ol style="list-style-type: none"> 3. listen to your ideas 4. include you in discussions
Strength-based	<ol style="list-style-type: none"> 5. support them to make decisions that work for them 	<ol style="list-style-type: none"> 5. support you to make decisions that work for you
Works together	<ol style="list-style-type: none"> 6. help them to make the changes they would like 	<ol style="list-style-type: none"> 6. help you make the changes you would like
Risk taking	<ol style="list-style-type: none"> 7. encourage and support them when things go wrong 	<ol style="list-style-type: none"> 7. encourage and support you when things go wrong
Learning	<ol style="list-style-type: none"> 8. respond to their suggestions to improve the way things are done 	<ol style="list-style-type: none"> 8. respond to your suggestions to improve the way things are done

3.4 Feedback from other perspectives

For simplicity, the questions provided in this Toolkit only provide feedback from a second-person perspective. For example, Set 3 allows frontline workers to self-assess their work with families and parents and then obtain feedback from families and parents.

However, in this example, other relevant perspectives include:

- Feedback from colleagues about their work with families and parents
- Feedback from managers about their work with families and parents.

The questions would only require minor amendments to be used in this manner.

4 Instructions

4.1 Selecting questions

A range of different perspectives is required to assess workplace practices, however a comprehensive 360-degree assessment is an exhaustive and time-consuming process. A strategic approach may be preferable – select sets of questions that focus on the most critical interactions, or the ones that require the most improvement.

For example, an organisation delivering family support services to parents might select the following sets:

- **SET 3:** Frontline workers – working with families and parents
- **SET 7:** Managers and Executives – working with staff.

4.2 How to use the questions

A number of ways to use the questions are suggested below. Most importantly, make sure the approach provides feedback that will help staff and clients reach and maintain a positive culture. It is quite acceptable to use a combination of methods.

The Toolkit can show where strategies are needed to improve workplace practice at the organisational level, team level and individual level. It is the responsibility of organisation leaders and workers to develop the appropriate strategies in order to get the best outcomes for children and young people.

4.2.1 Checklists

Checklists use rating scales with only two response options – Yes / No.

Checklists are easier to complete than rating scales, but they provide less insight. ‘Yes’ usually means that a behaviour might occur occasionally, sometimes, often or always; but ‘No’ generally means the behaviour doesn’t occur at all. For this reason, checklists can be a useful way of identifying areas that require the most work, but are not as useful as rating scales in determining improvement (i.e., increased frequency) over time.

4.2.2 Rating scales

Rating scales are a useful way to quantify a response and aggregate scores for comparisons and monitoring over time. It is often useful to include a comment section to allow respondents to provide further details or explanations for their responses.

Questionnaires can be constructed for each block of questions in this Toolkit and item scores can be added to calculate totals for each attribute and the whole questionnaire. Depending on the purpose, frequency or extent (how much) can be measured, as per the example below.

EXAMPLE: Comparing checklists and rating scales

Question: When working with children and young people, do I take their feelings and worries into account?

Checklist response options: Yes / No

Rating scale response options:

Frequency	1	2	3	4	5
	not at all	occasionally	sometimes	often	always

Extent (how much)	1	2	3	4	5
	not at all	a little	somewhat	moderately	greatly

Comparison

- The checklist provides a quick indicator of whether the respondent takes the feelings and worries of children and young people into account. A “no” would be a signal that this is a potential area of focus. However, if staff score “yes” across multiple administrations of the question, it is not possible to assess whether there has been any change.
- Rating scales are more sensitive than checklists and they allow changes in frequency or extent to be detected over time. Rather than simply responding “yes”, respondents can indicate whether they do something occasionally, sometimes, often or always.

4.2.3 Focus group discussions

Focus groups or structured meetings could be conducted within teams or across teams. Identify areas of focus, discuss the present situation and then discuss what it would take to improve. This process can be used to identify needs for training, mentoring, resource development, etc.

Use single questions or questions within a single attribute as conversation starters. This process can be used to generate semi-structured conversations during team or network meetings.

Focus group discussions can also be used to follow up on responses using checklist or rating scale response options. For example, staff could complete a set of questions using the checklist or a rating scale, then conduct focus groups discussions to more deeply explore the questions with the highest proportion of “no” or low scoring responses.

4.2.4 Conversations with clients or supervisors

It may not be practical for clients to complete an entire questionnaire, but the questions could be used as discussion points during case management meetings with clients and their families – to identify case planning needs, to develop case plans and to generate feedback from clients.

Similarly, the questions can be used to inform discussions and meetings between staff and supervisors.

4.3 Adapting the Toolkit

The questions have been designed to be applicable to the diverse array of programs, roles and sites across the human services that work with families and children, but inevitably it won't fit all contexts.

Questions that don't apply to certain respondents can be removed and minor word changes can be made so that items make sense for a particular organisation. The data will be more meaningful if the Toolkit has a good fit for the organisation and the setting.

If possible, limit changes to word usage rather than the intent. As a guide, if the intent doesn't apply, try to keep variations in items to 10 per cent. That is in a block of 40 questions, omit no more than 4. Keep the items the same across any groups that are going to be compared e.g., work units, locations, time periods.

4.4 Appropriate use of the Toolkit

Questionnaires and checklists are the most common ways to obtain feedback, but these approaches may have limitations due to literacy skills, attention span, time, cost and response rate. Supports to prevent discrimination should be applied when using questionnaires, such as interpreters and accessible texts.

Working with children and young people raises both ethical and practical questions related to their developmental stage. The language, number of items and means of presentation will need to adapt to meet the child's stage of development and understanding.

4.5 Ethical considerations

Ethical principles should be applied when using this Toolkit – especially in relation to seeking information from vulnerable people. Many organisations have a research ethics policy and protocol, which should be followed to get approval for research, evaluation and quality assurance.

The National Health and Medical Research Council (NHMRC) provides detailed information on ethical guidelines, including considerations for vulnerable groups including children and young people, people with intellectual disability and mental health issues, and Aboriginal and Torres Strait Islander people¹¹. Advice is also available from organisations like the Australasian Evaluation Society (AES), and the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS).

It is important to do no harm. The purpose of developing a positive culture across the child protection and family support sector is to improve outcomes for vulnerable children, young people and their families. There is a responsibility on all workers to make sure they do not harm the respondent or place them in a worse position due to their participation. Organisations have a duty of care to their staff and volunteers, so all inquiries into personal thoughts and feelings need to be respectful and consider implications for the participants. Protocols also need to be in place regarding the disclosure of personal information.

¹¹ National Health and Medical Research Council (2007) *Australian Code for the responsible conduct of research*

5 References and further reading

Relevant information can be found in the following resources, many of which were referred to in this document (NB: URLs were correct at the time of finalisation – 31 August 2016):

- The Australasian Evaluation Society (2013) *Guidelines for the ethical conduct of evaluation and a code of conduct for evaluators*
<http://www.aes.asn.au/join-the-aes/membership-ethical-guidelines/7-aes-codes-of-behaviour-ethics.html>
- Australian Institute of Health and Welfare (2015) *Cultural competency in the delivery of health services for Indigenous people: A literature review of cultural competence training*. Issues paper no. 13 produced for the Closing the Gap Clearinghouse by Roxanne Bain
http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Our_publications/2015/ctgc-ip13.pdf
- Department of Aboriginal and Torres Strait Islander Policy and Development (1998) *Protocols for consultation and negotiation with Aboriginal people*
<https://www.datsip.qld.gov.au/resources/datsima/people-communities/protocols-aboriginal/aboriginal-protocols-for-consultation.pdf>
- Department of Aboriginal and Torres Strait Islander Policy and Development (1998) *Proper communication with Torres Strait Islander People*
<https://www.datsip.qld.gov.au/resources/datsima/people-communities/protocols-torres/tsi-protocols-for-consultation.pdf>
- Department of Communities, Child Safety and Disability Services (2010) *Practice Paper: Working with people from culturally and linguistically diverse backgrounds*
<https://www.communities.qld.gov.au/resources/childsafety/practice-manual/prac-paper-working-cald.pdf>
- Department of Communities, Child Safety and Disability Services (2015) *Strengthening Families Protecting Children Framework for Practice*
<https://www.communities.qld.gov.au/resources/childsafety/practice-manual/framework-pr-info.pdf>
- Keast R (2015) *Networks and Collaborations* website <http://www.networksandcollaborations.com.au/>
- Knight R (2015) *Changing the culture within the child protection system*
<http://dynamicpeoplemanagement.com.au/defining-and-developing-organisational-culture-discussion-paper/>
- Multicultural Mental Health Australia (2010) *National Cultural Competency Tool for Mental Health Services* <http://servicedelivery.dss.gov.au/2012/03/05/national-cultural-competency-tool-ncct-for-mental-health-services/>
- National Health and Medical Research Council (2007) *Australian Code for the responsible conduct of research* <https://www.nhmrc.gov.au/guidelines-publications/r39>
- Queensland Child Protection Commission of Inquiry final report (2013) *Taking Responsibility: A roadmap for Queensland Child Protection*
http://www.childprotectioninquiry.qld.gov.au/_data/assets/pdf_file/0017/202625/QCPCI-FINAL-REPORT-web-version.pdf

- Queensland Family and Child Commission (2016) *Strengthening the Sector: A Strategy for working together for a responsive and sustainable system across the child protection and family support sector* https://www.qfcc.qld.gov.au/sites/default/files/For%20professionals/strengthening%20our%20sector/qfcc_strengthening_oursector_strategy_0.pdf
- Queensland Health (2010) *Queensland Health Aboriginal and Torres Strait Islander cultural capability framework* https://www.health.qld.gov.au/atsihealth/cultural_capability.asp
- Vale C (2015) *Murawin* website <http://www.murawin.com.au/>

6 Glossary

Appreciative inquiry involves a cooperative search for the best in people, their organisations and communities and the world around them. It involves systematic discovery of what gives 'life' to an organisation or community when it is most effective and most capable.

Cultural capability is the “skills, knowledge and behaviours that are required to plan, support, improve and deliver services in a culturally respectful and suitable manner”¹².

Cultural competence is “a set of behaviours, attitudes and skills, policies and procedures that help staff to work effectively and efficiently in a cross-cultural context at all levels within the organisation”¹³.

Culturally suitable services – providing services which reflect the person’s culture, makes sense to them and avoids any unconscious bias or inadvertent racism which discriminates against them or marginalises them.

Multi-source assessment (also known as 360-degree feedback) is a process used to examine workplace practices from a number of perspectives. For example, a child safety officer can self-assess their own practices, and can receive feedback from their clients, their colleagues, their supervisor and their manager.

Workplace culture refers to a system of shared assumptions, values, and beliefs, which govern how people behave in organisations. It is constructed socially and is affected by environment and history

Workplace practices are the processes and behaviours that people undertake in an organisation to deliver services and complete other organisational or corporate activities such as recruitment, quality management and governance. It includes the manner in which these tasks are carried out and the quality of interactions amongst staff and between staff and clients.

¹² Queensland Health (2010) *Queensland Health Aboriginal and Torres Strait Islander cultural capability framework*

¹³ Multicultural Mental Health Australia (2010) *National Cultural Competency Tool (NCCT) for Mental Health Services*

Appendix: Toolkit Questions

The eight sets each of self-assessment and then feedback questions are presented for each attribute (strength-based practice, leadership, collaboration and cross-cultural practice).

For self-assessment (blue) questions, the sets are:

SET 1: Frontline workers – how do I work with children and young people?

SET 2: Frontline workers – how do I work with young adults?

SET 3: Frontline workers – how do I work with families and parents?

SET 4: Frontline workers – how do I work with kinship, foster and respite carers?

SET 5: Frontline workers – how do I work with Elders and community members?

SET 6: Human Services staff – how do I work with my colleagues?

SET 7: Managers and Executives – how do I work with my staff?

SET 8: Service network members – how do I work with other network members?

For feedback (orange) questions, the sets are:

SET 1: Frontline workers – feedback from children and young people

SET 2: Frontline workers – feedback from young adults

SET 3: Frontline workers – feedback from families and parents

SET 4: Frontline workers – feedback from kinship, foster and respite carers

SET 5: Frontline workers – feedback from Elders and community members

SET 6: Human Services staff – feedback from colleagues

SET 7: Managers and Executives – feedback from staff

SET 8: Service network members – feedback from other network members.

The questions are available as a separate A3 document download.

