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Please note: This summary guide has been written for a professional context. If you are a parent, carer, child or young person, and would like to know more, please ask your DCP case worker.
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Executive summary

The DCP Practice Approach provides an integrated and contemporary approach to practice that supports the vision for all children and young people to grow up well cared for, connected and empowered to reach their full potential. It is unique to South Australia’s legislative and cultural context. The approach has been developed in partnership with DCP staff, young people, carers and service providers. Many Aboriginal people generously shared their experiences and knowledge to collaboratively build an approach that strives to be culturally safe.

The Practice Approach supports DCP staff and other stakeholders to work together to ensure safety and best outcomes for children and young people. The approach promotes building strong relationships with children and young people, families, carers and service providers. Skilful assessment, timely intervention and collaborative practice are emphasised by the approach.

The Practice Approach is focused on children and young people’s physical, emotional and cultural safety during all phases of work. The Approach consists of practice elements and elements that support best practice.

The practice elements are:

- **Practice Principles** - The Practice Principles set out six key principles for practice: child centred, cultural safety, strengthening families, supporting carers, partnership and collaboration, and a learning culture.
- **Foundational theories and knowledge** - The Practice Approach is underpinned by well-established and contemporary theories and knowledge that apply to the continuum of practice. Aboriginal knowledge is recognised as underpinning culturally safe practice and genuine engagement with Aboriginal families and communities.
- **Tools, processes and practice guidance** - DCP practitioners use a variety of tools, processes and practice guidance to drive best practice.

The elements that support best practice are:

- **Supervision** - DCP values professional supervision and reflective practice to ensure the provision of high quality services and worker wellbeing.
- **Trauma lens** - The Practice Approach is responsive to the impacts of trauma for children and young people, families, carers and staff. It considers the traumatic experiences of children and young people, the trauma experienced by families (including domestic and family violence) and intergenerational trauma experienced by Aboriginal families who continue to suffer the impacts of colonisation, dispossession of land, loss of land and culture, and other past government policies and practices, including the Stolen Generations. Personal challenges such as mental health difficulties, substance abuse and other maladaptive coping strategies are viewed through a trauma lens. Healing from trauma is supported and active efforts are made to prevent traumatisation at all levels of the child protection system, including vicarious trauma for carers and staff.
- **Workforce training and professional development** - DCP is committed to ongoing professional development and actively encourages all staff to engage in learning opportunities to improve their practice to strive for better outcomes for children and young people.
- **Accountability** - DCP is accountable for its decisions and actions. It is accountable to the communities it serves and particularly to Aboriginal communities given the over-representation of Aboriginal children and young people in care. Both the department and its staff are accountable for professional development and for building an organisational culture that supports staff and partners to work together to achieve positive outcomes for children and young people.
- **Continuous improvement** - DCP is committed to continuous improvement in the pursuit of better outcomes for children and young people, their families and communities.
The DCP Practice Approach

Practice Principles
- Child centred
- Cultural safety
- Strengthening families
- Supporting carers
- Partnership and collaboration
- Learning culture

Foundational theories and knowledge
- The Aboriginal and Torres Strait Islander Child Placement Principle
- Relationship based practice
- Strengths based practice
- Systems theory
- Domestic and family violence informed practice
- Child and adolescent development
- Attachment
- Trauma
- Permanency planning
- Working with cultural and other diversity
- Change theory

Tools, processes and practice guidance
- Manual of Practice
- Assessment Framework
- SDM tools
- Genogram and ecomaps
- Family led decision-making
- Practice and cultural consultation
- Safety plan
- Case plan, ACIST + CALD CIST
- Care team meetings
- Life story work
- Annual reviews
- Viewpoint
Context

Legislative context

The Children and Young People (Safety) Act 2017 (the Act) provides the legal framework for South Australia’s child protection system and is a key driver of practice.

The paramount consideration of the Act is to ensure that children and young people are safe and protected from harm. The Act also recognises that children and young people have other needs that should be considered including:

- having a say in the decisions that impact their lives, care and wellbeing
- the need for love, attachment and self esteem
- the need to achieve their full potential, and;
- maintaining a connection with their biological family where it is safe to do so and supports their other needs.

Chapter 2 of the Act details the guiding principles and priorities that must be considered and applied by those who operate under the Act, including the DCP, and other government and non-government agencies as well as the Youth Court. These include principles of intervention and placement, and the Aboriginal and Torres Strait Islander Child Placement Principle.

The principles of intervention (Section 10) include timely decision-making and action, particularly in the case of young children, to promote permanence and stability. It is also legislated that children and young people are given the opportunity to express their views and be heard on matters concerning their care in a way that takes into account their culture, disability, language and religion. Additionally, if possible and appropriate, Family Group Conferencing should be used to make arrangements for the care of children and young people. Family Group Conferencing is intended to be used to help empower family and community members to ensure that decision-making occurs in collaboration with children and young people, and their families.

Section 11 of the Act sets out the principles relating to placement. All children and young people who have been removed from their family should be placed in a safe, nurturing, stable and secure environment. The Act also requires approved carers to be involved in decision-making for children and young people in their care.

The Aboriginal and Torres Strait Islander Child Placement Principle outlined in Section 12 of the Act sets out a number of objectives and requirements for Aboriginal children and young people. These including the need to maintain the connection of Aboriginal children and young people with their family and culture, enabling Aboriginal people to participate in the care and protection of their children and young people and encouraging Aboriginal people, children and State Authorities to work in partnership when making decisions about the placement of Aboriginal children. DCP is committed to implementing the Aboriginal and Torres Strait Islander Child Placement Principle and recognises the importance of each element of the principle; prevention, partnership, placement, participation and connection.

Children’s rights

The United Nations Convention on the Rights of the Child (the Convention) has four Guiding Principles; respect for the best interests of the child as a primary consideration, the right to survival and development, the right to express their views freely on all matters affecting them and the right to enjoy all rights of the convention without discrimination of any kind. Crucially for DCP, the Convention establishes children as having the “right to say what they think should happen when adults are making decisions that affect them and to have their opinions taken into account” [1]. The Convention acknowledges that children can and do form views from a very early age, conceptualising children and young people as having an ‘evolving capacity’ for decision-making [2].

“When children are given respect, opportunity, responsibility and support, they will be able to participate in a way that increases their capacity and effectiveness in decision-making”. [3]
Safety

The safety of children and young people is at the centre of the Practice Approach. Safety is defined broadly by the Practice Approach to include the physical, emotional and cultural safety of children and young people. Safety is the paramount consideration of the Act and must be considered and prioritised in relation to all interventions and case planning.
The Practice Elements:

**Practice Principles**

The Practice Principles provide the foundational values for practice in all phases of intervention. Case planning and decision-making must be consistent with or informed by the Practice Principles. The six principles are:

- Child centred
- Cultural safety
- Strengthening families
- Supporting carers
- Partnership and collaboration
- Learning culture

**Foundational theories and knowledge**

DCP practice is responsive to contemporary research and theories including Aboriginal knowledge. The Practice Approach is underpinned by theories that apply to the continuum of practice with children, young people, families, carers and communities. The complexity of child protection practice requires a sophisticated understanding of relevant theories. Drawing on multiple theories and other knowledge supports DCP practitioners to tailor their approach to each unique child, young person and family.

**The Aboriginal and Torres Strait Islander Child Placement Principle**

In South Australia, and Australia more broadly, Aboriginal children and young people are over-represented in the child protection system. DCP is committed to ensuring the safety of Aboriginal children and young people, keeping families and communities together and promoting healing from the impacts of colonisation, dispossession of land, loss of land and culture, and the Stolen Generations. It is understood that past government policies and practices continue to impact Aboriginal families and that work with Aboriginal families and communities must support and promote recovery from intergenerational trauma.

DCP’s Aboriginal Action Plan informs DCP’s practice with Aboriginal children and young people. The Aboriginal Action Plan recognises the Aboriginal and Torres Strait Child Placement Principle (section 12 of the Act) as a guiding framework for action and recognises the importance of the five core elements - **Prevention**, **Partnership**, **Placement**, **Participation and Connection**. Commitment to implementing these five elements is crucial for long-term change. It is also recognised that timely and accurate identification of children and young people as Aboriginal is an essential precursor to the Principle.

Aboriginal children and young people have a right to grow up with a communal sense of belonging, with a stable sense of identity and to know their family, community, land, language and culture. DCP practitioners must explore the identity of children, young people and family members and ascertain as much information as possible to support the connection of Aboriginal children and young people to their culture. Practitioners must ask children, young people and families about their wider family members, what region, Nation or language group they have connections with and their clan and skin groups as well as any cultural obligations that come with this. Self-identification by a child or young person or the child or young person’s family is the only requirement for practitioners to apply the Principle. A lack of cultural safety and a fear of racism and discrimination may result in Aboriginal people choosing not to disclose they are Aboriginal. To address this, practitioners must be clear that all families are asked about their cultural identity and that specialised services and supports are available for Aboriginal children, young people and families should the family choose to identify.

**Prevention** is critically important for minimising child protection involvement and upholding the rights of Aboriginal children and young people to grow up in their own family and community. DCP practitioners must ensure that children and young people, families and communities’ strengths are acknowledged and that support is culturally safe. Families are referred to Aboriginal agencies and services for assistance when required.

Genuine partnership with Aboriginal families and organisations is essential in supporting self-
Aboriginal children, young people and families have the best knowledge of their family and community, including their strengths and needs. Forming a partnership with Aboriginal families is critical to understanding Aboriginal child rearing practices. Involving extended family members in decision-making can increase a family’s supports and ability to develop plans to address child protection concerns. DCP practitioners must work in partnership with Aboriginal families and communities to seek advice and make collaborative decisions regarding the care of Aboriginal children and young people.

If a placement is required, family members must be consulted as a matter of urgency about possible options. Involving family members in decision-making ensures that their important role in raising Aboriginal children and young people is recognised. The placement element of the Principle seeks to ensure children and young people in care maintain the highest level of connection possible to their Aboriginal family, community, language, culture and country. Family members, Aboriginal cultural consultants and community leaders should be involved in placement decision-making for Aboriginal children and young people from the start of the process. In addition, DCP practitioners must consult with Aboriginal Family Support Services (the gazetted organisation as per section 12 of the Act) prior to placing Aboriginal children and young people in care.

The use of genograms and ecomaps are critical with Aboriginal families to understand complex community and kinship systems. Genograms and ecomaps support family scoping and must be developed and regularly reviewed in partnership with family members. Developing detailed genograms and ecomaps and early family scoping contribute to supporting a child or young person’s first placement to be their only placement. This approach minimises the disruption and trauma associated with disconnection from culture or placement changes. Tools such as the ACIST and Winangay can support this. The placement of Aboriginal children and young people within their Aboriginal kinship network recognises the importance of Aboriginal children developing attachments with a network of caregivers. Where Aboriginal children or young people are placed with non-Aboriginal carers or carers from other clan groups, practitioners must support the carer to meet the child or young person’s cultural needs.

Family led decision-making is a critical process for working with Aboriginal families. Family led decision-making recognises the strengths that exist in Aboriginal families. Practitioners must convene meetings which support the participation of family members at the earliest opportunity. Practitioners must also collaborate with Aboriginal consultants, including Principal Aboriginal Consultants and Aboriginal Family Practitioners, for cultural consultation and support.

Case planning and decision-making for children and young people in care must always promote connection to their Aboriginal identity and family, and recognise the role culture can play in healing and safety.

**Relationship based practice**

The Practice Approach values relationship based practice and recognises that relationships are central to child protection practice. Positive outcomes for children, young people and families depend upon developing and sustaining genuine, respectful and supportive relationships. Children and young people are the primary clients of DCP and a positive relationship between a child or young person and their case worker is crucial to good outcomes. DCP practitioners also develop effective working relationships with other individuals who are involved in the care and support of a child or young person. This may include parents, extended family members, carers, community members and other professionals. Different approaches and strategies may be required when working with people with differing perspectives and roles.

Practitioners must be aware of cultural and other factors relevant to engagement and relationships. When working with Aboriginal children, young people or families, involving a Principal Aboriginal Consultant or Aboriginal Family Practitioner can contribute to improved engagement. For culturally and linguistically diverse families, practitioners must be sensitive to cultural issues, and seek advice and support from relevant cultural experts such as DCP’s Multicultural Services.
Aboriginal and Torres Strait Islander Child Placement Principle artwork

Each image represents a different element of the Principle and symbolises DCP’s commitment to ensuring that Aboriginal children are front and centre in everything we do. A single thread ties all of these elements together, representing the journey of the child and young person in care, and highlighting the importance of all of these elements collectively to enhance our practice and drive system change.

The elements are: Placement, Prevention (top L-R), Partnership, Identification (precursor) (middle L-R), Participation, Connection (bottom L-R).
Given the complex nature of child protection work, practitioners must be skilled at building and sustaining relationships in often challenging circumstances. Developing a shared understanding of goals and actions is central to building relationships. DCP practitioners must promote two-way communication, active collaboration and participation in decision-making and case planning, accountability and sense of trust. Effective working relationships can support practitioners to better manage difficult and challenging conversations when they arise.

**Strengths based practice**

Strengths based practice recognises that all people have strengths and resources that can support change, even if they are experiencing significant difficulties or are in crisis. Practitioners must identify and draw on the strengths of all individuals connected to the child or young person. Strengths based practice when applied in a child protection context is solution focused and views the safety of the child or young person as paramount. It uses the strengths of individuals and families to develop strategies to achieve safety, change and self-determination. Strengths based practice comprehensively assesses risk, whilst developing protective factors to increase the child or young person’s safety. A strengths based approach is not punitive and is focused on working “with” rather than providing services “to” families.

**Systems theory**

Systems theory understands the relationships between children and young people, their family and community and how this social context influences safety. The Practice Approach promotes children and young people being understood in the context of multiple environments (also known as ecological systems), which interact and influence each other.

Understanding the systems for the child or young person and family is critical to undertake comprehensive assessments that recognise risks, strengths and opportunities for change. To achieve this understanding, children and young people, families and their networks must be actively engaged in assessments, case planning and decision-making. It is best practice to include key supports in case planning to ensure goals are achievable and supports are available to families.

Developing genograms and ecomaps in partnership with families will ensure the complex nature of relationships are understood.

**Domestic and family violence informed practice**

Domestic and family violence (DFV) is present in a significant proportion of families with whom DCP work. The Practice Approach recognises that DFV is a gendered issue - research indicates that men are predominately the perpetrators of DFV against women and children. It is important to understand that certain sub-populations of women face a greater risk of experiencing DFV, including Aboriginal women and women with disabilities. It is acknowledged there are occasions where DFV is perpetrated by both partners or women and also occurs in same-sex relationships. DFV has significant negative impacts on the safety and wellbeing of victims and children and young people.

Given the prevalence of DFV and the relationship between DFV and other forms of child abuse (in particular physical and sexual abuse), DCP practitioners approach all assessments with an understanding of DFV. Understanding the dynamics of fear, power, coercion and control is important to ensure that the approach to undertaking assessments promotes safety.

DCP practice ensures that children and young people are protected from harm and practitioners partner with the victim to maximise safety. Perpetrators are held accountable for their violence and are engaged in case planning and supports to cease their use of violence and increase their capacity to keep their children and partners safe. Parents, carers and DCP practitioners have a critical role in supporting children and young people to develop an understanding of safe and healthy relationships so that they can recognise the characteristics of DFV in their future or current relationships.

To ensure children, young people and families are appropriately supported, the Practice Approach promotes collaborating with DFV specialist services. Case planning ensures that interventions address the needs of all family members, with a focus on safety, recovery from trauma and preventing future violence.
Child and adolescent development
Children and young people require stable, attuned, nurturing and stimulating environments and relationships to reach their full developmental potential. Extensive research supports that abuse and neglect has a damaging impact on children’s development. DCP practitioners understand typical developmental trajectories and milestones for infants, children and young people to enable them to identify potential impacts of trauma. A working knowledge of the impact of trauma on the developing brain is also promoted by the Practice Approach. It is acknowledged that many difficulties for children and young people are underpinned by disturbances in their brain development and that recovery requires safe, predictable and nurturing care environments and interventions focused on healing.

Understanding adolescent development is critical to effectively working with young people. Adolescents experience significant physical, cognitive, sexual, identity, moral, social and emotional development and this developmental context is key when working with young people. Through understanding typical child and adolescent developmental trajectories and milestones, practitioners are able to identify where children or young people may be experiencing by developmental delays and disability. The Practice Approach recognises that many children and young people require specialised assessments and supports to address their unique developmental needs and acknowledges the importance of timely intervention.

Attachment
Attachment describes the deep psychological connection that develops between a child and their primary caregiver/s during their first years of life and beyond. The nature of a child’s attachment experience is impacted by the ability of the caregiver to attune and respond to the infant/child cues and meet their needs. Consistent and responsive caregiving supports optimal attachment development. The Practice Approach is informed by children and young people’s attachment needs.

Children and young people who have experienced trauma can present with disturbances in their attachment relationships and resultant social, emotional, cognitive and physical difficulties. The Practice Approach recognises that many of children and young people’s difficulties stem from attachment disturbance including poor emotional regulation and associated behavioural problems, the development of maladaptive coping strategies, impaired social skills and peer relationships, learning problems, and poor attention and concentration. Understanding attachment, child development and trauma is critical to undertake quality assessments of the needs of children and young people and the ability of their caregivers to meet these needs. The Practice Approach supports practitioners to recognise the developmental and attachment needs of children and young people when making decisions.

It is recognised that attachment theory has largely evolved from a Western, individualistic social context. Applying attachment theory to cultures that are more collectivist in nature may require cultural consultation. In many Aboriginal communities, child rearing is undertaken by multiple caregivers. When working with Aboriginal children and young people, it is important to recognise the kinship structures of Aboriginal families and to consider who in the family has consistently contributed to the care of the child or young person. Aboriginal infants, children and young people may develop a network of attachment relationships with multiple caregivers who are committed to them and provide a secure attachment base.

The Practice Approach acknowledges the criticality of practitioners acknowledging differences in child-rearing practices and attachment relationships when working with families from culturally and linguistically diverse backgrounds. Cultural consultation is essential to quality practice.

Trauma
Trauma refers to the psychological harm caused by experiencing an event or situation that overwhelms a person’s capacity to cope. Trauma is the psychological and physiological effects that occur as a result of exposure to heightened stress when we experience real or perceived threats to our emotional and physical safety, or the safety of others. The impact of trauma can be wide and varied, including cognitive and developmental delays, emotional and behavioural difficulties, physiological disturbances and interpersonal problems. Infants and young children are more vulnerable to the impact of trauma as they have fewer coping strategies and
are heavily reliant on caregivers for safety (and yet caregivers can often be the source of the harm). Trauma can have both immediate and long-term effects. In childhood, traumatic experiences can interfere with a child’s developmental trajectory. In adulthood, the impacts of trauma can interfere with a range of functional abilities, and can seriously compromise parenting capacity.

Practitioners understand there are various types of trauma. Simple trauma involves exposure to a single traumatic event that typically does not occur within the context of a significant relationship. For example, being in a car accident may constitute a simple trauma. Complex trauma involves exposure to multiple traumatic events or situations, including physical or emotional abuse, sexual abuse, exposure to domestic violence or poor parental mental health. The ongoing experience of child abuse and neglect can also be considered complex trauma. Complex trauma is exacerbated when it occurs within the context of a significant relationship, such as a child’s relationship with a primary caregiver or attachment figure. Developmental trauma involves exposure to traumatic events during critical stages of development (typically in early childhood), and has significant impacts on a child’s development across all domains due to the effect on the child’s developing brain. These effects, too, are exacerbated if the trauma occurs within the context of a significant relationship.

Practitioners also understand intergenerational trauma as the transmission of trauma experienced by older generations to younger generations. This can occur when trauma remains unresolved and continues to adversely affect an individual’s functioning into their adulthood, including how they care for their children. The ongoing impacts of colonisation and dispossession from land and culture as experienced by Aboriginal families due to past government practices, are reflective of intergenerational trauma.

Practitioners understand that healing from trauma often requires specialised supportive intervention. For children and young people, creating safety and stability in their care environment, and offering corrective developmental experiences and the opportunity to form a healthy attachment relationship with a stable primary caregiver, can be effective in trauma recovery. For adults, enhancing personal and professional support networks and increasing their adaptive strategies can be helpful in supporting other therapeutic work towards resolving trauma.
Permanency planning

Permanency planning is a timely, goal-directed approach to case planning to promote safety, stability and a sense of belonging for all children and young people. The Act and the Practice Approach promotes permanency planning for all children and young people subject to DCP intervention. Given the importance of permanency for good outcomes, practitioners consider permanence from the first contact with the family. Permanency planning supports children to develop secure attachment relationships with their caregivers through enduring care arrangements. For Aboriginal children and young people, permanency may be provided by multiple attachments and connections with caregivers and relationships within extended family, and kinship and community networks. Permanency planning for Aboriginal children and young people must include connections to culture, family and community.

The Practice Approach recognises that decisions regarding the care of children must be timely to promote permanence and stability. Timely decision-making is particularly important for young children given their critical need to develop healthy attachment to caregivers. It is important to consider how lifelong relationships (in addition to caregiver relationships) for children and young people will be supported by permanency planning to ensure the child or young person’s social, emotional and physical needs will be met.

It is the primary aim of the DCP to support a child or young person’s need for permanency and stability within their birth family. For reunification cases, timely and proactive intervention aims to improve a family’s ability to keep the child or young person safe and return them home as soon as possible. Where children and young people’s safety cannot be assured with their birth family, stable long-term care arrangements must be secured as soon as possible. For reunification cases, this requires concurrent case planning.

Permanency must be considered from the point of placement in care for all children and young people to reduce short-term and multiple placements. Placement changes can have devastating impacts on children and young people. Active and collaborative case planning is fundamental to achieve timely, permanent outcomes for children and young people.
**Working with diversity**

*Culturally and linguistically diverse children, young people and families:*

DCP practice is responsive to the needs of culturally and linguistically diverse people and respects diversity of culture. Cultural responsiveness is essential in all interventions and recognises that culture contributes to safety, development and identity. Cultural responsivity understands diversity exists between and within families and communities. DCP practitioners should collaborate with cultural experts, including DCP Multicultural Services. DCP practitioners ensure that culturally diverse children, young people and families have access to a registered interpreter where required.

Through understanding the cultural needs of children and young people, and their families, practitioners are able to work in a culturally responsive way.

*Children and young people with disabilities:*

DCP practitioners are responsive to the unique needs of children, young people and family members with disabilities and developmental delays. Disability is considered in all assessment and it is understood that disabilities can contribute to greater vulnerability for children and increase parenting challenges. A child or young person’s disability or developmental delay may increase their dependence on their caregiver, impact their capacity to disclose experiences of abuse or limit their capacity to be protected from harm.

Through understanding the unique needs of the child or young person, practitioners are able to consider and assess the ability of the caregiver/s to meet the needs of the child or young person and ensure case planning is responsive to the child or young person’s needs. In addition to considering the additional needs of children and young people with disabilities, parents and carers may have disabilities that impact their parenting capacity.

Interventions are developed in partnership with disability experts that are tailored to the individual needs of children and families impacted by disability. DCP practitioners have a critical role in supporting children and young people, and their parents and carers, to access required supports including supporting the development and maintenance of National Disability Insurance Scheme (NDIS) plans. Practitioners must be flexible and draw on a broad range of engagement and relationship building skills to effectively engage with children and young people and parents or carers with disabilities.

**Change theory**

DCP practitioners understand the stages of change, and tailor their intervention accordingly to support families with complex needs move through the stages. Change theory recognises different stages of readiness for change. By assessing and understanding a person’s readiness for change, DCP practitioners can match the intervention to the person’s progress.

During the change process, relapses can be common. Relapses can be important for learning and improving the person’s commitment to achieve change. It is important for practitioners to support individuals to recognise their strengths and ensure the case plan seeks to build on strengths to support and maintain change.
Tools, processes and practice guidance

DCP Manual of Practice

The DCP Manual of Practice is guided by the Act and is consistent with the Practice Approach. The Manual of Practice describes the processes for the continuum of case work in DCP from intake through to transition from care. The Manual of Practice also includes best practice advice on a range of topics relevant to child protection practice.

Assessment Framework

Assessment is a core function of DCP practitioners in all phases of intervention. The DCP Assessment Framework provides guidance on how to undertake quality assessment and is used in conjunction with Structured Decision Making tools, supervision, reflective practice and consultation. The Assessment Framework outlines the assessment process, case conceptualisation, domains for assessment and assessment considerations.

A version of the Assessment Framework is available to DCP’s partners to strive for consistency of assessment.

Structured Decision Making (SDM) tools

SDM assessment tools support DCP practitioners’ professional judgement in assessment and decision-making. The SDM tools include the:
- Screening and priority response assessment
- Safety assessment
- Risk and risk re-assessment
- Family reunification assessment

Family led decision-making

Family led decision-making is a process that recognises the pivotal role of families in the care of their children and empowers families to lead decision-making to achieve safety for children and young people. Genuine family led decision-making requires practitioners develop strong relationships that support meaningful partnership and collaborative decision-making. Family led decision-making is critically important for Aboriginal families as it promotes meaningful participation and self determination.

Family led decision-making involves developing strategies to promote the safety and wellbeing of children and young people by bringing together parents, extended family members, the child/young person (where developmentally appropriate), DCP practitioners and other service providers. This requires a comprehensive understanding of who the key decision makers and supports are in the family. Family led decision-making is an ongoing process, where families can be engaged in decision-making for all significant decisions for a child or young person.

Depending on the circumstances for each family, it may be appropriate for DCP to facilitate family led decision-making meetings, while for other families it may be more appropriate for the decision-making to occur through a Family Group Conference.

Genograms and ecomaps

Genograms and ecomaps (or ecological maps) are essential practice tools. Genograms map out the diverse and complex relationships of families and should include as much information on family connections as is available. Genograms have application across all phases of practice. Practitioners must develop these in partnership with families and ensure that information is accurate and updated regularly.

It may be appropriate to develop a genogram with the support of a Principal Aboriginal Consultant or Aboriginal Family Practitioner to understand complex kinship structures and support engagement for Aboriginal families.

Where a child or young person requires a placement, genograms are critical in family scoping and identifying potential placement options.

An ecomap is a visual representation of the child or young person’s network and support system. Ecomaps are informed by systems theory which recognises how the child or young person’s relationships and environment influences safety and wellbeing. Like genograms, ecomaps can be used as an engagement tool and can inform an understanding of the child or young person in their social context. Ecomaps are an essential tool in assessment and case planning as they highlight connections that may promote or compromise safety and support. Ecomaps can support connections to family, community and culture.
Practice and cultural consultation

Consultation with expert practitioners supports best and culturally safe practice. Consultation can play a critical role in case planning and decision-making. The unique needs of each case will influence the type of consultation required. There are a number of key roles within DCP who can provide expert consultation including:

- Principal Aboriginal Consultants and Aboriginal Family Practitioners
- Principal Social Workers
- Psychologists
- Supervisors
- High risk infant workers
- DCP Multicultural Services

Consultation may also occur with professionals from other agencies.

Safety plans

Across all phases of practice, there may be circumstances where a child or young person’s safety is threatened or significant risk issues are present. Safety plans are a brief intervention tool that outline agreed actions to achieve and maintain the safety of children. Safety plan actions are specific and address all identified safety threats. Safety plans require the involvement of a safe and reliable third party to support their implementation. Safety plans can only be used where there is agreement with the family on the safety concerns and the actions required to achieve safety.

Case plan (including the Aboriginal Cultural Identity Support Tool (ACIST) and Culturally and Linguistically Diverse Cultural Identity Support Tool (CALD CIST))

Case planning is critical to promote the safety, wellbeing and cultural connections for children and young people involved with DCP. Quality case planning is informed by holistic assessment and has clear and achievable actions and goals. Every child or young person subject to a custody or guardianship order is required by the Act to have a case plan. In addition to legislative requirements, best practice requires children and young people subject to Family Preservation intervention to have a case plan. Case plans must promote timely decision-making and permanency planning.

Case plans for Aboriginal children and young people must include the ACIST. The ACIST contains critical information about the Aboriginal child or young person’s cultural and family connections and actions to maintain strong connections to culture. The Principal Aboriginal Consultant plays a critical role in supporting the development and approval of the ACIST.

For culturally and linguistically diverse children and young people, the CALD CIST supports connections to culture and family. The Multicultural Services team can provide support in the development of the CALD CIST.
Care teams

Care teams are responsible for managing the day-to-day care of children and young people and meeting their needs in line with the case plan. Care team members work collaboratively to ensure the child or young person’s safety, to meet the child or young person’s needs across their life domains, to decide upon actions in the case plan and to review the case plan.

A care team is generally comprised of:
- the child or young person
- the child or young person’s DCP case worker
- the primary carer/s
- the child or young person’s parents and relevant extended family members (as appropriate)
- other professionals who play a significant role with the child or young person, such as a therapy provider or education representative

Regular care team meetings must be convened for children and young people in care. It is important the child or young person’s views are represented in care team meetings. It may be appropriate for the child or young person to participate in the care team meeting. Where this is inappropriate or not possible, DCP practitioners are responsible ensuring the child or young person’s views are represented.

Life story work

Life story work is an important way to create a life-long record of the lives of children and young people placed in care. Life story work records the child or young person’s history and development and can support connections to identity and culture. Life story work is a record of a child or young person’s life in words, photographs, artwork, letters and other important records. Life story work can take many forms including:
- Scrap books
- Photo albums
- Life story books and Aboriginal life story books
- Treasure boxes
- Electronic records, such as a DVD or USB
- Participation certificates

Life story work is particularly important for Aboriginal children and young people to ensure the maintenance of connections to culture. DCP has Aboriginal life story books that are tailored to the child or young person’s clan group.

All members of the child or young person’s care team have a role in life story work. This may include updating the child or young person’s story or maintaining records of photographs, artwork and letters. Life story records belong to the child or young person and must go with them if they are reunified or move to another placement.

Life story work can be helpful in supporting children and young people to make sense of their trauma histories and promote healing. It is important to understand there may be times when particular aspects of life story work that may be too difficult or traumatic for some children and young people. Life story work must reflect the unique needs of each child or young person.

Annual reviews

Best practice and the Act requires the circumstances of children and young people in long-term care to be reviewed at least annually. In addition to this annual requirement, an annual review may also be requested by the child or young person, or another person who, in the opinion of the Minister, has a legitimate interest in the affairs of the child or young person. Annual reviews ensure children and young people’s needs are identified and case plans are developed or reviewed by the care team with agreed actions and outcomes to meet these needs.
Viewpoint

The views of children and young people must be considered and given due weight as per section 10 of the Act. DCP practitioners must develop effective working relationships with children and young people and ensure their views are regularly sought. Viewpoint provides children and young people the opportunity to express their views and opinions about their experiences and wellbeing. Viewpoint is a computer-based, interactive, self-interviewing tool for children and young people. Viewpoint is responsive to the child or young person’s age, literacy and other needs and the pace is set by the child or young person. Children and young people who have been in care for more than three months are invited to use Viewpoint at least every 12 months. Feedback from Viewpoint can inform case planning and decision-making.

While Viewpoint is useful in ascertaining the child or young person’s views, DCP practitioners understand that this is not the only requirement or way to seek the child or young person’s views and feedback.
The elements that support best practice:

**Supervision**

DCP practitioners value professional supervision and reflective practice to ensure the provision of high quality services. Supervision also plays a critical role in supporting worker wellbeing and self-care.

Supervision is a crucial element of the DCP Practice Approach and promotes practice that is aligned with all other elements of the Practice Approach. All DCP staff are expected to participate in regular case consultations and reflective supervision.

Formal supervision must be regular, planned, uninterrupted and held in a private setting involving the supervisor and supervisee. The supervisor and supervisee must come to supervision fully prepared to discuss issues related to case work, professional development and ensuring worker wellbeing.

Supervision is an excellent opportunity to support staff to understand and explore and the link between the elements of the Practice Approach when formulating child protection assessments and interventions.

**Trauma lens**

A trauma lens asks “what’s happened to you?” rather than “what’s wrong with you?” DCP practitioners consistently apply a trauma lens to the difficulties experienced by children and young people, family members, carers, other professionals and themselves.

Trauma responsive practice prioritises safety, recognises that recovery is possible and seeks to avoid re-traumatisation. It recognises the dynamics of trauma and the coping strategies – both adaptive and maladaptive – that develop in response to traumatic experiences. The compassion and understanding that underpins trauma responsive practice promotes meaningful engagement with children, families and carers and positive working relationships with colleagues and other professionals. Trauma responsive practice recognises the trans-generational trauma experiences of Aboriginal children and families and seeks to promote healing from trauma.

The Practice Approach requires a trauma lens to be applied to difficulties exhibited by children and young people, families and carers. Many of the challenges that children and young people in care experience are related to their trauma experiences. DCP practitioners must understand the trauma history of the child or young person as well as the effects of the trauma. Comprehensive assessment informed by the Assessment Framework supports practitioners to understand the impact of trauma on the child or young person. The DCP practitioner must ensure the care team understands the child or young person’s trauma history to ensure the system around the child or young person is trauma responsive. Understanding the child or young person’s trauma experiences is crucial to ensure quality case planning. Prioritising the safety, stability and permanency of children and young people is important to avoid further trauma. Placement breakdowns, caregiver changes and unsuccessful reunification efforts have the potential to cause further trauma.

For young people, the Practice Approach recognises the need for specialist assessment and therapeutic services to address mental health or substance abuse difficulties that young people may have developed as a means of coping with traumatic experiences. DCP practitioners access expert assistance when required to ensure young people are supported to develop more adaptive coping strategies.

Similarly, parents may have experienced significant trauma which has negatively impacted their parenting capacity. Mental health difficulties, when not adequately managed, can contribute to poor attunement with children and other parenting difficulties, family disruption or disorganisation. The Practice Approach recognises the developmental vulnerability of infants, linked to their complete dependence on their caregivers, heightens the risk of harm as a result of parental mental health issues. The infancy period can also be associated with perinatal and postnatal mental health issues such as post-natal depression. Experiencing the removal of their children or young people is a traumatic experience for parents and families.
Substance use is also common amongst people who have experienced trauma. Substance misuse may include the use of illicit drugs (such as cannabis or methamphetamines), pharmaceutical drugs (such as over the counter or prescription pain medication) where used for illicit (or non-medical) purpose and other substances (such as inhalants or alcohol) used inappropriately. Substance use is a concern in child protection practice where this poses risks of harm or undermines safety for children and young people. Drug and alcohol use is assessed through a trauma lens and parents are actively encouraged to address their substance use to improve their ability to provide safe, sensitive, predictable and nurturing care to their children. It is also recognised that more adaptive coping strategies often need to be developed before people who have experienced trauma can address their substance use and that relapse prevention has an important role in case planning with substance misuse. The Practice Approach recognises that in addition to assessment undertaken by DCP, specialist assessment and intervention by drug and alcohol services may be required.

It is essential to recognise that families, carers and communities may have also experienced trauma, require opportunities for healing and efforts must be made to prevent further harm. The trauma histories of families, carers and communities may affect their capacity to be attuned and responsive to the child or young person and impact their engagement with DCP and other services. Relationship based practice has the potential to promote healing from trauma. Many people who have experienced trauma will require therapeutic input in order to heal. Practitioners must also be cognisant that some kinship carers may have experienced substantial trauma. Additionally, both kinship and foster carers can experience vicarious trauma by their exposure to the harm that children and young people exhibit related to their traumatic experiences.

Being trauma responsive recognises the impact of trauma on professionals. Exposure to the trauma experienced by child protection system users can contribute to vicarious trauma (also known as compassion fatigue and secondary traumatic stress). Vicarious trauma and working under significant pressure can have significant adverse outcomes for professionals including decreased effectiveness and retention and high rates of burnout. The Practice Approach promotes empathy, compassion and understanding for DCP and other agencies’ staff. As a trauma responsive agency, DCP recognises the importance of promoting wellbeing and resilience in staff. Supervision is critical in supporting the wellbeing of staff and managing the impacts of trauma exposure.

**Professional development**

DCP is committed to ongoing learning and development. DCP practitioners should engage in learning opportunities offered both within DCP and externally. Practice must be responsive to contemporary research and best practice. There is strong evidence that learning ‘on the job’ or practice based learning is the most effective way of enhancing skills and capability.

Learners and leaders each have responsibility for practice improvement and the Professional Development Plan developed in supervision captures how practitioners will be supported formally and informally to develop and improve their practice.

DCP’s Practice Development offer a range of trainings that have integrated the Practice Approach.
Accountability

DCP is accountable for its decisions and actions. Practitioners must provide and document clear rationales for decisions that affect children and young people, families or carers. Decisions made by DCP may be subject to review through mechanisms including the Contact Arrangements Review Panel, complaints and internal and external reviews, such as those conducted by the Ombudsman and the South Australian Civil and Administrative Tribunal.

The Practice Approach promotes accountability to the communities DCP serves. DCP practitioners model accountability through practicing with high levels of professionalism and in ways that are aligned to the Practice Approach. DCP practitioners are clear about their responsibilities and meet these respectfully and in partnership. It is imperative that staff work collaboratively with families to ensure children and young people are safe at home, and with carers when children and young people cannot safely remain at home. DCP and other professionals must be accountable for their professional relationships and must at all times focus on the needs of children and young people despite their differing roles.

It is particularly important that DCP staff are cognisant of the need for their practice to be culturally safe with Aboriginal families and that DCP works in partnership with other agencies to address the over-representation of Aboriginal children and young people in care.

The Practice Approach requires both DCP and DCP staff to be accountable for professional development and for building an organisational culture that supports staff and partners to work together to achieve positive outcomes for children and young people.

Continuous improvement

Continuous improvement is valued by all DCP staff. Continuous improvement is a key component of the DCP Clinical Governance Framework which sets out the objective of achieving safe, effective, child-centred and connected services for every child, every time. The Clinical Governance Framework supports integrated leadership, systems, processes and an organisational culture that sets out to achieve best outcomes for children and young people and enables DCP to achieve its vision and purpose.

Continuous improvement also reflects the culture of reflective practice across all levels of DCP. DCP practitioners engage in regular reflective practice to identify successful practice, improvement opportunities and learning needs. Reflective practice involves practitioners engaging in reflective and critical thinking. Engaging in regular reflection is critical in supporting lifelong professional development. Practitioners should seek out regular reflective practice and may engage in reflective practice with the support of their Supervisor, peers and mentors.

DCP staff value performance data and recognise this provides key insights into the effectiveness of systems and opportunities for improvement. DCP is responsive to data that evidences when things are working well or when improvement is required.

DCP is committed to high quality practice that is responsive to contemporary best practice and research. The Practice Approach will be subject to ongoing improvement in the pursuit of better supporting staff and achieving better outcomes for children, young people, families, carers and communities.