



Government of South Australia  
Department for Child Protection

# DCP Practice Approach

## Summary Guide







## Acknowledgements

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- young people
- families
- carers
- DCP and CAFFSA Expert Consultative Group members

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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 safe, happy, healthy, 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, families, 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. Skillful assessment, timely intervention and collaborative practice are emphasised by the approach.

The Practice Approach is focused on children and young people's physical and emotional safety during all phases of work.

The Practice Approach incorporates 'Practice elements' and the 'Elements that support best practice'. The Practice elements shape, inform and guide practice on a day to day basis. The elements that support best practice acknowledge and articulate the contextual factors that support and enable 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. The Aboriginal Child Placement Principle 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, including the Manual of Practice and the Assessment Framework.

The elements that support best practice are:

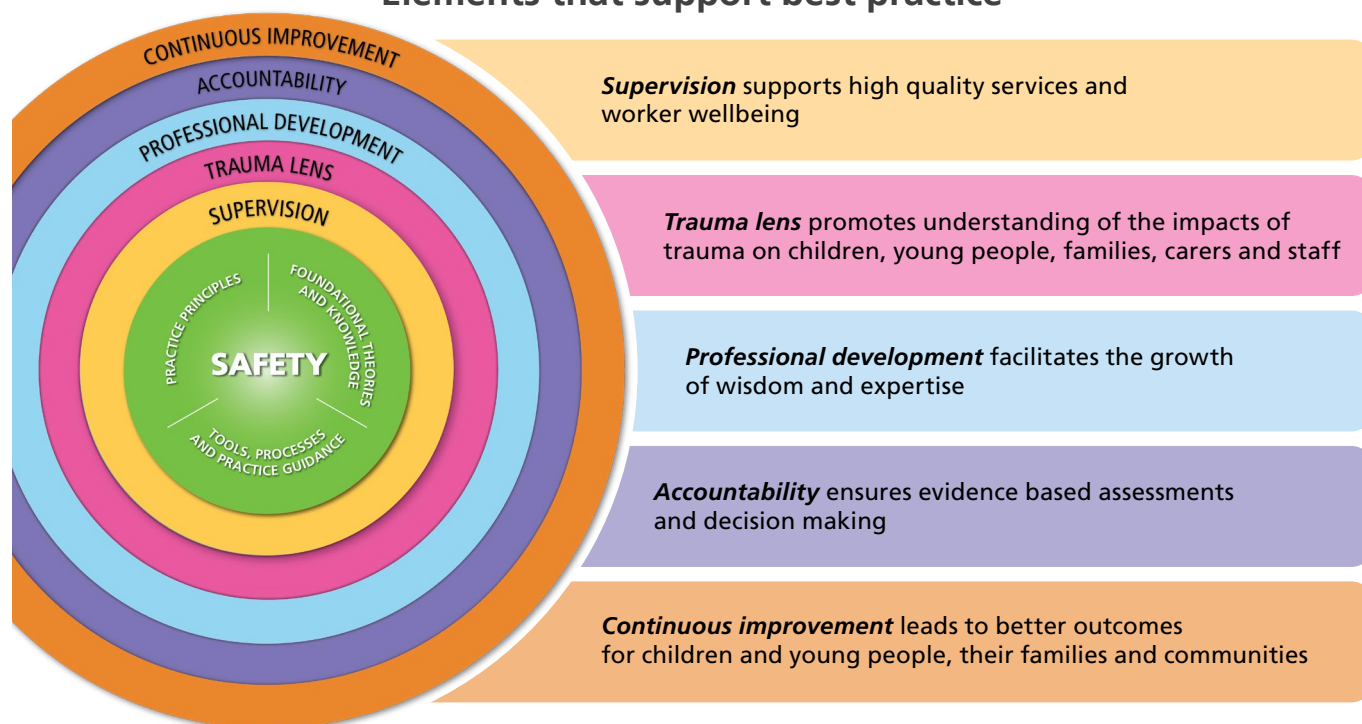
- Supervision – DCP values professional supervision and reflective practice to ensure the provision of high quality services and worker wellbeing.
- Trauma lens – The Practice Approach is responsive to the impacts of trauma for children and young people, families, carers and staff. It considers the traumatic 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, loss of land and culture, and other past government policies and practices, including the Stolen Generations. Personal challenges such as mental health difficulties, substance misuse 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.
- Professional development – DCP is committed to ongoing professional development and actively encourages all staff to engage in learning opportunities to improve their practice in the pursuit of 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 in light of the over-representation of Aboriginal children and young people in the child protection system. Both the department and its staff are accountable for ensuring professional development is prioritised 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.

# DCP Practice Approach conceptualisation

## Practice elements

Practice Principles	Foundational theories and knowledge	Tools, processes and practice guidance
<ul style="list-style-type: none"> <li>• <b>Child centred</b> <i>Safety, Rights, Voice, Responsive to individual needs</i></li> <li>• <b>Cultural safety</b> <i>Respect for diversity, Connection, Genuine partnership</i></li> <li>• <b>Strengthening families</b> <i>Respect, Trust, Building safety</i></li> <li>• <b>Supporting carers</b> <i>Valued, Informed, Supported, Consulted, Respected</i></li> <li>• <b>Partnership and collaboration</b> <i>Mutual respect, Enduring relationships, Shared knowledge</i></li> <li>• <b>Learning culture</b> <i>Bravery, Growth, Expertise, Reflection</i></li> </ul>	<ul style="list-style-type: none"> <li>• Aboriginal Child Placement Principle</li> <li>• Relationship based practice</li> <li>• Strengths based practice</li> <li>• Systems theory</li> <li>• Change theory</li> <li>• Permanency planning</li> <li>• Attachment</li> <li>• Trauma</li> <li>• Child and adolescent development</li> <li>• Domestic and family violence</li> <li>• Mental health</li> <li>• Alcohol and other drugs</li> <li>• Working with cultural diversity</li> <li>• Working with disability</li> </ul>	<ul style="list-style-type: none"> <li>• Manual of Practice</li> <li>• Assessment Framework</li> <li>• Structured Decision Making® tools</li> <li>• Safety plans</li> <li>• Seeking children and young people's views</li> <li>• Genograms and ecomaps</li> <li>• Family led decision making</li> <li>• Family group conferencing</li> <li>• Winangay</li> <li>• Case plans including ACIST and CALD IST</li> <li>• Case recording and Consult or decision record</li> <li>• Care team meetings</li> <li>• Life story work and Aboriginal life story work</li> <li>• Annual Reviews</li> <li>• Case conferencing</li> <li>• Practice consultation</li> <li>• Cultural consultation</li> <li>• Complex Case Review Meetings</li> </ul>

## Elements that support best practice



## Aboriginal Child Placement Principle



## 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;
- the need to maintain 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 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, Family Group Conferencing should be used to make arrangements for the care of children and young people wherever possible. 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. Sections 79 and 91 of the Act set out requirements for DCP to share information with approved carers and their right to participate in decision making processes relating to 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 include the need to maintain the connection of Aboriginal children and young people with their family and culture, the criticality of enabling Aboriginal people to participate in the care and protection of their children and young people and the importance of Aboriginal people, children, State Authorities and Aboriginal Community Controlled Organisations (ACCOs) working in partnership when making decisions about the placement of Aboriginal children. DCP is committed to implementing the Aboriginal Child Placement Principle and recognises the importance of each element of the principle; prevention, partnership, placement, participation and connection (and the precursor identification).

## 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”* <sup>[1]</sup>. The Convention acknowledges that children form views from a very early age and conceptualises children and young people as having an ‘evolving capacity’ for decision making <sup>[2]</sup>.

*“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”* <sup>[3]</sup>.

All organisations that provide services to children and young people need to ensure they are child safe. Central to this is ensuring children and young people's rights are recognised and supported.

In South Australia, the Charter of Rights for Children and Young People in Care (the Charter) outlines the rights of children and young people who are under the guardianship or custody of the Chief Executive of DCP. The Charter is promoted and monitored by the Office of the Guardian for Children and Young People.

The South Australian Parliament has legislated that any person involved with children and young people in care in a formal capacity, such as a caseworker, must consider and ‘seek to implement to the fullest extent possible, the terms of the Charter’.

## South Australian government commitments to children and young people in care

Every child and young person deserves a stable, caring and happy upbringing that lays the foundation for their journey to adulthood. Securing the safety, permanency and wellbeing of vulnerable children and young people is a significant area of responsibility for the South Australian government, DCP and sector partners.

The South Australian government has committed to ensuring better outcomes for children and young people in care through developing a needs based and responsive system. Safe and well: Supporting families and protecting children articulates the cross government strategy for providing high quality services for vulnerable children and young people. Every effort for every child identifies the key priorities for ensuring better outcomes for children and young people in care. Investing in their future affirms South Australian Government agencies commitment supporting access to services for children and young people in care across education, health, recreation and transition from care.

The Practice Approach supports the achievement of the government's commitments. The Practice elements and Elements that support best practice support staff to work in ways that create safety and contribute to wellbeing, permanence and connections for children and young people.

[1] [2] Fact Sheet: The Right to Participation, UNICEF

[3] Fact Sheet: The Right to Participation, UNICEF





## Safety

The safety of children and young people is at the centre of the Practice Approach.

Safety is the paramount consideration of the Act and must be considered and prioritised in relation to all decisions, interventions and case planning. See the [Safety – Practice Paper](#) for more information.

## Practice elements

### Practice Principles

The Practice Principles provide the fundamental values that underpin practice in all phases of intervention. Decision making and case planning 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

See [Practice Principles](#) for more information.

### Foundational theories and knowledge

DCP practice is inclusive of contemporary theories and knowledge including the Aboriginal Child Placement Principle. The Practice Approach is underpinned by theories and knowledge 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 recognises the Aboriginal and Torres Strait Child Placement Principle (section 12 of the Act) as a guiding framework for action and promotes the importance of the five core elements - **Prevention, Partnership, Placement, Participation and Connection** and precursor **Identification**.

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. Embedding the elements and the precursor of the Aboriginal and Torres Strait Islander Child Placement Principle in DCP's practice is critical to achieve meaningful change and improved outcomes for Aboriginal children and young people, and their families and communities.

See the [Aboriginal and Torres Strait Islander Child Placement Principle – Practice Paper](#) for more information.

### 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.

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, roles or cultural backgrounds.

Carers play a vital role in ensuring children and young people in care thrive and reach their full potential. Ensuring that carers are informed, supported, consulted, valued and respected is central to relationship based practice with carers.

See the [Relationship based practice – Practice Paper](#) for more information.





### 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 and young people 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 practice and drive system change.

The elements are: Placement, Prevention (top L-R), Partnership, Identification (precursor) (middle L-R), Participation, Connection (bottom L-R).



## 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 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. A strengths based approach is also applied when working in partnership with carers to ensure that their skills, expertise and knowledge is recognised and valued.

See the [Strengths based practice – Practice Paper](#) for more information.

## Systems theory

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

Understanding the systems for the child or young person and their family is critical to undertake comprehensive assessments that recognise risks, strengths and opportunities for change. To achieve this understanding, children and young people, families, carers and their networks must be actively engaged in assessments, decision making and case planning.

See the [Systems theory – Practice Paper](#) for more information.

## Change theory

Change theory recognises different stages of readiness for change. By assessing and understanding a person's readiness for change, practitioners can match the intervention to the person's readiness and 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.

See the [Change theory – Practice Paper](#) for more information.

## 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 continued connections to culture, family and community.

Decisions regarding the care of children and young people 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 in the longer term.

It is the primary aim of DCP to support a child or young person's need for permanency and stability within their 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.

Reunification work also involves concurrent planning to ensure that a long-term placement for the child or young person is available should reunification not proceed.

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, young people and carers. Active and collaborative case planning is fundamental to achieve timely, permanent outcomes for children and young people.

For Aboriginal children and young people active efforts in applying the Aboriginal and Torres Strait Islander Child Placement Principle is critical in achieving culturally appropriate stable placements.

See the [Permanency planning – Practice Paper](#) for more information.

## 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 is impacted by the ability of the caregiver to attune and respond to the infant/child's cues and meet their needs. Consistent and responsive caregiving supports optimal attachment development.

Children and young people who have experienced trauma can present with disturbances in their attachment relationships and resultant social, emotional, cognitive and physical difficulties. 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 critical 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 and their families, 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.

See the [Attachment – Practice Paper](#) for more information.



## Trauma

Trauma refers to the psychological harm caused by experiencing an event or situation or being exposed to an environment that overwhelms a person's capacity to cope. Trauma is the psychological and physiological effects of exposure to heightened stress when people experience real or perceived threats to their 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 available to them and are heavily reliant on caregivers for safety. In childhood, traumatic experiences can interfere with a child's developmental trajectory.

In adulthood, the impacts of trauma – including intergenerational trauma - can interfere with a range of areas of functioning, and can seriously compromise parenting capacity.

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 healing developmental experiences and the opportunity to form a healthy attachment relationship with a stable caregiver can support trauma recovery. For adults, enhancing personal and professional support networks and increasing adaptive strategies can be helpful in supporting other therapeutic work focused on resolving trauma.

See the [Trauma – Practice Paper](#) for more information.

## 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. Practitioners understand typical developmental trajectories and milestones for infants, children and young people to enable them to identify potential impacts of trauma.

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 must be held in mind 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 developmental delays or disability. The Practice Approach recognises that many children and young people who have experienced trauma require specialised assessments and supports to address their unique developmental needs and acknowledges the importance of timely intervention.

See the [Child and adolescent development – Practice Paper](#) for more information.





## Domestic and family violence

Domestic and family violence (DFV) is identified in a very high proportion of families with whom DCP work. DFV is recognised as 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.

Practitioners approach all assessments with an understanding of DFV. Understanding the dynamics of fear, power, coercion and control promotes safety.

Practitioners partner with families to maximise safety for victims, children and young people. Perpetrators are held accountable 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 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 current or future relationships.

See the [Domestic and family – Practice Paper](#) for more information.

## Mental health

Mental health difficulties or difficulties with social and emotional wellbeing are very common in the general population. Many people with mental health difficulties parent their children safely.

However, caregivers' mental health difficulties may become a child protection concern if the difficulties significantly impair parenting and impact on a child or young person's safety. Children and young people can experience a range of adverse outcomes as a result of parental mental health difficulties including physical, emotional and/or sexual harm or risk of harm.

It is also common for those who have experienced difficulty safely caring for children to have personal and intergenerational experiences of trauma. In many cases, those experiences of trauma underpin and/or exacerbate mental health difficulties or difficulties with social and emotional wellbeing.

See the [Understanding mental health difficulties in a child protection context – Practice Paper](#) for more information.

## Alcohol and other drugs

Alcohol and other drug use (or substance misuse) becomes a child protection concern when it causes children and young people harm or places them at risk of harm.

Substance misuse can have a range of negative impacts on parenting and children and young people. See the [Substance misuse by caregivers – Practice Paper](#) for more information.

Knowledge related to substance use, misuse and dependence and how different types of substances affect an individual physically and psychologically is critical for assessment of the impact of substance use on a caregiver's general personal functioning and parenting capacity.

Holistic assessment incorporates exploration of what substances are used, how they are used and whether there are other risk factors present (such as mental health issues or DFV).

Children and young people who have experienced trauma may engage in substance misuse (or other high-risk behaviours) to manage feelings related to their experiences. An understanding of the impact of substances on the developing brain and body of the child or young person and knowing how to respond to the young person using substances in ways that are supportive, attuned and responsive are critical for effective intervention.

## Working with cultural diversity

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 responsiveness understands diversity exists between and within families and communities.

Practitioners collaborate with cultural experts, including DCP Multicultural Services.

Practitioners ensure that culturally and linguistically 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.

See the [Working with cultural diversity – Practice Paper](#) for more information.

## Working with disability

Practitioners are responsive to the unique needs of children, young people and family members with developmental delays or disabilities. Disability is considered in all assessments and it is understood that disabilities can contribute to greater vulnerability for children and increase parenting challenges. A child or young person's developmental delay or disability may increase their dependence on their caregiver, impact their capacity to disclose experiences of harm or limit their capacity to protect themselves 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 personal functioning and parenting capacity.

Interventions are developed in partnership with disability experts that are tailored to the individual needs of children and young people and families impacted by disability. Practitioners have a critical role in supporting children and young people and their family and carers, to access required supports including supporting the development and implementation of National Disability Insurance Scheme (NDIS) plans.

See the [Working with children and young people with disability – Practice Paper](#) and [Working with caregivers with disability – Practice Paper](#) for more information.



## Tools, processes and practice guidance

### Manual of Practice

The Manual of Practice is underpinned by the Act and is consistent with the Practice Approach. The Manual of Practice describes the processes required for the continuum of DCP's case work from intake through to transition from care.

The [Manual of Practice](#) is an internal, online resource on the intranet that is regularly reviewed and updated to ensure that the guidance is relevant, current and contemporary.

### Assessment Framework

Assessment is a core function of practitioners in all phases of practice. 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 support consistency of assessment.

See the [Assessment Framework](#) for more information.

### Structured Decision Making (SDM®) tools

SDM® assessment tools support practitioners' professional judgement in assessment and decision making. The SDM® tools include the:

- Screening and response priority assessment
- Safety assessment
- Risk and risk re-assessment
- Family reunification assessment

[See the SDM® tools intranet page for further information.](#)

### Safety plans

Across all phases of practice, there may be circumstances where a child or young person's safety is threatened. Safety plans are a brief intervention tool that outline agreed actions to achieve and maintain the safety of children and young people. 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.

### Seeking children and young people's views

The views of children and young people must be considered and given due weight as per section 10 of the Act. Practitioners must develop effective working relationships with children and young people and ensure their views are regularly sought.

For more information, see the [Supporting the participation of children and young people in decision making – Practice Paper](#).

DCP's Child and Youth Engagement Strategy outlines how DCP will work in partnership with children and young people to ensure their views are heard and valued. This strategy provides the opportunity for children and young people to actively contribute to our system.

For more information, see the [DCP Child and Youth Engagement intranet page](#).



## 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.

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. Ecomaps are an essential tool in assessment and case planning as they highlight connections that may promote child or young person safety and wellbeing. Ecomaps can also identify important connections to family, community and culture.

See the [Systems theory – Practice Paper](#) for further information.

## 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. 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 working in partnership with parents, key extended family members, DCP practitioners, other service providers and the child or young person (where developmentally appropriate). 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.

See the [Family Led Decision Making for Aboriginal families Framework](#) for further information.

## Family group conferencing

Family Group Conferences (FGCs) are an important way to engage family and community members to protect children and young people. FGCs should be seen as an approach to working with children and young people and their families that upholds participants' dignity, rights and culture. FGCs recognise that families are experts in their own lives. FGCs mobilise formal (practitioner/ agency) and informal (family/community) supports to work together to improve outcomes for children and young people.

See the [Refer for a Family Group Conference intranet page](#) for more information.

## Winangay assessment tools

The Winangay assessment tools (Winangay) enable culturally safe assessments of Aboriginal carers. Winangay incorporates ecological and systemic understanding using narrative approaches as well as visual prompts for information gathering and assessment.

Winangay has been adopted for use with all carers of children and young people in temporary placements.

[See the Assess and seek approval for a Temporary Placement \(if required\) intranet page for more information about processes.](#)



## Case plan including the ACIST and CALD IST

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 Aboriginal Cultural Identity Support Tool (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.

For culturally and linguistically diverse children and young people, the Culturally and Linguistically Diverse Identity Support Tool (CALD IST) supports connections to culture and family.

See the [Case planning, review and annual review chapter of the Manual of Practice](#) for more information.

## Case recording and Consult or decision record

Case recording is an integral part of the role of all practitioners in DCP. Maintaining detailed case records is essential to high quality and transparent child protection practice.

Case recording occurs in a timely manner and in accordance with organisational standards related to structure, detail and style.

Case records are stored in accordance with the State Records Act 1997 to ensure security and integrity of information.

Children, young people, families and carers have a right to access the information DCP holds about them and they must be informed of this right.

See the [Case recording in DCP Procedure](#) for more information.

The Consult or Decision Record note should be used to reflect significant consultations or decisions about a case. See the [Consult or decision record Procedure](#) for more information.

## Care team meetings

A child or young person's care team is responsible for ensuring their needs are met in line with the case plan. Care team members work collaboratively to ensure the child or young person's safety, consider and meet the child or young person's needs across their life domains, make decisions, undertake actions and 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 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 communication between care team meetings must occur to effectively support a child or young person in care. Additionally, care team meetings must be convened regularly for children and young people in care. Carers are an important part of the care team, and efforts are made to support their attendance and participation in meetings. 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, practitioners are responsible for ensuring the child or young person's views are represented.

## Life story work and Aboriginal 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 mementos.

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

Life story work can be helpful in supporting children and young people to make sense of their trauma histories and promote healing.

See the [Life Story Work and Aboriginal Life Story Work – Practice Paper](#) and [Support the development of the child or young person's identity section on the intranet](#) for more information.

## 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 provide an opportunity to assess the child or young person's progress against their case plan and to agree on outcomes and actions developed to meet their needs.

See the [Case planning, review and annual review chapter of the Manual of Practice](#) for more information.

## Case conferencing

Case conferencing is an important process for ensuring the views of all those involved with a child or young person and/or family are heard and considered. Case conferences can be particularly useful if there are many agencies involved with a child or young person and their family/carers or when there are significant concerns about the safety and wellbeing of a child or young person in care. Case conferencing facilitates the sharing of information to ensure consistent approaches to working with the child or young person.

Case conferences should be held in addition to other collaborative meetings such as Family Group Conferences, care team meetings and Complex Case Review Meetings for children and young people in care.





## Practice consultation

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

- Principal Aboriginal Consultants
- Practice Leaders
- Supervisors
- Psychologists
- High Risk Infant workers
- DCP Multicultural Services
- DCP Disability consultants

Consultation may also occur with professionals from other agencies.

## Cultural consultation

When an Aboriginal or Torres Strait Islander child or young person is placed in out of home care, DCP must apply the Aboriginal Child Placement Principle and the objects that are set out in section 12 of the Act, which includes ensuring appropriate consultation with a recognised Aboriginal or Torres Strait Islander organisation. The role of the recognised organisation is to provide informed and culturally sound advice regarding the best placement option for the child or young person.

In addition, practitioners undertake appropriate cultural consultation to enhance understanding of cultural issues and promote culturally safe practice with Aboriginal children, young people, families and communities. This consultation may include Principal Aboriginal Consultants, DCP, Aboriginal Practitioners or community elders/ members as appropriate.

See the [Aboriginal and Torres Strait Islander Child Placement Principle practice paper](#) for more information.

DCP practice is responsive to the needs of culturally and linguistically diverse people and respects the diversity of culture. To promote culturally safe practice and ensure the cultural needs of children and young people and families are met practitioners consult with DCP Multicultural Services and relevant community leaders.

See the [Working with cultural diversity – Practice Paper](#) for further information.

## Complex Case Review Meetings

Where significant complexity exists, regular case conferences involving the care team and other involved professionals are highly recommended. In some circumstances, a Complex Case Review Meeting (CCRM) will be necessary.

The CCRM delivers a targeted, flexible and holistic response for children and young people who have complex needs and high risk behaviours, whose planned outcomes are not being achieved despite best efforts, and for whom risk/s have not been mitigated and/or risk is increasing. A CCRM can occur at any time during a child or young person's journey in care.

See the [Supporting children and young people in care with complex behaviour – Practice Paper](#) for more information.



## Elements that support best practice:

### Supervision

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 promotes practice that is aligned with all other elements of the Practice Approach. Supervision is an excellent opportunity to support staff to understand and apply the Practice Approach to their work. All DCP staff are expected to participate in regular professional supervision.

See the [Professional Supervision in DCP Guideline](#) for further information.

### Trauma lens

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

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

Comprehensive assessment informed by the Assessment Framework supports practitioners to understand the impact of trauma on the child or young person. Prioritising the safety and permanency needs of children and young people is key to avoid further trauma. Placement breakdowns, caregiver changes and unsuccessful reunification efforts have the potential to cause further trauma.

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.

Practitioners access expert assistance when required to ensure children and young people are supported to develop more adaptive coping strategies and are able to heal from their trauma.

It is essential to recognise that families, carers and communities may have experienced trauma and may require opportunities for healing. 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.

Practitioners must also be cognisant that some kinship carers may have experienced substantial trauma. Additionally, 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 informed and 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 secondary traumatic stress). The Practice Approach promotes empathy, compassion and understanding for DCP and other agencies’ staff. As a trauma informed and 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.

See the [Trauma Lens – Practice Paper](#) for further information.

## Professional development

DCP is committed to ongoing learning and development. Practitioners engage in learning opportunities offered both within DCP and externally. Practice is 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 development and improvement. The Professional Development Plan developed in supervision captures how practitioners will be supported formally and informally to develop and improve their practice.

DCP's Learning, Practice and Professional Development offer a range of trainings that encompass 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, the South Australian Civil and Administrative Tribunal and the Commissioner for Aboriginal Children and Young People.

The Practice Approach promotes accountability to the communities DCP serves. Practitioners model accountability through practicing with high levels of professionalism and in ways that are aligned to the Practice Approach. 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 or 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 with Aboriginal families to be culturally safe 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 as an agency 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 Quality and Safeguarding Framework which sets out the objective of achieving safe, effective, child-centred and connected services for every child, every time. The Quality and Safeguarding 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. See the [Quality and Safeguarding Framework](#) for more information.

Continuous improvement is supported by the [Practice Leadership Framework](#) which outlines key roles in the department that support practitioners by providing strategic practice oversight and delivering professional development opportunities, including in relation to reflective practice.

Reflective practice involves practitioners engaging in reflective and critical thinking about their practice. Engaging in regular reflection is critical in supporting lifelong professional development and facilitates improved practice and outcomes for children and young people.

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 is subject to ongoing improvement in the pursuit of better supporting staff and achieving better outcomes for children, young people, families, carers and communities.



## DOCUMENT CONTROL

Commencement date	6 May 2022
Review date	6 May 2025

## REVISION RECORD

Approval date	Version	Revision description
5 September 2023	V2.1	Update to diagram and revision of hyperlinks
6 May 2022	V2.0	Updates as per review cycle and revisions to the Practice Approach as a result of continuous improvement
July 2021	V1.2	Updates as per review cycle
5 June 2020	V1.1	Amendments regarding safety plans
November 2019	V1.0	Final document



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