



# PRACTICE FRAMEWORK STANDARDS

for child protection and  
out of home care practitioners



Office of the  
Senior Practitioner

## ACKNOWLEDGEMENT

NSW Department of Communities and Justice (DCJ) acknowledges and honours Aboriginal people as the first people and traditional custodians of these lands. We apologise for the pain, loss and trauma experienced by Aboriginal people and families as a result of colonisation and the forced removals of children, dislocation from land and disconnection from culture due to injustices. These injustices continue to have a devastating impact on Aboriginal families, communities and cultural continuity. As the government agency responsible for supporting communities to keep children safe in NSW, we must not repeat injustices. We will use the spirit of self-determination by taking the family's lead and act on all opportunities for children, families and communities to participate in decision-making. Our goal is that Aboriginal children are safe, connected and have a lived experience of their culture.

## THANK YOU

The Office of the Senior Practitioner would like to thank youth consultants from *Youth Consult for Change* and young people from Settlement Services International for their wisdom, expertise and help developing these standards, including all child statements. We would also like to recognise the generous contributions of DCJ practitioners captured in the Practice Standards – with a particular thanks to Aboriginal and multicultural colleagues for their constant guidance, skill and support.

*Copyright 2020 NSW Department of Communities and Justice  
Artwork copyright 2020 Mumbulla Creative*





## A NOTE FROM THE ARTIST

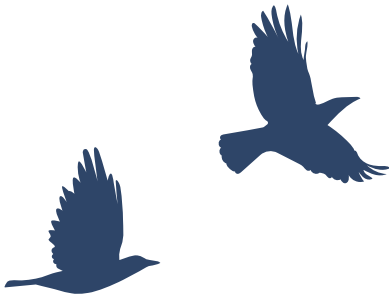
The artwork shows five children silhouetted against a colourful NSW landscape. Each child is representative of the five capabilities which embody the Practice Standards: Working with family and culture, Building lifelong connections, Assessment, Influencing change, and Purposeful partnerships. The children, shown in the multicoloured palette of the NSW Practice Framework, symbolise children from different cultures and backgrounds including Aboriginal and non-Aboriginal children. One of the children is enthralled by the flight of bogong moths making their annual migration across NSW.

Alongside the children are white silhouettes of animals and nature. These represent Aboriginal totems, which are an intrinsic part of Aboriginal culture and spirituality. They include a gum tree, bogong moths, birds (Australian magpie) and native NSW vegetation. There are groove patterns in the red ochre at the base of the children's feet. This pattern is representative of the marks made from grinding stones – an important part of NSW Aboriginal culture and heritage. Often found in rock shelters and on large areas of stone, they show the traditional practice of grinding foods such as berries and roots to prepare meals that would nourish large extended families. Medicines were also produced using these grinding grooves to nurture the unwell.

The artwork is made up of organic lines and shapes, which demonstrate fluidity of practice. The green pathway symbolises the journey to improve the way that practitioners work with children and families. The cross-hatching on the light blue panels is a reference to the lines and shapes found in traditional Aboriginal art practices throughout NSW and evokes a sense of stability and place.

### Charmaine Mumbulla

**The use of Aboriginal artwork in these Practice Standards recognises that all practice carried out with children and families across NSW takes place on Aboriginal lands. It forefronts a commitment to not repeat mistakes that have harmed Aboriginal people, and acknowledges that if practice with Aboriginal children, their families and communities is culturally safe and respectful, then all children – regardless of their culture – will benefit as a result.**



# CONTENTS

Foreword	5
A message from the Practitioner Advisory Group	6
<b>CAPABILITY 1: WORKING WITH FAMILY AND CULTURE</b>	<b>9</b>
<b>Standard 1</b>	
Enacting Children and Young People's Rights	10
<b>Standard 2</b>	
Culturally Safe Practice with Aboriginal Communities	12
<b>Standard 3</b>	
Culturally Safe Practice with Diverse Communities	16
<b>Standard 4</b>	
Writing and Talking with Children and Families	18
<b>CAPABILITY 2: BUILDING LIFELONG CONNECTIONS</b>	<b>20</b>
<b>Standard 5</b>	
Nurturing the Child's Lifelong Belonging	21
<b>CAPABILITY 3: ASSESSMENT</b>	<b>24</b>
<b>Standard 6</b>	
Holistic Assessment	25
<b>Standard 7</b>	
Critical Reflection to Improve Outcomes	28
<b>CAPABILITY 4: INFLUENCING CHANGE</b>	<b>31</b>
<b>Standard 8</b>	
Building Relationships that Support Change	32
<b>Standard 9</b>	
Learning from Critique	35
<b>CAPABILITY 5: PURPOSEFUL PARTNERSHIPS</b>	<b>37</b>
<b>Standard 10</b>	
Collaborating as a Team around the Child	38
<b>PRACTICE LEADERSHIP</b>	<b>41</b>
<b>Standard 11</b>	
Leading Effective Practice	42
Seeking Critique Guide	44
Predicable Errors in Child Protection Practice	45
References	46

## FOREWORD



In 2014, we released our first ever set of Practice Standards to guide the work of child protection practitioners. Practice Standards set out clear expectations for practitioners, no matter their role when working with children and families. They give a shared and clear message about what children and families need to experience if they are in contact with our department.

In the six years since we released the Practice Standards, we've improved the way we work with children and families.

We've made some big changes, including our Aboriginal Cultural Capability Framework, NSW Practice Framework and the Permanency Support Program.

It was time to update our Practice Standards to provide a refreshed set of expectations for practitioners, drawing on contemporary evidence and giving greater clarity.

The Practice Standards guide us in delivering skilled, evidence-based practice to children, their families and communities in NSW to keep them safer, stronger, connected and able to reach their full potential.

I encourage you to take these into your practice, for the sake of the children and families we serve.

**Michael Coutts-Trotter**

Secretary

NSW Department of Communities and Justice

# A MESSAGE FROM THE PRACTITIONER ADVISORY GROUP



---

**We want you to use these standards to encourage skilful, ethical and relationship-based practice.**

---

As the body that is tasked with the important role of representing DCJ practitioners and practice leaders, we have used our collective and diverse wisdom, alongside evidence, to shape these Practice Standards. As practitioners we believe we are each here to do the very best for children, their families and their communities. That is why we must hold ourselves and each other accountable in our practice – our actions and decisions have an impact for generations. The Practice Standards help us to be clear about what is expected of each of us.

We want to acknowledge that we have not, and will not, always get it right. We commit to always trying hard to do what is right, and to listen deeply to families, learn and improve. Children deserve this of us.

We want you to use these Practice Standards to encourage skilful, ethical and relationship-based practice. We want them to give you hope, so you can share hope with families and stay strong for children. We want them to help you to remain open-minded, curious and committed. And importantly, we want you to embrace these Practice Standards actively.

## WHAT ARE THE PRACTICE FRAMEWORK STANDARDS?

Legislation, policies, mandates and the Child Safe Standards for Permanent Care outline what the required activities are in casework. The Practice Standards set out what is expected and how practice is skilfully and ethically carried out so that your work has a positive impact and achieves good outcomes for children, their families and communities.

*The Practice Standards describe the next layer of detail of the NSW Practice Framework. They outline the practical and analytical skills, thinking, behaviours and interactions that practitioners are expected to use.*

The Practice Standards bring together the elements of the Framework – systems, principles, approaches and capabilities. They make it clear how these elements come to life as expectations in daily practice with children.



<b>PRACTICE CAPABILITIES</b>	The skills, knowledge and mindset needed to carry out practice competently.
<b>PRACTICE APPROACHES</b>	The methods used to carry out casework with children and families.
<b>PRACTICE PRINCIPLES</b>	The attitudes and behaviours that guide how we approach practice.
<b>SYSTEMS</b>	The rules and processes that govern practice.
<b>PRACTICE STANDARDS</b>	The basic expectations about what and how we practice - as informed by capabilities, principles, approaches and systems.

Each Practice Standard relies on all others. They acknowledge that practice is fluid and that expectations will be drawn upon simultaneously and at a range of points in time – for instance, quality practice often requires us to be assessing, building connections and creating change at the same time – sometimes in the same conversation.

While specific cultural standards have been included, all of the Practice Standards apply to practice with Aboriginal and cultural and linguistically diverse children and families. The Practice Standards are founded on practising safely with people from diverse and oppressed groups, and with a strong and skilled ethos of inclusion, acceptance and enacting human rights.

Although they give a thorough benchmark about the quality of practice needed for child and family outcomes, they are not exhaustive or aspirational. Best practice can build and extend upon these Practice Standards.

## HOW TO USE THE PRACTICE STANDARDS

Use the standards to:

- help you understand and apply the capabilities that sit behind key casework activities
- check in at key stages of casework such as carrying out a pre-assessment consultation or assessment consultation, writing up an assessment, and preparing for a case plan review or home visit
- develop consultation questions and use reflective prompts across the Minnesota model in Group Supervision
- support individual supervision conversations about learning, development and feedback
- formulate coaching plans or consultation meetings (cultural, permanency, specialist, psychological)
- inform file reviews and case reviews
- guide quality indicators in casework audits, practice reviews and consultations.





# CAPABILITY 1

## Working with Family and Culture

Every child is part of a family system, community and culture. To be child focused, we must support and explore their connections.

Practice Standard within this section	Related public service capability	How they relate
Enacting children and young people's rights	Commit to customer service Act with integrity	This Practice Standard outlines the specific behaviours expected when serving children and young people and describes how integrity can be demonstrated.
Culturally safe practice with Aboriginal communities	Value diversity and inclusion	This Practice Standard outlines the specific behaviours expected to value genuinely the diversity of Aboriginal children and families.
Culturally safe practice with diverse communities	Value diversity and inclusion	This Practice Standard outlines the specific behaviours expected to value genuinely the diversity of culturally and linguistically diverse children and families.
Writing and talking with children and families	Act with integrity and inclusion	This Practice Standard outlines how we talk and write with children and their families using our ethics and highest degree of professionalism – a key element to demonstrating integrity in a practitioner role.

# STANDARD 1

## Enacting children and young people's rights

**“** *I need you to let me know about my rights in a way that I will understand. Make sure my rights are met and let me know who I can talk to if my rights are not being met. Include me in decisions about my life and answer my questions quickly and honestly.*

### KEY EXPECTATIONS

- 1.** Apply the conventions and charters that outline children's rights: the UN Convention on the Rights of the Child, UN Declaration on the Rights of Indigenous People, UN Convention on the Rights of People with Disabilities, and the Charter of Rights for Children and Young People in Out of Home Care.
  - Apply consistently the principles of the Care Act including:
    - principles for the administration of the Act (Part 1, 9)
    - principle of participation (Part 1, 10)
    - permanent placement principles (Part 1, 10A)
    - Aboriginal and Torres Strait Islander principles (Part 2).
- 2.** Explore, recognise and celebrate the child's individuality and diversity. Use the holistic rights of the child to inform your casework priorities, actions and decisions.
  - Treat the child with dignity. Show respect for, and express to them, their innate worth, lovability, potential and strengths. Seek to understand the context behind their experiences, challenges and behaviours.
  - Talk with the child about their rights regularly and using practices that suit their age, development, any disability, culture and preferences.
  - Be honest and transparent with the child.
  - Seek to understand the culture and family background of every child, regardless of their race or ancestry, as a part of a continuous process.
  - Involve the child in all decisions about their life. Use words, tools and approaches that suit their needs. Keep the child informed about decisions, the reasons for these decisions and how their views were considered in the decision-making process.
  - Inform them about what and how information is shared about them and why.
- 3.** Act as an ally and advocate for the child. Recognise that each child is an individual with their own experiences, but that they exist and belong within relationships.
  - Spend time with the child in ways that suit their individual needs, culture, any disability and preferences – no matter what age they are.
  - Spend time with the child regularly alone as well as in the company of their caregivers.
  - Show playfulness, acceptance, curiosity and empathy to connect with the child.
  - Regularly seek the child's views about their life, goals, experiences and how you partner together. Record these views and if their views are not carried out, record a rationale.
  - Ask the child regularly for critique about your practice and make changes in response.



## REFLECTIVE PROMPTS

### Have I...

- regularly considered the power I hold as an adult, and if I ever use this power in a way that disempowers or silences children?
- reflected about any assumptions or bias I hold about this child?
- considered if the child may be behaving in ways that resist pain, violence or oppression?
- adapted how I involve each child, in ways that best suits their needs, rather than what I am most comfortable with?
- referred to the rights of the child to guide my casework, to advocate for children or as a tool in Group Supervision?

## EVIDENCING OUR PRACTICE WITH CHILDREN

In the practice experienced by the child, there is evidence that:	Where:
<ul style="list-style-type: none"> <li>• there was use of the UN convention, declaration, principles and/or Charter of Rights</li> </ul>	Case plan, Group Supervision, home visits
<ul style="list-style-type: none"> <li>• the Charter of Rights was given to and talked about with the child in an age appropriate and ongoing way</li> </ul>	Case notes, case plan, FAPFC, home visits
<ul style="list-style-type: none"> <li>• the caseworker spent time with the child face to face, including with them alone, at key assessment and case planning, and a minimum of every 45 days for children in care</li> </ul>	Alternate assessment, case plan, FAPFC, home visits, risk assessment, risk reassessment, safety assessment
<ul style="list-style-type: none"> <li>• strategies to connect and hear the child's views were considered</li> </ul>	Case meetings, Group Supervision, meeting minutes, PAC, removal record, restoration
<ul style="list-style-type: none"> <li>• the child's views about decisions were sought, in ways that responded to their needs</li> </ul>	Affidavits, alternate assessment, care plan, case plan, FAPFC, FGC, home visits, initiating care proceedings, meeting minutes, placement record, removal record, restoration, risk assessment, risk reassessment, safety assessment, safety plan
<ul style="list-style-type: none"> <li>• the child's views about decisions were considered as a part of the decision-making process</li> </ul>	AC, affidavits, alternate assessment, care plan, case plan, FAPFC, FGC, Group Supervision, risk assessment, risk reassessment, safety assessment, safety plan
<ul style="list-style-type: none"> <li>• the caseworker followed through on actions requested by or promised to the child</li> </ul>	Case plan review, meeting minutes, timeline
<ul style="list-style-type: none"> <li>• the child was asked respectfully for feedback about the caseworker's practice</li> </ul>	Feedback form, home visits, meeting minutes

Principles	Approaches	Systems
Relationships Critique Ethics	Dignity Driven Practice Safety Centred Practice	Family Group Conference Legislation

## STANDARD 2

### Culturally safe practice with Aboriginal communities

**“** *I need you to acknowledge the continued trauma and impact of colonisation, racism and the forced removal of Aboriginal children. Work with me, my family and community to support me to keep learning about my culture, living my culture and to keep me connected to family who have the answers.*

#### KEY EXPECTATIONS

- 1. Show respect for Aboriginal cultures and their diversity. Know and respect local Traditional Owners and Custodians of the land as well as historical and current community experiences.**
  - Recognise the trauma, disconnection, racism and injustices experienced as a result of colonisation and the forced removals of Aboriginal children, how this continues to impact Aboriginal people.
  - Be curious about how the child and family may resist these injustices now and in their contact with you.
  - Focus on healing children and families by partnering with Aboriginal communities and supports.
  - Show respect for Aboriginal cultural values, protocols, Aboriginal child rearing practices and ways of doing business by:
    - using curiosity with the child and family to understand how culture is lived in their family and community
    - understanding the domains of child and parent functioning from a culturally informed perspective
    - understanding the concept of family and connections to family, community, culture and Country
    - adapting your behaviour, actions, decisions and communication based on what you have learned from the family, community and through cultural consultation.
- 2. Work alongside the child, family and community to build enduring safety, stability and cultural continuity for the child so that they are safe and thriving in community for a lifetime.**
  - Seek to understand the child and family's cultures as a part of an ongoing conversation. Understand that some Aboriginal families may be reluctant to provide information about their cultural identity to DCJ.
  - Involve and value Aboriginal families (including fathers and stepfathers), extended relatives, community and Aboriginal representative organisations. Assist them to participate in all decisions and interventions using Aboriginal family-led decision-making processes.
  - Record how participation occurred and what participants' views are. If Aboriginal family-led decision-making was not used, record a rationale for this.
  - Ask about and use the strengths that exist in each child, family and community to build safety, connection and belonging for the child at all stages of your work.
  - Ask the child, family and community about what the solutions might be and what would support healing. Show respect by following through on these ideas.
  - Record accurately the child's cultures, clans, totems, languages, family and kinship networks. Record communities of belonging and acceptance (not just where they live).
  - Know about local Aboriginal organisations and collaborate with them, respecting their cultural authority.

**3. Consistently apply the Aboriginal Case Management Policy, Aboriginal Consultation Guide and the Aboriginal and Torres Strait Islander principles in the Care Act.**

- Seek the cultural expertise of those from the child's family or cultural community as early as possible, and as part of an ongoing consultation process.
- Give feedback to the Aboriginal consultant so that they know how their knowledge has been used to shape your work with the child and family.
- Carry out regular and partnered cultural planning and quality life story work with the child and their network if they are in care so that they experience a daily connection to culture.

**4. Understand your own culture and how this may shape your perspectives and practices.**

- Actively and continuously seek opportunities to strengthen your own cultural capability.
- Critique continuously the beliefs, assumptions and biases that are shaped by your own worldview.



## REFLECTIVE PROMPTS

### *Have I...*

- considered how I take personal responsibility to be anti-racist in my thinking and actions so that I do not cause continued harm to Aboriginal people?
- developed a plan to check in with Aboriginal colleagues and community members about how my practice may be experienced by Aboriginal children and families?
- sought to learn deeply about Aboriginal child rearing, Aboriginal child and family functioning and Aboriginal concepts of family and brought this into my analysis, decision-making and planning?
- proactively established relationships with local Aboriginal community and organisations built on respect and trust?
- respectfully persisted if the child or family are reluctant with me and sought cultural guidance about alternative ways to approach, speak and connect with the child and family?

## EVIDENCING OUR PRACTICE WITH CHILDREN

In the practice experienced by the child, there is evidence that:	Where:
<ul style="list-style-type: none"> <li>the child's culture, language and connections have been recorded accurately</li> </ul>	Care plan, case plan, person role details, relationships
<ul style="list-style-type: none"> <li>Aboriginal consultation with a member of the child's family or community has been used at key planning and decision-making points</li> </ul>	Alternate assessment, case plan, consultation record, Group Supervision, PAC, removal record, restoration, risk assessment, risk reassessment, safety assessment
<ul style="list-style-type: none"> <li>recommendations from Aboriginal consultations were followed</li> </ul>	Case plan, timeline
<ul style="list-style-type: none"> <li>the child, family, extended family, community and Aboriginal representative organisation were supported to participate in decision-making via an Aboriginal family-led decision-making process; if an Aboriginal family-led decision-making process was not used, a rationale is recorded</li> </ul>	AC, case plan, FGC, FAPFC, home visits, meeting minutes, placement record
<ul style="list-style-type: none"> <li>the views of all people who participated are documented; if their views were not followed a rationale is recorded</li> </ul>	AC, case plan, FGC, home visits, meeting record
<ul style="list-style-type: none"> <li>attempts were made to refer the family to an Aboriginal service provider</li> </ul>	Case notes, referral record
<ul style="list-style-type: none"> <li>the Aboriginal placement principles have been followed with all efforts to identify and locate family and kin recorded</li> </ul>	Care plan, case plan, placement record
<ul style="list-style-type: none"> <li>the child's case was brought to Group Supervision if the child was at imminent risk of being taken into care or they entered care and placement decisions were needed</li> </ul>	Group Supervision, removal record, restoration
<ul style="list-style-type: none"> <li>a cultural plan is in place, and cultural connection is attended to in the child's case plan, if the child is in care; there is evidence that the child's family, kin and cultural community led the development of the plan</li> </ul>	Care plan, case notes, case plan, cultural plan
<ul style="list-style-type: none"> <li>the child and family experienced practice as respectful and helpful</li> </ul>	Feedback form

Principles	Approaches	Systems
Culture Relationships Critique Ethics	Dignity Driven Practice Family Finding	Legislation Family Group Conference Partnerships Group Supervision



# STANDARD 3

## Culturally safe practice with diverse communities

“ I need you to learn from and respect my culture and the language spoken by me and my family. Remember that my culture is a part of me. Give me the chance to guide you on what my culture means to me and how I want to experience it in my life.

### KEY EXPECTATIONS

- 1. Respect cultural practice and seek to understand the family's cultural worldview.**
  - Know the difference between migrant, refugee and settlement experiences, and how this trauma impacts on resources, connections, values and the family's response to statutory services.
  - View the family as experts in their culture – learn from them about the people, community, places and practices important to them and their child.
  - Show respect for cultural values, religious and spiritual beliefs, protocols, child rearing practices and strengths:
    - using curiosity with the child and family to understand how culture is lived in their family and community
    - understanding the domains of child and parent functioning from a culturally informed perspective
    - understanding the concept of family and connections to family, community and culture
    - adapting your behaviour, actions, decisions and communication based on what you have learned from the family, community and through cultural consultation.
  - Carry out regular and meaningful cultural planning and quality life story work if the child is in care.
  - Explore appropriate supports from extended family and community members.
- 2. Reflect on your own cultural values.**
  - Question your assumptions and check these with the family.
  - Be aware of possible cultural bias and practice in non-discriminatory ways.
  - Be aware of your knowledge gaps – seek advice from the family and community to build your understanding of their unique culture.
- 3. Develop a good working knowledge of local cultural community and multicultural services and seek their expertise.**
  - Ask a multicultural caseworker or Multicultural Services to provide cultural consultation and support at the earliest possible time and as part of an ongoing process.
  - Give feedback to the multicultural caseworker so that they know how their knowledge has been used to shape your work with the child and family.
  - Use a qualified interpreter to communicate clearly and ensure understanding.
  - Translate important correspondence or use an interpreter.





## REFLECTIVE PROMPTS

### Have I...

- gained a good understanding of the impact of the family's migration, settlement or refugee experiences?
- reflected on my own cultural values, biases and assumptions?
- considered what social and community barriers this child or family may be facing?
- reflected on what power and practices government agencies may use in this family's country of origin?
- given equity and respect to the child and family by using appropriate interpreters, translators and multicultural workers?

## EVIDENCING OUR PRACTICE WITH CHILDREN

In the practice experienced by the child, there is evidence that:	Where:
<ul style="list-style-type: none"> <li>• the child's culture, ancestry, language, religion and connections have been recorded accurately, or persistent attempts recorded</li> </ul>	Person role details, relationships
<ul style="list-style-type: none"> <li>• multicultural consultation has been used at key planning and decision-making points</li> </ul>	Alternate assessment, case plan, consultation record, FAPFC, FGC, Group Supervision, PAC, removal record, restoration, risk assessment, risk reassessment, safety assessment
<ul style="list-style-type: none"> <li>• interpreters or translations were used if required</li> </ul>	Consultation record, FGC, Group Supervision, PAC, removal record
<ul style="list-style-type: none"> <li>• recommendations from multicultural consultation were carried out</li> </ul>	Alternate assessment, case plan, FAPFC, restoration, risk assessment, risk reassessment, safety assessment, timeline, consultation record
<ul style="list-style-type: none"> <li>• the family were supported to participate in decision-making</li> </ul>	AC, Affidavits, case notes, case plan, FAPFC, FGC, home visits, meeting minutes, placement record
<ul style="list-style-type: none"> <li>• a cultural plan is in place, and cultural connection is attended to in the child's case plan, if the child is in care</li> </ul>	Case plan, cultural plan
<ul style="list-style-type: none"> <li>• the child and family experienced practice as respectful and helpful</li> </ul>	Feedback form

Principles	Approaches	Systems
Culture Relationships Language	Dignity Driven Practice Family Finding	Family Group Conference Partnerships Group Supervision

# STANDARD 4

## Writing and talking with children and families

**“** *I need you to show me respect in the way you speak to and about me and those who are important to me. Be fair and honest with your words – when talking and writing. Let me know when and why you are writing notes. Check with me that the information you are recording is correct, respectful and clear. Record my life in a way that captures my story with meaning and respect for me. Remember that every word you write will shape the perception of every person who reads it in days to come.*

### KEY EXPECTATIONS

<p><b>1.</b> Talk with the child, family and others with empathy, acceptance, respect and curiosity, in a way that they can understand and that respects their culture, language needs and any disability.</p>	<ul style="list-style-type: none"> <li>• Listen to the child, family and others’ experiences without bias, assumptions or jumping to conclusions.</li> <li>• Talk to the child and family honestly about what you are worried about and why, in a timely way, so they can participate fully. Seek language assistance if necessary so families can talk to you in their preferred language.</li> <li>• Use words (when talking and writing) that are easy to understand, and free of jargon and acronyms.</li> <li>• Talk about the child, family and others with respect and fairness and as if they were in the room.</li> <li>• Talk to the child and family, and write about them, as whole people, rather than just the challenges they face.</li> </ul>
<p><b>2.</b> Use professional judgement to write succinctly. Only include relevant information about what needs to be recorded to capture the child’s story.</p>	<ul style="list-style-type: none"> <li>• Write clearly what decision was made, who it was made with, how it was made and why.</li> <li>• Provide a copy of assessments, case plans and safety plans to the family.</li> <li>• Write concise assessment narratives that highlight the child’s daily lived experience of safety and risk.</li> </ul>
<p><b>3.</b> Document a fair, accurate and balanced perspective.</p>	<ul style="list-style-type: none"> <li>• Record the child and family’s views, strengths and acts of resistance. Record behaviours with context. Do not use labels.</li> <li>• Identify facts versus opinions, whether professional or otherwise.</li> <li>• Record the multiple stories and truths and describe whose perspective each is.</li> <li>• Write about people’s characteristics and life experiences with fairness, balance and respect.</li> <li>• Write about violence and harm accurately, being clear who did what to whom and its impact.</li> <li>• Write about the child’s life so it captures their story in a way that honours them as an individual.</li> </ul>

Principles	Approaches	Systems
Language Ethics	Dignity Driven Practice Safety Centred Practice Structured Decision Making	Legislation Group Supervision OCG



## REFLECTIVE PROMPTS

### *Have I...*

- asked the child and family how they like to be spoken with and then adapted my approach?
- Reflected that what I write may influence the views of others, future decisions and cement my own views?
- checked in with myself that I consistently ask and capture the child, family and carers' perspectives and feelings in what I record, even if I disagree?
- shared what I have documented with the child, family and others involved (including case plans, assessments and other key documents)?
- reviewed what I have written to check for any biases, jargon or judgemental language?

## EVIDENCING OUR PRACTICE WITH CHILDREN

In the practice experienced by the child, there is evidence that:	Where:
<ul style="list-style-type: none"> <li>• the child and family members were written about with respect</li> </ul>	Affidavits, alternate assessment, care plan, case notes, case plan, initiating care proceedings, risk assessment, risk reassessment, safety assessment
<ul style="list-style-type: none"> <li>• the child and family's experiences and social responses were considered</li> </ul>	AC, case notes, case plan, consultation records, FGC, Group Supervision, PAC, placement record, removal record, restoration
<ul style="list-style-type: none"> <li>• the child and family were spoken to with respect and in ways responsive to their needs</li> </ul>	Affidavits, case notes, FGC, meeting minutes, removal record, restoration
<ul style="list-style-type: none"> <li>• information written about the child and family is fair, balanced and accurate</li> </ul>	Affidavits, alternate assessment, care plan, initiating care proceedings, meeting minutes, risk assessment, risk reassessment, safety assessment
<ul style="list-style-type: none"> <li>• use of violence is described accurately and with responsibility attributed clearly</li> </ul>	Affidavits, alternate assessment, case plan, Group Supervision, risk assessment, risk reassessment, safety assessment
<ul style="list-style-type: none"> <li>• context was given when recording what the child or family said or did</li> </ul>	Affidavits, alternate assessment, care proceedings, case notes, initiating meeting minutes, risk assessment, risk reassessment, safety assessment
<ul style="list-style-type: none"> <li>• the child and family experienced communication as respectful</li> </ul>	Feedback form



## CAPABILITY 2

# Building lifelong connections

Children need connections to people who make them feel loved, important and safe.

Practice Standard within this section	Related public service capability	How they relate
Nurturing the child's lifelong belonging	Commit to customer service Work collaboratively	This Practice Standard outlines the expected behaviours when working collaboratively to connect children to people who do or can love them.

# STANDARD 5

## Nurturing the child's lifelong belonging

**“** *I need you to ask me about the connections that I value, those I long for and those I want to end regardless of where it is I am living. Listen to my views and respect my decisions. Persist in your efforts to reconnect me with people I can trust and who will be there for me forever.*

### KEY EXPECTATIONS

- 1. Prioritise and value children's sustained and meaningful connections to network members. Recognise that their safety, healing and life outcomes are often reflected by the quality of their relationships to others.**
  - Ask and listen to the child about who is important to them.
  - Act with urgency to reconnect the child with family and other supportive people who are in their life, or could be in their life – whether the child lives with their parents or with others.
  - Use Family Finding methods to work alongside the child and family at all stages of your work with them.
  - Talk to the child's network about what your worries are for them and ask them to commit to supporting and being there for the child. Involve them in processes such as home visits, FGC, case planning meetings and blended perspectives meetings.
  - Model a healthy relationship to the child and build their relationship skills.
- 2. Focus casework, at all stages, on how best to create relational, cultural, physical and legal permanency for the child considering their safety, needs and rights.**
  - Partner with the child and their family to understand how their broader maternal and paternal family, kinship and support network have played an important role in their lives.
  - Help the child's family/caregivers to facilitate the child's sense of belonging, personal and cultural identity and connections.
  - Seek cultural consultation to explore ways to reconnect the child and their family to community in a sustained and meaningful way.
  - Keep siblings together wherever possible and keep them genuinely connected. This includes siblings who may not have yet met.
  - Arrange family time so that it is a positive and natural experience of being together as a family. Tailor it to the needs and preferences of the child and family.
  - Support the child to feel a part of their community, regardless of whether they live with parents or are in care, by supporting their involvement in sports, hobbies and community events, and supporting them to develop and sustain friendships.
  - Assess and decide what information is shared with the child's parents and other important people if the child is in care, in line with legislation.



## REFLECTIVE PROMPTS

### *Have I...*

- prioritised identifying and partnering with network members even when a child is living with their parents?
- been open to identifying any assumptions I hold about family members and their commitment to the child?
- used Family Finding methods to discover, rediscover and engage family networks?
- given equal attention to engaging both the maternal and paternal sides of the family and given equal opportunity for the child to be connected to family who is Aboriginal or culturally or linguistically diverse?
- thought about what role kin and people who love the child can play in the child's life if they are unable to provide a placement or if the child leaves a placement?

## EVIDENCING OUR PRACTICE WITH CHILDREN

In the practice experienced by the child, there is evidence that:	Where:
<ul style="list-style-type: none"> <li>• the child's permanency goal was considered regularly</li> </ul>	Case plan, Group Supervision
<ul style="list-style-type: none"> <li>• search efforts were made to locate and engage the child's network</li> </ul>	Care plan, case notes, case plan, FAPFC, FGC, initiating care proceedings, PAC, removal record, restoration
<ul style="list-style-type: none"> <li>• efforts were made to place the child with their siblings and in the care of family members</li> </ul>	Care plan, placement record, timeline
<ul style="list-style-type: none"> <li>• the child was asked their view about how connected they feel and who they want to be connected to</li> </ul>	Alternate assessment, feedback form, FGC, Group Supervision, home visits, initiating care proceedings, meeting minutes, panel review template, removal record, restoration, risk assessment, risk reassessment, safety assessment
<ul style="list-style-type: none"> <li>• Family Finding methods were used</li> </ul>	Care plan, FGC, Group Supervision, meeting minutes, placement record, timeline
<ul style="list-style-type: none"> <li>• family time, or the child's connections to other people important to them including friends, were planned</li> </ul>	Case notes, case plan, home visits, placement record
<ul style="list-style-type: none"> <li>• family time, including the frequency and location, met the child's needs for connection with their family</li> </ul>	Case plan, family visit records, FGC
<ul style="list-style-type: none"> <li>• ongoing life story work took place with the child in an ongoing and meaningful way</li> </ul>	Care plan, case notes, case plan, life story work

In the practice experienced by the child, there is evidence that:	Where:
<ul style="list-style-type: none"> <li>a cultural plan is in place for children who need one</li> </ul>	Cultural plan
<ul style="list-style-type: none"> <li>the child's wellbeing and sense of community was discussed</li> </ul>	Care plan, meeting minutes

Principles	Approaches	Systems
Culture Relationship	Family Finding Safety Centred Practice	Legislation Family Group Conference OCG



## CAPABILITY 3

### Assessment

We view assessment as an ongoing holistic process that continually takes place regardless of where a child lives. Assessment informs our understanding of their safety, experiences and needs as well as the family's capacity for change.

Practice Standard within this section	Related public service capability	How they relate
Holistic assessment	Think and solve problems	This Practice Standard outlines the expected thoughts and actions that lead to quality assessment through critical analysis and problem solving.
Critical reflection to improve outcomes	Demonstrate accountability Plan and prioritise	This Practice Standard outlines specific behaviours expected to critically reflect on your own practice and prioritise positive outcomes for children in a complex and ever-changing context.



# STANDARD 6

## Holistic assessment

**“** *I need you to think about my safety regardless of where I live. Be open-minded and remember that people can change. Work with me and those who love me to create change in a way that suits us.*

### KEY EXPECTATIONS

- 1. Use assessment as a continuous process of understanding the child's changing needs and working out how these needs can be met.**
  - Think about the safety of (and reducing risk to) the child, regardless of where they live.
  - Actively identify and involve extended family to participate in assessment processes.
  - Facilitate the participation of the child, their family and all other important people in every stage of the assessment. Use inclusive tools and approaches that respond to their needs.
- 2. Use curiosity to understand the child, their experiences and their family as unique. Look beyond single events in order to make sense of the worries and strengths being assessed.**
  - Respect that the child and their family are experts in their life.
  - Consider and respond with respect to the child and family within their experiences and their identity including culture, gender, sexuality, disability, trauma history, familial history and who it is they consider to be in their family.
  - Spend time with the child at home and in other environments, alone and also while they are with their siblings and caregivers.
- 3. Use Structured Decision Making tools (or Alternative Assessment) accurately alongside professional judgement to understand and establish immediate safety, understand future risk to the child and decide, where appropriate, when restoration can safely take place.**
  - Participate in pre and post assessment consultations to:
    - critically analyse what is and is not known
    - consider the family's history and identify patterns
    - identify and plan for their network to be harnessed
    - establish and test hypotheses
    - unpack bias and assumptions
    - consider diverse perspectives from family, community and services
    - plan for the most effective and respectful approach
    - practise conversations.
  - Carry out critical analysis at each assessment point. Consider all information and think through all possibilities about what has occurred and why.
    - Make sense of what you know
    - Connect pieces of information
    - Identify gaps and inconsistencies
    - Link with professional experience, knowledge and theory
    - Test ideas with the family and other people involved
    - Wonder if there are other possible explanations or perspectives.

**4. Make timely yet well considered decisions that are informed by the relevant assessment.**

- Carry out assessments within policy timeframes so that children and families are not left drifting.
- Use assessment tools and partnered case planning to decide the child's best legal permanency option. Consider how to best meet their relational, cultural and physical permanency needs.
- Reflect with your manager regularly to check that you are appropriately balancing the risks to the child with strengths, safety and wellbeing.
- Ensure a decision to stop working with a family is in the best interests of the child, is well planned and all people involved with the family's case are included.



**REFLECTIVE PROMPTS**

**Have I...**

- remembered that sometimes people who are afraid may appear 'reluctant' or 'uncooperative'?
- made sure the family know why we are involved and explained this in a way that they understand?
- recognised that the child's world and needs are constantly changing as they rapidly grow and develop?
- spoken with the child and family directly about the assessment outcomes and what this means for them?
- reconsidered the assessment when new information comes in?

**EVIDENCING OUR PRACTICE WITH CHILDREN**

In the practice experienced by the child, there is evidence that:	Where:
<ul style="list-style-type: none"> <li>• multiple sources were drawn on to inform the assessment</li> </ul>	AC, alternate assessment, cultural consultation record, PAC, risk assessment, risk reassessment, safety assessment
<ul style="list-style-type: none"> <li>• hypotheses were used and tested</li> </ul>	AC, Group Supervision, PAC
<ul style="list-style-type: none"> <li>• assessment tools were applied according to policy</li> </ul>	Alternate assessment risk assessment, risk reassessment, safety assessment
<ul style="list-style-type: none"> <li>• assessment timeframes were met</li> </ul>	Alternate assessment risk assessment, risk reassessment, safety assessment
<ul style="list-style-type: none"> <li>• assessment tools were used to determine assessment decisions</li> </ul>	Alternate assessment, risk assessment, risk reassessment, safety assessment
<ul style="list-style-type: none"> <li>• the family's support network was drawn on throughout the assessment process</li> </ul>	Alternate assessment, case plan, FAPFC, risk assessment, risk reassessment, safety assessment, safety plan

<ul style="list-style-type: none"> <li>the child's relational, cultural, physical and legal permanency was considered in assessment processes</li> </ul>	Care plan, case plan, consultation record, Group Supervision
<ul style="list-style-type: none"> <li>the challenges that the family faces and that cause risk issues were considered throughout the assessment process</li> </ul>	AC, alternate assessment, Group Supervision, PAC, risk assessment, risk reassessment, safety assessment
<ul style="list-style-type: none"> <li>theories and research evidence were drawn on</li> </ul>	Alternate assessment, Group Supervision, risk assessment, risk reassessment, safety assessment
<ul style="list-style-type: none"> <li>rationales for decisions are recorded clearly</li> </ul>	Alternate assessment, case plan, FGC, Group Supervision, risk assessment, risk reassessment, restoration, safety assessment
<ul style="list-style-type: none"> <li>gaps in information are noted and followed up</li> </ul>	Alternate assessment, risk assessment, risk reassessment, safety assessment
<ul style="list-style-type: none"> <li>each household member was included in an assessment and their views were explored</li> </ul>	Alternate assessment, risk assessment, risk reassessment, safety assessment
<ul style="list-style-type: none"> <li>family interactions and the home environment were observed</li> </ul>	AC, home visits
<ul style="list-style-type: none"> <li>the needs of the family are clearly identified</li> </ul>	AC
<ul style="list-style-type: none"> <li>copies of assessments were provided to the child and family, or if assessments were made verbally, a rationale for this is recorded</li> </ul>	Affidavits, care plan, case plan, FAPFC, initiating care proceedings, removal record, restoration, safety plan
<ul style="list-style-type: none"> <li>at the time of safety planning, all people listed as supports on the plan were spoken with</li> </ul>	Safety plan
<ul style="list-style-type: none"> <li>community and service network members were engaged and partnered with</li> </ul>	Case plan, safety plan
<ul style="list-style-type: none"> <li>safety plans were easy to follow, were agreed on by all family members and are effective immediately</li> </ul>	Safety plan
<ul style="list-style-type: none"> <li>strengths and protective abilities were discussed</li> </ul>	AC, case plan, safety assessment, safety plan
<ul style="list-style-type: none"> <li>safety plan actions clearly identified and mitigated dangers, creating more safety for children</li> </ul>	Safety plan

Principles	Approaches	Systems
Relationships Critique Ethics	Dignity Driven Practice Structured Decision Making Safety Centred Practice	Legislation Family Group Conference Partnerships

# STANDARD 7

## Critical reflection to improve outcomes

**“** *I need you to reflect on your behaviour and beliefs, and think about the impact these have on my feelings and my life. Remember your work is not just a job, it is my life.*

### KEY EXPECTATIONS

- 1. Check in on your thinking and practices regularly to identify and guard against making predictable errors.**
  - Think regularly about your own cultural values and beliefs and how these may shape the way you perceive others and their circumstances, particularly with those who have a different background, identity or experiences to your own.
  - Reflect regularly on your ethics and values and how these shape your understanding of and interactions with others.
  - Pay attention to your emotional responses to situations and people so that you can be aware of how they shape your actions and decisions. Attend to these emotions or seek support, so that you stay healthy.
  - Identify your own biases and assumptions about the child or family so that they do not get in the way of decision-making. Be open to others about your bias and assumptions.
- 2. Participate in processes that support critical reflection such as pre and post assessment consultations, cultural consultation, family-led decision-making, Group Supervision and individual supervision.**
  - Identify all possible options and approaches; assess each one before making a decision.
  - Seek consultations and expert advice at the planning stage to draw on specialist knowledge and experience, including cultural and practice consultations.
  - Use up to date evidence to test your hypotheses, perceptions and instincts. Check your hypotheses or instincts with the child, family and other people involved.
  - Review and reflect on the rationale for casework direction and decision-making regularly to ensure it is child focused and in the child's best interests.
- 3. Notice how you may have contributed to a response from the child or family. Adapt your response to them if needed.**
  - Plan before seeing a child and their family. Consider the practice approaches, conversation tools and culturally safe responses that could be the most respectful for the family.
  - Use curiosity to explore what is happening for the child and family so you do not jump to conclusions.
  - Reflect regularly about what worked well, what you could have done differently and what you can learn from this.



## REFLECTIVE PROMPTS

### *Have I...*

- been aware of the power I hold in my role and if I have used this to disempower or empower others?
- been open to the idea that we each hold biases and assumptions so that I can explore my own and check in on these with others, including the child and family?
- considered what views I hold that may be uninformed or discriminatory to others – including about culture, race, religion, gender, sexuality, disability?
- asked myself what beliefs I have about emotions in this work – talking about emotions, expressing them and responding to them?
- talked not just about the child’s situation, but about my own practice with them?

## EVIDENCING OUR PRACTICE WITH CHILDREN

In the practice experienced by the child, there is evidence that:	Where:
<ul style="list-style-type: none"> <li>• the child’s case was brought to Group Supervision</li> </ul>	Group Supervision, placement record
<ul style="list-style-type: none"> <li>• previous poor experiences and how to work with the child or family differently have been considered</li> </ul>	AC, FGC, Group Supervision, PAC, removal record, restoration

Principles	Approaches	Systems
Culture Critique Ethics	Dignity Driven Practice	Group Supervision



## CAPABILITY 4

### Influencing change

We are guided by the needs and aspirations of the child, and those of the people who love them. We seek to understand the causes and context of the issues children and families face, so we can help them find their own solutions and so that children have the best future.

Practice Standard within this section	Related public service capability	How they relate
Building relationships that support change	Deliver results Influence and negotiate Communicate effectively	This Practice Standard outlines the behaviours expected to deliver better outcomes for children through influence, negotiating actions and supports, and communicating in a way that builds respectful relationships.
Learning from critique	Manage self Display resilience and courage	This Practice Standard outlines the behaviours expected to use critique to develop self and social awareness and to continuously improve practice.

# STANDARD 8

## Building relationships that support change

“ I need you to be considerate, empathetic and genuine. Listen to me, spend time getting to know me and support me to build relationships with other people within DCJ, in my network, and in my family and community. Tell me what is happening so that I can participate in my life fully and prepare.

### KEY EXPECTATIONS

- 1. Recognise that the ongoing process of meeting the child’s needs (whether they are in the care of their parents or others) is a process of change to meet their potential.**
  - Understand and respond to the stage of change that the person is at. Understand that change is hard. Acknowledge their steps – big and small.
  - Visit the child and family regularly and make these visits purposeful to the changes needed for the child to reach their potential in life.
  - Establish and regularly review case plans within timeframes.
  - Partner with the child and family so that goals are realistic, achievable and meaningful. Check in on progress and adapt supports and interventions in response to needs.
  
- 2. Approach your work with the child and family using partnership, acceptance, empathy and curiosity.**
  - Use creativity and flexibility to partner with the child and their family in a way that is family-led and suits their culture, disability, language, gender, sexuality and preferences.
  - Use active listening and open-ended questions to encourage change talk.
  - Role model healthy, caring relationships, interactions, beliefs and behaviours. Show warmth and authenticity in your verbal and non-verbal communication.
  - Be clear, respectful and honest about:
    - o the purpose of DCJ’s involvement
    - o what you are worried about for the child
    - o what behaviours need to change and what impact these have on the child
    - o what the child will see, hear and feel if these changes happen
    - o what you can do to help this happen
    - o the child’s rights and our responsibility to help them.
  - Recognise the child and family’s strengths, courage and resistance to suffering and help them to see it too.



**3. Foster safe networks around the child and their family that will support them as they go through change and into the future.**

- Review regularly what changes need to happen for the child so that they experience relational, cultural, physical and legal permanency – either in the care of family or with others.
- Partner with the child, their family network and community, and other professionals as a team with and around the child to support them to reach their potential.
- Offer a FGC to support participatory decision-making.

**4. Seek to understand the social inequalities that have, or do, impact on the family. Take these into consideration in case planning and provide practical and service supports to lessen them.**

- Use your statutory power and influence to give practical assistance; support the family to negotiate with the service system so that they can create lasting change.



## REFLECTIVE PROMPTS

### *Have I...*

- been guided by the child and family's aspirations, strengths and solutions or imposed my own ideas?
- set change goals that will create safety and sustained permanency for the child and reviewed progress to these goals regularly?
- used Motivational Interviewing techniques to build relationships and influence change?
- used participation techniques such as Safety Centred Practice tools?
- used behaviours that role model nurturing relationships and interactions?

## EVIDENCING OUR PRACTICE WITH CHILDREN

In the practice experienced by the child, there is evidence that:	Where:
<ul style="list-style-type: none"> <li>planning was carried out about how to most effectively work with the child and family considering their culture, ability, context, background and previous social responses</li> </ul>	Case plans, Group Supervision, PAC, removal record, restoration
<ul style="list-style-type: none"> <li>consideration was given about what practice approaches, techniques or skills could be used</li> </ul>	AC, Group Supervision, PAC
<ul style="list-style-type: none"> <li>participatory and family-led processes such as FGC and Safety Centred Practice were used</li> </ul>	Alternate assessment, FGC, home visits, risk assessment, risk reassessment, safety assessment
<ul style="list-style-type: none"> <li>safety plans and case plans involved the participation of the child and family</li> </ul>	Care plan, case plan, meeting minutes, safety plan
<ul style="list-style-type: none"> <li>changes needed for child safety and/or wellbeing are clear</li> </ul>	AC, case plan, FAPFC, FGC, removal record, restoration, safety plan
<ul style="list-style-type: none"> <li>interventions and actions planned were appropriate to the issues and needs of the child and family</li> </ul>	Case plan, FAPFC, safety plan
<ul style="list-style-type: none"> <li>practical support was provided to the family to facilitate change</li> </ul>	Affidavits, case notes, case plan, FAPFC, safety plan
<ul style="list-style-type: none"> <li>case plans were reviewed within timeframes and closed as per policy</li> </ul>	Case plan, FAPFC, risk reassessment
<ul style="list-style-type: none"> <li>case planning considered the child's permanency options</li> </ul>	Care plan, case plan, consultation record, Group Supervision, meeting minutes
<ul style="list-style-type: none"> <li>the frequency of home visits were appropriate for the child and family's needs and different approaches were used to engage with the family</li> </ul>	Home visits
<ul style="list-style-type: none"> <li>flexibility in the timing and locations of visits was provided</li> </ul>	Home visits
<ul style="list-style-type: none"> <li>concerns were talked about with family members with honesty and transparency</li> </ul>	Home visits
<ul style="list-style-type: none"> <li>plans were reasonable, practical and achievable for the family members involved</li> </ul>	Case plan, FAPFC, safety plan

Principles	Approaches	Systems
Culture Relationships Language	Motivational Interviewing Dignity Driven Practice Safety Centred Practice	Partnerships Family Group Conference Group Supervision

# STANDARD 9

## Learning from critique

**“** *I need you to ask me what I think and if there is anything you can do better.  
Keep asking me for feedback and when I give it to you, listen and act on it.*

### KEY EXPECTATIONS

- 1. Be open to feedback (positive or challenging) and learning from this so that practice continuously improves and responds to the rights of children and families.**
  - Ask for critique from the child and family about your practice in a way that recognises that we hold power. Seek this feedback regularly and as a part of an ongoing process.
  - Ask for critique regularly from other community members, such as the child’s cultural community and service network.
  - Invite critique from peers and supervisors in individual and Group Supervision so that you can be the best you can be for children and families.
  - Be open to owning your mistakes; be honest about them, learn from them and say sorry to the child, family or other people impacted by them.
  - Be open to try new approaches and continuously improve your work with families.
  - Use the child’s case planning meetings as an ongoing process for hearing critique and sharing opportunities and challenges.
- 2. Provide constructive and respectful critique (positive and challenging) to peers, leaders and other professionals so that they can be of most use to children and families.**
  - Give the child and family, and your peers, positive critique when you notice strengths, achievements, progress and courage.
  - Actively contribute to an open and positive office and team culture by encouraging transparent, anti-discriminatory and ethical practice.
- 3. Be curious about the family’s previous social responses from DCJ and other services to learn what worked, what did not work, and why the family might be reluctant or afraid.**
  - Say sorry genuinely for past experiences that families may have found to be disrespectful.
  - Ask what you could do to show them respect, earn their trust and be of most use to them.



## REFLECTIVE PROMPTS

### *Have I...*

- regularly asked the child if there are things that they like or do not like about how I work?
- spoken up when someone has behaved or spoken in a way that is not helpful to children and families?
- been encouraging and supportive of my colleagues when they need my help to think through an issue or their practice?
- sought critique and advice from my colleagues in Group Supervision and listened to critique with openness?
- engaged proactively in strategies to enhance the knowledge and skills I need to do my job well?

## EVIDENCING OUR PRACTICE WITH CHILDREN

**In the practice experienced by the child, there is evidence that:**

**Where:**

- feedback was sought about casework practice, from the child, family, carers, service partners and peers.

Case notes, case plan, FAPFC, feedback form, Group Supervision, home visits, meeting minutes

Principles	Approaches	Systems
Critique Ethics	Dignity Driven Practice	Partnerships Group Supervision



## CAPABILITY 5

### Purposeful partnerships

We work with families, communities and other services to create a team around the child. We draw on the diverse expertise of all the people in the child's life and the important perspectives they bring.

Practice Standard within this section	Related public service capability	How they relate
Collaborating as a team around the child	Work collaboratively Influence and negotiate	This Practice Standard outlines the behaviours expected to build collaborative relationships that resolve safety issues and achieve relational, cultural, physical and legal permanency for children by partnering, influencing and negotiating.

---

# STANDARD 10

## Collaborating as a team around the child

**“** *I need you to respect the relationships I have and ask me who I want in my team. Partner with those who can help me and those who love and care about me but remember that my privacy is important to me. Ask me what information can be shared and with whom.*

### KEY EXPECTATIONS

- 1. Establish a thorough understanding of who the child and family identify as their network and document these network members.**
  - Partner with the child’s family and peer network, community members, services and other DCJ staff as a team with, and around, the child and family.
  - Seek to understand what previous social responses the child and their family have experienced and how this may impact on how they respond to services.
  - Refer and connect the child or their family with services that will be appropriate to their unique needs, taking into account their wishes, accessibility needs and culture.
- 2. Understand the local community and service system and develop purposeful partnerships within it.**
  - Identify each service’s role, responsibilities and decision-making power so that you are all clear who has responsibility for what in creating safety and long-term wellbeing and permanency for the child. Make sure the child and family are clear about the role of each person.
  - Share and seek relevant information with services currently or previously involved with the family so that all people are informed. Tell the child and family about what and why information is shared.
  - Plan with service partners how you can all provide the child and family with a positive social response by:
    - o finding out what has and has not worked for the child and family in the past
    - o responding to the family’s culture, disability, experiences and preferences
    - o treating the child and family with respect
    - o holding a person who uses violence accountable, and being clear that a victim of violence is not responsible.
  - Role model and support other services in their learning, through your interactions, planning and partnered work.
- 3. Harness the expertise of others by consulting with the child, family and community and colleagues such as psychologists, casework specialists, legal officers, multicultural caseworkers, Aboriginal people, permanency coordinators and regional adoptions caseworkers.**
  - Proactively take part in Group Supervision weekly to partner together and share risk.



## REFLECTIVE PROMPTS

### Have I...

- asked the child and their family what supports they want and how they can be helped to engage with other services, rather than simply referring them?
- considered who is, or could be, a support for the child long-term, after services have stopped working with the family?
- built an understanding about how a child or family's connection or resistance to professionals has been shaped by social responses?
- arranged a case planning meeting whenever a change in circumstances occurs so that the family and network can make decisions together?
- considered how the child and family may experience the variety (or lack) of people involved in their life?

## EVIDENCING OUR PRACTICE WITH CHILDREN

In the practice experienced by the child, there is evidence that:	Where:
• referrals were appropriate to the family's needs and made in partnership with them	AC, case plan, FAPFC, service request
• the child and family were given the opportunity to identify their support network	Case plan, FAPFC, FGC, home visits, meeting minutes, removal record, restoration
• information from community and service network members was used to help inform and balance assessment outcomes	AC, alternate assessment, meeting minutes, PAC, risk assessment, risk reassessment, safety assessment
• community and service network members were included in decision-making about the child	Care plan, case plan, FAPFC, FGC, Group Supervision, meeting minutes
• consultations were sought to support practice and decisions	Care plan, consultation record, Group Supervision, initiating care proceedings, placement record, removal record, restoration
• casework timeframes were considered to support a timely response	AC

Principles	Approaches	Systems
Culture Relationships	Family Finding Dignity Driven Practice	Partnerships Family Group Conference Group Supervision







## **PRACTICE LEADERSHIP**

We lead with moral courage to inspire and guide practice. We support practitioners and take collective responsibility for the decisions they make. We model willingness to reflect and work hard to create open cultures where critique improves outcomes for families.

# STANDARD 11

## Leading effective practice

“ I need you to set a good example for caseworkers. Listen to what I, and others, have to say. Hear constructive feedback and give it to others so you can be a good leader.

### KEY EXPECTATIONS

#### 1. Safeguard practice

- Ensure the rights of children and families are being upheld and practice is meeting the expected standard.
- Apply advanced practice knowledge and skills when approving and overseeing casework, and interactions with peers, staff and the child and family.
- Lead practice, and a work environment, that is culturally safe and respectful.
- Facilitate critical reflection and critical analysis to navigate predictable errors.
- Stay up to date with theories and evidence.
- Carry out robust and inclusive decision-making with the child, family and staff.

#### 2. Lead systems

- Promote and arrange effective cultural consultations.
- Facilitate purposeful partnerships with the community and service sector.
- Use evidence and data to inform decisions and to guide priorities and resources using systems such as the Resource Management Dashboard and Central Information Warehouse.
- Facilitate high quality Group Supervision and individual supervision as per the DCJ Supervision Policy.
- Use practice processes such as weekly allocation meetings, pre-assessment consultations, assessment consultations and approval processes as opportunities to make informed and timely decisions. View them as opportunities to shape the quality of work to come and to grow staff capabilities.

#### 3. Develop staff and practice

- View your interactions, communication and behaviours as constant opportunities to role model and facilitate learning.
- Practise skills with your staff.
- Provide critique (positive and challenging) in informal daily interactions and as part of formal processes such as work approvals and feedback.
- Seek and act on feedback about the service your team or unit provides from children, young people, community members and sector partners.

#### 4. Lead open cultures

- Give clear messages, through your own practice and how you lead others, about what is 'good enough'.
- Role model and give permission to your staff to be vulnerable, learn from mistakes, and be open to learning and critique; seek critique from your staff regularly.
- Create a shared team or unit vision about what you are here to achieve for children and how you will do it.
- Be empathic and respond genuinely to staff emotions.



## REFLECTIVE PROMPTS

### *Have I...*

- led by example? Do I ‘walk the talk’ in the way that I treat children and families, my colleagues and others? Do I speak to and treat them with courtesy and respect?
- respectfully guided others back to the child or young person when their focus has drifted?
- been open to learning, critique and guidance from others and demonstrated this openness in front of my team?
- thought strategically about how to use the processes I carry out each day so that they can be most purposeful?
- used evidence and data to inform my work and decisions?

## EVIDENCING OUR PRACTICE WITH CHILDREN

Is there evidence of:	Where:
• predictable errors identified	Group Supervision
• support given or planned for caseworkers in applying practice approaches	Group Supervision, PAC
• data and evidence used to inform guidance	Group Supervision, WAM
• decisions that align to policy, mandate and legislation	Assessment approval, case plan approval, closure records, WAM
• priorities in the supervision policy guiding which families are brought to Group Supervision	Group Supervision
• supervision provided	Group Supervision
• assessments and case plans completed in timeframes	Resource Management Dashboard

Principles	Approaches	Systems
Culture Relationships Critique Ethics	Dignity Driven Practice Motivational Interviewing	Leadership Partnerships Group Supervision

# SEEKING CRITIQUE GUIDE

## STANDARD 1

Enacting children and young people's rights

- Do you feel like I have respected who you are as an individual?
- Have I helped you understand what your rights are and made sure that your rights and needs are met, on your terms?

## STANDARD 2

Culturally safe practice with Aboriginal communities

- How have you found the way I am working you?
- Have you felt respected, heard and that I am open to all that your culture has to offer?
- Are there things you think I need to learn more about?

## STANDARD 3

Culturally safe practice with diverse communities

- What has it been like to work with me?
- Have you felt that your culture and faith are respected and understood?
- Are there things that you think I need to learn about how to work with you?

## STANDARD 4

Writing and talking with children and families

- Are there things that I could change about the way that I speak with you?
- Are there things you like and I should keep doing?
- How do you think I can write about this situation in a way that you feel is fair and respectful?

## STANDARD 5

Nurturing the child's lifelong belonging

- Do you think I have a good understanding of who is in your family and who is important to you?
- What else do you think I should be doing?

## STANDARD 6

Holistic assessment

- Have I been clear and honest about what I am worried about and why?
- Do you feel I am also seeing all the good things about you and your family?

## STANDARD 7

Critical reflection to improve outcomes

- Do you think I have been fair in my work with you and your family?
- Does it seem like I have thought about things from your point of view?

## STANDARD 8

Building relationships that support change

- Do you feel the goals we are working towards are your goals or mine?
- Do you feel I have heard what you want for your life?

## STANDARD 9

Learning from critique

- Do you feel like I have listened to your feedback and made changes from it?
- Do you hold any worries about telling me if you do not like something I do or say?
- What would make a difference?

## STANDARD 10

Collaborating as a team around the child

- Have I included everyone that needs to be in our work?
- Have I understood what you are looking for in service support and what makes it hard for you to work with them?

## STANDARD 11

Leading effective practice

- Do you feel respected and heard through my leadership?
- What can I do to be of most use to you, so you can do your best?

# PREDICTABLE ERRORS IN CHILD PROTECTION PRACTICE

## EMOTIONAL REACTIONS

It can be common to feel fear, anxiety and frustration. If left unmanaged we can lose sight of the child.

### Our Pitfalls



## SHORTCUTS IN THINKING

Distortions in thinking can affect our decision-making and how we act towards our families.

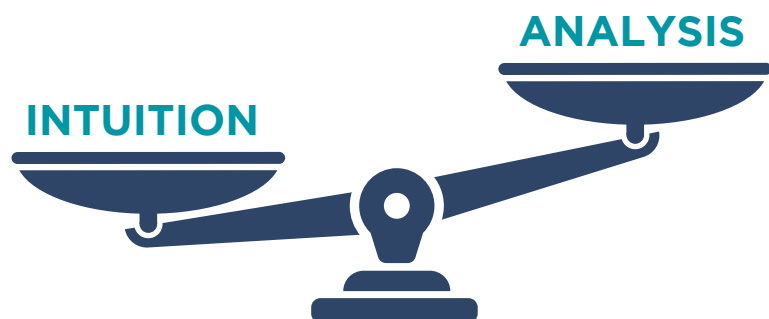


### Our shortcuts

- Make judgements quickly, with too little information
- Focus on memorable and current information rather than history
- Reluctant to review judgements in light of new information
- Gather information that validates an existing judgement
- Do not verify or cross-reference information
- Over-rely on information known to DCJ and overlook information known by others
- Make assumptions without checking for details
- Focus on the first and last pieces of information received
- Prioritise the views and experience of adults over those of children
- Fail to record the analysis and outcome of assessments

## OVER-RELIANCE ON INTUITION

We can rely too much on our intuition. This can be influenced by biases and distortions in thinking. We need to balance intuitive and analytical thinking.



Read more detail on the Casework Practice site - search 'predictable errors'

# REFERENCES

1. Australian Human Rights Commission (2010). *The Community Guide to the UN Declaration on the Rights of Indigenous Peoples*. Sydney.
2. Australian Association of Social Workers (2013). *Practice Standards*. Canberra.
3. Bradt, L. and Bouverne-De Bie. M. (2009). *Social work and the shift from welfare to justice*. British Journal of Social Work. 39, 113-127.
4. Bringewatt, E., Allen, T. and Williams, S.C. (2013). *Client voices: Youth, parent and relative perspectives on Family Finding*. Child Trends. 23. 1-8
5. Campbell, Kevin (2010). *Basic Family Finding Practice Scaffold*. National Institute for Permanent Family Connectedness, Seneca Center. Resource Documents.
6. Campbell, Kevin (2005). *Six Steps for Family Finding*. Center for Family Finding and Youth Connectedness. Resource Documents.
7. Consultation with youth representatives from DCJ Youth Consult for Change, 17th and 24th March 2020. Office of the Senior Practitioner, DCJ.
8. Consultation with youth representatives from Settlement Services International, 9th April 2020. Office of the Senior Practitioner, DCJ.
9. Dempster, N. (2012). *Principles leading learning: developing and applying a leadership framework*. Education 3-13: International Journal of Primary, Elementary and Early Years Education, 40(1).
10. Dominelli, D. (2002). *Anti-oppressive Social Work Theory and Practice*. Plagrave London.
11. Hawkins, L., Fook, J. and Martin, R. (2001). *Social workers' use of the language of social justice*. British Journal of Social Work. 31, 1-13.
12. Hughes, D., Golding, K & Hudson, J (2019). *Healing Relational Trauma with Attachment-Focused Interventions; Dyadic Developmental Psychotherapy with children and families*. W. W. Norton & Company, Inc.
13. Lamb, S. (1991). *Acts without agents: An analysis of linguistic avoidance in journal articles on men who batter women*. American Psychological Association, 61(2), 250-257.
14. Legislation.nsw.gov.au. (2016). *Children and Young Persons (Care and Protection) Act 1998*, No 157. [online]
15. Mandell, D. (2008). *Power, care and vulnerability: Considering use of self in child welfare work*. Journal of Social Work Practice, 22(2), 235-248.
16. Miller, W & Rollnick, S (2013). *Applications of motivational interviewing. Motivational interviewing: Helping people change (3rd edition)*. Guilford Press.
17. Munro, E. (2011). *The Munro Review of Child Protection: Final report. A Child Centred System*. Department of Education, UK.
18. Munro, E. (1999) *Common errors of reasoning in child protection work*, Child Abuse and Neglect 23 (8). pp. 745-758
19. National Association of Social Workers (2015). *Standards for Cultural Competence in Social Work Practice*.
20. National Scientific Council on the Developing Child (2004). *Young Children Develop in an Environment of Relationships: Working Paper No 1*.
21. NSW Department of Communities and Justice. *Strengthening families | Protecting Children Framework for Practice*.
22. NSW Department of Communities and Justice (2018). *Aboriginal Case Management Policy: Strengthening Aboriginal families, delivering outcomes for Aboriginal children and young people*. Sydney.
23. NSW Department of Communities and Justice (2011). *Aboriginal Consultation Guide*. Sydney.
24. NSW Department of Communities and Justice (2017). *Aboriginal Cultural Capability Framework*. Sydney.

25. NSW Department of Communities and Justice (2017). *Permanency Support Program*. Sydney
26. NSW Department of Communities and Justice (2016). *Charter of rights for children and young people in Out of Home Care*. [online]
27. NSW Department of Communities and Justice (2017). *NSW Practice Framework*, Sydney.
28. Office of the Senior Practitioner (2014). *Care and Protection Practice Standards*. Community Services: Sydney.
29. Office of the Children’s Guardian (2015). *NSW Child Safe Standards for Permanent Care*. NSW.
30. Parker, S (2005) *Partnering for safety: The Collaborative Assessment and Planning (CAP) Framework*. Partneringforsafety.com
31. Prochaska, J., Redding, C., & Evers, K. (2002). *The transtheoretical model and stages of change*. In K. Glanz, B.K. Rimer & F.M. Lewis, (Eds.) *Health Behavior and Health Education: Theory, Research, and Practice* (3rd Ed.). San Francisco, CA: Jossey-Bass, Inc.
32. Public Service Commission. The NSW *Public Sector Capability Framework*.
33. Richardson, C. and Reynolds, V. (2012). *“Here we are, amazingly alive”: Holding ourselves together with an ethic of social justice in community work*. *International Journal of Child, Youth and Family Studies*, 1(1), 1-19.
34. Richardson, C. and Bonnah, S. (2015). *Taking children’s resistance seriously: A response-based approach to children experiencing violence*. In J. Carriere & S. Strega (Eds.), *Walking this path together: Anti-racist and anti-oppressive child welfare practice*. Winnipeg, Canada: Fernwood.
35. Richardson, C. and Wade, A. (2010). *Islands of safety: Restoring dignity in violence prevention work with Indigenous families*. *First Peoples Child and Family Review*, 5(1), 137-155.
36. Richardson, C. (2016). *Creating islands of safety for victims of violence: A critical systems approach*. In I. McCarthy & G. Simons (Eds.), *Systemic therapy as transformative practice*. Dublin, Ireland: Everything is Connected Press.
37. Royal Commission into Institutional Responses to Child Sexual Abuse (2017). *Final Report*. ACT.
38. UN General Assembly, *The Convention on the Rights of Persons with Disabilities: resolution / adopted by the General Assembly, 24 January 2007, A/RES/61/106*.
39. UN General Assembly, *United Nations Declaration on the Rights of Indigenous Peoples: resolution / adopted by the General Assembly, 2 October 2007, A/RES/61/295*
40. UN General Assembly, *Convention on the Rights of the Child*, 20 November 1989, United Nations, Treaty Series, vol. 1577, p3.
41. Vandivere, S. Malm, K. (2015) *Family Finding Evaluations: A Summary of Recent Findings*. Child Trends Publications.
42. Victorian State Government (2015). *Best interests case practice model*. Child Protection Manual.
43. Wade, A. (1997). *Small acts of living: Everyday resistance to violence and other forms of oppression*. *Contemporary Family Therapy*, 19(1), 23-29.

