Practice framework and maps

Child safety practice framework

The Child safety practice framework, which was introduced in August 2008, is a way of integrating the various elements of our practice with children and families into a conceptual map, and is a tool to assist practitioners to understand what informs their work and to integrate their knowledge and skills within the organisational content.

The practice framework is supported by the explanatory text, Integrating and understanding the practice framework, which provides additional information and guidance to staff in understanding and applying the practice framework.
# Key areas of reflection

<table>
<thead>
<tr>
<th>Child-centred</th>
<th>Family-focused</th>
<th>Culturally responsive</th>
<th>Collaborative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have I focused on the best interests of the child?</td>
<td>Is my contact with the family respectful, informative and settling the scene for future work?</td>
<td>Do I understand the child and family’s cultural background?</td>
<td>Have I sought information from, and shared information with, all relevant agencies?</td>
</tr>
<tr>
<td>Have I listened to the child?</td>
<td>What is the family’s understanding of the child’s needs?</td>
<td>Have I demonstrated respect for the family’s culture in all my dealings with the family?</td>
<td>Have I involved the child and family in decisions that impact on them?</td>
</tr>
<tr>
<td>Is the child at the centre of my planning and decision-making?</td>
<td>Have I involved the family in decision-making about their child?</td>
<td>Do I understand what is culturally important for this individual family?</td>
<td>Have I worked collaboratively with foster and kinship carers?</td>
</tr>
<tr>
<td>How are my actions impacting on the safety and well-being of the child?</td>
<td>Are the goals for the family realistic and achievable?</td>
<td>Are the child and family’s cultural needs included in case planning?</td>
<td>Have I interacted with other agencies’ staff respectfully and professionally?</td>
</tr>
<tr>
<td>Are my actions contributing to continuity of relationships for the child?</td>
<td>How am I enabling the family to meet the case plan goals?</td>
<td>Have I given the RE the opportunity to be involved in significant decisions about the child?</td>
<td>Am I talking with those people that are important in the life of the child?</td>
</tr>
<tr>
<td>Is the child’s experience reflected in my recording?</td>
<td>Are my actions focused on improving family functioning?</td>
<td></td>
<td>Do I contribute to a culture of mutual respect and collaboration within my workgroup?</td>
</tr>
<tr>
<td>Have I fully considered information that contradicts my assessment of the child’s safety?</td>
<td>Are my decisions transparent and does the family understand them?</td>
<td></td>
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</tbody>
</table>
Integrating and understanding the practice framework

The Child Safety Practice Framework was developed by reviewing current research and through extensive consultation across the department. The practice framework integrates the elements of child protection practice into a congruent set of practice principles, defines the parameters and focus of our work and identifies the practice skills that are required to bring about positive change in the lives of the children and families we work with.

Importantly it helps us to integrate our knowledge and skills within an organisational context and can support us to be able to articulate why we do what we do and for what outcomes.

In the child protection field there are many competing demands. Without a clear practice framework, we can respond to emerging issues in a reactive way and find it difficult to establish the focus and direction for our assessment and intervention across the child protection continuum. Developing our professional knowledge and expertise is an ongoing task as child protection practitioners. No matter how experienced we are, to be effective in our roles we need to continue to reflect on and build our professional knowledge and practice skills, in order to deliver clear knowledge-guided practice (Osmond 2005).

Outcome-focused

The cornerstone of the practice framework is an outcomes focus, which is central to effective statutory child protection practice (Tilbury et al. 2007; Wilson 2005). The department provides intervention to secure children’s immediate safety as a priority. It also provides tertiary (Tomison & Poole 2000) level prevention activities targeting children, where harm or the risk of harm has been identified, with the aim of preventing a recurrence. Securing a child’s safety in the medium and long-term also requires proactive attention to their well-being (physical, emotional and intellectual development). A determined focus on strengthening the way families function, to increase their capacity to meet the safety and well-being needs of their children, is vital in securing children’s ongoing safety. When children are placed in out-of-home care, we also facilitate and monitor the development of a network of supports that can enable carers to meet the placement needs of the children they care for.

Professional judgement

Professional judgement strongly supports an outcomes focus. Professional discretion, within a broader framework of legislation, policy and guidelines, is required to respond to the unique family and carer contexts within which a child’s needs must be assessed and addressed. Establishing an appropriate balance between professional judgment and standardised procedures in child protection is highly challenging. Our legislative mandate is provided by the Child Protection Act 1999. The Child Safety Practice Manual and Structured Decision Making tools provide procedures and practice guidelines to support the implementation of the Child Protection Act 1999, and other relevant legislation. They also promote consistency in practice and decision-making. The application of professional judgement enables us to apply these procedures and tools appropriately to many different child and family circumstances.

The practice framework has four key elements - principles, professional knowledge, values/ethics and practice skills.
Principles

The principles that underpin this practice framework are derived from the Child Protection Act 1999 and the United Nation’s Convention on the Rights of the Child. These principles underpin every decision and action that we take.

In a context where adults can have divergent and often conflicting views and needs, child-centred practice invites us to place the child’s best interests at the centre of our reflections, assessment and intervention. Implicit in this is listening to children, seeking to understand their point of view and involving them in planning and decision-making about their own lives. This is also about considering a child’s long-term interests and how our planning and intervention today can contribute to a secure and confident adulthood. Skills for independence, a sense of security and belonging and a network of social support have been identified as critical for successful transition from care (Cashmore & Paxton 2006; Stein 2006; Tilbury et al. 2007). Thus, a long-term child-centred focus is vital in supporting young people to successfully transition from care.

Family focused practice recognises the central role that family members play in ensuring the safety and well-being of their children and is active in strengthening and supporting family members to provide this. A family focus is essential in a context where the vast majority of children who receive interventions are living with their family and most children who enter care eventually return home (Bullock, Little & Milham 1993, Wulczyn 2004). Involvement in the child protection system can be highly stigmatising. Parents need support to rebuild their confidence (Farmer 1997). Inherent in this is the need to be persistent in engaging the participation of families in planning and decision-making (Thoburn, Lewis & Shemmings 1995; Thoburn1999).

Culturally responsive practice values cultural differences, seeks to become culturally informed and to demonstrate this in action. This includes addressing potential barriers to relationship building and engagement and seeking the advice and assistance of people knowledgeable in relation to the culture and language spoken. Culturally responsive practice seeks to assure the safety and well-being of children, while recognising that cultural diversity may be reflected in differences in the concept of family, child rearing and parenting practices.

In a context where Indigenous children continue to be significantly over-represented in the child protection system, it is critical to acknowledge that the impact of past government policies, particularly in relation to the removal of Indigenous children, is strongly reflected in the disadvantage experienced by Aboriginal and Torres Strait Islander people today. As practitioners we need to be sensitive to this history, focus on building trust and rapport with Indigenous families and communities and seek to address the underlying causes of social disadvantage.

Collaborative practice recognises that child protection intervention is undertaken within a network of government, non-government and other community supports and services. No single agency or individual can meet the many needs that children and families present. This requires diverse expertise, skills and knowledge from a number of personnel across a range of agencies. Collaboration in this context means valuing other perspectives, having a willingness to learn from the practice knowledge of others, respecting professional differences and prioritising the time to plan together. This is also about finding a common focus around the best interests of the child and identifying what each of us can bring to the table to support children’s safety and well-being.

The practice framework provides a series of questions to guide us in reflecting on whether these principles are embedded in our interactions, assessment and intervention.
Professional knowledge

The professional knowledge component in this practice framework draws on Drury-Hudson’s (1997) model of professional knowledge which categorises knowledge forms into a number of areas. The model acknowledges that information from a range of sources influences and informs professional judgement decisions. Drawing on information from across a range of knowledge sources can act to strengthen the quality of decision-making and intervention. By consciously exploring each of the highlighted knowledge domains, we can avoid the inherent dangers of relying on a limited range of knowledge sources to inform our decision-making and intervention (Drury-Hudson 1997).

Being able to identify and clearly articulate the sources of knowledge that have been drawn on when using our professional judgement, assists us in making explicit to others the rationale for our decisions, which is critical to accountability and transparency. Research indicates that although families may not always agree with our decisions they are more likely to engage and work with us when they clearly understand the reasons for our involvement (Mackinnon 1998). Use of the different sources of knowledge can be balanced when workers are able to recognise the strengths and limitations of each source of knowledge and understand how they augment each other (Hersey 2007). A key example is that departmental procedures, which are a component of organisational knowledge, focus on ‘what’ to do but workers critically need to draw on their interpersonal and cognitive reasoning skills to effectively implement the procedures in a way that delivers responsive client services.

Organisational knowledge, including departmental policy documents, the Child Safety Practice Manual and Structured Decision Making tools, identify how our legislation can be embedded in service delivery. They play an important role in promoting accountable service delivery through establishing the required standards of practice and promoting consistency of practice between various work units. They can also help to mitigate the potential risks faced by inexperienced child protection staff responding to highly sensitive case matters. It is important that we develop a strong working understanding of the implications of this organisational knowledge for our specific roles.

Theoretical knowledge uses established and emerging theories to seek to understand or make sense of what we experience or observe. Theories can assist practitioners to make predictions, develop hypotheses, explain what is being observed and identify new ways to intervene in a complex situation (Tilbury et al. 2007). There are many theories that have relevance and applicability to child protection practice. These theories have been variously categorised, including: psychological; sociological; multi-dimensional; and client theories (Tilbury et al. 2007). Client theories evolve from the collaborative theorising between a practitioner and his or her client. The various theories all have their strengths, weaknesses and limitations to how they might be usefully applied. We need to critically consider the theories that might best inform our particular practice circumstance.

Research or empirical knowledge is drawn from the current and emerging research base for practice. Research findings can provide important guidance across a wide range of areas relevant to our practice including what interventions might be expected to be most effective in particular circumstances. It is vital to incorporate research knowledge in our interventions if we are to maximise the potential impact of our efforts for improved child outcomes. Research findings can be found in a range of sources, including conferences, in journals and in practice papers. Practitioners can also engage in research in the field, particularly through action learning and research processes. It is important to take the time to consider the research base for our practice and allow it to inform our assessment and intervention. Our Child Safety Practice Manual and Structured Decision Making tools are strongly informed by research knowledge and seek to embed this evidence base into our daily practice.
Personal knowledge is derived from our personal experiences and background, and it can include our intuition or common sense. It can also be our knowledge of family networks and community dynamics derived from our experience of living in a particular community (Hersey 2007). It can be our cultural knowledge developed from being born and raised in a particular cultural group. Our personal knowledge is often significant to decisions but may remain tacit or unstated. It is important to explicitly explore and acknowledge the role our personal knowledge might play in our decision-making.

*Practice experience/wisdom* is knowledge gained through child protection practice experience. These are the insights and working knowledge that we gain on the job in our interactions with children, young people, families and carers. This might be case specific knowledge gained over time working with a particular child and family. They can also be insights gained from working with a number of children or families in similar circumstances. Our colleagues, within and outside the department, can be an important source of practice wisdom.

In this practice framework, user knowledge has been included in recognition of the importance of listening to the children, families and carers with whom we work on a daily basis (Pawson et al. 2003). As service recipients, they are the experts in how our service is experienced and can provide valuable insights in how we might strengthen the effectiveness of what we do.

**Values/ethics**

Four core values guide our practice. The *child's best interests* are paramount. We strive to provide accountable practice demonstrated in integrity, authenticity and the appropriate use of authority. Our interactions with others are respectful, seeking to build effective working relationships with children, young people, their families and carers, our colleagues within the department and our community and government partners. We strive for excellence through a process of continuous improvement in the quality of the services we provide. This requires an ongoing commitment to the processes of professional development and workplace learning as we strive to build our skills and knowledge to deliver effective services. In addition, the value of social justice recognises that many of the children and families who come into the child protection system do so because of their social disadvantage. Effectively addressing child protection requires a broad societal focus on prevention and early intervention and attention to the underlying factors that contribute to disadvantage. Social justice is about treating others fairly and equitably, supporting them to access available resources and supports and enabling their participation in decisions that affect them.

**Practice skills**

It is through our skills that we demonstrate our practice principles, professional knowledge and values. Our skills translate our Child Safety Practice Manual and Structured Decision Making tools into effective interventions that can make a positive difference for children and young people. The practice framework highlights a number of skill areas that are fundamental to our practice:

- responsive client service
- high level interpersonal skills
- respectful engagement
- quality recording
- tenacious case work
- sound and transparent decision-making
- cultural respect
- effective change facilitation
- critical reflection
holistic assessment and critical analysis.

It is important to proactively build our skills in these and other areas to increase our ability to effectively intervene in the lives of children and families to support positive change.

Supervision and integrated practice

Supervision is an important tool for supporting us to integrate all of the elements of the framework - principles, professional knowledge, values/ethics and skills - into a sound and coherent approach to practice. Supervision can occur in a number of ways:

- **Formal scheduled supervision** is planned and occurs on a one-to-one basis with a supervisor and a supervisee.
- **Unscheduled supervision** is unplanned and occurs when the supervisee consults with the supervisor as questions arise, plans change or urgent decisions need to be made.
- **Direct supervision** is where the supervisor observes and/or participates in direct service activities with the supervisee and gives feedback about the activity.
- **Group supervision** is a group work process which provides opportunities for learning and the development of quality practice. Group supervision is most productive when it is planned, structured and child-focused.
- **External supervision** is provided by a person external to the department who is a competent supervisor with child protection and/or human services practice experience.

These different types of supervision all provide opportunity to reflect on our specific role and how we might apply our practice framework to best contribute to improved outcomes. They can help us to apply our principles, develop our knowledge, explore and challenge our values and build our skills.
Reference list


Tomison, AM & Poole, L 2000, Preventing child abuse and neglect: findings from an Australian audit of prevention programs, National Child Protection Clearinghouse, Melbourne.


Practice maps

The following six practice maps are a visual representation of the phases and tasks of child protection intervention.

- Child protection phases
- Intake phase
- Investigation and assessment phase
- Ongoing intervention – Support service case
- Ongoing intervention – Child in need of protection
- Matters of concern

Legend

Each map contains a legend that identifies the elements represented in each map.

<table>
<thead>
<tr>
<th>Map element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Tasks" /></td>
<td>Tasks are activities undertaken at defined points in a phase. An example of a task in the intake phase is gathering information.</td>
</tr>
<tr>
<td><img src="image" alt="Decision" /></td>
<td>A decision point within a phase. An example of a decision would be ‘Is this matter a notification? - ‘Yes’ or ‘No’.</td>
</tr>
<tr>
<td><img src="image" alt="Documentation" /></td>
<td>Documentation of the tasks and decisions that are completed within a phase. An example of documentation at intake is a child concern report.</td>
</tr>
<tr>
<td><img src="image" alt="Outcome" /></td>
<td>An action or outcome from a decision point that may lead to another phase. An example is when a notification is recorded and the response is to proceed to the investigation and assessment phase.</td>
</tr>
<tr>
<td><img src="image" alt="Tool" /></td>
<td>A structured decision making tool, that guides decision-making. An example is the screening criteria tool.</td>
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Child protection phases

**Intake**
- receive information and child protection concerns
- inform the person providing the information about the role of Child Safety Services and other relevant service providers
- screen the information to decide the appropriate departmental response and
- determine the appropriate timeframe for responding to a notification.

**Investigation and assessment**
- commence the investigation and assessment within the designated timeframe
- assess the safety of the child to determine any immediate harm indicators
- assess the harm/risk of harm
- assess the level of future risk of harm, determine whether a child is in need of protection and determine the appropriate type of ongoing intervention.

**Ongoing intervention**
- case manage intervention with the child and family
- identify and assess the child and parental strengths and needs
- undertake participatory and inclusive case planning
- coordinate and support the implementation of the case plan
- review and evaluate the progress made towards the case plan goal and outcomes until case closure
- develop, implement and review support plans for support service cases.
Intake phase

Initial contact

Receive and gather information

Child protection concern?

Yes

Response by Child Safety

Screening criteria

Screened out

Response priority

Screened in

Do concerns indicate a potential matter of concern?

No

Refer to matters of concern map

Yes

No

Safe place movement record

Intake enquiry

Child concern report

Notification

Response priority

Moving a child to a safe place

Information and advice

Referral to other agencies

Information to police or other state authority

Notification response

Refer to investigation and assessment map
Investigation and assessment phase

INTAKE

Plan

Investigate and assess

Safety assessment

Family risk evaluation

Documentation

Investigation and assessment forms

Response

Investigation and assessment outcome

Unsub CNINOP

Sub CNINOP

Unsub OI

Sub OI

Sub CNINOP

No & A outcome

FRE outcome low or medium

FRE outcome high or very high

Will the family accept support and services?

Yes

Ongoing intervention - Support service case

Ongoing intervention - IPA or - Child protection order

No

Close

Yes

Referral to other agencies and close

Refer to relevant OI map

Refer to relevant OI map

Close
Ongoing intervention – Child in need of protection

(excluding long-term guardianship orders to any party).

- Referral to FGM convenor
- Other information for FGM

Implement case plan
- Intervention with parental agreement
- Child protection order

Documentation
- Case notes

Review

Documentation
- Review report

Implement

Response
- Ongoing intervention
- Close

Assess

INVESTIGATION AND ASSESSMENT

Gather and assess information

Child strengths and needs assessment

Parental strengths and needs assessment

Explore service options

ASSESS

Plan

ASSESS

Prepare

Convene FGM
Develop case plan

Endorse and distribute case plan

Response

Implement case plan
- Intervention with parental agreement
- Child protection order

Review progress

Implement

Family risk re-evaluation for in home cases

Family re-unification assessment

Gather and assess information

Child strengths and needs assessment

Parental strengths and needs assessment

Implement

Take plan

Immediate harm indicators present?

Safety assessment

Safety assessment

Monitor and record progress
- Undertake case work

Documentation

Case notes

Document

Case plan

Case plan

If required

Child in need of protection
Matters of concern