



***Feel safe. Are safe.***

**Our Practice  
Approach**

## Acknowledgement of Aboriginal People and Country

The Department for Education, Children and Young People acknowledges Palawa/ Pakana (Tasmanian Aboriginal) people as Traditional Owners of Lutruwita / Tasmania.

Tasmanian Aboriginal people have cared for Country for thousands of years and continue to care for Country through their strong connections, maintaining their cultural identity and emotional wellbeing.

We pay our deepest respects to Elders past and present, and acknowledge Tasmanian Aboriginal people as the continuing custodians of their rich cultural heritage.

We acknowledge the determination and resilience of Tasmanian Aboriginal people, who have survived invasion, dispossession, entrenched disadvantage, exclusion, intergenerational abuse and trauma while continuing to sustain their identity, culture and rights.

## Document Control

This is a managed document that is subject to regular review and update. Changes will only be issued as a complete replacement. Recipients should remove superseded versions from circulation. This and subsequent versions will be authorised for release once all approvals have been obtained.

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# Introduction

## Services for Children and Families

is a portfolio of Tasmania's Department for Education, Children and Young People<sup>1</sup>. We work in partnership with families and caregivers, other government agencies and non-government organisations to promote and ensure the safety and wellbeing of children and young people, particularly those who are more vulnerable or at greater risk.

Our functions and services are founded on the United Nations Convention on the Rights of the Child, and delivered within an overarching framework of national and state legislation, principles, standards, policies and procedures, supported by a dedicated workforce of specialist practitioners. The Practice Approach is a living document that underpins our commitment to supporting the safety and wellbeing outcomes of children and young people and sits within a suite of documents that guide the way we work.<sup>2</sup>

Our work within that framework is best understood in the context of a continuum of care<sup>3</sup> for children and young people. This continuum of care extends from first contact and assessment, through family engagement support, response and further assessment, to potential referral for temporary or permanent out of home care supported by case management, with the ultimate goal being successful restoration to a safe and nurturing family environment, stability in care or transition to independent living.

## The purpose of this Practice Approach

is to guide the important work of our Child Safety Practitioners, establishing clear benchmarks for the standards of practice the department and the community expect from us, no matter what our role is when working with children and families.

As set out in this Practice Approach, adherence to these standards will ensure greater consistency and quality of practice across the full continuum of care, as we strive to achieve positive outcomes for children and young people, their families and their communities.

## We will use this Practice Approach

to continuously improve our policies, work and culture, while working together to embed a consistent, skilful and ethical approach that always puts the needs and rights of children and young people first.

Our overarching objective is to explore all avenues for providing families with support to build their capacity to provide their children with a safe, stable and nurturing home environment and – wherever possible – avoid the need for statutory or court intervention.

<sup>1</sup> Refer to Appendix 1: Services for Children and Families, Department for Education, Children and Young People

<sup>2</sup> Refer to Appendix 2: Child Safety Overview

<sup>3</sup> Refer to Appendix 3: Care Pathway Continuum of Care



## Our work is founded on six principles

that must be observed in our daily practice with children and young people and their families. These principles are prescribed in the *Children, Young Persons and Their Families Act 1997* and summarised below:

- 1 **Responsibility of the Tasmanian Government** for promoting and safeguarding the wellbeing of children and, if required, assisting families in fulfilling their responsibilities for the care, upbringing and development of their children
- 2 **Respecting the role of the family** as having primary responsibility for the care, upbringing and development of the child, and being treated with respect at all times
- 3 **Treating the child with respect** at all times, in a manner that respects their rights, dignity, culture and privacy, without discrimination
- 4 **Ensuring the best interests of the child** as the paramount consideration, while protecting their safety and wellbeing, rights, views, needs, circumstances and developmental level
- 5 **Ensuring the participation of the child** by providing them with space, voice, audience and opportunities to influence decision-making
- 6 **Ensuring cultural wellbeing for Aboriginal children** by respecting the role and decision-making contributions of Aboriginal families, kinship groups, communities and organisations

**These principles are the foundation upon which the standards of this Practice Approach are based.**



This Practice Approach is a working document for our Child Safety Practitioners to strengthen what we already have in place and ensure consistency and quality of practice across a continuum of care for children and young people.

# About this Practice Approach

**Feel Safe. Are Safe.** brings together critical elements of the legislative, professional and organisational frameworks within which we practice, expressed as a set of *Practice Standards* supported by descriptions of how these apply to daily practice and a series of reflective prompts.



Our Practice Standards are:

STANDARD

1

**Responsible and accountable leadership**

STANDARD

2

**Child-centred, rights-based participation**

STANDARD

3

**Respectful engagement with families**

STANDARD

4

**Cultural safety for Aboriginal families**

STANDARD

5

**Inclusion and responsiveness to diversity**

STANDARD

6

**Collaboration and positive partnerships**

STANDARD

7

**Transparency and integrity in practice**

## The Practice Standards clearly define

what is expected in our daily practice. They reflect contemporary evidence, values and theories, and outline the practical and analytical skills, behaviour and collaborative engagement approaches that our Child Safety Practitioners are expected to demonstrate.

The Practice Standards do not operate in isolation. They work together to ensure we are delivering best practice across all aspects of our work. They acknowledge that practice is fluid, as we simultaneously assess the needs of the child and family, build connections, adapt our practice and create positive change.

While some Standards pay particular attention to the needs and safety of Aboriginal and Torres Strait Islander peoples and the diversity of culture, language, sex, gender, ability and family circumstances of children and families in our community, the Practice Standards apply equally to all groups and all practitioners.

While the Practice Standards establish sound benchmarks for the quality of practice we expect, they are by no means exhaustive. We will build on these through processes of reflective practice, professional development and continuous improvement to ensure they remain contemporary, evidence-led and relevant.

Through consistent application of the Standards across the continuum of care, we will not only be clearer about what to expect of ourselves and others, but we will be better placed to hold each other to account for the actions we take and the decisions we make.

We want you to use the Practice Standards to encourage professional, ethical and collaborative practice. We want you to refer to them in your daily practice with children and young people, as we work together for bright lives and positive futures.

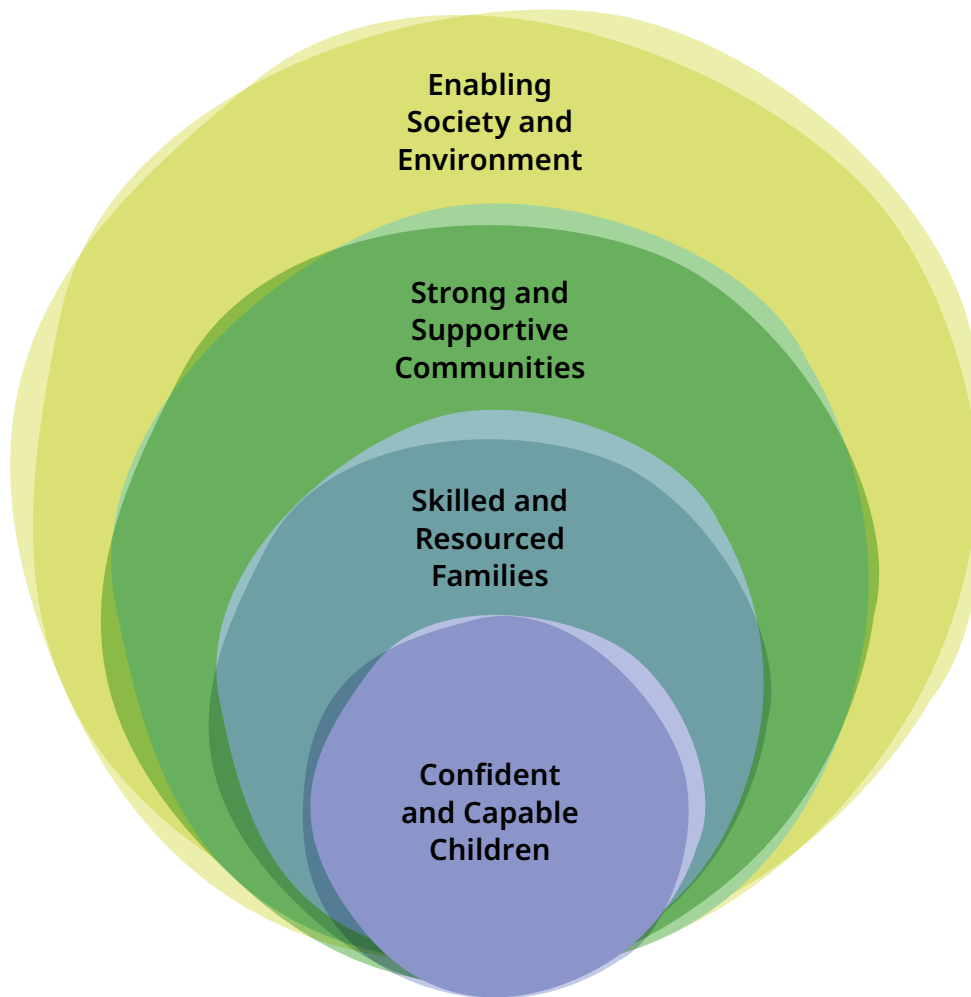
## We use the Practice Standards to

measure our progress in achieving the objectives of the Practice Approach, which are to:

- embed a consistent, *rights-based approach* to the participation of children, young people and families in decisions that affect them
- support Child Safety Practitioners to ensure child-centred, risk-managed, collaborative, timely and outcome focused *care trajectory planning* and decision-making, in partnership with children and young people, their families, caregivers and service partners
- describe and communicate how the Practice Standards and other elements of the Practice Approach contribute to the continuum of care and create positive change for children and young people
- foster a culture of reflective practice and curious learning for Child Safety Practitioners and leaders
- integrate processes and structures to support continuous improvement in practice
- consistently apply the *Signs of Safety*<sup>4</sup> discipline and indicators to our daily practice
- inform improvements in quality assurance across the care continuum
- develop key performance indicators that link our Practice Standards to the achievement of positive outcomes for children and young people.

<sup>4</sup> Refer to [Appendix 4: Signs of Safety](#)

## An Ecological Model of Wellbeing<sup>5</sup>



From 2016, a redesign of the Child Safety Service focused on child and youth wellbeing, using a social wellbeing model or 'ecological model'.

Families are respected and recognised for the vital role they play in the ongoing wellbeing of their children. Collaborating, connecting and authentically engaging with parents, care givers and families is critical to positively impacting a child's safety and wellbeing.

The model places the child at the centre and recognises the influence of relationships within the settings of the family, the community and the wider society and environment.

<sup>5</sup> Bronfenbrenner, U 1979, *The Ecology of Human Development*, Harvard University Press, Cambridge, MA; *Tasmanian Child and Youth Wellbeing Framework*, p4



# Our Rights-based Model of Participation

Children and young people have **the right** to actively participate and be heard when decisions are made about issues that affect their lives. As Child Safety Practitioners, we **must respect** their rights, **seek** their views, **hear** what they have to say and **work with** what they tell us.

We must keep children and young people, and their families and caregivers, at the centre of all decision-making processes.

In putting this into practice, we adopt an adapted version of Lundy's (2010) rights-based model.<sup>6</sup>



When decisions about the best interests of the child are made, these are founded on:

- protecting them from physical, psychological and other harm and exploitation
- the views of the child, with regard to their level of maturity and understanding
- capacity and willingness of the family to care for the child
- the child's relationships with their parents, family and other significant people
- the child's need for stability in living arrangements and stable and nurturing relationships with their family and others
- the child's physical, emotional, intellectual, spiritual, developmental and educational needs
- attitudes to the child and parenthood demonstrated by the child's guardians
- the need to provide opportunities for the child to achieve their full potential
- the child's age, maturity, sex, gender, cultural, ethnic and religious background and other characteristics
- likely effect on the child of any changes in their circumstances, with consideration given to the least intrusive intervention possible
- opportunities to recover from trauma in relation to being separated from their family and community or as a result of abuse
- reports of the child being harmed or at risk of harm and the cumulative effects of such harm or risk.

<sup>6</sup> Refer to Appendix 5: Our Rights-based Model of Participation

# Responsible and accountable leadership



We collaborate and lead with integrity and courage, inspiring and guiding our Child Safety Practitioners to take individual and collective responsibility for their actions and decisions.

We embrace and model reflective practice and continuous improvement, working hard to create an open and informed culture that focuses on achieving positive outcomes for children, young people and their families.



## Our practice expectations

*Responsible and accountable leadership means . . . As a Child Safety Practitioner, this means . . .*

. . . abiding by the overarching framework within which we practice, and being responsible and accountable for upholding our legislative, organisational and ethical obligations, this Practice Approach and Tasmania's Out of Home Care Standards



. . . I understand and am accountable for upholding the obligations, Principles and Standards expected of me, the actions I take and decisions I make in my daily practice, including the provisions of the Children, Young People and Their Families Act 1997.

. . . strengthening our systems and practices to embed an organisational culture in which every worker understands that safeguarding children and young people from harm is everyone's responsibility



. . . I am familiar with and work in accordance with the department's Safeguarding Framework, expectations of conduct and behaviour, policies and procedures.

## Our practice expectations

*Responsible and accountable leadership means . . . As a Child Safety Practitioner, this means . . .*

. . . learning from others, being curious, inviting open and honest feedback, and welcoming ideas and initiatives to improve performance and practice



. . . I collaborate, work in consultation with, supervise and/ or am supervised by others.

. . . I engage in practice and performance improvement initiatives and contribute to the development of team goals and success measures.

. . . acknowledging and building on good practice and investing in the enhancement of reflective skills, effective supervision and team-based learning to ensure the best possible outcomes for children, young people and their families



. . . I participate in and learn from team-based child safety assessments, care trajectory planning, workplace supervision and reflective practice.

. . . I proactively identify and leverage opportunities to share examples of good practice. I review Care Plans when there is a significant change to the circumstances of a child or young person and at least once every year.

. . . responsibly recording, securely managing and appropriately sharing personal and sensitive information about children, young people and their families, in accordance with the requirements of all relevant legislation and departmental policies and procedures



. . . I understand the legislative and organisational requirements for managing information.

. . . I collect, use, share and protect personal and sensitive information about children, young people and their families in accordance with these requirements.

. . . I document case notes within required timeframes.

. . . I complete safety assessments in accordance with documented procedures.

. . . ensuring that management, leadership and practitioner interaction with children and young people, their families, caregivers and service partners continues to meet contemporary standards and emerging evidence, supported by a strong learning culture with robust initiatives for staff induction, training and ongoing professional development opportunities



. . . I learn and develop through participation in Beginning Practice and other training, including management and leadership training as appropriate.

. . . I facilitate and/or participate in specialist workforce development training, including sessions on diversity (neuro, sexual, gender, ability/disability, culture) trauma-informed practice, cultural safety and collaborative decision-making.

## Reflective prompts for practitioners

*In demonstrating leadership and accountability, have I . . .*

. . . been open to feedback and adjusted the way I practice to reflect this feedback?

. . . engaged in reflective practice and discussions with others about reflective practice?

. . . led others by example, including by 'walking the talk' when interacting with children and young people, their families and caregivers, my colleagues and our service partners?

. . . been responsible and accountable in meeting all legislative and organisational requirements, including modelling good practice in managing information and safeguarding children and young people from harm?

. . . been open to learning opportunities, new evidence, seeking support and accepting guidance from my colleagues and leaders?

. . . routinely used theories and data to inform child safety analyses and assessment approaches?

. . . collaborated with and acknowledged the good practice of others?

. . . demonstrated my commitment to ongoing training and professional development?

. . . remained open-minded about areas in which we can do better?

. . . actively contributed to and led a positive, supportive and professional work culture?



## Evidence of responsible and accountable leadership

*We will demonstrate evidence of . . .*

*We substantiate this evidence through . . .*

. . . responsible and accountable practice in accordance with legislative and organisational requirements, including recordkeeping



. . . maintaining current data to support reporting requirements in relation to case management and out of home care.

. . . review of documentation and practice, including child safety assessments and referrals, family group conference and Care Team records, application of Signs of Safety, Family Finding, reflective and supervisory practices and tools.

. . . feedback on practice routinely sought, recorded and acted upon, including feedback from children, young people, their families and caregivers, colleagues and practice supervisors



. . . surveys to collect feedback from children and young people, their families and caregivers.

. . . processes of continuous improvement.

. . . individual and group supervision and team meetings.

. . . performance improvement meetings and processes.

. . . practitioner knowledge and application of the department's Safeguarding Framework



. . . induction procedures and training.

. . . group supervision.

. . . performance development processes.

. . . team-based practice planning.

. . . promotion and adoption of contemporary, evidence-led practice



. . . presentation of and discussion about examples of contemporary, evidence-led practice at regional and state-level forums.

# Child-centred, rights-based participation

STANDARD

2

We uphold a consistent, rights-based approach to involving children and young people in decisions that affect them. We identify and promote new ways to consult, inform and empower children and young people, supporting them to understand and have a say in what we are doing to protect them from harm. We listen and take them seriously.



## Our practice expectations

*Child-centred, rights-based participation means . . . As a Child Safety Practitioner, this means . . .*

. . . upholding the rights of children and young people, recognising them as valued members of society, respecting their views and ensuring that their best interests are at the centre of actions and decisions →

. . . I place the child or young person at the centre of decision-making. I inform them of their rights to safety, information and participation.

. . . I consider and act in accordance with the best interests of the child.

. . . applying the Principles and Standards of conventions, declarations and charters as they apply to children and young people, including: *United Nations Convention on the Rights of the Child*; *United Nations Declaration on the Rights of Indigenous Peoples*; *United Nations Convention on the Rights of Persons with Disabilities*; and the *Charter of Rights for Tasmanian Children and Young People in Out-of-home Care* →

. . . I interact with children and young people in a way that demonstrates respect for their individual rights, dignity, culture and privacy, without discrimination.

. . . I make sure that when entering and in out of home care, they know about and are given a printed copy of their Charter of Rights, as well as verbal and written information about the role of the Child Advocate and how to access that support.

## Our practice expectations

*Child-centred, rights-based participation means . . . As a Child Safety Practitioner, this means . . .*

. . . ensuring the active participation of children and young people in decision-making, consistent with a rights-based model of participation by:

- creating a safe and inclusive space for the views of children and young people to be expressed
- giving children and young people a voice and fair opportunity to express their views
- providing children and young people with audience to be consulted and heard
- ensuring children's and young people's views are taken seriously and they are able to influence decision-making
- respecting children and young peoples' appropriate levels of autonomy when participating in planning and decision-making



. . . I let children and young people know that they are entitled to be informed, understand, be included and have a say in the decisions that affect them.

. . . I provide safe physical and psychological spaces for children and young people to give their opinions freely on issues affecting them.

. . . I let children and young people know, by what I say and do, that I listen and take their views seriously.

. . . I actively involve, listen to, believe and support children and young people when investigations are underway and timely decisions are made.

. . . I provide children and young people with choice and control when decisions are made about how they are supported and by whom, using language, images and other tools that suit their individual needs.

. . . I invite children and young people to participate in decision-making as a member of their Care Team. If they decide not to participate in person, I invite them to choose an alternative means of participation or someone else to represent their views.

. . . adjusting practices to meet the increasing autonomy of young people as they grow and develop



. . . I base my practice with young people on theories of child development, attachment and trauma, and the principles of adolescent engagement.

. . . prioritising positive relationships between children and young people, their families and caregivers, communities, culture and traditions



. . . I respectfully enquire and seek to understand the cultural and family background of each child and value their individuality.

## Reflective prompts for practitioners

*In demonstrating child-centred, rights-based participation, have I . . .*

. . . upheld and informed children and young people about their rights when speaking and interacting with them?

. . . invested in building positive relationships with each child or young person and their family?

. . . provided each child or young person with verbal and/or written information about their right to participate, be listened to and taken seriously in the decision-making process?

. . . considered potential, perceived and actual power imbalances, including not using the power I hold as an adult in a way that may disempower or silence a child or young person?

. . . considered the lived experience of each child or young person and their family, including how this has shaped their feelings, emotions, behaviours and views of safety and wellbeing?

. . . referenced the department's rights-based model of participation in casework, when advocating for a child or young person, or in practice-based forums?

. . . spoken, seen or spent time with the child or young person on a regular basis, checking in with them to ensure they feel safe and are safe?

. . . considered and appropriately applied contemporary child safety practice theories and approaches when engaging with children and young people, their families and caregivers?

. . . adapted the way I involve and invite the participation of each child or young person to best suit their needs, instead of mine or anyone else's?

. . . incorporated timely, collaborative and outcome-focused care trajectory planning into my practice and considered how the planned care is likely to impact the lives of each child and their families?



## Evidence of child-centred, rights-based participation

*We will demonstrate evidence of . . .*

*We substantiate this evidence through . . .*

. . . informing, explaining and upholding the rights of children and young people when we engage and interact with them



. . . review of documentation and practice, including case notes, decision records, Care Plans, Care Team and family group conference records, use of language, images and *Signs of Safety* tools.

. . . speaking with, seeing and/or spending time with each child or young person in care on a regular basis, consistent with policy and procedures for regular visits/contact between each child or young person and their assigned Child Safety Practitioner or Care Team representative



. . . review of documentation and practice, including case notes, child and caregiver visitation and contact notes, Care Plans and Care Team records, use of words and pictures tool.  
. . . supervisory observation and records.

. . . providing positive opportunities and active encouragement to ensure the participation of children and young people when decisions are made that affect their lives, including listening to them and taking their views seriously



. . . surveys to collect feedback from children and young people, their families and caregivers, for example the *Kids in Out-of-home Care Survey* and disaggregated data from the *Student Wellbeing and Engagement Survey*.

. . . ensuring that children and young people know what and why decisions are made and action to be taken, including how these will be followed up



. . . individual and group supervision.  
. . . review of documentation showing action taken to keep children and young people informed.

# Respectful engagement with families



We respect the role of the family as having primary responsibility for the care, upbringing and development of their children.

We develop constructive and meaningful relationships and work respectfully and in partnership with families, caregivers and communities to provide children and young people with safety, stability and connection through relational continuity.



## Our practice expectations

*Respectful engagement with families means . . .*

*As a Child Safety Practitioner, this means . . .*

. . . acknowledging the critical role and primary responsibilities of each child or young person's family



. . . I show understanding and respect for the critical role of families as having primary responsibility for the care, upbringing and development of their children.

. . . demonstrating respect for families and caregivers as people with wisdom to share



. . . I communicate honestly, openly, clearly and respectfully when engaging with families.

. . . we support and advocate for families to have their safety and wellbeing needs met



. . . I identify and respond to the wellbeing needs of families, provide information, advice and referral, and practical help.

## Our practice expectations

### *Respectful engagement with families means . . .*

### *As a Child Safety Practitioner, this means . . .*

. . . valuing and prioritising sustained and meaningful connections and building constructive relationships with families, including through collaborative and inclusive decision-making



. . . I prioritise and ensure the involvement of families in child safety assessments and explain what is happening and why, what the concerns are, why things need to change, what their rights and responsibilities are, how we can help and what they can expect from us.

. . . recognising that each child's life outcomes are impacted by the quality and continuity of relationships with members of their family



. . . I work in partnership with families to build their strengths and capacity to pursue clear and achievable goals for the quality and continuity of family-child relationships.

. . . using language that is straightforward and can be readily understood by family members



. . . I use clear and appropriate language and seek feedback from families and caregivers when communicating with them to ensure that they can easily understand the meaning and implications of what has been said.

. . . striving to understand the various motivating factors, influences and dynamics as they apply to each family



. . . I engage in open, respectful and honest conversation with families so as to understand their diverse lived experience and how this affects their parenting.

. . . demonstrating patience and empathy when providing the family with safe options and choice



. . . I acknowledge family challenges and explain that – with the right support – the family may be able to engage with positive change and make decisions that put the safety, wellbeing, rights and best interests of their child or children at the centre.

. . . recognising that all families do some things well and/or may display specific strengths that can be built upon



. . . I listen to families' experiences without bias, assumptions, judgement or jumping to conclusions, and celebrate each family's success..

. . . supporting and empowering families to fulfil their role in having primary responsibility for the care, upbringing and development of their children



. . . I support and include families in family-focused decision-making, collaborative care trajectory planning, progress reviews and decisions about family restoration or transition to independence.

## Reflective prompts for practitioners

### *In demonstrating respectful engagement with families, have I . . .*

. . . been honest, empathetic and respectful in my interactions with families?

. . . developed constructive and collaborative relationships with families?

. . . respectfully supported the family through interactions with their child’s Care Team, in family group conferences and court processes?

. . . critically reviewed my case notes, plans, assessments and other documents to ensure that they are not biased, judgemental or based on unfounded or personal assumptions?

. . . listened respectfully to stories of the lived experience and challenges of families?

. . . listened to and worked cooperatively with the family, not the problem?

. . . adapted my approach and language to ensure that the family can relate and understand the information I am giving them?

. . . captured, considered and incorporated the family’s input into care trajectory planning and decision-making?

. . . reflected on the values, unconscious or conscious biases and assumptions I may hold that could influence my practice, especially if these have been challenged during or after family interactions, and shared these reflections in supervisory or group practice forums?

. . . acknowledged the strengths that families have and identified ways that these can be built upon?



## Evidence of respectful engagement with families

*We will demonstrate evidence of . . .*

*We substantiate this evidence through . . .*

. . . considering each family's unique lived experiences, influences and dynamics



. . . review of documentation and practice, including case notes, child safety assessments, Care Plans, Care Team records, external assessment and consultation records.

. . . communicating respectfully and purposefully with families



. . . surveys to collect feedback from children and young people, their families and caregivers.  
 . . . supervisory observation and records.  
 . . . review of documentation to ensure evidence of consultative and respectful communication with families.

. . . engaging with the strengths, motivations and challenges of individual families



. . . review of documentation and practice, including in case notes, family visits, Care Team records, contact made through the Strong Families Safe Kids Advice and Referral Line

. . . providing families with viable options and opportunities to be supported and remain together



. . . review of documentation and practice, including case notes, child safety assessments, Care Plans, Care Team and family group conference records, images and Signs of Safety tools.

. . . encouraging and including families in all processes and important decisions about the ongoing care, safety and wellbeing of their children



. . . review of documentation and practice, including family group conference records, case notes.  
 . . . supervisory observation and records.

. . . supporting families to have their safety and wellbeing needs met



. . . through collaborative Care Team planning with families across all six wellbeing domains.

# Cultural safety for Aboriginal families

STANDARD

4

**We respect and ensure cultural safety and wellbeing for Aboriginal and Torres Strait Islander children and young people, their families and caregivers.**

**We respect and support the role and decision-making contributions of Aboriginal families, kinship groups, communities and organisations. We recognise the importance of connection to family, community, culture and country in our policies, procedures and child safety practices.**



## Our practice expectations

*Cultural safety for Aboriginal families means . . .*

*As a Child Safety Practitioner, this means . . .*

. . . recognising and respecting the culture and cultural identity of Aboriginal and Torres Strait Islander peoples, including the importance of enduring connections to community and Country for social, emotional, spiritual and physiological wellbeing



. . . I am reflective and critically aware of my own culture and how my personal beliefs, biases, judgements and assumptions may be detrimental to my practice and interaction with Aboriginal families.

. . . acknowledging the resilience of the Palawa/Pakana (Tasmanian Aboriginal) people, who have survived invasion, dispossession, systemic disadvantage, exclusion, intergenerational abuse and trauma, while sustaining their identity, culture and rights



. . . I acknowledge and respectfully ask questions about the child and their family's world view, recognising the presence and impact of intergenerational cultural trauma and systemic disadvantage.

## Our practice expectations

### *Cultural safety for Aboriginal families means . . .*

### *As a Child Safety Practitioner, this means . . .*

. . . being informed about the cultural values and connections of Aboriginal people



. . . I actively seek out information and knowledge to strengthen my understanding of and respect for Aboriginal culture, values and connections.

. . . engaging with Aboriginal children, young people and their families in a manner that is culturally respectful



. . . I apply my knowledge of Aboriginal culture and connections in my daily practice, in a manner that is respectful and adaptable to cultural difference.

. . . demonstrating sensitivity to the ongoing impact of the intergenerational trauma of government intervention experienced by many Aboriginal people



. . . I demonstrate and adhere to trauma-informed practice, showing awareness, sensitivity and responsiveness to the significance and impact of intergenerational trauma experienced by Aboriginal families.

. . . using the learnings from past wrongs to protect the cultural rights and safety of Aboriginal children and young people



. . . I ensure that cultural safety plans are developed, documented and in place for each Aboriginal child or young person, as captured in the positive sense of culture and identity wellbeing domain.

. . . supporting and applying the five core elements of the *Aboriginal and Torres Strait Islander Child Placement Principle* consistently and appropriately, to ensure the participation of Aboriginal people in decisions about their children's care and protection, while keeping them safe and connected to family, community, culture and country



. . . I endorse and work in accordance with the *Aboriginal and Torres Strait Islander Child Placement Principle* and apply this Principle to all aspects of my practice, leveraging *Family Finding*, kinship placement and other practice tools to inform care trajectory planning for Aboriginal children and young people.

. . . ensuring appropriate community representation for Aboriginal children, young people, and their families



. . . I ensure that no Aboriginal child or young person enters care without the active participation of and consultation with their family and community.

. . . applying a culturally-appropriate lens when assessing the strengths, needs, challenges, barriers and opportunities for families



. . . I listen and respond to the views and strengths of Aboriginal families, extended family, communities and service partners when decisions are made about the care and wellbeing of their children.

## Reflective prompts for practitioners

### *In demonstrating cultural safety for Aboriginal families, have I . . .*

. . . extended my own learning about Aboriginal culture, identity and connection with kin and country, to demonstrate cultural humility and competency?

. . . shown cultural sensitivity and respect towards Aboriginal children, their families and community?

. . . enquired about, listened, recorded and adapted my practice to accommodate the cultural strengths, needs and views of the child or young person and their family?

. . . encouraged and ensured the participation of family and community in decisions about each Aboriginal child and young person's care and protection?

. . . kept Aboriginal children and young people safe and connected to family, community, culture and country?

. . . sought out and engaged the support of specialist resources to help ensure the cultural safety of Aboriginal children, young people and their families?

. . . demonstrated empathy and sensitivity for the ongoing effects of intergenerational trauma?

. . . explored all opportunities to ensure the cultural safety of Aboriginal children and young people across the elements of prevention, partnership, placement participation and connection?

. . . reflected on the values, unconscious or conscious biases and assumptions I may hold that could influence my practice when interacting with Aboriginal children, young people and families?

. . . consistently applied a trauma-informed approach in my daily practice?



## Evidence of cultural safety for Aboriginal families

*We will demonstrate evidence of . . .*

*We substantiate this evidence through . . .*

. . . being responsive to Aboriginal cultural considerations and lived experience



. . . review of documentation and practice against indicators of the *Aboriginal and Torres Strait Islander Child Placement Principle* and cultural safety.

. . . adapting practice to engage best with Aboriginal families and communities



. . . review of documentation and practice, including child safety assessments, Signs of Safety tools.

. . . engaging with each Aboriginal family's strengths, needs, challenges, barriers and opportunities, in a culturally-safe, trauma-informed way



. . . review of documentation and practice, including case notes, family group conferences and visits, Care Team and *Family Finding* records.

. . . communicating respectfully and appropriately with Aboriginal children and young people, their families and community representatives



. . . surveys to collect feedback from Aboriginal families and communities.  
. . . supervisory observation and records.

. . . encouraging and accommodating the active participation of Aboriginal families and communities in Care Teams, *Family Finding* and family group conferences



. . . review of documentation and practice, including family group conference records, case notes, affidavits, Care Plans, Care Team records.

. . . applying the five core elements of the *Aboriginal and Torres Strait Islander Child Placement Principle* consistently and appropriately



. . . review of documentation and practice for application of the Placement Principle across prevention, partnership, placement participation and connection.

# Inclusion and responsiveness to diversity

STANDARD

5

We embrace and respond positively to diversity. We invest in an organisational culture that treats all children, young people and their families with respect and dignity, free from discrimination on any grounds, regardless of who they are, their gender, sex, where and how they live, their culture, religion and language, whether they have any form of disability, and how their family is structured.



## Our practice expectations

*Inclusion and responsiveness to diversity means . . . As a Child Safety Practitioner, this means . . .*

. . . demonstrating inclusive and respectful behaviours when interacting with a diversity of children and young people, families, caregivers, service partners and communities



. . . I am inclusive in all aspects of my practice, respecting the diverse backgrounds and needs of all people and treating them equally, fairly and with sensitivity.

. . . upholding equity in policy and practice, including through compliance with legal obligations for non-discriminatory behaviour, in accordance with the Anti-Discrimination Act 1998



. . . I do not directly or indirectly discriminate against or disadvantage any person or group of people on the grounds of any attributes or characteristics, or treat them less favourably than a person or people who do not have those attributes or characteristics.

## Our practice expectations

*Inclusion and responsiveness to diversity means . . . As a Child Safety Practitioner, this means . . .*

. . . encouraging and demonstrating cultural humility and cultural safety across all aspects of our practice



. . . I am self-reflective in my practice, examining and critiquing my own beliefs and cultural identity while taking time to learn about the cultures of others so as to ensure their cultural safety.

. . . providing safe and inclusive environments in which every child and young person feels safe and accepted, paying particular attention to those with diverse backgrounds and circumstances



. . . I observe, ask questions and consider each child or young person's attributes and characteristics, responding with care and consideration so they feel safe and accepted when I am interacting with them.

. . . building an organisational culture that acknowledges and builds on the personal strengths of all children and young people, irrespective of abilities, gender, sexuality, sexual identity or expression, social, economic or cultural background



. . . I model the strong anti-discriminatory and inclusive behaviours expected of me and actively seek out opportunities to encourage my colleagues and other practitioners to do the same.

. . . developing cultural understandings, competence and inclusivity in communicating and interacting with children, young people, their families and communities



. . . I strive to understand each family's background, lived experience and culture and take these factors into account when undertaking child safety assessments and care trajectory planning.

. . . learning from existing and new collaborative partnerships with other organisations and people with lived experience of diversity and vulnerability



. . . I develop new and maintain existing networks and partnerships with local services and organisations that specialise in supporting people with diverse cultural backgrounds and other attributes or characteristics.

. . . ensuring that our words and actions are culturally safe, accessible and easy to understand



. . . I make sure that children, young people and their families are provided with information and other resources that they can easily access and understand.

## Reflective prompts for practitioners

*In demonstrating inclusion and responsiveness to diversity, have I . . .*

. . . asked questions and sought to understand each child or young person's background, attributes and characteristics?

. . . worked hard to understand each family's culture and migration or refugee experience and adapted my practice to meet their needs?

. . . reflected on how best to incorporate and demonstrate inclusive practice and cultural consultation in all aspects of my work?

. . . been creative and thorough in safety assessments and care trajectory planning to maintain each child or young person's rights to be treated equally, fairly and without discrimination?

. . . acknowledged and respected the family as the expert in their lived experience of diversity or cultural difference?

. . . used interpreters, translation and other specialist resources to ensure that children, young people and their families have equal access to information and services?

. . . considered different cultural norms and explained to families what and why things may be accepted in another country but are not acceptable in Australia?

. . . been respectful, sensitive to and accommodating of all manners of diversity in circumstances, attributes and characteristics?

. . . prioritised inclusive, compatible and/or culturally-matched care arrangements?

. . . modelled anti-discriminatory and inclusive behaviour and looked for opportunities to encourage my colleagues and other practitioners to do the same?

## Evidence of inclusion and responsiveness to diversity

*We will demonstrate evidence of . . .*

*We substantiate this evidence through . . .*

. . . communicating with children and young people and families in a way that is inclusive and non-discriminatory, so that they can fully understand their rights, responsibilities, our processes and the available care and support options



. . . review of documentation and practice, including conversation records (and audio recordings), case notes, family visits, family group conferences, cultural domains of care trajectory planning.

. . . providing information and other resources that meet the diverse needs of all families, caregivers, service partners and community groups



. . . review of documentation and practice in the use of interpreters, translation and other specialist language and information resources.

. . . considering and adapting our practice to be inclusive of the unique experiences and diverse circumstances of all children, young people and their families



. . . continuous improvement of practice and practice skills, regional and statewide group practice forums and training sessions.

. . . seeking out the best available opportunities for ensuring the safety and wellbeing of children and young people in an environment that respects and accommodates their level of ability/disability, gender, sexuality, sexual identity or expression, social, economic, family and cultural background



. . . review of documentation and practice, including child safety assessments, case notes, Care Team records, referrals, care trajectory plans, family group conference notes and images, Signs of Safety and *Family Finding* tools.

. . . working collaboratively with and respecting the people, practices, community and places that are important to each child or young person



. . . review of documentation and practice, including case notes, meeting minutes and records of collaborative decision-making forums.



# Collaboration and positive partnerships

STANDARD

6

We work collaboratively and in partnership with families and caregivers, communities, colleagues and service partners to create a trusted and caring environment in which children and young people feel safe and are safe. We leverage the diversity of knowledge, experience and resources of all the people that are important in the child's life and value the perspectives they bring.



## Our practice expectations

*Collaboration and positive partnerships mean . . .*

*As a Child Safety Practitioner, this means . . .*

. . . building genuine, productive and purposeful relationships with the people and service partners who are important in the life of each child or young person



. . . I recognise that effective collaboration with families and service partners contributes to better outcomes for children and young people, through more holistic and integrated assessment, planning and decision-making processes.

. . . identifying and working collaboratively with families, caregivers, support workers in schools, other practitioners, professionals and specialists



. . . I apply a multidisciplinary approach to my practice to build on the strengths of families and caregivers and help them to develop productive relationships with the practitioners, professionals and others working with them to support the care and safety of their children.

## Our practice expectations

*Collaboration and positive partnerships mean . . .*

*As a Child Safety Practitioner, this means . . .*

. . . appropriately sharing information, evidence-led knowledge and strengths-based practice with service partners and other agencies to ensure that the services provided to children, young people and their families are seamlessly integrated, well-coordinated and safe



. . . I establish, regularly review and adjust each child's Care Plan and membership of their Care Team as necessary to leverage and incorporate the strengths, resources, knowledge and skills of all the important people in their lives.

. . . fostering an organisational culture in which productive partnerships with service partners and other agencies are valued and encouraged



. . . I encourage and contribute to collaborative forums that actively promote the benefits of purposeful and productive partnerships.

. . . establishing individual Care Teams for all children and young people in out of home care, as the core collaborative forum for problem solving, planning and decision-making



. . . I work with all members of the child's Care Team to promote shared understandings of the team's overall objectives and each person's role and responsibilities.

. . . developing, improving and adhering to collaborative and effective partnership policies, procedures, agreements and requirements



. . . I contribute to the development of partnership agreements that clearly set out each party's role and responsibilities, including the requirement of all parties to collaborate openly and honestly in working towards clear, achievable goals and positive outcomes for children and young people.

. . . acknowledging and emphasising the importance of collaboration and partnerships in care trajectory planning



. . . I develop annual Care Plans in partnership with other Care Team members, regularly reviewing and mapping these plans to ensure that all six domains of child and youth wellbeing are being met.

. . . strengthening relationships with trusted local service partners and others, working together to achieve safe and positive outcomes for children and young people



. . . I understand and value the range and quality of expertise of our service partners and refer children and families to the service/s that will best meet their individual needs.

## Reflective prompts for practitioners

*In demonstrating collaboration and positive partnerships, have I . . .*

. . . asked the child or young person and their family who they would like to be included in the Care Team?

. . . considered who is or could potentially be an appropriate, long-term support person for the child and their family?

. . . arranged a Care Team meeting when there has been a change in circumstances so that the family and other members of the Care Team can participate in collaborative discussion and decision-making?

. . . shared information with others safely, appropriately and in accordance with all the relevant legislation, policies and procedures?

. . . sought advice from my supervisor when unsure about whether or not information should be shared and who should be included on Care Teams?

. . . reflected on whether or not the Care Team is operating as it should, with productive discussion, shared decision-making and clear roles and responsibilities?

. . . put effort into developing effective and respectful relationships with the child or young person's family, caregiver/s and service partners?

. . . done my best to establish Care Teams that include all the people that children and young people identify as being important in the lives?

. . . undertaken quality case work and planning that actively includes the participation of all members of the Care Team?

. . . developed collaborative and productive relationships with clear roles and agreed goals?

## Evidence of collaboration and positive partnerships

*We will demonstrate evidence of . . .*

*We substantiate this evidence through . . .*

. . . engaging in partnerships that build on the strengths and safety of families



. . . review of documentation and practice, including child safety assessments, case notes, Care Plans, family visits, Care Team records.

. . . providing children and young people with opportunities to nominate the people they would like as members of their Care Team



. . . surveys to collect feedback from children and young people.  
. . . supervisory observation and records.

. . . prioritising the establishment of individual Care Plans for each child and young person in out of home care, supported by Care Teams that comprise people who are important in their lives



. . . review of documentation and practice, including Care Plan compliance statistics, Care Team and family group conference records, use of Signs of Safety tools.

. . . seeking and incorporating information provided by Care Team members, service partners and specialist professionals when undertaking child safety assessments and care trajectory planning



. . . review of documentation and practice, including Care Team meeting records, full and accurate record-keeping, records of full rationale and evidence bases for decisions made.  
. . . supervisory observation and records.

. . . ensuring that the views of Care Teams and other partners are appropriately represented and considered in decision-making forums



. . . review of documentation and practice, including care trajectory planning and Care Team records, family group conference records, use of Signs of Safety tools.

# Transparency and integrity in practice

STANDARD

7

We demonstrate high levels of integrity and accountability in all aspects of our work. We are transparent and respectful in our interactions with children and young people, their families and caregivers, our colleagues, other organisations and service partners.

We encourage and support the primary responsibility of families for the care, upbringing and development of their children. Wherever possible, our goal is for all children and young people to be nurtured and cared for in a safe, secure and loving family environment.



## Our practice expectations

*Transparency and integrity in practice means . . .*

*As a Child Safety Practitioner, this means . . .*

. . . being an exemplary *child safe organisation* that practices in accordance with this Practice Approach



. . . I understand, support and work in accordance with the Principles and Standards of this Practice Approach.

. . . putting systems and checks and balances in place to ensure that the best interests of children and young people are always at the centre of our practice



. . . I ensure that all children and young people and their families are aware of what is happening, and support them to express their views, be listened to and have their views seriously considered.



## Our practice expectations

### *Transparency and integrity in practice means . . .*

### *As a Child Safety Practitioner, this means . . .*

. . . affording all people their rights, regardless of age, race, religion, abilities, gender, sex and sexuality, beliefs and other personal or family characteristics



. . . I practice with integrity and without discrimination, judgement or bias, and ensure that this is reflected in the actions I take and the decisions I make.

. . . embedding reflective practice, accountability and effective supervision at individual, team and organisational levels



. . . I routinely reflect on and critique my interaction with children, young people and their families, and think about ways in which I can improve and develop.

. . . challenging and addressing power imbalances, inappropriate attitudes and values that do not put children and young people at the centre of actions taken and decisions made



. . . I respectfully speak up, provide constructive advice and feedback when appropriate, and identify safe and trusted opportunities for colleagues to reflect on their own practice.

. . . maintaining accurate and complete records of child safety practice and decision-making, including identifying sources of guidance on issues of culture and diversity



. . . I document my practice interactions and decision-making processes with care, accuracy and transparency, referencing all relevant inputs and with detailed explanations of the rationale for actions taken and decisions made.

. . . changing and adapting our practice based on new evidence and information



. . . I consider new evidence and information as it comes to hand, and modify my practice accordingly.

. . . openly encouraging and embedding professional, performance and skills development and a culture of continuous improvement



. . . I am open to new ideas, perspectives and ways of thinking and stay up to date with emerging best practice guidance and developments in child safety,

. . . ensuring that immediate action is taken if a child or young person is in imminent danger, in accordance with legislative requirements and the policies and procedures of the department



. . . I take immediate and appropriate action to keep children and young people safe from imminent risks to their safety and wellbeing, seeking guidance, authority and support from other practitioners and senior leaders as and when appropriate and necessary.

## Reflective prompts for practitioners

*In demonstrating transparency and integrity in practice, have I . . .*

. . . read and understood what is required of me to work in accordance with the Principles and Standards set out in this Practice Approach?

. . . been open to constructive feedback from others, including from families, colleagues and leaders?

. . . been respectful, non-judgemental and transparent in all aspects of my practice and interactions with others?

. . . considered different ideas, perspectives and ways of thinking?

. . . been accountable, honest and transparent in my work?

. . . created opportunities to pause and critically reflect on ways I can improve my practice or strengthen my levels of confidence and capability?

. . . taken care in maintaining complete and accurate records of my practice, including in child safety assessments, case notes, Care Plans, family group conferences and other decision-making forums?

. . . regularly referred to legislation, policies, procedures, new evidence and best practice guidance material?

. . . willingly sought or provided guidance to others?

. . . spoken up about things that may put the immediate safety or wellbeing of a child or young person at risk?

## Evidence of transparency and integrity in practice

*We will demonstrate evidence of . . .*

*We substantiate this evidence through . . .*

. . . implementing and ensuring compliance with the Principles and Standards of this Practice Approach and the legislation, evidence, policies and procedures on which it is founded



. . . intensive communication and promotion of the Practice Approach to all current and new staff.

. . . inclusion of and reference to the Practice Approach in strategic and operational planning and staff recruitment, induction, performance development and supervisory processes.

. . . embedding systems and processes that ensure effective supervision and reflective practice at individual, team and organisational levels



. . . team-based practice planning.

. . . processes of continuous improvement.

. . . individual and group supervision and team meetings.

. . . performance improvement processes.

. . . promoting anti-discriminatory, non-judgemental practice that is rights-based, child-centred, family-focused, culturally-safe, trauma-informed and holistic



. . . surveys to collect feedback from children and young people, families and service partners.

. . . presentation of and discussion about examples of contemporary, evidence-led practice at regional and state-level forums.

. . . performance development processes.

. . . team-based practice planning and meetings.

. . . encouraging the completion of accurate records that provide detailed evidence of the rationale for actions taken and decisions made



. . . developing best practice examples, tools and templates to assist in the development of complete and accurate practice records.

. . . transparency, honesty, accountability and integrity in all aspects of our work



. . . review and documentation of all aspects of practice.

# Glossary

## **abuse**

in the context of this document, abuse encompasses any or all types of abuse and neglect, including physical abuse, emotional abuse, psychological abuse, sexual abuse, and exposure to or involvement in domestic and family violence

## **care trajectory planning**

the practice of projecting and formulating plans to provide a safe and secure family environment for a children or young person – from entry to exit from care – that encourages ongoing stability, promotes wellbeing and minimises the likelihood and detrimental consequences of further and/or ongoing instability and adversity

## **Care Team**

a team of key people important in the life of a child or young person under a Supervision or Care and Protection Order. These people work together to identify, plan, monitor and meet the child or young person's needs (see [Care Teams and Care Planning Practice Advice](#)).

## **Care Plan**

is required for every child or young person under a Supervision or Care and Protection Order. The Care Plan records the care trajectory and goals for a child or young person against the six domains of the [Tasmanian Child and Youth Wellbeing Framework](#) (see [Care Teams and Care Planning Practice Advice](#)).

## **child or children**

anyone under the age of 18; in the context of this document, any reference to a child or children has the same meaning as a young person or young people

## **child safe organisation**

an organisation that consciously and systematically: creates an environment in which children's rights, safety and wellbeing are at the centre of thought, values and actions; engages with children and young people to create conditions that reduce the likelihood of harm; creates conditions that increase the likelihood of identifying potential harm; and responds to concerns, suspicions, allegations and disclosures of abuse

## **Child Safety Service**

the role of the Child Safety Service is to protect children and young people who are assessed as being at risk of abuse or neglect

## **continuum of care**

a seamless system of care that is organised around the needs and lived experience of a child or young person, is responsive to their needs and provides continuity of care over time, without fractures or gaps in the care experience

## **cultural humility**

an ongoing process of self-reflection whereby an individual not only learns about another's culture, but examines and critiques their own beliefs and cultural identity

## **cultural safety**

describes an environment in which the inherent rights, beliefs and traditions of a particular culture and/or all cultures are recognised, respected, protected and advanced

## **department or departmental**

Department for Education, Children and Young People

### **Family Finding**

a model that emphasises the importance of stable relationships and relational permanency for children and young people and seeks to connect them with family and other supportive adults who will love and care for them across their lifespan

#### **out of home care**

the system of formal care provided to children and young people assessed under the *Children, Young Persons and Their Families Act 1997* as unable to live safely at home with parents or primary caregivers because of concerns for their safety and wellbeing

#### **Practice Expectations**

establish what the Child Safety Service expects to see in daily practice with children, young people, caregivers, families and service partners, and how collaborative practice supports the service delivery continuum

#### **Practice Standards**

bring together critical elements of the legislative, professional and organisational frameworks within which we practice, to strengthen role clarity and confidence Child Safety Services

#### **rights-based**

describes an approach that upholds the rights of children, as set out in United Nations Convention on the Rights of the Child

#### **safeguard**

to protect a person's health, wellbeing and human rights, enabling them to live free from harm

### **Safeguarding Framework**

the department's safeguarding framework document: *Safe. Secure. Supported.*

#### **Services for Children and Families**

Services for Children and Families, a portfolio of the Department for Education, Children and Young People

#### **Signs of Safety**

an integrated framework of principles, disciplines, processes, practices and tools applied by Child Safety Practitioners across the continuum of assessment and planning, decision-making and engaging with children, young people, families and service partners

#### **staff**

a paid worker employed or engaged by the Department for Education, Children and Young People

#### **trauma-informed**

an approach that reflects and embeds trauma awareness, sensitivity and responsiveness across the entire organisation and its work

#### **worker**

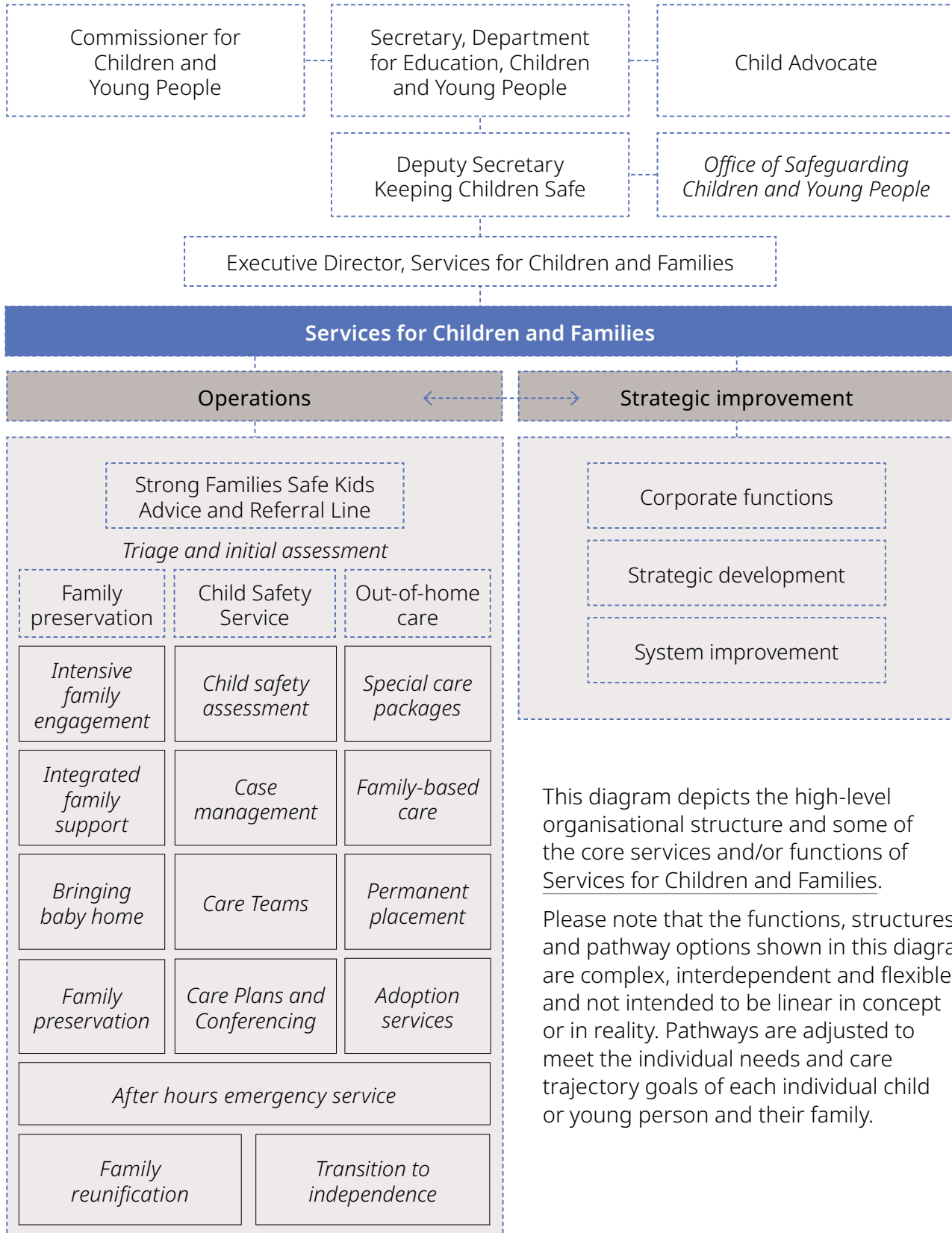
any person who carries out paid or unpaid work for or on behalf of the Department for Education, Children and Young People

#### **young person or young people**

commonly used to refer to any person aged 12 to 17, but also defined under the *Children, Young Persons and Their Families Act 1997* as a person aged 16 or 17; in the context of this document, any reference to a young person or young people has the same meaning as a child or children



# Appendix 1: Services for Children and Families, Department for Education, Children and Young People



This diagram depicts the high-level organisational structure and some of the core services and/or functions of Services for Children and Families.

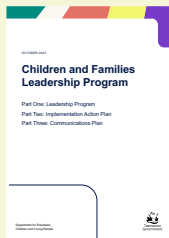
Please note that the functions, structures and pathway options shown in this diagram are complex, interdependent and flexible, and not intended to be linear in concept or in reality. Pathways are adjusted to meet the individual needs and care trajectory goals of each individual child or young person and their family.

# Appendix 2: Child Safety Overview

*Department for Education, Children and Young People Strategic Plan 2024 – 2030*



*Children and Families Leadership Program*



*Safe. Secure. Supported.  
Our Safeguarding Framework*



*Feel Safe. Are Safe.  
Our Practice Approach*



*Practice Manual – Services for Children and Families*

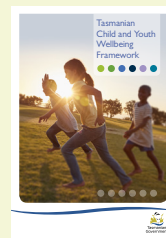


## What guides us?

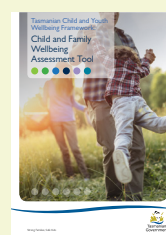
*UN Convention on the Rights of the Child*



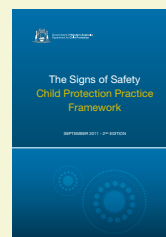
*Tasmanian Child and Youth Wellbeing Framework*



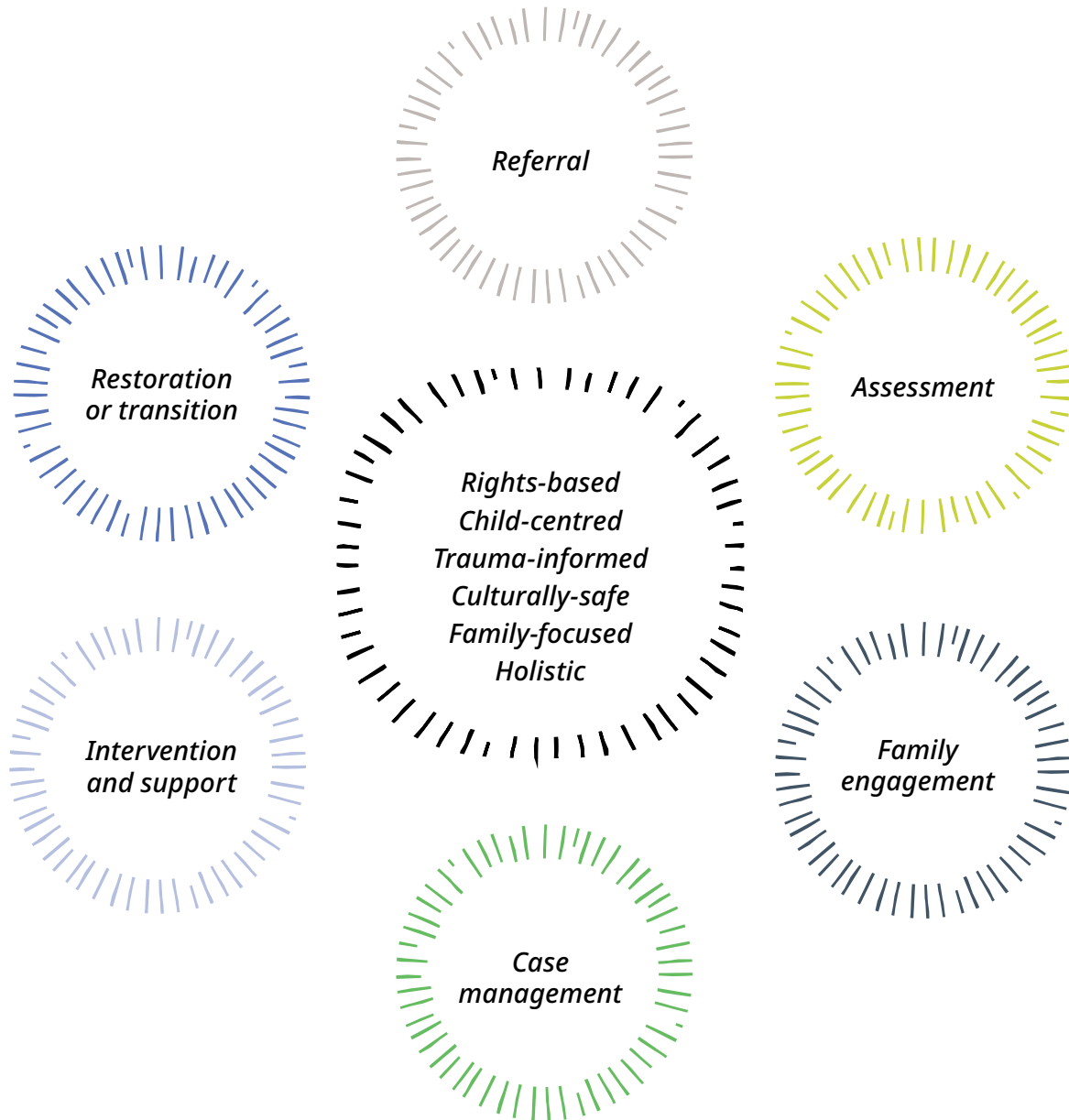
*Wellbeing Assessment Tool*



*The Signs of Safety: Child Protection Practice Framework*



## Appendix 3: Care Pathway Continuum of Care



The **Strong Families Safe Kids Advice and Referral Line (ARL)** is Tasmania's virtual front door and first point of contact for all concerns and information about threats to the wellbeing and safety of children and young people. Staffed by employees of Services for Children and Families and non-government organisations, the ARL aims to identify and reach families in need of

support earlier and more effectively, rather than waiting for situations to arise that put vulnerable children and young people at greater risk of harm. In doing this, the ARL:

- encourages a conversation-based approach, answers questions and provides advice
- gathers information, reviews and assesses concerns using the Signs of Safety approach

- works in collaboration with other services, networks, Care Teams, children, young people and their families to determine ‘best-outcome’ options and next steps, including engaging families in face-to-face meetings when appropriate
- progresses referrals to other government or non-government services, when appropriate and in partnership with families
- engages with and supports families with Family Law court matters
- closes the loop by providing feedback to the person who made initial contact with safety and wellbeing concerns or information.

When safe to do so, the aim is to intervene early with wrap-around support for families, rather than automatically progressing notifications through to the Child Safety Service. If a child or young person is assessed as being at immediate risk, they are promptly referred to the Child Safety Service.

The role of the **Child Safety Service** is to protect children and young people who are assessed as being at risk of abuse or neglect. If a child or young person is referred to the Child Safety Service, immediate options may include:

- referral to another government or non-government service for information or support
- face-to-face visits by a Child Safety Officer
- family and/or case conferencing
- engagement with the Family Law court if parental custody matters are involved.

Through the provision of proactive and practical family-based support, families may be successfully diverted away from formal intervention and entry into the out of home care system.

Family support packages with realistic and achievable goals are designed on a case-by-case basis, tailored to suit each family’s individual needs, **Referrals** for Intensive Family Engagement are reviewed by a panel and assessed for suitability, based on the specific needs of the family and type of support available. Aboriginal and Torres Strait Islander families are prioritised for support through the Tasmanian Aboriginal Centre, with decisions made according to each family’s preference.

Critical functions of the Child Safety Service include child safety **assessment and case management**. Child safety practitioners work closely with and across all operational areas of Services for Children and Families. The voices of children, young people and their families, extended families, caregivers and significant adults are actively sought and considered in all decision-making processes and forums.

If a child or young person is unable to remain in the family home due to the level of assessed risk, the Child Safety Service has a central role in protecting their rights and safeguarding them from harm in a trauma-informed environment outside the family home.

In this situation, the Child Safety Service will seek a court order for short or long-term out of home care. The Secretary of the department is then responsible for the care and protection of that child or young person. The type of care provided may be family-based (foster or kinship) or enabled through a special care package (supported living with salaried carers).

**Individual Care Teams and Care Plans** are established for all children and young people in out of home care. As well as the child themselves, each child’s Care Team includes the people who are important in their life, such as family members, caregiver/s, student support workers in schools and other professionals.

In accordance with the *Charter of Rights* for Tasmanian children and young people in out of home care and the *Tasmanian Child*

and *Youth Wellbeing Framework*, the Child Safety Service and individual Care Teams work together to respond to the specific on an ongoing basis, including before, during and after placement in out of home care.

Based on the ecological model that underpins the Tasmanian Child and Youth Wellbeing Framework, each assessment considers situational risks and context (family issues, culture, life experience, history of trauma). This informs the evidence base for the child's Care Plan, which incorporates decisions around care trajectory planning and collaborative goal-setting. Progress towards the achievement of goals is monitored and reviewed until the child's safety and wellbeing is assured or additional intervention is required.

The ongoing provision of a stable, nurturing environment for each child or young person in out of home care is of paramount importance. As care trajectory goals are achieved (or otherwise), each child's Care Plan is reviewed and options for ongoing care are considered, which may include: restoration to the family home; permanent placement; adoption; and/or transition to another form of care or independent living.

When issues or complex needs involving the safety and wellbeing of a child or young person cannot be resolved or addressed through their Care Team, matters are escalated to senior officers for advice and resolution.

The department's commitment to stronger, more accountable and equitable safeguards for children and young people in out of home care is guided by the *Tasmanian Out of Home Care Standards*, which aim to ensure that the arrangements provided:

- are high quality and safe
- focus on achieving the best possible outcomes for children and young people
- support out of home care providers/carers
- drive continuous service improvement.

The *Charter of Rights* for children and young people in out of home care underpins all planning and decision-making activities, by establishing the rights of children and young people to:

- be safe and feel safe
- receive health care when it is needed
- be consulted and listened to seriously about decisions that affect them
- meet regularly with their Child Safety Officer
- be treated fairly and respected
- identify with their culture and community and observe their chosen religion
- have safe contact with their family and people who matter to them
- have an education and gain life skills
- have their privacy respected.

The Commissioner for Children and Young People monitors Tasmania's out of home care system to protect the rights and wellbeing of children and young people in the system.

Children and young people in out of home care are encouraged to seek advice and support if their rights are not being upheld by contacting Tasmania's Child Advocate for children in care.

As young people in out of home care approach adulthood, the Child Safety Service works with them to build positive foundations for independent living, including ongoing engagement with education and learning as pathways to achieving their goals and improving life outcomes.

**Transition to Independence Plans** cover areas such as health, housing, education, training, employment, self-care skills, financial management, identity issues and relationships. The scope and content of each young person's plan also covers who is involved (including service providers) and when, where and how support activities will start and finish.



## Appendix 4: Signs of Safety Approach

Signs of Safety is an integrated approach that draws on theories of solution-focused therapy and the experience of practitioners and families. Originally developed in Western Australia in the 1990s, Signs of Safety resources are now used in many countries and continue to evolve to reflect new learnings and evidence of practice.

The approach includes the use of practical tools for involving children and young people, families, caregivers, service partners and practitioners in child safety processes and decisions, focusing on developing shared goals, clear understandings and areas of common focus.

The tenets that underpin Signs of Safety emphasise the importance of:

- constructive working relationships with families and other professionals, which are fundamental to effective practice
- critical thinking and a stance of inquiry, being reflective, openminded and prepared to admit you may have it wrong
- aspiring to and achieving positive outcomes in everyday practice.

The disciplines that guide everyday practice are:

- clear distinction between past harm (has actually occurred), future danger (risk of harm that may occur if there is no change in family behaviour) and complicating factors (family circumstances and issues contributing to the neglect or abuse)
- clear distinction between family strengths (for example, love of the child) and protection (behaviour that shows capacity for protecting the child, such as eliminating or controlling exposure to dangerous adults or behaviour)

- plain, easily-understood language in all verbal and written communication with families
- statements that focus on specific and observable behaviour, avoid value-laden, imprecise or poorly-understood labels and diagnostic descriptors
- skilful use of authority that uses the statutory authority of child safety but allows choice for families in how they work with child safety authorities in ways that work for them
- child safety assessment is always a work in progress, although this does not preclude taking action.

Assessment and planning tools are used for mapping and recording concise statements across all disciplines in plain, easily-understood language.

While different versions of the Signs of Safety assessment and planning tools may be used, all encompass four critical domains of enquiry:

- *What we are worried about?* (past harm, future danger, complicating factors)
- *What is working well?* (existing family strengths and levels of protection)
- *What needs to happen?* (child safety authority safety goals and next steps for future safety)
- *Where do we sit on the scale of how safe the child is in their existing circumstances at the moment?* (perspectives of Child Safety Practitioners, family and family networks, caregiver/s, other professionals).

The enquiry process allows all parties to develop shared understandings and drive change. Within the domains of enquiry are plain language risk assessment categories and analysis.

There are also tools for engaging and bringing the child's voice into the assessment, using a pictorial representation of 'three houses' to depict the child's version of the domains of enquiry, being: *good things, bad things, dreams*.

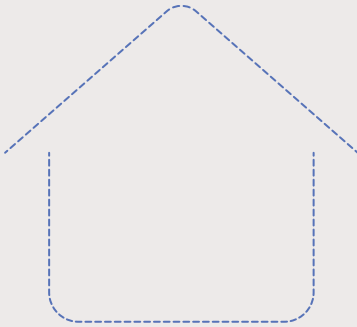
Signs of Safety words and pictures are used to explain to children and families what has happened, what is happening and what is planned to ensure their safety. Words and pictures are also used as a catalyst for change for families.

There are variations and additions based on the core tools that have been developed by practitioners to suit specific needs and cultural settings. A simple example of a Signs of Safety assessment and planning tool is provided overleaf.

Research suggests that use of the Signs of Safety approach encourages families to feel more empowered and better able to understand and address the concerns and requirements of child safety authorities. Practitioners are reported as having greater job satisfaction due to the clarity of the approach, usefulness of the tools and positive impact on interaction with children and families. In considering these statements, it is important to remember that the goal of practice is to improve children's safety, not to keep families together as an end in itself.

When we think about the situation facing this family:		
What are we worried about?	What's working well?	What needs to happen?
<p>past harm</p> <p>future danger</p> <p>complicating factors</p>	<p>family strengths</p> <p>protection strategies</p>	<p>child safety goals</p> <p>family goals</p> <p>next steps</p>
<p><b><i>On a scale of zero to ten – where zero means that everyone knows that things are so bad for the child/children that they can't live at home and ten means everyone knows the child (or children) is safe enough for the Child Safety Service to close the case – where do we rate this situation?</i></b></p> <p>If there are different views, record the assessment of each person where it sits on the scale.</p>		
<p>0 ←-----→ 10</p>		

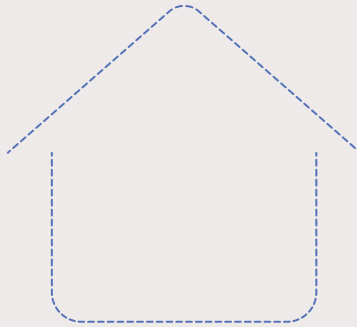
### Three Houses Risk Assessment Tool



House of worries

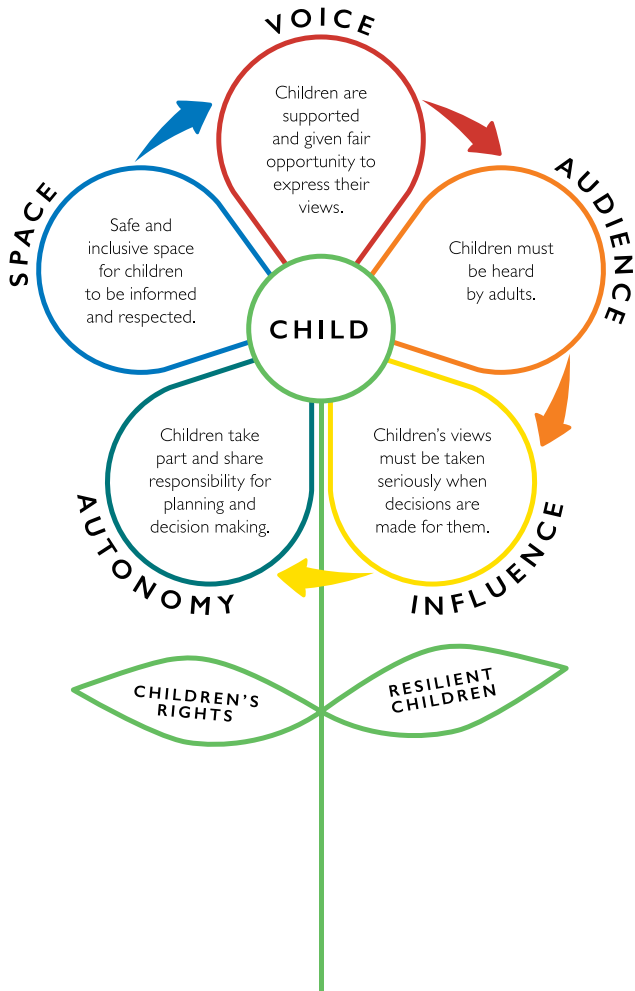


House of good things



House of dreams

# Appendix 5: Our Rights-based Model of Participation



## SPACE

Children and young people are entitled to be consulted and give their opinions freely on issues that affect them. They have a right to know about, understand and have a say in what the department is doing to protect them from harm. Adults should listen and take them seriously.

## VOICE

Children and young people have a right to be confident in knowing who they can turn to for help if they don't feel safe, and that those people will listen to and believe them, take their concerns seriously, support them and put them at the centre of all decisions that affect them.

## AUDIENCE

Children and young people have a right to be listened to, believed and supported through investigations into harm or potential harm, and to be consulted and actively involved in all decisions that affect them.

## INFLUENCE

Children and young people have a right to know about, understand and have a say in how the department intervenes and responds in situations involving child abuse. They have a right to be provided with choice and control when decisions are made about how they are supported and by whom.

## AUTONOMY

Children and young people have a right to be included and their views taken seriously in decisions that affect them, helping to empower them, build their resilience and improve their wellbeing.

# Appendix 6: Tasmanian Government Child and Youth Wellbeing Framework – Six Domains of Wellbeing

## Child and youth wellbeing needs

Evidence shows that children and young people who have developed a strong sense of wellbeing are more likely to feel safe, connected and secure (Australian Research Alliance for Children and Youth, 2021).

The department understands and promotes child safety and wellbeing in terms of the six Australian Research Alliance for Children and Youth (ARACY) *The Nest*, Child and Youth Wellbeing Domains, which are the foundation of the Tasmanian Child and Youth Wellbeing Framework, Tasmania’s Child and Youth Wellbeing Strategy: *It takes a Tasmanian village* (Tasmanian Government, 2021) and the department’s *Child and Student Wellbeing Strategy*.

The ARACY Child and Youth Wellbeing Domains acknowledge the many factors that contribute to the wellbeing of children and young people and include the following:



Being loved, safe and valued



Having material basics



Being healthy



Learning



Participating



Having a positive sense of culture and identity



ARACY

Australian Research Alliance for Children & Youth  
Collaboration • Evidence • Prevention









Tasmanian  
Government