

Practice Framework

Child Protection Services

Keeping children safe from abuse and neglect
 Preventing insecurity of care
 Addressing the effects of harm
 Restoring or improving health and well-being

	ENGAGEMENT AND ASSESSMENT	SEEKING SOLUTIONS	SECURING SAFETY AND BELONGING
CHILD CENTRED	<ul style="list-style-type: none"> • Are we thinking about the whole child*: safety, security, health and well-being? • Have we thought enough about the vulnerability of the very young child? • Are we engaging and building a relationship with the child? • If moved from home, is the decision fully justified? • Has the child been consulted and informed about practice decisions? • Does the child have someone to talk to about their concerns? 	<ul style="list-style-type: none"> • Has the child been actively involved in decision-making processes, e.g. FGC, Residential Plans? • Are decisions and plans supporting safety, stability and belonging? • Have systemic attachments been maintained, e.g. familial, cultural, social, educational? • Are decisions mindful of the child's timeframes? • Does the child have an advocate or someone they can talk to? • Are services directed toward the child's needs? 	<ul style="list-style-type: none"> • Does this child feel like he or she belongs somewhere? • Does the plan for the child address care, safety, health and well-being? • If in care, have all health and educational checks been done? • Does the child understand about care decisions and what is happening? • Does the child have family mementos, e.g. photographs, life story book? • Is permanency a priority and is placement stability being closely monitored? • Are transitions from care fully planned and supported?
FAMILY-LED AND CULTURALLY RESPONSIVE	<ul style="list-style-type: none"> • Are we applying a family support response which strengthens the stability of the family? • Is all contact with the family respectful, fully informative and setting the scene for future work? • Has the social worker persevered with engaging the family even when resistance is encountered? • Are we encouraging family ownership of the issues and solutions? • Are we responding to the family's cultural needs? 	<ul style="list-style-type: none"> • Is the family fully involved in the process of decision-making? • Are all family members having an opportunity to contribute? • Are decisions family-led? • Have cultural and broader support systems been mobilised around the family? • Is everyone clear about what the family (and the workers) need to do to make the solutions work? 	<ul style="list-style-type: none"> • Is family reunification a practice priority? • Are family members having regular contact with the child? • Is the family at the centre of care decision-making? • Are we helping the family manage the tensions and dynamics that impact on the plan? • Are cultural support systems mobilised? • Are plans culturally responsive?
STRENGTHS AND EVIDENCE BASED	<ul style="list-style-type: none"> • Are we clear with the family about our role and power? • Are pro-social values modelled and abuse-supportive dynamics identified? • Is the tension between supporting the family and protecting the child being managed? • Are family decision-making processes being utilised early? • Is the family seen as a care and protection resource? • Are we working collaboratively with professionals involved with the family? 	<ul style="list-style-type: none"> • Does the family have all the information necessary to make sound decisions? • Are decisions linked to family strengths and resources? • Are we addressing family violence dynamics? • Are people working together to support the family and is it clear who is doing what? • Are the right services being provided at the right time? • Does the worker have a relationship with the family that fosters change? • Is progress being reviewed and positive changes reinforced? 	<ul style="list-style-type: none"> • Is permanency being secured for the child to prevent drift in care? • Are professional relationships working positively to support the child? • Are community and cross-sectoral services being mobilised? • Are services well coordinated and are workers getting together to support planning, monitoring and transitions? • Are services and plans being reviewed as agreed? <p>The Tasmanian Department of Health and Human Services acknowledges and appreciates the generosity and assistance of Dr Marie Connolly and the New Zealand Ministry of Social Development. The Framework is the intellectual property of Dr Marie Connolly and the New Zealand Ministry of Social Development.</p>

*The terms "child" and "children" are used to include young people up to the age of 18 years.