

PRACTICE GUIDE

Practice panels

A practice panel is an internal, facilitated case discussion forum, that provides an authorising environment for making critical decisions or recommendations about case direction. The facilitated case discussion process is structured to elicit key information and increase critical thinking through group analysis and reflection.

There are many benefits to using a practice panel process, which include:

- providing a consistent, culturally informed and collaborative approach to decision making
- promoting shared responsibility for complex decisions ensuring a robust and balanced assessment informs key decisions about a child's safety, belonging and wellbeing
- creating learning opportunities
- encouraging creative solutions.

Practice panels are critical to permanency planning and decision making as they enable a focused discussion about:

- the best interests of a child, both through childhood and for the rest of the child's life (see the *Child Protection Act 1999*, [section 5A](#))
- the most suitable permanency arrangement to best achieve relational, physical and legal permanency for the child (see the *Child Protection Act 1999*, [section 5BA](#))
- how the rights of an Aboriginal or Torres Strait Islander child are being upheld and applied to the standard of active efforts, including their rights to self-determination, participation in decision making, placement with a member of their family group and connection with family, community, culture, traditions and language (see the *Child Protection Act 1999*, [section 5C](#)).

Administration of practice panel meetings

When developing local processes for the administration of practice panel meetings, CSSCs need to implement adequate processes to ensure:

- all eligible matters are referred for a practice panel discussion (refer to [Referral criteria](#))
- practice panel meetings are scheduled and occur within appropriate timeframes, for example the expiry date of a child protection order (refer to [Scheduling](#))
- practice panel discussions are documented, including who is responsible for taking minutes and making a clear and accurate record in ICMS (refer to [Documentation](#)).

Referral criteria

A case must be referred to a practice panel prior to:

- a child protection order expiring
- making a permanency decision for a child, including a decision to reunify a child to a parent, or to pursue a long-term child protection order
- a case plan review for a child under the *Child Protection Act 1999*, [section 51VAA](#)
- a decision about the outcome of a harm report assessment and proposed actions to respond to harm, risk of harm or to ensure the standards of care are met, if relevant.

A case may also be referred to a practice panel for other key decisions, for example:

- when deciding whether to open or close an intervention with parental agreement case
- when deciding in whose care to place a child.

Scheduling

Every CSSC needs to ensure a regular, periodic (such as weekly or fortnightly) time is set aside in the workgroup calendar for practice panel meetings. The schedule frequency will be determined at a local level and based on the volume of matters needing to be referred and discussed. A scheduled time helps to ensure meetings are held in a timely manner, avoiding delays in decision making for children and families or impacting other processes, such as where a referral to the DCPL for a child protection order is required. It also allows adequate time, for example, where it becomes clear that a matter might not be ready for discussion at a practice panel, or consensus cannot be reached in the panel, to enable further case work, consultation or information gathering to occur and the meeting reconvened.

Documentation

To ensure a clear and complete record is made, plan who will be responsible for documenting the minutes of the practice panel prior to the discussion.

A record of a practice panel is made in a case note in the relevant case in Unify, using the case note type 'Record of practice panel'. The record needs to clearly capture:

- when the panel was held
- who participated in the practice panel discussion, including both their names and roles
- the purpose of the panel (that is, the decision to be made) and the CSO and senior team leader's assessment about what should happen and why
- key aspects of the discussion that led to the decision or recommendations
- the decision and recommendation, including who was in support of the decision
- if anyone was not in support of the decision, the reasons why.

The record of the discussion is very important – it can help subsequent readers to understand the decision making or inform subsequent assessments about the child's safety, belonging or wellbeing, or it may be used in support of an application for a child protection order or other proceeding.

Preparation

Views of the child, parents, and family

The participation of a child and their family is central to all decision making, including decisions about permanency. Participation is an ongoing process, not a single event. It is important to remember that it is the right of a child and family to participate in, and contribute to, decision making that affects them.

Prior to forming an assessment and recommendation or prior to a practice panel discussion, the CSO will actively seek the views of the child, parent, key family members, carers and other members of the safety and support network so that their views have been considered when an assessment and recommendation is formed, and to ensure their voices are present in practice panel discussion, to help inform decision making.

Where the decision relates to an Aboriginal or Torres Strait Islander child, seek the child and family's agreement to arrange an independent person to help facilitate their participation in the decision.

Views of the child and family can be obtained through:

- family group meetings
- processes for reviewing the child's case plan
- an Aboriginal and Torres Strait Islander Family Led Decision Making through the Family Participation Program
- casework with the child and family.

Form an assessment

Before a matter can be referred for discussion at a practice panel, the CSO and senior team leader need to be clear about:

- the purpose of the referral and the decision required from the practice panel
- their assessment and recommendation, (as it relates to the decision they are seeking) which will be presented to the practice panel members.

To form the assessment, the CSO will be required to review and consider all the relevant information as it relates to the decision, which may include (but not be limited to) any of the following:

- a [Collaborative Assessment and Planning Framework](#) tool that has been completed with the family and their safety and support network
- the *Assessment and outcome* tab in Unify (for new ongoing intervention matters)
- Structured Decision Making tools
- carer assessment and renewal reports
- standard of care report or harm report history for a carer or staff member of a non-family-based care service
- permanency case reflection tools for strengthening permanency
- external assessments of the child and family (for example, mental health, cognitive, mental health, occupational therapy or psychological assessment reports) cognitive assessments, occupational therapy reports, psychology reports etc.)
- child protection records, or other records such as domestic and family violence or criminal history
- a suitability assessment of a prospective guardian
- a review of the child's case plan
- a genogram and/or kinship map
- any relevant plans, such as a case plan, cultural support plan, positive behaviour support plan or NDIS plan
- relevant cultural knowledge, including information about Aboriginal traditions and Islander customs as they relate to child rearing
- information about the active efforts made to support an Aboriginal or Torres Strait Islander child develop or maintain their connection to family, community culture traditions and language.

The information that is gathered and reviewed is considered in the context of the child and family's views, relevant legislation, policies, procedures, practice guidance and professional knowledge, to inform an assessment of what is in the child's best interests.

(Note: other practice guidance that may be relevant or helpful to forming an assessment and recommendation include the practice guides [Assess harm and risk of harm](#), [Infants at high risk](#) and [Decision making for reunification](#), as well as the practice kits contained within the Child Safety Practice Manual.)

Case consultation

It may be helpful to discuss the assessment and recommendation with a senior practitioner in a case consultation, prior to referring the matter to a practice panel. A case consultation can provide

an opportunity for CSOs to 'unpack' and 'test' their assessment and recommendation, identify gaps, additional information or matters that require further consideration. Where the decision relates to an Aboriginal or Torres Strait Islander child, involve the cultural practice advisor or another Aboriginal or Torres Strait Islander Child Safety staff member in the discussion.

Practice panel members

Practice panel members are tasked with applying their professional knowledge and expertise to the group decision making process. When considering panel membership, decide who has relevant practice experience and skills to best contribute to the process.

A practice panel will include the following members:

- the senior practitioner, who is responsible for facilitating the discussion (unless the decision is delegated to the chief executive officer of an Aboriginal and Torres Strait Islander community controlled organisation. In these circumstances, the chief executive officer may facilitate the discussion if they decide to refer the decision to a practice panel.)
- the senior team leader responsible for overseeing case management of the child
- the CSO responsible for case management
- the CSSC manager, where they are delegated to make the decision
- other Child Safety staff who are working with the family
- if the child is an Aboriginal or Torres Strait Islander child, at least two Aboriginal or Torres Strait Islander peoples with appropriate cultural authority and expertise, such as
 - a cultural practice advisor
 - an Aboriginal or Torres Strait Islander Child Safety practitioner
 - a practitioner from an Aboriginal or Torres Strait Islander community controlled organisation
 - the Aboriginal and Torres Strait Islander practice leader, where a child protection order granting long-term guardianship to a suitable person, who is not a member of the child's family group or an Aboriginal or Torres Strait Islander person
 - the chief executive officer of an Aboriginal and Torres Strait Islander community controlled organisation, or a practitioner of the organisation, where a delegated authority arrangement is in place.
- a person who is independent of the decision and has had no previous involvement, who can bring 'fresh eyes' and an objective point-of-view (referred to as a 'critical friend'). For an Aboriginal or Torres Strait Islander child, this should be an Aboriginal or Torres Strait Islander person.
- professionals from other government or non-government agencies who are working with the child and family, including a foster or kinship care service provider or non-family-based care service provider (where the referral relates to the outcome of a harm report assessment)
- a professional with specialist knowledge or expertise (for example, expertise in domestic and family violence, child sexual abuse) that is relevant to the decision, where necessary.

Panel discussions relating to an Aboriginal or Torres Strait Islander child

Where a practice panel discussion relates to an Aboriginal or Torres Strait Islander child, panel members must include members with appropriate cultural expertise and authority, in line with the partnership principle (of the Aboriginal and Torres Strait Islander child placement principle). Best practice would see a majority of Aboriginal and Torres Strait Islander peoples participating as panel members – this addresses power imbalances, helps to ensure a strong focus on a child's cultural needs and respects Aboriginal and Torres Strait Islander peoples' right to self-determination.

Another way to strengthen decision making for an Aboriginal and Torres Strait Islander child is to use an alternative collective decision making process, such as a separate Safe Care and Connection panel (where these have been established locally) or an Aboriginal and Torres Strait Islander family-led decision making process, prior to the practice panel.

When an Aboriginal or Torres Strait Islander child has a delegated authority arrangement in place, the chief executive officer of the Aboriginal and Torres Strait Islander community controlled organisation or a practitioner from the organisation is to be provided with an opportunity to participate in the practice panel discussion. This is regardless of what delegation the chief executive officer holds in relation to the child.

If the chief executive officer chooses to participate this will enable them to share relevant information or allow them to be aware of the reasons for a decision by the delegated Child Safety practitioner (which may impact a delegation held by the chief executive officer).

If the chief executive officer decides to refer a decision they are delegated to a practice panel, they may facilitate the practice panel.

Practice panel process

Share relevant information with members

A practice panel referral form is not required, however the CSO will provide the facilitator and panel members all relevant written information that has been relied upon to form their assessment and recommendation, prior to the practice panel discussion. This will help to enable the practice panel member's full participation and ensure the discussion can result in a decision that meets the child's safety, belonging and wellbeing needs.

The role of the facilitator

The facilitator (usually the senior practitioner, however if they're not available, another senior Child Safety practitioner may facilitate), is responsible for guiding the panel process through the following stages:

- acknowledgement of Country
- introductions and roles, clarifying purpose, group agreements
- professional case presentation by
 - the CSO, including a summary of the case and their assessment and recommendation for the panel's consideration (see [Case presentation \(CSO\)](#))
 - the cultural practice advisor, if the child is an Aboriginal or Torres Strait Islander child (see [Case presentation \(cultural practice advisor\)](#))
- questions and clarification of information provided
- formulation (analysis/hypothesis) – reaching a proposed direction by incorporating relevant information
- recommendation or decision
- action plan and next steps
- feedback regarding process.

(Refer to [Suggested facilitation process and dialogue structure for practice panel](#) for further information).

The facilitator will support and encourage panel members' participation through a focus on clarification, analysis, and action planning, as well as by the use of appreciative inquiry questioning techniques to demonstrate curiosity and ensure rigor in the process.

Using visual mapping, the facilitator can bring clarity and practice depth to support the discussion to remain focussed on the safety, belonging and wellbeing of the child.

Case presentation (CSO)

During the practice panel, the CSO will provide a professional overview of the case that includes:

- a clear statement about the decision being sought from the practice panel
- the CSO's recommendation
- the assessment that led to the recommendation, including details of the relevant information, legislation, policy, practice guidance and professional knowledge that was considered to inform the assessment.

Case presentation (cultural practice advisor)

During a practice panel discussion that relates to an Aboriginal or Torres Strait Islander child, the cultural practice advisor will be invited to provide a professional overview, to ensure panel members have relevant cultural information to give proper consideration to culture in their decision making.

The cultural practice advisor may provide information about whether the Aboriginal and Torres Strait Islander child placement principle has been applied to the standard of active efforts, cultural context or relevant information about the child's family or kinship connections (but is not limited to this). This can be assisted by the [Questions to identify whether the Aboriginal and Torres Strait Islander child placement principle has been applied to the standard of active efforts.](#)

Lack of agreement

Where it becomes clear that a matter might not be ready for full practice panel consideration, it may be decided to reconvene at another date, to enable further case work, consultation or information gathering to occur.

In other cases where consensus cannot be reached in the practice panel, the matter will be referred to the delegate for consideration and decision making.

Continuous quality improvement

Each CSSC should establish regular processes to reflect, review and measure the functionality and effectiveness of practice panels being facilitated within their workgroup. This process of continuous quality improvement may include:

- discussion using the four domains of enquiry following practice panels at regular intervals (for example twice a year) with staff who have been involved in practice panel processes
- reflecting on feedback from Aboriginal and Torres Strait Islander people about the cultural capability of the panel, how or whether the Aboriginal and Torres Strait Islander child placement principle has been applied to the standard of active efforts and what could be done to strengthen cultural capability and responsiveness
- ensuring all panel participants have an understanding of the principles for achieving permanency for a child (*Child Protection Act 1999*, [section 5BA](#)) and the paramount principle (*Child Protection Act 1999*, [section 5A](#)), which is the safety, wellbeing and best interests of a child, both through childhood and for the rest of the child's life, are paramount'
- reviewing practice panel documentation to consider whether decision making has been clearly documented (not just the decision, but how panel participants arrived at the decision)
- seeking regular feedback from participants in practice panels to understand their experience of the process

- providing opportunity for senior practitioners from other CSSCs to participate as critical friends as an opportunity to hear their feedback on the process.
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