

# 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 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 event in ICMS, using the case note type 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* form (for new ongoing intervention matters)
- relevant Structured Decision Making tools including the child strengths and needs and parental strengths and needs assessments
- 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
- 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
- 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
- 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.

### **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.

## Version history

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## Questions to identify whether the Aboriginal and Torres Strait Islander child placement principle has been applied to the standard of active efforts

### PREVENTION



#### Protecting children's rights to grow up in family, community, and culture by redressing the causes of child protection intervention

- Has the family been referred to culturally safe support services? If they didn't engage, what did we do to help them connect? What alternate options to support them were identified/considered/offered?
- Have we conducted a thorough assessment of the family's strengths and resources? Have we mapped the family's network and drawn support from every source?
- Have we assisted the family to access practical assistance – things like housing, transport, childcare, and health care?
- Do we have a comprehensive genogram and kinship map that includes at least three generations & clearly identifies any Aboriginal and Torres Strait Islander family members?
- How have we considered intergenerational trauma and cultural loss when we look at this family?

### PARTNERSHIP



#### Ensuring the participation of community representatives in service design, delivery and individual case decisions

- Do we fully understand the family's cultural identity and networks, and have we engaged the right people in making decisions?
- Have the Cultural Practice Advisor and Aboriginal and Torres Strait Islander Community Controlled Organisation been influential in decision making so far?
- If the family are from another location, have we reached out to family and cultural representatives from their community?
- Have we engaged both sides of the family – maternal and paternal?

### PLACEMENT



#### Placing children in care in accordance with the established placement hierarchy

- If the children are not safe with their parents, have we asked them and their extended family about the best place for the children to live?
- Have we tenaciously recruited carers from the family system? Have we helped them overcome any barriers or challenges in the carer assessment process? How have we ensured the assessment is culturally appropriate?
- Has this family system made arrangements to look after children at risk before? Who has done this and how as it arranged? Have we explored community members if family are not available?
- If the children were with non-Indigenous carers, have we introduced them to the family and supported them to form a genuine working relationship together?

### PARTICIPATION



#### Ensuring the participation of children, parents and family members in decisions regarding the care and protection of their children

- Outline the opportunities the family have had to solve problems and contribute to decisions.
- If there is family violence, have we considered the mother's capacity to safely contribute to decisions?
- How have we sought the views of the children? How did we facilitate their active involvement in decisions?
- Have we used Framework for Practice tools, yarning circles, or cultural approaches to hear the family's ideas about how to keep their children safe?
- How have we sought feedback from the key participants in the family and network?
- Has an Aboriginal and Torres Strait Islander family led decision making process by the Family Participation Program been undertaken?
- Has the family been given the opportunity to engage an independent person in decision making processes?

### CONNECTION



#### Maintaining and supporting connections to family, community, culture and country for children in care.

- What steps have we taken to ensure the children have not experienced cultural loss due to Child Safety's involvement in their life?
- How are we supporting the development of a strong and positive identity as an Aboriginal or Torres Strait Islander person?
- Have we preserved the relationships and connections which make sense to the child? Have we kept connections with siblings and cousins?

- If the family are from another location, what plans are in place to ensure the maintenance, or development, of their knowledge and understanding of their country and community of origin as well as opportunities to set foot on country, especially for key family/community events?
- Have we respected both maternal and paternal family connections?

## SUGGESTED FACILITATION PROCESS AND DIALOGUE STRUCTURE FOR PRACTICE PANEL

...you may not get to do all of these all of the time, but if you can do most, most of the time, less of the process is left to chance...

PROCESS	DESCRIPTION	SCRIPT SUGGESTIONS
<b>WELCOME AND INTRODUCTIONS</b>	Acknowledgement of country. Introduce participants and clarify roles.	General acknowledgment: I would like to respectfully acknowledge the Traditional Owners and Custodians of the land on which we meet, and recognise their connection to land, wind, water and community. I would like to pay respect to Elders, past, present and those emerging who will lead and guide future generations.
<b>PURPOSE</b>	Clarify overall purpose for the panel.	Why are we meeting today? What is the critical decision or recommendation that needs to be made with this case?
<b>DESIRED OUTCOMES</b>	Elicit overall hopes. Explain who the delegate is and how decisions will be made.	What are we hoping to accomplish in this discussion? What do we want to walk away from this meeting with (for example, a plan, recommendation or decision)
<b>STAKEHOLDERS</b>	Ensure the right people are present. (note: If an invited participant is unable to attend, or the participation of another participant is suggested during the panel meeting, consider if the panel can achieve the desired outcomes, or needs to be reconvened.)	Is everyone here who should be here? Do we have cultural representation from more than one participant? Should there be other people here? What is the best way to get people's perspective or update/brief them?
<b>CONTEXT</b>	Check what might pull attention away from the meeting's focus, such as time available, work pressures, urgent matters, and current emotional wellbeing of participants.	What do we need to be mindful of/thoughtful about/aware of for people here today? Is there anything participants need to let us know?
<b>GROUP AGREEMENTS OR COMMITMENTS</b>	Develop a group working agreement. Set a time frame for meeting. Allocate roles, for example, the voice of the child, the voice of SDM, the voice of culture. Agree who will facilitate, time keep, scribe. Key reminders can be put on the board: <ul style="list-style-type: none"> <li>Evidence based (robust / rigour)</li> <li>Respect for the family who are not present</li> <li>Confidentiality</li> </ul> Diversity and inclusion— Have people commit to checking their privilege, 'try on' other's ideas and feelings, maintain an awareness of intent and impact.	How are we going to work together? What agreements do we need to make with one another to ensure this process is successful? What will help us get through this process in a way that allows us to achieve our purpose? Because we have someone on the phone or online, we need to pay attention to how to ensure they can fully participate (can give people a role to notice non-verbals and pause the meeting to check in, say your name before speaking). We are having a meeting about the family without them – how do we do this respectfully? How do we ensure the child and family's voice is heard? If we have a difference of opinion about the way to proceed, how will we manage this? Do you authorise me as the facilitator to bring us back if we get off track?

PROCESS	DESCRIPTION	SCRIPT SUGGESTIONS
<b>CONTENT</b>	<p>Presentation of case by workers most involved with the family.</p> <ul style="list-style-type: none"> <li>Start with background information – who is in the family (genogram/kinship map), safety and support network, cultural identity and cultural considerations, other information relating to the child and their family, brief summary of Child Safety involvement up to the current time, summary of current intervention and current assessment, information relating to applications for child protection orders granting long term guardianship to a suitable other or a permanent care order and proposed recommendations</li> <li>Then (in no order) the top four quadrants of the CAP framework tool - <i>what are we worried about</i> (harm/complicating factors – from Safety Assessment) and <i>what is working well</i> (protection/belonging and strengths/resources).</li> <li>For Aboriginal and Torres Strait Islander Children, talk through Case reflection tool – highlight to what extent active efforts have been made to apply the 5 elements of the Aboriginal and Torres Strait Islander Child Placement Principle.</li> <li>Identify grey areas that need follow up.</li> <li>Mapping (visual – whiteboard or paper) and sorting as you go.</li> </ul>	<p>We acknowledge that it takes courage to present your case to a group of people.</p> <p>Please write down questions until the case worker has finished presenting, as they may answer your questions as they continue talking about the family. Any unanswered questions can be discussed after the worker's initial presentation.</p>
<b>CLARIFICATION</b>	<p>Questions by facilitator first, then the panel members, to facilitate analysis.</p> <ul style="list-style-type: none"> <li>Notice competency</li> <li>Ensure the family's views are incorporated or highlight what additional work needs to be done to elicit family member's views</li> <li>Ensure a cultural lens is applied</li> <li>Ensure dimensions of permanency are being considered in the discussion</li> <li>Ask about problem exceptions</li> <li>Elicit potential solution strategies</li> </ul>	<p>What would the child and family say?</p> <p>How does this align with the Aboriginal and Torres Strait Islander Child Placement Principle?</p> <p>Have there ever been times when (exception to the problem, for example, when dad didn't use alcohol as a coping mechanism when times were tough? When mum was demonstrating warmth and interest towards her baby?) If we don't know about these exceptions, have we explored them with the right people?</p> <p>How does this align with the dimensions of permanency?</p>
<b>ANALYSIS OF INFORMATION</b>	<p>Consider the proposed recommendation – has adequate consideration been given to relevant safety and risk assessments, identification of harm, parent willing and able, evidence base/expertise, consideration of the dimensions of permanency.</p>	<p>Is this recommendation in the best interests of the child? Has all information been considered?</p>
<b>SAFETY AND WELLBEING SCALE</b>	<p>Determine how much safety there is currently for each child – Notice differences for each child.</p> <p>Ask eliciting questions about what has the participants scaling as high or as low regarding safety. All panel participants to scale.</p>	<p>On a scale of 0 to 10, where 0 means the risk to the is so great they need to be removed immediately and 10 means there is enough safety and wellbeing for the child to close the case, where would you rate the situation right now?</p>
<b>PERMANENCY SCALE</b>	<p>Determine how well the dimensions of permanency are being achieved currently for each child.</p> <p>Ask eliciting questions about what has participants scaling as high or as low regarding permanency. All panel participants to scale.</p>	<p>On a scale from 0 to 10, where 0 means the current situation does not provide permanence and long-term stability for the child and 10 means the dimensions of permanency have been well considered and long-term stability, continuity and connection have been achieved for this child.</p>

PROCESS	DESCRIPTION	SCRIPT SUGGESTIONS
<b>ACTION PLAN</b>	Focus on the future safety, wellbeing and belonging of each child. Identify next steps and tasks, contingencies, “what ifs”, and plan B. Can be completed in the bottom section of the CAP framework – worry statements, goal statements and action steps. List action items and who is responsible to do what and by when.	What steps do we need to take from here to ensure the safety, wellbeing and belonging for each child? What steps do we need to take to ensure stability, continuity, and connection for each child? Who does what? By when? Is another panel needed? How will we review/follow up?
<b>CHECK FOR UNDERSTANDING AND THEN AGREEMENT</b>	<a href="#">Refer to Building consensus – Gradients of agreement</a> <b>Everyone must be at least a 2 to move forward:</b> 1: Veto – I won’t do that plan 2: Reluctant but willing – I don’t like it / not comfortable, but I am willing to try it 3: Neutral – no strong feelings either way / could go either way 4: Supportive – I like this plan 5: Endorsement – I love this plan <b>Scaling.</b> For willingness/confidence/capacity regarding safety or progress towards goals, for example, to assess a group’s confidence in the safety of the child if they proceed with the plan discussed. Everyone must be 10 to proceed – upgrade the plan to get everyone to a 10. Some people might want to hear all perspectives first, some might need to go away and think about it first. Default to people closest to child, people most informed, and / or people who spend most time with the child and family.	Tell me what has you at a one? What can we do to move you to at least a two? <i>(Gauge a whole room or a meeting just asking people to show their number with a hand- fist is 0, open hand is 5).</i>  You’re at a seven regarding your confidence in how safe you think the child will be if we proceed with this plan. What do you need to see happen with this plan to move you up to a ten?  While consensus is optimal, if this cannot be achieved the final decision rests with the Child Safety delegate.
<b>POSITIVE REFLECTION</b>	Help the worker identify and reflect positively on their good practice. Amplify the details of good practice. Acknowledge and compliment good practice and anything the worker has done which has contributed to progress on the case.	As we draw to a close, let’s take a moment to focus on your practice – what do you feel most proud of in your work with this family so far? What has been your most important learning in your work with this family? You’ve managed to achieve so much with the family in the midst of all the complexity. How were you able to do this?
<b>FEEDBACK</b>	Seek participants’ feedback about the process. Consider participants sharing one regret and one appreciation regarding the process.	What worked during the process? What could we do differently next time?
<b>APPRECIATION, THANKS &amp; CLOSE</b>		

Building consensus – Gradients of agreement

# Building Consensus

*“Gradients of Agreement”*  
—Sam Kaner of Community at Work

