



Tools, processes and practice guidance: Practice and cultural consultation Practice Paper

Introduction

This practice paper provides Department for Child Protection (DCP) case management and service delivery practitioners with an understanding of the importance and principles of practice and cultural consultation.

The paper does **not** provide guidance about:

- consultation that occurs between a DCP case worker and their supervisor
- consultations related to section 12 of the *Children and Young People (Safety) Act 2017* that requires DCP, where reasonably practicable, to consult with and have regard to any submissions of a recognised Aboriginal or Torres Strait Islander organisation before an Aboriginal or Torres Strait Islander child or young person is placed in a placement. Refer to the [Consult with a recognised organisation \(for Aboriginal children and young people\)](#) step in the Place a child or young person in care chapter of the Manual of Practice for further information
- case conferencing with DCP and other agencies and professionals involved
- consulting with children, young people, family and community members.

For information about seeking the views of children and young people, refer to [Seek the views of the child or young person](#) in the Supporting children and young people in care chapter of the Manual of Practice and for information about consultation with family and community members, refer to the [DCP Practice Principles – Partnership and collaboration](#).

This practice paper should be read in conjunction with the [Assessment framework](#).

The importance of consultation

Consultation with practice and cultural experts contributes to child-centred and culturally responsive practice. Consultation plays an important role in high quality assessment, case conceptualisation and decision making. For further guidance, refer to the [Assessment framework](#) and the [Decision making Practice Paper](#).

Consultation also has an important role in identifying and challenging bias, including cultural or unconscious bias. For further guidance about bias, refer to the [Bias in Child Protection Practice Practice Paper](#).

Consultation is a collaborative process and has a dual purpose. In addition to seeking guidance regarding a given matter and also being a legislative requirement for certain decisions, consultation also provides opportunities for reflective practice, professional development and continuous improvement for all participants.



Consultation providers and purpose

A number of roles within DCP provide practice and cultural consultation. DCP case workers (and their supervisors) should carefully consider the purpose of the required consultation. The unique needs of each child or young person will influence the type of consultation required and who should be involved in the consultation.

Consultation provider	Purpose of consultation
Practice leaders and Lead Practitioner	promotes high quality decision making by ensuring that thorough consideration is given to relevant legislation and applying the Practice Approach including the guidance in the Manual of Practice for each child and young person.
Principal Aboriginal Consultants and Aboriginal Lead Practitioner	promotes culturally responsive practice and ensures the cultural needs of Aboriginal and Torres Strait Islander infants, children, young people, families and carers are considered. The Manual of Practice sets out when consultation with a Principal Aboriginal Consultant is required or recommended while the Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper outlines how consultation with Principal Aboriginal Consultants can support active efforts in relation to the Aboriginal and Torres Strait Islander Child Placement Principle five core elements including the precursor, identification. Refer to the Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper for further information.
DCP Multicultural Services	promotes culturally safe practice for children and young people, families and carers from culturally and linguistically diverse backgrounds and ensures cultural needs are appropriately identified and responded to.
DCP Psychological Services	assists with exploring and understanding the impact of trauma on child development, behaviour and mental health. These insights assist in formulating appropriate case plans and interventions. Additionally, consultations with psychologists can identify the need to conduct relevant and timely assessments to gain further information about a child or young person’s cognitive functioning, disability needs or other needs including any therapeutic support required to support a placement. Consultation with a DCP psychologist may also inform understanding and assessment of the impact of trauma or specific mental health issues on parenting, general functioning and the capacity for change.
DCP Disability and Development Program	provides specialist consultation to respond to the disability and developmental needs of children and young people in care and to provide advice about the NDIS.
High Risk Infant Workers	provides support to ensure high quality assessment of the needs of families in the antenatal period and to infants and their families post birth.
Lead Psychiatric Director	supports case conceptualisation for children and young people with complex psychiatric and other needs.

Consultation about legal matters is provided to DCP staff by DCP Legal Services and the Crown Solicitor’s Office.

At times, consultation may also occur with external services and professionals including (but not limited to):

- Aboriginal Community Controlled Organisations
- Child Protection Services



- Mental health professionals
- Drug and alcohol specialists, such as DASSA
- Disability specialists, including NDIS providers
- Allied health and medical providers including general practitioners and Aboriginal health care providers.

Where multiple consultants need to be involved, all consultants should be included in a single consultation meeting wherever practicable.

Consultations required or recommended in the Manual of Practice

There are many circumstances in which DCP case workers are required or encouraged to consider pursuing consultation regarding practice or cultural issues. Refer to the Manual of Practice for advice about when consultation must occur, or where it is strongly recommended, and the [Decision making Practice Paper](#). It is strongly recommended that the DCP case worker and the delegate for any relevant decisions (usually the supervisor) attend consultations. It is critical that the DCP case worker and delegates understand who is responsible for participating in the consultation and the implications for practice if this does not occur.

Consultation should occur including, but not limited to, the following:

- complex assessment and decision making
- ensuring culturally responsive practice for Aboriginal and Torres Strait Islander infants, children and young people consistent with the [Aboriginal and Torres Strait Islander Child Placement Principle](#) five core elements and the precursor, identity
- Family Led Decision Making for Aboriginal families
- ensuring culturally responsive practice for children and young people from culturally and linguistically diverse backgrounds
- where engagement has been challenging, support to engage more positively with children and young people, family members or carers
- cases involving complex domestic and family violence, issues related to alcohol and other drug use and mental health issues
- overrides of Structured Decision Making Assessment[®] outcomes
- case closures for high risk cases
- decisions to remove children or young people
- complex case planning, including investigation planning
- developing the Aboriginal Cultural Identity Tool (ACIST) and case plan for Aboriginal and Torres Strait Islander infants, children and young people (refer to [Develop the case plan](#) in the Case planning, review and annual review chapter of the Manual of Practice for further guidance)
- complex placement decision making, including decisions about the approval, termination or change of placements and the application of the Aboriginal and Torres Strait Islander Child Placement Principle
- complex decisions about children and young people's contact arrangements
- understanding and responding to children and young people's complex needs, including disabilities, alcohol and other drug use or other risk-taking behaviour, mental health issues, youth justice involvement and therapeutic and cultural needs



- issuing or withdrawing written directions
- young people with complex offending behaviours
- developing and implementing transition plans (including reunification and placement transition)
- significant decisions for children and young people under long-term orders including pursuing Long-term Guardianship to a Specified Person orders or change of name
- navigating complex court and tribunal processes (including in relation to the Youth Court, Family Law Court and South Australian Civil and Administrative Tribunal matters)
- exploring differences of professional opinion.

For further guidance about decision making, refer to the [Decision making Practice Paper](#).

Consultation agenda, process and recording

1.1 Preparation

The DCP case worker should prepare a case conceptualisation summary and outline the scope of the consultation (including the issues to be discussed and the decisions that need to be made) and send this to the participants. For consultations regarding children or young people's safety, reunification viability, the needs of children or young people in long-term care or the capacity of a family based carer to meet a child or young person's needs, the [Assessment framework's Domains of assessment](#) can be used as an agenda for the consultation depending on the phase (or direction) of the case. The [DCP Practice Principles](#) and the five core elements and the precursor of the Aboriginal Child Placement Principle should also be considered when reviewing a case holistically.

While case management will usually chair meetings, where multiple consultants are involved or the matter is highly complex or contentious, the DCP case worker and their supervisor should consider who may best chair the consultation meeting.

The DCP case worker must ensure that consultants have access to critical information prior to the consultation. Depending on the needs of the individual case, this may include identifying key reports or documents in C3MS and/or sharing relevant information about the child protection history and/or the child or young person's needs. Documents that may be beneficial to be shared include (but are not limited to):

- court reports
- case plans including Aboriginal Cultural Identity Support Tool (ACIST) or Culturally and Linguistically Diverse Identity Support Tool (CALDIST)
- psychological or other professional reports.

It is recommended that the DCP case worker prepare to present their current case conceptualisation (see the [Assessment framework](#) for more details) at the consultation. The DCP case worker can prepare to present their case conceptualisations verbally at the consultation or may distribute it to participants in writing prior the consultation. It is imperative that the case conceptualisation includes an overview of the child or young person's cultural background, historical and current caregiving arrangements, experiences of trauma and their current needs and wishes.

It is important to acknowledge that within consultation, Aboriginal and Torres Strait Islander infants, children and young people have the inherent right to culture, which includes recognition and connection to kin, community, cultural practices, beliefs and identity.



1.2 Consultation meeting

Consultations should be approached in a collaborative and supportive manner by all participants.

The minute taker must be nominated at the commencement of the consultation (see section 5.3 Recording consultations below).

The consultation should commence with the DCP case worker presenting their case conceptualisation. The supervisor and/or senior practitioner should support the DCP case worker as necessary.

Consultants should be prepared to listen carefully to the case conceptualisation to gain an understanding of the DCP case worker's assessment. In discussing the case conceptualisation, the consultant should:

- adopt a curious approach when further information is required to develop a thorough understanding of the matter
- encourage participants to sensitively identify and explore possible biases where necessary
- explore and test different alternatives with participants
- encourage all participants to contribute to the discussion.

The meeting participants should then follow the meeting agenda, ensuring that the advice or guidance provided by the consultant(s) is clearly understood and recorded appropriately. It may be useful for the consultant to consider the [Assessment framework](#), [Aboriginal Child Placement Principle](#) and other foundational theories and knowledge where relevant to explore the matter thoroughly from a number of perspectives or to support the understanding of the case. It is recommended that the discussion is summarised and actions and associated timeframes for completion are documented and agreed before the meeting concludes.

For complex matters, multiple consultations may be required.

Whilst it is desirable for all participants to be in agreement with the outcomes of the consultation, this may not always be achieved. Where differences of opinion occur during the consultations, care should be taken to ensure communication remains respectful and collaborative, and that opposing views are appropriately recorded and reflected upon by the delegate to inform their decision making.

1.3 Recording consultations

Consultations and decisions must be recorded in C3MS in alignment with the [Consult and Decision Record Procedure](#). DCP practitioners involved in the consultation must confirm who is responsible for recording the consultation note and uploading it to C3MS prior to or at the beginning of the consultation meeting. In most cases, the DCP case worker will be responsible for the recording the note. The note should be recorded in C3MS using a *Consult or Decision Record* note.

1.4 Reviewing, editing (where necessary) and approving case notes/Consult or Decision Record note

Case notes pertaining to the consultation or the Consult and Decision Note should be workflowed to consultation participants via C3MS. The case note/Consult or Decision Record Note should be reviewed (and edited where necessary) within five working days of the consultation meeting by consultation participants. The delegate is responsible for approving the case note/Consult or Decision Record note.



Reflective practice prompts

Practitioners are better able to develop their skills when they engage in reflective practice. The following reflective practice activity is offered to encourage reflective practice among practitioners.

Think about one of your cases where a consultation has occurred and consider:

- was sufficient information shared to enable the consultant to comprehensively understand the case? Could the information sharing prior to or during the consultation have been improved?
- did the consultant share a view or recommendation that had not been considered previously? If so, why do you think this had not been explored previously?
- do you feel more confident in the decision or outcome as a result of the consultation? If not, what else needs to occur?
- how was culturally responsive practice promoted? How could this be improved in the future?

Document control

Reference No./ File No.			
Document Owner		Lead Writer (position)	
Directorate/Unit: Quality and Practice		Practice Leader, Quality and Practice	
Accountable Director: Director, Quality and Practice			
Commencement date	07/05/2024	Review date	02/05/2027
Risk rating Risk Assessment Matrix	Consequence Rating	Likelihood	Risk Rating
	Moderate	Unlikely	Low

REVISION RECORD		
Approval Date	Version	Revision description
03/05/2024	1.0	Final. New Practice Paper