



# Safety Practice Paper

## 1. Introduction

The safety of children and young people is the paramount consideration of the *Children and Young People (Safety) Act 2017* (CYPS Act) and at the centre of the DCP Practice Approach. All actions, in all phases of work, must ensure children and young people are protected from harm.

DCP recognises the detrimental and lasting effects of past government policies and practices for Aboriginal and Torres Strait Islander infants, children, young people and families. Given the intergenerational trauma including forced removals and cultural assimilations experienced by Aboriginal and Torres Strait Islander people, assessment of risk of harm and family strengths should be informed by the views of the child and young person and family, inclusive of extended family, kinship networks and cultural safety considerations.

## 2. Defining safety and harm

Safety in a child protection context means that children and young people are protected from harm. In section 17 of the CYPS Act, harm is defined as physical or psychological harm (whether caused by an act or omission) to a child or young person, including (but not limited to) sexual, physical, mental or emotional abuse or neglect. Psychological harm does not include emotional reactions such as distress, grief, fear or anger that are a normal response to the vicissitudes of life.

It is important when working with children and young people in a child protection context that practitioners have a fundamental understanding of the difference between safety and risk.

*Safety – a specific situation or behaviour, emotion, motive, perception or capacity of a caregiver that is out of control, imminent and likely to harm a child or young person.*

*Risk - the likelihood for parenting behaviour that is harmful and destructive to a child or young person's cognitive, social, emotional, physical development and those with parenting responsibility are unwilling or unable to behave differently.*

To summarise the difference between safety and risk, safety refers to threat of harm to the child or young person that requires an immediate intervention while risk refers to a current or historical behaviour, or circumstance that increases the likelihood of future harm.

The [SDM® Screening and Response Priority Assessment Manual](#) outlines what constitutes physical, emotional and sexual harm, and neglect in child protection practice in DCP. This includes:

- alleged inflicted or unexplained injuries
- injuries resulting from domestic violence
- violent behaviour directed towards a child
- dangerous behaviour involving a child
- threats to kill/injure a child
- female genital mutilation
- serious injury or illness due to neglect



- inadequate supervision or unavailable caregiver
- inadequate basic care provision
- failure to protect from others
- chronic school absenteeism
- sexual act or exploitation
- suspicious indicators consistent with sexual harm
- child is significantly impaired (for example, anxiety or depression)
- child has significant symptoms of emotional distress
- where a child is residing, or is about to reside, with a parent or person found guilty of a qualifying offence.

In addition to the above, the [SDM® Screening and Response Priority Assessment Manual](#) outlines the risk factors that are likely to cause harm to a child or young person. As outlined in section 18 of the CYPs Act, risk is defined as but not limited to the child or young person has or will suffer harm (being harm of kind against which a child or young person is ordinarily protected); or there is a likelihood that the child or young person will suffer harm (being harm of a kind against which a child or young person is ordinarily protected). Some of the risk factors include:

- caregiver alcohol or other drug use
- caregiver mental health issues
- caregiver intellectual disability
- domestic violence
- homelessness
- female genital mutilation
- likelihood of sexual harm
- persistent absenteeism.

For children and young people, the concept of safety should incorporate cultural safety (refer to the [Cultural Safety Procedure](#) for further information).

## 2.1 Physical harm and safety

Physical safety is broadly understood as children and young people being protected from physical harm and having their physical needs met. While physical harm can be caused by violence, children and young people can also suffer physical harm through neglect. Neglect occurs when the needs of children and young people for food, shelter, nurturance, stimulation, medical needs and appropriate supervision are not met. Physical harm can also result from practices such as female genital mutilation. Physical safety also includes being safe from sexual harm.

The assessment of physical harm (including sexual harm) often requires DCP to seek a forensic medical opinion. The need for a forensic medical opinion is explored through a strategy discussion. Refer to the [Plan an investigation](#) key step of the Intake, investigation and assessment chapter of the Manual of Practice for further information about strategy discussions.

## 2.2 Emotional/psychological harm and safety

Emotional safety, often referred to as psychological safety, positively contributes to a child or young person's emotional wellbeing and self-esteem. Emotional safety means that a child or young person feels safe enough to be vulnerable and develops through experiencing responsive and attuned caregiving. Emotional safety is the belief that a child or young person will not be punished or humiliated



for speaking up with ideas, questions, concerns or mistakes. Emotional harm can include psychological maltreatment which is described as 'a concerted attack by an adult on a child or young person's development of self and social competence, a pattern of psychically destructive behaviour'. Exposure to domestic and family violence can also result in emotional harm of children and young people.

Emotional safety has a strong correlation with a child or young person's attachment with their primary caregivers. Attachment describes the relationship that a child develops with their caregivers throughout their first years of life, and beyond. Attachment is affected by the quality of care provided by the caregiver and is not dependent on a biological relationship. Attuned, responsive and consistent caregiving supports the development of a healthy attachment relationship and a sense of belonging. Conversely, poorly attuned, unresponsive and inconsistent (or unpredictable) care can harm a child's ability to form a healthy attachment relationship with their caregivers. Healthy attachment relationships offer infants and children the safety to confidently explore their world, emotions and relationships which in turn contributes to their physical, emotional, social and cognitive development. Refer to the [Attachment Practice Paper](#) for further information. In the context of healthy attachment relationships, children and young people are able to explore their culture and form important and protective cultural connections that support them throughout their lives.

## 2.3 Cultural safety

For Aboriginal and Torres Strait Islander infants, children and young people in care, case work must deeply reflect on and make active efforts to ensure a child or young person's cultural safety. Cultural safety is understood as:

*"An environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening" (Williams, Robyn (2008). Cultural safety: what does it mean for our work practice? Australian and New Zealand Journal of Public Health. 23(2): 213-214.).*

Further, cultural safety identifies the strength of culture in assisting children and young people to develop a positive identity and promote their health, wellbeing, self-esteem and development. Practitioners are required to ensure that children and young people have an ongoing connection to culture, family, kin, community and country.

Cultural safety also recognises children and young people from culturally and linguistically diverse backgrounds. It acknowledges individual experiences and differences and promotes shared knowledge, respect and learning. Practitioners are required to understand the cultural needs of children and young people to work effectively to support the best outcomes of children and young people.

DCP practitioners should seek cultural support and guidance from DCP Multicultural Services or consult with a Principal Aboriginal Consultant at any stage of work with children, young people and their families and carers.

## 3. Assessing and promoting safety for children and young people

All case workers must undertake continuous assessments of safety for children and young people across all phases of work. The [Assessment framework](#) outlines the various considerations for assessing safety



depending on the phase of intervention and the individual circumstances of the child or young person. The Assessment framework also outlines cumulative harm which has significant implications for the assessment and safety of children and young people.

Many factors can impact on a child or young person's safety, requiring a re-conceptualisation of the case. For example:

- changes to the membership of a household
- changes in household member's/caregiver's relationships
- increasing demands on caregivers (such as a new baby or additional child or young person entering the home)
- escalating risk factors (including increased domestic and family violence, declining mental health or increasing alcohol and/or other drug use)
- reduction in protective factors (such as a safe adult leaving the home or support to caregivers being reduced or withdrawn)
- increase in other stressors (including a reduction or loss of income, a reduction in social support or additional health needs)
- changes to gender identity and sexual orientation
- challenges of families from culturally and linguistically diverse backgrounds settling in Australia (learning a new language, navigating new systems).

The [Conduct the investigation: Consider and establish immediate safety](#) key step of the Intake, investigation and assessment chapter of the Manual of Practice explains the imperative in understanding the difference between safety and risk. Undertaking an assessment of safety is a holistic process that combines the use of tools and professional judgement. Refer to the [Conduct the investigation: Consider and establish immediate safety](#) key step for further information.

Children and young people can be assessed as 'safe', 'conditionally safe' or 'unsafe' depending on the presence of safety threats and the availability of mitigating protective factors (refer to [Conduct the investigation: Consider and establish immediate safety](#) for further information). Safety must be reassessed when there are changes to the child or young person's circumstances, such as changes to household dynamics or the presence of new or changed caregiver risk factors.

The phases of work and associated assessments about child safety have varying implications for intervention. Examples of interventions to ensure the safety of children and young people include, but are not limited to, the use of safety plans, case planning, placement in care and associated court orders, Wellbeing plans in Residential Care, written directions, and placement (including initial placement in care and placement changes). For children and young people who remain at home, DCP case workers must ensure the SDM® Safety Assessment is appropriately undertaken to support assessments of safety and associated decisions. Refer to the [SDM® Safety Assessment Policy and Procedures Manual](#) for further information.

Where safety threats are identified, safety planning can have a role in creating conditional safety for children and young people. Typically, safety planning is used during an investigation, however depending on the circumstances of the case, safety plans may be used during other intervention phases.



Safety planning involves continually assessing and responding to circumstances that place a child or young person in danger. Refer to the [Conduct the investigation: Consider and establish immediate safety](#) key step of the Intake, investigation and assessment chapter of the Manual of Practice for further information about safety planning.

### 3.1 Promoting cultural safety

Culturally safe practice is important in all aspects of child protection intervention with families, including assessment, family preservation, placement decision/placement support, case planning for children and young people in care and transitioning from care. Section 10(1)(c) of the CYPs Act states that account should be taken of the culture, disability, language and religion of children and young people.

Culturally safe practice recognises and respects individual cultural identities and safely meets an individual's needs, expectations and rights through active efforts such as:

- culturally safe engagement strategies
- creating safe and welcoming environments
- supporting the sense of identity and belonging of the individual.

Cultural safety promotes the spiritual, social and emotional safety of children and young people and is particularly important for Aboriginal and Torres Strait Islander infants, children and young people. Aboriginal and Torres Strait Islander infants, children and young people must have the opportunity to grow up immersed in their culture and to develop important connections to kin, community, cultural practices, identity and Country. Aboriginal and Torres Strait Islander family led decision making, recognises that Aboriginal and Torres Strait Islander families and communities have the knowledge and experience to make the best decisions about the safety and wellbeing of infants, children and young people more so than practitioners. When working with Aboriginal and Torres Strait Islander infants, children and young people, it is strongly recommended that a Principal Aboriginal Consultant is consulted regarding key decisions.

Culturally safe practice also requires practitioners to develop relationships with families from culturally and linguistically diverse backgrounds with a respectful approach with good communication and flexibility. This is further strengthened by supporting children and young people from a culturally and linguistically diverse background to have strong connections to their culture as well as positively support their development, wellbeing and identity. It is strongly recommended when working with culturally and linguistically diverse families that cultural advice is sought from DCP Multicultural Services.

Practitioners should refer to the [DCP Practice Principles – cultural safety](#), the [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#), the [Develop the case plan key step of the Case planning, review and annual review chapter of the Manual of Practice](#), [Family Led Decision Making for Aboriginal families Framework](#), [Working with cultural diversity Practice Paper](#) and the [Cultural Safety Procedure](#) for further information.



## 4. Safety for caregivers to promote safety for children and young people

Safe caregivers are better able to attend to the needs of their children. This is relevant for children and young people in the care of their families and for those placed in care. Practitioners must make informed assessments about the issues that affect caregiver safety (informed by the [Assessment framework](#)) to comprehensively understand child safety. Interventions targeted at increasing caregiver safety will have a positive impact on child safety.

Case planning promotes safety for children and young people by clarifying the roles and responsibilities of care team members to address the needs of the child or young person. Actions and outcomes that promote caregiver safety, such as achieving stable and secure housing, addressing mental health issues, or alcohol and/or other drug use, will support safety for children and young people.

Practitioners should refer to the following Practice Papers for further information about increasing caregiver and child safety:

- [Domestic and family violence Practice Paper](#)
- [Alcohol and other drugs \(AOD\) in child protection Practice Paper](#).

## 5. Safety for children and young people in care

Children and young people in care must feel safe and supported. Safety for children and young people must be established so that healing from trauma can occur. To promote safety and healing, practitioners should understand 'trauma-informed and responsive practice' (TI-RP). TI-RP applies a trauma lens to all aspects of professional and organisational practice and recognises the signs and symptoms of trauma, not only among people, families, and communities, but also within traumatised systems. At a minimum, TI-RP aims to do no further harm to, or create any further risk for, those who have experienced trauma. At best, TI-RP seeks to be therapeutic by focussing on strengthening resilience and protective factors, and promoting physical, emotional, and cultural safety. Refer to the [Trauma lens Practice Paper](#) for further information.

DCP case workers have several responsibilities to promote the safety of children and young people in care. Regular communication with children and young people, and their carers, will support DCP case workers to develop a holistic understanding of their needs. The following needs of children and young people are also to be considered in the administration, operation and enforcement of section 8(1) of the CYPS Act which includes the need to be heard and have their needs considered, the need for love and attachment, the need for self-esteem and the need to achieve their full potential. It is critical that DCP case workers develop effective working relationships with children and young people, so children and young people feel supported to share their views and identify any issues affecting their safety. Refer to the [Relationship Based Practice Paper](#) for further information. Ensuring children and young people have regular opportunities to share their views is critical in promoting their safety. For example by regularly seeking their views and their participation in case planning. Refer to the [Seek the views of child and young person](#) key step of the Supporting children and young people in care chapter of the Manual of Practice for further information.



The Sanctuary Model adopted in DCP Residential Care focuses on safety and promotes recovery from trauma through the creation of a trauma-informed community. The Sanctuary Model supports Residential Care staff to deliver consistent care that is relationship-based, therapeutic and responsive to the complex needs of children and young people. For further information, refer to the [Sanctuary intranet page](#).

Identifying and responding to care concerns is critical in ensuring the safety and wellbeing of children and young people in care. DCP case workers must ensure they understand their responsibilities in relation to raising and responding to care concerns. The response to each care concern and child or young person is unique. However, it may include an assessment of immediate safety, holding a Planning Discussion, developing a Response Plan, exploring or investigating the concerns, developing a C3MS Action Plan and determine the care concern outcome. Refer to the [Raising and Responding to Care Concerns](#) chapter of the Manual of Practice for further information.

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