



DCP Practice Approach

Supporting and collaborating with carers Practice Paper

1. Introduction

Carers are an integral part of the child protection system. It is through the dedication of carers that children and young people in care receive the safe and nurturing care they require to heal from trauma and reach their full potential. Developing positive, collaborative relationships with carers is a core professional responsibility for Department for Child Protection (DCP) practitioners and kinship care workers. Working in partnership with and supporting carers is key to the DCP Practice Approach Practice Principles:

- Supporting Carers
- Partnership and Collaboration
- Cultural Safety.

For more information, refer to the [DCP Practice Principles](#).

The [Statement of Commitment](#) for South Australian Foster and Kinship Carers (the Statement) also underpins the importance of working in partnership and valuing carers. The Statement outlines the commitment of DCP and sector partners, promising to inform, support, consult, value and respect all family-based carers throughout their caring journeys.:

DCP practitioners and kinship care workers must consider each of these five key principles when they are working in partnership with foster and kinship carers. For more information, refer to the [Statement of Commitment](#).

This practice paper supports DCP practitioners and kinship care workers to understand their core responsibility to build strong, positive and collaborative relationships with carers and the ways that DCP practitioners and kinship care workers can embed the key principles of the [Statement of Commitment](#) into their practice.

To meet the needs of children and young people in residential care and other types of non-family based care, it is critical that DCP practitioners:

- work in partnership
- share information with direct care staff
- engage the care team in decision making.

Supporting and collaborating with carers includes:

- actively working together
- hearing and responding to carers' views, opinions, questions and concerns
- being collaborative, clear and transparent about decisions.





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Proactive work is required to build a partnership with carers that supports children and young people in care to thrive. Building genuine and respectful relationships with carers allows DCP practitioners and kinship care workers to engage effectively, make comprehensive assessments and make decisions.

Collaborative planning with the people who know the child or young person best (carers) contributes to better outcomes for children and young people. For further guidance about relationship based practice, refer to the [Relationship Based Practice Practice Paper](#).

Active efforts to apply the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) are required to achieve meaningful change and improved outcomes for Aboriginal and Torres Strait Islander infants, children and young people.

Working in partnership with Aboriginal carers, infants, children and young people supports the rights of Aboriginal and Torres Strait Islander peoples and communities to self-determination. It also recognises that Aboriginal and Torres Strait Islander peoples should be supported to make decisions regarding the safety and wellbeing of their children.

DCP practitioners must make active efforts to ensure Aboriginal and Torres Strait Islander infants, children, young people, families and carers participate in decision making in relation to all significant decisions. Working in partnership with Aboriginal and Torres Strait Islander carers contributes to effective and culturally safe practice and improves outcomes for Aboriginal and Torres Strait Islander infants, children and young people.

When Aboriginal and Torres Strait Islander infants, children and young people are placed with non-Aboriginal carers, carers will require additional support from DCP practitioners and kinship care workers to ensure that connections to family, community, culture and Country are maintained.

For further guidance regarding the ATSICPP, refer to the [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#), and [Identify and respond to the cultural needs of Aboriginal and Torres Strait Islander infants, children and young people](#) in the [Supporting children and young people in care](#) chapter of the Manual of Practice.

When infants, children and young people from culturally and linguistically diverse (CALD) backgrounds are placed in a non-culturally specific placement, additional support is essential to ensure their wellbeing, identity and cultural connections are maintained. Children and young people should have opportunities to engage with their cultural community, attend cultural events and maintain relationships with people from similar backgrounds. Carers should be informed about the religious practices, dietary requirements or traditions that are important to the child or young person. Practitioners must actively address the cultural and linguistic needs to improve outcomes for children and young people from CALD background in care. For further guidance refer to the [Cultural and linguistically diverse child placement Policy](#) and [Identity and respond to the cultural needs of children and young people from culturally and linguistically diverse \(CALD\) background](#) in the Manual of Practice.

A child or young person's culture, familial and community connections should be maintained. This involves working in partnership with families and carers, ensuring they are involved in specific decision making. When a child or young person from a CALD background is placed with non-culturally specific carers, additional





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support is required to help them maintain cultural ties. For further guidance, refer to the [Working with cultural diversity Practice Paper](#).

2. Inform

Sharing information with carers about children and young people prior to them being placed in their care is both a legislative requirement of the *Children and Young People Safety Act 2017* (CYPS Act) and best practice.

Sections 79 and 81 of the CYPS Act require DCP practitioners to share information with approved carers before placement of a child or young person in their care and for the duration of time the child or young person is in their care. Section 82 of the CYPS Act states that approved carers are entitled to “participate in any decision-making process relating to the health, safety, welfare or wellbeing” of the child or young person in their care.

Providing carers with information about the child or young person assists them to:

- support effective and informed decisions making
- understand and meet the unique needs of the child or young person

When a foster care agency or DCP is considering placing a child or young person with a carer, the DCP case worker must provide the proposed carer with information relevant to making the decision about whether or not to accept the placement. For further guidance about preparing a child or young person’s profile information refer to, ‘Prepare child profile information’ under [Make a placement request \(if required\)](#) from Place a child or young person in care chapter of the Manual of Practice.

When children or young people are placed with a carer in a temporary placement, section 77 of the CYPS Act allows those carers to be treated as approved carers in relation to providing them information and their participation in decision making under sections 81 and 82 of the CYPS Act. For further guidance, refer to [Assess and seek approval for a temporary placement \(if required\)](#) in the Place a child or young person in care chapter of the Manual of Practice.

Section 80 of the CYPS Act requires children and young people be provided with information about their proposed carers prior to the commencement of a placement. For further guidance, refer to the [Supporting the participation of children and young people in decision making](#) Practice Paper.

Once the child or young person is placed in care, the DCP practitioner will also provide the approved carer with any additional information held by the agency that is reasonably necessary to ensure the safety and wellbeing of the child or young person, the approved carer and other members of the household. For further guidance, refer to [Prepare for the placement](#) in the Place a child or young person in care chapter of the Manual of Practice.

2.1 2.1 Mechanisms for carers to raise concerns or complaints

Building strong, respectful relationships with carers minimises carer dissatisfaction and the likelihood that a carer will make a complaint about decisions or their participation in decision making processes. It is important that DCP practitioners have proactive discussions with carers to advise them of their rights to provide feedback, raise concerns or make complaints. If it is not possible to resolve an issue, carers should be encouraged to speak to the supervisor, practice leader or manager of the office in the first instance.





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Carers must also be advised of their right to:

- make a complaint to the [Complaints and Feedback Management Unit](#) on 1800 003 305 or via the online complaints form on the DCP internet site
- request an Internal Review of certain decisions made that are reviewable under the CYPs Act (decisions made under Chapter 7 excluding Part 4).

For further information, refer to the DCP Internet page [Internal Reviews](#).

3. Support

The DCP practitioner and the foster care agency support worker or kinship care worker are responsible for working proactively and collaboratively with carers to identify and implement the supports they need.

Carers often care for children and young people with complex needs or who are experiencing difficulties that the carer is not experienced in managing. Ensuring carers are appropriately supported and validated contributes to placement stability, supporting children and young people's wellbeing and helping them to thrive.

To maintain placements, it is essential that DCP practitioners and kinship care workers proactively inform carers of the supports that are available for them to access and are responsive to requests for support. Keeping carers regularly updated on the progress of their requests for support helps carers to feel genuinely heard and supported.

Supports that may be provided to carers to assist in stabilising placements include (but are not limited to):

- establishing a respectful and supportive relationship between the carer and the DCP practitioner and the placement support worker or the kinship care worker by:
 - maintaining regular contact
 - scheduling and attending home visits
 - demonstrating to the carer that they are a valued and important member of the child or young person's care team
- therapeutic supports or advice from professionals (such as the child or young person's current therapist, paediatrician or disability specialist)
- financial support
- practical problem solving and support in making decisions
- respite and/or childcare
- cultural support (such as information about cultural identity, cultural resources or cultural events)
- social and community supports
- resources, professional development and education (such as information about providing trauma informed care, for more information refer to the [Trauma-informed guides using the Iceberg Model](#), [Caring for children and young people with trauma carer training](#) and [Resources for carers](#) page on the DCP website).

For further guidance refer to, 'Identify the need for and engage placement supports', under [Support the placement](#) section of the Supporting children and young people in care chapter of the Manual of Practice.





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3.1 Supporting kinship carers

Kinship carers are supported by the DCP Kinship Carer Program and by the Aboriginal Kinship Care Support Program operated by Aboriginal Community Controlled Organisations (ACCOs). The Aboriginal Kinship Care Support program provides culturally safe support services for kinship carers caring for Aboriginal and Torres Strait Islander infants, children and young people. Referrals for the Aboriginal Kinship Care Support program are submitted through the DCP Kinship Care Assessment Team. Referrals for the DCP Kinship Care Program are submitted through the Connected Client and Case Management System (C3MS) 'Referral' tab. It is important that referrals are made for carer support in a timely manner upon the child or young person's entry into care and the commencement of their temporary placement arrangement. For more information regarding carer support for kinship carers, refer to the [DCP Kinship Care Program intranet information](#).

Kinship carers may face additional challenges in providing care for children and young people from their family or community. Providing kinship care can cause tensions and contribute to complex relational dynamics within both families and communities. Kinship carers have often experienced sudden and unanticipated significant changes to their lives when asked to provide care for a child or young person in their family. They may find themselves in difficult positions when managing contact visits or raising issues with DCP practitioners about the child or young person's family.

It is important that practitioners acknowledge and empathise with how challenging this situation can be for kinship carers. DCP practitioners and kinship care workers should work collaboratively with kinship carers to develop plans that:

- minimise these stressors
- support placement stability
- support the carer to effectively respond to the child or young person's needs.

Children and young people may come into kinship care at short notice and the carer may not be fully prepared with all the items needed to care for the child or young person. It is strongly recommended that DCP practitioners and kinship care workers work with carers to identify the assistance they require.

Kinship carers may not have accessed learning or have experience in caring for children and young people who have experienced trauma or have complex needs. DCP practitioners and kinship care workers must proactively support carers to provide trauma-informed care. For more information about learning and development for carers supported by the DCP Kinship Care Program, refer to the DCP website [Kinship Care Program Learning and Development](#).

It may be helpful linking the kinship carer with:

- a kinship care support agency that is culturally appropriate
- a carer network
- professional support through a psychologist or therapist
- Aboriginal and Torres Strait Islander carers, culturally safe support services.





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4. Consult

Under Section 82 of the CYPS Act carers are entitled to participate in decision making processes relating to the health, safety, welfare or wellbeing of a child or young person in their care. In practice, this health, safety, welfare or wellbeing is broad and will include the majority of decisions made about a child or young person.

Direct care staff in residential care must also be included in decision making processes to ensure all available information about the child or young person and their needs is considered.

Participation of carers is also emphasised in the Aboriginal and Torres Strait Islander Child Placement Principle as a key element of culturally safe practice when working with Aboriginal and Torres Strait Islander infants, children and young people, families and communities.

Where carers for Aboriginal and Torres Strait Islander infants, children and young people are non-Aboriginal, it is important that DCP practitioners seek to involve an Aboriginal person in decision making.

For kinship placements and particularly those for Aboriginal and Torres Strait Islander infants, children and young people, supporting carers in family led decision making is critical. For further guidance about family led decision making for Aboriginal families, refer to the [Family Led Decision Making for Aboriginal Families Framework](#).

When carers of infants, children, and young people from culturally and linguistically diverse backgrounds are from non-culturally specific carer, it is essential for DCP practitioners to actively involve DCP Multicultural Services Team in decision making processes. This ensures that the cultural identity, language, traditions, and unique needs of the child or young person are respected and maintained.

Engaging with culturally and linguistically diverse community or religious leaders, cultural advisors, and interpreters can help bridge gaps in understanding, promote culturally appropriate care, and support the child or young person's sense of belonging. Inclusive decision making also empowers families and communities to contribute to the child or young person's wellbeing, ensuring that their cultural heritage remains a valued and integral part of their upbringing.

4.1 How carers can participate in decision making processes

Open communication, discussion and collaboration with the child or young person and their carers is critical to child-centred, high quality case management and family led decision making.

Decisions for children and young people in care are made within the context of the child or young person's care team. Carers are an integral part of the care team and must be supported to contribute information and express their perspective. Discussions should occur at the commencement of placement to establish the carer's preferred level of involvement in decision making processes as this may vary from carer to carer. For further guidance about decision making, refer to the [Decision making Practice Paper](#) and [Work in partnership to make decisions about the child or young person](#) in the Supporting child and young person chapter the Manual of Practice.





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Holding regular care team meetings facilitates information sharing and provides an opportunity for all parties to actively participate in discussions and decision making. Decisions will often need to be made between care team meetings. It will also be necessary to seek the views of carers and other care team members outside of care team meetings as required.

Refer to the 'Working in partnership with the child or young person's care team' section under [Support the placement](#) in the Supporting children and young people in care chapter of the Manual of Practice for further guidance about involving the care team in decision making.

4.2 What genuine participation looks like

Participation requires DCP practitioners, placement support workers and kinship care workers to proactively engage with carers. It involves carers actively taking part in the discussion leading up to decisions making and contributing their views. For further guidance, refer to [Work in partnership to make decisions about the child or young person](#) in the Supporting children and young people in care chapter of the Manual of Practice.

4.3 Responsibility for decisions

The Chief Executive is responsible for making decisions for children and young people who have been placed under their guardianship regarding certain matters. For example, the decision to reunify a child or young person with their family is a decision that must be based on a professional assessment of the available information. Carers may provide information that is considered in this assessment (such as how the child or young person manages before and after family contact and what the child or young person tells the carers about their parent or returning to their care), but carers are not responsible for making such decisions.

There are many decisions that carers can make in relation to the day-to-day care of children and young people. DCP practitioners should provide carers with [Who can say OK? Making decisions about children in care](#), which provides comprehensive advice about roles and responsibilities, consent and decision making. Section 76 of the CYPs Act allows for approved carers to take on greater decision making responsibilities in a range of areas. For further information regarding issuing an instrument of delegation, refer to [Work in partnership to make a decisions about a child or young person](#) in the Supporting children and young people in care chapter of the Manual of Practice.

For some decisions, it will not be possible for a carer to provide consent or to decline the child or young person's involvement. Examples include (but not limited to):

- medical procedures
- end-of-life decisions
- participation in cultural activities
- significant medical or mental health interventions.

It is important for the DCP practitioners to identify or create opportunities for carers to share their views in relation to these decisions. DCP practitioners should always be clear with the carer about who the delegated decision maker is.

For decisions in relation to Aboriginal and Torres Strait Islander infants, children and young people, it is recommended to consult with a Principal Aboriginal Consultant. It is also recommended that consultation





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should occur with DCP Multicultural Services when decisions are about children and young people from a culturally and linguistically diverse backgrounds.

4.4 Limitations to carer participation in decision making

When engaging in decision making processes in partnership with carers and other care team members, the DCP practitioner must ensure that carer participation in decision making does not prevent:

- the child or young person being safe from harm
- collaboration and cooperation with the child or young person and their family
- timely decision making
- active efforts to adhere to the Aboriginal and Torres Strait Islander Child Placement Principle
- consideration of the child or young person's culture, disability, language and religion and, if relevant, those of carers with whom the child or young person is placed
- the child or young person having the opportunity to:
 - be heard and have their views considered and given due weight
 - have their need for love and attachment met
 - develop positive self-esteem
 - be placed in a safe, nurturing and stable environment, and wherever possible with a person with whom they have an existing relationship
 - maintain connection to their family and culture
 - engage in learning, develop skills for life, and achieve their full potential
 - enjoy a healthy lifestyle
 - be active citizens who have a voice and influence.

4.5 Concerns about carer participation in decision making

There may be rare circumstances where it would be inappropriate to involve carers (including direct care staff) in decision making. Section 82(2) of the CYPS Act allows DCP to determine that a carer will not participate in a certain decision if DCP is satisfied that the participation of the carer would not be in the best interests of the child or young person.

This must be discussed with the supervisor and the rationale clearly communicated to the carer. It is essential that the decision and associated rationale is documented using a Consult or Decision record note in C3MS. Communication with the carer should also be case noted or uploaded in C3MS.

A decision not to enable a carer to participate in decision making could raise concerns regarding the capacity of the carer to provide care. Appropriate consideration must be given to the safety and wellbeing of the child or young person in a placement where such a decision has been made.

4.6 Managing challenges in placements

It is critical that DCP practitioners, kinship care workers and placement support workers discuss and address any concerns or issues that they observe in a placement with the carer as soon as possible. For further guidance, refer to the [Support the placement](#) in Supporting children and young people in care chapter of the Manual of Practice.





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5. Value

Carers provide a developmentally vital opportunity for children and young people to form positive and supportive relationships with safe adults. These relationships are critical in supporting children and young people to heal from past trauma and harm. While caring for children and young people can be a rewarding experience for carers, it can also be highly complex, emotional, frustrating and exhausting. Carers are being exposed to the emotional, social, behavioural and developmental difficulties associated with the impact of trauma on children and young people in their care. Caring for children and young people with these challenges requires significant energy and commitment. For further guidance, refer to the [Trauma Lens Practice Paper](#).

It is important that DCP practitioners and kinship support workers take the opportunity to regularly demonstrate to carers that they are a valued member of the care team. Proactively and regularly acknowledging and celebrating carers' efforts to care for and meet the needs of the child or young person assists carers to feel valued.

6. Respect

Carers develop significant relationships with the children and young people in their care and have a unique and invaluable understanding of the child or young person's needs, strengths, challenges and behaviours.

Carers' perspectives are fundamental for case planning and decision making to ensure the child or young person's needs are met and they have the opportunity to reach their full potential. Without the dedication and commitment of carers to children and young people in care, this would not be possible. It is essential that all interactions with carers are respectful and collaborative and mindful of the importance of the carer to the healing and wellbeing of the child or young person.

Respect for carers extends to recognising the carer's experiences as an individual beyond their caring role and giving consideration to the best format for sharing information in a way that is culturally safe and/or accessible for the carer.

6.1 Managing differences of opinion

It is possible that different parties in the care team may hold strong and differing views. A positive, open, honest and supportive relationship between the DCP practitioner and the carer will make managing those differences easier for all parties.

When managing differences of opinion, it is helpful to engage in a way that:

- remains focused on the safety and wellbeing of the child or young person
- remains open and respectful, allowing disagreements to be discussed and conflicts to be resolved
- demonstrates a preparedness to listen and to change an opinion or decisions where needed
- avoids being reactionary and takes time to consider all perspectives
- examines the DCP case worker's own views and determines if these reflect the best course of action for the safety and wellbeing of the child or young person. For more information, refer to the [Bias in child protection Practice Paper](#)
- honours the Aboriginal and Torres Strait Islander Child Placement Principle





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- supports family led decision making.

For more information in relation to managing conflict, refer to the [Relationship Based Practice Practice Paper](#).

Reflective supervision and consulting with colleagues and practice leaders is important when managing differences of opinion. Senior practitioners and supervisors have an important role in supporting DCP practitioners to engage in best practice and comply with section 82 of the CYPs Act. During case consultations, it is important to discuss:

- the progress of collaboration with carers
- successes or barriers
- the complexity of balancing the child or young person's and carer's views along with those of the other members of the care team.

Practice leaders and Principal Aboriginal Consultants can provide advice and support to DCP practitioners to develop strong relationships with carers and resolve conflict that may arise.

If decisions are made that the carer disagrees with, it is essential that the rationale for the decision is sensitively and clearly communicated to the carer. Transparent practice contributes to minimising carer dissatisfaction.

6.2 Case recording

Detailed and informative case notes are an essential element of accountable, quality child protection practice. Notes related to carer participation in decision making must be completed in the child or young person's case notes.

Where there are differing views between members of the child or young person's care team, it is particularly important to ensure quality recording of the issues identified, the differing views, the final decision and the rationale for the decision. The decision must be recorded in C3MS as a Consult or Decision Record note type. For further information about recording a decisions using a Consult or Decision Record note in C3MS, refer to the [Consult or Decision Record Procedure](#).

Recording all decisions and the rationale for decisions is essential as decisions can be subject to Internal and external review (pursuant to sections 157 and 158 of the CYPs Act).





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