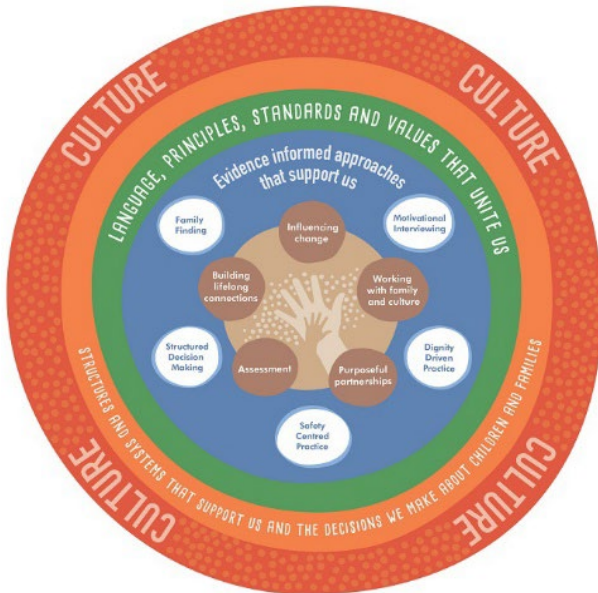


Working with Department of Communities and Justice (DCJ) child protection Understand DCJs practice framework, approaches and systems



DCJ practice framework

The framework includes the principles, values, mandates, approaches, and systems that underpin their work with children and families. The framework aims to show families, the community, and other services what they should expect when working with DCJ. For more details see [DCJ Practice-framework](#)

Providing and requesting information

Exchanging information effectively and confidently with DCJ is important. To do this, you must understand the protocols for exchanging information between agencies. It is common for workers to be fearful about sharing information, but it is essential that agencies work together to support a child's safety and wellbeing.

Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 establishes a scheme for information exchange between prescribed bodies and specified private

health professionals and takes precedence over other legislation regulating information disclosure (e.g. Government Information (Public Access) Act 2009 and Health Records and Information Privacy Act 2002). It is important to inform your client early on what information may be provided to other services. To learn more see [NSW health info-exchange](#)

Group supervision

Group supervision is a core component of DCJ's child protection practice. Caseworkers, managers, casework specialists and other specialist staff participate in group supervision to discuss families, reflect on practice, and plan future casework. Group supervision aims to create more effective referrals, wrap-around services, case plans, enhance information sharing and transparency around decisions. **If your client is involved with DCJ child protection, you can request to be part of a group supervision session.**

DCJ's group supervision uses specific questions and topics that include:

- 1. Purpose/focus of group supervision**—what do you want to achieve from group supervision?
- 2. Genogram/Ecomap**
- 3. Reason for referral**—why are child protection (DCJ) working with the family?
- 4. Grey areas**—information that is incomplete or speculative and needs further detail and assessment.
- 5. Risk statements**—the worries (risks) about the children and family and the context of the worries.
- 6. Complicating factors**—situations or events that contribute to difficulty for family.
- 7. Strengths/protective factors**—assets, resources, capacities that exist within the family.
- 8. Safety**—protection demonstrated over time and patterns of exceptions.
- 9. Next steps**—future casework tasks and clear direction in response to the goal of the group supervision.
- 10. Purpose/focus of group supervision**—were your needs met from group supervision?

Purpose focus of group supervision: what do you want to achieve from discussing the family today?	
Genogram/Ecomap	
Reason for referral: Why are child protection (DCJ) working with the family?	
Risk statements The worries (risks) about the children and family and the context of the worries	Strengths/protective factors resources/capacities/positives that exist within the family
Complicating factors Events or situations that contribute to difficulty for and the family patterns of exceptions	Safety Protection demonstrated over time
Grey areas Information that is incomplete or speculative and needs further detail and assessment	
Next steps Future casework tasks and clear direction in response the goal of the group supervision?	Purpose/focus of group supervision Were your needs met for group supervision?

Image: Example of how group supervision topics are written on a board

All conversations about a family (clients) in group supervision should occur as if the family (clients) were in the room. Respectful language is an important part of group supervision. For more details see [Critical importance of group supervision in child protection](#).

Escalation pathway

AOD services and DCJ may occasionally disagree with a decision or response related to a child/mutual client and you may feel a different outcome, or a better understanding of the decision is needed. In this situation it can be helpful to escalate the issue. See the following the steps and graph for guidance on how to do this.

Escalation stage 1: talk with DCJ local district staff

Firstly, the AOD worker and their manager should raise the issue with the DCJ Caseworker and Manager Casework managing the child/young person. If the matter is not resolved, the AOD Manager should raise the issue with the DCJ Manager Client Services. If the matter remains unresolved, then the AOD Manager should raise the issue with the DCJ Director of Community Services (a senior operational district position responsible for several DCJ CSC offices). If after doing this the matter remains unresolved, the AOD Manager/CEO may escalate the matter to the Executive District Director (EDD). For District and Statewide Services contacts click on the link [District and Statewide Services contacts](#) and to see the DCJ organisational structure click [here](#).

Escalation stage 2: talk with the DCJ Cross Cluster team

Occasionally, AOD NGOs may decide the unresolved issue should be escalated beyond the DCJ EDD. The Chief Executive Officer or Executive Officer of the AOD service may escalate the issue directly to the Director Cross Cluster Operations and Business Support. This step should only occur by exception, and only where a matter remains unresolved by the EDD.

Escalation pathway

