



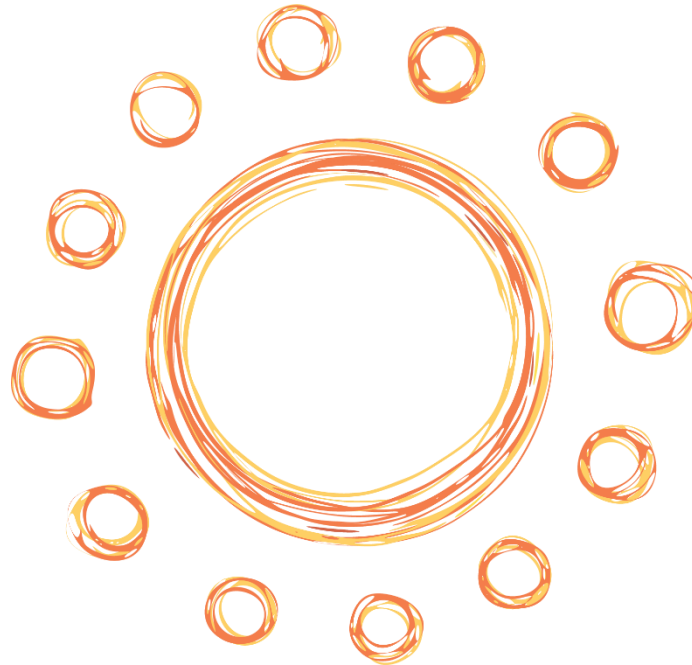
Safer Family Services

# Centring the Child's Voice

March 2025



The **North Star** represents our guiding purpose – children are at the centre of everything we do.



## Artist acknowledgement

The *Aboriginal Cultural Lenses of Practice* artwork was created in 2020 as a visual statement piece by Sasha Houthuysen/Hill, a Yamatji/Noongar woman, in partnership with the Department of Human Services (DHS) Safer Family Services Aboriginal staff and allies.

It gives a voice to Aboriginal ways of knowing, being, doing and guidance in supporting a culturally safe workforce.

The artwork is used throughout the department's Child and Family Support System (CFSS) policy and practice resources. It incorporates the symbols representing the cultural lenses journey: allies walking alongside Aboriginal staff, families and communities, and meeting and learning places supporting Aboriginal best practice.

This ensures that we are always keeping children front and centre and working from a culturally safe lens.





# Contents

Purpose	2
Introduction	2
Responsibilities	3
Child development	4
Lundy Model of Child Participation	7
Practice strategies	8
Space	8
Voice	11
Audience	14
Influence	17
Appendix 1: The Lundy Model of Child Participation checklist	20
Appendix 2 – United Nations Convention of the Rights of the Child	21
Appendix 3 – General tips for responding to disclosure	22
End notes	23

**Note:** The term Aboriginal is used throughout this framework and is respectfully inclusive of all Aboriginal and Torres Strait Islander peoples.

The term child/children is used as a generic term to refer to an unborn child, infant, child, and young person up to the age of 18 years old.



## Acknowledgement

We in Safer Family Services (SFS) acknowledge and respect Aboriginal people as the first people of this country and recognise the traditional custodians of the lands in South Australia, the lands on which we practice.

We acknowledge that the cultural, spiritual, social, economic, and parenting practices of Aboriginal and Torres Strait Islander people come from traditional lands, waters and skies, and that the cultural and heritage beliefs, languages and lore are still living and of great importance today.

We acknowledge Elders past, present and those emerging, which of course is the children. We further acknowledge Aboriginal staff, families and communities working to keep children safe in the protective strengths of culture, with a strong sense of self and identity.

We are committed to voice and truth telling, ensuring that the needs and aspirations of Aboriginal and Torres Strait Islander people are incorporated in the design, development, monitoring and evaluation of deliverable actions.

## Statement of inclusion

SFS acknowledges and respects the *United Nations Convention of the Rights of the Child* and upholds children's rights by placing them at the centre of our work. At all times in the delivery of services, SFS will seek to advocate for a just and inclusive society that values and respects a child's identity and voice, within the context of their family, culture and community.

SFS staff and leaders create, model and promote a workplace culture where differences, lived experiences, cultures, gender identities, sexualities, faiths, ethnicities and abilities are respected and valued, and their voices elevated. We recognise the contributions these communities make and are committed to working alongside them in partnership. SFS will address individual and systemic issues by tackling barriers or highlighting service gaps that prevent children from living safely with their families.

## Allyship accountability

All SFS staff are called to commit to developing their allyship and to respect the diversity of all individuals. This lifelong process or journey is known as 'allyship' and is one of learning, understanding and building meaningful relationships based on trust and accountability with marginalised individuals and/or groups of people. Allyship accountability is about being receptive to feedback and responsible for one's actions free from defensiveness or ignorance.





# Purpose

This practice guide enforces the importance for SFS practitioners to listen to, understand, and respond to the voice, the needs and the experiences of the child, regardless of their age, cultural background or developmental status. The guide provides guidance on how practitioners are to engage with children and practical ways to gain the voice of the child across all age cohorts. In addition, the guide provides an overview of ways in which the child's voice can be responded to and actioned, to ensure that their voice is impactful at all levels of decision making.

Organisational expectations are also outlined regarding staff engagement, interaction and involvement with the children and young people who they are working with.

## Introduction


Children are at the heart of our work and their community, symbolised through our 'North Star'. SFS' intervention locates the child at the centre of the work, ensuring that the child's voice is listened to and valued.<sup>1</sup> Through this, the needs, wants and views of children, including for unborn children, aims to be understood and reflected through every action and decision made.

SFS delivers services that are based on the core principles of the United Nations Convention of the Rights of Child (UNCRC), and centred around the child's right to safety, family, community and cultural connections.<sup>2</sup> Article 12 of the UNCRC is particularly important in highlighting that children have the human right to have their voices heard and for their views to be given due weight in decisions that impact their lives. Involving children is proven to build their empowerment, a sense of control and higher self-esteem.<sup>3</sup> It is the job of practitioners to ensure this happens.

*'Nowadays, the question no longer is whether children should participate in the decision-making process of issues that affect their lives; the focus lies, instead, on how to ensure that children can participate in a meaningful way.'*<sup>4</sup>

Practitioners can experience barriers in engaging directly with children, as often their caregivers are verbally stronger and more able to express their rights, views and opinions, or may act as 'gatekeepers' to their child's world. Further, professionals may not hear or take into consideration the child's voice in the context of service pressures or having a parental focus that prioritises the adult's needs and views.<sup>5</sup>

When working with Aboriginal children and young people, their wellbeing needs must be considered in the context of culture and cannot be considered in isolation. Strong cultural



identity is linked to better outcomes in education, justice, health, wellbeing and employment.<sup>6</sup> Consider different non-verbal communication styles that may be used and offer different methods of communication such as visual and written.<sup>7</sup>

When practitioners are working with Aboriginal children and young people, it is important to remember that Aboriginal children are part of families and communities that have historically not had a voice and continue to be denied the right to self-determination. Practitioners will need to take time to develop a trusted relationship.

*“Good people just know how to get on the kids’ level, help them...but don’t pretend that you’re trying to get along with them, just do get along with them, you know? You don’t pretend it. [It’s] just respect.”<sup>8</sup>*  
17 year-old male

## Responsibilities

**Leadership staff** are responsible for:

- ensuring practitioners are having frequent direct contact with children regularly (at a minimum of within 14 days) and are actively seeking their views
- identifying training needs for practitioners who may need extra preparation, skills and support to engage effectively with children
- promoting and highlighting why children’s voices and rights are important
- identifying if additional resources and tools are required to support practitioners’ best engagement with children and young people
- understanding their obligation in relation to Article 12 of the UNCRC (children have the right to have their voices heard and for their views to be given due weight in decisions) and promoting such rights to those around them including children, families and services.

**Practitioners** are responsible for:

- having face to face contact with children that are allocated to them in a timely manner
- asking children and young people about their views and feelings
- observing children and young people in their homes, with their families, as well as other environments, such as the school
- seeking their views and listening to adults, caregivers and others involved in the child’s life

- being aware of power imbalance when engaging with children and families
- case noting conversations with children and child engagement in alignment with SFS' record keeping guidelines
- understanding their obligation in relation to Article 12 of the UNCRC and promoting such rights to those around them including children, families and services
- providing children with feedback explaining the reasons for decisions taken, including how their views were regarded and updates to actions taken.

## Child development

This section steps out some areas for consideration when working directly with children. It is not designed to be an exhaustive section but provides some key areas for consideration.

### Developmental stage

Practitioners must have a solid understanding of child development. This is used as a frame of reference to understand the child's developmental level, individual characteristics and provide insight into their cognitive, emotional, and social development.

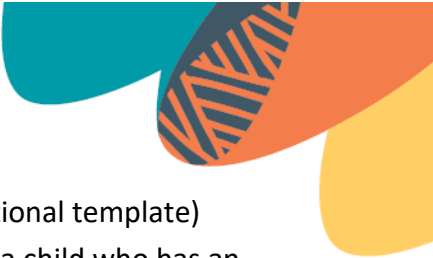
This is important as children's understanding of language, concepts and emotions evolves over time. Practitioners must adapt their language and approach to ensure they can comprehend and engage with what the child is saying and supports with building rapport and trust. For example, in early childhood (2-3 years), children are developing speech which facilitates social communication.<sup>9</sup> At this stage, children tend to over generalise word meanings (i.e. a child who has a dog at home and therefore knows the name, may call all four-leg animals 'puppies').

Parenting SA has developed a range of Parent Easy Guides that outline the various stages of child development, as well as a specific resource on milestones for children 0-4 years and how to recognise when an infant's development may be 'out of step'. ([Parenting SA - Parent Easy Guides](#))

Additionally, [Emerging Minds](#) provide fact sheets on understanding child development across different childhood stages from 0 through to 12 years of age.

### Developmental trauma

Complex developmental trauma occurs when a child repeatedly experiences severe stressors or traumatic events over an extended period of time.<sup>10</sup> Practitioners work with many children who have an experience of trauma, which can negatively impact their development and relationships. Developmental trauma may impact how children view



themselves (internal working model), form relationships with others (relational template) and how they make sense of their world. When practitioners engage with a child who has an experience of trauma, a relationship can be difficult to develop, and a trauma-informed approach is needed.

A trauma-informed approach combines an open-minded curiosity about what might be happening for the child, with knowledge about the impact of trauma. This provides a starting point to discover what might be behind the behaviour the child is exhibiting in that moment.<sup>11</sup>

When developing a relationship with the child, practitioners may experience behaviour from the child such as aggression or being withdrawn<sup>12</sup>, which can feel like the child or young person does not want to develop a relationship. It is important to remember all children respond to their experiences differently and the strategies they use may be to keep themselves, and often others (such as siblings), safe. It is therefore important that practitioners view behaviour as a form of communication and consider what children's behaviours may be telling them. By being consistent, stable and positive, practitioners are more likely to develop a trusted relationship.

When working directly with the child, it is important to use a strengths-based approach by consistently communicating messages of hope, with a focus on strengths, resilience and recovery.<sup>13</sup>

## Disability

Children with disability have a right to have their voice heard, however these views are often ignored by the professionals involved in their lives. Barriers to the voice being heard include:

- communication difficulties when there are language and other developmental delays
- professionals holding low expectations of children with a disability.<sup>14</sup>

Children with disability can express their choices, will and preferences in a variety of ways. With support, these preferences can be built into choices and decisions. In order to hear the voice of a child, practitioners can develop:

- a positive attitude about the child's capacity to participate in decisions and communicate
- a close professional relationship with the child
- a deep knowledge of the child's history and life story<sup>15</sup>
- different communication strategies to support their conversations, including a curiosity about the child's individual disability and communication struggles.



## Unborn children and infants

Unborn children and infants are preverbal so cannot verbalise their views. However, there are ways to understand what their experience is through understanding development, trauma and observing the infant's behaviour with their caregivers. An infant's primary drive is to seek out attachment and so will accommodate the parenting style that they encounter. An infant will adapt to their experiences by adapting their bodies survival response where the autonomic nervous system is activated to 'freeze/flight/fight' response.<sup>16</sup> Practitioners may observe behaviours such as avoidance of eye contact, inability to be soothed or not gaining weight.

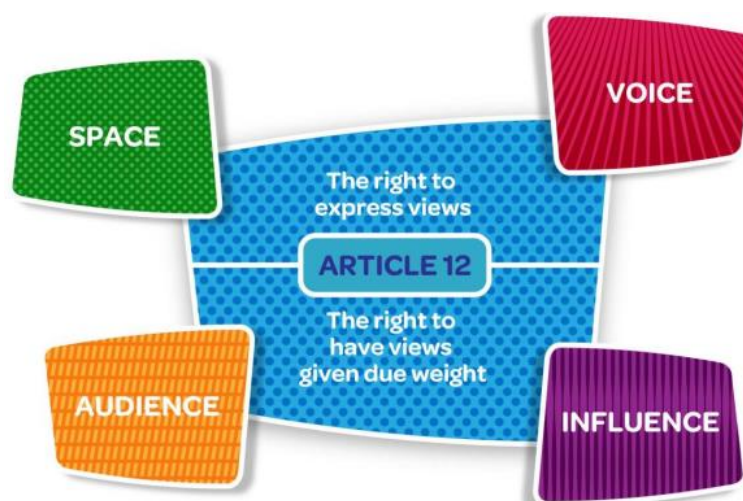
For more information regarding attachment and the impact of trauma on the development of an unborn child and infant, please refer to the following resources:

- [Government of Western Australia Department of Communities, Child Development and Trauma Guide](#)
- Raising Children website (www.raisingchildren.net.au): [Bonding and Attachment babies.](#)



# Lundy Model of Child Participation

The Lundy Model of Child Participation provides a way of conceptualising a child's right to have their voice heard, grounded in a human rights approach. The Lundy Model informs practitioners of the important aspects to keep in mind when gathering the child's voice.<sup>17</sup> The model (see **Figure 1**) steps out four elements of participation as:



- **Space:** children must be given safe, inclusive opportunities to form and express their views
- **Voice:** children must be supported to express their views
- **Audience:** the views must be listened to
- **Influence:** the views must be acted upon as appropriate.

Each criterion above must be considered in order as they are interrelated and can identify strengths and weaknesses in practice and assist in improving practice.<sup>18</sup>



# Practice strategies

The practice strategies within this section uses the four elements from Lundy's Model of Child Participation to help step out how practitioners can seek out the child's voice. This section includes reflection questions for practitioners to consider, ensuring the child's voice is heard and that their views are part of the decision-making process within their life.

## Space

**How:** Provide a safe and inclusive space for children to express their views.

**Reflection questions:**

- Has each child's views been actively listened to and valued on a regular basis?
- Has a safe space in which each child can express themselves freely been created?
- Have steps been taken to ensure that all children can share their views, regardless of their age and developmental stage?

## Considering the child's point of view from point of referral

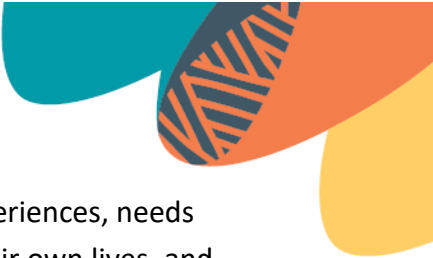
When practitioners first receive a referral, they will review the Child and Family Support System Pathways Assessment and child protection history to consider how the reported (both current and past) worries may be impacting on each individual child.

Practitioners must pay attention to the voice of the child that is demonstrated through the case information and their developmental stage and needs at the time of reported concerns. It is important for practitioners to recognise and consider the child's strengths and acts of resistance which is demonstrated through the case information.

## Setting up the relationship

Children and caregivers are informed that SFS intervention occurs 'with' children rather than purely 'for' children, with recognition that children are active recipients of the service and have capacity and agency. Caregivers are informed about the participation of children in decision making and case planning at the commencement of the intervention.

It is important that each child is seen in various settings by practitioners, typically this includes their home and school environments. Importantly, this includes practitioners seeing each child independently of their parent/caregiver, whenever possible, for the



purpose of providing each child the opportunity to openly share their experiences, needs and views. This approach recognises children are experts in relation to their own lives, and as such have the right to be involved in decision making that affects them. This view is shared with children and caregivers and permeates through all SFS intervention.

*‘No one was talking with me without my mum present, so they always had to take mum’s word for what was happening.’*

*LEN Advisor, 2023*

## **First meetings**

When planning for engagement always plan for more than one way and time to provide the opportunity for the child to express their views, with consideration of who is present.

Engaging with children requires a safe and supportive environment and considers the physical environment as well as ensuring practitioners are trauma informed, sensitive, and are responsive to the child’s developmental age. This will support children to share their views and communicate openly about matters that are important to them. This may include sharing with practitioners:

- what their life is like
- what they do each day
- what they feel about their lives
- people who are important to them, and trusted adults in their lives
- their hopes, wishes and dreams.

A safe physical environment is a place where children feel comfortable and safe to play, talk, and/or relax. Consider the time of the day for the child and who is present.

When engaging with children, the following ideas can assist practitioners in establishing a safe environment:

- Use a space the child is familiar with and meets their needs according to their age and developmental stage (e.g. children’s centre, school, library, café)
- Ensure the space is inviting (e.g. age-appropriate furniture, cushions, toys) and free of any hazards
- Ensure the space is accessible and suitable for the child. Consider the child’s mobility, language, developmental age, disability (e.g. ramp access, sign language prompts, less stimulation for a child with autism, sensory safe space)

- Use spaces the child feels culturally safe (e.g. outside in nature, a culturally safe space in a school, spaces with Aboriginal artwork on the walls, spaces that give messages that Aboriginal culture is valued and respected)<sup>19</sup>
- Have familiar (trusted) people involved, particularly initially, to assist in supporting the child's comfort (e.g. Aboriginal community education officer, teacher, therapist)
- See each child and young person on a regular basis in various settings such as in their home, school and/or community environment, to provide opportunity to engage with the child with their family, as well as independently from their parents/caregivers
- Pay attention to who is around when engaging with a child, adapting conversations and discussions to reduce the risk of information being disclosed that may increase the risk of harm to a child.

*'As a child, I never felt like I had adequate space and time to share my part of the story. And where I did share a bit, I felt dismissed'.  
LEN Advisor, 2023*

## Engagement methods

Meaningful engagement and interaction with a child leads to an increase in the child's safety and wellbeing.

Practitioners have a responsibility to ensure engagement methods are safe, respectful and genuine and occur in ways that empower the child. The child's psychological wellbeing must be prioritised, this includes:

- Be professionally curious
- Use trauma informed practice methods
- Use relational based practice
- When engaging with Aboriginal children, seek advice from Aboriginal Cultural Consultants about ways to engage with the local community, elders and family members to determine the best ways to be culturally safe, relevant and respectful
- When engaging with children whose first language is not English, ensure you have appropriate translators and use tools (e.g. stories, surveys, toys) that are culturally relevant
- Maintain professional boundaries



- Be careful of making ‘promises’ or overarching statements such as ‘I will make sure you are safe’.

Indicators of effective engagement include children<sup>20</sup>:

- Building strong relationships with the practitioner where there is a feeling of trust and where they are encouraged to express their views
- Understanding SFS intervention and reason for involvement
- Having opportunity to participate in safety planning and case planning
- Having their views and opinions represented in case records and in plans and assessments.

## Voice

**How:** Provide appropriate information and facilitate the expression of each child’s views.

### Reflection questions:

- Has each child been given age appropriate information about SFS, the practitioner’s role, and reason for involvement?
- Has each child been given a range of options as to how they might choose to express themselves?
- Has the practitioner demonstrated to each child, regardless of their age and developmental status, that their voice is valued and being listened to?
- Has each child been offered various ways to engage with the practitioner?

### Providing information to the child about their engagement

Children need to be provided with adequate, age-appropriate information about SFS and the way in which they are being invited to participate in decision making and case planning, and what practitioners will do with their information. Children must be helped to understand their rights, including what they think should happen when adults are making decisions that affect them and to have their opinions considered.

Children also need to understand confidentiality, that case notes will be written, and when practitioners will have to share information about them.

Children’s participation should always be voluntary without any pressure to express their views. An important first step is that children are asked which matters impact on them, and if and how they would like to be involved in influencing the outcome of the decision.

There will be occasions when children will not want to participate in aspects of SFS intervention and this should be respected, whilst continuing to provide opportunities for their views and opinions to be heard and actioned. This decision is recorded in notes to reflect the child's views.

## Tools and methods to capture child's voice

Children express their views in a variety of ways, not all of which are verbal. This will be dependent on each child, their developmental stage, their interests and personality. Effective listening also involves observing and being creative to really understand the child's experiences, views and opinions.

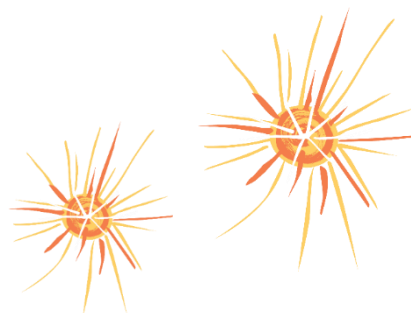
Children need to have appropriate means to express themselves. There are multiple ways and approaches for facilitating the full participation of children. Methods need to not only capture and understand children's voices but also build into decision making and planning that are related to the family's goals for improving safety and wellbeing.

Capturing the voice of the child cannot be achieved through a prescriptive set of methods and strategies. Methods need to be creative and based around each child's individuality and needs.

Art-based or play-based activities give children the power and flexibility to choose how to express themselves through a safe and non-threatening approach.<sup>21</sup> Activities can create ways for children to explore and share their feelings and views. Many activities are conducive to supporting children to express their views, by writing, drawing objects or in the form of artwork whilst engaging in discussions with children at their pace.

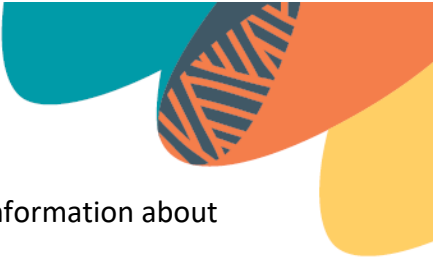
Some examples of SFS approved tools that are used to support capturing the voice of children include:

- Three houses tool
- SFS child safety plan
- My support plan tools
- Volcano head.



## Observations

Observations of behaviour, particularly for non-verbal children or children who are developmentally delayed, is an important way of understanding the child's views and experiences.



When spending time with the child and their family, observe and gather information about what change is happening in the household. Areas to consider include:

- The child's presentation, both physically and emotionally
- Variations in the child's presentation (i.e. according to location, persons present, time of day)
- The child's role in the home, and relationships with others
- Changes in behaviour, including escalations or in behaviour by the child
- The home environment, including physical environment as well as persons in the home and interactions between those in the home, as well as the child's attachment behaviours with adults
- Feedback and information being provided from services involved with the child and their support network about the child's experiences, views and needs.

## Unborn children

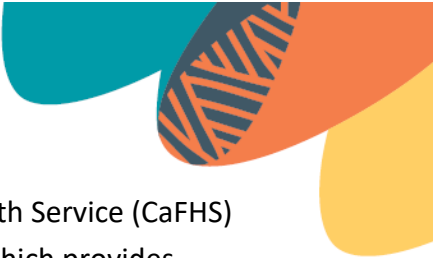
The views of an unborn child are sought through considering the needs, wants and views that an unborn child has.

When identifying the needs, wants and views of an unborn child consider the following, particularly their impact on the unborn child's safety and wellbeing in utero and post birth:

- Is the mother attending prenatal health visits?
- What are the parents/family's views about the unborn child, and their wishes, hopes and dreams for the child?
- Are there any current or historical concerns relating to parenting ability and what are the parents'/caregivers' understanding of these?
- Are there any current concerns relating to parental substance misuse, mental health, homelessness, or other parental or environmental vulnerability factors?

## Infants

Based on a strong understanding of infant developmental milestones and understanding of infant trauma behaviours, practitioners should observe infants in their home and community environment, with particular reference to their physical and emotional presentation, and their interactions and responses with their caregivers.



Practitioners are to work in close collaboration with Child and Family Health Service (CaFHS) and/or health services to monitor the health and wellbeing of an infant, which provides insight into the infant's care environment, relationships and experiences.

Practitioners are to pay close attention to indicators of trauma, abuse and neglect, such as:

- Whether there are limitations with the infant being able to track their caregiver with their eyes/head movements
- Is the infant has an increased startle response (e.g. sharp movement to a noise)?
- Are there delays in motor skill development (e.g. are they developing plagiocephaly (flat head))?
- Is the child consistently limping, displaying limited interest in the world around them?
- Are there attachment behaviours that indicate difficulties in the infant's ability to trust and rely on their caregiver for comfort and security?<sup>22</sup>

## Audience

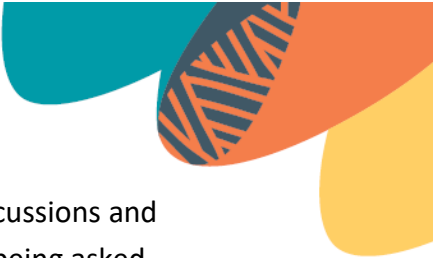
**How:** Ensure children's views are communicated to someone with the responsibility to listen. This includes decision makers within SFS, as well as other professionals involved in the child's life.

### Reflection questions:

- Does the child know how their views will impact on case planning?
- Does the child understand the limitations with regards to confidentiality in the case?
- Has the child's voice been reflected within case conferences, supervision and consultations?

## Case consultation and supervision

Case consultation and supervision are important times to bring the child's voice to the forefront of decision making and ensure that it is shared, reflected on, and acted on as appropriate. There are many ways that practitioners can do this. If practitioners have recently completed an activity like 'Three Houses' this can be shared. Some practitioners keep a photo of the child in view throughout the supervision session or consult, others share a picture or letter that the child has written.



Practitioners are supported to retain the child's voice as central to the discussions and ensuring their voice is heard and valued in decision making processes, by being asked intentional questions, such as:

- What are the practitioner's observations of the child? In the home? At school?
- What are the child's views?
- What is the child's relationship like with their parent/teacher/practitioner?
- What is the child's hopes, wishes and dreams?
- What would the child like to change / be different?
- Has the practitioner completed a safety plan with the child?

### **Multi-agency response**

There may be other services already involved in the child's life, for example Headspace, Child and Adolescent Mental Health Service (CAMHS), the school, childcare or other therapeutic services.

Case conferences with services and professionals who are involved with a child are an important mechanism to develop a shared plan and increased understanding of the child and their needs. It is also an important forum to ensure that the child's voice is listened to and valued, regardless of whether the child is actively involved in the case conference or not.

The decision to directly involve a child in a case conference is influenced by the age, developmental status and individual circumstances of the child and family. When assessed as appropriate, practitioners are to be upfront with the child about case conferences. This provides opportunity for the child to participate in the case conference by either attending the meeting, writing a letter, drawing a picture, or sharing with the practitioner what they are comfortable with the practitioner sharing on their behalf. Practitioners should ensure they do not make promises to the child about outcomes that they cannot guarantee, and ensure they follow through on agreed actions, such as letting the child know how the case discussions went and what are the next steps.

### **Recording child's voice**

Record keeping is a critical element of working with a child. It is essential to respect a child's dignity while recording notes accurately, objectively and clearly.



When writing case notes, safety plans, assessments and case plans, record the child's voice in relation to their safety and their views. Use their words and expressions through the use of quotation marks. For example:

- Billie said that they were “freaked out” by the police attending the home on the weekend
- Billie said, “I want Dad to stop hitting me, and yelling bad words”
- Billie said that “John (Mum’s boyfriend) is scary”. When Billie was asked how they felt when they were at home with John alone, they (Billie) started to cry and tucked their head down into their hands.





## Influence

**How:** Ensure the child's views are taken seriously and reflected upon within safety planning, case planning, and decision making.

### Reflection questions:

- Has the child's voice been listened to and valued by the practitioner through demonstrating follow up, actions, and decision making in response to their views?
- Has due weight been given to the child's opinions and wishes based on their age, developmental status and maturity, in relation to decision making?
- Has the child's views been incorporated into safety planning and case planning?
- Has the child been provided with feedback explaining the reasons for decisions taken, including how their views were regarded?

### Voice of the child influencing change

Once the voice of the child has been heard and listened to, it is critical to find ways to meet the rights of the child in giving due weight to such views. Their view must be listened to and must be acted upon, as appropriate.<sup>23</sup> The child's voice must be visible and evident within assessments, safety plans and case plans.

The child should be told what decision was made, how their views were regarded and the reasons why action has proceeded in a certain way.<sup>24</sup> It is important for practitioners to do this regularly.


*"Treat them as equal. The kids deserve just as much information as the parents do. Parents generally know what's happening and where the conversation's steering what not. So yeah, kids deserve the same."*

*LEN Advisor, 2023*

### Safety planning with children

The safety plan is ideally commenced at the first contact with a child and family to address immediate safety concerns.

The safety of the children is the responsibility of the adults, and it is important to reiterate to the children that they are not responsible for violence or abuse.



Practitioners are to use the SFS Child's Plan for Safety when completing a safety plan directly with a child. There are a range of other tools on the SFS intranet that practitioners may find helpful when having safety plan discussions with a child. Practitioners need to consider whether a verbal plan or written plan is best and how to have this conversation safely.

Practitioners are to check in regularly with the child about their safety plan over the course of the intervention. This includes asking for their thoughts and feelings regarding their experience of their own safety and showing curiosity around what is working or may not be working in their plan.

When reviewing the child's safety plan, practitioners must be aware of the potential for changing risk levels in the family (e.g. a parent/caregiver released from prison, or the birth of a sibling). As practitioners reviews the risk, attention is continuously placed on risk and protective factors while centring the voice and needs of the child.

### **Family safety plans and case plans**

Each child is invited to be an active participant in safety plans and case plans that are created with the family, according to their age, maturity and developmental status. Please note that when domestic and family violence is present, individual safety plans may be required.

The child's views, including their hopes for the future, their worries and how they experience their world are reflected appropriately within the case plan in child-centred goals that prioritise the child's safety and wellbeing needs.

When appropriate, use the child's own words and language within safety plans and case plans. Practitioners are responsible for using discretion when developing strategies with children as they need to keep the child safe and not place them in harm's way. This will need to include consideration for documents that are made available to family members, as to what the child is comfortable with being shared with family members.

### **Reviewing/monitoring**

Practitioners are to check back in with the child throughout the intervention to discuss and review what their thoughts are regarding their experience in their family. It is also important to remember to feedback to the child how things are going, what decisions have been made and why. This provides opportunity for the child to share alternate views or opinions and ensure that their feedback on decisions made is understood, acknowledged and responded to appropriately.

## Complaints

Children may choose to express their views, experiences and needs through the complaints process. Practitioner, or senior practitioners, can support a child through this process. Practitioners need to inform their supervisor that this is occurring. A child may also identify a support person to do this with them. For further guidance please reference the feedback and complaints procedure Client Feedback and Complaints Procedure and the [DHS website](#).

## Celebrating success

As practitioners review the work completed, they should take the time to celebrate successes, big and small with the child. Overtime as practitioners build a relationship with the child, they will learn what is meaningful to them – this may be as simple as a ‘fist bump’ or consider something creative such as a special certificate or a card.

## Considering goodbyes from the lens of a child

As practitioners work towards closure, they need to consider what is the best way to say goodbye to the child. A trusting relationship has often been built, and it is important to consider how to celebrate the relationship and say goodbye in a meaningful way. Considerations include (where possible) giving plenty of warning to the child and whether a small farewell celebration is appropriate.

Consider creative ways to celebrate the relationship built and saying goodbye such as therapeutic letters/cards.<sup>25</sup> Letters can support a transition by acknowledging the child’s needs, goals and next steps. Sharing a joyful moment or a shared interest will often help the child to maintain positive memories of the relationship.

## Vicarious trauma

Working directly with children who have an experience of trauma can feel relationally and emotionally draining, and it is important to discuss this during reflective supervision. Maintaining self-care strategies and professional boundaries can protect against experiencing vicarious trauma.



# Appendix 1: The Lundy Model of Child Participation checklist



Ireland's National Strategy on Children and Young People's Participation in Decision-Making 2015-2020.



# Appendix 2 – United Nations Convention of the Rights of the Child



<https://www.unicef.org.au/stories/poster-convention-on-the-rights-of-the-child>



# Appendix 3 – General tips for responding to disclosure

## Disclosure


The Australian Institute of Family Studies (AIFS)<sup>26</sup> has consolidated some general tips for responding to disclosure:

- Give the child or young person your full attention
- Maintain a calm appearance and attempt to avoid overly dramatic facial expressions or body language
- Don't be afraid of saying the wrong thing, simply listen as much as possible
- Reassure the child or young person that it is right to tell
- Accept the child or young person will disclose only what is comfortable and recognise the bravery/strength of the child for talking about something that is difficult
- Let the child or young person take their time
- Let the child or young person use their own words
- Don't make promises you can't keep
- By telling the child: 'I can't make that promise, but I can tell you I will do my best to keep you safe', you can reassure the child, manage expectations, and encourage them to speak out about abuse
- Tell the child or young person what you plan to do next
- Advise the child or young person that in order for them to be safe they will need to talk to another person (police or child protection) about their experience and that you will support him or her through that experience. Let the child or young person know he or she can ask about what will happen next as often as he or she needs to
- Do not confront the perpetrator
- Remember, it is the role of the authorities to investigate the truth of the claim. Your role is to support the child or young person. Do not ask leading questions
- Speak to your direct manager as soon as possible
- Document the incident and speak with your manager about reporting policy and family support
- Refer the child and family if possible to trauma-informed services
- Manage your own feelings. Staff can often have history of trauma themselves. Ensure you have supports system.

**Report disclosures of abuse to the Child Abuse Report Line 131 478**

# End notes

- <sup>1</sup> Safer Family Services, Case Management Framework, pg 11 <https://dhs.sa.gov.au/how-we-help/child-and-family-support-system-cfss/practitioner-resources/practice-guides/case-management-framework>
- <sup>2</sup> Safer Family Services, Clinical Governance Framework, pg 8 <https://dhs.sa.gov.au/how-we-help/child-and-family-support-system-cfss/practitioner-resources/practice-guides/clinical-governance-framework>
- <sup>3</sup> van Bijleveld, GG, de Vetten, M, Dedding, CWM 2020 Co-creating participation tools with children within child protection services: What lessons we can learn from the children <https://journals.sagepub.com/doi/full/10.1177/1476750319899715>
- <sup>4</sup> ibid
- <sup>5</sup> VACCA & ACU 2009, Child's Voice: Our children have the right to be heard VACCA & Australian Catholic University <https://www.vacca.org/page/resources/cultural-resources/childs-voice>
- <sup>6</sup> Commissioner for Children and Young People WA (CCYP WA), 2018. Engaging with Aboriginal Children and Young People Toolkit. <https://ccyp.wa.gov.au/our-work/resources/aboriginal-and-torres-strait-islander-children-and-young-people/engaging-with-aboriginal-children-and-young-people-toolkit/>
- <sup>7</sup> ibid
- <sup>8</sup> ibid
- <sup>9</sup> Lorina 2015, Aussie Childcare Network Social and Emotional Development for Toddlers 2-3 year olds, <https://aussiechildcarenetwork.com.au/articles/child-development/social-and-emotional-development-for-toddlers-2-3-year-olds>
- <sup>10</sup> Hervatin, M. July 2021, Complex Trauma through a trauma-informed lens: Supporting the wellbeing of infants and young children, Emerging Minds, <https://emergingminds.com.au/resources/supporting-the-wellbeing-of-infants-and-children-through-a-trauma-informed-lens/>
- <sup>11</sup> ibid
- <sup>12</sup> ibid
- <sup>13</sup> ibid
- <sup>14</sup> Eden-Mann, P; Shared Decision Making with disabled children and young people resource, CCS Disability Action including all people <https://www.ccsdisabilityaction.org.nz/news/shared-decision-making>
- <sup>15</sup> Engaging children with disability in supported decision making, AIFS, 2023, <https://aifs.gov.au/resources/short-articles/engaging-children-disability-supported-decision-making>
- <sup>16</sup> Child Development and Trauma Guide, Government of Western Australia Department of Communities, <file:///C:/Users/michbl/OneDrive%20-%20South%20Australia%20Government/Desktop/Publications%20to%20read/Voice%20of%20the%20Child/ChildDevelopmentAndTraumaGuide.pdf>
- <sup>17</sup> Brotherhood of St Lawrence, 2020, Engaging Children's Voices in the Early Years, Practice Guidelines <Engaging-Childrens-Voices-in-the-Early-Years-Practice-Guidelines.pdf>
- <sup>18</sup> Article 12 in practice, the Lundy Model of Child Participation, UNICEF, <https://www.unicef.org.uk/rights-respecting-schools/resources/teaching-resources/guidance-assemblies-lessons/the-lundy-model-article-12-in-practice/>
- <sup>19</sup> VACCA & ACU 2009, Child's Voice: Our children have the right to be heard VACCA & Australian Catholic University <https://www.vacca.org/page/resources/cultural-resources/childs-voice>
- <sup>20</sup> Birmingham Children's Trust, 2018, The Voice of the Child Practice Guide <voice-of-the-child-practice-guidance-v1-ct-100518.pdf> ([proceduresonline.com](http://proceduresonline.com))
- <sup>21</sup> Stafford, L, Harkin, J, Rolfe, A, Burton, J & Morley, Christine (2021) Why having a voice is important to children who are involved in family support services. Child Abuse & Neglect, 115, Article number: 104987. <https://research.qut.edu.au/centre-for-justice/publications/why-having-a-voice-is-important-to-children-who-are-involved-in-family-support->



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<sup>22</sup> Emerging Minds, Engaging Children Training Module, accessed May 2024 [Engaging with children - Emerging Minds](#)

<sup>23</sup> Lundy, L, 2007 'Voice' is not enough: conceptualising Article 12 of the United Nations Convention on the Rights of the Child, British Education Research Journal, Vol. 33, No. 6, December 2007  
<https://www.tandfonline.com/doi/full/10.1080/01411920701657033>

<sup>24</sup> 'ibid

<sup>25</sup> Laura Pyle, Yours Truly: Incorporating Therapeutic Letters into the Assessment Process with Children and Young People, ACF, Accessed July 2020, [Yours Truly: Incorporating Therapeutic Letters into the Assessment Process with Children and Young People - Australian Childhood Foundation Professionals](#)

<sup>26</sup> Truong, M 2025 Responding to children and young people's disclosures of abuse | Australian Institute of Family Studies, AIFS [Responding to children and young people's disclosures of abuse | Australian Institute of Family Studies](#), <https://aifs.gov.au/resources/practice-guides/responding-children-and-young-peoples-disclosures-abuse#:~:text=By%20telling%20the%20child%3A%20%22I,to%20speak%20out%20about%20abuse.>