Collaborative practice in child and family welfare: Building practitioners’ competence

Nicole Paterson, Toni Cash and Chloe Warrell
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- Let us know if you **don’t** want your question published on the online forum following the presentation.
- All our webinars are recorded.
- The slides are available in the handout section of Gotowebinar.
- The audio and transcript will be posted on our website and YouTube channel in the coming week.
Working together to keep children and families safe: Strategies for developing collaborative competence

- A new practice paper aimed at supporting practitioners to navigate collaborative relationships
- Co-produced by CFCA and Emerging Minds: National Workforce Centre for Child Mental Health
- Informed by consultations with professionals in the child protection and child and family welfare sector

The full practice paper is available for download on the CFCA website
Why focus on collaboration between child protection and child and family welfare services?

- Cross-sectoral collaboration is an essential part of effective practice with children and families who have complex needs.
- Service system is still fragmented, leaving practitioners without guidance on how to collaborate in an imperfect environment.
- We identified a need to help practitioners to navigate cross-sectoral collaboration.
What is collaborative competence?

- An individual practitioner’s collaborative skills or capabilities
- The ability to develop and sustain effective cross-sectoral relationships in real-world working situations
- Not something that can be prescribed through protocols and procedures, or acquired as technical competencies (Hood et al., 2016, p. 493)
- A skillset that practitioners can draw on while collaborating in far-from-ideal service environments (Hood et al., 2016)
Strategies for developing collaborative competence

- **Understand** the differences between sectors
- **Clarify** the specifics of collaboration
- **Communicate** with collaborative partners
**Strategies for developing collaborative competence**

Understand the differences between sectors, for example:

<table>
<thead>
<tr>
<th>Feature</th>
<th>Child protection</th>
<th>Child and family welfare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary client</td>
<td>Children</td>
<td>Families, parents, or children</td>
</tr>
<tr>
<td>Primary focus</td>
<td>Safety and wellbeing of children</td>
<td>Safety and wellbeing of family members</td>
</tr>
<tr>
<td>Client engagement</td>
<td>Mainly involuntary</td>
<td>Mainly voluntary</td>
</tr>
<tr>
<td>Coverage</td>
<td>Resources concentrated on families at high risk</td>
<td>Resources available to more families at an earlier stage</td>
</tr>
<tr>
<td>Expertise</td>
<td>Identifying (risk factors for) child abuse and neglect</td>
<td>Identifying therapeutic needs of family members</td>
</tr>
</tbody>
</table>
Strategies for developing collaborative competence

**Clarify** the specifics of collaboration:

- Own roles and responsibilities
- Others’ roles and responsibilities
- Possibilities for collaboration
Strategies for developing collaborative competence

**Communicate** with collaborative partners

- Articulate your shared understanding of collaboration
- Share information
- Address differences and conflict
- Discuss how collaborative practice is going
- Celebrate joint successes!
Summary

- Three broad strategies of collaborative competency: **understand, clarify** and **communicate**.
- Both structural and practitioner-level solutions are needed.
- Remember that there is often a common goal to support vulnerable children (or families), regardless of any differences between practices and ideas.
- Don’t forget that children and families should be part of collaborative action as well.
References

Partnering in our work with young people with complex needs

Toni Cash
Manager, Practice Advice and Support
Department of Child Safety, Youth and Women

Chloe Warrell
Team Leader
BEROS Brisbane & Lower North Coast
Acknowledgements

- We acknowledge the traditional owners of this land on which we are standing, talking and thinking together today. We acknowledge elders past and present and emerging leaders and any Aboriginal and Torres Strait Islander people in the room today. We also recognise that Aboriginal and Torres Strait Islander peoples have protected and raised their children for centuries and families and communities continue to do so while healing the hurt of colonisation.

- We also acknowledge the young people and their families who have taught us so much. Their stories and their spirit are here with us in this room as we think through ethical practice solutions to partner with young people with complex behaviours and needs.
Session outline

- Working agreement and our knowledge assumptions for the session
- Working in partnership
- Values and principles in our work
- Working with complexity
- Barriers to partnership
- Case study in parts
- The *Human Rights Act*
- Reflections
- Questions
Young person 3 quote

‘They’re really good for emotional support, and if you need help with majority of things, like appointments and things like that, they come and pick you up and take you there and make the appointments with you, help you work through the stuff. And yes, they’re really supportive with a lot of things.’ - YP3
Naming some assumptions

- Values, attitudes and beliefs are critical in this type of work ... do some ‘exercise’ of your values and beliefs.
- There is an evidence base to our work with young people. Key assumed knowledge bases are: trauma, attachment and development.
- Our organisations hold different frameworks for practice and we see this difference as a point of strength - not conflict.
- Young people experiencing high risk behaviours/complex needs are more vulnerable to having their human rights neglected (*Human Rights Act (Qld) 2019*)
- Use of language has the potential to help or hinder our work:
  - Use young person not kid
  - Say ‘the young person we work with’ not our/my young person.
Our Frameworks -
Department of Child Safety, Youth and Women & BEROS
BEROS

- Relationship
- Voluntary cooperation
- Confidentiality across systems
- Transparent practice
- Young person takes the lead on change
- Work with the young person’s reality
- Unconditional positive regard
- Sitting with risk

Knowledge base and theoretical perspectives:

- Harm minimisation
- Trauma-informed practice
- Development
Young person 1 quote

‘I’m just like, it’s the best service. I’m just like honestly, it’s the best service I’ve ever worked with, yes, with all the connections through the department, and being in care. Honestly, BEROS and all that, definitely my favourite out of all them. There’s just more of a, they just care more. I don’t know. It just seems more genuine, the workers.’ - YP1
Working in partnership - collaborative competence

Understand the difference in sectors

- Managing power dynamics and effective power sharing
- Accessing resources and strengths - the sum of our resources and strengths is greater in partnership than individually

Clarify the specifics of collaboration:

- Clarity of roles and responsibilities to underpin effective partnership
- Clarifying who is best positioned to undertake tasks

Communicate with collaborative partners:

- Developing effective communication processes and pathways - including management of conflict when it arises
- Reflecting on our successes and challenges to keep improving
Case study
Part 1

- Referral for 14-year-old young woman who had been self-placing for a number of months across locations - including family and peer networks
- Dis-engaged from her CSO and hadn’t physically been sighted for a number of months
- Child Safety identified concerns were around drug use (usually meth), more specifically intravenous use
- Disconnection from supports
- Youth Justice involvement - breaching orders due to not attending probation meetings
- Potential exploitation and transactional sex occurring for drugs and housing
Values and principles

Part 1

- We know that some young people need a different response because of the complexity of their behaviours.

- We want our casework to be responsive to the individual needs and circumstances of the young person.

- We know that relational practice is effective in working with young people with complex needs.

- We understand that these complex behaviours - while they can look dangerous and destructive to us - meet a need for the young person.

- We all have in common that we want each young person to be safe and have their belonging and wellbeing needs met.
Values and principles
Part 2

- Together - we bring a variety of skills and resources that we can use to build relationship and provide support/help for better outcomes for young people.

- Using the difference in frameworks allows us to have a critical/reflective lens to the work we do.

- No one can hold this level of complexity (danger and risk) on their own ... partnership is the ONLY way we can work safely.

- This type of complex work also takes a toll on those who are directly working with and caring for these young people.
Young person 6 quote

‘Yes, they don’t tell Child Safety or anyone anything unless they feel like I’m in danger ... It feels good. I’ve told [worker] a lot of things and I feel safe.’ - YP6
Case study
Part 2

- After a number of months of BEROS engaging with the YP’s ex-foster carer who was her one safe person she would regularly return to and referred to as ‘Mum’, the YP had the opportunity to meet BEROS and began engaging in case management support.

- It became apparent that the young person was not only dis-engaged from Child Safety but was actually finding herself in a highly conflictual relationship with her CSO and Team Leader, resulting in punitive responses to the young person’s choices and access to resources.

- The YP continued to engage with BEROS but would often refuse to engage with Child Safety and on occasions where BEROS supported YP to attend the service centre, there were significant practice concerns observed.

For example: CSO grabbed the YP arm in reception to see if there had been any recent intravenous drug use.
Working with complexity

- Relationship-based practice
- Young people’s genuine participation
- Using partnership to hold risk
- Responses are individual to the young person
- Caring for the safety and support network
- Consulting with others - including invited specialists
Case study
Part 3

- Young person accessed legal support to make a formal complaint about her CSO and see a new CSO.

- YP was supported through BEROS service for three years through many different contexts/circumstances.

- Pregnancy whilst in care - IA unsubstantiated
Barriers to working in partnership

- Staff turnover
- Supervision and support
- Ideas around best interests of the child/young person
- Statutory authority and power Child Safety hold
- Lack of communication
- Time pressures and restraints
- Competing agendas
- Propensity to tell their partners what to do
Young person 2 quote

‘I had the option. It was you could work with us and we’ll help you out with a lot of the support stuff. Or you could easily just say no and we wouldn’t bother you again. And I felt like that was really good because it gave me the choice. Well, if I wanted to work with them or not.’  - YP2
References

- Queensland *Human Rights Act 2019*. 
Contact Us

- **Toni Cash**  
  Manager, Practice Advice and Support  
  Department of Child Safety, Youth and Women  
  toni.cash@csyw.qld.gov.au  
  +61 (07) 3097 5942

- **Chloe Warrell**  
  Team Leader  
  BEROS  
  cwarrell@communityliving.org.au  
  0447 385 199
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