

1.16 Psychology Services

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Policy

Purpose

To guide field staff in relation to practice requirements for obtaining the involvement and support of the Department's Psychology Services across the broad areas of consultation, assessment and intervention.

Legislative Authority

[Children and Community Services Act 2004](#)

[Children and Community Services Act 2004 - Section 9 Guiding principles](#)

[Children and Community Services Act 2004 - Section 10 Principle of child participation](#)

[Children and Community Services Act 2004 - Section 90 Review of care plan](#)

[Children and Community Services Act 2004 - Section 97 Entitlement to personal material](#)

[Children and Community Services Act 2004 - Section 98 Social Services](#)

[Children and Community Services Act 2004 - Section 139 Court may require report](#)

[Children and Community Services Act 2004 - Section 140 Access to written report](#)

[Children and Community Services Act 2004 - Section 141 Confidentiality of report \(page 109\)](#)

[Children and Community Services Act 2004 - Section 142 Protection from liability for preparing or giving report](#)

[Children and Community Services Act 2004 - Section 237 Restriction on publication of certain information or material](#)

[Children and Community Services Act 2004 - Section 241 Confidentiality of information](#)

Standards

[Better Care, Better Services - Standards for Children and Young People in Protection and Care](#)

Practice Requirements

- Support from Psychology Services can be obtained by making an appointment to consult with a Psychology Services clinician, regarding any case that has progressed through the Assist intake process.
- The process of negotiating an appointment to consult should be undertaken prior to allocating any tasks in Assist.
- Consultation may be undertaken regarding both referred and non-referred cases to Psychology Services.
- The child protection worker's decision to refer must have been discussed at a previous consultation with Psychology Services. Referrals can only be made for cases that have progressed through the Assist intake process.
- Form 167 Referral to District Psychologist is required to access formal psychological services for any child in the CEO's care and must be completed in collaboration with a district clinician.
- All work undertaken by Psychology Services to support case planning will be made under one specific Assist goal: 'Psych Support Provided' that will be further linked to particular service tasks within the service provision screens, as well as case/file notes within the Objective case or clinical file.
- Once referred, a clinical file will be created in Assist and maintained in Objective.
- If the child is not in the care of the CEO, and the case has progressed through the intake process, Child Protection Workers who wish to engage Psychology Services must consult on the first instance. The Psychology Services clinician must also obtain the express 'informed consent' of the child's parent or appointed guardian before any work is commenced.
- Access to private practitioners must also be discussed in consultation with Psychology Services. Information regarding this process can be found in Chapter 1: Engaging with Private Practitioners for treatment/therapeutic services.

Process Map

Field staff can refer to the following flowcharts in Related Resources:

- General Clinical Practice Model - Psychology Services
- General Consultation Pathway - Psychology Services.

Procedures

[Requesting consultation](#)

[The consultation process](#)

[Completing a referral to Psychology Services](#)

[Linking Psychology Services to case practice](#)

[Referral to a private practitioner](#)

[Public sector responsibilities and standards of conduct](#)

[Chief Psychologist](#)

[Senior Consultant Psychologist](#)

[District and Country Psychologists](#)

[Residential Care Psychologists](#)

[Foster Care Psychologists](#)

[Resources](#)

Procedure - 1.16 Psychology Services

Requesting consultation

Psychology Services staff offer a broad range of services. These services are summarised schematically by the Three Pillars Model (in related resources). Services are grouped under three key service domains: consultation, assessment and intervention. Child protection worker involvement with Psychology Services typically commences with consultation.

Child protection workers may consult on a range of clinical issues, problems and concerns relevant to the child protection and welfare field. This includes consultation on broader issues such as reunification, contact and care arrangements, placement issues, child development and carer support. Refer to the flowchart General Consultation Pathway - Psychology Services.

Child protection workers are initially requested to approach Psychology Services team members to make an appointment for consultation. This is important to ensure that adequate time is made available to discuss your concerns and consider relevant information regarding the issue you wish to consult about.

It may also be important to undertake the consultation with access to a computer in order to consider the case plan and particular goals and tasks already allocated.

[top](#)

The consultation process

Once an appointment has been made and the consultation undertaken, a number of outcomes may result. These are reflected in the flowchart General Consultation Pathway - Psychology Services. Not all consultations may result in a referral and other outcomes or alternative approaches may be considered and suggested or recommended by the individual clinician and/or broader Psychology Services team.

Information from formal consultation appointments with Psychology Services will be recorded in the Assist service provision screens as a service task and can be documented in the Objective Case File in several ways:

- handwritten consultation documents may be scanned into the Objective case file that are linked to the negotiated case plan goal(s) and/or task(s) in Assist
- typed consultation documents may be generated and saved to the Objective case file from various templates in Assist and Objective (i.e. file note) or those created by the individual clinician and linked to the negotiated case plan goal(s) and/or task(s) in Assist
- information may be documented in an email and sent to the child protection worker to be stored in the Objective case file and linked to the negotiated case plan goal(s) and/or task(s) in Assist.

This process is somewhat different to consultations undertaken regarding referred clients. These will be stored in the Objective clinical file.

[top](#)

Completing a referral to Psychology Services

Child protection workers must make a referral to Psychology Services to arrange for a consultation to discuss the case. The case must also have progressed through the Assist intake process. With regard to Assist, all referral requests should also be discussed before child protection workers allocate or approve any case plan goals and/or tasks to Psychology Services.

A referral to Psychology Services is made via the completion and submission of Form 167 Referral to District Psychologist. This is recorded in Assist as a 'Service Task' (Consultation).

It is recommended that the Child Protection Worker and district clinician complete the referral form together in order to discuss the specific service tasks required.

2/11/2015

1.16 Psychology Services

Tasks should be in line with the case direction and overall case plan as well as the 'Dimensions of Wellbeing' appearing in the client's Care Plan and Record of Child Information.

Please note that the consulting clinician may not be the person responsible for undertaking the case being referred. For this reason it is recommended that any 'Service Task' requests that require the submission of Form 167 are not approved in Assist until after consultation with Psychology Services and subsequent acceptance of the case by a Psychology Services clinician.

Completed referrals may be presented for consideration by the broader Psychology Services team in order to prioritise them against other cases/tasks already held by team members. The Child Protection Worker will be notified as soon as their referral is allocated. However, this is often dependant upon the number of clinicians in the particular District, team processes, procedures and the current waitlist.

The referral process is outlined in the flowchart General Referral Pathway – Psychology Services.

The Form 167 must be scanned into the Objective clinical file and the hard copy retained within the referred client's 'Psychology Services Source File'.

Consultations undertaken as part of a referred case must be documented via case/file notes within the clinical file in Objective. Psychology Services staff may send a reference to Child Protection Workers to access these consultation records.

[top](#)

Linking Psychology Services to case practice

Much of the work undertaken by Psychology Services will now be integrated into the broader case plan, individual client care plan and Record of Child Information. This will be achieved through consultation and closer liaison with Psychology Services when planning for children in care, particularly in Assist.

Field staff are therefore requested to consider the role of Psychology Services when consulting relevant Casework Practice Manual entries. In particular:

- Chapter 1 – Overview of Case Practice, Management and Administration
- Chapter 2 – Accountability, Governance and Complaints Management
- Chapter 3 – Family Support – Assessing and Responding to Child and Family Needs
- Chapter 8 – Placements for Children in the CEO's Care
- Chapter 10 – Planning for Children in Care.

[top](#)

Referral to a private practitioner

Child protection workers should refer to Chapter 1: Engaging with Private Practitioners for treatment/therapeutic services, regarding Psychology Services' involvement and support when making a referral to a private practitioner.

[top](#)

Public sector responsibilities and standards of conduct

Specific codes of conduct affecting departmental staff include:

- [The Australian Psychological Society \(APS\) Code of Ethics](#)
- [Western Australian Public Sector Code of Ethics](#)
- Department for Child Protection Code of Conduct.

[top](#)

Chief Psychologist

The Chief Psychologist is engaged in overall recruitment, planning and development of Psychology Services and in particular, in improving the quality of professional, therapeutic and psychological care and support provided by departmental psychologists to children and families.

For more information on the role of the Chief Psychologist, Child Protection Workers can refer to Chapter 1: Specialist Positions in Head Office.

[top](#)

Senior Consultant Psychologist

The primary role of the senior consultant psychologist is the professional coordination of the district,

country and residential care and fostering services psychologists. The consultants will be based in geographically relevant locations and report administratively to their local district director or the Director, Residential Care. Professional supervision and development of the role is provided by the Chief Psychologist.

Senior consultant psychologists are available to the district psychologists and other members of the district team in an ongoing manner. They may provide direct case supervision to a new psychologist as well as assist with case load planning and referrals, complex cases, or planning in the district teams.

Guided by the principles of the Children and Community Services Act 2004, other department policies and procedures (for example, the Better Care, Better Services - Standards for Children and Young People in Protection and Care and the Signs of Safety Child Protection Practice Framework), senior consultant psychologists provide consultation and support to Psychology Services and district staff through a range of psychologically relevant processes that may include:

- assisting in the establishment of priorities in relation to casework for the local psychology team, dependent upon the level of training and expertise in that team
- maintaining a balance between consultation, assessment and intervention, based upon the team's level of skill and expertise
- clarifying and advising upon the factors contributing to, and maintaining, client/systemic issues
- considering the impact of broader systemic and ecological variables upon the client/systemic issues and needs
- reflecting upon both case and clinical management planning through the consideration of relevant psychological literature and evidence based practice within child protection
- identifying and recommending additional areas that Psychology Services can assist with and support regarding planning for the client's needs and systemic requirements

In addition, senior consultant psychologists contribute to the larger operations of the Department through a series of portfolios, which cover:

- learning and development
- tertiary liaison and training
- developing protocols with other agencies
- recruitment
- Assist and Objective
- private practitioner registration and oversight
- emergency services

The senior consultant psychologist positions are situated in:

- Mirrabooka office, for the north metropolitan district offices
- Fremantle, for south metropolitan district offices
- the Keith Maine Centre, for Residential Care and Fostering Services
- Bunbury office, for Country Services.

[top](#)

District and Country Psychologists

Metropolitan district psychology teams consist of approximately 2.5 full time equivalent (FTE) psychologists at specified calling levels one, two and three. There are also three clinical social worker positions. In regional districts, there are one or two psychology positions in each district, with 10 FTE psychology positions covering Murchison, Peel, Pilbara, South West, Great Southern, Kalgoorlie and the Kimberley.

District psychologists provide a consultation and therapeutic service including assessment of adults and children. They are involved in early consultation, screening and information gathering about the developmental and psychological needs of children, where there is an open case, and may then be engaged in the ongoing planning, assessments or interventions that may be decided upon. Psychologists are increasingly expected to participate in Signs of Safety based assessment and planning at key points in the child protection process.

An area of high priority for therapeutic work is the support of children in foster care, particularly through working in partnership with foster carers to increase their knowledge and understanding of the impact of trauma and neglect, and their capacity to sustain placements for children in care.

District psychologists will screen for referral to appropriate external health and therapeutic services, where necessary. They may also write reports for court and other purposes and can be considered 'expert witnesses' in the area of child protection.

The role of psychologists in regional offices is similar to the districts with respect to consultation, assessment and intervention for children in care and their families and carers. There are usually two or

more smaller offices in each district that require regular contact. The realities of country work, including the amount of travel involved and the degree of professional isolation, necessitate a developed level of professional autonomy, a strong knowledge base, and capacity for engagement with other services. These demands create a challenging work experience but also drive a strong team approach between the psychologist and other members of the district teams.

The higher number of indigenous clients in the regional and remote areas also calls for the ability to work in a responsive and open way and to be able to effectively, ethically and creatively work with different psychological and social understandings and to be able to work well in a range of physical settings. Clients are often seen in the open, or on front verandas or in out-of-the-way towns. Again this work is often conducted in collaboration with other department workers or with other established agencies.

[top](#)

Residential Care Psychologists

Psychologists in residential care typically work across two four-bed residential homes reporting to the senior manager of these residential homes.

The primary role of psychologists is to encourage, guide and facilitate the provision of therapeutic care to residents in the unit. In this capacity, psychologists work as a 'hands on' consultant to the residential care team in group homes. A key feature of this role is close consultation regarding the development and implementation of Individual Therapeutic Plans for each resident. Individual Therapeutic Plans work to focus the collaborative effort of staff, within the residential home, in a systematic way to bring about positive change, both in behaviour and sense of worth in a child over a particular period of time.

Secondary roles of psychologists in residential care includes:

- assisting in referring residents to other treatment agents, as appropriate, in collaboration with the relevant case manager
- liaising with treatment agents so that the residential environment complements the efforts of treatment agents
- providing problem solving counselling and individual support as required.

[top](#)

Foster Care Psychologists

Psychologists working in Fostering Services work largely with Specialised Fostering and work collaboratively with the carers of children with presenting problems that challenge the viability of the foster placement. Specialised Fostering Services is currently in development and is aiming to promote more widespread, intensive and targeted support of foster carers.

A primary manner in which targeted support may be delivered is with the psychologist focusing on improving the relationship between the foster carer and child and on improving the attachment between the foster carer and child. The practice of psychologists is informed by recognised models of service delivery which focus on encouraging a strong emotional connection between the foster carer and the child in their care.

In addition to working directly with foster carers and the children they care for, psychologists provide:

- consultation and support to field staff providing intensive support to sustain foster care placements
- training to foster carers
- specific district liaison aimed at sustaining foster care placements.

[top](#)

Resources

Further information can be found in the Psychology Services Framework (in related resources).

[top](#)

2/11/2015

1.16 Psychology Services

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