



Safe and well

Supporting families, protecting children

Communities of Practice

Discussion Paper - June
2021

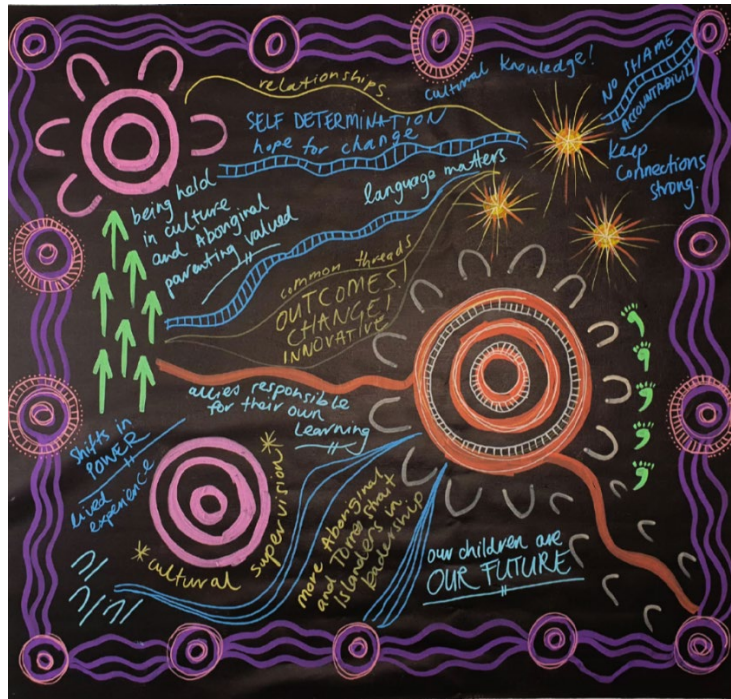


Government of
South Australia



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Artwork

"The Aboriginal Cultural Lenses of Practice". Artist – Sasha Hill, in collaboration with SFS Aboriginal staff.

Usage of the Artwork


The artwork was created as a visual statement piece by Sasha Hill/Houthuysen, a Yamatji/Noongar woman and Aboriginal Clinical Practice Lead, SFS. This piece is the representation of Aboriginal voice from the workshop co-facilitated by Dana Shen, a Ngarrindjeri/Chinese woman and business owner & principal consultant of DS Consultancy. The workshop was commissioned by EIRD to create the 'Aboriginal Cultural lenses of Practice' for SFS. The workshop was attended by SFS Aboriginal staff and allies to give voice to Aboriginal ways of knowing, being and doing and guidance in the supporting of a culturally safe workforce.

The artwork is used throughout CFSS documents incorporating the symbols correlating to cultural lens journey, allies walking alongside Aboriginal staff, families and communities and meeting and learning places supporting Aboriginal best practice.

DHS has commissioned Pat Caruso, an Eastern Arrernte man and the Founder/Director of We Create Print Deliver to digitalise and use these elements of the artwork to depict our healing approach ensuring that we were always keeping children front and centre and working from a culturally safe lens.

ACKNOWLEDGEMENT

The Department of Human Services (DHS) recognises and respects the historical and cultural significance of Aboriginal and Torres Strait Islander peoples and



communities. We acknowledge and value the diversity of these cultures and the contribution they make to enriching Australian society.

BACKGROUND

In 2019, the South Australian Government released *Safe and Well: Supporting families, protecting children* (“Safe and Well Strategy”). This strategy outlines a whole-of-government approach to how we will organise and prioritise what we do to support vulnerable families to thrive and keep children safe. It outlines the actions to be taken across three focus areas:


- **Supporting:** We will provide earlier, intensive, targeted support to families with multiple and complex needs, to reduce incidents of child abuse and neglect and prevent children entering the child protection system in the first place.
- **Protecting:** We will protect children from harm, including when they come into care. We will deliver trauma responsive, development-focused services designed to meet the individual needs of children and young people in care, with an emphasis on family-based care, reunification and permanency.
- **Investing:** We will invest in children and young people in care and during their transition from care to support them to independence. We will support them to lead productive lives as adults and assist them to break intergenerational contact with the child protection system. The Department of Human Services (DHS) is working with our government, non-government, and community partners to achieve the objectives of the Safe and Well strategy. As an agency, DHS is responsible for leading the design and delivery of a new Child and Family Support System (CFSS), a major action under the *Supporting* focus area. DHS is also responsible for a range of other actions under the *Investing* and *Strong System* focus areas.

In March 2019, Cabinet approved the implementation of the new CFSS to address growing rates of child abuse and neglect and increasing numbers of children needing to enter care. The CFSS aims to bring together government and non-government delivered services to create a connected, evidence-informed service system.

A state-wide, comprehensive co-design process was undertaken from June to October 2019 to support the CFSS. This process brought together service users of diverse backgrounds, Aboriginal leaders, government and non-government service providers, and researchers to inform approaches to and priorities for the reform of the child and family support system. In total, there were approximately 1,000 workshop attendances.

The co-design process resulted in agreement on seven shared directions:

1. Designing the system with Aboriginal families and communities
2. Embedding trauma-responsive practice to create a healing system
3. Establishing mechanisms for early help and support

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4. Ensuring equitable access for regional and rural families
 5. Supporting and strengthening our workforce
 6. Implementing mechanisms for robust monitoring and evaluation
 7. Commissioning for outcomes

More recently the journey to implement this reform has been incorporated into the *Safe and Well Roadmap for reforming the Child and Family Support System in South Australia*. Importantly, it was agreed that genuine progress in all areas of reform requires an ongoing commitment to continuing to bring together knowledge from diverse sources (data, research, practice and lived experience) to create and sustain a more evidence-informed and culturally responsive support system for children and families.

Through this co-design process, significant agreement across government, the sector and communities has been reached about how we can work together to better support families living in South Australia. The environment of collaboration, respect and authorisation established in the co-design process continues as we now move deeper together into system reform implementation.

This discussion paper aims to start a conversation with community partners about how DHS can support the establishment of a Communities of Practice model within the CFSS to support the workforce across the sector. The Model will provide an ongoing mechanism to enable collaboration, learning and shared approaches as the CFSS reforms are implemented. Key questions have been embedded within this paper to help focus the conversation on how to do this. Responses to these questions will be vital in helping to build and develop the CFSS Communities of Practice model, enabling a collective approach to problem solving and implementing shared decisions.

QUESTION:

How will the Communities of Practice contribute to ongoing sector development and reform?

WHAT IS A COMMUNITY OF PRACTICE?

Communities of Practice have been applied in social work settings as a valuable mechanism that enables the workforce to engage in a process of shared learning and reflective practice that facilitates effective interventions with vulnerable population groups.

Communities of practice can be defined as a “group of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly” (Wenger, 2011)



There are three characteristics of a Community of Practice:¹

The domain: a community of practice is more than a group or a network of people. Its identity is defined by a shared domain of interest, and in this case, this is the Child and Family Support System. Members make a commitment to the domain, and therefore have a shared competence that distinguishes members from other people.

The community: in pursuing their interest in a domain, members engage in joint activities and discussions, help each other, and share information. Relationships are built that enable members to learn from each other through mutual support.

The practice: a community of practice is also not just a group of people who have the same interest. Members of a community of practice are practitioners. They develop a shared collection of resources: experiences, stories, tools, ways of addressing recurring problems—in short, a shared practice. This requires time and sustained interaction and is more than just one-off conversations.

SUPPORTING AND STRENGTHENING THE WORKFORCE

A very large number of families reported to child protection have multiple and complex needs.² It is common for child protection concerns to be interrelated with issues such as domestic and family violence, parental drug and alcohol addiction, unaddressed physical and mental health needs, homelessness, disability as well as low income and long-term unemployment. The combined impact of these cause significant family stresses, making it much harder for families to provide safe, secure and nurturing environments for their children.


New CFSS service models have been developed to provide appropriate levels of support to children and families to address this level of complexity. The models also include the requirement for targeted and early intervention services to work with a greater level of risk than previously provided so that children can remain safe at home with family, community, and culture. As a result, change is required within organisations and across the system and with new ways of working together. The workforce across the sector will be instrumental in delivering and testing these new service models designed to better support keeping children and families safe and well.

As identified in the CFSS co-design process, it is important to therefore consider, how to best support and strengthen the workforce in this new space? What does this mean for practice? For example, what are the skills and expertise that will best enable practitioners to effectively support families when:

- Families may be fearful of letting services into their lives and be reluctant to engage
- Practitioners are responding to higher levels of safety risk than what they may have previously worked with

¹ <https://wenger-trayner.com/introduction-to-communities-of-practice/>

² DHS (2019) Early Intervention Research Directorate: Summary Report of Research Findings, March 2019, 7.

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- working with multiple and complex combinations of risk and protective factors is the norm
 - Intergenerational and complex trauma is present
 - Cultural safety considerations are required

It is also important to work out how to support and build the resilience of the workforce to undertake this important work which whilst rewarding can also be emotionally demanding.

The CFSS Reform has already identified several other strategies to support and strengthen the workforce and practice such as building evidence-based practice and specific discipline skills via the development of Practice Guides and Training Resources for CFSS system providers.

The proposed Community of Practice model will now also provide *additional* CFSS Reform strategies to support:

- The sharing of practical experience, skills and 'on the ground' knowledge of how to respond in differing and complex circumstances for the best interests of children and families.
- Privileging the voices and experiences of Aboriginal practitioners and lived experience representatives
- Engagement with key agency partners – workers and leaders in Aboriginal Community Controlled Organisations, Aboriginal Controlled Health Organisations, Education, Housing, Health, Domestic and Family Violence services, Disability, SA Police, and Child Protection services.
- Bringing key partners together to continuously engage in reform activities and sector wide problem solving to better support children and families most at risk.

QUESTIONS:

How will this important practitioner knowledge and capability be captured to enhance the sector as a whole?

How will leaders be engaged in sharing learning and collective problem solving across the sector?

How will the workforce be supported to keep doing this important work?



WORKFORCE BENEFITS

The benefit of a **CFSS Communities of Practice** model is that it provides opportunities to support the workforce by:

- Ensuring the Aboriginal co-design principles are implemented and “lived”
- Including additional opportunities for lived experiences to be considered
- Assisting in the continuous co-design and improvement of the CFSS recognising and valuing practitioner skill sets and capabilities
- Connecting service providers across the sector
- Addressing common practice and system issues

Practitioners can build networks, to support each other and find workable solutions to challenges identified during the reform process. It will also help develop and align evidenced based best practice across the CFSS sector using a practitioner lens to translate to the context of the CFSS Reform.

WHAT COULD THE CFSS COMMUNITIES OF PRACTICE LOOK LIKE?

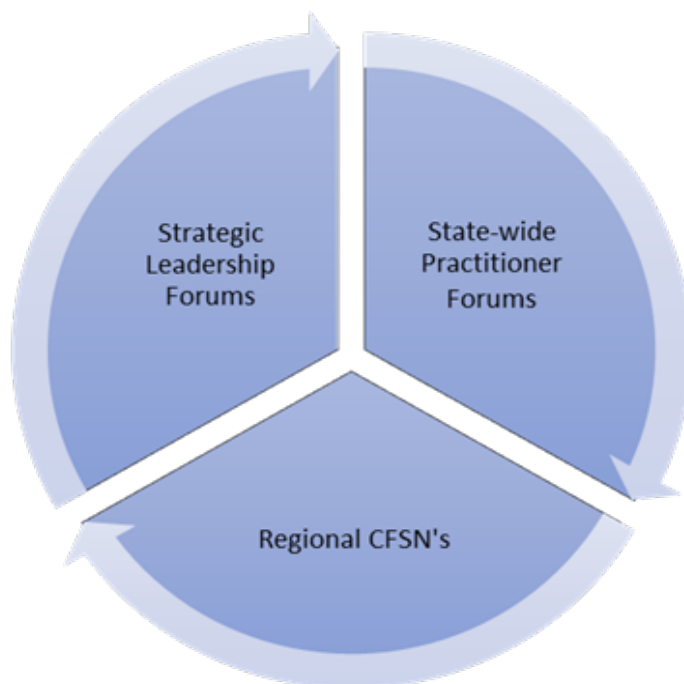
The proposed CFSS Communities of Practice model will support practitioners and leaders across the CFSS and enable a layered approach to ongoing learning. This three-tiered approach will enable leaders and practitioners to come together at various points across each calendar year to share learnings and collectively solve problems in order to achieve better outcomes for families.

The model is not intended to supersede all other learning and development communities in the sector, but rather propose a shared approach to complement existing processes. This includes and accounts for the Child and Family Safety Network (CFSNs) which offer the opportunity for local discussion to address local implementation issues.

The proposed CFSS Communities of Practice model would be implemented across the following three tiers:

- **Strategic Leadership Forum:** Executive decision makers in both NGO and Government services to come together to make decisions and share learnings in relation to CFSS implementation.
- **State-wide Practitioner Meetings:** Regional managers and local practitioners to come together and reflect on practice issues such as the CFSS Practice Guidance.
- **Regional Meetings:** Local practitioners and other government and non-government partners come together in the CFSNs to discuss local issues.

This proposed tiered approach is illustrated in this diagram. The cycle depicts the continuous feedback loop which the three-tiered approach can offer the ongoing continuous reform of the CFSS system.



COMMUNITY OF PRACTICE – KEY ELEMENTS OF THE MODEL

Strategic Leadership Forum

Comprises executive decision-makers across government and non-government services to:

- Discuss and share information about CFSS reforms at strategic level
- Ensure co-design and planning continues to take place
- Work to resolve any systemic issues

State-wide Practitioners Forum

Comprises leaders and practitioners to:

- Share practice, knowledge and expertise, particularly cultural knowledge and working with families who have complex needs
- Enable collaboration and reduce barriers between agencies
- Hear from experts and discuss how to best translate Lived Experience

Regional CFSNs Forum

Comprises leaders and practitioners from the Child and Safety Network* to:

- Local level co-ordination and reflection on key policy and practice issues as they affect the local community
- Contribute to a local learning community, including other regional professional

QUESTIONS:

Please describe your thoughts about the tiered approach to the CFSS Communities of Practice?

What might be the challenges? How can the impact on resources be minimised?




KEY PRIORITIES FOR THE CFSS COMMUNITIES OF PRACTICE

The initial focus across the CFSS Communities of Practice will be on the reform activities. It will be an opportunity to provide updates on the implementation, access training and embed major reform activities. It will also provide an opportunity for practitioners to share resources, challenges, and ideas with each other as change is implemented. It will identify system issues and provide an opportunity for these issues to be escalated to the strategic arm of the model.

POTENTIAL BENEFITS OF THE CFSS COMMUNITIES OF PRACTICE:

- Continuation of the co-design approach, reflecting on reform implementation and possible practice improvements
- Support continued alignment with Aboriginal co-design principles and privileging a cultural lens to practice
- Support the ongoing integration of Lived Experience in practice development
- Support a shared understanding and intent of reform implementation, its progress and impact
- Shared and sustained commitment to the reform and collaborative knowledge development are supported across all levels of the CFSS
- Secure buy-in from executive management across the CFSS sector to drive reform
- Support relationship building across the sectors in local areas
- Promote local service awareness
- Promote professional connectivity and communication
- Troubleshooting operational issues
- Share ideas for client supports in region
- Promote the development of collaborative approaches to care
- Build a genuine responsive, sustainable service system
- Regional and state-wide communities of practice balance metropolitan and regional (country) differences
- Foster innovation through collaboration
- Enhance service development for better outcomes for children and families



As CFSS reform activities are implemented, the individual components of the CFSS Communities of Practice model may identify specific projects or topics for further investigation. Facilitation of forums and Meetings will be provided however it is important to note that the model will work best if it is practitioner-led and development is organically driven to ensure that the Communities of Practice are beneficial for all the members who participate.

Initially, the CFSS Communities of Practice model is intended to operate for the duration of reform implementation and the focus will be reviewed regularly. The initial proposed schedule of activity is outlined in Appendix 1. ***Please note that the Reform projects will continue to be managed as separate projects outside of the scope of the CFSS Communities of Practice. Current projects are included below:*

CFSS REFORM ACTIVITIES

Practice and Service Integrity

- Common Elements, priority module being Risk and Safety Planning
- CFSS practice framework, priority being Assertive Engagement
- Trauma responsive system framework
- Culturally responsive training
- Pathways to right support at the right time


Service Development for Better Outcomes for Children & Families

- New service models and approaches– trial, test and learn
- Commissioned research
- Data capability and measurement of outcomes for children and families
- Enhanced data collection and infrastructure to support data linkage, information, and reporting
- CFSS reform evaluation

ABORIGINAL DESIGN CRITERIA

A commitment to developing and providing services in collaboration with Aboriginal people is central to the CFSS reform. The Aboriginal Design Criteria recognises the history and wisdom of Aboriginal peoples and commits to support self-determination in all system reform activities. This means giving status to the voices, knowledge, experiences, skills and perspectives of Aboriginal Nations, communities, families, and individuals. Aboriginal people will be involved in all aspects of CFSS reform activities which includes the CFSS Communities of Practices.

The CFSS Communities of Practice model needs to create a culturally safe environment for Aboriginal practitioners to participate fully. The perspectives of Aboriginal peoples must be heard and prioritised through the voices of Aboriginal families and communities as well as via the partnership and contribution of Aboriginal Community Controlled Organisations and other organisations who can reflect the voice of Aboriginal people and communities.



The proposed Community of Practice model will align with the Aboriginal Co-design principles.

QUESTION:

How must the voices of Aboriginal partners be heard and privileged?

How will the Aboriginal Co-design principles be implemented?

CULTURALLY AND LINGUISTICALLY DIVERSE

The culturally and linguistically diverse (CALD) community have engaged in all the codesign activities. This has included workshops and meetings to address specific issues such as trauma and emerging community issues. The Communities of Practice will continue to work in this way and privilege the voices of people from diverse communities and work to be inclusive of the issues in these communities.

QUESTIONS:

How must CALD voices be included at the table?

How will the specific issues going on in CALD communities be addressed?

THE VOICES OF PEOPLE WITH LIVED EXPERIENCE

The CFSS Communities of Practice will also have formal links to the Lived Experience Network to ensure the voices of families are also a valued knowledge source for system and practice improvement. This will provide key insights to how:

- Practice can be responsive to client voices
- Organisations can establish their own mechanisms to enable people with lived experience to be involved in advising on service development, feedback and evaluation

QUESTIONS:

How will the voices of lived experience be engaged in ongoing learning?

Which tier of the Communities of Practice will include voices of lived experience?



LEARNINGS AND ESCALATION PATHS

The CFSS Communities of Practice model is another tool to help achieve reform objectives. The learnings and feedback from the Communities of Practice sessions will help to develop a more robust CFSS system. Some issues arising from the Communities of Practice will need to have an escalation pathway. However, the Communities of Practice model does not override other parts of the reform process which will have their own escalation pathways.

NEXT STEPS

In the spirit of ongoing system co-design, your response to this paper and the key questions are invited and encouraged. Please review this proposal and consider the model presented and feel free to make thoughts and any suggestions its implementation.

Please email feedback to tania.westwood2@sa.gov.au by 18 June 2021 to allow for responses to be consolidated and presented in a summary report which will be made available on the DHS EIRD web page. Feedback will be used to inform planning for the CFSS Communities of Practice at the inaugural State-wide Regional Managers and Practitioners Forum to be held in July 2021.



SUMMARY OF QUESTIONS

1. *How will the Communities of Practice contribute to ongoing sector development and reform?*
2. *How will this important practitioner knowledge and capability be captured to enhance the sector as a whole?*
3. *How will leaders be engaged in sharing learning and collective problem solving across the sector?*
4. *How will the workforce be supported to keep doing this important work.*
5. *Please describe your thoughts about the tiered approach to the CFSS Communities of Practice.*
6. *What might be the challenges? How can impact on resources be minimised?*
7. *How must the voices of Aboriginal partners be heard and privileged?*
8. *How will the Aboriginal Co-design principles be implemented?*
9. *How must CALD voices be included at the table?*
10. *How will the specific issues going on in CALD communities be addressed?*
11. *How will the voices of lived experience be engaged in ongoing learning?*
12. *Which tier of the Communities of Practice will include voices of lived experience?*

Appendix 1: PROPOSED CFSS REFORM AND COMMUNITIES OF PRACTICE SCHEDULE

