



Child and Family Support System Assertive Engagement: Practice Guide

October 2021



Government of
South Australia

Contents

Overview	3
Purpose	4
Why may a family be reluctant to engage?	5
Cultural Considerations	6
Aboriginal children, young people and families	6
Culturally and Linguistically Diverse children and families	7
Responsibilities	8
Regional Managers, Supervisors and Senior Staff are responsible for:	8
Practitioners are responsible for:	8
Practice Strategies	10
Encourage initial engagement	10
Support ongoing engagement	13
Support ongoing engagement	14
Be proactive when a family is no longer successfully engaged	15
Plan for transitions or exit if a family is persistently not engaged	16
References	17

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.

Overview

This Practice Guide provides practical advice for practitioners about how to assertively engage with children, young people and their families, involved in the Child and Family Support System (CFSS). Assertive engagement is critical when working with families who are reluctant to participate with services, especially when engaging promptly provides an opportunity to assess risk and plan for the safety and wellbeing of their children. Assertive engagement is important in the delivery of services to support family preservation and to establish working relationships with children, young people and families to effectively engage, identify and address risk, to keep children and young people safe at home.

A child's right to safety is at the centre of our work. Child safety supersedes all other rights within the CFSS non-statutory child protection space. Effort to engage with children and young people, is as important as engaging with their adult carers or parents. Their views and wishes for safety and wellbeing must be heard within the context of their families and communities. This is our core business.

As every child and family are different, successful engagement strategies will vary. Practitioners understand the diverse types of non-engagement child, young people and families may demonstrate, and the need to modify responses to address those in a consistent and effective manner. If a family member is persistently not engaging with the service, and the practitioner has therefore not spoken to the child, young person and assessed levels of risk and safety in the first few weeks of allocation, then in consultation with the line supervisor, alternative engagement strategies must be explored. If the level of risk is extremely high at the time of referral and allocation, the supervisor may endorse escalation processes commence. Escalation process may include a statutory child protection service.

Purpose

Children and families with multiple and complex needs require various levels of specialist services and supports to reduce risk, address need, and build capacity to safely care for and protect their children. However, research indicates that vulnerable families are also less likely to proactively approach, actively participate in or remain engaged with relevant services and supports.¹ As a result, children remain 'at risk of harm' and families do not access support required to care for and meet the needs of their children.

As service providers understand, it takes courage for families to build trusting relationships with new workers or services. Children and families within a 'non-statutory' child protection space may have historical experiences, making them cautious of 'letting services in.'

Assertive engagement takes a proactive approach to initiating contact and delivering support. It challenges the idea that a client is responsible for service engagement, placing the onus on practitioners to build connection and relationship persistently and consistently, to work with children and families in critical conversations around risk, capacity, family functioning, and to provide support.²

CFSS services are offered to children and families at substantial risk of entering the statutory child protection system.

Where a carer or parent is resistant to a service response, CFSS services will need to make continuous attempts to contact families using multiple methods (such as phone, school or home visiting, and approaching with other existing services), so that carer or parent understand why a referral has been made for their involvement with the service.³

The use of assertive engagement strategies requires a high level of skill and commitment from supervisors and their practitioners. Practitioners are required to adopt flexible ways to build rapport and establish engagement while addressing child safety. This may initially involve being prepared to meet in locations where the child, young person and family feel most comfortable. This may not always be possible at the commencement of the case management process, when assessing risk and planning for safety. The child, young person and family members need to feel confident that confidentiality will not be compromised in public spaces.

¹ Hackworth, N.J., Matthews, J., Westrupp, E.M. *et al*, 2018

² Department of Human Services, Case Management Framework, Safer Family Services, 2020

³ Harvey, E., Harman-Smith, Y., and Brinkman, S, 2020

Why may a family be reluctant to engage?

A family may be reluctant to actively engage for a myriad of reasons, including:

- fear that children will be taken away, fear they will not be able to make the changes required, and fear of judgement about how and where they live
- feelings of shame the child or family may experience⁴
- negative or harmful experiences with service providers or experiences with service providers who have not listened to them
- services seen to be lacking cultural authority or not working in ways that respect their cultural needs and strengths
- experiences of systemic racism
- being prohibited from having contact with a service by a perpetrator of family violence, or experiences of services refusing to engage with a perpetrator of family violence
- inflexibility in approaches to service delivery (e.g., not providing outreach via home visits etc.)
- language barriers (including difficulty accessing or using an interpreter) or a lack of confidence in speaking or understanding English fluently
- work, study, or other carer commitments
- experiences of crises or past unresolved trauma that prevent following through with service provision expectations
- over servicing, leading the child, young person or family to feel overwhelmed by service provider expectations, roles, or experiences of service fatigue from the involvement of multiple services.

⁴ The Compass of Shame, adapted from Nathanson, 1992

Cultural Considerations

Aboriginal children, young people and families

CFSS service sector acknowledges the historical and ongoing impact of colonisation, dispossession, genocide, forced removal policies (Stolen Generations) and practices such as segregation, assimilation, and racism on Aboriginal communities. The resulting intergenerational and complex trauma continues to impact Aboriginal children, families, and communities. Distrust and fear of agencies, particularly mainstream government agencies are strongly linked to these harmful policies and practices and continue to impact. These experiences may cause an Aboriginal child or family member to be reluctant to engage for fear of child removal. With this knowledge assertive engagement must be adapted in culturally responsive ways for Aboriginal children and their families.

Practitioners will be mindful of community connections and the potential for harm if consulting across Aboriginal kinship systems and organisations broadly, without consent. The first step is to ask the family who it is that we need to talk with, in order to understand their community networks. Some families may prefer to work with a person of the same cultural background and perspective. However, some families may want to seek assistance outside a closely-knit cultural community for reasons of anonymity or concerns with confidentiality.⁵

Within Safer Family Services, whenever possible (an Aboriginal worker if requested or preferred by the child/family) will be allocated. Consultation with Aboriginal colleagues to understand the best approach for the child and family within the context of their community is vital.

Practitioners must ensure transparency early in the process (first meeting) regarding information sharing, confidentiality and obtaining consents to access information from other services wherever possible and practical to do so.

Some Aboriginal families may have different communication styles. It is important to enquire about these communication styles when commencing engagement. If you are speaking with an Aboriginal person whose first language is not English, seek advice about appropriate communication protocols.

Sustainable change for Aboriginal children and families occurs best when self-determination in solutions which support the safety of children within cultural practices, is inclusive of Aboriginal family led decision making and collective parenting practices. True partnership with Aboriginal families will ensure that solutions are child and family led.

⁵ SNAICC (2010)

Culturally and Linguistically Diverse children and families

When working with culturally and linguistically diverse clients, refugees, or new arrivals, information regarding the migration experience and settlement process can impact on a child and family's willingness to engage with services. Some barriers to engagement may include:

- a fear or suspicion of authorities, government officials or members external to the identifying cultural group
- war and other acts of violence based on pre-migration experiences
- a reluctance to seek support because of the stigma associated with seeking help from outside of the family group
- a fear of jeopardising the person or family's residency status in Australia
- a previous experience of culturally insensitive interventions by professionals.

Before meeting with the family, consultation should occur with cultural consultants, workers or other organisations who have worked effectively with the family to gain knowledge of the cultural context in which child safety concerns are raised and to help guide the response and service intervention.

Ensure cultural protocols are observed while working with the family. Sensitivity to the role of both verbal and non-verbal cues within said culture in seeking to communicate and engage children and their families successfully.

If English is not a carer or parent's first language, additional time or a more flexible approach may be needed to support their participation, however, this must not delay engagement and place the child at further risk. Use interpreters to ensure that there is clarity in all discussions, and decisions, child and family wishes, and processes are clearly understood by all parties.

Children within the family must not be used to interpret. This may compromise the safety of the children within the family context.

Asking the client's preferences including the interpreter's gender, ethnicity, or whether they are sourced from outside of the local community (an interstate interpreting agency may be used). You may request that the interpreting service provide a list of interpreters and provide this list to the client so they can select an interpreter they are comfortable with. Also ask the client if they would like to use a different interpreter for each appointment to safeguard impartiality, or the same interpreter for each appointment to support continuity of care.

It is important to ask the client if they would prefer a practitioner who is of the same cultural background as themselves (if the service has a worker from that background); their choice should not be assumed, simply based on their cultural background.⁶

⁶ Sawrikar, P., & Katz, I. (2008)

Responsibilities

Regional Managers, Supervisors and Senior Staff are responsible for:

- Endorsing and practicing a clear agency-wide approach to assertive engagement.
- Ensuring staff are supported and aware of their obligation to engage directly with children and their families to ensure the safety and wellbeing of children, and when required using assertive engagement.
- Develop or strengthen ongoing assertive engagement practice through clinical supervision or access to training (as required).
- Clinical governance for all staff (regional managers, supervisors, and practitioners) engaged in direct service response to support self-reflection, build cultural fitness and responsiveness, practice with cultural humility and understand both individual and organisational white privilege.
- Ensuring cultural consultations are available and utilised by staff to support engagement with children and families.
- Managing staff safety and observing safe work practices across the organisation.
- Supervisors will record supervision notes on C3MS. All leadership and senior staff will record all case consultations.

Practitioners are responsible for:

- Their obligations to respectfully, creatively, and assertively engage with children and families to ensure the safety and wellbeing of children.
- Practitioners understand that they are responsible to alerting and consulting with their line supervisor if contact with the child or family has not occurred within the first two weeks of case allocation.
- Adopting strategies to approach children and families, to support active participation and ongoing engagement with services and supports to reduce child risk and increase child safety and wellbeing.
- Persistently and consistently following up with children and families, including resistant or reluctant children and families, within the context of service engagement and outcomes.
- Participating in cultural consultations to support engagement with families in ways that are appropriate and respectful of culture
- Communicating and partnering with children and families, having a shared understanding, and being flexible in case plan goals to address any barriers to engagement and child safety.

- Consulting in a timely way, with supervisors when a client is disengaging from services and may result in risk and safety concerns for the child or risk and safety concerns have not been fully addressed.
- Working collaboratively with team members and partner agencies to remove systemic barriers that may inhibit engagement.
- Keeping up to date case notes of all engagement, including attempts to contact clients and non-attendance at scheduled appointments.

Practice Strategies

Encourage initial engagement

Prepare for initial engagement with the family

- **The referral should provide any additional background information about the family's history.** This ensures the practitioner is clear about the purpose of their involvement and prevents the family from having to retell their story when they make contact. A practitioner should seek clarification from a supervisor if they are unclear about the purpose of the involvement.
- **Talk directly to children and young people.** Child centric services requires that the voice of the child be heard and planned for across the case management process, including engagement, safety planning, assessment, and goal setting.
- **Consult with other services working with the family.** It is important to identify other services that are working with the family (such as Child and Family Health Services, Birthing Hospitals, SAPOL and education sites) and contact them to discuss their involvement and strategies that have worked to engage the family. Try to find ways that you can work together to support the family. Is there a practitioner known to the family that can introduce you to the child and family?
- **Arrange a joint home visit.** Whenever possible, meet the child and family with someone known to the child and family. If appropriate, contact the family before you visit to ask whether they would like to have a support person present who knows them and/or their culture. This can include Aboriginal Elders and emerging Elders, kinship connections, community members, an individual family's cultural authority/decision makers, Aboriginal staff members or Aboriginal service providers.
- **Consider the family's cultural background:** practitioners must be sensitive to a family's cultural strengths and needs and consult with relevant cultural experts on the right protocols and ways of working with the family.
- **Identify opportunities for immediate practical support.** In the initial stages of involvement, an important way to foster engagement with families is to support them to address some of their immediate, practical needs. Some ways of doing this may include helping them to gain access to other services, to transport them to appointments, or to assistance with basic needs such as food.
- **Maintain a non-judgmental stance.** A family may be experiencing multiple and complex challenges and have varying levels of capacity to work with your service. It is important to maintain a non-judgmental stance about the problems they face or their previous lack of service engagement.

Encourage initial engagement

Be persistent, respectful, and creative when reaching out to a family to encourage their initial engagement

- **Make contact in a timely way.** It is important for families to be engaged as soon as possible to ensure child and family safety and reduce likelihood of statutory intervention.
 - **Let the family know what to expect.** Before meeting with a family, contact them to introduce yourself. At the beginning of the conversation, make sure to ask if it is a good time to chat. Be open about why a referral has been made, what they can expect at the first meeting and what might happen if they choose not to be involved. After the call, send the family follow up information (by email, letter, or text) explaining what you have just outlined on the phone. It is helpful for families to have this information to read and think about before your first meeting.⁷
 - **Create a good first impression.** The first contact that a family has with a service is key to subsequent engagement. The initial engagement needs to be warm, respectful, and supportive to start the process of building trust and connection. Remember you are the 'face of the system' in which the client may have had numerous or complex experiences, adding to their trauma and mistrust.
- **Listening.** Sitting in silence, listening respectfully and allowing the child and family members to tell their story.
- **If the family is difficult to reach, try a range of modalities to make contact.**
 - calling the family on multiple occasions at different times and on different days
 - texting or writing the family, if this has been assessed as safe and appropriate to do so (may not be appropriate in situations of domestic violence or limited literacy)
 - conducting a home visit at different times and on different days, if the family are not present
 - conducting unannounced home visits and ensuring each attempt is clearly recorded on C3MS
 - visiting the family's last known address (if the family is known to be highly mobile)
 - contacting other known family members or other agencies involved to inquire about whether the family has a new phone number or address to help you get in touch.

⁷ CFSS Lived Experience Network, March 2021

Encourage initial engagement

Be flexible

- **Provide services in the local community or the home:** Services should be flexible and be in places where families are. Ask the family if there is somewhere they would prefer to meet. This could include meeting the family at home or in the community (if this does not compromise confidentiality) where the family is not required to travel extensively.⁸
- **Consider child-care arrangements:** While a carer/ parent may prefer to meet at a time when the children are not present, it is critical when assessing risk and safety to seek the child's input and views (age appropriate). Planning appointments around the needs of babies and toddlers (naps or feeding) and for older children school drop off and pick up times, is important to ensure engagement is meaningful and other critical tasks are considered and planned for.
- **Support family members attend or prepare for appointments:** If the family needs to attend appointments at an office or another venue, the practitioner might consider arriving early at the family home and helping the children and family get ready⁹ talk to family members about some barriers they have experienced in accessing services, and together work toward minimising the impact of these barriers.
- **Provide practical support to family members:** Family members will be better able to engage with services when they are supported in areas where they are experiencing stress. Be creative in the support that is provided including gain access to other services, helping with school drop offs, taking family members to appointments or coordinating food packages.

⁸ Doherty, Hall & Kinder 2003, cited in op 26.

⁹ Katz et al., 2001

Support ongoing engagement

Invest the time to build a trusting and supportive relationship with the family

- **Provide sufficient time to invest in the relationship:** It can take time to build a trusting and engaged relationship with a family, particularly when they are experiencing multiple and complex challenges. This must be balanced with the need to provide immediate support to a family to ensure they start making positive changes to keep children safe in their homes, with their families and culture.
- **Be open and honest about the safety and wellbeing of the child and the purpose of involvement:** Some families will not be aware that concerns have been raised about the safety or wellbeing of their child. Practitioners must be prepared to have difficult conversations with families about patterns of behaviour that might place a child at risk. A practitioner should provide clear information about the practitioner's role and how they will work in partnership with the child and family to immediately address risk and increase the children's safety within the home. Family members should know that CFSS services are offered just prior to a statutory child protection response. All family members should be aware that the predominant and central reason for CFSS engagement is children's risk and safety within the home.
- **Be brave in challenging situations:** It is important to manage discomfort, whether that be the practitioner's discomfort, a child, or a family member's discomfort, when having the hard conversations. A person with a lived experience of significant trauma relies on knowing exactly where they stand (especially when there is an imbalance of power). Although it may be a difficult conversation for both parties, it will help the worker-client relationship because openness and honesty are so important for traumatised people, and it will give them a chance to work on things that they may not have even realised were issues (you cannot fix something if you do not know it is broken).¹⁰
- **Remain curious and seek to obtain understanding from the family member's point of view:** Often services may receive information that may not be accurate or contain a balanced account. It is essential to seek the family's version of events and to actively listen to show they are being heard. Within this stance of curiosity, a practitioner may be required to gently challenge a family's version of events based upon information reported or contained within the referral. Practitioners will also contact other services, including the child's school, or other extended supports (formal and informal) to the family to seek further information regarding safety and wellbeing.
- **Seek support to address fears:** Sometimes can be daunting for practitioners to engage with families who are angry at practitioners for coming into their lives and pressuring them to engage. Working with families experiencing family violence is another common situation that can raise fears in practitioners and can make it difficult to sustain engagement. When a practitioner is intimidated by an aggressive or threatening individual or is otherwise reluctant or fearful about continuing engagement, it is important to discuss concerns with a supervisor, manager and/or other colleagues. These discussions can help to identify an appropriate course of action and support, any escalation strategies and ensure compliance with work health and safety policies.

¹⁰ CFSS Lived Experience Network, November 2020

Support ongoing engagement

Be consistent and persistent in maintaining ongoing contact

- **Invite the client to determine the best method of contact for them.**
Practitioners should be aware of factors that may impact contact such as domestic violence and / or literacy.
- **Provide reminders via phone, SMS, email, or letter (if safe to do so, and appropriate)** Before each appointment, contact the client (by their preferred contact method) to remind them of their appointment. If a client cannot keep an appointment, be understanding, but be persistent to ensure appointments continue to take place. If the client does not respond to reminders, reach out to them again and ask whether there is another way to contact them.
 - **Enlist friends and family members as reminders.** Ask whether the client can provide contact details for other family members or friends who can assist with reminders about appointments. For Aboriginal children and families, this may include people who have cultural decision-making authority or know the family or their culture.
- **Consider holding a ‘complex case review’ session with team members.**
With supervisor approval, hold a complex case review meeting with team members to support identify new ideas and solutions to engage with a family.
 - **Maintain frequent contact:** practitioners should follow up and make frequent contact with a client. This helps to build a relationship between the practitioner and the client, particularly in the initial stages.

Be proactive when a family is no longer successfully engaged

Take proactive action to ensure that a family does not simply 'drift' away

- **Reflect on what may have contributed to disengagement and what could help:** It is important to reflect on factors within the family and within practice and systems that may contribute to disengagement. For example, it is common that families will have setbacks in achieving goals in their case plans, which can undermine their confidence in themselves to make changes.

Being proactive in reflective discussions with families, seeking their involvement in creating solutions and coaching them about how engagement can be sustained in difficult times is essential. A practitioner must be aware of any emerging needs of the child and other family members, critical events or unintended blocks or issues that may have influenced their ability to engage. Each family is different and should have the choice to do things in a way that will bring out the best results for their family.

Other sources for reflective discussions and advice on actions include cultural consultations, family meetings, colleagues, senior practitioners, supervisors, managers, and partner agencies. Any concerns about prolonged disengagement must be discussed with a supervisor or manager.

- **Remind the family of why they need to stay involved:** When less assertive strategies have not worked, it is important to talk to the child and family about why the service commenced. Depending on what stage of the case management framework you have completed e.g., goal setting, it may assist to review goals and reflect on what else is happening for the child and family at this time. Highlighting child and family strengths and progress to date e.g., 'how far we have come.'
- **Escalate service engagement concerns with partner agencies:** Partner agencies may have insight into families that can assist with ideas and action to strengthen family engagement or encourage re-engagement. This can include joint visits, or warm referrals, nominating alternative lead agencies and exploring other service options that may be more suitable for the family. Wherever family members should be participants in care team meetings.
- **Make a report to the Child Abuse Report Line:** Follow reporting requirements as per agency protocol and mandatory requirements.

Plan for transitions or exit if a family is persistently not engaged**Action if family is persistently not engaged**

- **Assess the level of risk and safety for the child and family:** the practitioner must determine any risk and safety factors for the child and family and decide if the current service intervention remains viable or stronger intervention (such as a statutory child protection response) is required. If risk assessment cannot be conducted, and safety concerns are still present consult with your line supervisor for appropriate actions to consider, including supervisor authorising escalation.
- **Consult with line supervisor:** The decision for a family to transfer/exit from a program intervention must be reached in consultation with / under the supervision of a practitioner's direct line manager.
- **Ensure case plans and assessments are up to date:** The practitioner is to ensure all assessments and case plans are up to date, including identification of elevated child protection risks at the time of case closure/transfer. The reason for case closure / transfers must be documented on C3MS.
- **Ensure all partner agencies involved in the case (including the referring agency) are advised that the case closure/transfer will go ahead.**
- **Make a report to the Child Abuse Report Line:** If there is a reasonable suspicion that a child is, or may be, at risk of harm, a report must be made to the Child Abuse Report Line. To ensure the notification is responded to, it must make clear that the family has not engaged with the service and the plan to transition/exit from the program intervention and that risks to the child are still present and have not been addressed.
- **Exit or ending conversation:** Families should be aware of the service ending and have an opportunity to reflect and confirm with the practitioner protective capacity and support that has been put in place.

References

Chance, T., Scannapieco, M. Ecological Correlates of Child Maltreatment: Similarities and Differences Between Child Fatality and Nonfatality Cases. *Child and Adolescent Social Work Journal* 19, 139–161 (2002).

Cortis, Natasha and Katz, Ilan and Patulny, Roger, *Engaging Hard-to-Reach Families and Children* (2009). FaHCSIA Occasional Paper No. 26

Department of Communities, Child Safety and Disability Services, *Engaging with families: practice paper*, 2013

Department of Health and Human Services, *Redesign of Child Protection Services Tasmania: 'Strong families—safe kids,'* Government of Tasmania, March 2016.

Department of Human Services, *Case Management Framework, Safer Family Services*, 2020

Flaxman, Saul and Muir, Kristy and Oprea, Ioana, *Indigenous Families and Children: Coordination and Provision of Services* (June 1, 2009). FaHCSIA Occasional Paper No. 23.

Hackworth, N.J., Matthews, J., Westrupp, E.M. et al. What Influences Parental Engagement in Early Intervention? Parent, Program and Community Predictors of Enrolment, Retention, and Involvement. *Prev Sci* 19, 880–893 (2018)

Harvey, E., Harman-Smith, Y., and Brinkman, S. (2020). *Assertive Engagement Review: A Rapid Evidence Assessment of the Use of Assertive Engagement Strategies*. Child Health, Development, and Education Team, Telethon Kids Institute. Adelaide, South Australia.

Robinson, E., Scott, D., Meredith, V., Nair, L., & Higgins, D. (2012). *Good and innovative practice in service delivery to vulnerable and is advantaged families and children*. Melbourne, VIC.

Sawrikar, P., & Katz, I. (2008). *Enhancing family and relationship service accessibility and delivery to culturally and linguistically diverse families in Australia*. Melbourne, Victoria: Australian Family Relationships Clearinghouse, Australian Institute of Family Studies.

Secretariat of National Aboriginal and Islander Child Care (2010). *Working and walking together: supporting family relationship services to work with Aboriginal and Torres Strait Islander families and organisations* (pp. 180). North Fitzroy, Vic: Secretariat of National Aboriginal and Islander Child Care.

Watson, J 2005, *Active engagement: strategies to increase service participation by vulnerable families*, New South Wales Centre for Parenting and Research Discussion Paper, Department of Community Services, Ashfield.



Government of
South Australia