

Safer Family Services Case Management Framework





Acknowledgement of Aboriginal peoples of South Australia

Safer Family Services 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, 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 are Aboriginal 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, delivery and evaluation of SFS services.¹

Inclusion Statement

Safer Family Services acknowledges and respects the United Nations Convention on the Rights of the Child and upholds children's rights by keeping them at the centre of the work. At all times in the delivery of services, SFS will seek to advocate for a just and inclusive society that values and respects children'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 difference, lived experience, culture, 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.

1. *Safer Family Services Aboriginal Cultural Practice Framework 2022*

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Introduction

In March 2019, the State Government launched a new Child and Family Support System (CFSS) strategy aimed at improving health, learning, wellbeing and safety outcomes for children and families, reducing demand on the statutory child protection system, and decreasing the number of children entering out of home care. The Department of Human Services oversees the delivery of these family preservation services through the Safer Family Services program, contracted non-government providers and Aboriginal Community Controlled Organisations.

Safer Family Services (SFS) provide help and support to children and families at risk of harm, neglect and family violence. By deliberately and strongly intervening to disrupt the patterns of intergenerational trauma, SFS aims to increase the number of children who can be safely cared for at home, maintaining cultural and community connections.

Research shows that the best outcomes are achieved through coordinated support services for children and families². SFS collaborates with government, non-profit and community organisations to prioritise the voice, safety and wellbeing of children and ensure that a multi-agency, multidisciplinary approach is used when providing services to adults within families.

By strengthening families and removing barriers to services, SFS supports the ability of families to safely care for their children and avoid involvement with statutory child protection.

Article 12 of the *United Nations Convention on the Rights of the Child*³ advocates for the right of children and young people to have their voices heard and for due weight to be given in decisions that impact their lives.

SFS prioritises the child's voice, views children as active participants in services, and ensures meaningful engagement based on the child's developmental abilities. All services are centered around the child's right to safety, family, community and cultural connections.

2 Department of Human Services, Early Intervention Research Directorate, 2109. An intensive support system for South Australia's children and families.

3 United Nations Convention on the Rights of the Child (UNCRC) November 20, 1989, Article 19



Aboriginal children and young people are over-represented in every stage of the child protection system due to a history of injustice, dispossession, and the effects of intergenerational trauma. Aboriginal children are eight times more likely to receive child protection services than non-Aboriginal children and 10.4 times more likely to be in out of home care than non-Aboriginal children⁴.

SFS is committed to working restoratively, building on the resilience and strengths of Aboriginal people, working with, listening to, hearing and acknowledging cultural identity and translating this into culturally safe and responsive practice.

Working with families in complex situations require unwavering focus on the child's best interests, amidst multiple and competing needs.

Assertive engagement, trauma-informed practice and relationship-based approaches can help build strong connections and create trusting and productive partnerships with children and families.

Parents and carers with experience in the child protection system hold invaluable insights into what services need to do, both on an individual and systemic level, to encourage engagement and promote trust. The Lived Experience Network (LEN) consumer group, a collection of diverse individuals with personal experience in the system, provides advice and feedback to SFS. They are dedicated to ensuring that the perspectives of those using or who have used the system are included in service design and delivery. SFS consulted the consumer group during the composition of the Case

Management Framework. Their input can be found throughout this document and in the practice points at the end of each chapter.

This Case Management Framework (CMF) provides guidance to practitioners on the essential information, skills, and competencies they need to effectively work with children, families, and wider systems. The goal of this document is to provide a quality case management process that can be consistently applied, with the singular focus on the safety of the child or young person within the context of family, community, and culture.

In the context of this document, the term child is inclusive of unborn infants, children and young people up to the age of 18 years old.

⁴ Family Matters 2020 The Family Matters Report 2022, Measuring trends to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in out of home care in Australia



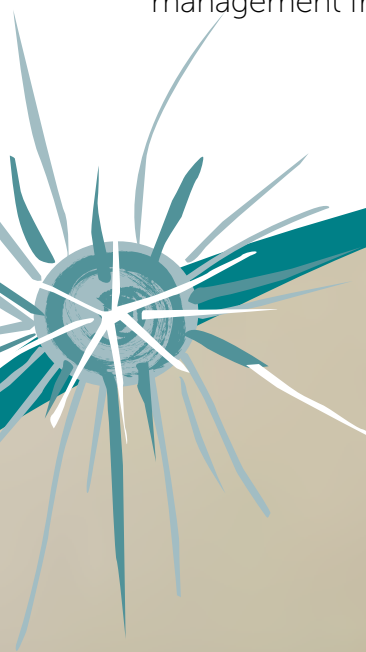
Practice point: Case management practice

There are multiple sources of knowledge that can be used to inform best practice. As a practitioner, you will contribute your knowledge, skills, and practice wisdom to this framework as you apply it to each family's unique circumstances. Similarly, every family, community and culture will contribute their own knowledge, skills and lived experience to the working partnership. Best practice is not a one-way process, and each will inform and influence the other.

Reflective practice is the conscious exploration of the work and the influences present. The framework can be used to foster reflective practice in supervision by integrating practitioner skills, self-awareness, knowledge and approaches to practice, with a consistent and coherent case management framework.

"It's really important for practitioners to be able to identify if they are capable and have the tools themselves to help people with their goals ... working with the family to identify their strengths but also the practitioner to know if they encounter something not in their space, to get someone else in or refer them to somebody else."

Lived Experience Network (LEN) System Advisor, December 2022



Explaining Child Protection in the South Australian Context

In South Australia, the 2016 Child Protection Systems Royal Commission found that one in four children are reported to the child protection authorities by age ten⁵. In September 2022, there were 8,417 notifications made to the Department for Child Protection (DCP) relating to children at risk⁶. The child protection system is struggling to meet this level of demand, with rates of children being placed into care higher than that of most other states, with Aboriginal children being over-represented in these figures⁷.

SFS Intensive Family Services role is to provide earlier, intensive, and targeted interventions to strengthen families and prevent escalation into the child protection system.

SFS will work with children, families, and other service partners in a respectful and culturally sensitive manner to ensure that services are available, when and where they are needed.

Our Vision

Child and Family Support System

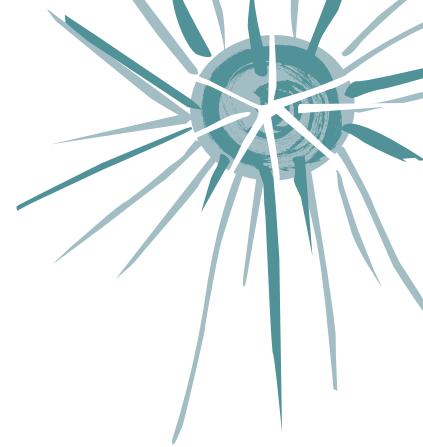
*All children are safe and well at home,
in family, community and culture.*



5 BetterStart. Child Protection in South Australia Research Report, October 2017

6 Department for Child Protection, Reported notifications and screened-in notifications 2022

7 ibid



6

SFS Underpinning Principles

SFS is underpinned by principles outlined in the United Nations Convention on the Rights of the Child⁸ (to which Australia is a signatory) and adapted by the Council of Australian Governments in *'Protecting Children is Everyone's Business, A National Framework for Protecting Australia's Children 2009-2020'*⁹.

- » All children have a right to grow up in an environment free from neglect and abuse.
- » Children's best interests are paramount in all decisions affecting them.
- » Improving the safety and wellbeing of children is a national priority.
- » The safety and wellbeing of children is primarily the responsibility of their families who should be supported by their communities and governments.
- » Australian society values, supports and works in partnership with parents, families and others in fulfilling their caring responsibilities for children.

- » Children and their families have a right to participate in decisions affecting them.
- » Children's rights are upheld by systems and institutions.
- » Policies and interventions are evidence informed.

Additionally, SFS:

- » respects Aboriginal culture as a source of strength for children, families and communities, and recognises the strengths, resilience and diversity of Aboriginal communities¹⁰.
- » is committed to informed and meaningful Aboriginal engagement in the design, development, and implementation of services.
- » takes a systems approach to trauma capacity building, with a shared commitment to understanding power, privilege and promoting shared healing through truth telling and humility.

8 UNCR 1989

9 Council of Australian Governments (COAG), 2009 *Protecting Children is Everyone's Business; National Framework for Protecting Australia's Children 2009-2020*:12

10 Secretariat of National and Aboriginal and Islander Child Care (SNAICC), *Reviewing Implementation of the Aboriginal and Torres Strait Islander Child Placement Principle 2020*

Aboriginal Cultural Practice Framework and Clinical Governance Framework

The SFS Aboriginal Cultural Practice Framework¹¹ outlines culturally safe and responsive practice approaches based on the centrality and protective benefits of culture, kinship, and relationships. The practice principles, capabilities and standards demonstrate a family-centred, partnership-driven and healing approach to best practice and self-determination. For this to be successful, practitioners must be proactive allies to Aboriginal people and continually educate themselves on the historical and current oppression, as well as the role of systems in continuing this oppression.

In recognition of this, SFS is committed to supporting both Aboriginal and non-Aboriginal practitioners who work with Aboriginal families to develop their ability to provide culturally appropriate and safe practice. SFS strives to create a workplace that is culturally safe for Aboriginal employees, with clear expectations for staff accountability and increased awareness, through learning and development activities.

The SFS Clinical Governance Framework¹² (CGF) has a focus on the quality, safety and accountability of clinical services provided

to children, young people, and their families. It describes the roles and responsibilities of SFS practitioners and leaders in risk management, quality improvement, and the monitoring and evaluation of clinical services. The CGF outlines the systems supports and processes provided to practitioners, to ensure that they have the skills, knowledge and resources to provide safe, effective and appropriate clinical services to children, young people, and their families.

In conjunction with the Case Management Framework, this suite of documents provides a firm foundation for evidence based, culturally safe, clinically sound and effective case management practice with families and across service systems. Aboriginal cultural practice and sound clinical governance (as outlined in the frameworks) are complementary, mutually reinforcing and overlapping. When practitioners approach clinical casework, assessment, and the case management process with Aboriginal ways of knowing, being, and doing in mind, then holistic, child centred, culturally rich and clinically sound work will result. This is applicable for all children and their families.

11 Department of Human Services 2022, Safer Family Services Aboriginal Cultural Practice Framework

12 Department of Human Services 2022, Safer Family Services Clinical Governance Framework

Purpose of this Framework

The purpose of this framework is to help practitioners incorporate the SFS vision into their case management practices when providing intensive family services.

This Framework:

Presents the SFS vision and underpinning documents – our blueprint for what we want to achieve and how

Provides a way of understanding and undertaking the work – our framework for action

Serves as a tool for quality improvement, accountability and the pursuit of evidence-based practice

Outlines legal and other requirements.

Families have a right to case management that is professional and effective. The framework offers a foundation for best practice and a consistent approach for SFS practitioners who provide case management services. It outlines the key steps in the case management process, including the use of evidence based and client-centred approaches to identify needs, develop an individualised plan and deliver effective services. SFS case management practice aims to improve the safety and wellbeing of children and families within the context of family preservation, while also promoting empowerment, self-determination, and long-term outcomes for children, families, and communities.

The framework can assist supervisors and practitioners with reflective conversations about practice and identify areas for improvement. Supervisors can use this framework to review practitioners' engagement with families and their risk assessment and case planning processes. Furthermore, this framework can help practitioners understand and improve their practice, as well as identify learning and development opportunities.



Foundation documents

The documents that inform organisational purpose and guide the SFS Case Management Framework are:

- » Roadmap for Reform the Child and Family Support System¹³
- » Trauma Responsive System Framework¹⁴
- » SFS Aboriginal Cultural Practice Framework¹⁵
- » SFS Clinical Governance Framework¹⁶
- » CFSS Program Level Outcomes Hierarchy¹⁷
- » CFSS Common Elements Approach¹⁸

In addition, the SFS Case Management Framework also aligns with key international and national legislation and professional commitments, including:

- » United Nations Convention on the Rights of the Child (1990)¹⁹
- » *Children and Young People (Safety) Act 2017*²⁰
- » SNAICC Aboriginal and Torres Strait Islander Child Placement Principles²¹
- » *Code of Ethics for the South Australian Public Sector*²²
- » Australian Association of Social Workers Code of Ethics (2020)²³
- » Information Sharing Guidelines²⁴
- » *State Records Act 1997*²⁵
- » Best practice research in the delivery of services to children and families.

13 Department of Human Services, Roadmap for reforming the Child and Family Support System 2021–2023

14 Department of Human Services 2022, Trauma Responsive System Framework

15 Department of Human Services 2022, Safer Family Services Aboriginal Cultural Practice Framework

16 Department of Human Services 2022, Safer Family Services Clinical Governance Framework

17 Department of Human Services, *Building a Coordinated Self Learning Child and Family System*

18 Department of Human Services, CFSS Common Elements Approach 2022

19 United Nations Convention on the Rights of the Child 1989

20 *Children and Young People (Safety) Act 2017 (SA)*. Government of South Australia

21 SNAICC National Voice for our Children, *ATSI Child Placement Principles 2018*

22 Office of the Commissioner for Public Sector Employment, Code of Ethics

23 Australian Association of Social Workers (AASW) 2022, *Code of Ethics*.

24 Department of the Premier and Cabinet, *Information Sharing Guidelines*

25 *State Records Act 1997*, Government of South Australia

Defining Case Management

The Case Management Society of Australia & New Zealand & Affiliates (CMSA) defines case management as

“... a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual’s holistic needs through communication and available resources to promote quality cost-effective outcomes²⁶.”

Principles of Case Management in SFS

Case management:

Locates the child and young person at the centre of the work.

Upholds the safety of children and personal development of families.

Utilises a cultural and intersectional lens.

Advocates for the rights of children and families.

Is purposeful, strengths based and proactive.

Supports self-determination and sustainable solutions.

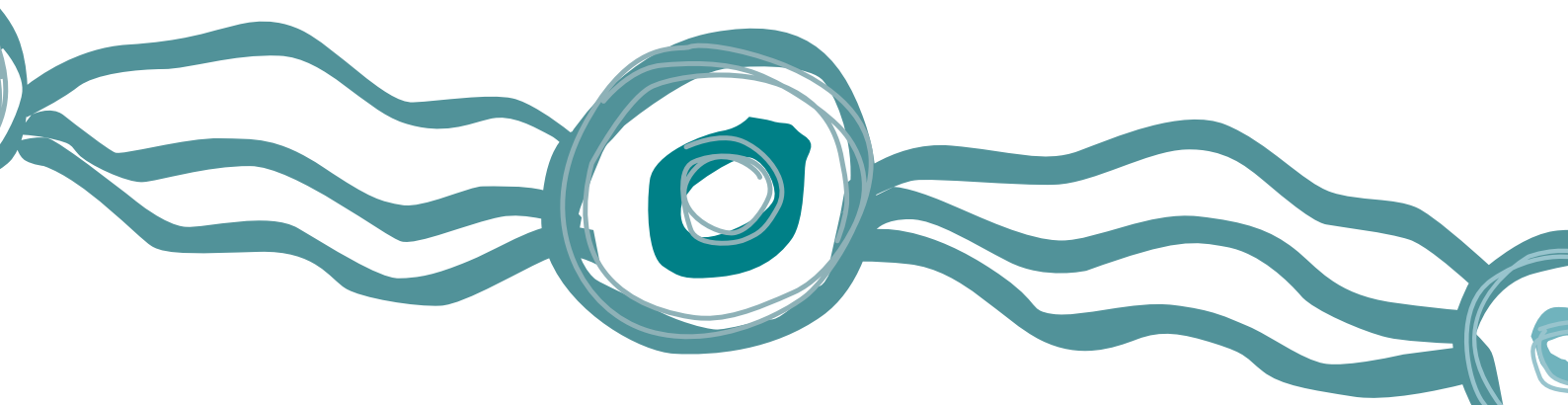
Incorporates partnership approaches and effective communication.



Practice Standards for Case Management in SFS

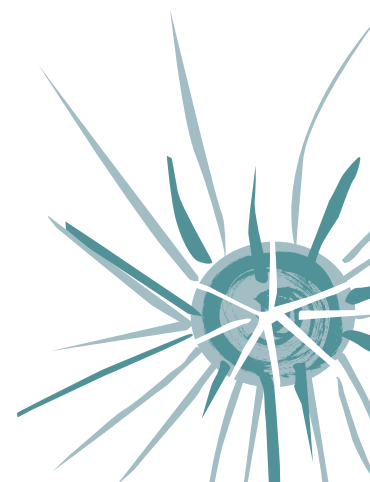
The practice standards translate the case management principles into practice. They outline measurable standards for working with children, young people and families, as well as with caregivers, kinship networks and other organisations.

Practice standard	Indicator
<p>Child centred</p>	<p>Intervention:</p> <ul style="list-style-type: none"> • always prioritises the safety and best interests of the child • locates the child at the centre of the work • ensures the child’s voice is listened to and valued • recognises that children’s participation is voluntary • is holistic and considers the physical, psychological, social, cultural and spiritual components of family’s lives and the ways in which these intersect. <p>Practitioners:</p> <ul style="list-style-type: none"> • recognise child’s developmental needs and critical time frames for intervention • use developmentally appropriate communication skills to engage children • allow children to express their fears and doubts, hopes and aspirations • assist children to develop their skills to communicate • use strengths based, culturally safe and intersectional approaches.



Practice standard	Indicator
<p>Support the safety of children and personal development of families</p>	<p>Intervention:</p> <ul style="list-style-type: none"> • always prioritises the safety and best interests of the child • focuses on optimising function and safety within the family • utilises trauma-informed, culturally safe and responsive practice • utilises family-led decision-making principles • applies a strengths perspective to all work <p>Practitioners:</p> <ul style="list-style-type: none"> • regularly sight and engage with children • work to create a productive, professional relationship with families that incorporates individual and diverse needs • increase the autonomy, self-determination, and independence of the family • assist the family to identify and build on their strengths • assist the family to identify and access support services
<p>Utilise a cultural and intersectional lens</p>	<p>Intervention:</p> <ul style="list-style-type: none"> • utilises trauma-informed, culturally safe and restorative approaches <p>Practitioners:</p> <ul style="list-style-type: none"> • work in ways that are culturally safe, responsive, and holistic • adhere to Aboriginal and Torres Strait Islander Child Placement Principles through: <ul style="list-style-type: none"> - acknowledging and supporting family, cultural and community connections - consultation, participation, and partnership - maintaining kinship connections • understand historical links to intergenerational trauma • have knowledge of self in practice • utilise trauma-informed and restorative approaches • are aware of the intersection of identity and discrimination or marginalisation • seek and are responsive to feedback

Practice standard	Indicator
<p>Advocate for the rights of children and families</p>	<p>Intervention:</p> <ul style="list-style-type: none"> • prioritises the best interests of infants, children and young people <p>Practitioners:</p> <ul style="list-style-type: none"> • advocate for services, resources or removal of barriers for the family • speak for or represent families when they are not able to do so • assist the family to self-advocate • advocate at systems and policy levels
<p>Be purposeful, strengths based and proactive</p>	<p>Intervention:</p> <ul style="list-style-type: none"> • is informed by comprehensive assessment and effective case planning processes • is multi-agency and/or multidisciplinary • is collaborative, coordinated and outcomes based • utilises informal networks where possible <p>Practitioners:</p> <ul style="list-style-type: none"> • have difficult conversations with the family, in a non-judgemental and sensitive way • develop actions to address specific needs that align with the agreed goals in the case plan • balance family needs with available resources • work from a strengths based approach • work within scope of the role, policy and procedure and legislative frameworks • hold stakeholders accountable for agreed actions



Practice standard	Indicator
<p>Support self-determination and sustainable solutions</p>	<p>Intervention:</p> <ul style="list-style-type: none"> • works to keep children safely together with their families <p>Practitioners:</p> <ul style="list-style-type: none"> • work with families to identify risk and create achievable goals that lead to the long-term safety and wellbeing of their children • support families to make informed decisions, in full knowledge of potential and actual consequences • develop family’s decision-making abilities to foster independence • assist families to establish community connections
<p>Incorporate partnership approaches and effective communication</p>	<p>Intervention:</p> <ul style="list-style-type: none"> • utilises multi-agency and multidisciplinary expertise in situations of complexity and risk • works with and alongside the family to achieve change <p>Practitioners:</p> <ul style="list-style-type: none"> • work in partnership with multi-agency and multidisciplinary teams in the discussion, planning and delivery of services and supports • provide a lead case management and coordinated approach to the sharing and management of risk • establish a clear language and shared understanding around risk and vulnerability • provide clear pathways for interagency communication and information sharing • monitor service provision and family engagement throughout the case management process

The case management framework

The case management framework outlines the steps necessary for successful service delivery. It guides the practitioner in navigating the case management process while taking into account the needs, choices, expectations, motivations, preferences, and values of the child and family, as well as the resources, services, and supports that are available.²⁷

Working with families to safely care for their children will often require collaboration between different organisations and disciplines to take advantage of family

strengths, access resources and address unmet needs and vulnerabilities. This involves engaging with families, recognising existing strengths and resources, and creating strategies to meet their needs. Throughout the process, the goal is to make sure that the right services are provided at the right time to minimise the consequences of trauma and harm, maintain a safe connection between children and their families, and reduce the pressure on the child protection system.

Practice point: Case management framework

Case management can be brief or delivered over a longer time span. Intensity may be consistently high, or it may be lower level for periods of time. The case management process is dynamic rather than linear, and different stages of the framework can occur simultaneously. It is a seamless process for children and their families, with the quality of interaction, consistency of contact and achievement of goals being the focus of engagement.

“A partnership but guided. Practitioners have more knowledge about the process, what they can and can’t do, about the legislation, and what families can and can’t receive. It’s a leading role, but empowering the families”

Lived Experience Network, System Advisor, December 2022

“Have the hard conversations – be transparent and up front about why you are there and what the family can expect”

Lived Experience Network, System Advisor, December 2022



²⁷ Child and Youth Protection Services (CYPS), Case Management Framework: Supporting Good Practice 2019a, Australian Capital Territory Government

Intake

Key outcomes

Determine eligibility for Intensive Family Services (IFS)

Referrals meeting IFS criteria are service matched via CFSS Pathways Service or via CFSN meetings

Collated information is recorded in CFSS Pathways Assessment

CFSS Pathways Service (Pathways) receive and process referrals for families that have been identified as requiring an Intensive Family Service (IFS). Approved referrers are the Department for Child Protection, Department for Education, Multi Agency Protection Service (MAPS) or SA Health.

Eligibility criteria for an IFS program takes into consideration:

- » CFSS identified priority populations
- » the child and family's level of risk and complexity
- » family strengths and whether existing supports and services are in place
- » the historical and current concerns of child abuse and neglect (including family violence) as well as outcomes from previous service interventions.

Eligible referrals may be service matched to an IFS service provided by government (SFS), Aboriginal Community Controlled Organisations (ACCOs) or Non-Government Organisations (NGOs). Service matching is based on service capacity, the family's location, age of the children, and the family's preference for an Aboriginal or non-Aboriginal program.

Safer Family Services referral processes

SFS practitioners receive referrals through Pathways intake processes or via Child and Family Safety Network (CFSN) meetings. Appropriate referrals can be sent to either SFS regional teams for case management services or to the regional CFSN coordinator for a multi-agency response before allocation for case management.



Child and Family Safety Network (CFSN)

The aim of CFSN meetings is to identify and engage referral pathways for children and families where high risk has been identified and to enable a multi-agency response that prevents escalation of risk, further harm to the child and the necessity for statutory intervention.

The CFSN coordinator will utilise information available on the Pathways assessment documentation, on C3MS and additional information gathered through the CFSN meeting process to assist with case allocation.

Agency partners attend CFSN meetings to share information and provide multi-agency and collaborative responses for families.

CFSN meetings:

- » facilitate interagency collaboration to help manage the complexities of families needing IFS services.
- » provide an opportunity for local agency partners to share information and contribute to strategies and planning that ensures timely and appropriate service delivery to families
- » identify a lead agency for the provision of services and the co-opting of support from agency partners.

SFS practitioners who attend CFSN meetings can accept referrals.

Practice point: Intake

Each element must be considered within the intake process. Gathering of information to better understand the family and support networks can be time consuming, but accurate information on the family's situation and circumstances can determine the next steps and informs the longer-term case management approach.



"Addiction and risk may be part of the problem and not the whole problem."

Lived Experience Network, System Advisor, December 2022



Assessment

Key outcomes

Child and family engagement

Bio-psychosocial assessment incorporating cultural and spiritual aspects

Risk assessment that is child centred

Record information and observations

Case management in SFS is typically provided in the family home but can be provided in a variety of settings. These environments may be chaotic or uncomfortable, and worker safety and risk issues are addressed through careful assessment and consultation. For more on home visiting, refer to the *Safe Home Visiting Practice Guide*.

Assessment is the phase that underpins all subsequent case management processes. It is the process of combining information gathered from the family with the information available on C3MS. The practitioner works to distinguish factors that increase or undermine a child's welfare and identify areas for the practitioner and the family to focus their efforts.

Practitioners work collaboratively with the family and discuss concerns of safety for the unborn, child or young person. The practitioner identifies family strengths, any barriers to safety, and reviews and reflects on competing needs while prioritising

the child's safety and development within the family. See the *Risk and Escalations Practice Guide* for a full discussion of the identification, assessment and management of risk.

The information gathered through meeting with the family helps the practitioner to create a picture of the current situation, the chronology and the possibility of cumulative harm²⁸. The types of reports received over time and the sources of information may provide indicators of this. When previous reports have not been investigated, substantiated or are not considered, inaccurate assumptions can be made around levels of risk. An awareness and consideration of the full history can be critical to inform assessments of the presence of cumulative harm²⁹.

Assessment is ongoing and occurs from initial contact throughout involvement and up to case closure.

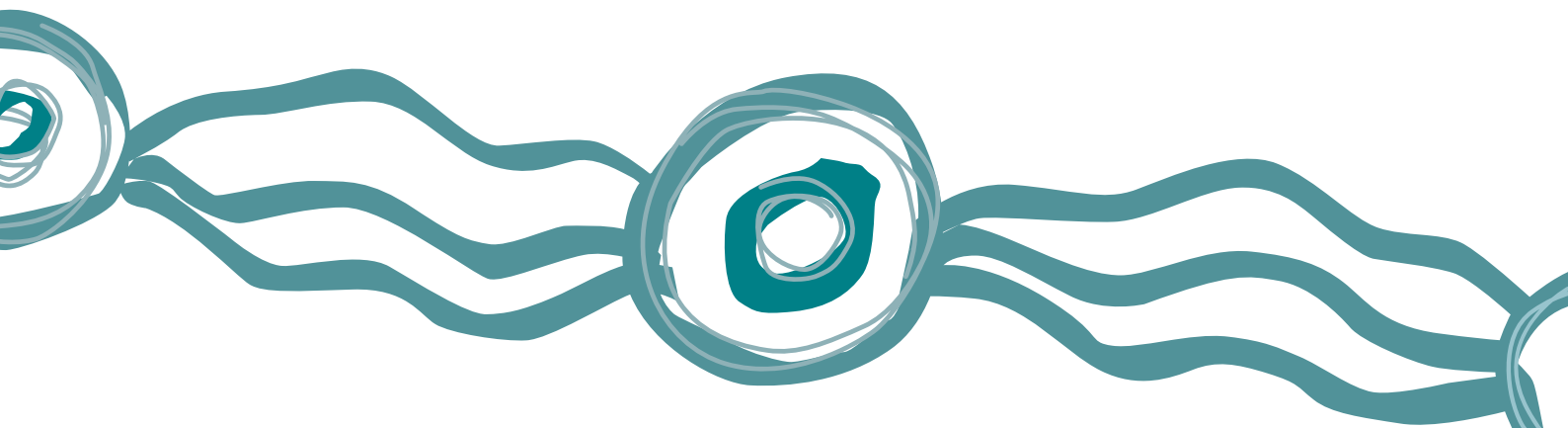
The primary driver of risk assessment is the child's safety, not the safeguarding of the family.

28 Child and Youth Protection Services (CYPS) Working with families affected by cumulative harm 2019b, Australian Capital Territory Government

29 Victoria State Government, Department of Health and Human Services 2020, Interagency collaboration



Focus area	Activity
Assessment of needs and strengths across all domains	<p>Explain the assessment purpose and process, beginning with the practitioner role and reason for involvement. Practitioners should:</p> <ul style="list-style-type: none">• be open, truthful and clear about safety concerns and reasons for referral• explain to the family how the safety concerns can be addressed and how you, as an SFS practitioner, can work with them to resolve the safety issues and support the safety and wellbeing of their child• outline the practitioner’s role and responsibilities to the family• outline the child and family’s rights• be clear with the family on the potential outcomes of actions or decisions they may make• be respectful, non-judgmental, compassionate and collaborative in their approach• ensure transparency by explaining confidentiality and the limits to this, as well as information sharing protocols• discuss strategies for exit from the program when the risk has been addressed, children are safe, and their wellbeing needs are being met.



Focus area	Activity
<p>Relationship-based practice</p>	<p>Holistic assessments rely on good engagement with the family and the ability to create and maintain relationship-based practice. Families often share important stories and information about themselves and their children. As practitioners deeply listen to these stories, they can gain a good understanding of family concerns, values and preferences. Through this process they can gather accurate, relevant and crucial information to underpin successful work with the family.</p> <p>Relationship-based practice is the quality of the relationship between the practitioner and the family and is an important tool in collaboration and driving change. Practitioner behaviour should demonstrate genuineness, authenticity, reliability, supportiveness, and recognition of distress. Practitioners are accountable and transparent in their actions and communication throughout the intervention. This can be challenging in the context of reluctance or fear of engagement, the presence of violence or vulnerability and trauma. Hold space for families when emotions arise, be present and listen deeply without judgement³⁰. This is both respectful and demonstrates a willingness for openness and honest engagement. Practitioner understanding, compassion, empathy and cultural responsiveness are key to this process.</p>
<p>Holistic assessments</p>	<p>Holistic assessments include information on the physical, psychological, social, cultural and spiritual components of family's lives and how they intersect, as well as presenting needs within and across the life domains. They identify the family's aspirations, strengths, and current support systems (both professional and personal). Wherever possible, use these when building case plans.</p> <p>Practitioners should combine cultural information with clinical information to highlight strengths and cultural connections and the protections these may offer. Explore what has worked for the family in the past and look for ways to integrate past successes in current processes. Be observant to verbal and nonverbal responses.</p>

Focus area	Activity
Squalor	<p>Of equal importance is the home environment. Particular attention should be paid to situations of squalor or hoarding, as this can be an indicator that parents or carers have been or are unable to provide the necessary conditions for the health, safety, and wellbeing of their children. Squalor and hoarding are complex, can present high risks to the safety of children and require multi-agency and multidisciplinary responses to manage the risk and achieve sustained change. There are tools online to assess squalor, such as the SA Health Squalor Assessment tool.</p>
Respond to practical needs	<p>In situations of squalor or instances where material resources can be scarce, practitioners should be alert to the need for practical assistance and address these needs as soon as possible. This can provide opportunities for relationship building and allows the family to focus on the work to be done.</p> <p>A holistic assessment collates information and observations into a comprehensive and evidence informed statement of the family’s situation within each life domain, and ensures clear direction to facilitate risk assessment, safety planning and the case planning processes. Talk with families about the case planning process and invite them to start the planning process.</p>
Assessment is an ongoing process	<p>Assessment and re-assessment are ongoing throughout the case management journey. Case management is not always linear, and the stages of the framework serve as a guide. Practitioners should be flexible and be able to identify and respond to the changing nature of families' lives and the changing nature of risk. Practitioners should adjust goals and safety plans as needed, but always prioritise child safety.</p>
Risk assessment	<p>When assessing the known risks, consider complexities that impact on the safety of children within the family and weigh up the family’s capacity to address these care and risk concerns. Complexity may include mental illness, medical issues, trauma, homelessness, disability, substance abuse, squalor and hoarding, social or cultural isolation and family violence. Situations of complexity can suggest cumulative harm.</p>

Focus area	Activity
Cumulative harm	<p>Cumulative harm is the effect of ongoing multiple adverse or harmful circumstances and events in a child’s life (such as unrelenting low-level care, chronic neglect and squalor, verbal abuse, harsh discipline, and exposure to family violence). The regular or daily occurrence of these experiences can have a profound effect and diminish a child’s sense of safety, stability and wellbeing³¹.</p> <p>Cumulative harm can be a factor in any child protection concern and often does not by itself, trigger a notification to child protection services. Practitioners need to be alert to the possibility of multiple adverse circumstances and events and consider these alongside the known history rather than just an episodic focus on notifications of immediate harm. The focus of any assessment and intervention must be to answer two questions: “Is this child safe?” and “How is this child developing?”³²</p> <p>Assessment of cumulative harm is ongoing and quality information about the family’s situation will more likely be known if the practitioner establishes a working relationship, based on sound case management practice³³.</p>
Immediate risk of harm	<p>If at any time practitioners consider there are urgent risks or threats of imminent harm to the safety of an unborn, infant, child or young person, these are to be notified to the Child Abuse Report Line (CARL) or SAPOL.</p>

31 Victorian Government DHHS 2020

32 Ibid p. 5

33 ACT CYP 2019a



Focus area	Activity
Risk management strategies	<p>In these situations, follow up by the practitioner in consultation with their supervisor should be immediate, timely and relevant. Liaison with appropriate agencies should occur. Consider the provision of extra resourcing for the family, the need for risk management, mitigation and reporting, and consultation.</p> <p>The practitioner should talk with the parent or caregiver about the areas of risk including child protection and domestic or family violence concerns if it is safe to do so. It is important to listen with compassion and an awareness that the family may not have discussed these issues before or may not have considered these behaviours to be of concern. They may be feeling overwhelmed by this discussion and sensitivity is required.</p>



Focus area	Activity
Consider safety of family members	<p>For some families living with domestic and family violence, it may not be safe to discuss these issues together and separate sessions may be required. Engage the nonviolent parent first and make a time to meet them separately. Consider consultation with or referrals to specialist services in instances where specific needs are outside of the practitioner role or if additional support, expertise or co-working may be required.</p> <p>When assessing risk related to family violence, consider whether the perpetrator is in the home and willing to engage with services. What is the history of service engagement with the family and what were the outcomes? What other services may be required to assist? Is a referral to a Family Safety Meeting required?</p> <p>Build an evidence base through available information, through discussion with the child and family and from your own observations. Determine the level of risk associated with each factor identified. Consider these in relation to:</p> <ul style="list-style-type: none">• the family's insight into the concerns• the strengths and protective factors and their ability to be sustained over time• the ability of protective members of family or other networks to act• the desire to change and available capacity to change may sometimes be in tension• the urgency of the child's time frames for safety and secure attachment relationships³⁴ <p>Practitioners should seek out and incorporate the child's opinions where developmentally appropriate and safe to do so. Consider ways to connect with the child that are not limited to the family home. Make use of children's supportive networks, such as schools and extended family, to secure opportunities to meet with them separately so that their voices can be heard.</p>

Focus area	Activity
Consider safety of family members - continued	<p>There may be a need to do safety planning with the children, separately to the family. This is only when developmentally appropriate and with the child's willing participation. It is critical to engage with the child or young person throughout the case management process and fully include them, where possible.</p> <p>Practitioners should always keep in mind the rights and responsibilities of the caregivers of the children they are working with. Whenever possible, they should try to collaborate with the caregivers to ensure the best outcomes for the children. If the risk of harm is high and the caregivers are uncooperative, practitioners should still engage directly with children, in the best interest of the child.</p> <p>At all times be aware that the principle of <i>best interests of the child</i> necessitates you are informed by the views and wishes of the child while being alert to risk factors and the child's safety needs.</p> <p>When assessing risk, practitioners should consider:</p> <ul style="list-style-type: none">• Is the child in danger of immediate harm? Do I need to call SAPOL?• Is the child in danger of immediate harm? Do I need to do a CARL report?• What are the risks for the child and family members?• Is the voice of the child at the centre of the risk assessment?• What are the strengths and protective factors?• What other supports or services are involved with the family?



Focus area	Activity
<p>Risk assessment as ongoing</p>	<p>Practitioners should be aware of and responsive to changing risk levels in the family situation, such as the birth of a child or the release of a partner from prison. Information related to risk, consultations with supervisors and risk mitigation strategies should be managed in accordance with SFS practice guidance and are to be comprehensively documented on C3MS.</p> <p>Risk management is an essential function of the case management process and practitioners monitor risk throughout the entire engagement with the family. Regularly reviewing risk assists in determining whether participation in the service and supports has created change that reduces the likelihood of harm.</p>
<p>Working with a cultural lens with Aboriginal families</p>	<p>Practitioners have a responsibility to work with a cultural lens and develop an understanding of how barriers to self-determination and advancement and the systemic dismantling of culture have led to disconnection from kinship and community for Aboriginal people.</p> <p>Practitioners should:</p> <ul style="list-style-type: none"> • utilise deep listening to explore connection to culture, seek strengths and protective factors • apply Aboriginal strengths and protective factors to the work • demonstrate the diversity of cultural connection and experience in the case management processes³⁵. <p>Practitioners use a healing and trauma responsive approach. With cultural humility, practitioners display trustworthiness and safety, working collaboratively with families to assist and grow empowerment and self-determination.</p>



Focus area	Activity
Cultural consultation	<p>When families identify as Aboriginal, practitioners are to consult with SFS Aboriginal cultural consultants prior to contacting the family to assist with engagement and assessment processes, and ensure practice is culturally safe and appropriate. Areas for consideration in the consult are:</p> <ul style="list-style-type: none">• Potential for conflicts of interest if there is a relationship between the family and the worker.• Cultural sensitivity considerations ('Sorry Business', community conflict, worker safety).• An understanding of the language group and Aboriginal clan.• Whether an interpreter is required.• Whether an Aboriginal worker should accompany the practitioner on the home visit. <p>Cultural consultation adds value to assessment and case planning, but the family is the expert in what culture means to them. Explore the services and networks the family may want to connect with and recognise the strength and value of these connections, particularly in supporting culture.</p> <p>Practitioners should ensure all attempts to accommodate the family's preference for an Aboriginal worker or non-Aboriginal worker are made.</p> <p>Practitioners should consider the possibility that Aboriginal children and families may need more time to build trust and relationships during the assessment phase. Continue to engage with the family and encourage honest, open and empathic conversations. Refer to the SFS Aboriginal Cultural Practice Framework.</p>



Focus area	Activity
Culturally and Linguistically Diverse (CALD) families	<p>Cultural consultation is critical when considering effective engagement with CALD families. Consider how the impact of migration or refugee experiences may impact on the day-to-day lives of families and on the assessment process.</p> <p>Develop an understanding of cultural norms but be aware of individuality. The feedback from LEN is that the diversity in and among cultural groups makes it very important to enquire about the family's culture to increase your understanding of the family.</p> <p>Practitioners may need to:</p> <ul style="list-style-type: none">• access an interpreter when working with the family.• explain Australian systems, from law and police systems to child protection legislation• consider the influence of migration and visa issues and how these may impact on the felt safety of family members to respond to questions• be alert to the potential for and impact of cultural taboos, stigma and relationships with extended family, when speaking out• consider the family's insecurity around access to financial resources• consider that some families may require the use of an interpreter, and some may need written information in an accessible format• consider intersectional and gender bias and their impact on the child and family's experience and how they manage risk and safety and access to services.



Focus area	Activity
Documenting	<p>Update the assessment document as the intervention progresses by incorporating new insights and data collected throughout the process. Include any changes in the family's situation such as changes in behaviours, relationships, or resources.</p> <p>Document new goals and objectives that arise and note any progress that has been made. Continue to ask questions of the family to ensure that all relevant information is being considered and that the assessment is comprehensive and up to date.</p> <p>Utilise feedback from the family to ensure that the assessment is accurate and reflects their current situation. Make sure to include new information in the assessment document as well as changes that have occurred since the initial assessment. This can include changes in the family's environment, relationships or resources. Make sure to update goals and objectives that have been established and document progress that has been made towards them.</p> <p>All contact with the family is to be documented in the client file and assessment documents are to be uploaded on C3MS.</p>



Practice point: Assessment

Gather and synthesise information and think carefully about how the information fits together. Always consider context, previous history and patterns of risk and protective factors over time. Look at how these interact with the child's development, their developmental needs, their cultural identity and connections, and how these relate to risk.

Ask: Is this child safe? What is the family's risk-tolerance and protective capacity? Reflect on what sources have been considered in developing the assessment. Ask: With whom else do I need to consult?

The practitioner's approach may also influence the quality of the information accessed. Listen without bias, seek understanding and clarification. Warmth, consistency, and practical assistance can make a powerful difference to the family's engagement and through that, to the lives of their children.

"Listening- often practitioners have a preconceived idea. Active listening to listen to real 'asks, needs and requests' can help people be more engaged and more proactive."

Lived Experience Network, System Advisor, December 2022

"[Practitioners] don't have to know everything. It's important to ask, what happens in your culture?"

Lived Experience Network, System Advisor, December 2022

"Practitioners need to be able to recognise the signs of trauma and realise that it's harder for us because of this. That we may be emotion filled because of the trauma and this affects our response and can be taken as a negative."

Lived Experience Network, System Advisor, December 2022



Case Planning

Key outcomes

Identify risk and respond to safety issues

Develop an Initial Safety Plan – the child's needs and voice is central to the plan

Develop a Case Plan – outline strategies, actions and responsibility for tasks

Identify indicators of change and success

Clarify roles, stakeholders and time frames

The priority at the initial stage of case planning is to develop a Safety Plan document to address the immediate safety needs of the child. The child's voice is central to the plan.

When practitioners listen to the child and understand their views and wishes for themselves and their family, the child is placed at the centre of the work. Safety planning with families who have infants or unborn children can be done by talking with the family about their understanding of the infants (or unborn child's) needs, wants and views of the world. What do they believe would contribute to the safety and wellbeing of their infant or unborn child?

Case planning guides the work with a child and their family, aligns with the safety plan and utilises the information gathered through the assessment process to implement a plan for long term safety and wellbeing for the child. It is a collaborative process, documenting areas for change and the decisions, actions and responsibilities of participants in achieving change. Case plans are usually developed over the course of several meetings with the child and their family.

Practitioners should be familiar with community resources available to families, as well as be aware of other service providers who are working with the family. Coordination of a multi-agency approach assists families in navigating intra-agency supports and maximising the benefits of available services.



Focus area	Activity
Safety planning	<p>Determine any risk and safety factors for the child if engaging in the safety planning process and assess the levels of risk. Keep the adult and child survivor’s safety central to your work. Consider any related legal issues e.g., intervention orders.</p> <p>An Initial Safety Plan (ISP) is developed at the commencement of contact (within the first three visits) with a family when high or very high risk to the safety of the child (or unborn child) has been identified. Using the information gathered in the assessment processes, the ISP addresses the immediate safety issues and outlines what needs to happen to ensure the child will be safe within the family.</p> <p>Safety can be understood as the parent’s/carer’s capacity to provide physical and sexual safety (children are kept safe from abuse/neglect and family violence), environmental safety (stable and secure housing that is hygienic and free from hazards), adequate physical care (nutrition, hygiene and healthcare needs are met) and psychological safety (disrupted attachment/rejecting, threatening or isolating behaviours)³⁶.</p>



Focus area	Activity
Engaging the family in safety planning	<p>The ISP is developed with the family and if possible, other supports in the family's network. It describes what the parents or carers will do daily, so that their children are safe and will remain safe in their care.</p> <p>The safety plan outlines immediate and mutually agreed upon strategies for keeping children safe. For example, if there is drug use in the home, work with the family to develop strategies to minimise harm when risk behaviours such as drug use occur. When the parent/carer is using drugs, the strategy may be that the child goes to their aunt's house. The safety plan also includes details of how everyone will know the strategies are working and what will happen if the strategies do not work and there are problems with the plan.</p> <p>The success of safety planning relies on meaningful engagement with the family and arriving at shared understandings of safety, risk, and harm to their children. These are difficult conversations and practitioners use a trauma-informed, honest, and culturally safe approach to support this. Recognise family and cultural strengths and use them to promote a safe environment that allows families to have the difficult conversations that are an essential part of an effective, safety planning process.</p> <p>Listen without interruption and express genuine interest in hearing and understanding the situation. Family stories can be deeply personal, sensitive and emotional. Listen with compassion and respond in ways that demonstrate a partnership approach. Maintain a focus on the safety of the child.</p>



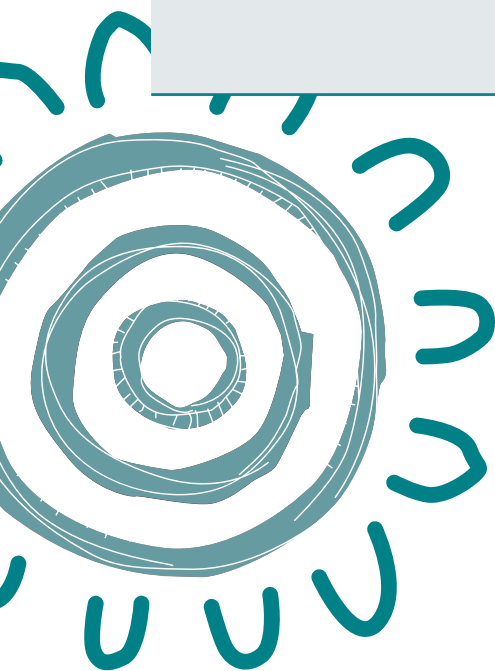
Focus area	Activity
Safety planning with children and young people	<p>There may be times when it is necessary to create safety plans with the child or young person, separate to their family and where developmentally appropriate. The safety plan is a practical and personalised plan to assist them to be safer and to know how to react if they are placed in danger. This plan is unique to each child and safety is always foremost in the planning process and execution of the safety plan. Practitioners should:</p> <ul style="list-style-type: none">• remind children that they are never responsible for the violence or abuse• assure the child that it is safe to talk with you• acknowledge and listen to the child’s experience• consider carefully where to have this conversation to ensure their safety• consider whether a written plan or verbal plan is safer – it may be that safety planning takes the form of conversations• consider where to store a written plan (at school or with a trusted support)• consult and/or collaborate with specialist children’s workers and specialist family violence workers if you feel you need assistance or coworking³⁷. <p>The safety plan is a dynamic document that is co-created with the family and is reviewed regularly and updated to reflect progress or changing circumstances.</p> <p>Refer to the SFS Safety Planning: Practice Guide for details on initiation, creation, inclusions and management of the safety planning process with adults and children.</p>

37 Victoria State Government, Family Safety Victoria, 2019. MARAM Practice Guide: Responsibility 4: Intermediate Risk Management

Focus area	Activity
Case planning	<p>Case planning is equally collaborative and builds upon the safety planning process, using information gathered from all assessments.</p> <p>Case plans will be most effective when the family and (if possible) other supports in the family’s network work together and share information and resources. The practitioner and the family discuss the issues at hand, the potential solutions and the reasons for decisions. The existence and sharing of risk is acknowledged and addressed throughout the case planning process.³⁸</p> <p>The case plan is a plan of action for achieving the goals of safety and wellbeing for the child and family and outlines a process for the family to exit the program once the safety and wellbeing concerns are met. Discuss with the family the case management journey, as well as the review and exit processes. Discuss why reviews are important and how they help to recognise and celebrate success.</p> <p>Success relies on a shared understanding of the presenting issues and agreed solutions. It requires a shared commitment between caregivers and practitioners to work together to meet the goals of keeping children safe within their family, community, and culture.</p>



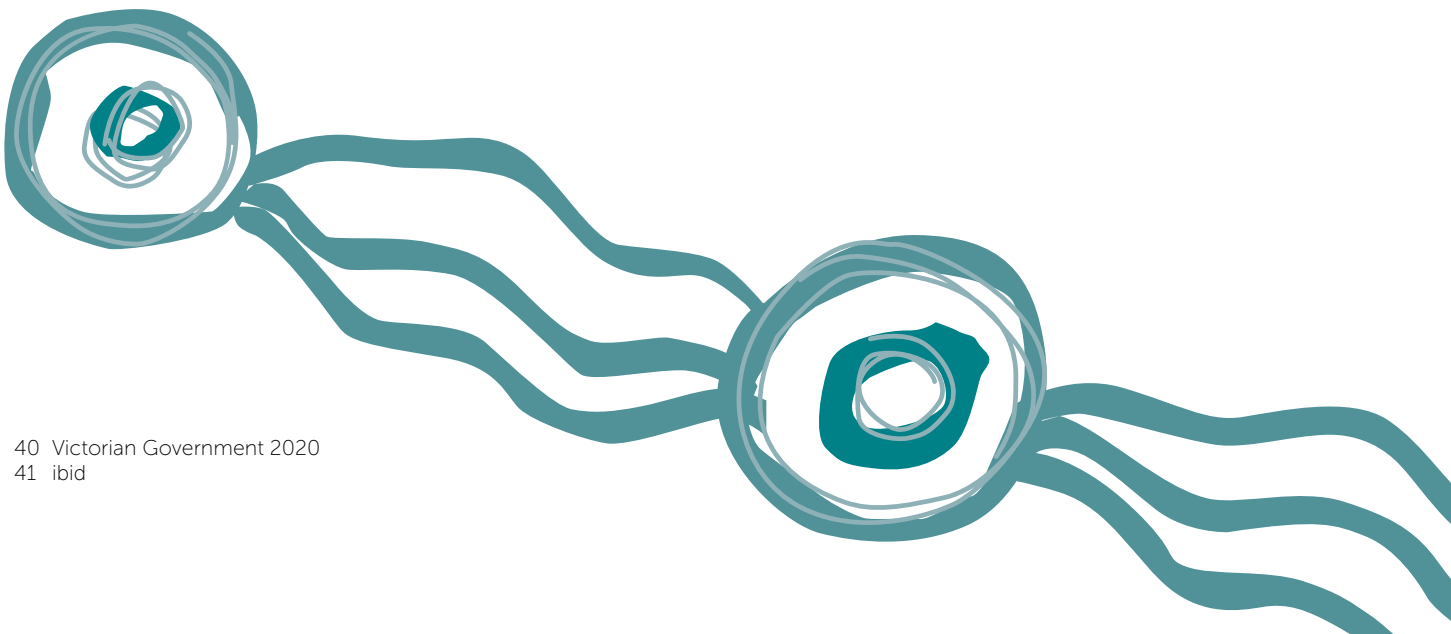
Focus area	Activity
Case plan goals	<p>The goals are developed in a supported discussion with the family. Goal setting begins with the family's desired outcomes for their child's safety, expressed in their own language. Goals are then developed from this and form the foundation of the case plan. They are written as concrete and measurable outcome statements, with specified time frames for achievement.</p> <p>Goals should be positively worded and lead parents/ carers towards positive and caring attitudes, emotions and behaviour toward their children. For example, 'increase the calm moments with me and my baby' instead of 'do not get angry at the baby'. They should reflect a belief that people have the capacity to change.</p> <p>Goals should be SMART (Specific, Measurable, Attainable, Realistic and Timely) and written in the child's and family's own words, with a focus on the safety of children. Foster the family's decision making abilities to foster personal growth and independence.³⁹</p> <p>Strategies describe how the goals will be met, who is responsible for specific tasks within each strategy and timelines for completion. There may be more than one strategy for each goal.</p>



Focus area	Activity
<p>Case plan goals - continued</p>	<p>Tasks describe a series of steps required to achieve the goal. Discuss with the family and networks their ability to meet these strategies, complete the tasks and act upon the development of resources, if needed. Refer to the CFSS Common Elements Module: Preparing for Change Goal Setting.</p> <p>The case plan should align with the safety plan. A case plan should document:</p> <ul style="list-style-type: none"> • immediate, medium term and longer-term goals • the strategies used to achieve these goals • time frames for implementing strategies and achieving goals • roles and responsibilities of the family, the practitioner, and formal and informal networks • indicators of success and case closure.
<p>Goal implementation</p>	<p>Explain to families what they can expect. Discuss realistic time frames and talk with the family about why specific time frames have been established and whether they are flexible.</p> <p>Make sure that everyone in the family understands their role in the plan and what they can expect from others. Encourage all parties to sign off on the case plan as a commitment to shared responsibility (if possible) and provide a copy to the family if it is safe to do so.</p> <p>Reflective questions for case planning are:</p> <ul style="list-style-type: none"> • Does the plan balance benefits against the seriousness and likelihood of possible harms? • Has the plan been developed with the active participation or in consideration of the child? Does it include the voice of an unborn child? • Has the planning process been collaborative? • Is the plan culturally appropriate? • Is the plan trauma-informed? • Is there a match between family needs and resources, services and support available to meet those needs? • Am I working within the scope of the practitioner role? • Have I consulted fully where required?

Focus area	Activity
Goal implementation - continued	<p>If a family member appears hesitant to pursue a specific goal or implement a strategy, talk to them about it. Consider how to do this with sensitivity and in some instances, in consideration of the safety of that family member.</p> <p>A case plan is ever-changing. As the family works through the plan and meets goals, or encounters obstacles to achieving some goals, it may need to be adjusted as priorities shift and newer goals are added.</p> <p>Discuss contact with the family and explain the frequency of visits to the home and school, and how often you will want to see them and their child. For an assigned case, meaningful contact with the child should be at least every two weeks. However, this is dependent on individual circumstances and may need to be more often at the outset and may change over time.</p>
Frequency of contact and observations	<p>Regular and frequent contact with families leads to better outcomes. The frequency of practitioner contact with families should be discussed and agreed upon with the supervisor during supervision or when the case plan is reviewed.</p> <p>Regular sighting of and engagement with the child helps the practitioner to be aware of their current situation and any changes that may have occurred or are occurring. Take note of the child's appearance (for e.g., appropriately dressed for the weather) and physical health (for e.g., appear healthy, no injuries or untreated conditions). When monitoring a child's overall physical wellbeing, feedback from other health and education professionals (teacher, CaFHS nurse) can be useful and provide another avenue for gathering and benefiting from interagency and multidisciplinary opinion.</p>

Focus area	Activity
<p>Multi-agency approach</p>	<p>Multi-agency case management is an integrated and collaborative approach to assist families in dealing with complexity. Practitioners work in a creative, flexible, and solution focused way that is timely, respectful, and culturally safe. Partnerships may include:</p> <ul style="list-style-type: none"> • Universal services such as schools, general practitioners, health services and SAPOL. • Secondary services that provide more intensive and targeted intervention such as mental health, disability, drug and alcohol services, domestic and family violence and housing. • Tertiary services such as youth justice, involuntary mental health, child protection and homelessness services⁴⁰. <p>Practitioners and agency partners will share:</p> <ul style="list-style-type: none"> • understanding of the goals of intervention and best practice • respect for and appreciation of differing roles and specialities • commitment to partnership • clear division of responsibility • respect for agency context and restraints • commitment to a coordinated effort • a willingness to learn from each other • accountability to the family and partner agencies⁴¹,



40 Victorian Government 2020

41 ibid

Focus area	Activity
Multi-agency approach - continued	<p>The approach includes information sharing, developing communication protocols, sharing responsibility and comprehensive planning with strategies to mitigate risks and improve the safety and wellbeing of children and their families.</p> <p>Where practitioners are the lead case management agency, they are responsible for the coordination of case conferences and meetings and:</p> <ul style="list-style-type: none">• sharing relevant information and canvassing professional opinions from agency partners• accessing multidisciplinary expertise and supports• monitoring engagement and progression towards outcomes.
Working with Aboriginal and Torres Strait Islander families with a cultural lens	<p>Cultural consultation will be a part of the practitioner processes from receipt of the referral and prior to engaging the family. Ongoing consultation is useful at crucial points of intervention and throughout the case management journey.</p> <p>Recognise and respond to the differing cultural obligations that impact Aboriginal families. Be prepared to be flexible and make changes to time frames, particularly if other issues arise that need to be prioritised or addressed above the original task, such as a death in the family or community.</p> <p>When speaking with an Aboriginal person whose first language is not English, it is important to seek advice about appropriate communication protocols. A practitioner may need an interpreter to ensure that language barriers do not compromise the quality of services.</p> <p>Refer to the Aboriginal Cultural Practice Framework for comprehensive information on culturally safe and appropriate practice.</p>

Focus area	Activity
Working with Culturally and Linguistically Diverse (CALD) families with a cultural lens	<p>Before meeting with families, consult with cultural consultants, workers, or other organisations who have successfully worked with the family or families from this cultural group. It is important to observe cultural protocols where possible.</p> <p>Consider any potential barriers to engagement when working with culturally diverse families, refugees and new arrivals to Australia. Maintain an awareness of power imbalances in relation to your role. Consider the family's:</p> <ul style="list-style-type: none">• traditions and practices around child rearing• understanding of respectful engagement (and include gender appropriate discussions and who can participate in these)• fear of jeopardising residence in Australia• previous experience of culturally insensitive interactions with professionals. <p>If available and only if acceptable to the family, a community worker or someone with cultural authority should accompany workers on home visits. Be aware that some interpreters or workers may be from the family's local community, which could jeopardise confidentiality or lead to retaliation. Tele-interpreters can be useful in these situations.</p>



Focus area	Activity
Documenting	<p>The safety plan and case plan are the day-to-day case management tools practitioners use when working with families, their networks and wider systems.</p> <p>These documents:</p> <ul style="list-style-type: none">• provide a written record of the intervention from identification of issues through to agreed goals, strategies, responsibility, timelines for completion, review dates and exit strategies for families• are action orientated, strengths based and often multidisciplinary and multi-agency• identify outcomes that are measurable, achievable and time limited and track progress toward the outcomes• provide clarity, transparency and accountability for all parties in relation to actions progressing from the assessment and planning processes• demonstrate consideration of culture throughout the case management process• identify and outline processes for managing risk or may demonstrate where risk mitigation strategies have not been successful. <p>The timely completion and uploading of safety plans and case plans should be in accordance with DHS SFS documentation guidelines. They sit alongside well written, chronological, concise, clear and non-judgemental case notes. Together, they provide a chronological account of work undertaken as well as a sound, clear and targeted framework for action. Refer to the SFS Record Keeping and Case Noting Practice Guide</p>

Practice point: Case planning processes

When working closely with children and families, at the forefront of engagement is the extraordinary courage and resilience it takes for them to trust and build a relationship with a new worker or service. Families may have had previous experiences with poor system responses and access barriers, as well as hurt, anger, or trauma from living in and fleeing conflict zones. Consider how these experiences affect individuals and how they affect family relationships. How might these factors affect relationships with broader systems?

"I couldn't hold anything back. The practitioner took that as I had too much going on, I couldn't regulate my emotions. It's hard to talk about things when you are traumatised. [Practitioners should] understand where the parent is at emotionally, as opposed to a [focus only] on the information [they] are trying to access."

Lived Experience Network, System Advisor,
December 2022

"It's not an exercise, it's our life!"

Lived Experience Network, System Advisor,
December 2022



Implementation of the case plan

Key outcomes

- | Focus on safety – a child's right to safety is paramount
- | Facilitate collaboration and coordination of services
- | Delivery of case plan tasks
- | Regular communication and information sharing
- | Work from a trauma-informed approach with a cultural lens to support strengths-based and family-led processes
- | Regular review and information sharing



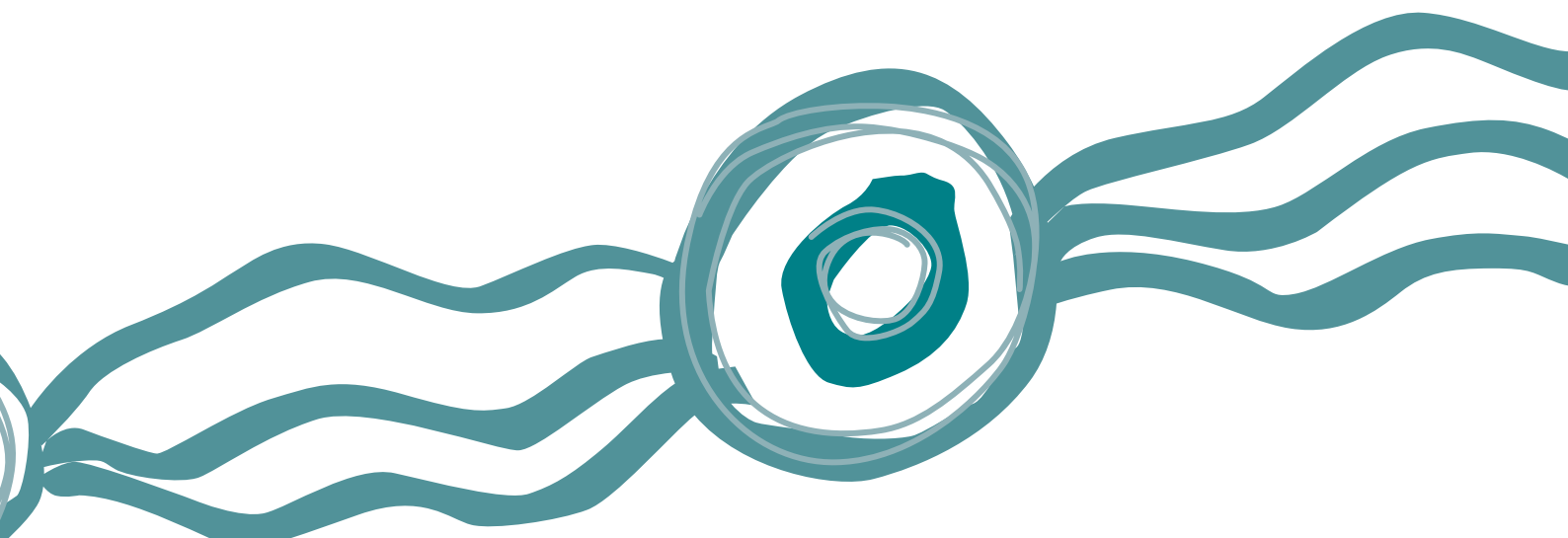
Focus area	Activity
<p>Implementing the case plan</p>	<p>The implementation stage is concerned with carrying out the plan and providing or arranging identified services. Practitioners maintain a focus on the best interests of unborns, infants, children and young people. Acknowledge that parents may be experiencing trauma symptoms and may require ongoing support to manage this.</p> <p>Practitioners should be considering:</p> <ul style="list-style-type: none"> • Am I continuing to engage with the child, young person and their family/carers even if there is resistance or reluctance? • Am I engaging the child, young person and their parents/carers in the decision-making process? • Am I continuing to share information with relevant stakeholders? • Am I providing the necessary resources, services and support to enable the goals to be met? • Am I incorporating new information into the case plan? • Am I adequately assessing, managing risk and re-evaluating the risk at each home visit? • Am I practising in a way that enables family self-determination and assists independence? • Has my cultural consultation process been adequate? What more might be required or be helpful? • Am I practising respectfully and inclusively regarding culture and diversity? • Am I considerate of the possibility of competing priorities for Aboriginal families and demonstrating flexibility? • Who else might need to be involved? • How can I best utilise clinical supervision to enhance evidence-based practice?



Focus area	Activity
Implementing the case plan - continued	<p>Practitioners engage in deliberate and conscious activity with the family and other stakeholders with an emphasis on outcomes and meeting case plan goals. The practitioner should collaborate with the family at all stages of the process including children (in age appropriate ways and according to their evolving capacities), allowing self-determination in decision making and actively participating to reach identified goals and child safety.</p> <p>Collaborate closely with the child and family to capitalise on existing resources, strengths, personal agency, and the family’s potential contributions to completing actions independently.</p> <p>The ultimate goal of case management should be the child’s ongoing safety and wellbeing which is achieved by the family’s increased resilience to better manage life situations without negative or detrimental consequences, and an improved quality of life.</p>
Referral and advocacy	<p>The complexity within many families means that practitioners should investigate options and resources to effectively implement the case plan goals. Referrals to external agencies may be needed for multidisciplinary expertise and to expand resources to effectively meet identified needs.</p> <p>Practitioners may be required to advocate for services, resources, and supports, as well as the removal of barriers for the family to progress towards their goals. They may also be required to advocate at the system level to ensure access and equity. There may be times when practitioners assist the family in advocating for themselves.</p>



Focus area	Activity
Multi-agency approach	<p>The role of multidisciplinary work and the formation of care teams is well recognised in effective safeguarding of children and managing complexity and cumulative harm. In the implementation stage, it is crucial to share information to inform practice, manage risk, initiate effective case management processes, and sustain the progress of the family. Practitioners should:</p> <ul style="list-style-type: none">• record all details related to information sharing, consultations, referrals and case conferences• be discerning when sharing information and to share information that is relevant• communicate effectively• use specific language and describe risk and vulnerability in detail• provide comprehensive handovers if staffing changes• ensure the team is aware of the existence of the case plan and the allocation of roles and responsibilities to meet goals• ensure decisions are discussed and made with relevant stakeholders and the family.• work within the role and scope of SFS.



Focus area	Activity
Communication and information sharing	<p>Maintain open and transparent communication with the child and family, and partner agencies. Regular communication maintains a coordinated focus on achieving outcomes, prevents information silos, and aids in responding in a timely manner if the plan is not progressing. This process can be supported by meetings or case conferences with all stakeholders.</p> <p>Practitioners must ensure that information shared is accurate, relevant, and given with consent whenever possible, except when doing so would jeopardise the child's or family's safety or welfare.</p> <p>The <i>Children and Young People (Safety) Act 2017</i> and the Information Sharing Guidelines (ISG) for promoting safety and wellbeing provide a strong framework to support practitioners in working collaboratively and sharing information with interagency partners and meeting the safety and wellbeing needs of children and families.</p> <p>Practitioners must be familiar with information sharing legislation and understand which pathway should be utilised in what circumstances, and seek advice from supervisors if there are any concerns about sharing information.</p>
Working with a cultural lens with Aboriginal families	<p>The team walking alongside the family could be made up of SFS workers, both Aboriginal and non-Aboriginal, cultural consultants, Aboriginal staff from external Aboriginal organisations and from a variety of disciplines⁴².</p> <p>Each member of the team will have a specialised focus. A coordinated plan where all members can clearly identify their roles and responsibilities must be created and communicated effectively to the family⁴³.</p>

42 Safer Family Services Aboriginal Cultural Practice Framework 2022: p. 42

43 *ibid*



Focus area	Activity
Documentation	<p>Accurate and timely documentation is essential for practitioners because it demonstrates evidence of plan implementation through referrals, case conferences, and evidence of engaging and supporting the family to implement the identified strategies. It demonstrates practitioner accountability to the family and to the organisation, as well as agreed family accountability for meeting case plan goals.</p> <p>Documentation can demonstrate quality case management processes that are child centred and decisions that prioritise the child's best interests. It demonstrates how the practitioner's actions and conversations have contributed to increased safety and risk reduction.</p>



Practice point: Implementation

Implementation is the critical process of carrying out the case plan and delivering or arranging any supports or services and assisting the family with their strategies. Be present and collaborate with the family to help them drive the process as much as possible. Include networks and other resources, as well as any other significant people in the child's life.

Collaboration, cooperation, and information sharing are critical to success. Maintain productive relationships with stakeholders and coordinate services. This includes dealing with process issues and any differences that may arise.

“Practitioner and family need to be on the same page.”

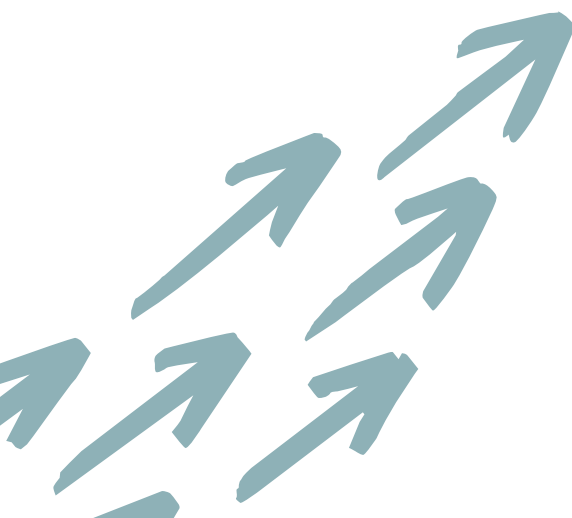
Lived Experience Network, System Advisor,
December 2022

“A Partnership.”

Lived Experience Network, System Advisor,
December 2022

“By giving the family your time and attention, the family will feel valued and that their goals are important.”

Lived Experience Network, System Advisor,
December 2022



Monitoring

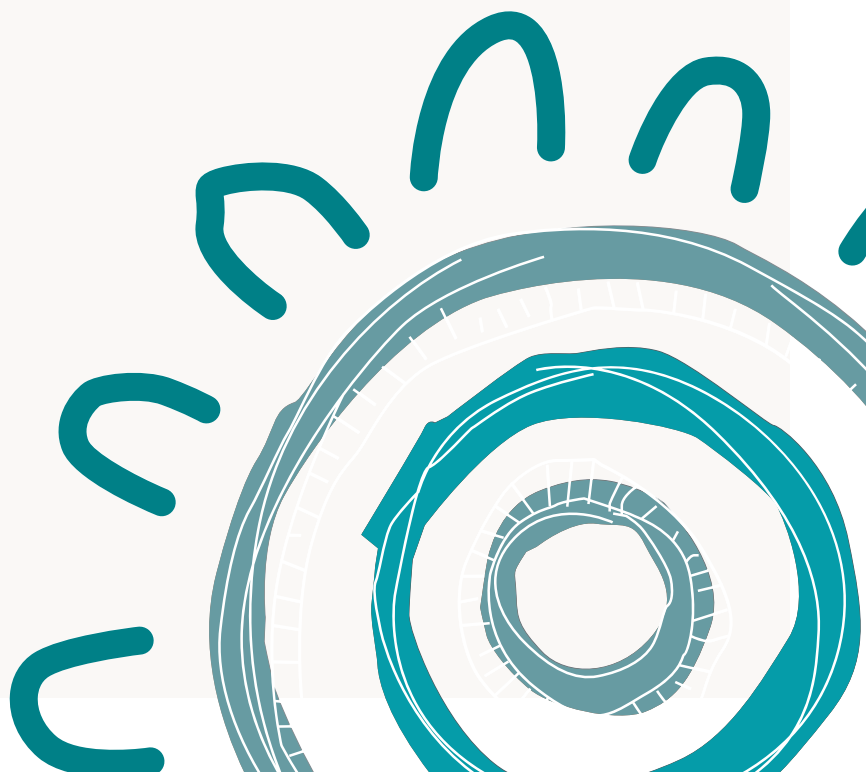
Key outcomes

- Ensure safety plans are being followed to reduce risk
- Ensure case plans are regularly reviewed
- Ensure services are continuing to engage with the family
- Ensure the family is continuing to engage with services
- Examine, review and measure effectiveness
- Identify changes as they occur and review strategies accordingly
- Celebrate achievements
- Begin planning for transition to step down services

Monitoring case plan activities with the child, family and relevant networks is an ongoing and proactive process. It requires continued engagement with the child, family and care team to ensure child safety, identify progress and support engagement. Review of goals and strategies occurs throughout.

Communication, information sharing, and collaboration are key to ensure steady and continued progress toward goals.

Case plan reviews should be arranged at regular intervals with the child and family.



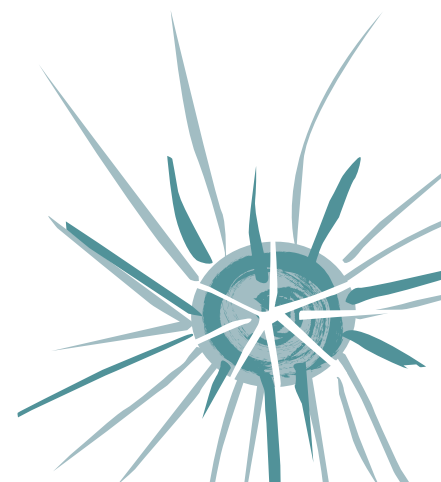
Focus area	Activity
Risk	<p>Risk management necessitates the ongoing assessment and reassessment of risk levels within the home and is most effective when the practitioner and the family are engaged in meaningful and ongoing dialogue.</p> <p>Practitioners should consider:</p> <ul style="list-style-type: none">• Is the safety plan being followed?• Has risk been reduced and from whose perspective?• What is the child saying about this?• Is there agreement on the reduction of risk?• What behaviours have changed?• What are kinship connections and community contacts saying about this?• Is a lessening or elimination of risk congruent with information from other sources (such as CARL reports, MAPS summary documents)? <p>Working with risk is an essential part of the practitioner's role and daily work. Organisational risk management strategies and processes can assist practitioners with risk management and mitigation.</p> <p>To work effectively with risk, practitioners should collaborate with agency partners and share information in accordance with legislation and best practice. Work within organisational constraints and be clear about the scope of the practitioner role.</p> <p>If the risk has increased, practitioners should discuss this with the family, as well as the reasons for opinions, strategies and next steps. If there are concerns about the level of risk, always consult with the supervisor and utilise agency processes for managing risk. Where risk has reduced, this should be acknowledged and celebrated with the family.</p>

Focus area	Activity
Review	<p>Regular monitoring of the case plan and safety plan is necessary to ensure both the practitioner and the family are held accountable for adhering to the case plan and achieving the desired outcomes, while also maintaining the safety of the children involved.</p> <p>Clinical supervision is used by practitioners to periodically assess the progress of the case. A review with the family should take place approximately halfway through the engagement, though this may change depending on the specific situation. It is up to the practitioner and family to decide on the most appropriate timing.</p> <p>Practitioners must be curious about their effectiveness and understand that every family is unique and there is no universal approach that can be used. Before any meaningful change can occur, several approaches may need to be tried, keeping in mind the child's vulnerability and need for safety.</p>



Focus area	Activity
Achievement of goals and success	<p>Each family's definition of success, as well as the meaning of success will differ. Practitioners should encourage family discussions about success and what it means to be successful. These discussions enable practitioners and families to share insights, ideas, and experiences related to goal achievement.</p> <p>Recognise and assist the child and family's ability, growth, motivation and insight. Continue to be curious! Seek feedback from the child and family, be flexible and consider how to incorporate new information and innovation.</p> <p>Motivation and acknowledgement are critical success factors in all endeavours. Look for and celebrate small victories along the way to larger goals. The review process is critical in allowing this to happen and provides opportunities for both the practitioner and the family to recognise progress.</p> <p>As families change and grow, practitioners and families may need to repeat the follow up and review phase several times and change the pace or the tasks. Plans will always work best when they reflect and honour the family's changing needs.</p> <p>Questions for the practitioner to consider may be:</p> <ul style="list-style-type: none">• Has safety improved?• Have I reviewed and reflected on case direction?• Are the goals still relevant?• Has/How has the situation changed?• What service approaches have been effective?• What has not worked?• Am I curious and open to all points of view?• What new information might need to be considered?• How would this impact on strategies?• Am I organising case planning meetings where required?

Focus area	Activity
<p>Achievement of goals and success - continued</p>	<p>Additionally, the practitioner needs to assess the responses and outcomes for children:</p> <ul style="list-style-type: none"> • What treatment or supports have the children received to help them process the events? • What’s changed for the child? How do we know? • Is the child more able to play, concentrate, relate, participate and belong?⁴⁴ <p>Active communication between the practitioner, the family and key stakeholders is required together with monitoring the suitability and quality of services enlisted and the situation in the home.</p> <p>Practitioners should also seek feedback with families about the efficacy of their work. Throughout the work with the family, the practitioner should be inviting and seeking feedback about the work being done to achieve the goals.</p>
<p>Celebrate milestones</p>	<p>Celebrate achievements and progression towards goals and acknowledge the efforts of all involved. Ensure the child and family is at the centre of celebrations and acknowledgement.</p>
<p>Documenting</p>	<p>Adjust case plans and risk assessments as required to reflect the achievement of goals, amendments to goals and next steps.</p> <p>Record successes and recognition of success with celebration.</p> <p>Record all interactions with the family and other organisations throughout the process.</p>



Practice point: Monitoring

Providing support and recognising positive outcomes while having difficult conversations with parents or carers can be a source of concern and cause tension for practitioners and the care team.

Practitioners should maintain a focus on child safety through respectful, clear, straightforward and consistent messaging. Recognising and appreciating the family for the work they do in providing for their children on a daily basis will help families stay connected to the service and be more able to have difficult conversations.

“Families are working to save their life really; my child is my life.”

Lived Experience Network, System Advisor,
December 2022



“Let the families know how far they have come, not just their successes, but their efforts.”

Lived Experience Network, System Advisor,
December 2022

Transition, closure and evaluation

Key outcomes

Ensure actions in the safety plan have been met and the child's welfare is secured

Review progress and evaluate outcomes – what's left to be progressed and by whom?

Include the child, family and other service partners in the transition and exit plan

Document the rationale for closure as it meets the risk factors, safety plan and case plan goals

Assist the family to negotiate the step down process or case closure process

Evaluation is important for:

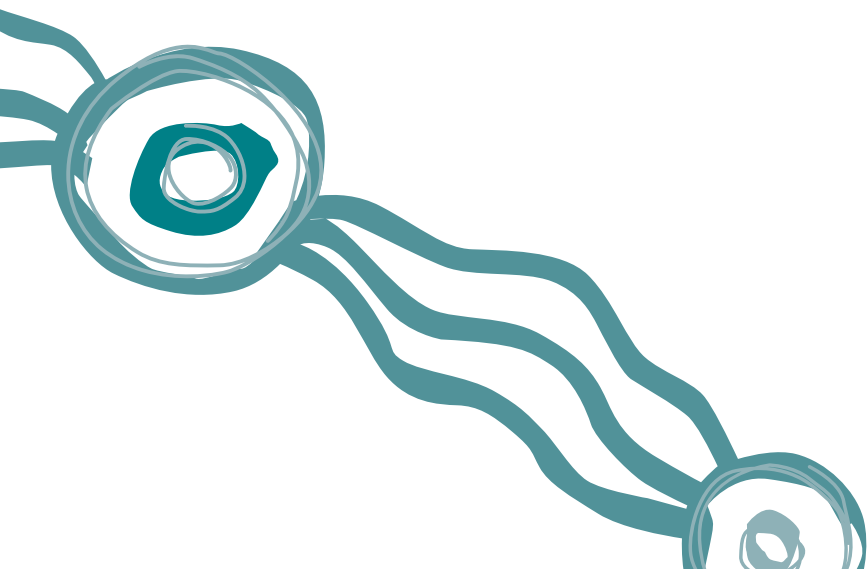
- » measuring achievements against the plan
- » reflecting on elements of the engagement process with the child, family and other agencies
- » developing evidence informed practice
- » reviewing service demands, recognizing service gaps, strengths and opportunities from the child, family and agency's perspective
- » meeting agency data collection and funding requirements.

The transition to step down services and closure are key components of the intervention process. Practitioners have discussions early in the engagement and planning stage to assist children and families to understand the time limited nature of the work, and the criteria for and process of exiting the service.

Alternately, closure can occur when risk assessment remains high or when safety plan criteria have not been able to be met. There may be several factors influencing these outcomes with resulting strategies to manage them.



Focus area	Activity
Assessing for closure	<p>Indicators for closure are:</p> <ul style="list-style-type: none">• when the goals and strategies in the case plan have been met <p>OR</p> <ul style="list-style-type: none">• when a family moves out of the service area or relocates interstate or overseas <p>OR</p> <ul style="list-style-type: none">• the family has been escalated to a more suitable service (i.e., DCP)
Recognition of achievement and planning next steps	<p>Review the safety plan and case plan with the family and the care team to determine progress towards the agreed upon goals. When goals have been met and sustained change has occurred, recognise and celebrate the family's success and commitment to the safety and wellbeing of their children.</p> <p>The family will be aware that their service involvement is coming to an end. They will have the opportunity to reflect on their achievements and confirm with the practitioner their protective capacity and the resources in place.</p> <p>Help the family to identify their strengths and the resources that can be utilised in the future. How would they like to celebrate their achievements?</p>



Focus area	Activity
<p>Referral to other services</p>	<p>Discuss with the family whether services from other agencies would be helpful, and if so, how they would like to be transitioned to that service. Do they want to be a part of the referral? Is advocacy required?</p> <p>Practitioners should consider making warm referrals to agencies to ensure continuity of services and a higher likelihood of continued service engagement. The pace of transition should be determined on an individual case-by-case basis and based on the needs of the family. Ensure that the new agency has information about the family's involvement history, levels of engagement, achievements and future plans. Provide contact information and ensure that the family knows who to contact if they need further assistance or supports.</p> <p>The SFS practitioner should follow up after the transition has formally occurred to check in on the family's wellbeing and ensure the transition has been successful.</p> <p>Administrative procedures for case closure are found within SFS Practice Guides.</p>
<p>Transfer of cases within SFS</p>	<p>When families relocate within the SFS service area, the practitioner should consult with their supervisor and follow SFS transfer procedures to ensure a smooth transition and continuity of service. The local SFS team at the new location will be informed of the relocation and the family will be made aware of the process and what to expect.</p>



Focus area	Activity
Evaluation	<p>Continuous improvement refers to the process of reviewing processes, practices and interventions to improve future service response.</p> <p>Practitioner evaluation of systems and processes might include:</p> <ul style="list-style-type: none">• the assessment process or components of the case management process• tools, forms or techniques used• gaps in systems support or access issues• consultation and cultural responses• the relevance of the information gathered to support interventions. <p>Seeking feedback from families:</p> <ul style="list-style-type: none">• can occur informally during discussions and meetings• can be done formally through surveys or evaluations• informs understanding of the experience of the family• identifies service gaps, strengths and areas for improvement• informs and provides evidence of best practice. <p>Reviewing and reflecting on individual practice is integral to effective clinical supervision and ensures best practice approaches, ongoing learning and development. Questions to consider may be:</p> <ul style="list-style-type: none">• What were some of the challenges, if any, in engaging the child and family? How were these resolved? What would you do differently?• Is the child now safe in their family? Has the child and family's wellbeing and resilience improved?• What worked well? What could be improved?• Were cultural connections respected and strengthened during interventions? How was this demonstrated by you and the cultural consultants?• What was the new learning for you and others?

Focus area	Activity
Building evidence	Data collection is essential for service planning. Valid tools that capture the needs of families at the start and throughout the service journey inform service planning and are critical for providing context and measuring outcomes. Furthermore, data capture guides system level planning and justifies CFSS investment.
Documentation	<p>When closing cases, ensure that all documentation is accurate and complete and uploaded to C3MS.</p> <p>Document the rationale for closure as it meets the risk factors, safety plan and case plan goals. Ensure that all processes related to the closure have been documented.</p> <p>Refer to the SFS Record Keeping and Case Noting Practice Guide.</p>

Practice point: Transition, closure and evaluation

Effective transitions and endings are critical to ensure children and families remain connected to step down or universal services. Practitioners should be aware that endings can cause increased anxiety or concern in children and that adults with trauma histories may experience grief and loss. Keep an eye out for these and support the family as they work through them.

The family's exit from services should be planned from the beginning of the intervention, carried out in collaboration with them and include avenues for continued support. Take the time to acknowledge and to celebrate with the family their efforts and successes.

“Celebrating could be simply acknowledging the achievements made. Families should be celebrated for getting the help they need by engaging with the service.”

Lived Experience Network, System Advisor, December 2022

“Leaving it open so that we can touch base again if things aren't going well. Make families feel comfortable they can reach out for support in the future.”

Lived Experience Network, System Advisor, December 2022



Conclusion

The Case Management Framework outlines the vision, the underlying principles and process of case management practice in Safer Family Services. It aligns with both the Aboriginal Cultural Practice Framework and the Clinical Governance Framework.

The framework is based on a strengths perspective, and practitioners should seek to identify and use existing family strengths and resources. They should engage and collaborate with families to develop solutions and strategies that are meaningful, achievable, and sustainable. This includes working with families to identify the risks and protective factors affecting the family, and to develop strategies to reduce risk and promote safety.

Practitioners should consider the family's culture, environment and social context to ensure that any strategies developed are culturally safe and appropriate.

The Framework is intended to be used in conjunction with other SFS practice guidelines, processes and resources. Practitioners are also encouraged to use their professional judgement to inform practice and consider the individual context and the needs of each family.

The Case Management Framework assists practitioners with supporting and empowering families to achieve immediate and long-term safety and wellbeing goals, and build resilience and capacity to cope with future challenges. The aim is to ensure that the family has the resources, services and supports they need to build a positive and secure future for themselves and for their children.

In the words of a Lived Experience Network System Advisor:

"Achievement of goals might not be the end of their journey."

Lived Experience Network, System Advisor,
December 2022



Acronyms

AFLDM	Aboriginal Family-Led Decision Making
ATSI	Aboriginal and Torres Strait Islander. The term Aboriginal is respectfully used to refer to all ATSI people throughout this document.
CaFHS	Child and Family Health Service
CFSN	Child and Family Safety Network
CFSS	Child and Family Support System
CGF	Clinical Governance Framework
CMF	Case Management Framework
C3MS	Connected Client Case Management System (database)
CARL	Child Abuse Report Line
CALD	Culturally and Linguistically Diverse
DCP	Department for Child Protection
DFV	Domestic and Family Violence
DHS	Department of Human Services
EIRD	Early Intervention Research Directorate
FSM	Family Safety Meeting
HRI	High Risk Infant
IFS	Intensive Family Support
ISG	Information Sharing Guidelines
LEN	Lived Experience Network
MAPS	Multi-Agency Protection Service
ROA	Refer Other Agency (not used in the document)
RSA	Refer State Authority (not used in document)
SAPOL	South Australia Police
SFS	Safer Family Services

Glossary

All definitions that relate to Aboriginal people and Aboriginal culture are used verbatim from the SFS Aboriginal Cultural Practice Framework 2022.

Aboriginal people In the context of SFS when using the term Aboriginal people, it is inclusive of all Aboriginal and Torres Strait Islander peoples. This is not to deny an individual's identity but seeks to acknowledge the local South Australian context and that the work SFS undertakes is grounded on Aboriginal lands⁴⁵.

Aboriginal Family-Led Decision Making (AFLDM) involves all or a combination of the family, child/young person, elders, respected community members, support agencies and anyone else the family deems important. The aim is truth telling, identifying strengths and agreeing on actions and solutions towards best outcomes for families in keeping children safe and well at home. AFLDM is both an identified standalone model, as well as a best practice model⁴⁶.

Ally/Allyship An Ally is a person from a privileged group who works in conjunction with marginalised groups to help remove systems and stand up to injustices that challenge the basic rights, equal access, and ability to thrive in society. This lifelong process or journey is known as Allyship, the process of learning, understanding, and building meaningful relationships based on trust and accountability with marginalised individuals and/or groups of people⁴⁷.

Alternate response is a DCP action for a non-investigative response which provides an avenue for a referral to internal DCP services. It also allows a referral to State Authority.

Assertive engagement is a proactive approach to delivering support. It challenges the idea that a family is always responsible for engaging with services and instead requires that the practitioner persistently and consistently approach the family to build a relationship, to engage them in critical conversations around risk, capacity and functioning, and to continue to offer support.

Biopsychosocial describes the interconnection between biological, psychological and socio-environmental factors. It is the process of considering the person-in-environment and how children and families are impacted by their environment. This encourages a practitioner to look at the interplay between systems and families and how systems can support or undermine wellbeing.

45 DHS SFS Aboriginal Cultural Practice Framework 2022

46 ibid

47 ibid

Case Plans are prepared by a practitioner (preferably in conjunction with the family) and is based on a holistic assessment of the family situation and includes all aspects of safety, risk and strengths and the family and environmental context. It clearly articulates how, when and by whom needs will be met.

Case notes and case recording are written evidence of the history of engagement, assessment, planning, service delivery and coordination and review. They provide the information related to and rationale for key decisions or changes to case plans and demonstrate the course and the outcomes of the work with the family. Case records are a source of family history for children and young people who may later request access to information on their family's story. They may also be subpoenaed for use in family court proceedings.

Child centred decision-making responds to the needs of the child, recognising connection to culture and family including critical child developmental timelines. Where possible, practitioners actively listen and encourage children to exercise their personal agency and have a voice part in the decision-making.

Complex trauma is the exposure to multiple and compounding traumatic events and experiences. Most of the events are severe and pervasive such as racism, constant grief and loss, abuse, or profound neglect⁴⁸.

Cultural authority Cultural authorities are holders of cultural knowledge and hold specific significance or status in the identified community, family or workplace. What this means to each community varies and is as diverse as culture itself. Cultural authority is not interchangeable with the term 'Elder'; however, Elders can also be cultural authorities⁴⁹.

Cultural consultation Aboriginal cultural consultation is the process of formally engaging Aboriginal people who hold extensive knowledge and lived experience within their own culture. Cultural consultation can happen in many ways but will consist of understanding the family's identity and cultural connections, understanding what this means for the individuals or family and how this affects all life domains and case planning/ implementation, and providing cultural and clinical guidance for the workers to best support a family from a cultural lens⁵⁰.

Cultural responsiveness is a preferred term over 'cultural competence'. Cultural responsiveness sets a standard to the extent of one's ability to work from a cultural lens.

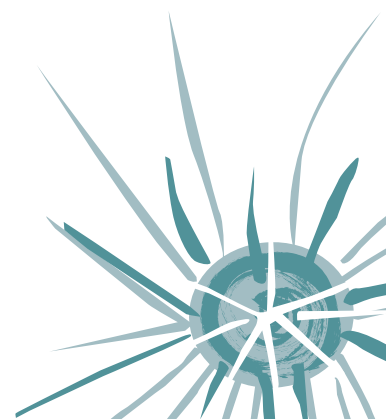
Cultural safety means that Aboriginal culture is respected, acknowledged, and celebrated. It is providing a safe environment for all Aboriginal people to be themselves and express their identity and culture, knowing that this will be respected. Cultural safety is the extension of allyship, accountability and cultural lens application⁵¹.

48 DHS SFS Aboriginal Cultural Practice Framework 2022

49 ibid

50 ibid

51 ibid



Decolonising the active undoing of colonialism and process in which we rethink, reframe, and reconstruct the colonial lens. Aboriginal peoples will decolonise through genuine self-determination.

Family Safety Framework was developed to improve and integrate service responses to families experiencing family and domestic violence, who are at high risk of serious injury or death.

Institutional racism is when racism is established as normal behaviour within an organisation or society and is reinforced with subsequent policies and practices⁵².

Intergenerational trauma is sometimes referred to as trans- or multigenerational trauma and occurs when the effects of trauma are passed down between generations. This is experienced by families and communities because of the unspoken histories and ongoing effects of past policies which resulted in stolen generations, displacement from land and disconnection from culture⁵³.

Racism is the ideology, based on the belief that one's race or ethnic group is preferable to another. This often results in the mistreatment and marginalisation of people or minority groups based on that prejudice⁵⁴.

Refer State Authority Government departments and local councils are state authorities, as are NGOs providing support to young people and families and whose funding is through state or local governments. If DCP determines that it is more appropriate for a state authority to respond to a child protection report, the report may be referred to that authority for a response. This must be done in agreement with the authority. Referrals determined to be a 24-hour response cannot be referred.

Relationship-based practice The quality of the relationship between the practitioner and the family is the most important tool for creating change. Practitioners are required to create meaningful and effective relationships with the child and family to assist in creating positive change. This can be challenging in the context of reluctance or fear of engagement, the presence of violence or vulnerability and trauma. Practitioner understanding, compassion, empathy and cultural responsiveness are key to this process.

Self-determination relates to the fundamental right for people to live according to their values and beliefs, and shape and participate in decisions that affect them. Self-determination is thought to be an important factor in securing a greater commitment to the desired goals. However, there can be tension in or limits to the exercise of self-determination between families and practitioners working in family preservation or in child protection.⁵⁵

52 DHS SFS Aboriginal Cultural Practice Framework 2022

53 ibid

54 ibid

55 Barsky, A. 2014

Systemic racism The continuation of institutional and structural racism is when the policies and practices of institutions result in unfair treatment of some groups compared to others. Systemic racism occurs in institutions such as education and government⁵⁶.

Structural racism refers to inequalities found in societies that tend to exclude some groups of people.

White privilege or white skinned privilege is the societal privilege that benefits white people over non-white people in some societies, particularly if they are otherwise under the same social, political, or economic circumstances⁵⁷.

56 DHS SFS Aboriginal Cultural Practice Framework 2022

57 *ibid*



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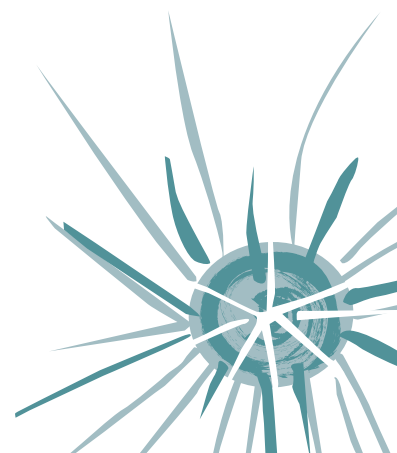
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