

Strong Start
Service Model

Safer Family Services

November 2021







## **Acknowledgement of Country**

Safer Family Services respectfully acknowledges the Aboriginal peoples of the land in which we work across South Australia and we acknowledge the continued cultural and spiritual connection that Aboriginal and Torres Strait Islander peoples have with country and waters.

We respectfully acknowledge Aboriginal and Torres Strait Islander people as two unique and diverse peoples with their own rich and distinct cultures.

We aim to continue to work together to promote self-determination, choice and healing while valuing Aboriginal and Torres Strait Islander people as decision makers in their own lives.

We pay our respects to Elders past and present as well as emerging leaders who walk together in partnership on this journey.



## Usage of the artwork

The artwork was created as a visual statement piece by Sasha Hill/Houthuysen, a Yamatji/Noongar woman. This piece is the representation of Aboriginal voice from a workshop co-facilitated by Dana Shen, a Ngarrindjeri/Chinese woman and business owner and Principal Consultant of DS Consultancy.

The workshop was commissioned by the Department of Human Services to create 'the Aboriginal Cultural lenses of Practice" for Safer Family Services. The workshop was attended by SFS Aboriginal staff and allies to give a voice to Aboriginal ways of knowing, being, doing and guidance in supporting a culturally safe workforce.

The artwork is used through DHS Child and Family Support System policy and practice resources. It incorporates the symbols representing the cultural lenses journey: allies walking alongside Aboriginal staff, families and communities, and meeting and learning places supporting Aboriginal best practice.

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

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## Introduction

This document provides an overview of the Strong Start Program and the context of where it sits within the Child and Family Support System. It articulates the scope of the program, key values and principles, objectives, and outcomes. The service delivery practices, outputs and service elements are described, and the service flow is represented.

This document should be read in conjunction with Department of Human Services and Safer Family Services policy and practice guides.

## **Child and Family Support System**

During 2018-2019 the SA Government undertook an extensive process of research and co-design aimed at drawing on evidence-informed knowledge and practice. This was combined with lived and professional experience, to design the Child and Family Support System (CFSS) to ensure that South Australia delivers the best possible outcomes for children and families. The remit of the CFSS is to work with families to support them to keep their children safe and well at home in family, community, and culture. CFSS has a focus on the following four priority population groups:

- Young parents (where mothers are aged under 23 years and fathers aged under 25 years)
- Families of infants deemed to be at high risk in their first 1000 days
- Aboriginal families with multiple and complex needs
- Young people experiencing vulnerability and at risk of having children who may go on to enter the child protection system

The Department of Human Services has lead responsibility for implementing the CFSS, in which Safer Family Services plays a key part.

Safer Family Services (SFS) provides help and support to children and their families at risk of harm, neglect, and/or domestic and family violence. SFS purposefully and assertively intervenes to disrupt the patterns of intergenerational trauma and increase the number of children able to be safely cared for in their homes, and to remain connected to culture and community. This is particularly relevant for children and families with multiple and complex needs.

# **Strong Start**

Strong Start is a program within Safer Family Services (SFS) which plays a critical role in the delivery of the CFSS. Strong Start provides direct services to first time parents (where mothers are aged 25 years and under), through the antenatal period, and their infants pre-birth to 24 months.

Strong Start works collaboratively with other SFS services, government, and non-government partners to improve the social, health, and wellbeing outcomes for infants, children, and young people in South Australia.

#### **Vision**

That children are safe and well at home, in family, community and culture. Parents/caregivers of infants and children are connected to supports within their local regions, that will enhance infants, children, and parents/caregiver's development, and strengthen the adult-child caregiving relationship.

## **Guiding Values**

Strong Start is underpinned by the values that are guided by the **United Nations Convention on the Rights of the Child (1989)** and consistent with Safer Family Services Case Management Framework (2020).

- All children have the tight to grow up in an environment free from neglect and abuse. Their best interests are paramount in all decisions affecting them.
- Improving the safety and wellbeing of the 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 the right to participate in decisions affecting them.
- Policies and interventions are evidence informed
- Children's rights are upheld by systems and institutions

## **Guiding Principles**

Many services and programs including Strong Start are playing a critical role in supporting families to keep children safe and well at home and reduce the need for children to be removed from their families to ensure their safety.

Strong Start is guided by the principles of the Case Management Framework that works with the family, whilst keeping a **Child Centred** approach. This is done through:

- **Proactive** engagement
- Strengths based approach
- Logical processes
- Partnership with children, families and partnering agencies
- Systemic links to broaden referral pathways
- Outcomes driven to achieve family's goals
- **Culturally responsive** in an inclusive approach that respect culture and see culture as a strength
- Holistic processes to encompass all factors to the child and family's safety and wellbeing
- **Dynamic** to be open to change and responsive to needs as they arise

The CFSS is made up of a **spectrum of services** that are able to respond to different degrees of complexity and the safety concerns for children and families. These services work directly with families to ensure their safety and wellbeing. Services providers are governed by their own core principles informing service operation, which spans from community capacity building through to intensive case management.

The Roadmap for reforming the Child and Family Support System 2021–2023 outlines key steps that the Department of Human Services is taking to improve early intervention services for children and families with complex needs. These steps are in line with the whole-of-government strategy, Safe and well: Supporting families and protecting children.

Strong Start will also be guided by the **Aboriginal Co-Design Principles** identified throughout the CFSS Co-Design Process undertaken in 2019. These principles include:

- Aboriginal and Torres Strait Islander children are front and centre
- Services are family focused
- Cultural strengths are reflected
- Aboriginal and Torres Strait Islander's right to self-determination is reflected
- The truth of our shared histories, the hurts, the strengths, and the healing are acknowledged and reflected.

# **Aboriginal Cultural Practice**

The over representation of Aboriginal children and families in contact with the statutory child protection system is well documented. We see and acknowledge that Aboriginal people experience disproportionate levels of disadvantage and hardship, along with continued negative impacts from historical events and policies. Strong Start recognises the ongoing impact that colonisation, dispossession of land, and loss of culture has had on community. Strong Start is committed to developing an appropriate service response for Aboriginal children and families and sees culture as a protective factor.

Strong Start 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 practice.

Engaging with families with multiple and complex needs, in the best interest of the children and young people, often means working within an environment that is dominated by fear and anxiety due to the power imbalances. Assertive engagement and relationship-based case management are the approaches used to deliver support. For Aboriginal children and families, support and engagement to keep children safe and well is done in culturally responsive ways.

In addition, by keeping children at the centre of our involvement, we will work collaboratively with adult focused services that values Aboriginal family-led decision-making and self determination to ensure that, when they are supporting adults in families, they are mindful of children's needs (as a priority) to be safely cared for within that family. This ensures that, when we are supporting adults in families, we are contributing to building a trauma responsive and healing system for everyone.

# **Service Description**

Strong Start works with first time parents (where mothers are aged 25 years and under), through the antenatal period, and their infants pre-birth to 24 months, who are experiencing complex issues, to promote the optimal development of infants and children up to two years of age who may otherwise be at risk of adverse events.

Strong Start commences during the antenatal period and provides direct case management, in conjunction with CaFHS nursing, to support the family, with the aim of making a successful transition to parenting, and ensuring children have the best possible start to life.

Strong Start operates in two geographical locations: Northern Metropolitan Adelaide, and Southern Metropolitan Adelaide.

# **Service Objectives**

- Assertively engaging with children and families to provide high quality and appropriately tailored services, that attend to their safety and wellbeing, and improve health and developmental outcomes
- Children and families are connected to responsive services to meet their needs in a timely manner
- Cultural responsiveness reflected in partnership approaches in all engagement with Aboriginal and Torres Strait Islander infants and families, which includes the principle of family-led decision making, and the right to self-determination
- Cultural and Linguistically Diverse (CALD) families will be supported in ways that acknowledges and recognises cultural diversity and practices
- Deliver services with openness, honesty, and transparency with families, and have difficult and challenging conversations about child protection risks
- Information Sharing Guidelines will ensure information sharing practices are followed where there is a threat to the safety and wellbeing of children and families
- The Children & Young Person's Safety Act (2017) and other relevant legislation will be complied with and utilised where appropriate

### Service Outcomes

The below outcomes should be read in conjunction with the CFSS Outcomes Hierarchy that provides a shared view of outcomes for all services in their efforts to ensure children are safe and well at home in family, community and culture.

### **Child and Family Outcomes**

- Family Safety: Children and families:
  - obtain appropriate nutrition, housing, accommodation, and financial stability to support children and families to stay safe and well at home;
  - o are free from family violence, abuse and neglect, drug, and alcohol abuse, physical, sexual, or emotional abuse, and harsh parental discipline;
  - o are supported to address their disability and mental health needs.
- Well-being: Children and families:
  - are supported to address their emotional well-being and reduce parenting stress;
  - increase school attendance to create an appropriate learning environment and connect to educational supports;
  - o enhance child development, child behaviours, child health and mental health.
- Family functioning: Children and families:
  - improve their relationships and parenting capacity, and learn different ways of problem solving, communication patterns, behaviour management and parenting styles, to support family relationships.
- Capability to influence decisions: Children and families:
  - o are empowered to achieve personal capacity to affect change;
  - develop self-efficacy, self-advocacy, and capacity to make decisions.
  - o achieve self-determination.
- Capability to achieve potential: Children and families:
  - develop insight into their strengths and resilience, to empower and encourage engagement with training, education, and employment, and develop personal skills.
- Access to community supports: Children and families:
  - seek help and support when needed;
  - engage with support services, and extended family supports.
- Connection to culture: Children and families:
  - o see strength in their cultural, linguistic diversity, and spiritual well-being;
  - o participate in cultural activities;
  - $\circ$  take time to connect and spend time on country;
  - Seek support from cultural groups.

# **Program Outcomes**

- Staff become stronger allies to Aboriginal people, ensuring self-reflection, practicing cultural humility and respect, and building their cultural fitness and responsiveness
- Partnership is developed and maintained with services that support the needs of the client group

## **System Outcomes**

- Children, young people, and their families are diverted from the Department for Child Protection system for intervention under the Child and Young Person (Safety) Act 2017, and in turn minimising the trajectory of entering other statutory systems
- Focus on improving safety and family functioning
- Align outcome-focused efforts across the system, working for children, young people, and parents/caregivers to be safe and well in families
- Influencing decisions and reaching potential through self-determination
- Connect and support in communities and through culture

# **Service Scope**

Strong Start works with first time parents (where mothers are aged 25 years and under), through the antenatal period, and their infants pre-birth to 24 months, presenting with a high level of complexity, maintaining a focus on the reduction and elimination of children protection risk and vulnerability.

Strong Start will undertake comprehensive assessments and case management for families, and seek to connect families to appropriate services in their community to address the child protection risks and support infants to thrive within their families, connected to culture and community.

In scope	Out of scope	
First time parents (where mothers are aged 25 years and under), through the antenatal period,	Children 25 months and over unless a sibling to a primary client	
and their infants pre-birth to 24 months	The direct investigative process of child protection	
Unborn Child Concerns	matters that require DCP, CPS and SAPOL criminal and forensic assessments.	
Infants (pre-birth to 24 months) and their families where there are child protection risks	Infants and families whereby complexity and vulnerability exist in absence of child protection risks	
Pregnant first-time mothers aged 25 years and under who are identified as part of the major birthing hospital High Risk Infant case review meetings	value ability exist in absence of child protection risk.	
Interagency investigations and responses, whether as lead agency (as nominated by DCP) or party to strategic discussions and assessment, as outlined in the Interagency Code of Practice		

## **Regions**

Strong Start operates in 2 metropolitan regions of Adelaide:

Northern: Eligible referrals for families living in the Northern metropolitan regions - prioritising families living in the City of Playford and City of Salisbury

Southern: Eligible referrals for families living in the Southern metropolitan regions – *prioritising* families living in the City of Onkaparinga and City of Marion



# **Service Outputs**

### **Service Domains**

Strong Start will deliver across the following service domains:

- 1. Working directly with infants and their families
- 2. Consultation, assessment, and case management
- 3. Developing and supporting community connections and service accessibility to support vulnerable children and families

#### **Service Elements**

Strong Start offers the following service elements that incorporate Assertive Engagement and Case Management, providing:

## **Direct Case Work**

Direct case work includes, but is not limited to, the following elements:

- Engage in and develop professional helping relationships with infants, siblings, their families, and communities
- Home visiting to engage and support infants and their families
- Ensure practice is informed by cultural consultation, and interpreters are used as required when working with culturally and linguistically diverse families
- Support to engage with internal and external services
- Delivery of agreed case planning that involves the family-led decision making
- Co-working with other service providers including case conferencing, joint meetings, and home visiting

# **Indirect Case Work**

Indirect case work includes, but is not limited to, the following elements:

- Consultations with service providers regarding infants, children, young people, and their families
- Sharing information of at-risk situations to keep infants, children, and young people safe
- Cultural consultations to ensure cultural safety in families and communities
- Providing support, information, and resources, in response to the needs of families
- Attending meetings directly related to the needs of families

# **Partnership**

SFS recognises that the skills, resources, and knowledge required to respond appropriately to the complex issues related to the care and protection of infants, children, and young people are beyond the capacity of a single agency. Strong Start works in partnership and engages proactively with first time parents (where mothers are aged 25 years and under), through the antenatal period, and their infants pre-birth to 24 months, across the CFSS and with other relevant key stakeholders to support integrated responses to address the needs of children and their families. These partnerships form the basis for the successful operations of the program.

## Strong Start / CaFHS Partnership

An integral partnership involves the Child and Family Health Service (CaFHS) Clinical Registered Nurse, who provides clinical nursing expertise and skills to improve client/service outcomes. CaFHS Clinical Registered Nurse are co-located with Strong Start Social Workers, providing a multi-agency, multi-disciplinary framework.

Primary partners in this work include:

#### Internal to SFS:

- Aboriginal Practice Team
- Child and Family Assessment and Referral Network (CFARN)
- Child and Family Safety Network (CFSN), including external network partners
- Child Wellbeing Program
- Clinical Practice Team
- Community Development Coordinator Program
- Family Practitioner Program
- Metropolitan Aboriginal Youth and Family Services (MAYFS)
- Multi Agency Protection Service (MAPS)
- Pathways Service

# External to SFS:

- Aboriginal Community Controlled Organisations (ACCOs)
- Aboriginal Community Controlled Health Organisations (ACCHOs)
- Department for Child Protection (DCP)
- Department for Education
- SA Health
- Child and Family Health Service (CaFHS)
- South Australian Housing Authority
- Non-government organisations
- SA Police

## **Partnership Principles**

- Communication that is clear, regular, timely, and relevant, underpins quality partnership
- Appropriate information sharing can contribute to keeping children safe
- Respect for each other and the strengths and contributions that all parties bring to the work
- Clarity around the roles and responsibilities supports improved outcomes
- Shared commitment to the best interests of the child
- Valuing the voices of Aboriginal and Torres Strait Islander peoples
- Self-determination and the values that underpin the right to one's own economic, social, and cultural developments
- Valuing diversity and celebrating difference
- Perseverance in finding solutions to issues as they arise
- Transparency about organisational agendas and future intentions
- Equality between agencies delivering services

# **Practice Approaches**

Strong Start practitioners utilise a variety of practice approaches to understand and support families cultural, social, and environmental circumstances. Determinations about which approaches to apply are informed by the presenting needs of the family and what will best support and increase the safety and wellbeing of the child/ren.

**Culturally Inclusive Practice**: A methodology which actively acknowledges the historical context and specificity for Aboriginal and Torres Strait Islander families. The practitioner will incorporate the following in their practice:

- 1. Culture is acknowledged as a strength, that will be supported for the development of social, economic, and cultural pathways towards individual and community safety and wellbeing.
- 2. Strength based approaches that value and respect cultural identity and support the achievements of culturally responsive and responsible outcomes.
- 3. Engage with active supports for the development and maintenance of meaningful connections with culture and community.
- 4. Actively support and engage with the development of an individual sense of cultural identity and contribution to the vibrancy and diversity of communities and celebrated these.
- 5. Practitioners that actively reflect upon their own culture to ensure that cultural difference is appreciated and respected, guarding against the attitude that ones' own behaviours, beliefs and actions are the norm to which other people must conform.
- 6. A recognition of our individual and collective responsibility to prevent racially prejudicial attitudes, beliefs, behaviours, or practices in our service delivery

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

Case management response: Case management practice will be guided by the SFS Case Management Framework (2020). Case management takes a holistic view of an individual's needs and uses communication and available resources to promote quality outcomes. Case management is a collaborative way of working with clients and includes assessment, case planning, implementation of the case plan, monitoring and evaluation, transition or exit.

**Attachment theory**: Attachment theory outlines the importance of the parent-child relationship in determining a child's future functioning and wellbeing. Attachment influences children's interactions with other children, their sense of security about exploring the world, their resilience to stress, their ability to regulate emotions, their capacity to have a coherent story that makes sense of their lives, and their ability to create meaningful interpersonal relationships.

**Trauma responsive practice**: A strengths-based framework grounded in recognising, understanding, and responding to the impact of trauma, emphasising physical, psychological, and emotional safety, and creating opportunities for clients to rebuild a sense of control and empowerment.

**Restorative practice**: Restorative practice is a strengths-based practice that seeks to repair relationships that have been damaged. It empowers families to influence and participate in decision making that will produce positive outcomes for their children. Restorative practice engages families and enables change by working with families rather than services doing to them, or for them.

**Strengths based approach**: An approach to working with people that acknowledges and identifies the strengths and abilities that they come to the helping relationships with, and then works to build on these strengths to address the issues that people face.

**Therapeutic team approach**: A relationship-based model which brings together the people working with a child or young person as part of a team providing wrap around support. The approach is assertive in its engagement, intensive in the level of contact with the infant, child, or young person, long term, mobile and flexible in the delivery of support.

**Safety first approach**: A safety first approach is applied where families are experiencing domestic or family violence. Within this approach, women and children's emotional and physical safety is understood to be a priority and is embedded within all service delivery responses. There is a focus on understanding risk, increasing immediate and longer-term safety, and working in ways which seek to partner with the protective parent and intervene in ways that place responsibility for the violence and its impact with the perpetrator. A safety-first response is enacted in partnership with children and their mothers or caregivers, recognising the importance of listening to what safety means for each individual and the family.

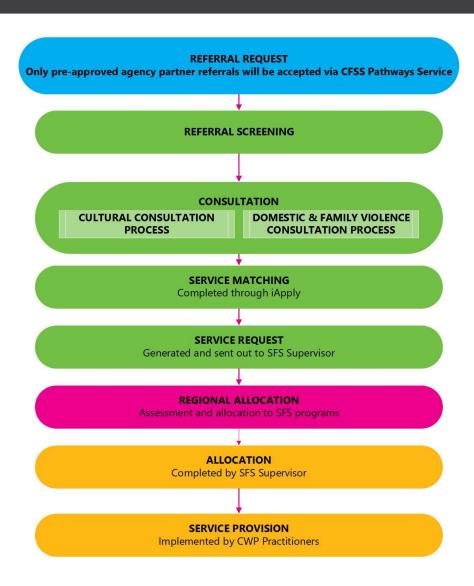
**Solution focus**: A future-focused, goal orientated approach to working with people that highlights the importance of searching for solutions rather than focusing on problems.

## **Referral Processes**

Referrals come to Strong Start via CFSS Pathways Service only.

Current approved referrers include DCP, SA Health (Birthing Hospitals) and MAPS. These approved referrers will be reviewed as Safe and Well reform activities progress.

# Child & Family Support System (CFSS) Pathways Service Service Flow for CWP



# Service flow for Strong Start from CFSS Pathways Service **Strong Start Strong Start referral Flow Chart** Received from **CFSS Pathways Service** Strong Start Supervisor Allocate to Strong Start Practitioner open C3MS case Allocated Strong Start Practitioners Upload referral to C3MS Develop initial contact plan Cultural Consult Strong Start Commence Client Engagement Client Engagement Successful Client Engagement Unsuccessfull Client 'engagement and confidentiality form' & Document on C3MS 'exchange of information form' Assessment and Planning Internal Consultation Document on C3MS for Next Steps Service Delivery: Direct Case Work with infants, children, and their family's Assertive **Engagement** Evaluate Assessment and **Case Planning** Plan Implementation and Monitoring **Transition** Implement Service Closure To be completed on C3MS

# **Appendix A Strong Start Program Logic**

Strong Start Program Logics				
Inputs (resources)	Outputs			
Staffing:	Activities/processes	Participation		
Multidisciplinary team comprising	Culturally responsive & trauma	Target population: Young		
of:	aware. Recognise & value,	pregnant women; and first-time		
Registered Nurse 1 FTE	cultural knowledge, experience	mums experiencing complex		
Senior Play Educator 0.4 FTE	& authority, and that of	issues.		
Aboriginal Family Support Worker	Aboriginal & CALD			
1 FTE	families/communities we work	Voluntary and DCP motivated		
AHP1 Social Worker 3 FTE	with	(families/clients)		
AHP2 Clinician 1 FTE	Triage – initial assessment &			
AHP2 Senior Practitioner 1 FTE	allocation	Baby/child is the primary client.		
AHP3 Supervisor 1 FTE	Warm referrals			
Administration Officer 1 FTE	Home visits	Family-led discussions and		
	Cultural consultation	engagement.		
Lived Experience: Strong Start	<ul> <li>Assessing - safety; risk</li> </ul>	All and the second of the f		
grows and develops by respecting	(verbal); Ages & Stage	All meetings occur in the home or		
the lived experiences of the	questionnaire	a safe space		
vulnerable families that we	Linking (into	Sharad dasisian making with		
support, that being their parenting	services/supports)	Shared decision-making with family		
experiences and their experiences	Safety planning	lanning		
of being parented. This includes	Information sharing	Invite participation in the case		
the parenting needs of our	Transporting	management process –		
LBGTQIA community	Attending appointments	Assessment/ case planning/ Case		
Cultural: Aboriginal & CALD toam	Case-conferencing	review etc.		
Cultural: Aboriginal & CALD team members; Aboriginal, & CALD	Day-to-day conversations			
family and community members.	Discussions with family			
lamily and community members.	CARL notifications			
Partners: Child & Family Health	Gifts & baby goods –  Sourcing & delivering			
Service (CaFHS); Dept of Child	sourcing & delivering  Common Elements			
Protection (DCP); Birthing hospitals	Common Elements			
(Lyell McEwen, Women's &				
Children's, Gawler District); SAPOL;				
Allied Health Social Workers;				
Aboriginal Maternal Infant Care				
(AMIC); Perinatal Mental Health;				
Northern Adelaide Senior College				
(NASC); NUNK (Nunkuwarrin Yunti);				
MY Health; Drug and Alcohol				
Services SA (DASSA); Children				
Centres (Dept. Ed.) Centacare (Hannah Place/Malvern Place,				
Housing); Multicultural Youth SA				
(MYSA); Anglicare Housing; HYPA				
Housing; Centrelink; DV services;				
Playgroups SA				

#### **Strong Start Program Logics Outcomes** Short (0-3 months) Medium (3-6 months) Long (6-12 months) Mother Mother/baby Child Rapport established between Greater stability (in some Receiving CaFHS checks every mother & worker. 3 months Better able to navigate meeting developmental Mother/family engage with worker/service difficulties milestones Increased trust (mother -Increased trust Increased protective factors worker) Increased understanding of Receiving relevant allied Ante-natal needs met the system health supports (physio/speech pathology) Increased housing stability Increased understanding of Increased financial stability own agency Safe at home Decreased fear of removal Mother/family Increased parenting/child safety knowledge Increased understanding of Greater stability ramifications of actions, Acquire safe baby gear Improved support networks Drug and Alcohol harm leading to Receiving ongoing support minimization Increased engagement with relevant to need support services Link in with other support Safety needs met Increased understanding of services (e.g DV) Increased confidence to importance of contraception seek/access support Managing contraception Reduced risk of second pregnancy System System System Child protection concerns Maintain good relationships Stakeholder network assessed with mother/family responds to child safety and Responses delivered within a Able to have difficult protection concerns holistic case plan approach. conversations Agencies have up to date Appropriate referrals made Improved communication information. to other service providers channels Agencies have access to Increased family stability Able to receive information consultation Earlier identification of Work collaboratively with regarding concerns infant's needs & family CFSN partners and handover Earlier notification re strengths cases where needed concerns Coordinated service response Increased stakeholder Increased capacity of the stakeholder network to Under ISG understand the collaboration regarding decision making and sharing identity and respond to child need for strategic planning re of risk protection concerns within child protection concerns their client base Earlier engagement of families into services who Increased skills and capacity may not have been otherwise of stakeholder network engaged Stakeholder workforce have increased skill level to support effective responses in pre-statutory child protection work. Reduced duplication of services

# Appendix B Acronyms

ACCO	Aboriginal Community Controlled Organisation
АССНО	Aboriginal Community Controlled Health Organisation
CARL	Child Abuse Report Line
CALD	Culturally and Linguistically Diverse
CFARN	Child and Family Assessment and Referral Network
CFSN	Child and Family Safety Network
CFSS	Child and Family Support System
CPS	Child Protection Services
DPC	Department for Child Protection
DfE	Department for Education
DHS	Department of Human Services
EIRD	Early Intervention Research Directorate
EYT	Early Years Team
HRI	High Risk Infant
MAPS	Multi Agency Protection Service
SAPOL	South Australian Police
SFS	Safer Family Services

# **Appendix C Glossary**

Aboriginal	The term Aboriginal is respectfully used to refer to all Aboriginal and Torres Strait Islander people throughout this document.
Cultural capability	Cultural capability is a preferred term over 'cultural competence'. Cultural capability does not suggest a competence in a culture other than one's own but rather sets a standard for the extent of one's ability to work from a cultural lens, incorporating the active practices of cultural awareness, cultural fitness and cultural humility, while actively implementing anti-racist practices.
Cultural fitness	A practice of applying oneself to the daily exercise of self-reflection, personal engagement, and active learning as they relate to reconciliation, cultural safety, white privilege, and valuing diversity.
Cultural humility	The reflective practice of acknowledging that the client is the expert in their own lives. This is done through the awareness of one's own values, beliefs and privilege while also being actively aware of other cultures historical realties such as legacies of violence, oppression, discrimination, and trauma. Those who practice cultural humility view their clients as capable and work to understand their worldview encouraging a self-based process of lifelong learning.
Cultural safety	Aims to directly address the effects of colonialism by focusing on the level of cultural safety felt by an individual when interacting with practitioners. Both an individual's identity and culture are considered, and cultural safety needs to be applied at both the individual, environmental and organisational level.
Information Sharing Guidelines	The Information Sharing Guidelines for Promoting Safety and Wellbeing (ISG) provide a mechanism for information sharing when it is believed a person is at risk of harm (from others or as a result of their own actions) and adverse outcomes can be expected unless appropriate services are provided.
Intergenerational trauma	A term commonly associated with traumas inflicted on members of the Stolen Generations, that is then passed down to future generations.
Practitioner	A practitioner is a worker who possess professional expertise, is skilled in the area of work and holds personal qualities that are suitable to the service delivery and clientele of the agency. The practitioner can undertake a variety of tasks within their duties, inclusive of undertaking information gathering, conducting comprehensive assessments, building relationships with families and support networks, developing robust case plans and working in.
Refer State Authority	Government departments and local councils are considered state authorities, as are any NGOs that receive funding from state or local government to provide services to young people and their families. 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. Child protection notifications screened in as warranting an urgent (24hr) response cannot be referred.
Self determination	Refers to the rights of Aboriginal and Torres Strait Islander communities to hold choice and decision-making powers that lead to the active determination of their own social, political, economic, and cultural interests.
Transgenerational trauma	Occurs when grief and loss from one generation is passed to future generations
Warm referral	A joint home visit between DCP and SFS practitioners within the context of SFS accepting a referral made by DCP to the SFS program area under the outcome of 'Refer State Authority' (under the Children and Young People [Safety] Act 2017 [SA])

Warm transition	Supporting a client to transition from SFS to another service provider by contacting an agency prior to the client. This can include the sharing of information between SFS, the client and the agency, a joint home visit(s) or meeting, to ensure that the agency has received all the information that they require in order to accept the referral and provide the client with the services they require.
White privilege	White privilege can be defined as the implicit societal advantages afforded to white people, characterised by racial inequality and injustice. The privileges of whiteness generally go unnoticed by those that benefit from this system. It is important to understand white privilege and identify these inherent advantages in order to reject them so that they do not continue to reinforce our present hierarchies.





