



Family Practitioner Service Model

Safer Family Services

November 2021



Government of
South Australia

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.

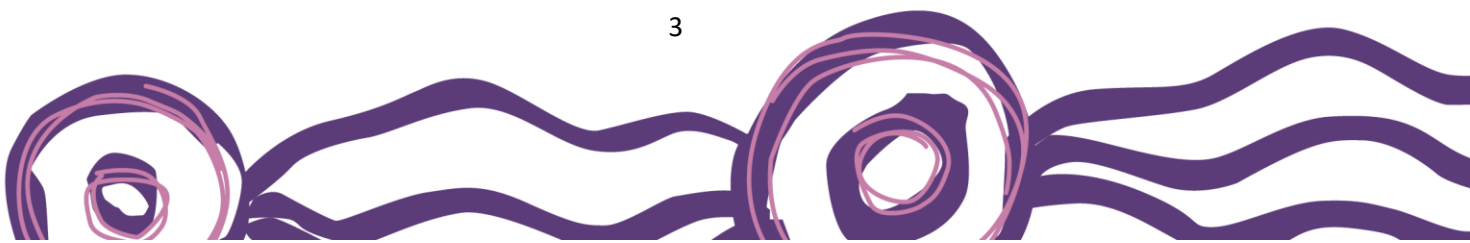
The artwork is used through DHS Child and Family Support System policy and practice resources. It incorporates the symbols representing the cultural lenses journey: allies walking alongside Aboriginal staff, families and communities, and meeting and learning places supporting Aboriginal best practice.

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 center and working from a culturally safe lens.





Introduction	4
Child and Family Support System.....	4
Family Practitioner Program	4
Vision	4
Guiding Values	5
Guiding Principles	5
Aboriginal Cultural Practice	6
Service Description.....	7
Service Objectives	7
Service Outcomes.....	8
Service Scope	10
Service Outputs.....	11
Partnership	12
Practice Approaches	13
Referral Processes	15
Appendix A – Family Practitioner Program Logic.....	17
Appendix B Acronyms.....	19
Appendix C Glossary.....	20





Introduction

This document provides an overview of the Family Practitioner 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.

Family Practitioner Program

The Family Practitioner is a program within Safer Family Services (SFS) which plays a critical role in the delivery of the CFSS. The Family Practitioner program provides direct services to families through the antenatal period, infants, and children up to six years of age, who are presenting with high-level risks and complexities. The Family Practitioner program works collaboratively with other SFS programs, Government and Non-Government Organisations, Aboriginal Community Controlled Organisations, and Aboriginal Community Controlled Health Organisations to improve the social, health, and wellbeing outcomes for infants, children, and young people in South Australia.

Vision

Children are safe and well at home, in family, community, and culture. They are connected to supports within their local regions that will enhance their development and strengthen the adult-child caregiving relationship.



Guiding Values

Family Practitioners are 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 right 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 Family Practitioners 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.

Family Practitioners are 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*.



Family Practitioners 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. Family Practitioners recognise the ongoing impact that colonisation, dispossession of land, and loss of culture has had on community. Family Practitioners are committed to developing an appropriate service response for Aboriginal children and families and sees culture as a protective factor.

Family Practitioners are 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

The Family Practitioner program focuses on supporting the early years of a child's life, by offering pre-statutory support and intervention which can commence any time through the antenatal period up until a child reaches six years of age.

The Family Practitioner program delivers a mixed model of service delivery which considers and responds to the needs of high-risk families and supports Children's Centres in their responses to child protection concerns. The Family Practitioner program will continue to provide consultation regarding child protection concerns and information to Children's Centres regarding external referral pathways.

The Family Practitioner program also support Children's Centres to identify high-risk child protection concerns and refer them to SFS programs for consideration of a case management response.

Family Practitioners will provide case management services through therapeutic engagement, to infants, children, and families who are presenting with high-level risks and complexities.

The Family Practitioner program operates across South Australia in both metropolitan and regional areas where DfE Children's Centre are located, or in surrounding suburbs.

Service Objectives

- Assertively engaging with children and families to provide high quality and appropriately tailored intervention 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 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;
 - are free from family violence, abuse and neglect, drug and alcohol abuse, physical, sexual or emotional abuse and harsh parental discipline;
 - 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;
 - are supported to 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:
 - are empowered to achieve personal capacity to affect change;
 - develop self-efficacy, self-advocacy, and capacity to make decisions.
 - 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:
 - see strength in their cultural, linguistic diversity, and spiritual well-being;
 - participate in cultural activities;
 - 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 such as the Youth Justice System
- 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

The Family Practitioner program will engage with families through the antenatal period, infants and children up to six years of age, who are presenting with a high level of risks and complexities, maintaining a focus on the reduction and mitigation of child protection risk and vulnerability.

The Family Practitioner program will undertake comprehensive assessments and case management engagement for families and seek to connect families to appropriate services in their community to address the child protection risks. The Family Practitioner program will support children to thrive within their families, connected to culture and community.

In scope	Out of scope
<p>Families from the antenatal period, infants and children up to six years of age where there are high risk child protection risks and concerns</p> <p>Siblings of the infants, children, and young people in scope</p> <p>Unborn child concerns assessed on a case by case basis</p> <p>Pregnant women who are identified as part of the major birthing hospital High Risk Infant case review meetings (e.g. Strengthening Links, Early Links, & Northern Links)</p> <p>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</p>	<p>Infants under the Guardianship of the Chief Executive, Department for Child Protection (DCP)</p> <p>The direct investigative process of child protection matters that require DCP, CPS and SAPOL criminal and forensic assessments.</p> <p>children and families whereby complexity and vulnerability exist in absence of child protection risks</p>

Regions

The Family Practitioner Program operates within the suburb where a Children’s Centre is located, and the surrounding suburbs.



Service Outputs

Service Domains

The Family Practitioner Program will deliver across the following service domains:

1. Working directly with Infants and children under the age of six 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

The Family Practitioner Program 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
- Recording case notes on case management system in a professional and timely manner



Partnership

SFS recognises that the skills, resources, and knowledge required to respond appropriately to the complex issues related to the care and protection of children are beyond the capacity of a single agency. The Family Practitioner Program works in partnership and engages proactively 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.

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 leads
- Community Development Coordinator Program
- Metropolitan Aboriginal Youth and Family Services (MAYFS)
- Multi Agency Protection Service (MAPS)
- Pathways Service
- Strong Start

External to SFS:

- Aboriginal Community Controlled Organisations (ACCOs)
- Aboriginal Community Controlled Health Organisations (ACCHOs)
- Department for Education
- Department for Child Protection (DCP)
- SA Health
- 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

Family 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 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 as a whole.

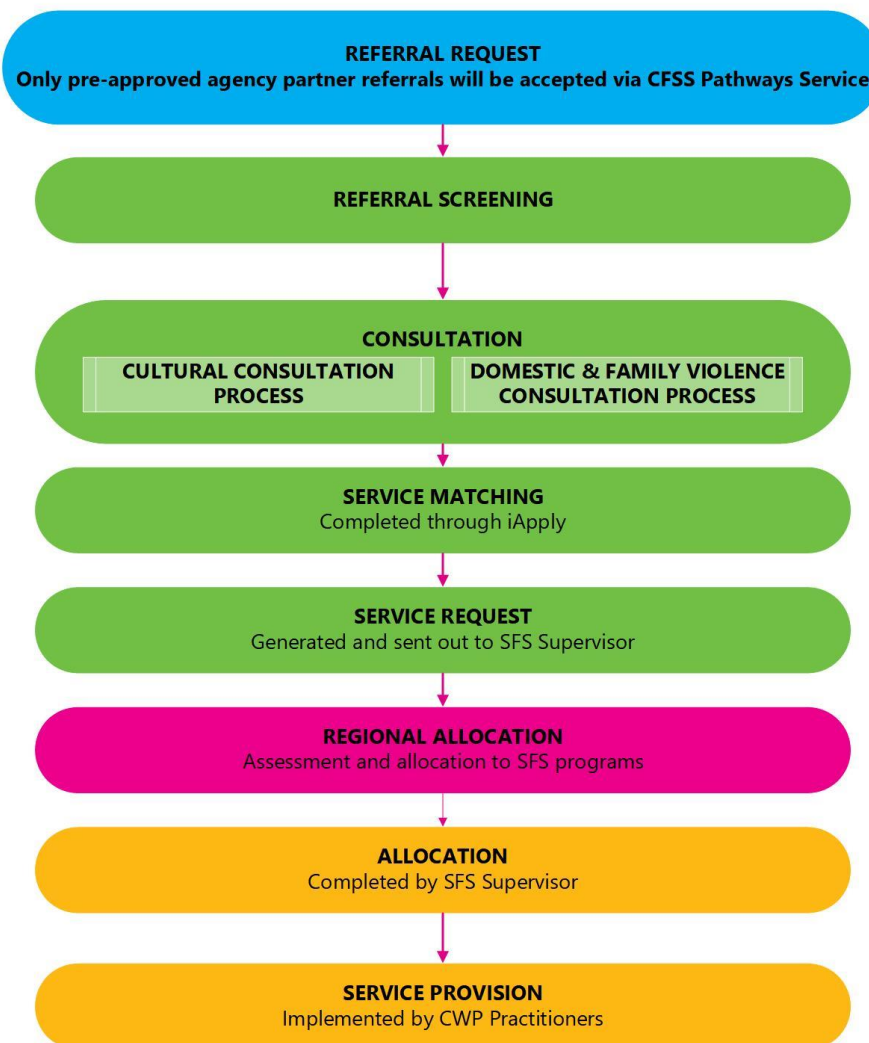
Solution focus: A future-focused, goal orientated approach to working with people that highlights the importance of searching for solutions rather than focusing on problems.

Referral Processes

Referrals come to Family Practitioner program via the CFSS Pathways Service only.

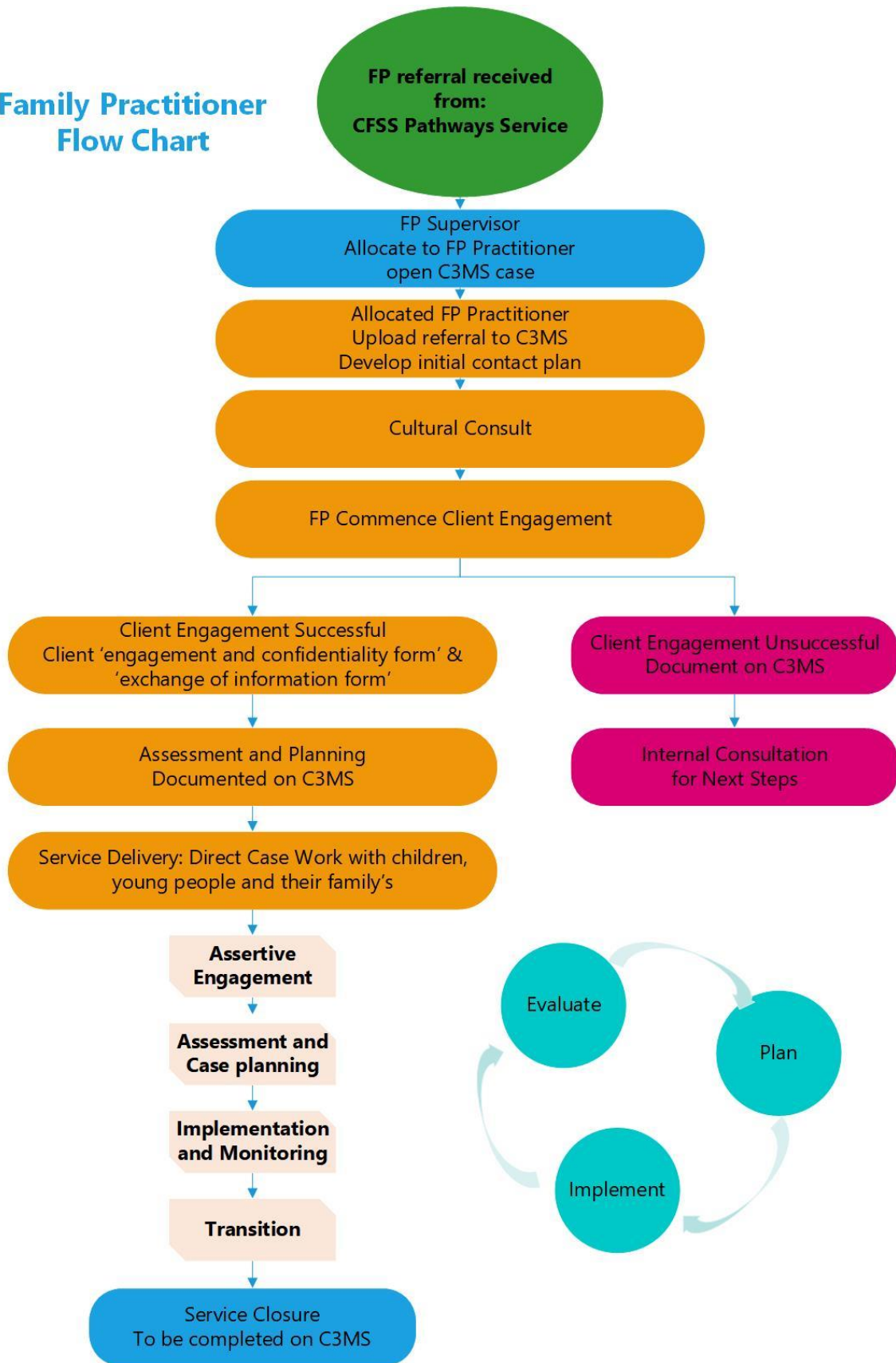
Current approved referrers include DCP, DfE, SA Health (Birthing Hospitals) and MAPS. These approved referrers will be reviewed as Safe and Well reform activities progress.

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



Referral/Allocation process within Family Practitioner program:

**Family Practitioner
Flow Chart**



Appendix A – Family Practitioner Program Logic

Family Practitioner Program Logic		
Inputs (resources)	Outputs	
<p>Staffing: 30 FTE across all sites 7 Supervisors (APH3) (this includes country supervisors who also manage other programs)</p> <p>Lived Experience: The Family Practitioner Program grows and develops by respecting the lived experiences of the vulnerable families that we support, that being their parenting experiences and their experiences of being parented. This includes the parenting needs of our LGBTQIA community</p> <p>Cultural: Aboriginal & CALD team members; Aboriginal, & CALD family and community members.</p> <p>Partners: DCP, ACCOs. Children’s Centres & schools, CaFHS, DCP, SAPOL, other SFS programs</p> <p>Networks: CFSN/LPG</p>	<p>Activities/processes</p> <p>Activities Needs assessment and review 1:1 work (children/families) Allocation to more appropriate service Warm referral to (voluntary/non-voluntary as needed with DCP) Support non-DCP workers to remain working with child/family Service matching via Pathways Team Cultural consultations Case management Case conferencing (with and without family) Home visits Advocacy, and advocate for DCP involvement (where relevant) Attend Network meetings (Child & Family Assessment Network) Attend appointments and consultations with families Develop and support community connections Consider the cultural needs and consult cultural authorities for Aboriginal or CALD referrals to ensure proposed interventions are culturally appropriate</p> <p>Practice approaches/processes – assertive engagement; reflective practice; clinical supervision; cultural supervision; group supervision (complex case-review); workload meetings; self-determination; relational case management Common Elements</p>	<p>Participation</p> <p>Eligibility: Pre-birth to children up to 6 years old (FP will support/allocate older siblings where risk is present)</p> <p>Target populations:</p> <ul style="list-style-type: none"> • Children in Aboriginal families with multiple and complex service needs • Children of young parents (mothers and fathers aged 25 years or younger at the time of their first child) • Infants (from conception to 2 years - first 1000 days) in families at high-risk • Children of parents with complex trauma histories. • Voluntary (compelled) and involuntary clients (families) <p>Child is the primary client – but much of the case work will focus on parenting needs and development Joint planning with family. Family-led decision making. Involvement with extended family/kin Invite participation in the case management process – Assessment/ case planning/ Case review etc. Family very much involved in what their goals and plans about achieving safety look like. Build voice of the child within the family context</p>



Family Practitioner Program Logic		
Outcomes		
Short (0-3 months)	Medium (3-6 months)	Long (6-12 months)
<p>Child/ren</p> <ul style="list-style-type: none"> Child/Family engage with worker/service Increased immediate safety of child [Indicators: (1) safety planning implemented (2) positive changes in behaviour can be tracked, documented and celebrated Basic needs met <p>Parenting/caregiver/family</p> <ul style="list-style-type: none"> Rapport established between child/ family and FP. Basic needs met Family has a clear understanding of the concerns and the role of the FP Increased knowledge (re importance of the first 1000 days, child/parent bonds) Recognition that some things are not as good as they could be Increased knowledge and or understanding re the impact of behaviour on child safety and development Parent is able to consider the child in its environment (e.g. immediate safety and drug use) Increased understanding of the role of a Family Practitioner Family is able to identify own strengths Family demonstrating ongoing progress towards goal attainment (safety) as identified in the case plan 	<p>Child/ren</p> <ul style="list-style-type: none"> Children demonstrate positive change through their voice and/or behaviour Increased safety of child <p>Parent/caregiver/family</p> <ul style="list-style-type: none"> Increased parenting confidence Increased engagement with other services/supports Shared (inter-agency_ understanding of purpose & intent of work) Other agencies follow through on intended actions Parents recognise the experience of the child Concerns are reducing & parents begin to drive more of the change FP & parents track and celebrate progress through case plan reviews Parents can articulate the impact of past behaviours and demonstrate an increased capacity to make safer parenting decisions. Able to identify and prioritise their children’s needs. Increased capacity to keep child/ren safe in context of strong and positive relations). Decreased anxiety of family Increased awareness of <ul style="list-style-type: none"> ○ concerns ○ behaviours 	<p>Child/ren</p> <p>Safe in the home</p> <p>Parent/caregiver/family</p> <ul style="list-style-type: none"> Improved support networks Family demonstrates ‘good enough parenting’ Demonstrates the capacity to provide safe care independently or with the support of family/alternative services Have understanding and insight into “warning signs” should they need support in the future Capacity to access community/family support early should they need it Able to hold the lens of a child in mind as they are making decisions about parenting and their household.
<p>System</p> <p>Increased trust (worker-client) Communication channels are open and positive</p>	<p>System</p> <p>Increased willingness of other agencies to engage with family Risk mitigation Increased safety has increased to the point where complimentary services are no longer reliant on our involvement resulting in reduced FP involvement or possible closure</p>	<p>System</p> <p>Risk mitigation FP program closes</p>





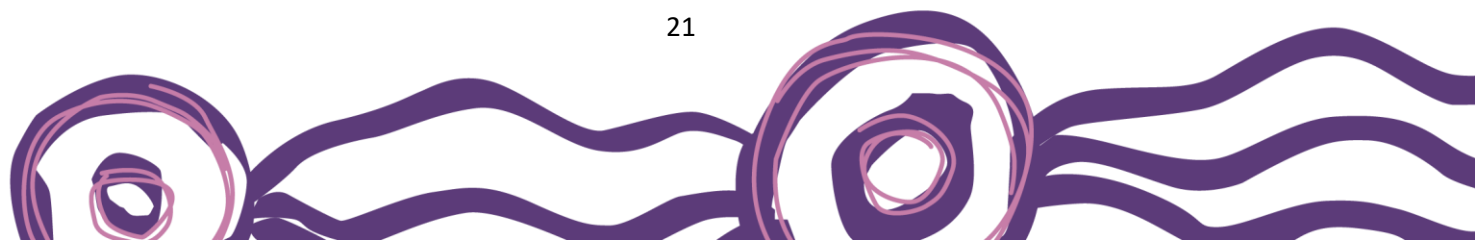
Appendix B Acronyms

ACCO	Aboriginal Community Controlled Organisation
ACCHO	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 realities 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.





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