



Child and Family Support System Safe Home Visiting: Practice Guide

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Acknowledgement

The Department of Human Services (DHS) recognises and respects the historical and cultural significance of Aboriginal and Torres Strait Islander peoples and communities. We acknowledge and value the diversity of these cultures and the contribution they make to enriching Australian society.

Overview

This Practice Guide outlines practical advice for Safer Family Services (SFS) practitioners to guide working safely with children and families in their homes. This includes guidance on preparing for a home visit, managing risks and responding to critical incidents in the home. Guidance is also provided about safely visiting children and families in other locations outside of the home, and for safely managing home visits when COVID-19 is a confirmed, probable or suspected case within the family.

Purpose

The family home is the primary service setting used by practitioners when working with children and their families to assess risk, plan for safety and provide intensive support. SFS work is aimed at ensuring children are safe within their homes and for the adults to develop (or consolidate) their capacity to care for and protect their children. Working with families in their own homes can create opportunities to:

- encourage children to be seen and heard within their homes
- enable practitioners to have insight into family dynamics, family strengths, safety concerns and the child's experience in the household
- support family members to understand risks within the home and address them within in the context of their family environment and support system
- encourage extended family members support in service delivery
- support families to develop practical skills and household routines that meet the needs of their children
- identify service needs and remove service system barriers for children and families in accessing support, in a non-threatening and informal setting.

Working with children and their families within the home can present challenges and risks to practitioners, such as:

- violence or threats from family members or other adults within the home at the time of the home visit
- exposure to hazardous substances or severe domestic squalor in the home
- presence of animals (unrestrained or potentially aggressive) and pest infestations

- exposure to infectious diseases (guidance about protocols for home visits to reduce the transmission of COVID-19 is included under Practice Strategies)
- working in spaces that may be confined, poorly ventilated, hot, cold, dark or noisy
- lack of safe entrances or exits to or from the home
- presence of multiple or unknown people in the home
- exposure to experiences that impact a practitioner's emotional and psychological wellbeing
- worker safety entering rural or remote properties.

Practitioners must take practical steps to prepare for home visits to maximise the benefits of working with children and their families in the home environment while considering personal safety.

Be mindful on initial visits that many families may be reluctant to have new workers or services in their home. A family may feel threatened, or fear that a practitioner within their home could result in a statutory child protection intervention. Developing a relationship that is based on openness and trust, requires practitioners to be persistent and patient. Initially this may necessitate using many different methods to connect with the family, such as visiting the home at various times and on multiple occasions, making phone calls, sending text messages and letters or leaving notes (if this is safe to do so and the main language spoken, or literacy levels of the adults within the home allow this).

Once contact with the child and family is made, a practitioner may meet with family members at alternative settings, such as the child's school if this is where the child feels safe and comfortable. If meeting in a community setting, be mindful of any risks to child or family members not engaging, due to fears about confidentiality.

Cultural Considerations

Aboriginal children and families

Aboriginal and Torres Strait Islander families may have a fear or mistrust of having a new worker or service in their home. This fear and mistrust could stem from both historical and ongoing impact of colonisation, dispossession, genocide, forced removal policies (Stolen Generations) and practices such as segregation and assimilation. The resulting intergenerational trauma, racism and colonisation continues to impact Aboriginal individuals, families, and communities.

Having some knowledge of the underlying causes of presenting issues and the family, community and cultural context will assist practitioners in making an approach to the family. Practitioners will be mindful of community connections and the potential for harm if consulting across Aboriginal kinship systems and organisations broadly, without consent. The first step is to ask the family “who it is that we need to talk with, in order to understand their community networks.” Undertaking these consultations and adhering to recommendations, ensures self-determination and Aboriginal Family Led Decision Making is valued.

When working with Aboriginal children and their families it is important to understand that cultural safety may need to be established and a relationship formed before home visits can occur. In the first instance, this may look like:

- a level of trust needing to be established with a family before they feel comfortable to invite a practitioner into their home due to prior experiences with ‘welfare.’ In these cases, a home visit may take place on the front verandah until this trust has been developed.
- being respectful and seeking permission to enter a family’s home or rooms within the home, allowing family to have control over their space and their privacy
- being flexible and initially meeting the family in different locations where the family feel comfortable. This may be on country, at a local park (be open about confidentiality in public spaces) or at the house of a cultural authority/decision maker.

Effective communication is essential to building and developing a relationship of mutual trust with Aboriginal and Torres Strait Islander families and communities¹. When speaking with an Aboriginal person whose first language is not English, seek

¹ Secretariat of National Aboriginal and Islander Child Care (2010). *Working and walking together: supporting family relationship services to work with Aboriginal and Torres Strait Islander families and organisations*, page 59

advice about appropriate communication protocols and use of interpreters to ensure that language barriers do not compromise the quality of service. Do not use children and young people as interpreters. Keep in mind Aboriginal ways of communication when conducting home visits.

Maintaining respectful ways of relating and an awareness of power imbalances in the relationship with the child and family and creating cultural safety is critical to success.

Culturally and Linguistically Diverse children and families

When working with culturally and linguistically diverse clients, refugees and new arrivals, it is important that practitioners understand how the migration experience and settlement process may impact on their engagement with services.

Consideration should also be given to culturally appropriate practice. This includes understanding religious traditions and practices to be considered in determining when and where visits are held. In addition, an understanding of respectful engagement for culturally and linguistically diverse families, inclusive of gender appropriate discussion and where and who can participate in discussions (such as family decision makers) will need to be a factor in engaging with families.

While it is important to acknowledge and be respectful of cultural beliefs when working in a pre-child protection space, it is imperative to provide information to the adults/ carers about why it is necessary to speak to children about risks and safety. Seeking and implementing cultural advice on the best approach will help to build rapport.

Some families may not feel comfortable having practitioners working in their home. This may be caused by:

- a fear or suspicion of authorities and government officials based on pre or post migration experiences
- a reluctance to seek support because of the stigma associated with seeking help from outside of the family/community group
- a fear of jeopardising a family member's residency status in Australia
- a previous experience of culturally insensitive interventions by professionals
- cultural differences around power and gender.

Before arranging a home visit, consultation should occur with cultural consultants, workers or other organisations who have worked effectively with the family to gain knowledge of the context in which child safety concerns are raised and to help guide the approach to arranging a home visit. This is important to ensure that any cultural protocols are observed while working with the family in their home. Where possible a

worker from the community or someone with cultural authority should accompany workers on home visits, particularly in the initial stages of engagement.

Effective communication recognises that different approaches and strategies may be required, as well as sensitivity to the role of both verbal and non-verbal cues, to communicate successfully with families.

If English is not a parent/carer's first language, a practitioner may need an interpreter to ensure that there is clarity in all discussions, that the child and family's wishes are heard and understood and that intervention processes are made clear. Careful selection of interpreters is important to uphold client confidentiality. Due to strong linkages in culturally and linguistically diverse communities in South Australia, some local interpreters may be from the family's local community or from within their own family. This may result in reprisal from their community. Tele-interpreters could be utilised in these circumstances.

It is critical that children within the family are not used for interpreting purposes.

It is important to ask the client if they would prefer a practitioner who is of the same cultural background as themselves (if the service has a worker from that background). Their choice should not be assumed, based on their cultural background.²

² Sawrikar, P., & Katz, I. (2008).

Responsibilities

Managers, Supervisors and Senior Staff are responsible for:

- supporting staff to undertake safe home visits and observe safe work practices
- providing direction on days of catastrophic bushfire alerts and CFS advice
More about Fire Danger ratings - CFS www.cfs.sa.gov.au/bans-and-ratings/more-about-fire-danger-ratings/
- supporting staff to explore workable solutions to ensure safety whilst continuing service provision
- providing local level access to practice guides and resources to facilitate safe home visiting and case management practice
- providing case consultations when concerns are raised about the safety of conducting a home visit
- ensuring cultural consultations are available and utilised by all staff to ensure that cultural protocols are observed
- reporting any critical client incidents consistent with the DHS Managing Critical Client Incidents Policy and Guidelines
- ensuring staff are aware of their obligations to report workplace incidents on **Gov SAfety** and ensuring access to training on **Gov SAfety training resources** via DHS intranet.
- ensuring clinical governance processes that support delivery of high-quality case management practice, build cultural fitness, responsiveness and cultural humility in practice.

Practitioners are responsible for:

- documenting home visiting schedule in shared office calendar and notifying of visit
- consulting with direct line supervisor as to an 'alert' being added on C3MS regarding threats to staff or safety concerns
- participating in cultural consultations to support engagement with families in ways that are appropriate and respectful of culture
- reporting any critical client incidents to line supervisor, and completion of a Gov SAfety report
- working collaboratively with the child and family, team members and partner service agencies to identify ways to support safe home visiting for all

Practice Strategies

Arranging the home visit

Assess risk and prepare for the visit

To prepare for the home visit:

- **Review all available information and assess risk.** Thoroughly review the referral and any additional background information about the family. Be clear of home visit purpose and what needs to be achieved and whether any additional information is required before the visit. Consider any worker safety issues identified in the Pathway's referral form and C3MS and assess whether there are any risks involved with undertaking a home visit, such as:
 - the family's history (including the presence of violence within the home or history drug, alcohol, or other substance misuse, known affiliations with criminal or other unsafe activities)
 - Who is present (or likely to be) within the home
 - whether there are any known major behavioural issues for the child or parent/family member
 - Consider external factors such as catastrophic weather or bushfire warnings (Is it safe for the child to hold off the visit? If not, what options can be explored?).

Any alerts on C3MS, or uncertainty about the level of risk within the home, consult with line supervisor prior to the visit.

The suitability of home visiting will be assessed on an ongoing basis. If the situation changes or added information requires a new assessment on worker safety to attend the home.

- **Consider the child and family's cultural background.** Does the child identify with a culture, how is this known? Be sensitive to the family's cultural background and consult with relevant cultural experts (or other service providers that have worked with the family) to understand what cultural protocols are followed by the family so they can be observed when working with the family in their home.
- **Arrange a joint home visit.** Within SFS all initial home visits during the initial assessment and engagement stage, must be conducted with another SFS colleague. When meeting a family for the first time, arranging a joint home visit with a service provider known to the family, or the referrer to SFS will assist in engagement. If the situation is known to be unsafe and it is assessed that the risk is high, a joint home visit may need to be negotiated with SAPOL or DCP. A joint visit with DCP or SAPOL must be approved by the line supervisor prior to contacting either agency.
- **If safe for the child - schedule the home visit (including travel time) during business hours (9am-5pm).** Make appointments in advance and at suitable times for the child and family where possible. Home visits should not be scheduled outside of business hours or take place on the

	<p>way to or from work without approval of a supervisor. Engaging with the child, afterschool or at school, should be considered.</p> <ul style="list-style-type: none"> • Consider an alternative meeting place. If it is assessed that the risk is too high to undertake a home visit, consider what alternatives can be put into place. If unable to visit the home due to the risks, what does this mean for the child and other vulnerable members of the family living with that risk in their home? Consult with line supervisor regarding alternative plans to engage and respond to any risks or dangers that arise. • If appropriate, contact the family before you visit. While this is courteous for carers and adults in the home, be mindful that the purpose of the visit is to address child safety concerns, so delaying appointments or rescheduling should be considered only if this does not compromise the child's safety and needs. If there is DV present in the home, contacting the family prior may increase the risk to the non-offending adult and the children within the home. • If appropriate to contact the family before you visit, identify if any family members are a confirmed, probable or suspected case of COVID-19. Follow steps outlined in the practice strategy section: COVID-19 protocols for safe home visiting.
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Monitoring staff movements at home visits

<p>Checking out and checking in</p>	<p>To ensure that your team is aware of your home visiting schedule and can act if you do not report back after a visit, you should:</p> <ul style="list-style-type: none"> • Record details of the home visit in a shared work email calendar. This should record the client's name, the address of the home being visited and clearly list all travel time (to and from visits). Calendars should be shared with all team members and supervisors to ensure details can be viewed if additional support is required. Teams may also find it useful to record details of home visits on a shared office whiteboard or MS Teams site (this can be helpful if there are technical problems with the online system). • Notify your team of any delay in your return: If the visit has gone longer than expected or you are not going to be returning to the office after the visit, let your team know as soon as it is practicable. <p>If a practitioner does not report back to the office after a visit, a supervisor should:</p> <ul style="list-style-type: none"> • Attempt to contact the practitioner. If a practitioner does not make contact with their supervisor (or alternative contact) within 20 minutes of the intended return to the office, the supervisor will attempt to contact the practitioner. If unsuccessful, the supervisor will attempt again in 10 minutes.
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Monitoring staff movements at home visits

	<ul style="list-style-type: none"> • Explore other options to verify the practitioner’s safety. If still unsuccessful, organise a SAPOL welfare check immediately. The response needs to reflect the level of risk that has been identified.
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Attending the home visit

Wear appropriate clothing and carry personal items	<ul style="list-style-type: none"> • Wear appropriate attire. Choose appropriate clothing and footwear (flat/fully closed/non-slip) that maintains safety and movement. Be sensitive to the family’s cultural protocols observed by the family and consider culturally appropriate clothing and protocols that should be observed while working with the family in their home. SFS staff must not remove shoes while in the family home. SFS staff must have ID badge with you on home visits. If requested by child/ family, please display ID badge to prove identity. • Carry a well charged mobile phone at all times. Ensure the mobile phone is programmed with a list of emergency numbers, including your supervisor and at least one other worker in your team, the Child Abuse Report Line (131 478), Emergency Services (000) and Police Assistance (131 444). • SFS staff must wear a surgical mask during home visits if social distancing is not possible.
Getting there – transport safety	<ul style="list-style-type: none"> • Use a SFS Government vehicle. The SFS government vehicle has sufficient petrol, First Aid equipment, fire blankets, water and PPE. Ensure all personal equipment and belongings are stored securely in the vehicle boot or out of plain sight. • Park vehicle on the street so that an easy exit is available: Do not park in a driveway and turn your vehicle to face the exit on your arrival.
Upon arrival at a client home visit	<ul style="list-style-type: none"> • Be aware of surroundings when approaching the home. When visiting a family’s home for the first time, or when a family is known/suspected of living in an unsafe environment: <ul style="list-style-type: none"> ○ observe the home and surrounding area before entering (be aware of dogs and listen for angry voices) ○ stand to one side of front door before knocking or ringing the doorbell ○ clearly state your name and the reason for visiting ○ only enter if the adult/ carer comes to the front door and invites you inside (do not respond to a child inviting you in, or a call such as ‘come in, it’s open’ unless you know that the client is unable to come to the door due to physical limitations). Thank the child and

Attending the home visit

	<p>ask them to let the parent/ carer/ adult in the home know that you are there.</p> <ul style="list-style-type: none"> ○ prior to entering the home ask who is in the home today. If known perpetrators or unknown persons are in the home, encourage the meeting be held on the front verandah - this is particularly important during COVID restrictions, or when you are feeling unsafe with entering the home. ○ do not enter the house if you can hear physical fighting, observe or suspect there are risks to your safety from household members' intoxication, or feel threatened or are uncomfortable about approaching a house for any other reason. If there is concern for the welfare of a child or family member, immediately contact the police and/or ambulance. Contact your supervisor once you have sought support for the child and family and safely can do so.
<p>During a home visit</p>	<ul style="list-style-type: none"> • Take precautions during the home visit. <ul style="list-style-type: none"> ○ recognise that families may be fearful of judgements about their home and family. ○ be aware of house layout and exit routes. ○ be aware of the presence of others, before entering a home ask if other people at home. ○ request that any (obviously aggressive) pets/animals be outside and/or restrained. ○ keep keys and mobile phone close and available at all times ○ try to position yourself in an area that is easily accessible to the exit. ○ be alert to signs of risk. Look for, and be aware of, the location of potentially dangerous objects (such as guns, knives, ornamental swords, makeshift weapons, items that could be used to inflict harm etc). Refer to '<u>Do not proceed with the visit if there is any signal of potential danger</u>' for guidance about terminating the visit. Noting that guns within the sight and reach of children should be considered in terms of risks to the child and are notifiable to CARL. ○ adopt standard precautions for preventing and controlling infections. Refer to practice guidance below about protocols and recommendations for home visits to reduce the transmission of COVID-19. ○ If an adult/ carer/ parent is smoking during the home visit, request to hold the home visit outdoors or ask if they could refrain during

Attending the home visit

	<p>your home visit or consider asking if doors/windows can be opened.</p> <ul style="list-style-type: none"> • Do not proceed with the visit if there is any signal of potential danger. If at any time there is any indication that safety may be compromised or there is danger present, terminate the visit. Take the following action: <ul style="list-style-type: none"> ○ cease the visit and leave immediately. ○ return to the car, lock the vehicle doors and drive to a safe location. ○ contact the supervisor, or if urgent call the police and then the supervisor, to inform them of the situation and to seek assistance. ○ Practitioners should plan with the supervisor if it is likely that they may be unable to leave the premises, and it is not safe to state the situation over the phone. The Supervisor will contact the police. Alternatively call the police first if you are on your own. • If you are followed leaving a home visit, contact police immediately.
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Managing an incident at a home visit

<p>Take action to manage an incident</p>	<ul style="list-style-type: none"> • Take measures to minimise any adverse impact. When an incident or near miss occurs, SFS practitioners must take all necessary and measures to minimise any adverse impact upon themselves and the children or family members at the home being visited. • Ensure there is no longer any danger present. If there is concern for the safety of a child or family member, immediately contact the police and/or ambulance and then your supervisor. • Seek medical treatment for yourself or anyone else if required. • Request a debriefing and support if required. • Report incidents. All incidents that occur during a home visit must be reported to your supervisor within 24 hours of the incident. SFS must report incidents on Gov SAfety and record an alert on C3MS. In the event of a critical incident, the critical incidents procedure must be complied with. This may include: <ul style="list-style-type: none"> ○ Reporting an alleged offence to South Australian Police (SAPOL). ○ Reporting suspected abuse or neglect of a child to the Child Abuse Report Line (CARL). ○ Reporting incidents on DHS Gov SAfety system. ○ Sharing information in accordance with the Information Sharing Guidelines for Promoting Safety and Wellbeing.
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Managing an incident at a home visit

	<ul style="list-style-type: none"> ○ Reporting notifiable work-related injuries, fatalities, or dangerous occurrence to SafeWork SA. ○ Reporting all coronial matters consistent with legislation and the DHS Coronial Policy. ○ Reporting to the Health and Community Services Complaints Commissioner (HCSCC).
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COVID-19 protocols for safe home visiting

<p>Assessment of risk for home visiting</p>	<ul style="list-style-type: none"> ● Where appropriate, call ahead to undertake a risk assessment, including to identify if the client/the client's family is/are a confirmed, probable, or suspected case of COVID-19. If unsure, ask screening questions: <ul style="list-style-type: none"> ○ Have you had a positive COVID-19 test result? ○ Are you a close contact of a confirmed case of COVID-19? ○ Do you have a fever or respiratory symptoms, such as a cough, sore throat, or shortness of breath? ● If the answer is 'yes' to having respiratory symptoms AND to any of the other questions: <ul style="list-style-type: none"> ○ Advise client to contact a medical practitioner (usually their GP) or the National Coronavirus Hotline (1800 020 080) and seek testing. ○ It is recommended to postpone the home visit or deliver your service electronically. ○ If the face-to-face visit is deemed critical and unavoidable, a short home visit (less than 15 minutes) can be completed by an employee equipped with full personal protective equipment (PPE) - N95 mask (or an authorised SA Health alternative), safety glasses and gloves. ○ Advice on the correct usage of PPE is available separately. ● If the answer is 'no' to all the above, you can undertake a home visit. <ul style="list-style-type: none"> ○ The use of a surgical mask is still required for all home visits if social distancing is not possible, unless full PPE is required. ● During home visits: <ul style="list-style-type: none"> ○ Minimise physical contact. ○ Maintain a minimum distance of 1.5 metres and ensure a density of no more than 1 person per 2 square metres where possible.
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COVID-19 protocols for safe home visiting

	<ul style="list-style-type: none"> ○ Practice universal precautions and infection control procedures; observe general advice on physical distancing and hygiene. ○ Offer the clients a surgical mask to use
Priority Access for essential appointments	<p>There may be times that due to COVID-19 SFS is required to operate under priority access for essential appointments. Decisions about the need to conduct a home or centre visit is at the service provider discretion in line with business continuity plans and health authorities' general advice.</p> <p>It is recommended that priority access for essential appointments is given to:</p> <ul style="list-style-type: none"> ● Young infants and new parents at key ages and stages ● Aboriginal parents, infants, and children ● Anyone with additional needs or complexity
Workers with confirmed, probable or suspected COVID-19	<p>Home visits should not be undertaken by workers with confirmed, probable or suspected COVID-19. Workers should be tested if any of the below apply:</p> <ul style="list-style-type: none"> ● Any possible symptoms of COVID-19 (fever or respiratory, even if very mild). ● Close contact with a confirmed case of COVID-19 during their infectious period.

Transport of clients

Prior to transport	<ul style="list-style-type: none"> ● If transport is required, identify if client(s) has/have any possible COVID-19 symptoms or risk factors, e.g.: <ul style="list-style-type: none"> ○ Fever or chills. ○ Respiratory symptoms (shortness of breath, cough, sore throat, etc). ○ Is a close contact of a confirmed case of COVID-19. ○ Has returned a positive COVID-19 test. ● If the answer is 'YES' to any of these questions and client(s) need(s) non-emergency transport to hospital, request transport by ambulance by calling 1300 13 62 72. ● If the answer is 'NO' to these questions, transport can be provided or arranged through regular processes while following the precautionary measures described in this protocol.
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Transport of clients

	<ul style="list-style-type: none"> ○ To reduce risk and allow for physical distancing, consider the feasibility of transporting clients separately rather than together in one vehicle.
<p>Safety measures during transport</p>	<ul style="list-style-type: none"> • Surgical masks must be worn during transport of clients. • Ensure that the vehicle(s) and associated item(s) have been cleaned thoroughly. <ul style="list-style-type: none"> ○ Keys, fuel cards, child restraints and similar items (if any) should be cleaned with detergent, or disinfectant or 70% alcohol wipes. ○ Alcohol-based hand sanitiser, or wipes (disinfectant or 70% alcohol) should be made available within the vehicle. ○ Clients being transported should be offered the use of personal protective equipment (PPE). ○ Ensure closed bins are available in vehicles to enable the hygienic disposal of waste, e.g. used tissues, wipes etc, immediately after use. • Additional precautionary measures may include: <ul style="list-style-type: none"> ○ Ensure physical distancing requirements (maintaining 1.5 metres distance between people) are observed as much as possible. <ul style="list-style-type: none"> ▪ with only 2 people involved, this may mean sitting in the back on the opposite side of the car from the driver ▪ with more people involved, consideration may be given to using a larger vehicle to better allow for physical distancing ▪ the density requirement (1 person per 2 square metres) does not apply. ○ Avoid touching client(s) and their possessions. Use hand sanitiser or wipes regularly, including after opening and closing doors, disposing of rubbish, and accidental personal contact. ○ Ensure air conditioning is set to external airflow rather than to recirculation. Alternatively, you may choose to have the vehicle's windows open (where appropriate, not detrimental to health and wellbeing, and where this does not pose any risk).

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