



Child and Family Support System

Common Elements Module: Enhancing Family Functioning and Safety

Practice Guide: Increasing Safety Through Conversations





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Acknowledgment of Country

We respectfully acknowledge Aboriginal and Torres Strait Islander peoples as the traditional owners and occupants of lands and waters of this country, whose practices and dreaming are still living through Elder's past, present and emerging.

Further, we acknowledge that the spiritual, social, cultural, and economic practices of Aboriginal and Torres Strait Islander peoples come from connection and maintenance of lands, waters, values, heritage beliefs, languages and lore which are of ongoing importance. From the past, in the present, into the future, forever.

We acknowledge the impact of historical policies that were harmful and have contributed to intergenerational trauma. This includes policies and practices of colonisation that have had a profound impact on Aboriginal and Torres Strait Islander people's connection to country, culture, and one another.

We aim to continue to apply a cultural lens when we work together to promote a cultural evidence base that centres around self-determination, choice, and a healing approach, through Aboriginal ways of knowing, being and doing. All while valuing Aboriginal and Torres Strait Islander people as strong, resilient people, and decision makers in their own lives.



“The Aboriginal Cultural Lenses of Practice” Artist Sasha Houthuysen

The Artwork

The artwork was created as a visual statement piece by Sasha 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, 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 Safer Family Services 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 throughout the department's 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 digitise 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.



About this document

The South Australian government is committed to creating a cohesive Child and Family Support System (CFSS).

One in three children born in South Australian (SA) are reported to the Department for Child Protection by age 10. Most of those children's families have multiple and complex needs. Children and young people who are removed from their families and placed in care experience trauma that can continue to impact on their health and wellbeing throughout their lives and across generations. For Aboriginal families and communities, the intergenerational trauma from Stolen Generations and children being forcefully taken from their communities and culture both adds and gives context to the complexities.

The CFSS is committed to ensuring Aboriginal children remain front and centre and highly visible in our work with families and communities. The CFSS commits to understanding and valuing Aboriginal Cultural strengths, enabling self-determination and being honest about the truth of our shared histories, the hurts, the strengths, and the healing. It is only by carrying out these actions and being true and active allies, we will see change.

The “Roadmap for Reforming the Child and Family Support System (CFSS) 2021–2023” outlines the steps that the South Australian government (Department of Human Services) is taking to strengthen the CFSS workforce to intervene early, build positive relationships with families, improve family wellbeing, and avert the need for greater engagement with the child protection system.

The *Common Elements* is one strategy adopted to enhance the CFSS workforce.

The *Common Elements* are evidence-informed approaches to aspects of clinical practice (the ‘common elements’ of programs / interventions known to be effective and supported by evidence from multiple sources) presented as practice guides and designed to be used flexibly in response to families’ needs.

The *Common Elements* approach is being implemented by DHS in partnership with the Centre for Evidence and Implementation (CEI). CEI is a global, not-for-profit organisation dedicated to using the best evidence in practice and policy to improve the lives of children, families, and communities facing adversity. Once embedded in the CFSS workforce, the *Common Elements* will build greater consistency for families engaging in the CFSS, add to the pre-existing skills of CFSS practitioners, enhance evidence-based practice and quality clinical supervision and mentoring.

Each practice guide is comprised of an overview of the practice and its purpose, cultural considerations, key capabilities, practice strategies, outcomes, and practice points. It should be a practitioner’s go-to resource, in addition to training and coaching, for delivering these practices with fidelity.

In this document, 'Aboriginal' respectfully refers to both Aboriginal and Torres Strait Islander people, acknowledging that we work in the context of Aboriginal lands and community.



Practitioner note specific to domestic and family violence

This area of work is complex, and we need to ensure our practice does not increase risk for children and families.

It is imperative that any conversation about unsafe behaviour in a family unit must recognise the interplay of complex and multiple difficulties such as mental health issues, substance abuse issues and domestic and family violence (DFV) and the elevated risk this can present.

The prevalence of these risk factors, particularly DFV, in the South Australian CFSS population is high. The safety of children in the context of DFV and unsafe behaviour must always be paramount.

Every care must be taken to ensure no-one in the family unit is placed at greater risk by any intervention. Practitioners must remain alert to power imbalances that may exist within the family and the manipulation and coercive control used by people who use violence and unsafe behaviour. In all cases, careful planning needs to occur prior to contacting a family and should be guided by your agency specific procedures and policies.

If during conversations with families about safety, the risk to children is not able to be mitigated, practitioners must elevate their concerns for children via their internal line management to further assess current child safety. This may include completion of the South Australian Government Domestic Violence Risk Assessment Form which may identify the need to refer the family to a local Family Safety Meeting and following agency procedures specific to responding to DFV

Working with people who perpetrate violence and abuse within relationships may require support of a specialist skill set and it may be necessary to collaborate with a specialist domestic violence service.

Responses should always privilege the safety of the individual/s subjected to the violence and abuse. Safety encompasses all aspects of a person's wellbeing. Safety and wellbeing are personal and may mean different things to different people. What is important for one person may not be important for another.



Overview

This *Common Elements* practice guide provides specific guidance and examples of ways in which increasing safety through conversations can occur.

These conversations can increase understanding of unsafe behaviours and support families in taking actions to mitigate risk. This *Common Elements* practice guide is to be used in conjunction with your agency specific Safety Plan practice guidance and safety planning documentation.

A safety plan will generally specify harm reduction behaviours that are to be maintained over a short period of time to mitigate risks of unsafe behaviour. A broader case management support plan can then be developed in partnership with the family or individuals, to create sustainable solutions.

This *Common Elements* practice guide can be used with parents, caregivers, and kinship relations and with children where developmentally appropriate.

Practitioners will assist the family or individuals to understand previous incidents, identify triggers (things that must happen for the behaviour to start) and utilise knowledge of past unsafe behaviour. The process of having this conversation values the family or individuals' knowledge about their situation, encourages their strengths, and reinforces their autonomy, voice, and choice to make informed decisions about their and their children's immediate safety and to minimise exposure to possible harm.

SAFETY

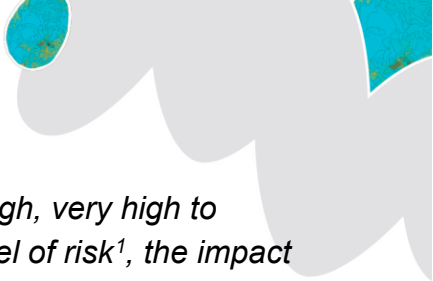
Safety is unique to each child, young person or family. The CFSS recognises safety as more than the absence of harm and exposure to risks.

Safety encompasses strengths and protective factors. These factors can be drawn from and worked towards to create physical, psychological, emotional, sexual, environmental, cultural and spiritual safety.

The CFSS is committed to keeping children and young people safe and well at home, with a sense of belonging and identity in family, community and in culture.

RISK

Risk is the exposure or likelihood of exposure to harmful behaviours, environments or systems. These factors compromise the safety, wellbeing and/or development of a child, young person or family. Practitioners work with and within the risk; taking supportive, pre-emptive, and family-led actions to reduce risk and promote protective factors.



Risk is dynamic and assessed along a continuum from low, medium, high, very high to extreme, dependent on the likelihood of harm. When assessing the level of risk¹, the impact of cumulative harm is considered. Cumulative harm to a child or young person can be profound and reduces a child's sense of and access to safety, stability, and wellbeing.

Practitioners can only understand what safety means for an individual through asking questions that enable them to share what is important to their wellbeing, or the wellbeing of their children.

Seeking to understand what safety and wellbeing means to the individual, positions them as the expert in their own life. It enables a sense of autonomy in a context where the actions of the person using violent or unsafe behaviour, is limiting their choices.

Purpose

The purpose of *Increasing Safety Through Conversations* is to reduce the risk of current and future unsafe behaviour and to minimise potential harm to the family.

The practitioner conducts a conversation with relevant family members and/or individuals to obtain a detailed understanding of what leads to and sustains unsafe behaviours, using a recent example. They support the family to generate and document ideas for actions that could be applied in future unsafe incidents, to help reduce the risk of harm.

This process of enquiry enables individuals to find their voice and the practitioner supports them to build awareness of and reflect upon what risk and safety looks like to them. The practitioner supports the individual to see themselves as expert in their own lives and gain a greater understanding of where short- and long-term changes can be made, to keep children and families safe and well at home and in community.

Conversations about increasing safety are ongoing and will need to be revisited in accordance with the family's changing needs and priorities. Consequently, safety plans should be monitored and revised throughout the service delivery period to ensure they remain contextually relevant and applicable.

Typically, engaging in a conversation about safety **should** be used when:

- There has been a recent unsafe incident in the family that has increased the risk and safety concerns.

¹ see CFSS Risk Rating Table in Appendix 1

- The behaviour has been assessed to be unsafe, warranting a deeper exploration into the unsafe behaviour.
- The family or individual family members are concerned about unsafe behaviour in their home.

Safety plans are to be revised in response to changing family needs and priorities (in accordance with your organisation's safety planning process).

Increasing Safety Through Conversations:

- Enhances practitioners' foundational skills to have a conversation with a family/individual about unsafe behaviours.
- Sits amongst a suite of other evidence-based interventions for addressing unsafe behaviour.
- Using the techniques in the *Increasing Safety Through Conversations* practice guide aims to enhance practitioners' skills to have conversations with families around risk and safety planning that can be incorporated into agency-specific safety planning documentation.
- Supports families and practitioners to understand unsafe behaviours occurring, and ways in which risk can be mitigated.

Allyship Accountability


Applying an Aboriginal Cultural Lens

A cultural lens is the consideration and application of how we perceive our environment based on knowledge, values, attitudes, and the traditions of the group with which we most identify. Applying an Aboriginal and Torres Strait Islander cultural lens means stepping back and considering one's own identity, values, stereotypes and how one's own background influences these perspectives.

We acknowledge culture as a safety and protective factor. Aboriginal ways of knowing, being and doing centre largely on the value placed on conversations in an oral narrative coupled with enabling, amplifying, and deeply listening to Aboriginal voices across all levels of the kinship system.

In the application of this knowledge, practitioners will need to identify cultural authorities and decision makers that may need to be involved in conversations around safety, support and implementation. Seeking guidance from Aboriginal co-workers or a cultural authority who knows/works with the family may also be helpful to assist in this process. In some Aboriginal families the responsibility for child safety may be shared across extended family members and community.





Aboriginal family-led decision making is critically important when working with Aboriginal families, as this assists practitioners to build partnerships with families, identify areas of concern and support the responsibility of ensuring the safety of children and young people.

Practitioners who focus on a relationship-based practice approach have a greater chance of building culturally responsive relationships with Aboriginal families. Particularly, assisting with the process of facilitating 'hard conversations' because there is a relationship to fall back on.

It is important to understand that some families may be open and engage well at an initial meeting whilst other families may take some time before they are ready to engage, if at all. This does not negate the importance of continuing to engage to support the safety and wellbeing of children, families, and communities. Awareness and application of the cultural lens and consultation is vital.

Practitioners also need to understand that culture and connection to culture is a safety and protective factor and will be different for every Aboriginal family. It is vital to understand the individual's narrative and identity.

Conversations to best understand and support the family from a culturally responsive and trauma informed lens can include considerations of:

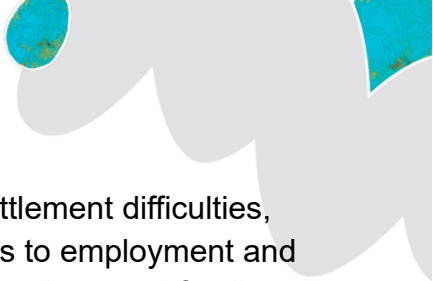
- Traumatic impacts of invasion, colonisation, dispossession of land and loss of culture
- Stolen Generations, displacement and/or intergenerational removals
- Living off country and ways in which the family do/do not identify with, participate in, and engage with community, kinship, lore and culture.

This lens needs to be considered in the context of the safety conversations and may also affect willingness to engage with government departments, due to the role they have played in this complex, intergenerational and continuing trauma. As a result, Aboriginal families may be particularly fearful of the prospect of their children being removed from their care, due to these experiences. Formal Aboriginal cultural consultation can support practitioners to navigate these conversations and relationships.

Applying a Culturally and Linguistically Diverse (CALD) Lens

When working with families from CALD communities, practitioners are advised to seek out information to create a culturally safe and supportive environment. Liaison with community leaders and or culturally specific support services is encouraged.

Trauma in the CALD community is diverse and unique to the lived experiences and migratory journeys of individuals and families and may include intergenerational trauma. Trauma is often associated with pre-migration experiences including human rights abuses, displacement, torture, famine, detention, racial discrimination and experiences of warfare.



Post-migration, these experiences of trauma can be exacerbated by settlement difficulties, language and literacy issues, racial and religious discrimination, barriers to employment and housing, physical and psychological ill health as well as loss of country, culture and family.

Clear and effective communication is key to successful outcomes for families. If English is not a person's first language, then it is vital to seek out translation and interpreting services to ensure language barriers do not compromise service provision.

Key Capabilities

Enabling Attitudes

When having conversations about increasing safety in the home environment, it is important for practitioners to embrace the following attitudes towards the families/individuals:

- Practitioner believes in supporting the family/individual's ability to competently manage their own lives.
- Practitioner believes that the family/individual can create and maintain their own strategies to keep their family safe.
- Practitioner believes that family/individual has strengths and cultural resources that will be drawn upon in their strategies to keep their family safe.
- Practitioner believes that the family/individual's motivation is a key element to keeping children safe.

Practitioner Behaviours

Practitioners support families/individuals by leading them through a targeted conversation to increase their awareness of risk and safety concerns and assist them in planning to protect their children and themselves from unsafe behaviour. Practitioners support individuals using unsafe behaviours to be aware of the impact of their actions on others.

Practitioners help individuals to identify unsafe behaviours and develop steps they will take to reduce the risk of harm in future. This is an important step in the process of creating safety and it supports ongoing conversations that may identify further unsafe behaviours. Identifying unsafe behaviours can often lead to feelings of shame or regret by those engaging in the behaviours and / or the other family members. Therefore, these conversations require planning, expert communication skills and high standards of professional practice.

Practitioners should work in partnership with the family or individuals, relevant support systems and community networks to identify and respond to family needs and priorities. This involves understanding what the family or individual values most, what issues are important to them, and then using these as a basis to ensure the family or individuals' priorities, voice, needs, and values are understood, respected, and attended to.

How this practice works

Part One – Understanding Unsafe Behaviour

In the first part of the conversation, practitioners work with the family or individual to understand what the unsafe behaviour is, what has triggered the unsafe behaviour in the past, and what typically happens afterwards.

Refer to example template of a functional assessment process in appendix 2

- 1) **Define the problem behaviour.** e.g., a parent verbally abusing the children.

- 2) **Define when and where the problem behaviour is most likely to occur and least likely to occur.**
 - Explore as many examples of the behaviour as possible. These examples provide valuable information about the settings in which the behaviour is most likely to occur and what is most likely to trigger the problem behaviour.
For example, in a situation where the unsafe parent is often drinking, they may have reduced tolerance for child misbehaviour and engage in verbal and/or physical abuse. Children may not be able to attend to instructions when the parent verbally abuses them.
 - It is important to include the thoughts and feelings of those involved in the unsafe behaviour. For example, what specifically was the unsafe parent angry about regarding the children's behaviour.
 - Consider how you may go about this to ensure the safety of the individual sharing the information.

- 3) **Explore the behaviour using a specific example.**
 - Families sometimes struggle to be specific about behaviour, preferring to talk about the behaviour generally. By drawing from a recent example, the practitioner is able to locate potential environmental triggers or maintenance factors. The practitioner may need to ask the family/individual to recall the last time the unsafe parent verbally abused the child to identify key aspects of the behaviour.

- 4) **Explore the signs that precede the unsafe behaviour.**
 - Explore what happened immediately before the unsafe behaviour. Try to identify typical triggers for the behaviour such as thoughts and feelings.

- 5) **Explore the impacts and consequences of the unsafe behaviour.**
 - Identify what happened directly after the unsafe behaviour.

6) Considering all the information collected, work with the family/individual to identify what is maintaining the behaviour.

- Consider whether the behaviour seeks to avoid something or gain something.

Part Two – Safety Planning

The second part of the conversation involves a plan for increasing safety within the family, using agency specific safety planning documentation. This conversation should be guided by the following approaches:

Refer to example template of a safety plan in Appendix 3

1. Elicit the family’s (where developmentally appropriate) and/or individual’s ideas and expertise about their family situation.

- The practitioner provides guidance only when required. The practitioner asks the family member specifically about what each person will do immediately so that the plan is very clear about what needs to happen to improve safety.

For example, the individual who is experiencing unsafe behaviour may make a plan that during the unsafe behaviour:

- The children and I will move outside of the family home to a more visible place during the unsafe behaviour.
- I will keep my phone near me and will not raise my voice.
- After the event, the children and I will leave the house and go to Auntie’s house

2. Encourage the family/individual to make choices and decisions about what strategies to include.

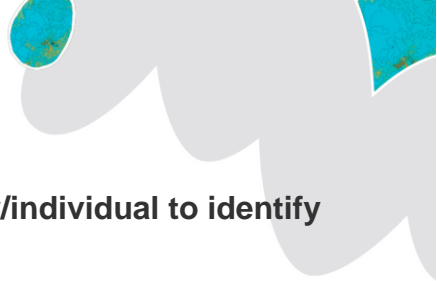
- It is important that the strategies are useable, and something they would be prepared to do.

3. Avoid imposing practitioner solutions and strategies, particularly at the early stages of your involvement with a family or individual.

- This may be viewed by the family or individual as poorly informed, and therefore rejected as potential useable strategies. Only offer up suggestions if the family/individual is stuck, and/or seeks your guidance for including useful strategies.

4. Allow the family or individual who is experiencing the unsafe behaviour to articulate their own preferences and exercise their autonomy to make their own choices.

- This allows them to regain control over choices which may have been unavailable or unsafe due to previous unsafe behaviour; and creates the opportunity to find solutions that may not have been immediately obvious.



5. Help the family member identify and address barriers to implementing the actions specified in the safety plan.



- Encourage the family/individual to practice and role-play the strategies if safe and appropriate to do so. This will also help to identify any potential barriers in advance of having to use the plan that can be addressed ahead of time.
For example, if one of the actions is for a child to call 000 if they see identified unsafe behaviours and the child does not know how to use a telephone, the child needs to be taught this skill.
- Build on the family/individual's existing strengths or protective factors, such as safe and supportive friends, family members or neighbours. Be sure to enquire about existing supports and ensure these are incorporated in the plan.

1) Identify actions the family/individual is prepared to take to reduce the risk of unsafe behaviours (i.e., moving outside of the home).

- Consider helping the family/individual collate a list of relevant contacts they can access if required, for example ensuring their contacts or support services are stored on their mobile devices and they are charged.
- Ensure any actions to avoid unsafe behaviour are practical and can be carried out by the family or individual in their circumstances.

2) Ensure the conversation is conducted in a language and written format that allows the family/individual to comprehend the safety conversation actions.

- This may include translated documents or include pictorial representations of actions to be taken.

Behaviours for practitioners to work towards when supporting a conversation about unsafe behaviour	Behaviours for practitioners to avoid when supporting a safety plan
	
The practitioner elicits the family/individual's own ideas for increasing safety.	The practitioner directs the family/individual on why, how, and what needs to happen to increase safety.
The practitioner utilises language that the family/individual is familiar with and incorporates the client's own language into any safety planning documentation.	The practitioner dictates the language within safety planning documentation and does not use the client's voice.
The practitioner regularly checks for understanding on important points.	The practitioner colludes with, minimises, or makes excuses for behaviour.




The practitioner invites the individual to take responsibility for their unsafe behaviours and supports the conversations towards a safer home/environment.	The practitioner makes accusations about individual's behaviour.
The practitioner is curious, asks open-ended questions and demonstrates empathy for the family/Individual's experience of the unsafe behaviour.	The practitioner engages in an accusatory manner risking disengagement, resistance, or anger.

Practice Strategies

This section provides step by step guidance and examples on how to have a conversation about increasing safety.

Steps/components	Skills/strategies
Introduce the conversation.	<p>Explain the importance of unpacking the situation in detail to create a safer home environment. If you have concerns that a conversation about safety may trigger further unsafe behaviour or create greater risk, then refer to your line manager for advice.</p> <p><i>In this scenario we have a family unit of four – Alice and her two children Eli 3 years and Jamie 5 years and her partner Sally. Sally is using unsafe behaviour in the family home.</i></p> <p>Practitioner to Alice (person experiencing unsafe behaviour):</p> <p><i>“Alice, I wanted to talk to you about how safe you and the kids (Eli and Jamie) feel in your home, to determine whether there are situations where you feel you have been unsafe. Is it ok if we look a bit more closely at what’s been going on? This is so we can explore this behaviour and decide on some actions you feel comfortable taking, to make sure you and Eli and Jamie are safe.”</i></p> <p><i>Alice – yeah well – Sally gets annoyed and a bit yelly at both the kids. She hates the noise and chaos.”</i></p>



Steps/components	Skills/strategies
	 <p>Practitioners note – in the following example we have referred to the person using unsafe behaviour as ‘losing control’, The use of this language is to reflect the language used by the person to reflect that they are heard and to mobilise a conversation about their unsafe behaviour - it is not intended to minimise their responsibility to manage their behaviour to avoid harming others.</p> <p>When/if unsafe behaviour is identified,</p> <p>Practitioner to person using unsafe behaviour:</p> <p>“So, Sally, when things like this happen it’s important to try and see if we can find out what might be triggering these behaviours. Seeing if we can find any patterns in which the behaviour is more likely to occur. So, it’s questions like, ‘what happens? When does it happen? What makes it more or less likely to occur? What is the outcome? Are there times it doesn’t happen?’</p> <p>For example, you said that you get yourself into a bad mood and then overthink things that have happened in your day and then you get stressed and angry. You said the kid’s behaviour can get on your nerves when they are arguing... and then you said you can ‘lose control’ of your feelings and behaviour.</p> <p>It’s important everyone here feels safe so this information should help us get together a plan, so everyone is safe. How does that sound?”</p>



Steps/components	Skills/strategies
<p>Help the client identify unsafe behaviours</p>	<p>Ask for a definition of the unsafe behaviour using the family's/individual's words:</p> <p>Practitioner to the person using unsafe behaviour: <i>“Sally, you’ve talked about how you ‘lose control’, can you tell me a little bit more about what that ‘losing control’ looks like?”</i></p> <p>Ask for more clarification</p> <p>Practitioner to the person using unsafe behaviour: <i>“So, Sally, can you recall what was happening at the time?”</i> <i>“What was your behaviour like? (e.g., angry, yelling, withdrawn, scared etc.)”</i> <i>“What did you do?”</i></p>
<p>Help the client focus on when reduced safety is likely to occur.</p>	<p>Ask about when and where the unsafe behaviour is most likely and least likely to occur,</p> <p>Practitioner to the person using unsafe behaviour: <i>“Sally, you said a minute ago that when you ‘lose control’ you have a habit of ‘yelling’ at the kids”</i> <i>“When and where are you most likely to yell at the kids?”</i> <i>“What would that be like for Eli and Jamie and Alice?”</i></p>
<p>Help the client identify possible triggers for unsafe behaviour</p>	<p>Clarify what needs to have to happen for the unsafe behaviour to occur?</p> <p>Practitioner to the person using unsafe behaviour: <i>“Sally, you mentioned that you’re yelling at the kids usually happens when you’re drinking. Has it ever happened when you’re not drinking?”</i></p>



Steps/components	Skills/strategies
	<p>Consider thoughts and feelings</p> <p>Practitioner to the person using unsafe behaviour: <i>“Can you think of the most recent time when you yelled at the kids, what was on your mind/in your thoughts? What were you feeling?”</i></p>
<p>Explore the unsafe behaviour using a specific recent example</p>	<p>Next, we are interested in looking at the behaviour using a specific example:</p> <p>Practitioner to the person using unsafe behaviour: <i>“So, Sally, you’ve talked about ‘losing it’ and ‘slapping’ Jamie. Can you tell me about the last time things ‘got out of control’?”</i> <i>“What would that be like for the kids, your partner?”</i></p> <p>Practitioner to the person experiencing the unsafe behaviour: <i>“Alice, you’ve talked about ‘things getting out of control and Jamie being slapped’. Can you tell me a little bit more about what you did when Sally did this?”</i></p> <p>It’s natural for families/individuals to focus on the behaviours generally (e.g., he always swears at me and storms off), if needed, gently bring them back to the current scenario:</p> <p>Practitioner to <u>either parent</u> (as appropriate): <i>“Ok Sally/Alice ... is that what happened in the most recent incident? I wonder if you could step me through last week’s incident when you/Sally slapped Jamie?”</i></p>



Steps/components	Skills/strategies
	<p>Practitioner to the person experiencing the unsafe behaviour:</p> <p>Practitioner: “Alice, <i>where were you when this happened?</i>”</p> <p>“Alice, <i>when Sally was yelling at Jamie and Eli what were you thinking?</i>”</p> <p>“Alice, <i>how did you respond, what did you do? (e.g., moved away from the kid’s bedroom, tried to calm the situation, stood up for yourself/ your children?)</i>”</p> <p>“<i>And when you did that, what did Sally do?</i>”</p> <p>“<i>What was that like for you, Eli and Jamie?</i>”</p> <p>It is also important to explore other ways that the person using the unsafe behaviour undermines a person’s safety and wellbeing.</p> <p>Practitioner to person experiencing the unsafe behaviour:</p> <p>“Alice, <i>you said that Sally often stays up late drinking on Sunday night even though she knows you don’t like it as it unsettles the kids for school and Kindy on Monday. So, when Sally chooses to do that, what do you do, how do you try and manage things?</i>”</p> <p>“<i>How did you work out how to do that?</i>”</p> <p>Or</p> <p>“<i>So, when you get paid, Sally gambles and drinks all the money away’ when this happens, what do you do? How do you manage the bills and the food for the kids?</i>”</p>



Steps/components	Skills/strategies
<p>Help the client(s) identify the triggers of the specific unsafe behaviour</p>	<p>If a prompt is needed, ask the person using unsafe behaviour what happened immediately before the behaviour.</p> <p>Practitioner to the person using the unsafe behaviour:</p> <p><i>“So, Sally what was going on just before you slapped Jamie?”</i></p> <p><i>“What were some of the things that happened leading up to the incident?”</i></p> <p><i>“What happened immediately before the incident?”</i></p> <p><i>“What were Eli and Jamie doing?”</i></p> <p><i>“What were you saying?”</i></p> <p><i>“Was anything going through your mind just before you slapped Jamie?”</i></p>
<p>Help the client(s) identify the impacts (consequences) of the unsafe behaviour</p>	<p>If needed, prompt either parent (as appropriate) about what happened directly after the behaviour:</p> <p>Practitioner to either parent: (as appropriate)</p> <p><i>“Sally / Alice, what are you usually thinking when you can see this starting to happen? What are you most worried about?”</i></p> <p><i>“And after this happened, what happened next?”</i></p> <p><i>“What were you feeling afterwards?”</i></p> <p><i>“What happened after that?”</i></p> <p><i>“Why do you think this unsafe behaviour continues?”</i></p> <p><i>“Who else witnessed the incident?”</i></p> <p><i>“How do you think it impacted them?”</i></p> <p>Practitioner to the person experiencing the unsafe behaviour:</p>



Steps/components	Skills/strategies
	<p><i>Practitioner: “Alice, are there particular times, places or situations where you feel that you are most at risk?”</i></p> <p><i>“Alice, you said that Sally is most likely to yell at the kids when she is drinking. Do you have a sense ahead of time that Sally is going to have a drink?”</i></p> <p><i>“I’m curious Alice, how do you know this? What are the signs you pick up on?”</i></p> <p><i>“Tell me Alice, when you know that this is going to happen, what do you do to try to keep things calm?”</i></p> <p><i>“Alice, how do you try to keep the kids safe?” Is there one particular thing Sally is doing that is most worrying for you?”</i></p> <p><i>“Alice, can you help me understand why this is of most concern?”</i></p> <p><i>“Alice, I just want to make sure I have understood you correctly so I’m going to summarise what I’ve heard. I’d like you to listen and then let me know if there’s anything I’ve missed: Sally got really ‘stoned’ and drank too much Bourbon and she got angry when the kids started arguing over the Wii game. She yelled at you and called you a ‘useless parent’ and then yelled at the boys calling them ‘useless troublemakers’. Last time Sally did this (last week) she grabbed your eldest son Jamie by the arms, slapped him on the back and pushed him outside into the back yard at night. You decided to leave the house with the boys and went to Penny’s (your neighbours). You ended up staying there the night... Is that right?”</i></p>



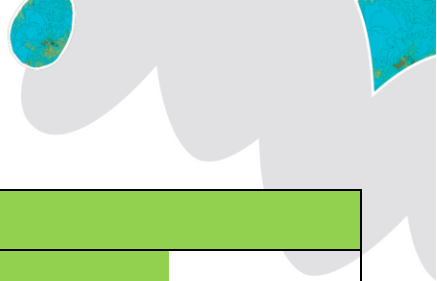
Steps/components	Skills/strategies
<p>Help the family/individual explore impacts on other family members</p>	<p>Practitioner to <u>either parent</u> (as appropriate):</p> <p><i>“So, Alice /Sally, when this happens, what do Eli and Jamie do?”</i></p> <p><i>“How do they respond? Why do you think they respond that way?”</i></p> <p>It's important to also capture any positive action that occurred (e.g., safe parent removes children from the room or leaves to a safer place).</p>
<p>Ask the family/individual to reflect upon the incident as a whole</p>	<p>After unpacking the event, seek the families/individuals input and thoughts.</p> <p>Practitioner to <u>either parent</u> (as appropriate)</p> <p><i>“So, Alice, Sally after this conversation what do you make of all this?”</i></p> <p><i>“Can you point to anything that might be a trigger to this behaviour?”</i></p> <p>Consider the possible function of the behaviour in terms of what the person using the unsafe behaviour is seeking to gain or avoid. Share these ideas as a possibility to the family/individual.</p>
<p>Introduce the idea of writing down the steps towards a safer family within your agency specific safety plan documentation.</p>	<p>It is important to present the idea in a matter-of-fact way, discussing and identifying behaviours, circumstances, and contexts without blame or judgement. This is important because it helps the family see that you are not blaming them for their situation, which may open the opportunity of them exploring realistic options to enhance safety.</p> <p>Practitioner to <u>person using the unsafe behaviour</u>:</p> <p><i>“So, Sally, there are things you can do to increase your family’s safety. There are probably already things that you do to keep things from getting ‘out of hand’ – for example, agreeing to not drink around the children. Today we’re going to talk about other things that you already do and new things you could do to reduce the arguing and fighting to make sure you and your children are safe. Does that sound ok to you?”</i></p>



Steps/components	Skills/strategies
	<p>Practitioner to person experiencing unsafe behaviour:</p> <p>“ <i>So, Alice, it’s clear that you are already doing many things to keep yourself and your children safe, and that you have many strategies that you use to manage things when Sally becomes unsafe. Would it be helpful if we tried to explore some extra strategies that may help you and your family to increase your safety? Does that sound OK to you?”</i></p>
<p>Explore strategies that could be introduced to reduce the risk of unsafe behaviour</p>	<p>Ask about previously used strategies:</p> <p>It is important to explore strategies that the client might already use or may be able to access which will help to avoid unsafe behaviours occurring, that prevent the escalation of aggressive behaviour.</p> <p>This also may include strategies that help the family/individual deal with unsafe behaviour in a way that promotes the safety of all. This can be elicited by asking about times when triggering events were present but unsafe behaviours were avoided.</p> <p>During this step, remember to encourage the family/individual to talk about ways they have tried to prevent things from happening, or ways that they have acted in the past to reduce the likelihood of unsafe behaviours.</p> <p>Review the information gathered throughout the conversation to understand what has been successful in reducing escalations and has kept the family safe, and what has resulted in escalation of unsafe behaviors.</p> <p>Practitioner to <u>either parent</u> (as appropriate)</p> <p>“<i>So, Sally Alice, you have talked about all the ways that you are already trying to keep Eli and Jamie safe; do you think these strategies are something you could do in future to help keep the family safe?”</i></p>



Steps/components	Skills/strategies
	<p><i>“Did you find this strategy helpful?”</i></p> <p><i>“Do you think this strategy is something you could do in the future to help keep the family safe?”</i></p> <p><i>“What were the pros (good things) about each strategy and what were the cons (bad things) about each strategy?”</i></p>
<p>Help the family/individual evaluate and decide on the strategies they would like to include in a safety plan</p>	<p>Facilitate a conversation with the family/individual about the usefulness of each strategy as an action. You can fill in the steps within your agency’s safety plan documentation if safe and appropriate to do so.</p> <p>Practitioner to <u>either parent</u> (as appropriate):</p> <p><i>“Ok Alice, Sally we have a range of options now. Let’s go through them all and rate them. It might be useful to talk about the good things about the strategies and any downsides”</i></p> <p>Your role as a practitioner here is to identify strategies that have been or are successful in whole or in part and to support the family/individual to identify whether they are strategies that they could apply to their own current or future situation.</p> <p>Consider the purpose of the unsafe behaviour identified in the recent example (what it seeks to gain or avoid), and what alternate behaviours could be used to safely meet this need.</p> <p>Below are some examples of how to talk about supporting the family/individual in identifying other safety strategies.</p> <p>Discuss the pros and cons of each potential strategy:</p> <p>Practitioner to <u>either parent</u> (as appropriate):</p> <p><i>“Sally / Alice so, for the first thing you mentioned, did you find that worked in the past to keep you and Jamie and Eli safe? Tell me about what happened. What were the good things about</i></p>



Steps/components	Skills/strategies
	<p><i>trying that? Were there any bad things that happened when you tried that strategy?"</i></p> <p>Or,</p> <p><i>"It sounds like that when one or the other has left for a short period of 'time out' it has resulted in less fighting? How was that for Jamie and Eli? How did that work? Have you both tried it? How long do you go for, how do you let the other person know when you will be back?"</i></p>
<p>If appropriate, ask permission to share some suggestions of alternative strategies:</p>	<p>Where necessary and appropriate, help the family/individual to think of additional strategies by describing things that other people in similar circumstances have tried to prevent unsafe behaviour. In all situations, keep in mind the safety and wellbeing of the child/ren in the home, for example:</p> <ul style="list-style-type: none"> • limiting alcohol/drug use around the children, • making alternative care arrangements for the children with a safe caregiver if using alcohol/drugs, • talking to a counsellor or family friend, • leaving the home when triggers of unsafe behaviour are identified (with children in care of safe caregiver). <p>Some suggestions for things that some families/individuals have tried to keep safe if unsafe behaviour does occur, include:</p> <ul style="list-style-type: none"> • protecting children by moving them from an unsafe situation, • visiting relatives on the nights when triggers of unsafe behaviour is identified (i.e., when partner is drinking), • having access to a fully charged phone, • knowing how to get the children to leave with you using a code word, • having access to calling a friend or family member, • having the police phone number on speed dial. <p>Ask for permission to share these following strategies.</p>



Steps/components	Skills/strategies
	<p data-bbox="501 286 1177 324">Practitioner to either parent (as appropriate)</p> <p data-bbox="501 360 1278 546"><i>“Alice / Sally, I am wondering if you’d be interested in hearing about some ideas from other families, I’ve worked with about staying safe in a similar scenario?”</i></p> <p data-bbox="488 640 1453 719">See Collaborative Partnership Common Elements practice guide for more ideas on how to effectively share ideas.</p>
<p data-bbox="165 770 1321 804">Work with the family to develop your agency specific safety planning document.</p> <p data-bbox="165 822 464 855">A safety plan should:</p> <ol data-bbox="213 882 1501 1975" style="list-style-type: none"> 1) Be developed using the family/individual’s ideas and expertise about the family situation, with guidance from the practitioner. The plan lists specifically what each person will do immediately during the crisis (I will keep my phone near me, will not raise my voice etc.) and after the event (will take the children to my mother’s house) so that it is very clear what needs to happen. 2) Encourage the client to make choices and decisions about what strategies to include. It is important that the strategies listed on a safety plan are viewed by the client as useable, or as something they would be prepared to do. 3) Do not impose practitioner solutions and strategies, particularly at the early stages of your involvement with a client, as this may be viewed by the individual as poorly informed, and therefore rejected as potential useable strategies. Only offer up suggestions if the client is stuck, and/or seeking your guidance for including useful strategies. 4) Allow the family/individual to demonstrate their own preferences for actions. This allows them to regain some personal ownership over the life choices which may have been removed by unsafe behaviour; and open up the possibility of discovering solutions that were not immediately obvious 5) Specifically address any barriers to implementation. For example, if one of the actions is for a child to call 000 if they see aggressive behaviour and the child does not know how to use a telephone, the child needs to be taught this skill. You can encourage the client to practice and role-play the strategies. This will also help to identify any potential barriers in advance of having to use the plan that can be addressed ahead of time. 6) The safety plan should also build on the client’s existing strengths or protective factors, such as the support of friends, family members or neighbours. 7) Outline the actions the client is prepared to take to reduce the risk of violence and when violence occurs (i.e., an 'escape plan' and actions to take after leaving a violent situation). The safety plan should include a list of relevant contacts the client or children could access if required. 8) Be conducted in a language that allows the client to comprehend why and how the safety is to be used. This can include pictorial versions of safety plans. 	



Steps/components	Skills/strategies
	<p>9) It is practical to be carried out by the client in their circumstance using their cultural support.</p> <p>See appendix 3 for an example of a Safety Plan template</p>

Outcomes

Practice level outcomes

- Families/individuals have increased knowledge and awareness of the triggers and consequences of unsafe behaviour.
- Families/individuals have a concrete strategy to increase the likelihood of safety for themselves and their family members.
- Practitioners have a clear understanding of families/individuals' capacity to increase safety.
- Practitioners are clear about their role in monitoring safety.
- Practitioners see culture as a protective factor and apply a cultural lens to safety conversations.

Practice Points

- The family/individual may identify strategies that, to them, are helpful in protecting the immediate safety of family members, even though the strategies may not seem like the best option to the practitioner.
- It is important to acknowledge the insight of individuals with lived experience of unsafe environments and relationships and their knowledge about the unique risks they face. This builds on their existing strategies to create safety, recognising that they are the experts in their own lives.
- For example, the family/individual may identify ways of diffusing a potentially unsafe situation that involves doing what an aggressive partner/family member demands or avoiding an argument about an important issue.
- These strategies are deliberate choices of the family/individual and are not simply passive behaviours. It is important not to overlook or undervalue these efforts to keep themselves and their children safe.
- These strategies may be the caregiver's way of minimising risk and harm in their situation.
- The practitioner can be informed about the context in which the unsafe behaviour is occurring by asking questions that explore an individual's strategies to resist and respond to unsafe behaviour and to seek support,



- This enables practitioners to carefully work with victims to explore additional safety strategies or avenues of support that may increase their safety and wellbeing in a way that upholds their dignity and that of their children.

Reflective questions for practitioners:

Consider a family you have worked with in the past (or are currently working with):

- Have you been able to have open and honest discussion with the family regarding unsafe behaviours that may have been raised in the initial referral? If not, what have been the barriers?
- Consider the safety needs of the children in the family, has it been possible for the family to identify strategies to keep children safe? Has this been family-led decision making?
- Have you been able to include the voice of the child when considering safety concerns?
- How do you ensure any safety planning is monitored and support the family's investment in keeping their children safe from harm?
- Are you familiar with your agency specific risk and safety planning practice guidance?



Appendix 1

Child and Family Support System (CFSS) Risk Ratings

Risk	<p>For the purposes of the <i>CFSS Reform</i> risk definitions are as follows:</p> <ul style="list-style-type: none">- Extreme risk<ul style="list-style-type: none">• Unborn child, child or young person is at immediate risk of harm by others, to others or to self. Failure to act could result in death or serious injury without statutory intervention.- Very High<ul style="list-style-type: none">• There is a high likelihood that the unborn child, child, or young person will suffer serious harm, given their current circumstances and/or history of safety and risk concerns. Requires immediate intervention to secure child's safety.- High<ul style="list-style-type: none">• There is a high likelihood that the unborn child, child, or young person will be at risk of abuse, given their current circumstances and/or history of safety and risk concerns.- Medium<ul style="list-style-type: none">• Requires intervention to maintain safety and wellbeing. Without additional support may escalate to a higher degree of risk for the unborn child, child, or young person.- Low<ul style="list-style-type: none">• Requires intermittent support to maintain safety and wellbeing of the unborn child, child, or young person. Does not present as a risk of harm to others.
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Appendix 2

Template - Functional assessment process

Family Name (Initials):
Behaviour:

Team Member:

Date:

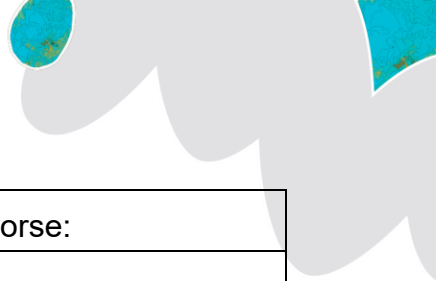
When and where and how does this behaviour generally happen?	What happened during?	What happened before?	What happened After?	Ideas on why behaviour continues
<p><i>What is often going through your mind when this happens?</i></p> <p><i>Where are you usually when this happens?</i></p> <p><i>What are you/they doing?</i></p>	<p><i>Who said and did what to whom?</i></p> <p><i>Include emotions and actions.</i></p> <p>Where were the children?</p>	<p><i>What immediately happened before the risky behaviour?</i></p> <p><i>Include all people present.</i></p> <p>Where were the children?</p>	<p><i>What action was taken?</i></p> <p><i>(Include all people present)</i></p> <p><i>Likely consequences, positive & negative, of behaviour</i></p> <p>What were the consequences for the children?</p>	<p><i>What do you think this behaviour continues?</i></p> <p><i>Based on this information, why does the family think it continues?</i></p> <p><i>Why do we think it continues?</i></p>
Most likely:				
Least Likely:				

Appendix 3

Safety Plan Template

Family:		Date:	
Risky and unsafe behaviours that have occurred in the past (including current incident):			
-			
-			
-			
-			
These behaviours are most likely to occur when...			
-			
-			
-			
-			
What are the signs that tell you the situation may become risky or unsafe?			
-			
-			
-			
-			
What are the things that have been done in the past to calm the situation down at this point?			
-			
-			
-			
Other things that can also help:			
-			
-			
-			
-			





What I can do if these things are not working, and the situation gets worse:			
-			
-			
-			
-			
Is there anything else the family or an individual wants the practitioner to know about this plan right now?			
-			
-			
-			
-			
Names of people developing this safety plan			
<i>Name:</i>		<i>Relationship to family:</i>	
<i>Name:</i>		<i>Relationship to family:</i>	
<i>Name:</i>		<i>Relationship to family:</i>	
<i>Name:</i>		<i>Relationship to family:</i>	
<i>Name:</i>		<i>Relationship to family:</i>	

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