

# Family and Community

## *Practice Framework*



Family &  
Community  
Services

Baptcare

[baptcare.org.au](http://baptcare.org.au)

# Mission Vision

Partnering for fullness of life  
with people of all ages, cultures,  
beliefs and circumstances.

Communities where  
every person is cherished.



## Values

Our Mission & Vision are lived through our WE CARE Values.

### We care about...

#### Our Customers

#### Our Team



#### Wellbeing

... you living your life with meaning,  
we partner with you to enhance  
your health, safety, comfort and  
spirituality.

... strengthening our teams by  
cultivating a safe and encouraging  
work environment that enables  
personal growth.



#### Ethics

... being genuine with you, leading  
with integrity and fulfilling  
Baptcare's purpose in harmony  
with community expectations.

... being inspired by justice. We act  
with integrity and do the right thing  
by our customers and each other in  
light of current and future needs.



#### Co-creating

... building personalised and  
innovative solutions with you and  
our allied partners, with your goals  
as our shared focus.

... building an exciting future  
together with our customers in focus,  
by empowering everyone to contribute  
and encouraging adaptability,  
creativity and collaboration.



#### Accountability

... fulfilling our commitments  
to you and accepting our  
responsibilities to continually  
improve.

... fulfilling our commitments and  
responsibilities, using our resources  
wisely and being able to reflect, speak  
up and adapt when needed.



#### Respect

... understanding and embracing  
your individuality, standing up  
for your equality and protecting  
your dignity.

... treating one another as we like to  
be treated ourselves, by welcoming  
differences with an open mind and  
promoting equality and dignity.



#### Effectiveness

... being focused on achieving the  
best outcomes for you, with you.

... ongoing improvement in the  
focus of our people and resources to  
achieve positive outcomes for our  
customers.

# The Practice Framework

**The Family and Community Services Practice Framework outlines our core purpose which consists of a set of ideas, values, beliefs, concepts, knowledge and skills. These have been synthesised using a codesign process, from the lived experience of service users, the knowledge, skills and experience from practitioners and from evidence informed research.**

The Framework provides a shared understanding of the elements of good practice. It will be the foundation for the ongoing development of our evidence informed practice tools.

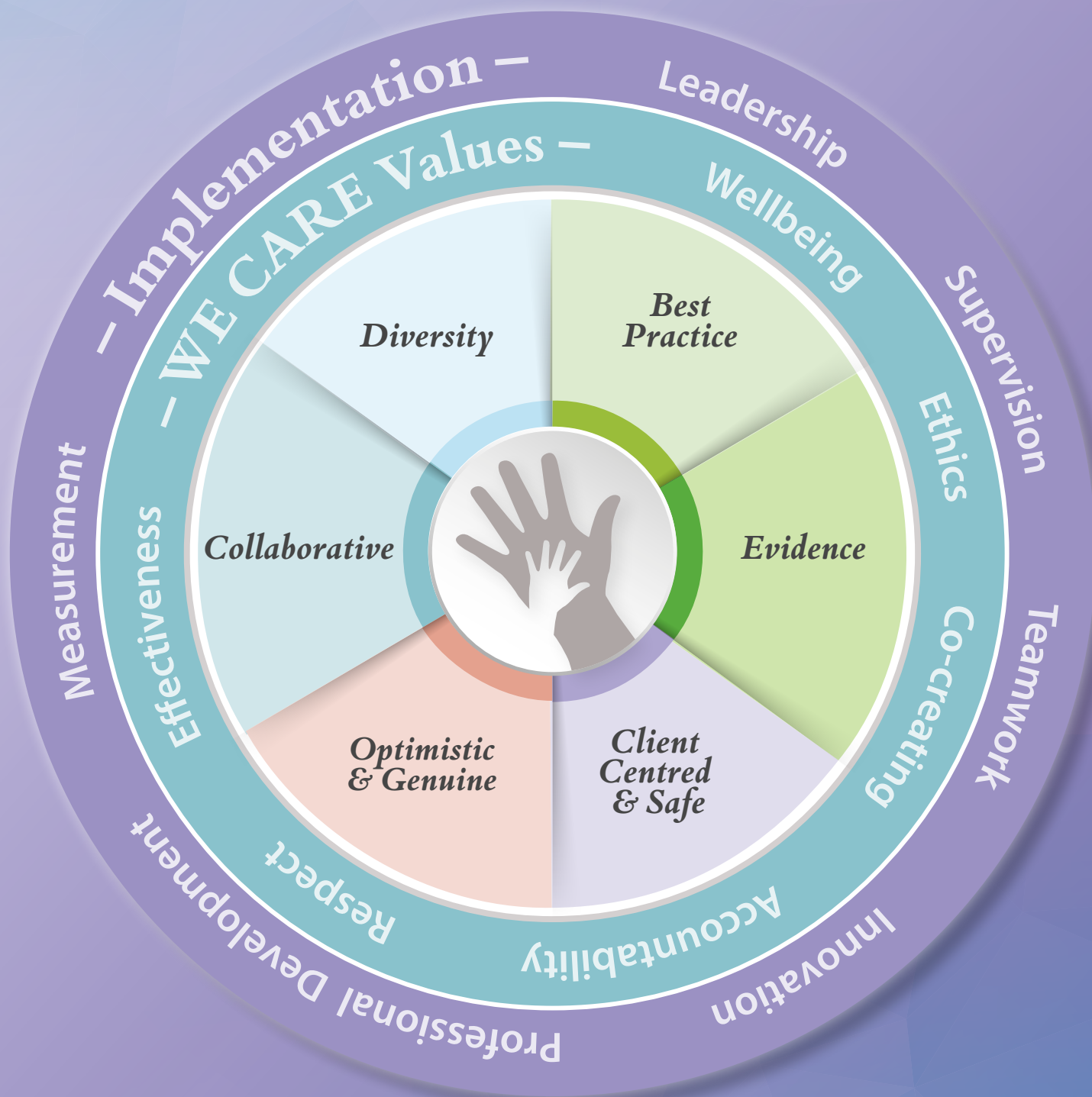
The framework describes the competencies, behaviours, and expectations that guide FACS practitioners when working with children, young people, families, caregivers, community and stakeholders. It outlines what service users can expect when they access a Baptcare service.

Our FACS Practice Principles encourage staff to reflect on what guides their work and to respond to their clients consistently and effectively in a considered and focussed way (Osmand 2005). Working within these core practice principles ensures that we are delivering a quality service which is focussed on improving outcomes in the best interests of children, young people, families, caregivers and community.

The Practice Framework contains reflective questions connected to each principle which can guide the implementation of the principles into practice.

The Framework aligns with Baptcare's Mission, Vision and Values and relevant legislation, policy, theory, and research. Most importantly the framework connects with people's lived experience. It is a living document which will be reviewed regularly and evolve over time as new insights and research emerge.

# Practice Framework





# Practice Principles

## *Diversity*

Includes having an awareness of different cultures, including Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse communities, but also understanding and accepting that people may have differences in their religious beliefs, sexual orientation, language, social identity, ability, age, gender and socio-economic background.

## *Best Practice*

We strive for best practice by ensuring our work with clients is timely, relevant, and effective. We ensure our staff are highly skilled and can access ongoing training, supervision, and support. This includes being trustworthy, maintaining privacy, being clear about our role and expectations, and doing what we say we will do.

## *Collaborative*

We build relationships and rapport with our clients, stakeholders and our community and use open communication to maintain these relationships. We develop goals and plans together as a team and ensure client directed decision making.

## *Evidence*

Ensuring that all our interventions are evidence informed and tailored to the needs of the child, young person, family, and caregivers. We consistently review our practice with a view to continuous improvement, to ensure that we are meeting the goals and outcomes our clients set out to achieve.

## *Optimistic & Genuine*

We work with clients in an open, non-judgemental way, we treat clients with kindness, compassion, and respect. This includes encouraging clients to see the potential for change, as well as the benefits of change, and advocating on their behalf when required.

## *Client Centred & Safe*

Includes listening to the voice of the child, young person, family, and caregiver and ensure their wishes are central to planning. This includes empowering them to identify their strengths and develop plans to address their individual safety needs. Working in ways which are trauma-informed.

# Diversity

**The people who access Baptcare services have a range of diverse backgrounds and experiences that make them who they are. Diversity encompasses race, culture, ethnicity, religion, gender, sexual orientation, abilities and ages.**

Working with an intersectional lens gives us an opportunity to examine how life is experienced for different minority groups in Australia. It encourages a deeper understanding of how multiple identities shape a person's lived experience and how these experiences are often marginalised (Collins, 2015).

FACS recognises that each person is unique and while many of the people we work with come to our services because of the social disadvantage they are experiencing, we do not allow that to define them. We listen to their story and seek to understand who they are. We need to be guided by the voices of Aboriginal and Torres Strait Islanders, people of colour, LGBTQIA+, and those with different abilities and reflect on how intersections of disadvantage impact the lives of diverse groups and what we need to do to improve their quality of life.

FACS practitioners uphold the values of social justice and inclusion by treating others fairly and equitably, supporting them to access available resources and facilitating their participation in decisions that affect them. In doing so we are addressing and challenging the inequalities and injustices that exist (Briskman, June & Pease, 2009).

FACS practitioners are sensitive to the individual beliefs, values, and behaviours of diverse groups including Aboriginal and Torres Strait Islander peoples, LGBTQ+ people, refugees, older people, for example.

FACS practitioners realise there is great diversity within cultures and understand the dehumanising power of stereotypes.

We know that generalisations are unhelpful, and we aim to embrace complexity and diversity (Briskman, June & Pease, 2009). As culturally competent practitioners we aim to understand and be aware of cultural differences and utilise cultural resources in an individualised client centred approach. Culturally responsive practice seeks to assure the safety and wellbeing of children, young people, families and caregivers, while recognising that cultural diversity may be reflected in differences in the concept of family and parenting practices.

We address potential barriers to relationship building and engagement by seeking the advice and assistance of people knowledgeable in relation to our client's culture, language spoken, sexual orientation and gender identity, disability, and religion. By using a set of attitudes, skills and behaviours we establish effective interpersonal working relationships that are sensitive to individual beliefs and values (Walker, Schultz & Sonn, 2014).

The staff who work at Baptcare have broad and diverse backgrounds. Their discipline fields vary; their personal practice frameworks differ; their cultures are different; their lived experiences are unique, and their professional knowledge adapts and changes in response to changing circumstances. As individuals, we continuously engage in critical reflection and self-awareness of our attitudes, values, biases and beliefs built into the practitioner's profession and understanding of how these characteristics impact on people from different cultures (Walker, Schultz & Sonn, 2014).

*“Finding that safety is a homely place – there’s respect, there’s love, there’s acceptance. It’s a place where I can be me.” (parent)*



### *Reflective Questions*

- 1. How does being me influence what I see and what I do?*
- 2. What impacts do my beliefs have on my work at this moment?  
And how might this impact on what I noticed or felt was important?*
- 3. Am I making any assumptions about a child, young person or family member on my caseload who have diverse backgrounds?*
- 4. When working with clients with a diverse background, what power do I hold and what can I do to ensure the relationship is equal and reciprocal?*
- 5. Do I understand the child and family’s cultural background and what is important to them?*
- 6. Have I demonstrated respect for the family’s diversity in all dealings with them?*





# Collaborative

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**In Family and Community Services, collaboration occurs in every part of what we do, working together with clients and their community, with colleagues, with our leaders and with stakeholders.**

Collaboration is part of a continuum ranging from the informal to the formal, beginning with cooperation as an informal information exchange and formal as an alliance partnership (Scott, 2005).

We know that we cannot do it alone, and that we get better outcomes for our clients when we involve the care team of people who are committed to improving the situation for the child, young person, family, and/or caregiver, including their extended family and friendship network. No one agency can address all the complexities that might be presented. Inter-agency collaboration is paramount and increases the capacity of services to respond effectively and consistently by bridging knowledge, skills, resources and values across professions and departments (Coates, 2015).

Collaboration requires having a willingness to learn from the practice knowledge of others, respecting professional differences and prioritising the time to plan together. It requires clear and transparent communication and participating, influencing and strengthening cooperation across disciplines, sectors and agencies.

This includes being inclusive of caregivers, children, families and community, their perspectives and strengths in conversations about their lives.

It is important not to underestimate the power of a good helping relationship between Baptcare practitioners, children, young people, families, caregivers, and community with the broader care team (Saleebey, 2009).

Collaboration can produce challenges, but it is important that we work through this and take steps to overcome the hurdles in the best interests of the child, young person or family. Collaboration requires the effective management of conflict (Scott, 2005). When working together we may challenge and question decisions, however we need to understand other perspectives to ensure we are acting in the clients' best interests. It's all about learning how to work with services and not see them as an adversary - rather a crucial cog in the client's care team. When working together, it is useful to identify a common purpose and to articulate the client's desired outcomes upfront.

Collaboration provides our clients an opportunity to navigate care team services to understand what they provide and reduces the need for them to retell their story.



*“It’s important to have a safety net and security, knowing that things are moving forward, knowing there is someone to turn to.” (carer)*



### *Reflective Questions*

- 1. Have I sought information from, and shared information with the care team?*
- 2. Am I exploring the connections of the children, families, and caregivers I am working with and how they can be involved to increase support and safety?*
- 3. Have I involved the child and family in decisions that impact on them?*
- 4. Are my decisions transparent and does the child, family, and caregiver understand them?*
- 5. Am I talking with those that are important in the life of the child?*
- 6. How would my relationships with current members of the care team be improved for the benefit of my clients?*



# *Optimistic & Genuine*

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**Baptcare practitioners are optimistic and genuinely believe that change is possible. This belief is unwavering in the face of challenges and acknowledges that change can and does take time.<sup>1</sup>**

We can support others to recognise their potential for change and encourage them to believe that things can be better in the future even when hope feels lost.

Clients can be inspired by practitioners who bring with them an attitude of positivity whilst also responding in a way that is empathic and sensitive. When practitioners support clients to develop plans that are both realistic and achievable, clients develop the confidence to take the next steps.

Being self-aware allows us to strive for authenticity and genuineness with our clients. Being authentic is not just about what you think or say, but what you do and how you are in the world. When we asked people who use our service what qualities were important for a practitioner to have, they reported they want a practitioner who is non-judgemental, trustworthy and presents their genuine self. Family and Community Services practitioners who come with an open mind avoid being influenced by preconceived ideas, leading to more open and honest interactions.

Showing genuine interest and being curious when interacting with others, demonstrates that we value and respect the person and are willing to take the time to listen. Showing warmth and responding with kindness, Family and Community Services practitioners are dependable, work with integrity and follow through with what we say we will do.

Genuine practice, where practitioners are honest and transparent with clients, is integral for building a trusting working relationship. At times we need to have difficult conversations with clients, and it is important to be clear and honest in our messaging. While these conversations can be challenging for practitioners, they can be approached in a way that preserves the integrity of the working relationship, enabling children, young people, parents and caregivers the best possible opportunity to address any identified concerns.

<sup>1</sup> Saleebey, 2009



*“As practitioners we hold a core belief in change and that we have the capacity to effect change. It’s that one connection that can make the difference.” (practitioner)*



### *Reflective Questions*

1. *When do I find it difficult to be authentic when I am working with a client?*
2. *Am I genuinely listening to what my client is telling me?*
3. *What do I need to consider when I need to have a difficult conversation with a client?*
4. *When a client is disengaging, do I reflect on what I could be doing differently?*
5. *How can I continue to encourage my client to maintain an optimistic outlook even when I’m having a bad day?*
6. *Are the goals for the family realistic and achievable and how do I know?*



# Best Practice

**At all times, Family and Community Services practitioners aim to provide their clients the benefits of best practice in terms of service delivery and client outcomes.**

Best Practice is defined as common standards that have been shown by research and experience to produce optimal outcomes for children, young people, families, and caregivers. Best Practice in Family and Community Services informs and supports our professional practice (Best Interests Case Practice Model, 2012).

Considering the definition above, practitioners therefore have a professional responsibility to understand and adopt Best Practice models which are congruent with theoretical knowledge and research knowledge, codes of conduct, policies and procedures, client knowledge, ethical and legal frameworks and professional practice standards. Undertaking best practice approaches guides and fosters competent, consistent and accountable practice when working to improve outcomes for children, young people, families and caregivers.

Best Practice involves responding to the unique individual circumstances while understanding and meeting guidelines, policy and regulatory requirements. This requires establishing an appropriate balance between professional judgement and standardised procedures.

It is through our Best Practice approaches that we demonstrate our practice principles, professional knowledge and values.

The following best practice approaches are fundamental to our work with children, young people and families:

- Responsive, flexible and timely client service
- High level interpersonal skills
- Respectful engagement
- Quality recording
- Continuous improvement
- Holistic Assessment, Planning and Action
- Sound and Transparent decision making
- Culturally responsive
- Critical and reflective analysis
- Partnership and Collaborative practice
- Ethical

Being self-aware, critically reflective and actively participating in supervision is fundamental to best practice. Supervision is an important tool for supporting us to integrate all the elements of the best practice models into a sound and coherent approach to practice. It is a mechanism through which the organisation can monitor the implementation of our values and evaluate staff competency and capacity. Leaders seek to support practitioners when responding to the diverse and complex practice situations we encounter and to check in with staff to clarify client progress and practitioner wellbeing.

*“A support worker is someone who understands my needs and the needs of my child, and wants to help and support me in whatever way is best for my family.” (parent)*

### *Reflective Questions*

- 1. What best practice models do I apply in my practice?*
- 2. Have I focussed on the best interests of the child and is the child’s experience reflected in my case recording?*
- 3. How do I measure that the assessment, planning and action are leading to improved client outcomes?*
- 4. What legislations and frameworks inform how I make decisions?*
- 5. Can I articulate a rationale for my decision?*
- 6. How can I improve the way I utilise supervision and what role do I play?*

# Evidence

## Family and Community Services practitioners are guided by knowledges and practice approaches which are evidence based and evidence informed.

We engage in decision making and therapeutic practices which integrates evidence and knowledge from the best available research whilst also valuing the therapeutic relationship. This is further guided by the individual needs and goals of the children, young people, families and caregivers and their contexts and individual practitioner wisdom and experience (American Psychological Association, 2006).

FACS practitioners utilise:

- **Evidence based practice** which is designed based on evidence from research about what is effective for a particular target population and outcome (Mitchell, 2014, 1).
- **Evidence informed practice** which is informed by research evidence, alongside client centred practice, practitioners' knowledge and experience and organisational context (Mitchell, 2014, 1).
- **Common elements approach** which involves collating a set of practice elements drawing on evidence from empirical research as well as practitioner's knowledge and experience, client values, and organisation context. It includes the research of the program or practice effectiveness as well as studies of the implementation of evidence-based interventions (implementation science) (Mitchell, 2014, 2).
- **Evidence-based processes** where evidence informs how services are delivered, including how we engage children and families individually and collectively i.e., relationship-based practice, family focussed, therapeutic alliance, collaboration and place-based interventions, supervision and reflective practice (Moore et al 2012; Scott 2007).

There are many common theories, knowledges and practices which inform how we work with children, young people, families and caregivers at Baptcare. How these inform and are applied may vary depending on experience, practice context and relationship. Theories can assist practitioners to make predictions, develop hypothesis, explain what is being observed and identify new ways to intervene in complex situations (Tilbury et al., 2007). Some include:

Theories	Practices	Knowledge
Trauma and attachment Life course theory Ecological theory Feminist theory Systems theory	Cognitive behavioural therapy Narrative therapy Solutions focussed brief therapy Art and play therapy Motivational Interviewing	Child Development Neurobiology Sociology

Family and Community Services is committed to developing our practice through research and evaluation to inform and improve how we work. A key component of what informs our research and practice is the voices of children, young people, families and caregivers. This involves understanding their preferences, values and concerns and then integrating them into the service we provide (Sackett et al., 2000).

Baptcare will continually strive for quality improvement and strengthening performance by reviewing our services against emerging evidence and action-based research. We will adopt evaluation methodologies which will inform how we improve our services, develop innovative programs to meet client need and contribute to the sector. When adopting evidence based and evidence informed programs, what is needed to support effective implementation needs to be considered through the process of implementation science.



*“Evidence based practice informs how I tailor my approach to a client’s unique needs and circumstances, to achieve the best possible outcomes for them.”*  
(practitioner)

### *Reflective Questions*

1. *What are your ideas, hypothesis or theories about your families’ current situation and how do you understand it?*
2. *What approaches have you tried and what has worked and what hasn’t worked?*
3. *What theories and evidence informed practices do you utilise when working with people who have experienced family violence?*
4. *How do we evaluate our practice approaches and engage in action learning?*
5. *How do we stay up to date with evidence-based research and apply them to inform practice?*
6. *How is the client’s voice integrated into practice and service provision?*



# *Client Centred & Safe*

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**Client centred practice must be at the heart of everything we do. Being client centred requires Family and Community Services practitioners to understand that the children, young people, families and carers we work with have the right to participate and guide planning, decisions and actions that affect their lives.**

Working in a way that is child centred and family focussed values the family members' individual interests and goals but does not lose sight of the overall safety and wellbeing needs of children and young people.

We acknowledge the client is the expert in their life. We aim to optimise children, young people, families' and caregivers' choices, by engaging them in the decision-making processes. We can play an important role in supporting our clients to realise their hopes and dreams and the possibility of a better life. By adopting a strengths-based perspective we identify a client's existing strengths, strategies and resources which can be used to facilitate change. Supporting a client to build on their strengths increases their capacity to be self-determining and improve their safety and wellbeing (Saleebey, 2009).

Client centred practice views the person as a whole person who has beliefs, values, relationships and priorities.

Supporting the client to be effective in managing their own care requires Family and Community Services practitioners to be genuine, empathic, accepting, adaptable and solutions focused.

Family and Community Services practitioners know that focussing on a person's strengths may occasionally mean they will need to carry hope when a person they work with, finds it difficult to imagine a future for themselves. Client centred practice also recognises that people may have experienced hurtful and traumatic events that impact on their lives and the lives of those around them. Being trauma informed helps us to respond to our clients in a sensitive way.

Clients who encounter statutory services may feel their choices are limited. Practitioners can play a role in maximizing caregivers' choices and capacity to respond to concerns already identified by services. Even though this is within a highly constrained set of options that are in the best interests of the children, a partnership approach can still be adopted ensuring that the voices of children, young people and families are still represented (Healy & Darlington, 2009: 426).



*“Client centred practice means meeting people where they’re at, walking alongside them, having respect for their dignity and recognising the power of creating safety in the relationship.” (practitioner)*



## *Reflective Questions*

- 1. Is the child or client making decisions to assist with my planning?**
- 2. Am I asking families what strengths, strategies, skills or resources they can draw upon?**
- 3. Do I ask clients what it looks like for them when things are going well in their life?**
- 4. How am I supporting individuals and families to realise their hopes and dreams when developing goals and safety plans?**
- 5. How can I be client-centred when service goals do not align with the goals of the child, young person or family e.g., Child Protection plan vs child and clients wishes?**
- 6. How do I incorporate trauma informed practice (safety, trustworthiness and transparency, peer support, collaboration, empowerment and choice, equality) in my work with clients?**



# Implementing our Practice Framework

*Commitment to this practice framework starts with you!*

**Our Practice framework clearly articulates practice culture and leadership expectations for all Family and Community Services programs.**

We implement a shared practice framework to consolidate our common approaches which support accountability in relation to the outcomes we seek to achieve. The Practice Principles are supported by a range of practice culture and leadership activities which integrate our practice framework into all aspects of our organisation. This way everyone is focussed on best practice and improving outcomes for children, young people, families, carers and community.

To remain effective in our roles and to respond to complex situations in a considered way, a clear practice framework provides direction and focus for our interventions. To adopt this framework requires us to contextualise the specific behaviours and actions needed within each of the Practice Principles. In this way we can apply them to how we interact with children, young people, families, stakeholders, communities and our workplace (Osmond, 2005).

Integrating the Practice Principles into practice can be done by individually reviewing and reflecting on each principle.... or by having collective conversations about what are the effective and ineffective behaviours expected in different contexts. When implementing our practice framework, practitioners strive to be courageous, determined, flexible, resilient, and enduring. A sense of humour, a positive outlook and a supportive workplace culture assists practitioners to persevere during challenging aspects of working in Community Services.



## Leadership

Leaders at all levels have a key role in embedding the Practice Principles in our day-to-day activities. Leaders provide guidance, mentoring and model the elements within the Practice Principles. Practitioners can thrive in an environment where leaders inspire, motivate, enable and lead with purpose.

Effective leaders will identify and develop service improvement planning and organisational strategies in partnership with practitioners and colleagues which align with the Practice Framework. Leaders are responsible for connecting practitioners with strategic plans and a vision for how Baptcare can provide the best possible care for children, young people, their families, carers and community.



## Supervision

Supervision is a crucial component that underpins good practice. It is an important tool to support us to integrate the Practice Principles into a sound and coherent approach to practice. For supervision to be effective it needs to occur regularly, be guided by a framework and have a commitment that is demonstrated by both the leader and the practitioner.

Types of Supervision include:

- Individual (formal and informal)
- Group supervision
- Live supervision
- Performance development.

Supervision is a place is for practitioners and leaders to:

- reflect on their role and what they bring to practice and how this influences their implementation of the practice framework
- develop focused learning and development plans that align to the practice framework
- reflect on their practice, identify and apply key learnings
- ensure we are providing best practice approaches that make a measurable difference to children, young people, families, carers and community
- ensure accountability in decision making
- manage impact of workload and build resilience



## Teamwork

Teamwork provides opportunity for practitioners to develop a collective approach to practice. We can achieve more as a group through the sharing of creative solutions to meet client needs and complexity. Collaborative practice can involve teamwork in partnership with the child, young person, family, carer, stakeholders and community. Teamwork involves drawing on a diverse range of expertise, valuing and sharing others' knowledge and experiences.

Within the workplace a Team environment provides a mechanism to support practitioners engage in positive conversations and mentoring, celebrate other's success and provide a sense of safety and belonging. Formal Team building with a collective purpose and clear expectations can result in achieving goals that may not be achieved individually.



## Innovation

Baptcare Family and Community Services is committed to developing our practice through research and continuous improvement. We continually review the way we do things, so we are responsive to the changing needs of children, young people, families, carers and community. Practitioners develop innovative solutions by 'thinking outside the box,' engaging in teamwork, creative thinking and problem solving.

Our service responses can be innovative and adaptable if we take the time to consider the research base for our practice and allow it to inform our choice of intervention. Innovation is inspired through practitioners collaborating with researchers and experts. We engage in evaluation processes that consider the outcomes and change that has occurred for our clients to continually improve our services.



## Professional Development

Implementation of our practice framework requires practitioners to reflect on and build professional knowledge and skills. FACS practitioners are committed to continual learning and keeping their practice relevant to the changing needs of our clients and their communities, the current zeitgeist, best practices, and research.

Professional Development goes beyond attending training. It also values integrating learning into practice, evaluating its impact, and sharing the knowledge with others. This integration can support us to articulate why we do what we do.



## Measurement

Baptcare has a commitment to measure outcomes for clients to continually improve our program and sustain our impact. We measure our Practice Principles and service delivery through a variety of methods including, but not limited to, quality of life outcomes framework, North Carolina Family Assessment scale, client feedback, supervision, reflective practice, external accreditation and independent evaluation.

# Family and Community

## *Practice Framework*

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