



Government of South Australia  
Department for Child Protection

# Prenatal Safety and Support Model



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## Acknowledgement of country

The Department for Child Protection (DCP) acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners and occupants of the land and waters in South Australia and that they continue to maintain their cultural and heritage beliefs as the longest living diverse culture with a significant historical and ongoing role as the First Nations people in South Australia.

DCP recognises the strength that Aboriginal and Torres Strait Islander cultures bring to the safety and wellbeing of infants, children and young people.



### Artwork by Gabriel Stengle (Kurna, Ngarrindjeri, Narungga)

This piece depicts 'The Journey'– the Journey that DCP takes alongside its partners, alongside the children, parents, grandparents and caregivers. The meeting place in the middle is surrounded by children to show that they are the centre and light of everything, that they are what everyone is working so hard for and the meeting place is their destination and where the Journey lines meet.

Surrounded by the inner meeting place are smaller meeting places/waterholes representing the individual Journeys of the children, families and workers alike connected through more Journey lines.

The smaller waterholes represent the many different places and areas the children are from.

Throughout this piece there are many Kangaroo and Emu footprints representing DCP in their Journey moving forward and never backward.

The bottom of the piece has the symbol for rainbow which represents Hope.

The vibrant colours are used to represent each individual's story and that everyone's story matters and is always seen.

# Introduction

Infancy is a critical period in a child's physical, cognitive, social, and emotional development. The first 1000 days, from conception to age two, represents a time of both immense opportunity and heightened vulnerability. Infants are particularly susceptible to harm due to their complete dependence on caregivers, physical fragility, and limited visibility in the community.

The DCP Child Abuse Report Line (CARL) receives Report on Unborn notifications (commonly referred to as unborn child concerns (UCCs) where there are concerns about the safety of an unborn infant during pregnancy. DCP prioritises the infant's safety alongside supporting the family to provide safe care.

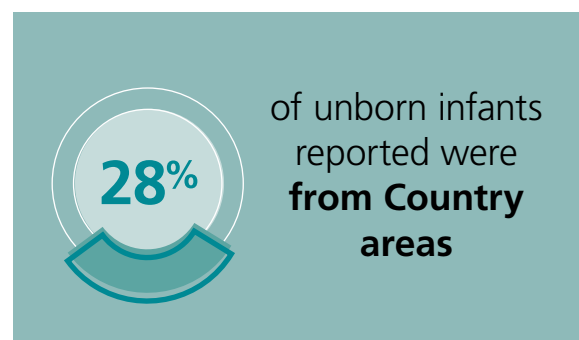
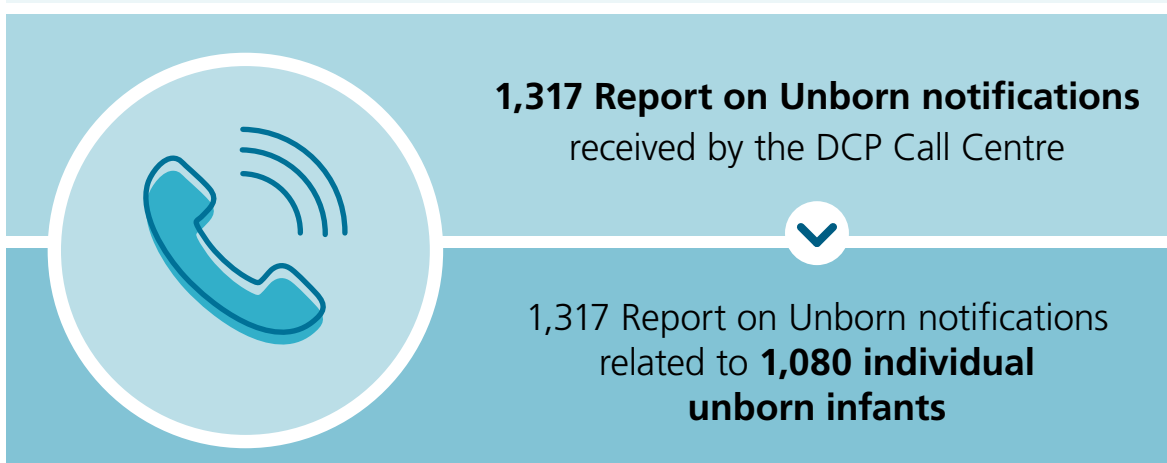
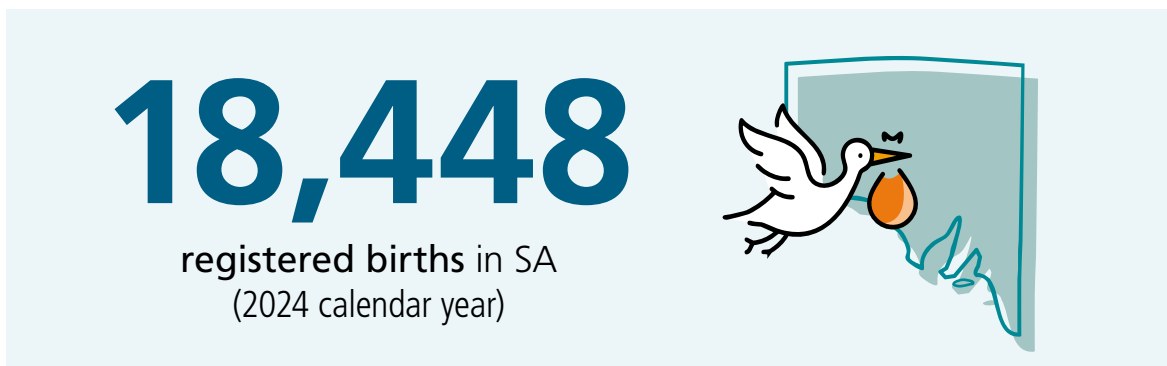
Pregnancy and early infancy represents a vital window of opportunity where expectant parents are more likely to engage with support services and address underlying risk factors. While DCP does not have a statutory mandate to intervene during pregnancy, DCP aims to work proactively to obtain the consent of the family to work in partnership to address child protection concerns. Early intervention is vital to reducing the likelihood that an infant will enter care or require ongoing involvement with the child protection system.

In many cases, the most appropriate response is to refer families to government or non-government agencies for intensive, community-based support. When there are serious concerns about an infant's safety once born, DCP undertakes a comprehensive prenatal assessment. Whenever possible, DCP works with families through transparent, compassionate, and culturally sensitive engagement, DCP aims to intervene as early as possible to prevent harm and placement of infants into care.

The  *Holding on to Our Future*  report (2024) highlights that in 2020–2021, one in three pregnant Aboriginal and Torres Strait Islander women were the subject of a child protection notification, ten times the rate of non-Aboriginal women. This over-representation of Aboriginal and Torres Strait Islander infants, children, and young people in the child protection system is a consequence of the enduring impacts of intergenerational trauma, socio-economic disadvantage, and colonisation. DCP acknowledges the profound and ongoing impact that the removal of Aboriginal and Torres Strait Islander infants, children, and young people has on Aboriginal families and communities. DCP is committed to reflecting on and learning from past injustices, and to working alongside Aboriginal and Torres Strait Islander families and communities to support the safety of infants, children and young people within their families. Active efforts are a priority to ensure the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) is upheld, and infants are connected to their families, communities and Country.

# Context

In 2024–2025<sup>1</sup>:



<sup>1</sup> 2024–2025 financial year

## Our vision

DCP is committed to ensuring that all children and young people grow up safe, healthy, connected, and feeling loved, enabling them to reach their full potential. Recognising that infants have the best chance of positive outcomes when they are raised within their families, communities and cultures, DCP prioritises infant safety and strives to prevent entry into care.

Keeping infants safe requires a coordinated, whole-of-system response, built on strong, collaborative partnerships across the government and non-government sector. Central to this approach is a shared commitment to keeping the safety and best interests of the infant at the centre of all decision-making.

DCP aims to work in partnership with families during pregnancy to develop and implement plans that address child protection concerns and support family wellbeing. DCP is focused on active efforts to support Aboriginal and Torres Strait Islander families to exercise self-determination in decision-making. When placement into care cannot be avoided DCP ensures the process is conducted with care and compassion for families. Every effort is made to place infants in kinship placements to ensure ongoing connection to family, community, and culture.



# Working with Aboriginal and Torres Strait Islander families



*'For thousands of generations, Aboriginal and Torres Strait Islander families and communities have cared for and nurtured their children strong and safe in their culture'.*

Aboriginal and Torres Strait Islander infants, children and young people are precious to their families and communities. Upholding the best interests of Aboriginal infants includes ensuring their parents are provided with the necessary support to provide safe care. DCP is committed to active efforts to implement the ATSICPP to ensure Aboriginal and Torres Strait Islander infants, children and young people remain safely within their families and communities.

DCP acknowledges and respects:

- the strength and safety of Aboriginal and Torres Strait Islander parenting practices and community structures
- the important opportunities Aboriginal and Torres Strait Islander children have to develop attachment relationships with multiple caregivers
- the positive impact of growing up in a collectivist culture on social and emotional wellbeing.

The factors underlying the over representation of Aboriginal and Torres Strait Islander children and young people in the child protection system reflect the long-term impacts of:

- the Stolen Generations
- colonisation
- intergenerational trauma
- systemic racism
- a lack of understanding and respect for cultural differences in child-rearing practices and family structure.

Fear of prenatal reporting by health professionals can result in Aboriginal and Torres Strait Islander families being reluctant to engage with antenatal care due to concerns their children will be taken into care. Aboriginal families may also experience a lack of cultural safety, racial bias, and social exclusion in mainstream services. DCP acknowledges socio-economic disadvantage, unmet social and emotional wellbeing needs, and systemic racism create significant barriers to engaging with services for Aboriginal and Torres Strait Islander families.

DCP practitioners are transparent in their work with Aboriginal and Torres Strait Islander families and support them to lead the planning for safe care of their infants within family and community. Family Group Conference (FGC) is a key component of DCP's approach, providing opportunities for family to come together to discuss their children's needs. Early family scoping is undertaken to identify supports in the family and community that will support Aboriginal and Torres Strait Islander infants to remain safe within family and community. Whilst safety is paramount, DCP practitioners also consider the impact of the loss of identity, family relationships and sense of belonging that can occur for Aboriginal and Torres Strait Islander infants, children and young people when they are placed into care.

Early and regular cultural consultation with Principal Aboriginal Consultants and Aboriginal Family Practitioners supports DCP practitioners to work with families in a respectful and culturally responsive way and to undertake culturally informed holistic assessments.

# Working with families from Culturally and Linguistically Diverse backgrounds



*'Across cultures, pregnancy, birth and early parenting are times of profound care, connection and tradition. Families draw strength from cultural knowledge and community as they prepare for new life.'*

DCP promotes a best practice approach when supporting families from Culturally and Linguistically Diverse (CALD) backgrounds and New and Emerging Communities (NEC) during pregnancy. DCP acknowledges that culture plays a central role in shaping family values, expectations, and practices around pregnancy, childbirth, and parenting. Traditions relating to birthing, postnatal care, and child-rearing may vary greatly and hold deep cultural and spiritual significance. DCP respects and supports diverse approaches to birthing and safe parenting. DCP recognises that concerns about unborn infants must be approached with sensitivity to the diverse cultural contexts in which pregnancy, birthing and postnatal care occur.

Health systems and maternity care in families' countries of origin may differ markedly from Australian approaches. Within and across cultures, families will vary in whether they choose to maintain traditional cultural roles and rituals in the perinatal period.

DCP also recognises the barriers families from CALD and NEC backgrounds may experience in Australia, including separation from extended family networks, reduced access to traditional support systems, limited English proficiency, unfamiliarity with Australian health and child protection systems, and fear of stigma or discrimination. These factors can significantly affect engagement with antenatal care and other supports.

Whilst safety is paramount, DCP practitioners also consider the potential loss of identity, family relationships and sense of belonging that can occur for infants and their families when they are unable to experience their cultural traditions during pregnancy, birth and early parenting.

Early and regular consultation with DCP's Multicultural Services team ensures assessments and interventions are culturally responsive and inclusive. The provision of cultural advice, translated resources and community engagement strategies, ensures supports are safe and responsive to each infant's and family's unique cultural identity. Transparency and partnership with families enables them to lead planning for safe care of their families within their cultural context and community.

## Our practice

Ensuring children and their families receive high quality services is a pivotal objective of DCP. It is essential that professional judgement is underpinned by a shared understanding of the essential elements of quality child protection practice. DCP's **Practice Approach** and **Practice Principles** focus on what matters most to achieve the best outcomes for children and young people. DCP's practice is child centred, culturally safe, strengthens families, supports carers, and has a foundation of partnership, collaboration and a learning culture.

DCP ensures the following best practice approaches inform prenatal work with families.

### → Safety and best interests

Consistent with the *Children and Young People (Safety) Act 2017*, the safety of infants is DCP's paramount consideration. DCP also considers the infant's broader best interests, including support for their family and meeting their cultural, emotional, social, and psychological needs.

### → Early intervention

Pregnancy presents a unique opportunity to work in partnership with families and prevent harm. Early engagement enables comprehensive assessment and the development of robust plans that connect families with the services they need to address safety concerns and risk factors before birth.

### → Culturally responsive practice

DCP practitioners are supported to continually develop their skills and knowledge in working with families in a culturally responsive way. DCP's approach to assessment and intervention recognises the:

- positive impact of family and culture on the long-term safety, wellbeing and healthy development of infants, children and young people
- strengths of cultural diversity in parenting practices
- significant barriers that may exist for families in engaging with health and child protection services.

### → Trauma responsive practice

The perinatal period can be especially challenging for parents with lived experience of trauma. DCP practitioners consider the impact of trauma when:

- planning for and engaging with a family
- assessing safety, risk and protective factors
- identifying and engaging supports.

Where removal of an infant cannot be avoided, planning is undertaken in partnership with families and birthing hospitals to reduce the trauma of separation.

### → Building relationships

Engagement with child protection services can be extremely stressful, particularly so during the perinatal period. DCP practitioners invest in building respectful, empathic, and transparent relationships with families. Both parents are actively engaged to identify strengths, protective factors, and opportunities for support.

### → **Transparent communication**

Any intervention by DCP is a significant event in the life of a family. Wherever safe for the infant, DCP practitioners are transparent with parents about the child protection concerns and actions required prior to birth. Transparent practice is maintained throughout DCP involvement. Families and their supports are clearly informed of their rights and child protection processes.

### → **Family-Led Decision Making**

Supporting families to develop their own plans for the safe care of their infants is a high priority for DCP. DCP practitioners make active efforts to empower Aboriginal and Torres Strait Islander and CALD families to exercise self-determination. Mechanisms such as FGCs and family meetings are used to enable family-led decision making.

### → **Whole of system collaboration**

Ensuring the safety and wellbeing of infants is a crucial role of many services across the government and non-government sectors in South Australia. To provide the best support for families, DCP invests in partnerships that enable timely information sharing and access to appropriate services. The knowledge and perspectives of partner agencies are valued and respected, recognising the shared challenges and opportunities in supporting families with complex needs.

### → **Connecting families with the support they need**

Pregnancy and early parenting can be a busy and overwhelming time. DCP practitioners work with families to identify and engage the services they need as early as possible, providing the best chance to achieve sustainable change.

### → **Early family and community scoping**

From the first point of contact, DCP practitioners prioritise understanding who is within and around the family to provide support. Early identification and mobilisation of these support networks maximise the likelihood of infants remaining safely in the care of their family.

### → **Continuity of care**

Strong, trusting relationships take time and effort. DCP endeavours to maintain the same practitioner(s) throughout pregnancy and introduce the next worker prior to the infant's birth if DCP involvement will continue postnatally.

### → **Supporting young people in care**

On the rare occasion when a young person under the Guardianship of the Chief Executive becomes pregnant, DCP develops a tailored support plan for wrap around services with:

- the young person
- their carers
- the young person's family (where possible and appropriate).

If intensive support is required, kinship and foster care options are explored to care for and support both the young parent and their infant.



## Service responses

To reflect the unique needs and circumstances of each family, a range of service responses are available when DCP receives concerns about the future safety and wellbeing of an unborn infant.

In many cases, the most appropriate response is to refer the family to a government or non-government service for targeted assistance with challenges they may be facing, such as:

- housing instability
- alcohol and other drug use
- domestic and family violence
- mental health concerns.

Some families may require a more intensive and coordinated response to address multiple or compounding risk factors. In such cases, DCP may refer families to the Department of Human Services' Child and Family Support System for tailored, multidisciplinary support.

Where there are indicators of significant safety concerns and/or a combination of serious risk factors, DCP will allocate the case to a DCP practitioner for a Prenatal Assessment. The Prenatal Assessment provides a comprehensive understanding of risk, strengths, and support needs and may occur concurrently with the family's engagement with other services. The Prenatal Assessment informs the development of a collaborative plan with the family to address child protection concerns prior to birth.

FGC is a key mechanism to bring together extended family, community, and professionals to create a shared plan that prioritises the infant's safety and wellbeing. DCP aims to refer cases for FGC as early as possible to ensure plans can be developed prior to birth.

DCP's Taikurtirna Warri-apinghi Program is a culturally safe service that walks alongside Aboriginal and Torres Strait Islander families to identify family and kin who can provide support. Taikurtirna Warri-apinghi works to ensure the rights of Aboriginal and Torres Strait Islander infants are upheld by embedding the ATSI CPP and family-led decision making into practice. Referrals to Taikurtirna Warri-apinghi are made as early as possible in pregnancy to ensure there is time to develop a relationship with the family.

In some cases, it may not be possible to adequately address safety concerns or mitigate risks through early intervention or a FGC. In these circumstances, DCP practitioners work in partnership with the family to develop a plan for the infant's care at birth. This may include the implementation of a Safety Plan, or, where necessary, an application to the Youth Court for custody or guardianship orders. Where placement outside the parent's care is required, DCP collaborates with birthing hospitals to develop plans to support the family whilst they are in hospital.

# Service responses for Unborn Child Concerns

## Report on Unborn Response Pathway Guide

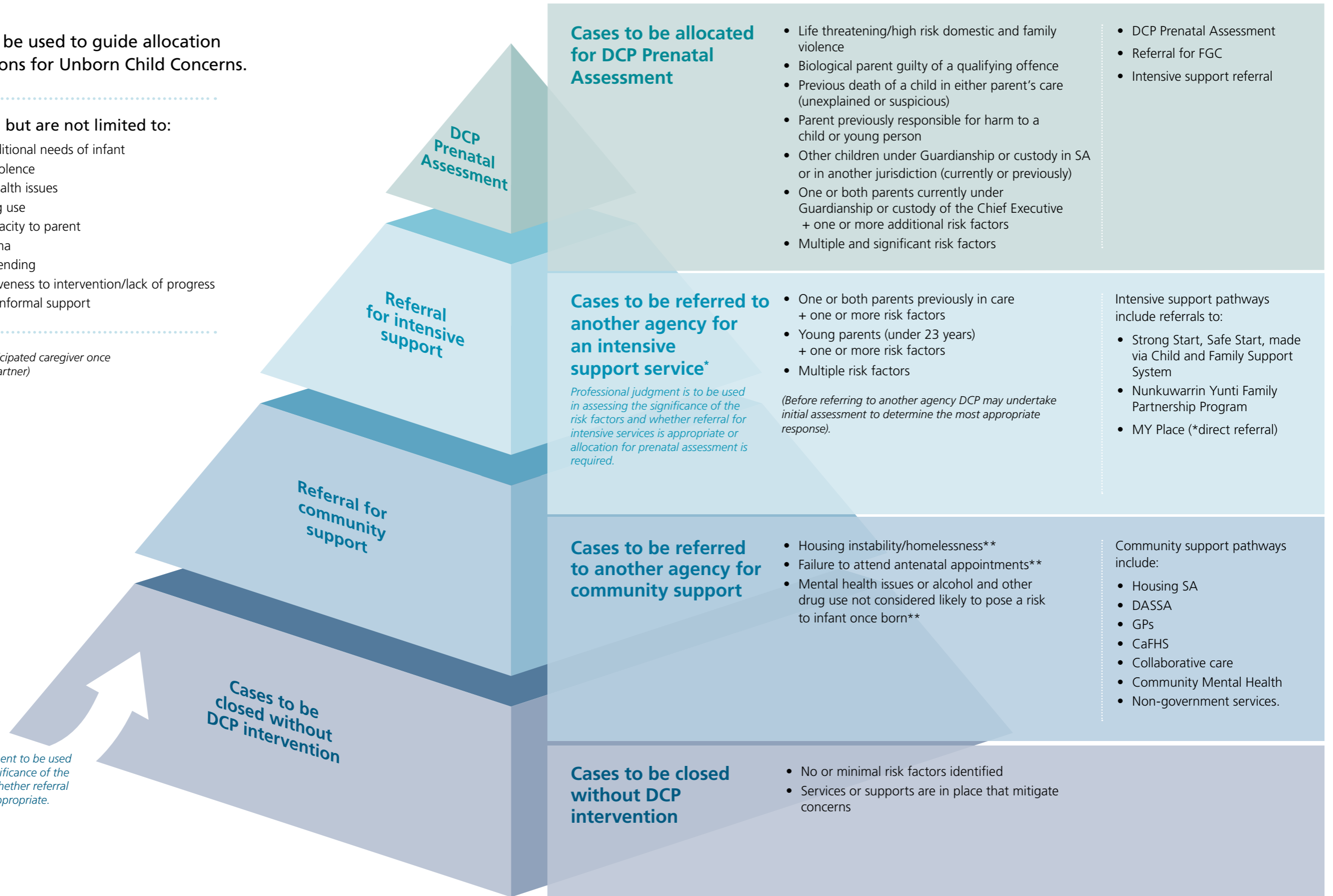
The following can be used to guide allocation and referral decisions for Unborn Child Concerns.

Risk factors include, but are not limited to:

- Anticipated special/additional needs of infant
- Domestic and family violence
- Unmanaged mental health issues
- Alcohol and other drug use
- Disability affecting capacity to parent
- Parental complex trauma
- Significant criminal offending
- Previous poor responsiveness to intervention/lack of progress
- Lack of formal and/or informal support

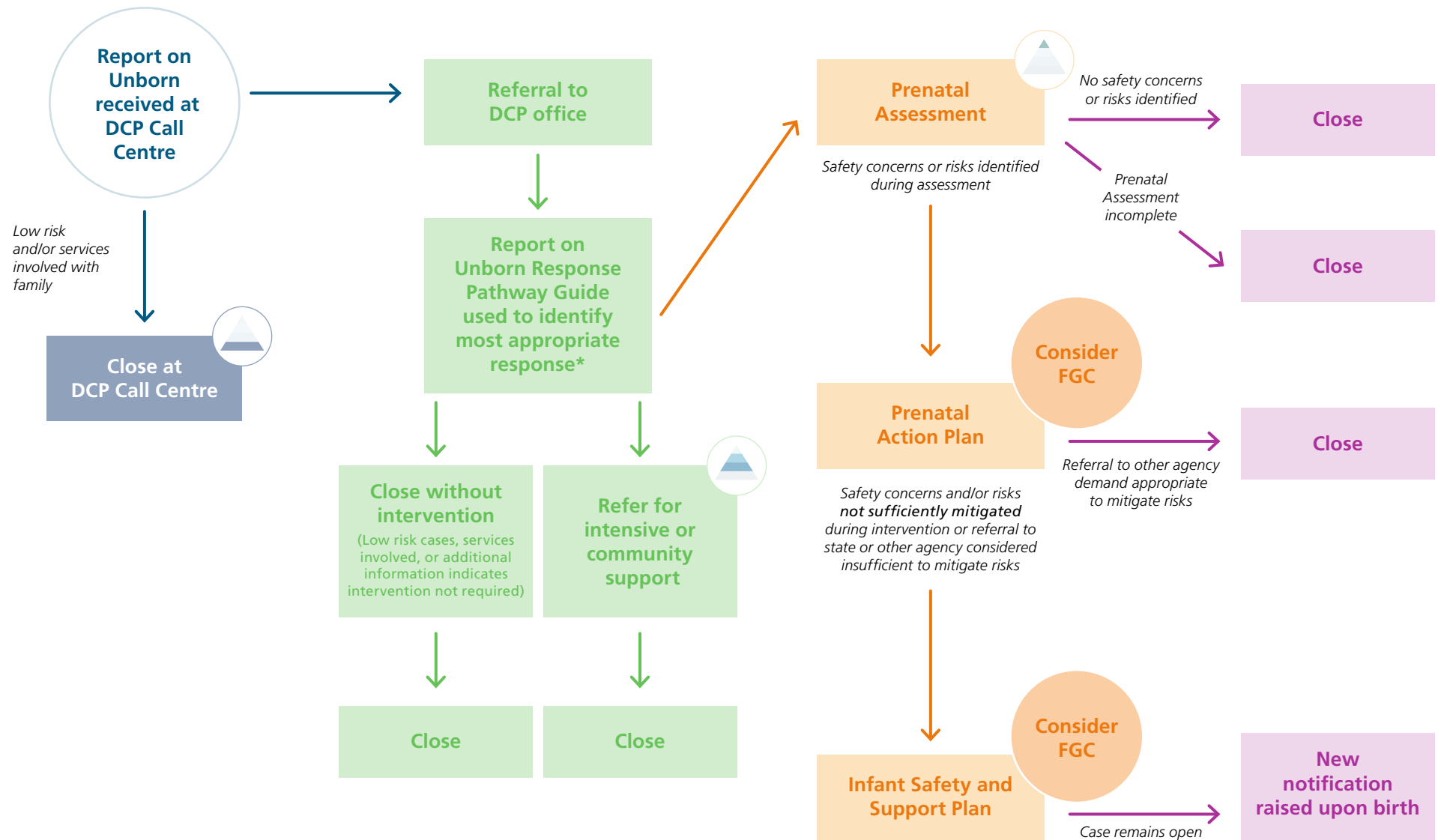
Parent refers to parent or anticipated caregiver once infant is born (eg. mother's partner)

Professional judgment to be used regarding the significance of the risk factors and whether referral or closure is appropriate.



\* Case may remain open to facilitate a FGC \*\* In the absence of other risk factors

# Intake, assessment and response for Unborn Child Concerns



\* Assessment may be required to determine the most appropriate response/most appropriate service to refer to.

## Specialist workforce



### High-Risk Infant Workers

DCP employs High-Risk Infant Workers (HRI Workers) who specialise in working with families during pregnancy.

DCP HRI Workers:

- undertake assessments and identify opportunities for intervention to address child protection concerns during pregnancy
- work in partnership with families to develop a plan for the safe care of their infant once born
- liaise with birthing hospitals to implement plans for birth, admission and discharge from hospital
- provide expert advice to DCP case workers working with families during pregnancy and infancy.

Flexibility is important to support continuity of care for families. Whilst the primary role of HRI Workers is working with families prenatally, they may continue to work with families after birth if they have worked with the family prior to birth.

Where a HRI Worker is not available a DCP case worker undertakes prenatal assessments and intervention. Where there is an HRI Worker at the local office, the DCP case workers will consult to ensure specialist knowledge informs the approach to intervention during the prenatal period. In rural and remote areas, HRI Workers may undertake other child protection work as demand requires.

# Practice Leadership



## Consultation

Consultation is a critical component of quality child protection. DCP has a range of practice leadership positions which provide expert advice to support best practice in prenatal work with families.

### Practice Leaders

DCP has social work trained Practice Leaders who support the delivery of high-quality, evidence-informed practice. They provide expert guidance and leadership in practice excellence through consultation, professional development, and mentoring.

Practice Leaders are consulted in complex cases involving families during pregnancy and infancy, particularly where there are indications that placement into care may be required. Their expertise supports practitioners to navigate challenging decisions and ensures that planning is child-centred, culturally responsive, and aligned with best practice.

### Principal Aboriginal Consultants

Cultural consultation is essential to ensure cultural considerations are central in decision making and active efforts are made for Aboriginal and Torres Strait Islander families to remain connected to family, community, and culture. Principal Aboriginal Consultants are consulted before engagement with a family during pregnancy and regularly thereafter to provide expert advice and guidance on the cultural needs of Aboriginal and Torres Strait Islander families.

### Multicultural Services

The Multicultural Services team supports DCP practitioners to deliver culturally responsive practice with families from CALD backgrounds by offering consultation and cultural knowledge to guide engagement and assessment with families during pregnancy and infancy.

## Supervision

Supervision is provided for HRI Workers via Supervisors in each office, consistent with the DCP Professional Supervision Procedure.

# Practice guidance

DCP practitioners are guided by the following when undertaking prenatal work.

## DCP Practice Approach and Manual of Practice

The **DCP Practice Approach** provides an integrated and contemporary approach to child protection practice, unique to South Australia's legislative and cultural context.

The DCP Manual of Practice provides guidance to DCP practitioners regarding the requirements for working with families during pregnancy and infancy, including practice standards.

## Practice Standards

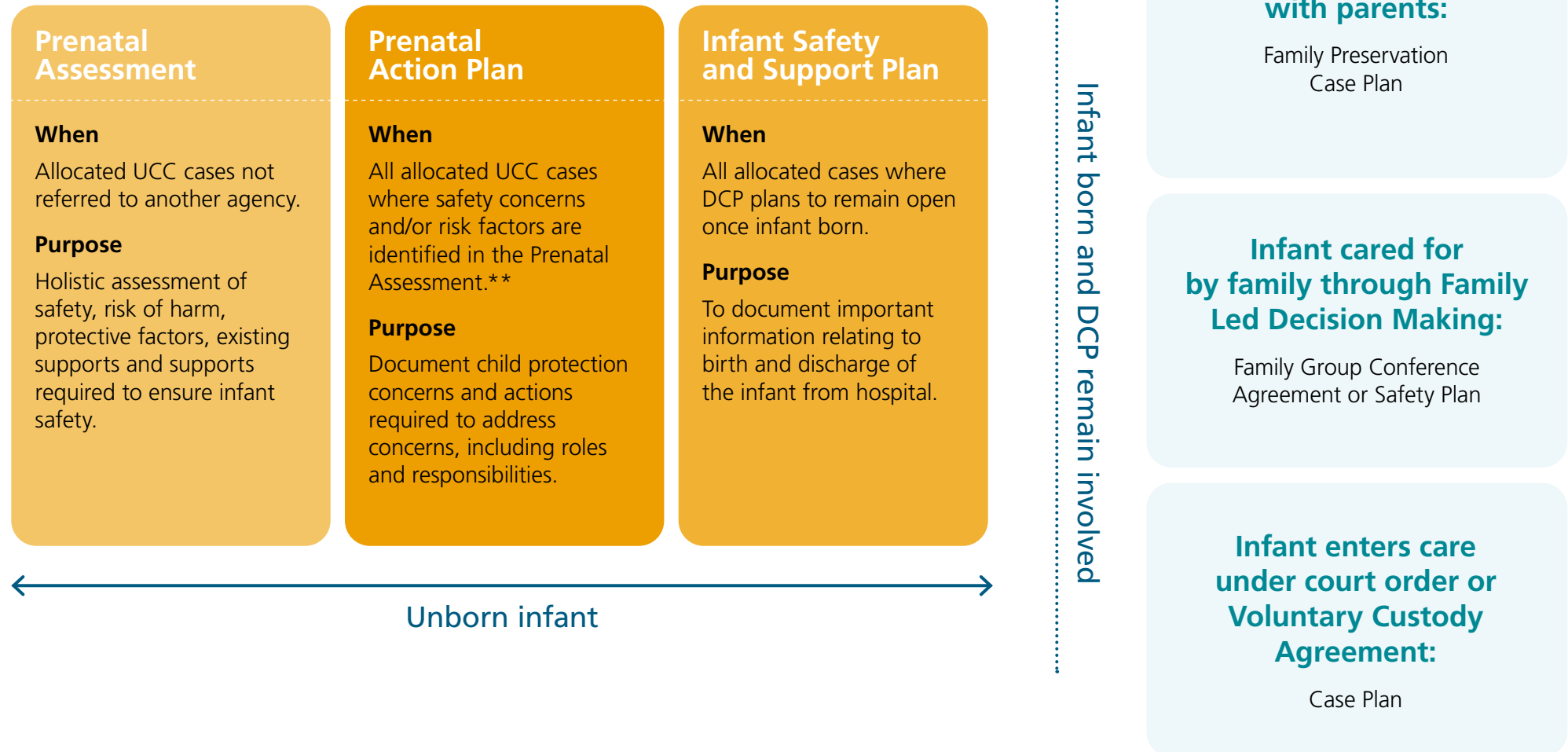
DCP's approach to prenatal work is supported by practice standards that guide:

- Recording of Report on Unborn Notifications
- Allocation for assessment
- Continuity of care
- Supporting pregnant young people under Guardianship or custody of the Chief Executive
- Consultation.

Practice standards are outlined in the DCP Manual of Practice.



## Assessment and plans\*



\* In some circumstances a case may remain open whilst intensive services work with the family – a prenatal assessment will not be required if undertaken by the service provider

\*\* The Prenatal Action Plan can be used during family preservation once born if content remains relevant.

# Professional development

## DCP Case Workers

All DCP case workers are offered the opportunity to engage in professional development including the following:

- Child development
- Attachment
- Aboriginal cultural footprint
- Responding to domestic and family violence in a child protection context
- Alcohol and other drugs in child protection practice including Fetal Alcohol Syndrome
- FGC
- Information sharing and gathering
- Safety planning
- Trauma awareness
- Kidsafe SA training (including infant safe sleeping)
- Developing genograms and ecomaps.

## DCP High-Risk Infant Workers

In addition to the professional development offered to DCP case workers, HRI Workers have access to professional development in the following areas:

- Perinatal infant mental health including attachment and impacts of trauma
- Working with Aboriginal and Torres Strait Islander families during pregnancy
- Parenting capacity assessment
- Perinatal relationship based practice
- Alcohol and other drug use in the perinatal period
- Mental health in the perinatal period
- Improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander children
- Working with families from NEC and CALD backgrounds during pregnancy.

All DCP HRI Workers are offered the opportunity to connect and receive professional development via a quarterly Community of Practice.

## DCP Practice Leaders and Principal Aboriginal Consultants and Supervisors

DCP Practice Leaders, Principal Aboriginal Consultants and Supervisors are offered the opportunity to and are encouraged to engage in the additional professional development relating to infants that is available to HRI Workers.

# Activity and performance reporting

## Key performance indicators

- Percentage of allocated Report on Unborn notifications which received a Prenatal Assessment
- Percentage of infants placed in family-based care
- Percentage of infants placed in kinship care
- Percentage of Aboriginal and Torres Strait Islander infants placed in kinship care
- Percentage of allocated unborn Aboriginal and Torres Strait Islander infants receiving a FGC or a family meeting prior to birth of the infant
- Percentage of allocated families where an FGC or family meeting is held prior to birth of the infant.



# Quality assurance and continuous improvement

DCP is committed to regular review of practice and identifying opportunities for quality improvement.

To ensure opportunities for improvement are identified on a continuous basis, DCP implements the following:

Quality review	Cases per annum
Case work of infants removed within 7 days of birth	20
Prenatal Assessment	20
Prenatal Action Plan	20
Infant Safety and Support Plan	20

Quality indicators of best practice for allocated cases include evidence of:

- early engagement with the family
- consultation with a Principal Aboriginal Consultant or Multicultural Services (where relevant) prior to first engagement with the family
- regular face to face contact with the parents during the pregnancy
- active efforts to engage both parents (where applicable)
- efforts to engage family commenced within time frames
- active efforts to support family-led decision making via family meeting and/or FGC
- family scoping for supports commenced from the first contact with parents
- timely and appropriate cultural consultation throughout intervention
- regular communication with the birthing hospital including meetings
- consultation with a Practice Leader, Principal Aboriginal Consultant or Multicultural Services prior to removal within 48 hours of birth (where relevant)
- consultation with a Principal Aboriginal Consultant where infant is removed (at any time)
- clear communication of the child protection concerns with the family is undertaken prior to birth, or a clear and sufficient rationale recorded if this was not undertaken.



## Quality assurance mechanisms for practice with Aboriginal families

For all Aboriginal infants placed into care before 12 months of age, an independent review will be conducted within six weeks of the infant's placement.

This review will consider active efforts to implement the ATSCPP and will consider the following indicators:

- information regarding the infant's family and cultural connections, nation, and language group is clearly recorded including a minimum three (3) generation genogram
- early and regular consultation has occurred with Principal Aboriginal Consultants and Aboriginal Family Practitioners
- families have been, and continue to be actively supported and assisted to engage in Aboriginal family-led decision making processes, including FGCs and family meetings
- all reasonable efforts have been made to explore opportunities for the infant to safely remain in the care of family and kin
- thorough family scoping has commenced and is ongoing to identify support systems for the family and opportunities for stable placement within family and community
- all placement options at the higher levels of the ATSCPP Placement Hierarchy have been exhausted before lower hierarchy placements are considered
- active efforts have been made to identify a stable kinship placement for the infant
- the viability of reunification is being actively considered, and appropriate assessments and supports are in place to pursue reunification where safe and possible
- clear and consistent communication is occurring with the family.

## Model Review

DCP is committed to ensuring that service reform is effective and contributes to improved outcomes for infants and their families. A review of the Prenatal Safety and Support Model will be undertaken 12 months post implementation.



## Resources

**Children and Young People (Safety) Act 2017**

**DCP Practice Approach – Summary Guide**

**DCP Assessment Framework**

**Prenatal Assessment Framework**

Working with infants and their families Practice Paper

Collaborative Case Management of High Risk Infants in Hospitals Policy Directive

**Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper**

**Working with cultural diversity Practice Paper**

**Trauma Lens Practice Paper**

**Strengths based Practice Paper**

**Safety Practice Paper**

**Attachment Practice Paper**

**Bias in child protection Practice Paper**

## DOCUMENT CONTROL

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## REVISION RECORD

Approval date	Version	Revision description
10 March 2026	1.0	New document

