Assessing the Quality and Comprehensiveness of Child Protection Practice Frameworks

A REPORT TO THE AUSTRALIAN CHILDREN'S COMMISSIONERS AND GUARDIANS

2018

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ACKNOWLEDGEMENTS

The authors acknowledge the Australian Children's Commissioners and Guardians who funded this research and provided feedback on the findings. The authors particularly thank Colin Pettit, Trish Heath, and Natalie Hall (WA Commissioner for Children and Young People) for their support guidance and invaluable feedback. The authors also acknowledge Dr Martine Hawkes (ACCP, UniSA) for assistance in report editing. Finally, the authors gratefully acknowledge the input of the Expert Panel members who gave generously of their time in reviewing and reflecting on this research—their input was invaluable.

SUGGESTED CITATION

Finan, S., Bromfield, L., Arney, F., & Moore, T. (2018). ***Assessing the quality and comprehensiveness of child protection practice frameworks***. Adelaide: Australian Centre for Child Protection, University of South Australia.

Contents

INTRODUCTION

Inquiries into Australian child protection systems over the last two decades have consistently highlighted issues of inadequate workforce capacity and poor quality of practice and decision making (see: McDougall et al., 2016). One of the key reforms used by systems to address these issues includes the implementation of an overarching practice framework. However, despite reforms, there has been a concerning increase in the rate of children with substantiation decisions, on care and protection orders and in out-of-home care. Furthermore, more recent inquiries suggest that despite the implementation of practice frameworks, concerns about practice issues have, at best, continued unabated (Child Protection Systems Royal Commission, 2016).

In addition, research conducted worldwide has identified several limitations of the practice models and frameworks that have been designed to increase practitioner competence. With little academic literature to guide the development of practice frameworks, or to help policymakers, practitioners and oversight bodies in identifying whether specific approaches are fit for purpose and consistent with the best evidence, the problem of inadequate workforce capacity and poor quality of practice and decision making seems destined to continue.

Responding to these concerns, and commissioned by the Australian Children's Commissioners and Guardians Group, the ***Assessing the Quality and Comprehensiveness of Child Protection Practice Frameworks*** project and report was conducted by the Australian Centre for Child Protection (ACCP) in consulation with an Expert Panel. The report provides an analysis and evaluation of a range of child protection practice frameworks in terms of the way they respond to the values and principles and approach to working with children and families applicable to the continuum of child protection practice. The project objective was the development of a benchmarking tool identifying the the quality and comprehensiveness of child protection practice frameworks.

Frameworks and Core Domains

For the purpose of this report, the authors defined a child protection practice framework as outlining the values and principles and an approach to working with children and families that has been applied to the whole of the continuum of child protection practice.

Documentation regarding eight child protection frameworks formed the primary data source for this project. From an initial list of 15, eight frameworks were identified for analysis:

1. Best Interests Case Practice Model
2. Integrated Service System
3. Practice First
4. Reclaiming Social Work
5. Scotland's National Framework
6. Signs of Safety
7. Solution Based Casework
8. Strengthening Families, Protecting Children

This project then identified and proposed 11 core domains that need to be addressed in a child protection practice framework. To assist in assessing the eight frameworks against the core domains, the 11 core domains were further classified into five categories:

1. Foundational underpinnings
2. Workforce training and supervision
3. Tools, approaches and practical guidelines
4. Implementation
5. Outcomes for children, families, practitioners and systems

These categories were developed through an iterative and intuitive process, whereby core domains with similar or crossover information were grouped. This process allowed for more in-depth analysis particularly and the consideration of cumulative or inter-related issues across domains.

Method

The project sought to assess the relative strengths, limitations and gaps across and within child protection practice frameworks. It comprised an iterative design consisting of five stages:

1. ***Identifying the frameworks***: an environmental scan to identify relevant frameworks that appered to meet the project definition and primary document sourcing.

2. ***Developing the framework summaries***: developing the coding framework, extracting information from primary source documents and developing narrative summaries.

3. ***Analysis***: review of framework eligibility against framework definition; analysis of eight program summaries for cross-cutting themes, strengths and limitations.

4. ***Expert Panel review***: presentation of a draft project report documenting stages 1–3 to the Expert Panel. Feedback and expertise were provided by the Panel through consultation, with emerging themes then summarised.

5. ***Review and revise***: revision of the core domains and critique in response to feedback from the Expert Panel. Informed by the Expert Panel discussions, a procedure was developed for assessing the extent to which the approach within each component reflects good practice based on best available evidence.

Findings

From the project research:

Three key findings emerged from the review of the eight child protection frameworks:

1. There exist significant gaps and limitations in the dominant child protection practice frameworks currently being implemented in the Australian and international contexts.
2. A benchmarking tool and quality assurance procedure could be used to inform framework selection and development by Child Protection Departments or for monitoring against minimum standards by regulatory and oversight bodies.
3. Further work is required to strengthen the comprehensiveness, content and approach of child protection practice frameworks and to address the issues discussed across the 11 core domains.

Four particular gaps and limitations emerged from the analysis:

1. A lack of consistency and emphasis in the child-centred methodology of frameworks. This was found in the principles underpinning frameworks as well as in the frameworks' intended and reported outcomes.
2. A lack of specification or guidance regarding the qualifications, experience, knowledge or skills required in effective child protection practice.
3. A lack of identification or guidance on the specific skills, techniques and tools required for each aspect of child protection practice.
4. Frameworks were either lacking in an evidence-based approach or were not underpinned by a relevant evidence-based approach.

From the Expert Panel:

Expert Panel feedback and consultations both endorsed the project team's methodology and findings and provided an additional critique of the content and approaches encapsulated (and not encapsulated) within the core domains of the practice frameworks. Themes emerging regarding core domains content from the Expert Panel consultations include:

- Concerns about the picture that had emerged from the draft report in terms of what was missing from the frameworks, as well as the accuracy and helpfulness of the content made available through frameworks across many of the domains.
- Suggestions that frameworks reviewed could be considered to consist of several frameworks relative to different levels of practice.
- Suggestions that frameworks need to contain explicit practice guidance and should demonstrate how to develop content expertise for practitioners.
- A call for frameworks to include high-quality, evidence-based content for each of the domains.
- A need for benchmarking to incorporate both comprehensiveness (regarding domains covered) and quality regarding domain content.

Implications and recommendations for policy and practice

This report, together with the Expert Panel review, provides a concerning picture for the state of child protection frameworks as a whole; both regarding the comprehensiveness of frameworks and the appropriateness of framework content and approaches.

Firstly, child protection practice frameworks tend to be marketed as a one-size-fits-all approach to child protection practice. The core domains presented in this report provide a base level checklist for the assessment of the relative comprehensiveness of a child protection practice framework and any core domains that may need to be supplemented or further developed.

Secondly, we highlight the importance of Child Protection Departments adequately covering all core domains in their service. Child Protection Departments could use the core domains identified in this report to build on their current frameworks and include and strengthen content on all domains.

Further work is required to strengthen the comprehensiveness of child protection practice frameworks, including:

1. The development of a process or method to determine the best available evidence for each of the identified core domains.
2. The application of this process to each of the core domains with a view to using the best available evidence to set minimum requirements in each domain through implementation.
3. The development of a benchmarking tool for child protection frameworks that combines the core domains identified in this project and best practice within domains.

These steps would provide an integrated approach to supporting child protection practice, which is evidence-based and high quality.

ACCP recommends that developers of frameworks might consider how to better engage stakeholders in the design, implementation and review of frameworks.

1. BACKGROUND AND METHODOLOGY

Inquiries into Australian child protection systems over the last two decades have consistently highlighted issues of overwhelming demand, inadequate workforce capacity and poor quality practice and decision making (McDougall et al., 2016). One of the key strategies used by Child Protection Departments to increase workforce capacity and enhance practice and decision making has been to implement an overarching practice framework which provides underpinning theories, principles, tools and approaches to guide child protection practice across an organisation.

Across Australia, seven child protection frameworks have been implemented in different jurisdictions since 2007. Including a description of 'values and principles that underlie approaches to working with children and families' (Child Welfare Policy and Practice Group, 2008 p. 2), a framework provides guidance on the techniques considered fundamental to the entirety of child protection practice. Examples of frameworks currently in use in international child protection practice include Structured Decision Making (SDM), Signs of Safety, Solution Based Casework (SBC), Critical Reflection, and Core Competencies in the Australian Qualifications Framework.

Despite the implementation of child protection practice frameworks, concern about practice issues have persisted. For example, these concerns are tabled in the Child Protection Systems Royal Commission (2016). Research in Australia and internationally has identified several limitations of the practice models and frameworks designed to increase practitioner competence (Gillingham, 2017; Salveron et al., 2015). However, there is little academic literature to either guide the development of practice frameworks or to assist policymakers, practitioners and oversight bodies in identifying whether approaches are both fit for purpose within the diverse functions of child protection practice and consistent with best evidence. The development of a benchmarking tool for child protection practice frameworks could:

1. Assist in the identification and assessment of existing frameworks and approaches regarding the extent to which they are fit for purpose.
2. Guide the development of new, or adaptation of existing child protection practice frameworks.
3. Provide a tool for use by monitoring and oversight bodies.

1.1 Objectives

Commissioned by the Australian Children's Commissioners and Guardians Group, this project aimed to develop a benchmarking tool that would identify the core domains of child protection practice frameworks and a procedure for assessing the extent to which the each component's approach reflects good practice based on best available evidence.

1.2 Method

1.2.1 Design

This project used an iterative design, where findings are designed to be revisited and revised throughout various stages of the project. This process allowed for further in-depth analysis and greater transparency (Dixon-Woods, 2011), which aimed to bring the researchers closer to identifying final core domains and key considerations with each iteration.

1.2.3 Procedure

This project included several steps (each is discussed in detail below): identifying the frameworks; developing the framework summaries; analysis; Expert Panel review; and review and revision.

1.2.3.1 Identifying the frameworks

The identification of the child protection practice frameworks comprised both an environmental scan to identify relevant frameworks and primary document sourcing. The environmental scan included reviewing each Australian Child Protection Department website and a google search for additional frameworks used internationally. The google search was completed using the terms 'child protection' or 'child welfare' and 'framework' or 'approach'. This search was completed 10–24 August 2017.

For the purpose of this report, the authors defined a child protection practice framework as outlining the values and principles and an approach to working with children and families that has been applied to the whole of the continuum of child protection practice. This review excludes those frameworks that are described solely as risk assessment frameworks, for example, Safeguarding Children Assessment and Analysis Framework (Macdonald et al., 2017) or frameworks that are self-described to be discrete to one aspect of the child protection process, for example, Sanctuary (Bloom, 2005) or Children and Residential Experiences: Creating Conditions for Change (Holden et al., 2014), models which are specific to out-of-home care. For a risk assessment or a model of care to be included in the review it had to be mentioned within a larger framework as a tool or approach that makes up the greater whole of the child protection practice framework.

A broad range of child protection models and frameworks were discovered during the environmental scan of publicly available literature. Initially, 15 frameworks (nine Australian framework[1] and seven international frameworks) were identified through the environmental scan. Table 1 provides a summary of the frameworks, the state or jurisdiction in which it is currently implemented, the self-descriptions that identify them as a child protection practice framework and the justification for inclusion or exclusion for the purposes of this report. Each of the 15 frameworks is described in detail in Appendix 1.

1 The Australian Capital Territory does not currently have a child protection practice framework to which they adhere.

Table 1: Summary of frameworks as described by framework developers or implementers

Framework	State or Jurisdiction	Self-description	Justification for inclusion or exclusion
Best Interests Case Practice Model (See: Appendix A.1.1)	Victoria	The Best Interests Framework: 'Designed to inform and support professional practice in family services, child protection and placement and support services, the model aims to achieve successful outcomes for children and their families' (Miller, 2012).	Best Interests Case Practice Model outlines the values and principles and an approach to working with children and families across the child protection continuum, thus was included in the analysis.
Child Safety Practice Framework (See: Appendix A.1.2)	Tasmania	'...new model of child protection that will provide greater back-up and support to workers...' (Department of Health and Human Services, 2016).	Child Safety Practice was excluded as in all but name it appeared to be identical to Signs of Safety
Core Competencies (Vet Training) (See: Appendix A.1.3)	Australia Wide	'This qualification reflects the role of child protection workers who provide specialist services to clients with complex and diverse needs, and act as a resource for other workers' (Australian Government, 2015a).	Core Competencies Vet training documentation, provides guidance on pre-requisite training for social workers, which is taught in training organisations (TAFE). These document does not provide information on values, principles and ways of working thus was excluded from this report. However, it is used as an example of alternative approaches to child protection practice.
Family Centred Practice (See: Appendix A.1.4)	International	'Family-centered practice is a way of working with families... across service systems to enhance their capacity to care for and protect their children' '...key elements of family-centered practice and provides overarching strategies for family-centered casework practice across child welfare service systems...' (Child Welfare Policy and Practice Group, 2008)	Excluded due to limited cohesive, publicly available information
Integrated Service System (See: Appendix A.1.5)	New Zealand	'... the New Zealand practice framework...' (Connolly, 2007).	The Integrated Service System outlines the values and principles and an approach to working with children and families across the child protection continuum, thus was included in analysis.
Practice First (See: Appendix A.1.6)	New South Wales[1]	'Family and Community Services (FACS) developed Practice First as a model for child protection service delivery' (Family and Community Services, 2015).	Practice First outlines the values and principles and an approach to working with children and families across the child protection continuum, thus was included in analysis.
Practice with Purpose (See: Appendix A.1.7)	Northern Territory	The practice with purpose document includes: foundations, standards and approaches (Department of Children and Families, 2014a).	Excluded due to limited publicly available information
Reclaiming Social Work (See: Appendix A.1.8)	England	Reclaiming Social Work model utilises systematic organisation change in working with children and families in statutory child protection settings (Goodman & Trowler, 2012).	Reclaiming Social Work outlines the values and principles and an approach to working with children and families across the child protection continuum, thus was included in analysis.

Scotland's National Framework (See: Appendix A.1.9)	Scotland	'The National Guidance for Child Protection in Scotland... provides a clear definition of what abuse is as well as expectations for all those working with children and young people regarding identifying and acting on child protection concerns' (The Scottish Government, 2010).	Scotland's National Framework outlines the values and principles and an approach to working with children and families across the child protection continuum, thus was included in analysis.
Signs of Safety (See: Appendix A.1.10)	Western Australia	Signs of Safety is 'a solution and safety orientation approach to child protection casework' (Turnell & Edwards, 1999).	Signs of Safety outlines the values and principles and an approach to working with children and families across the child protection continuum, thus was included in analysis.
Solution Based Casework (See: Appendix A.1.11)	South Australia, Australia	'Child Welfare Practice Model: SBC is an evidence-informed case work practice model' (Solution Based Framework, 2018).	SBC outlines the values and principles and an approach to working with children and families across the child protection continuum, thus was included in analysis.
Strengthening Families Approach: A Protective Factors Framework (See: Appendix A.1.12)	United States	'Strengthening Families into one of the most widely recognized approaches to child abuse and neglect prevention...' 'The five protective factors at the foundation of Strengthening Families also offer a framework for changes at the systems, policy and practice level...' (CSSP, 2015).	The Strengthening Families approach could be considered both a practice framework as it provides practitioners and Departments with a case management system and a practice tool that is used in conjunction with a practice framework. Due to it most commonly being used in the United States as a tool in addition to a practice framework it has been excluded from further analysis.
Strengthening Families, Protecting Children (See: Appendix A.1.13)	Queensland, Australia	Strengthening families, protecting children is a 'framework for practice' (Department of Communities, Child Safety and Disability Services, 2015).	Strengthening Families, Protecting Children outlines the values and principles and an approach to working with children and families across the child protection continuum, thus was included in analysis.
Structured Decision Making Approach to Case Work (See: Appendix A.1.14)	South Australia Queensland, Tasmania, New South Wales, Northern Terrritory, New Zealand	'Structured Decision Making case management system' 'The SDM model incorporates a set of evidence-based assessment tools and decision guidelines' (Children's Research Center, 2008a).	The SDM approach could be considered both a practice framework as it provides practitioners and Departments with a case management system and a practice tool that is used in conjunction with a practice framework. In Australia, SDM is used as a suite of tools that are used alongside a practice framework and thus was excluded from the practice framework review. However, it is discussed in Section 2.9 of this report.
Title IV-E (See: Appendix A.1.15)	USA	'...supporting both staff training and the opportunity for current and prospective employees to earn BSW and MSW degrees. Using these federal funds to support social work education has been instrumental in educating a new generation of social workers to pursue child welfare careers' (Social Work Policy Institute, 2012).	Title IV-E is a funding document that provides guidance on pre-requisite training for social workers, for Departments and training organisations (such as universities). This document does not provide information on values, principles and ways of working thus was excluded from this report. However, it is used as an example of alternative approaches to child protection practice.

Table note

[1] At the time the frameworks were identified and reviewed, NSW had the Practice First child protection practice framework. They have since developed a new child protection practice framework, Family and Community Services NSW Practice Framework.

Following the identification of child protection practice frameworks, a review of primary sources was conducted. This included conducting an extensive Internet search using peer-reviewed and grey literature to identify primary documents, reports and policy resources regarding identified national and international frameworks. The reviewed literature was identified through searching the following: national Department websites for reports of state-specific child protection frameworks; child protection framework websites (such as www.signsofsafety.net); and databases such as Google Scholar and PsychINFO. This review was conducted between 24 August and 8 September 2017.

Through the identification of primary sources, it was found that some frameworks did not provide enough publicly accessible information to be included in the extractions. In addition, there was some overlap in the frameworks being used in Australian states. As such, these duplicate frameworks were not included in the extractions. Of the 15 frameworks identified, two frameworks were excluded from the in-depth extractions due to limited publicly accessible information (Practice with Purpose and Family Centred Practice) and one due to its similarity to another included framework (Child Safety Practice appeared to be identical to Signs of Safety in all but name). A further two frameworks—SDM and Strengthening Families Approach: A Protective Factors Framework—were excluded due to the use of these frameworks within a wider child protection framework. Finally, the Core Competencies (Vet Training) and Title IV-E where excluded from the main analysis but are presented in Section 3.2 of this report to provide an example of an alternative approach to child protection practice. In total, eight frameworks were selected for use in the subsequent stages of this project. These are:

1. Best Interests Case Practice Model
2. Integrated Service System
3. Practice First
4. Reclaiming Social Work
5. Scotland's National Framework
6. Signs of Safety
7. Solution Based Casework
8. Strengthening Families, Protecting Children

1.2.3.2 Developing the framework summaries

The development of the framework summaries consisted of several stage. These included: developing a coding framework; extracting information from primary source documents; and developing narrative summaries. The peer review and grey literature for each framework was reviewed and coded using a framework based synthesis method, a method for synthesising qualitative data (Barnett-Page and Thomas, 2009; Dixon-Woods, 2011). This method is orientated toward applied policy questions, and is well suited to developing both an understanding of the currently used practice frameworks and whether certain approaches are fit for purpose and consistent with the best evidence (Barnett-Page & Thomas, 2009; Dixon-Woods, 2011). The framework based synthesis methodology uses an ***a priori*** framework to extract and synthesise findings (Barnett-Page & Thomas, 2009). An ***a priori*** framework can be reorganised and developed as data is extracted and synthesised, and as such can be seen as an iterative approach (Barnett-Page & Thomas, 2009). This was developed in this project through the development of an initial coding structure from the initial description of each framework (see: Appendix 1), immersion in framework materials and team reflection and discussion. This initial coding structure included the following 14 potential core domains of child protection frameworks:

1. Foundational principles
2. Foundational theoretical and practical bases
3. Cultural considerations
4. Pre-requisite qualifications and experience of practitioners
5. Framework-specific training
6. In-service training and professional development
7. Tools and approaches
8. Outcomes specific to the development and testing of tools and approaches
9. Implementation
10. Implementation approach effectiveness
11. Outcomes for children, families and practitioners: Intended outcomes
12. Outcomes for children, families and practitioners: Reported outcomes evidence from evaluations
13. Monitoring and evaluation of the framework as a whole: Intended outcomes
14. Monitoring and evaluation of the framework as a whole: Reported outcomes evidence from evaluations

Each of these core domains was further broken down into more specific codes to extract key information from all available documentation on each framework. This coding matrix was translated into a working 'child protection framework coding' document, used for all extractions. Table 2 offers a summary of the core domains and subsequent specific codes.

Table 2: Coding framework

Core Domains	Information extracted	Subthemes	Examples
Foundational Principles	Principle as stated in framework, reference if evidence-based.	N/A	Partnership or 'family and community connection.'
Foundational theories and practical basis	Theories and practice basis as stated in framework, reference if evidence-based.	N/A	Solution-based therapy.
Cultural considerations	Type of cultural considerations and how staff create culturally safe practices.	Type of cultural considerations: cultural safety, consideration of cultural need, cultural input/governance	Consideration of cultural need: using Aboriginal child placement principles.
Pre-requisite Qualifications and experience of practitioners	Any listed pre-requisite qualifications or experience required by practitioners to undertake CP work.	N/A	All practitioners are at minimum required to hold a diploma in child protection.
Framework-specific training	Type of content expertise.	Types of content expertise: embedded development, management/engagement anticipated, training/ compulsory training, content blind and content eroding	Practitioners completed a 5-day training exercise.
In-Service training and professional development	Type of in-service training and does it build on the framework.	N/A	Practitioners completed a 2-day training exercise in trauma-informed care.
Tools and approaches	Name of the tool, if stage or decision specific, reference if evidence-based.	N/A	SDM is a decision specific suite of tools.
Outcomes evidence for evaluations of specific tools and approaches	Name of the tool, if stage or decision specific, outcome of evaluation.	N/A	SDM was seen to reduce the number of children in out-of-home care.
Implementation drivers	Type of implementation driver, if model, data or case-lead.	Types of drivers: competency, organisation and leadership	Competency drivers: the types of training, coaching and fidelity assessments
Implementation Approach Effectiveness	Name of implementation approach, if applicable, effectiveness and what measures were used to determine effectiveness.	N/A	Implementation was effective due to reduction in recidivism in SBC cases
Outcomes for children, families and practitioners: Intended outcomes	Type of outcome.	Types of outcome: child, family, practitioners	Child-specific outcome: Reduction in number of children in out-of-home care
Outcomes for children, families and practitioners: Reported	Type of outcome	Types of outcome: child, family, practitioners	Outcome result as reported in text, e.g. increased number of children in out-of-home care over two year period
Monitoring and Evaluation of the framework as a whole: Intended outcomes	Type of monitoring and evaluation.	Type of evaluation: case level, area level, state level, country level	State level outcome: reduction in reoffending or reoccurring maltreatment
Monitoring and Evaluation of the framework as a whole: Reported	Type of monitoring and evaluation.	Type of evaluation: case level, area level, state level, country level	Outcome result as reported in text, e.g. reduction in reoffending or reoccurring maltreatment over a six month period

Note: If information was unable to be found or a code is not applicable for the individual framework, this was marked in the coding document using ***NP = Information Not Provided*** or ***NA = Not Applicable***.

Through the iterative process of coding each framework, providing analysis and critique, this coding framework was amended to include 11 core domains. Each of these core domains are further defined below, followed by a descriptive discussion of each core domain. Analysis of the relative strengths, limitations, cumulative effects and gaps across and within frameworks are presented in Section 3: Analysis and Findings.

11 Core Domains

1. Stakeholder involvement in framework development

The type and extent of stakeholder engagement during the developmental stages of each child protection practice framework were coded. Stakeholders included: children, families, practitioners, policy makers and external organisations that may provide referrals to and from child protection departments, other providers, legal practitioners and members of the judiciary, adult survivors of child maltreatment, child protection systems and out-of-home care.

2. Foundational principles

Foundational practice principles include a set of fundamental assumptions and desired values for both organisations and individual practitioners to uphold (Child Welfare Policy and Practice Group, 2008). These principles provide the ambitions of best practice and guide practice decisions for both child protection agencies and practitioners when working with children and families.

3. Founding theories

Theories underpinning the frameworks were identified. These generally contain a consistent set of ideas and assumptions that assist the practitioners in adhering to the practice framework principles or for use during decision making (Nutbeam et al., 2010).

4. Practical Guidelines

Practice guidelines provide directions that are specific to a child protection framework based on the overarching theories (that is, they have been created by the framework's developers to further guide practitioners).

5. Competence in working with diversity

Detail about how practitioners work with diversity were reviewed. Diversity is defined by the Diversity Council of Australia (2018) as 'all of the differences between people in how they identify in relation to their; age, caring responsibilities, cultural background, disability, gender, Indigenous background, sexual orientation and socio-economic background'. For the purpose of this project, data was extracted under competence in working with diverse population groups including (but not limited to): Aboriginal or Torres Strait Islander and culturally and linguistically diverse (CALD) communities and people with disabilities or mental health issues.

6. Framework-specific training

The review attempted to identify what practitioner training child protection framework implementers and/or creators should complete before accreditation in a framework can be achieved. This also includes both mandatory and recommended training for practitioners by the implementers and/or creators that is specific to the child protection framework.

7. Pre-requisite qualifications and experience of practitioners

Detail about minimum qualifications was reviewed, including both previous experience of practitioners and the pre-requisite qualifications included in a nationally or internationally

recognised sequence of courses that result in a degree being awarded to the participant (McCormack & McCance, 2006). Completion of these qualifications would be required for a person to work as a child protection practitioner.

8. In-service training and professional development

The review also considered the ongoing training requirements recommended by the framework that requires the practitioner to learn about a topic deemed essential knowledge, but is not specific to the framework itself (for example, child development, trauma impacts, dynamics of abuse and neglect).

9. Tools, approaches and practice guidelines

The Child Welfare Policy and Practice Group (2008) reports that frameworks 'may describe specific approaches and techniques considered fundamental to achieving desired outcomes' (p. 2). This refers to the guiding principles, tools, instruments and assessments that a child protection framework suggests should be used with children and families over the course of the child protection process (for example, engagement tools such as 'Three Houses', which emerges from Signs of Safety). This also refers to any documentation, reports, or peer-reviewed literature that described the effectiveness and evidence base of a particular tool or approach within a framework. This core domain could be understood as having four parts: practical guidelines; tools or approaches used; tools or approaches specifically designed to facilitate child participation in decisions affecting them; and tools, approaches and guidelines for evaluation and evidence.

10. Framework Implementation

The framework implementation process refers to a collection of planned and intentional activities that aim to embed the framework practices within an organisation (Fixsen, et al., 2009; Mitchell, 2011). This also includes any documentation, reports and/or peer-reviewed literature describing the effectiveness and evidence base of the implementation approach taken by Departments and/or suggested by framework developers. This core domain is divided into two parts: implementation approach and implementation approach evaluation evidence.

11. Outcomes for children, families, practitioners and systems

This includes the outcomes for children, families, practitioners and the wider system that are intended or assumed to occur through the implementation and ongoing use of the child protection framework (for example, parent satisfaction). This also includes the outcomes for children, families, practitioners and systems that are measured and subsequently reported in any documentation, reports and/or peer-reviewed literature. This core domain is divided into two parts: Intended outcomes and reported outcomes evaluation evidence.

After the development of the initial coding structure, each individual framework was coded separately. To determine the initial ordering of the child protection frameworks, it was determined that the researchers would rank frameworks by the amount of publicly available information and start with the frameworks that have the most publicly available information. A document hierarchy was also used to decide which of the documents collected through the review would be used in coding and in what order. The following document hierarchy was applied:

1. Practice Framework Report
2. Reports, book chapters or other materials developed by the practice frameworks initial developer
3. Practice Frameworks developers' website

4. Empirical literature published by practice framework's developer pertaining to framework development
5. Empirical literature published on implementation or outcomes of practice framework
6. Annual report for Department containing information on implementation or outcomes of practice framework

An individual extraction document was used for each framework. These extraction documents provided a high level of detail including examples of each core domain as extracted from the framework documentation. These extraction documents are referenced accordingly are available from the authors upon request.

Finally, extraction documents were used to create narrative summaries of each of the frameworks, using the core domains as a consistent organising framework to enable comparability. Framework summaries describing each of the frameworks individually are presented in Appendix 1.

1.2.3.3 Analysis

After creating narrative summaries for each practice framework, the analysis of these frameworks took place. This analysis used both the narrative summaries and larger extraction documentation for each framework and focused on the discovery of cross-cutting themes and core domains (see Section 2 of this report for further information). The strengths and limitations of both the individual frameworks and frameworks as a whole were then analysed and described (see Section 3 of this report for further information). This analysis was conducted in consultation with Australian Centre for Child Protection (ACCP) supervisors, with resolution and agreement reached through small group discussions. This analysis ended in the establishment of the draft report which was provided to the Expert Panel.

1.2.3.4 Expert Panel Consultation

The fourth stage of this research included the assembly of the previously mentioned Expert Panel. The Expert Panel provided further critical analysis and examination of the identified child protection practice frameworks and core domains. The Expert Panel included members representing the following categories: academics, child protection clinicians, cultural experts in working with both Aboriginal and Torres Strait Islanders, refugee and migrant communities. The ACCP provided a list of proposed panel members to the Australian Children's Commissioners and Guardians in November 2017. This list was added to and approved by the Australian Children's Commissioners and Guardians. The proposed panel members were then approached via email and letter during February and March 2018 and asked to participate in one of three panel meetings. These meetings took place via teleconference or in person (depending on the panel members' location) in February and March 2018. The panel members were asked to review stages 1–3 (which were presented in a draft project report) and provide feedback on both the current domains and potential additional domains that had not been captured via the extraction methods; and to also provide comment on the accuracy and fairness of the project team's analysis and critique along with observed gaps in this analysis.

A list of the members of the Expert Panel can be found in Appendix 2, while a summary of themes emerging from the Expert Panel consultations is presented in Appendix 3.

1.2.3.5 Review and Revise

The final part of this project was to review and revise the core domains and practice framework critique based on feedback from the Expert Panel meetings. All the parts of the main body of the report, including core domains, analysis and conclusions, were updated accordingly following Expert Panel consultations.

2. THE CORE DOMAINS

Following an analysis of the publicly available information provided on eight frameworks against the 11 core domains presented in the previous section, the following findings emerged. Note that further analysis of the relative strengths, limitations, cumulative effects and gaps across and within frameworks are further described in Section 3.

2.1 Stakeholder involvement in framework development

Stakeholder engagement during the development and implementation of the child protection practice frameworks was seldom d, while no frameworks reported consulting with and/or working with children, families and external agencies during the development of the child protection practice framework. Signs of Safety was co-authored by a practitioner and manager from the Western Australian Department for Child Protection and piloted with practitioners (Turnell & Edwards, 1999). It is also worth noting that several of the frameworks were developed by senior practitioners with executive roles within Child Protection Departments (for example, Best Interests Case Practice Model, Practice First and Reclaiming Social Work), however the extent to which the framework developers consulted and engaged a broader corpus of frontline practitioners within their agencies is not reported.

2.2 Foundational principles

All eight frameworks provided information on practice principles. Commonly, frameworks reported foundational principles such as working relationships with families and professionals (n=7), valuing and respecting others and diversity (n=7), being child- and family-centred (n=4), and using reflective practice or professional judgement (n=4).

Many of the foundational principles included values that could be upheld by both the Child Protection Department and practitioners. These values included: fostering child safety and wellbeing; managing risk; practicing reflective practice; encouraging professional judgement; and valuing and respecting others and diversity. Interestingly, only four frameworks noted being either child-or family-centred as a key practice principles, with only two frameworks (Best Interests Case Practice Model and Strengthening Families, Protecting Children) containing principles specific to having the child's best interest at the centre of practice. Child-centred child protection practice is defined in this report as: practice that has the child and his or her needs, wishes and best interests at its core (D'Cruz & Stagnitti, 2008; Race & O'Keefe, 2017). This includes: recognising critical time-frames in childhood and adolescence, including early in the life of the child and early in the life of the problem; taking into account the individual child's strengths and knowledge; providing children and young people with appropriate opportunities to participate in decision-making which affect them; and promoting a collaborative approach (Barnes, 2017; Winkworth & McArthur, 2006).

In addition, across all frameworks limited information was supplied about how practitioners and Child Protection Departments can perform duties in a manner consistent with being child-or family-centred and measure this performance.

2.3 Founding theories

All eight frameworks highlighted important pre-existing theories and provided practitioners with additional practice guidelines. Theories mentioned by the child protection frameworks included: child and family development; ecological; resilience; trauma; and attachment theories. Theories such as relationship-based practice (n=5) were commonly cited as underpinning child protection frameworks. Fewer frameworks discussed developmental (n=3) or trauma (n=1) theory. These theories were seldom explained in detail and often did not include references for

practitioners to acquire more information, which is surprising given the nature of the work and that the frameworks were designed specifically for child protection practice. The exception was the Best Interests Case Practice Model, which provided references (such as Bronfenbrenner's ecological model, 1975) and offered additional information in the form of comprehensive evidence-informed practice resources on child development and trauma, cumulative harm, families with multiple and complex needs and working with families where an adult is violent, and so on.

2.4 Practical Guidelines

Practical guidelines were specific to the child protection framework and were highly variable. All eight frameworks mentioned practice guidelines, with the majority focusing on assessment and case management (n=6). Meanwhile, others highlighted how to engage families (n=2) and/or work in teams (n=2). There were also references to Solution Focused Brief Therapy (SFBT) and other strengths-based approaches (n=6). It was anticipated that these guidelines would operationalise the founding principles and provide a guide for practitioners to understand different types of practice. However, the degree to which the guidelines provided operationalised instruction varied significantly.

The most commonly mentioned practical guidelines included references to SFBT and other strengths-based approaches. The frameworks, in general, had a focus on discovering families' strengths, which is a core component of SFBT (deShazer, 1985). This was demonstrated through the language that was commonly used including: 'recognise that all families have signs of safety' (Turnell & Edwards, 1999 pp. 30–32), 'focusing on creating small change' (Turnell & Edwards, 1999 pp. 30–32), 'detailing attended solutions, identifying moments of success and encouraging the use of underutilized resources' (Christensen & Todahl, 1999 p. 7) and the provision of reminders for practitioners to 'reinforce and balance the perspectives throughout the work' through asking questions such as 'how are decisions linked to family strengths and resources?' (Connolly, 2007 pp. 833–835).

Other practical guidelines tended to focus on giving practitioners a brief overview of the important guidelines for assessment and case management. For example, Practice First encourages holistic assessments and family work, collaboration and critical reflection (Office of the Senior Practitioner, 2011), while Scotland's National Framework explicitly states that assessments should be appropriate, proportionate and timely (The Scottish Government, 2012, p. 5) and should use observations and recordings (The Scottish Government, 2010). While giving both an overview and noting timely and holistic assessments are important, practical guidelines often offered minimal information to guide practitioners in how to conduct the assessments in a holistic, appropriate and timely fashion.

2.5 Competence in working with diversity

Aboriginal and Torres Strait Islander families are over-represented in child protection (Australia Institute for Health and Welfare, 2017). However, many of the frameworks provided no detail to demonstrate how services ensure that culturally appropriate and safe investigations and interventions are delivered to Aboriginal clients. Seven frameworks either mentioned being 'culturally responsive' (Connolly, 2007) or included an emphasis on practitioners having 'cultural competence' (Department of Communities, Child Safety and Disability Services, 2015; Miller, 2012; NSW Department of Community Services, 2009). However, few of these frameworks went into further detail as to how practitioners and statutory organisations ensure cultural competency and safety. Two exceptions to this included Practice First and Best Interests Case Practice Model. Both frameworks provided more detail in the form of 'ways of working' manuals specifically for Aboriginal and Torres Strait Islander children and families (NSW Department of

Community Services, 2009; Miller, 2012). These manuals provided guidance on working with the wider Aboriginal community and highlighted the significant historical, linguistic and cultural differences that should be considered in order to provide culturally relevant practice.

The same pattern emerged for other diverse populations. Limited to no information was provided for practitioners working with families from CALD backgrounds, or with families in which parents or children had intellectual and physical disabilities. Three frameworks provided some information. This included Scotland's National Framework referring to diversity in clients as both indicators of potential risk of maltreatment and a diversity dimension requiring practitioners to change their engagement strategies (The Scottish Government, 2010), but this framework did not provide practitioners with ways to change engagement strategies for this population. Finally, while the Best Interests Case Practice Model provides practitioners with a practice resource for working with families with multiple and complex needs, the focus is on these problems as risk factors and not as diversity dimensions requiring different forms of engagement (Bromfield et al., 2012).

2.6 Framework specific training

Seven frameworks discussed the framework specific training required for organisations to become accredited in the framework. Of these seven frameworks, six included some form of induction process and/or a multi-day training workshop during the implementation phase. For example, the Signs of Safety framework required practitioners to participate in two-day training and 'practice leader facilitators' to partake in five-day training that teaches practitioners about the Signs of Safety approach and SFBT (Turnell, 2012; Turnell & Edwards, 1999). Four frameworks provided practitioners with a website where they could access additional information specific to the frameworks (Best Interests Case Practice Model, Integrated Service System, Signs of Safety, and Strengthening Families, Protecting Children). These websites contain further information, in the form of 'fact sheets' or 'practice resources' for the practitioner to read. These websites do not provide additional online training or booster sessions.

2.7 Pre-requisite qualifications and experience of practitioners

Half of the child protection frameworks did not stipulate or recommend minimum qualifications and/or experience required by practitioners to be eligible and/or to equip them to work in child protection specific workplaces. Two frameworks required practitioners to have completed a social work specific tertiary degree (Reclaiming Social Work and SBC). Three frameworks listed several prerequisite skills sets required by practitioners. These included sound professional judgement (Connolly & Smith, 2010; Miller, 2012), engagement skills (Goodman & Trowler, 2012), and skills in implementing interventions (Goodman & Trowler, 2012).

2.8 In-service training and professional development

Frameworks provided limited information or detail about professional development in the core knowledge and skills required to use the framework and whether this was provided as part of, or supplementary to, the framework. Interestingly, for seven frameworks no content was provided on where and when additional training may occur. Two frameworks provided no information about additional training but did provide websites for self-directed reading materials on topics such as developmental theory, working with children and culturally appropriate engagement.

The Best Interests Case Practice Model was the only framework that provided specific information on the in-service development and training given to new practitioners in addition to either pre-requisite training or training to use the frameworks. The Best Interests Case Practice Model used a blended learning model: Beginning Practice Orientation Program (McPherson & Barnett, 2006). The program has six components: new practitioner learning guide, guide for supervisors,

three four-day practice clinics, online e-learning, buddy or mentor programme and follow-up modules/training sessions (McPherson & Barnett, 2006). The practice clinics focus on: skills in working with Indigenous Australians; working with children and families; child abuse; trauma; child development; and partnership approaches to working with families and legal requirements (McPherson & Barnett, 2006).

2.9 Tools, approaches and practice guidelines

The most common stages of the child protection process in which tools were suggested for use included initial assessment (n=8), engagement (n=4) and planning (n=8). Practitioners were encouraged to use risk assessment tools such as SDM (n=3) and or use tools developed specifically for each individual framework (n=4) during the assessment process. In addition, a few frameworks suggested items such as genograms (n=2), ecomaps (n=2), specific questioning techniques (n=3) and the use of appreciative inquiry (n=1) during assessments with families. Engagement tools, specifically for engaging children, generally included those developed by the Signs of Safety founders, such as 'Three Houses' (n=2). Alternative strategies included or suggested using listening skills and normalising stressful situations without normalising the maltreatment (n=4). After completing the assessment and during the planning stages practitioners are encouraged to use additional protocols and plans such as the Signs of Safety Plan (n=5), SMART Goals (n=2) and case consultation (n=1) to develop a plan for families.

Practitioners are provided with limited guidance in regards to the types of interventions (n=4) that could be used with families to assist them in achieving the care plan goals. Interventions that were referred to were at times vague. For example, Reclaiming Social Work suggests that practitioners use 'social learning theory for behaviour interventions' with families (Goodman & Trowler, 2012) but did not explain social learning theory or give examples from practice. Only one framework (Best Interests Case Practice Model) provided information on how practitioners would review the goals and outcomes of the care plan. The Best Interests Case Practice Model suggests that the use of prompting via the Best Interest Questions would allow practitioners to develop an understanding of whether the goals set are being achieved (Miller, 2012). However, this does not constitute an evidence-based intervention. Seven frameworks also listed tools that may be used across the child protection process continuum, for example, family group conferencing (n=3), different forms of group supervision and case consultation (n=5), the employment of administration staff (n=2), and using culturally responsive practice (n=1).

In addition to limited guidance in the latter stages of child protection practice, limited research has been conducted on the specific tools and approaches listed by each framework. Only four frameworks have completed any preliminary research. Two frameworks, Signs of Safety and Reclaiming Social Work, have collected qualitative information from practitioners and parents using the tools. This information suggests they could be helpful in increasing parent engagement and understanding (Cross et al., 2010; Nelson-Dusek & Rothe, 2015). Van Zyl et al. (2014) completed a case file review of SBC cases, revealing the 16 practitioner behaviours that are the most predictive of outcomes of safety, permanency and well-being. Interestingly, while they are a focus of SBC, many of these behaviours are not unique to SBC. Identified behaviours might include the involvement of parents and other important community members in the different stages of the child protection process, documentation of assessment, and goals and progress (or lack thereof) toward goals and home visitation. Behaviours that were specific to SBC included the emphasis on documenting the sequence of events, family developmental stages and individual adult patterns of behaviour (Van Zyl et al., 2014).

2.10 Framework implementation

Of the seven frameworks that reported on implementation approaches, only three frameworks mentioned specific implementation approaches or tools: 7-s framework (part of the Reclaiming Social Work framework), Getting to Outcomes (GTO: part of the SBC framework) and Continuous Quality Improvement (part of the Strengthening Families, Protecting Children framwork). There was then limited discussion on how to use these implementation approaches within a jurisdiction. The other four frameworks discussed certain aspects of implementation such as: training and supervision (n=4); involvement of management and practice leaders (n=3); additional assistance from the framework developers (n=1); the importance of setting goals/ outcomes (n=3); and the integration of the framework into pre-existing practice (n=3). The Best Interests Case Practice Model did not provide any publicly available documentation reporting on the implementation of the framework in Victoria.

Although most authors provided some information about what would be required to implement the framework successfully, it was generally brief. For example, frameworks might only provide a short statement like 'taking a whole of organisation approach' (Connolly & Smith, 2010 p. 12) or 'this model is being integrated into existing practice' (CSSP, 2015 p. 7). These statements do not provide enough information for the implementation to be assessed and replicated. In addition, there appears to be a level of uncertainty, among both practitioners and managers, during the implementation process. For example, Skrypek et al. (2010) reported that, due to uncertainty for supervisors about the Department's long-term support of Signs of Safety, some supervisors did not fully engage in the implementation of the new framework.

Furthermore, it is widely recognised that conducting research and evaluation into implementation effectiveness can provide organisations with a greater understanding of what implementation approach is required. Unfortunately, only four frameworks provided any information on previous implementation effectiveness, with three frameworks providing publicly accessible reports (Antle et al., 2009; Antle et al., 2010; Salveron et al., 2014; Wade et al., 2009). The Children's Bureau provided funding, in 2000, for a report into Title IV-E implementation, however, this report was never publicly released (Social Work Policy Institute, 2012).

SBC provides the most published articles in regards to implementation effectiveness, specifically based on the different types of training received by practitioners. This research found that more comprehensive training led to practitioners being more adherent with the SBC Model as demonstrated through a case file review (Antle et al., 2008) and that these practitioners used correct procedures for assessment and case planning (Antle et al., 2009). However, practitioners still struggled when undertaking permanency-related case planning skills (Antle et al., 2009). It is important to note that Antle et al. (2008) also found practitioners significantly differed in their scores regarding adherence to the SBC model across the different types of child protection concerns. Cases involving physical or sexual abuse had significantly lower adherence scores.

Other frameworks for which implementation research has been conducted include Signs of Safety and Practice First, however in both of these examples implementation theories were applied post hoc to understanding what had been done. Salveron et al. (2014) suggest that the implementation of Signs of Safety appealed to the natural champions of social work practice within the Child Protection Department. However, there were also concerns surrounding problematic data systems and an internal departmental focus, which compromised the success of the implementation process. Finally, Wade et al. (2009) provided a comprehensive report of Practice First, concluding that overall there were many reported inconsistencies in the type of training received and practitioners' readiness to start using the framework, which may have affected the effectiveness of the framework-intended outcomes specifically around child abuse and neglect.

2.11 Outcomes for children, families practitioners and systems

Most of the frameworks (n=7) provided specific intended outcomes that could potentially be measured and reported on. Five frameworks reported that safety of children was of the utmost importance, with permanency (n=3) and wellbeing (n=4) of children also being reported as an intended outcome of the framework. For families, there was a focus on parent-practitioner relationships and increasing parents' engagement (n=3). Six of the frameworks reported practitioner skills and confidence were important, along with increasing practitioners' satisfaction and thus decreasing turnover (n=4). In addition, decreasing administration tasks for practitioners (n=2) also featured as an intended outcome. The remaining framework (Best Interests Case Practice Model) provided a short and general statement about the best interest principles but did not provide further information about what 'positive outcomes for children' could be: 'The Best Interests principles provide guidance on how to promote positive outcomes for children who are vulnerable as a result of their families' circumstances, dynamics and social isolation' (Department of Human Services, 2007). Of the Five frameworks that described intended system outcomes, four included outcomes, such as system and organizational cultural improvement, leading to a decrease in funding requirements. Other intended outcomes included: reduced recidivism (that is, reoffending or reoccurring maltreatment) and re-reporting (n=2); reduction in the number of children in out-of-home care (n=3); and decreased assessment and case management timelines, with an increase in quality (n=1). No further information was reported about these intended outcomes.

Although all the frameworks provide some indication of their intended outcomes, only three frameworks (Reclaiming Social Work, Signs of Safety, SBC) provided any reports on outcomes either as part of government-funded publications or peer-reviewed literature. Only one framework had publicly accessible research conducted with children. The Signs of Safety research reports on two small samples of children who quantitatively and qualitatively report on their understanding and satisfaction with the child protection system (Finan et al., 2016; Baginsky et al., 2017). Most children reported having positive relationships with their practitioner but had mixed feelings about and a limited understanding of the Signs of Safety model (Finan et al., 2016; Baginsky et al., 2017).

Parent and practitioners process measures were most commonly reported with three frameworks reporting on parent engagement and involvement in the assessment and case planning/management stages and two frameworks reporting on parent-practitioner relationship and satisfaction. Both Signs of Safety and SBC reported increases in all parent outcomes through both case file reviews and survey/interviews with parents directly (Dubov et al., 2015; Bunn, 2013; Baginsky et al., 2017). While Reclaiming Social Work also reported increased parent satisfaction through both parent (Cross et al., 2010) and practitioners' ratings (Forrester et al., 2013). Reported practitioner outcomes included: practitioner retention/turnover (n=2); skill sets (n=3); job satisfaction (n=3); contact with outside organisations (n=1); and administrative burden (n=1). Three frameworks described increases in practitioner job satisfaction and skills sets (Cross et al., 2010; Bunn, 2013). However, Reclaiming Social Work found practitioners' satisfaction did not equate to a reduction in practitioners stress levels (Cross et al., 2010). Meanwhile, Salveron et al. (2014) found that there was a small positive relationship between practitioner's skills and confidence in Signs of Safety practice and their professional practice, role clarity and autonomy. Rothe et al. (2013) also reported that many external stakeholders had ongoing concerns about Signs of Safety practitioners' ability to manage chronic neglect cases, maintain rigour and remain objective in identifying concerns about parents.

In regards to system based reported outcomes, many of the frameworks suggested some positive short-term outcomes when comparing the jurisdiction's out-of-home care placement (Antle et al., 2008; Cross et al., 2010), recidivism (Antle et al., 2009) and placement stability

(Antle et al., 2012; Cross et al., 2010) to the national average. Meanwhile, other framework evaluations such as those by Wade et al. (2016) suggest that outcomes, such as referrals to family court, number of children in out-of-home care and re-reports did not differ pre-and-post implementation. Salveron et al. (2015) provide a pre/post-evaluation of Signs of Safety. Overall Salveron et al's research found that most of the hypothesised improved outcomes for children and families were not supported. For example, the number of children in care, number of days between case closure and re-notification and re-substantiation rates all increased post-implementation of Signs of Safety.

3. ANALYSIS AND FINDINGS

In this Section of the report, an analysis of relative strengths, limitations and cumulative effects and gaps across and within frameworks is presented. To assist in this analysis, the project team further categorised the 11 core domains into five categories. These categories were developed through an iterative and intuitive process, whereby domains with similar or crossover information were grouped. This process allowed for more in-depth analysis particularly and the consideration of cumulative or inter-related issues across domains. The 11 core domains are listed by category below:

Foundational underpinnings

- Foundational principles
- Founding Theories
- Competence in working with diversity

Workforce training and supervision

- Framework-specific training
- Pre-requisite qualifications and experience of practitioners
- In-service training and professional development

Tools, approaches and practical guidelines

- Practical guidelines
- Tools and approaches and evidence

Implementation

- Stakeholder involvement in framework development (added following Expert Panel feedback, not part of original extraction and summary development)
- Implementation approach and evidence

Outcomes for children, families, practitioners and systems

- Intended outcomes and evidence

A summary of the strengths, limitations and gaps of each of the frameworks by core domain category are presented in Table 3.

Table 3: Summary of extracted data and limitations for each core domain.

Core Domains		Summary	Limitations
Foundational Underpinnings	***Principles***	Common principles: working relationships, using reflective practice, professional judgement	Not all frameworks provided being child-and-family-centred as a principle.
	Theories	Focus on: Relationship-based Practice	Developmental and trauma-informed missing
	Working with diversity	Several frameworks mentioned cultural competency; few mentioned other diverse populations	Only a few provided guidance on how to be competent when working with diverse populations
Training	***Pre-requisite***	Sound professional judgement identified as necessary	Limited information on the type of required knowledge, skills and experience
	Framework	Information about the framework is being supplied during implementation	Limited information about what framework training contains
	In-service	Best Interests Case Practice Model is the only framework providing detailed in-service training	Limited to no content was being provided for in-service training/ professional development
Tools and approaches	***Practical Guidelines***	Focus on SFBT	Limited guidelines re ongoing work with families and children
	Tools and approaches	The focus was on the 'front end' of practice, i.e. assessment, engagement and planning	Limited content on 1) interventions and 2) working with diverse groups including engaging with children
	Effectiveness	Preliminary evidence is starting to emerge for some specific tools	Many frameworks have no evidence base for tools used
Implementation	***Approach***	Three frameworks discussed specific implementation approaches	Limited information was provided on how Child Protection Departments prepared and completed implementation
	Effectiveness	Some implementation effectiveness, i.e. specific framework training shown to increase practitioners' skills.	Some negative outcomes are being reported for clients post implementation
Outcomes for children, families, practitioners and systems	***Intended***	Almost all provided information of the intended outcomes and many of these were child-focused outcomes	Not all provided a child outcome of increased safety. Other frameworks focused on parent satisfaction, funding and budgets.
	Evaluations	Less than half of frameworks have some publicly available evidence. System evidence provided mixed results; some frameworks provided short-term benefits	Only one provided child outcome data, others focused on parent and practitioners outcomes. Limited evidence of long-term benefits

3.1 Foundational underpinnings

The foundational underpinnings of a child protection framework were considered to be the principles, theories and the diversity guidance, which are to be followed by both the Child Protection Departments and the individual practitioner. Eight frameworks stated their principles and theories, while seven made mention of cultural competencies.

While practice frameworks provide practitioners and organisations with some foundational principles important to the work of child protection, specific guidance on how a practitioner might conduct their work to reflect these principles was under-developed within the principles and practice guidance, tools and approaches. For example, frameworks commonly reported good working relationships with all involved in the child's care as being important but supplied limited information on what constitutes a 'good working relationship' or practice strategies for achieving this outcome. It is therefore assumed that it is largely left to individual practitioners or implementing jurisdictions to operationalise how these principles are realised.

In order to be assured the best interests of the child are paramount (commonly the first principle of child protection legislation), child protection practice must be child-centred. However, only five frameworks indicated that they were either child-or family-centred in their key practice principles. Only two frameworks (Best Interests Case Practice Model and Strengthening Families, Protecting Children) contained principles specific to having the child's best interest at the centre of practice. The overall lack of emphasis on child-centred practice may lead to limitations in both making decisions for children and involving children in the decision-making process.

Somewhat surprisingly, there was little to no reference to the frameworks and theories the ACCP, together with the Expert Panel, would consider of most proximal relevance to child maltreatment, such as parenting capacity, attachment theories, dynamics of both perpetration and victimisation, trauma and child development. Overall, the lack of evidence was considered to be a significant limitation of the underpinning principles. Further work is required to determine the underpinning theories and principles that would constitute best practice.

Frameworks were assessed across four areas of practice essential to cultural competency: cultural safety, considerations of cultural need, cultural consultation/input, and cultural governance. However, the extractions demonstrated that many frameworks only mentioned a requirement that practitioners be culturally competent with no specific provisions for what this would mean in practice. This represents a high risk of practices reflecting cultural blindness or pre-competence. Cultural blindness can be defined as 'The belief that service or helping approaches traditionally used by the dominant culture are universally applicable regardless of race or culture' (Victorian Aboriginal Child Care Agency, 2010). Cultural pre-competence is 'the desire to deliver quality services and a commitment to diversity indicated by hiring minority practitioners, induction training and recruiting minority members for agency leadership, but lacking information on how to maximise these capacities' (Victorian Aboriginal Child Care Agency, 2010). Given the over-representation of Aboriginal and Torres Strait Islander children in child protection services, the lack of specificity on how cultural competence is attained is assessed as a significant limitation of the practice frameworks reviewed.

Even fewer frameworks included guidance for practice with other diverse populations. Either limited or no information was provided for practitioners working with CALD families or families with intellectual and physical disabilities. Of the frameworks that did provide some information, it was mostly brief and not specific. Given the likelihood of practitioners being required to engage and work with diverse families, this was also assessed as a significant limitation of the practice frameworks reviewed.

3.2 Workforce training and supervision

The type and nature of practitioner knowledge, skills and experience required for effective child protection practice was a significant omission in the majority of practice frameworks. Three different types of training were described in the frameworks: the pre-requisite qualifications required by practitioners (n=2); the training provided that is specific to the framework and accreditation (n=7); and any in-service training or professional development provided for practitioners (n=1).

The pre-and post-employment training that practitioners receive has been recognised as an essential factor in the development of expertise (Balen & Masson, 2008). When looking at the three core domains that focus on training and professional development as a whole, a concerning picture emerges. While it is positive that many practitioners are provided with framework-specific training, in many frameworks, there is no expectation that a practitioner has received any accredited training specific to social work or child protection practice (for example, child development, dynamics of abuse, parenting) prior to recruitment. Furthermore, in the majority of frameworks, in-service training is not stipulated for either commencing or experienced professionals. This could lead to critical gaps in the principles and values underpinning child protection practice, and the content expertise, skills and capabilities of practitioners who are working with highly vulnerable children and families on issues of child safety. Salveron et al. (2015) document concerns in the implementation of Signs of Safety, in the Western Australian context, as a consequence of the limited training and significance placed on other bodies of knowledge such as child development and social work in decision-making about children's safety.

Additionally, Expert Panel members reported concerns about the limited degree to which professional supervision was identified within the practice framework documentation. The supervision of practitioners in conjunction with adequate training and ongoing development will lead to more highly skilled practitioners, who are equipped to intervene effectively with families. Healy at al. (2009) also suggested that increasing skill sets could lead to a reduction in practitioner turn-over. Finally, Expert Panel discussions highlighted the risks inherent in a lack of knowledge and skills specific to child maltreatment, combined with a focus on strengths. There was a concern that this combination could contribute to overly optimistic practice or therapeutic collusion with parents.

An alternative approach

While it is currently popular in Australian Child Protection Departments to introduce overarching practice frameworks to guide practitioner's ways of working with families, there is an alternative. Competency-based frameworks focus on preparing practitioners to work with families through on- and off-site training at teaching institutions. For example, the National Core Competencies Framework includes a number of certificates and degrees that are studied through vocational education providers across the country (Australian Government, 2015a; 2015b). These courses are different from those of a Social Work Bachelor Degree or a Community Services Certificate as they include curriculum on the core competencies of child protection practice by the Australian Qualifications Framework. Another example of a competency-based framework is the United States' Title IV-E. Title IV-E is a funding model that provides funding for both current practitioners and future practitioners' to complete training on what the government considers to be core topics. However, there is an assumption that practitioners have been taught only the theory rather than the practical aspects of assessment and interventions with families, with the practical application provided by their future departmental employer (Children's Bureau, n.d.). The topics considered core in competency-based frameworks included: communication; administrative tasks; theories and therapies; statutory environment; assessment and case management;

supervision of other workers; risk factors; and the engagement of children, families and other diverse populations (Australian Government, 2015a; 2015b, Children's Bureau, n.d.).

3.3 Tools, approaches and practice guidelines

All eight child protection frameworks provided some documentation of the types of tools and approaches to be used with children and families as part of the framework and for different stages of the child protection process. The tools and approaches are varied in their purpose, with some focusing on engaging parents and children, assessment, planning, intervention, and review of outcomes.

Only four of the frameworks' tools and approaches are supported by empirical studies, with limited available evidence to suggest that the currently used tools and approaches are effective, as they are largely yet to be evaluated. Meanwhile, some of the approaches lack an evidence base for their relevance to child protection practice. One of the most frequently cited theoretical frameworks was SFBT. SBC, Signs of Safety and the Integrated Service System are all underpinned by SFBT. SFBT places a focus on building the strengths of an individual or family to find solutions for specific problems. This therapy is typically short in length (with either single or few sessions) and is actively focused on the present rather than taking a comprehensive history. Additionally, the evidence-base for SFBT focuses largely on addictions. The ACCP recently completed a systematic literature search on the use of SFBT with the child protection population. Of 14 studies reviewed on SFBT in child protection settings, none reported on the reduction of child abuse and neglect post-family engagement. The applicability of a therapeutic approach designed to be brief as the foundation for intervention with children and families involved with child protection is also concerning. Lambert, Hansen and Finch's 2001 research suggests that 50 percent of clients require at least 21 sessions of active intervention before a clinically significant change in mental health is seen. As complexities increase, the number of required sessions also increases. This suggests that the adaptation of a brief therapy to a child protection context must be carefully considered as a brief therapy modality may not work for the client complexity being seen by Child Protection Departments.

The structure of the tools and approaches was somewhat weighted to particular phases in the child protection process. The type of tools and approaches commonly listed by the eight frameworks for routine use by practitioners appear to be structured toward the earlier stages of the child protection process, with few guidelines or tools for the latter stages of the child protection process (see: Figure 1). Although it is important for the practitioner to have tools that will allow them to assess and investigate allegations effectively in early stages, it is just as important for practitioners to have ways of working with families toward change or when a child has been removed. These latter phases are limited or missing in several frameworks.

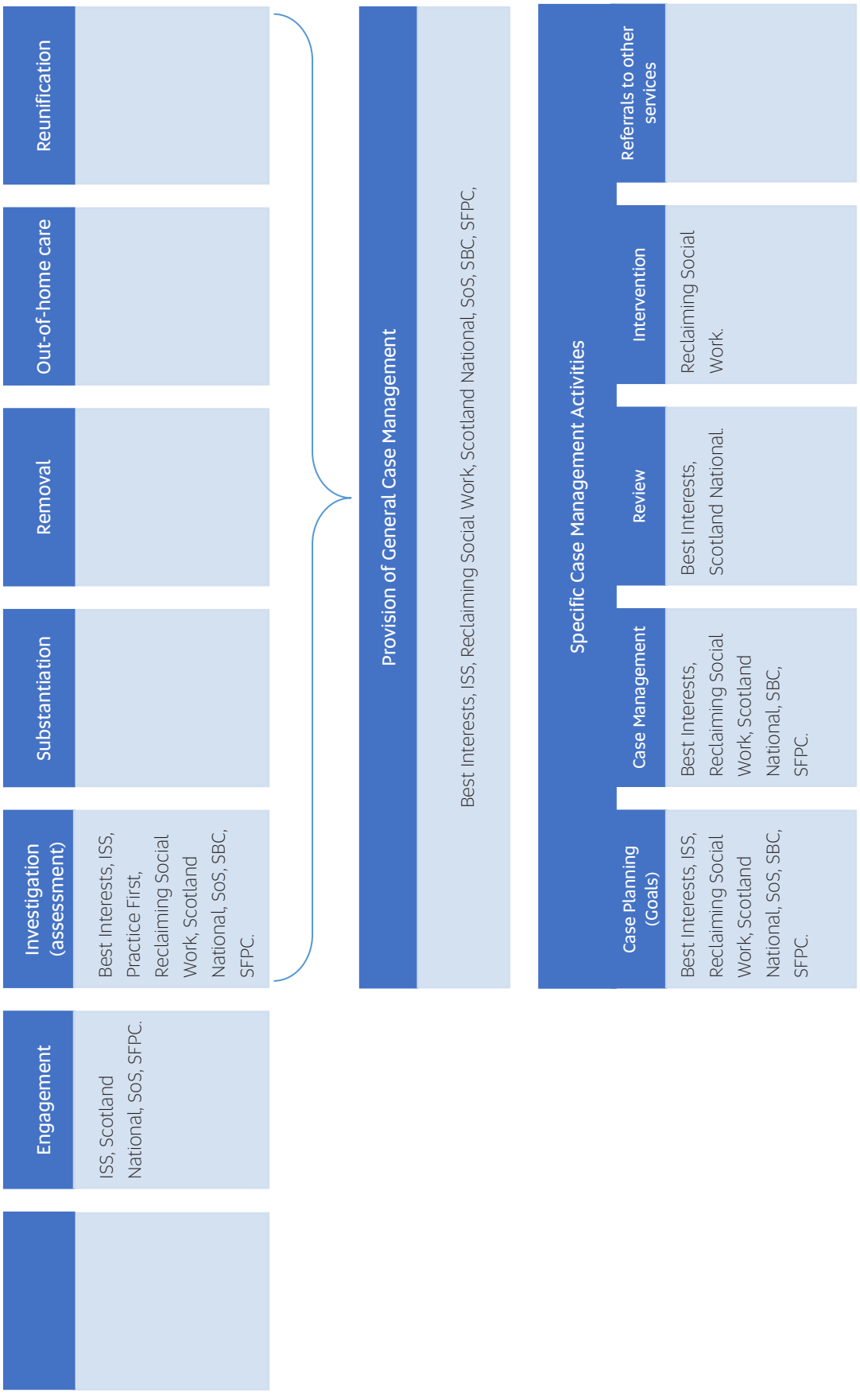
The inclusion of ways of involving children and young people as a fundamental approach was also lacking across the eight frameworks. The United Nations Convention on the Rights of the Child (UNICEF, 2015) stipulates that children should be involved in any decision likely to affect them. While three of the eight frameworks proposed utilising the Signs of Safety suite of tools (including 'Three Houses', 'Fairy/Wizard', and 'Words and Pictures') as ways of engaging children and young people in the child protection process (Connolly & Smith, 2010; Department of Communities, Child Safety and Disability Services, 2015; Turnell, 2012), there are limitations in the variety of tools and approaches that practitioners could use. The lack of tools and approaches to engage children in decisions remains a large gap in almost all child protection frameworks.

The structuring of approaches around particular tools also emerged as an issue. Some of the contemporary research conducted on the more widely known tools, such as SDM (which includes an empirically validated screening tool), suggests that by structuring child protection

practitioners' ways of working with families around specific reporting tools, the development of practitioner expertise may be undermined (Gillingham & Humphreys, 2010). Gillingham and Humphrey (2010) also found that practitioners were not trained in the correct use of the tools as intended by their developers. As with the 'workforce training and supervision' core domain, if child protection practitioners are not provided with evaluated tools and approaches together with specific training on how to employ these tools using sound professional judgement, the result could be a de-skilling of practitioners.

Finally, regarding the practice guidelines made available by the frameworks, while all eight frameworks made mention of practice guidelines, the degree to which the guidelines provided instruction on how to operationalise the guidelines varied significantly. Ideally, frameworks would provide practitioners with overarching ways to engage and intervene with families, potentially complemented by tools or approaches to guide specific stages of practice or decisions. However, while many frameworks provided vague references to conducting holistic and family centred assessments, no detail about what such assessments might look like was provided.

Figure 1: Summary of the Child Protection Frameworks that Contain Information about the Elements of the Child Protection Process



Notes:
ISS: Integrated Service System, SoS: Signs of Safety, SFPC: Strengthening Families, Protecting Children,

3.4 Implementation

There is a growing body of research that suggests effective and deliberate implementation is important in order to develop effective practice (Durlack & DuPre, 2008). Although eight of the frameworks provided some comment on their implementation and training practices for Child Protection Departments, this information varied in the depth and breadth required for adequate replication. Further, only four frameworks reported any evidence of implementation effectiveness.

There is some emerging evidence that, when well implemented, practice frameworks demonstrate an increase in practitioner framework-specific skill sets. There is, however, limited information on whether there are increases in practitioners' overall expertise, skills and capabilities and, indeed, if a framework-specific skill set increases child safety. These findings also need to be read with caution, as SBC implementation appeared to be less effective for families and children where physical or sexual abuse was occurring. Given that physical abuse and sexual abuse account for 18 percent and 12 percent respectively of the reasons for substantiations nationally from 2015–2016 (Australian Institute of Health and Welfare, 2017), the indication that SBC may not be appropriate in these cases is a concern.

In terms of stakeholder involvement in framework development, the albeit limited information on the implementation process and assessment provided by frameworks did include information on stakeholder engagement (including children, families and practitioners). Expert Panel discussions highlighted that stakeholder engagement before, during and after implementation would be important, particularly with other organisations that work with the Child Protection Department and with families (for example, alcohol and substance use and mental health services).

3.5 Outcomes, monitoring and evaluation, for children, families and practitioners

The outcomes and the monitoring and evaluation domains have been combined in this report to minimise duplication in the analysis. Frameworks reported on several different types of outcomes, including individual children, families and practitioner-based outcomes. Encouragingly, all frameworks listed either their intended outcomes or the outcomes they hoped to achieve once the framework was implemented. However, five of the eight frameworks did not provide any publicly accessible reports that measured the attainment rates for the intended outcomes. Of the three frameworks that provided evidence, only one framework provided preliminary data on child outcomes, with all three focusing on parent satisfaction and engagement or practitioners' satisfaction and retention.

Evaluation of overall frameworks included intended and reported system-based outcomes that are more likely to be measured through conducting case file reviews or using population-based statistics of, for example, the number of children in out-of-home care. Only six frameworks reported any intended outcomes. Of these, four frameworks provided information on reported outcomes through government-funded reports or peer-reviewed literature.

Many of the research reports and articles listed in the frameworks related to outcomes, monitoring and evaluation can be considered to have several limitations in their findings. Firstly, there is limited large-scale reporting on outcomes, such as child safety and wellbeing, using quantifiable and replicable methods. This generally includes short follow-up periods, which may not allow the length of time needed to accurately reflect what changes are occurring in each jurisdiction. Bunn (2013) suggests that jurisdictions should not expect to see outcomes for upwards of two to three years. However, some research evaluations only collect 6-month follow-up data (Antle et al., 2009).

Secondly, many of the evaluations were conducted by practitioners who may have a vested interest in the development of the framework. This is not to suggest that the research is biased, but rather, as D'Cruz and Jones (2013) and Gillingham (2017) suggest, the subjectivities of a research team may affect the overall research process. This may occur, for example, through the framing of the research questions, methodologies employed or interpretation of results.

Of concern, many of the framework evaluations do not include improved safety for children as a KPI. Those that have included it either did not provide a sufficient sample size to support reliable data and have provided equivocal results or have identified that the framework was contra-indicated (that is, having the opposite effect to that intended). Implementing these frameworks at scale without rigorous evaluation demonstrating that the framework can deliver the fundamental outcome of increased child safety is potentially harmful for children.

3.6 Implications

This report together with the Expert Panel review provide a concerning picture for the state of child protection frameworks as a whole, both in terms of the comprehensiveness of frameworks and the appropriateness of framework content and approaches.

In terms of their comprehensiveness, there are implications in terms of the way that child protection practice frameworks are marketed as a one-size-fits-all approach to child protection practice and the importance of Child Protection Departments in ensuring that all core domains are adequately covered in their service.

Not one child protection practice framework reviewed contained adequate information on all core domains across all stages of child protection practice. However, developers often are reported to be able to provide this service adequately. This marketing of one framework for all child protection practice may need to be modified. Instead, Child Protection Departments could use the core domains developed in this report to build on their current frameworks to provide content on all domains and/or be guided about which core domains need to be developed by the Department itself.

Further, Expert Panel discussions suggested the frameworks reviewed could be considered to consist of several different frameworks pertaining to different levels of practice, including:

1. 'Organisational' level frameworks that discuss values and principles expected within an organisation.
2. 'Workforce' based frameworks that provide detailed information on the types of pre-requisite skills, knowledge and experience required and/or further areas for professional development and supervision.
3. 'Intervention' specific frameworks that provide practitioners with the types of tools and approaches to be used with children and families and how to use these tools and approaches.

Framework developers need to provide clear guidance to organisations with regard to which level or levels their framework encapsulates in order for organisations to be able to determine whether the framework is fit for their purpose and/or requires supplementation. This is particularly important as practice and intervention approaches can vary significantly in different parts of the child protection process. For example, intake and assessment tools and approaches would vary from family group conferencing and/or residential care tools and approaches, thus may require separate frameworks.

The current core domains provide a base level checklist for the assessment of the relative comprehensiveness of a child protection framework; and the extent to which this framework may need to be supplemented or further developed.

In terms of content and approach, there exist gaps in the currently implemented frameworks (for example, child-centred, workforce pre-qualification, knowledge or experience requirements, lack of practice guidance to operationalise principles and theories for responding to common family problems) combined with limited evidence for existing content (for example, SFBT). This creates a concerning picture that child protection practice frameworks may be limiting rather than enhancing child protection practice.

A procedure is required to sit alongside the core domains that would provide framework developers, Departments and oversight bodies with the assurance that the content and approaches prescribed within each component of a child protection practice framework are based on the best available contemporary evidence. Integrating the core domains, the benchmarking tool and a quality assurance procedure may help to enhance practice and improve outcomes for the most vulnerable children and families.

3.7 Conclusions

Three key points are evident from the framework review. Firstly, there are significant gaps and limitations in the dominant child protection practice frameworks currently being implemented in the Australian and international contexts. Secondly, a benchmarking tool and quality assurance procedure could be used to inform framework selection and development by Child Protection Departments or for monitoring against minimum standards by regulatory and oversight bodies. Thirdly, In order to strengthen the comprehensiveness, content and approach of child protection practice frameworks and to address the issues discussed across the 11 core domains, further work is required. This would include:

1. The development of a process or method to determine the best available evidence for each of the identified core domains.
2. The application of this process to each of the core domains with a view to using the best available evidence to set minimum requirements in each domain through implementation.
3. The development of a benchmarking tool for child protection frameworks that combines the core domains identified in this project and best practice within domains.

These steps would provide an integrated approach to ensuring child protection practice guidance for interventions with the most vulnerable children and families are evidence-based and of high quality.

Finally, this project highlighted the strength of engaging with experts and found evidence that stakeholder engagement in the development of frameworks can be invaluable. ACCP recommends that developers of frameworks might consider how to better engage stakeholders (including practitioners, partners, experts, parents, carers and children and young people) in the design, implementation and review of frameworks.

4. BENCHMARKING PRACTICE FRAMEWORKS: A MINIMUM STANDARD

Child protection practice frameworks continue to be developed and adopted. High-quality evaluations which examine both outcome and implementation are necessary to build an evidence base that will help to ascertain whether framework-based approaches to practice enhancement offer benefits over competency-based or other approaches in equipping practitioners to carry out their work. In the interim, it is essential that we can be assured that the framework meets a minimum standard and is not designed in such a way that its implementation could predictably have no or negative impact.

As outlined in Section 3, this project identified and proposed 11 core domains that need to be addressed in a child protection practice framework. It also concluded that benchmarking only to the presence or absence of these domains would not provide necessary assurances regarding the appropriateness of the approach adopted within each domain or of its alignment with the evidence-base.

In developing a means of assessing whether the approach taken within each core domain meets a minimum standard, it is recommended that a program logic and evidence matching approach be adopted. The ACCP's Target Group to Outcomes methodology is one such approach, which has been applied to more than 100 programs and services in the child abuse prevention and child protection sectors.

The Target Group to Outcomes assessment is informed by the relatively consistent finding in research of the importance of a well-aligned program theory. For example, Segal, et al.'s (2012) review of infant home visiting programs and their success in preventing child abuse and neglect found that positive outcomes/program success (that is, a statistically significant positive effect) was dependent on the degree of alignment between four key elements: an explicit program objective with the prevention of child abuse and neglect as a primary or secondary aim; the intended target population; a theory of change; and program components/activities. When all elements were present and aligned and programs were found to be successful, however, when only some elements were present, or there was a mismatch between key elements, programs were only 60 percent successful in preventing child abuse and neglect. Of the programs in which these four elements were not identified, none were successful.

The ACCP's Target Group to Outcomes assessment incorporates an assessment of whether a program, service, intervention, policy or practice has a clearly defined target group, outcomes and program activities, the extent to which these are logically aligned, and the presence of an adequately qualified workforce prepared to provide the practice as intended. Additionally, the ACCP's Target Group to Outcomes assessment includes an 'evidence matching' assessment to determine whether the nominated program, intervention, policy or practice has previously been found to be effective for the identified targeting achieving the intended outcomes.

This Section of the report provides a benchmarking methodology which can be used to quality assure child protection practice frameworks to a minimum standard. The four stage process incorporates both a comprehensiveness and quality assessment. The four stages are:

Comprehensiveness assessment

1. Identification of core domains addressed

Quality Assessment

2. Documenting approaches within each core domain
3. Rapid evidence assessment of evidence base for approaches in each core domain
4. Assess alignment between approaches documented and evidence-based approaches

The benchmarking approach could be utilised for assessing and taking a continuous improvement approach to existing practice frameworks or when selecting a framework. The benchmarking approach is usable by either framework developers, child protection services who have or are considering adopting an externally developed framework or by regulatory and oversight bodies wanting assurance that practice in their jurisdiction adheres to a minimum standard.

4.1 Identification of core domains addressed

The first stage of minimum standard benchmarking is to assess the framework to determine whether there are documented approaches for each of the 11 core domains listed in Section 3. In some cases, it may be that a framework has determined an approach that responds to a core domain, but this has not been adequately documented. Alternatively it may be that a framework has not yet formalised or developed an approach that responds to a particular core domain. If the framework does not contain information and documentation for each of the core domains, it is recommended the framework be further refined by the framework developer or the missing domains supplemented with internal evidence-based policies, procedures or practice guidance by the framework implementer.

4.2 Documenting approaches within core domains

It is recommended that each of the approaches, in each of the core domains identified in Section 3 be fully documented in terms of their:

1. ***Target group***: the target group includes information on the characteristics and needs of the population targeted by the approach. This might be children suspected to be experiencing abuse and their caregivers or children in care.

2. ***Activities and strategies***: this describes the characteristics or components of each approach within a core domain. For example, documentation of assessment tools, or the frequency, duration, and intensity of the approach and intended interactions with children and families: defining core theories or practice orientations and how these are translated into policy and practice.

3. ***Aims and intended outcomes***: this includes both the aims of the program and the outcomes or change that will occur as a result of using these approaches with children and families (short, medium and long-term outcomes and contingent assumptions where applicable).

4. ***The rationale for the adoption of each approach***: this includes the basis (if available) for t the adoption of each approach within its corresponding core domain. This could be: an environmental scan identifying the approach as being used in another comparable service or jurisdiction; a review of evidence identifying the approach as effective or promising; service user and/or professional consultation identifying the approach as desirable; or a combination of the above.

5. ***The workforce***: these are the professional, para-professional or volunteer staff who undertake the practice. This also describes the prior qualifications, experience and in-service workforce training and development required for them to undertake the practice.

4.3 Rapid evidence assessment

Following identification of approaches within each domain, approaches may be grouped with other like-approaches (for example, trauma-informed practices, risk assessment tools, or client engagement strategies), for the purpose of completing evidence matching. Rapid evidence assessments of international literature should be conducted through a series of rapid literature reviews (see: Ganann et al., 2010). The purpose of these reviews is to determine the evidence base of similar approaches to those being assessed. If the approach is supported by the evidence as effective similar information should be extracted, including:

1. ***Target group*** of the framework;

2. ***Activities*** including program components and approaches including intensity and duration of service provision;

3. ***Aims/objectives*** of the framework;

4. ***Workforce qualifications and/or development*** required to facilitate the approach.

Evidence assessments should include a search for, and critical review of, national and international systematic reviews, meta-analyses, and/or single study evaluations of programs, practices, policies or interventions comparable to the identified approach. Rigorous quality assessment processes should be applied to ensure the quality of evidence in the literature is high, with systematic reviews and experimental and quasi-experimental evaluations given the most weight.

4.4 Assessment

Finally, the benchmarking methodology comprises two assessment components: a logic model assessment and an evidence matching assessment.

The logic model assessment asks the following questions:

- Was the approach adequately documented?
- Do the target group, activities and outcomes align (for example, does the practice apply to all children and families across the continuum of child protection involvement)?
- Are the workforce adequately prepared and supported to provide the practice as intended?

Meanwhile, the evidence matching assessment compares the framework approaches in each core domain to its matched evidence-based program components or approaches identified in the rapid evidence assessment.

It is recommended that assessment outcomes include:

1. ***Supported***: framework approach is well documented, has an adequate logic, and shares the characteristics of evidence-based approaches
2. ***Provisionally supported (adaptation):*** framework approach is well documented, has an adequate logic, and has been effective for different target groups/outcomes but has been adapted for current framework with high-quality evaluation underway.
3. ***Provisionally supported (innovation):*** framework approach is well documented, has an adequate logic; it is a newly developed, never tested approach, but there is an appropriate development and high quality evaluation process underway.

4. ***Not supported:*** framework approach is poorly documented, and/or has a flawed logic, and/or does not align with the characteristics of evidence-based approaches, and does not meet either of the provisionally supported criteria.

On the basis of these outcomes, Child Protection Departments and regulatory and oversight bodies can assess the fit for purpose and make recommendations about the discontinued or continued use of certain approaches within core domains. This process will also allow for continued revision and monitoring and ensure a minimum standard within child protection practice and that there are no practices being implemented that are known to be contra-indicated by evidence or where success is improbable.

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APPENDIX 1. DESCRIPTION OF THE FRAMEWORKS

A.1.1 Best Interests Case Practice Model

The Best Interests Case Practice Model was implemented in Victoria in 2012. This framework emphasises four processes: relationship building, engagement, partnership, and empowerment. For each of these processes, evidence-based theories are presented to further promote practitioners working with Best Interests principles. For example, a child-focused and family-centred approach underpins the process of relationship building. Other key theories and elements include practice that is ecological and systemic, culturally competent, developmentally and trauma-informed, gender-aware, based on professional judgement, strengths-based, and outcome focused.

There are four stages of practice within the Best Interests Case Practice Model including information gathering, analysis and planning, action, and reviewing outcomes. For each of these stages, tools have been developed to assist practitioners. These tools include the child and family snapshot, the family snapshot and the analysis and risk assessment snapshot (Miller, 2012). Specialist practice resources for the following topics have also been developed to further assist practitioners: cumulative harm; infants and their families; children with problem sexual behaviours and their families; adolescents with sexually abusive behaviours; children and their families; and families with multiple and complex needs.

New practitioners receive intensive professional development in the form of a 17-day program, Beginning Practice in Child Protection Program. Beginning Practice is a program of study which uses multi-modal learning resources, interactive skills-based clinics and workplace learning opportunities (McPherson & Barnett, 2006). This program is prescriptive, allocating when and where each section of training (practice clinics), e-learning and supervision should occur. Practice clinics include information about organisational contexts, comprehensive risk assessments, child protection practice and process and legal practice (McPherson & Barnett, 2006). These clinics are dispersed through the first seven weeks in a role. Practitioners use one vignette family throughout the process to allow for case management skills to progress (McPherson & Barnett, 2006).

It is not clear how the Best Interests Case Practice Model was implemented within the child protection department. In the Protecting Children, Changing Lives: A New Way of Working report (Department of Human Services, 2012), it is suggested that the new Best Interests Case Practice Model would take effect immediately. It also suggests that this new model targets four key areas of action: valuing the work, developing the professional; more support for, and supervision of, frontline practitioners; more practitioners, with more experience, working directly with children and families; and reducing the statutory and administrative burden (Department of Human Services, 2012).

A.1.2 Child Safety Practice Framework (not included due to duplication with Signs of Safety)

The Tasmanian Department of Child and Youth Services has integrated the Signs of Safety framework with previous practices to become the Child Safety Practice Framework. However, at this stage, the researchers have been unable to locate the Child Safety Practice Framework. In addition, the reports that were located by this project (Department of Health and Human Services, 2016) did not provide further details on the principles, concepts, components or implementation of Signs of Safety.

A.1.3 Core Competencies

The National Competency Standards are a statement which includes: the skills, knowledge and attributes that a practitioner requires to complete a job in the area of child protection (Australian National Training Authority [ANTA], 1999). These competencies have been developed through mapping the role of a child protection practitioner by the Community Services and Health Training Australia and the ANTA. These standards cover all practitioners working with children, young people and families in secondary and tertiary intervention with a focus on caring, protective needs or the justice system (ANTA, 1999). These standards are used by the vocational sector to create certificates one to four, diplomas and advanced diplomas that provide practitioners with the necessary qualifications and competencies to complete their job effectively.

All competency standards have five parts: the unit of competency or skill; the elements or tasks that make up the competency; the performance criteria; the variables to assist in understanding the competency; and the evidence to guide assessment of the competency (ANTA, 1999). For the Community Services training package, there are two types of competencies that practitioners are required to complete. The first is the 'common competencies', which are the competencies that all practitioners in all areas of community services are required to have. These include Advocacy, Administrations, Assessment and Workplace Training, Community Development, Case Management, Casework Intervention, Communication, Client Service, Information Management, Networking, Organisational Management, Policy and Research, and Working with Groups (ANTA, 1999).

In addition, there are 16 competencies specific to working in the areas of child protection, juvenile justice and statutory supervision. A selection of these includes:

1. Working within legislative and ethical requirements.
2. Supporting the rights and safety of children within duty of care requirements.
3. Acting as a Witness, Operate within a statutory environment.
4. Preparing for court processes.
5. Providing protective service.
6. Facilitating court orders.
7. Providing supervision and security.
8. Establishing care and protection for people in situations of specific need.
9. Providing primary care.
10. Undertaking care management arising from court orders.
11. Providing for care and protection of clients in specific need.
12. Coordinating work integrating statutory requirements and responsivities.
13. Managing and interpreting statutory requirements and responsibilities.
14. Developing protocols for operating within a statutory environment (ANTA, 1999).

To complement these competencies, there is a list of key elements included against each competency. This includes the performance criteria that practitioners will be marked against, the range of variables that could be included in each performance criteria and evidence that can be used as a guide. For example, the competency 'work within legislative and ethical requirements'

includes the following elements: working within ethical and legal guideline; supporting and safeguarding the interests and rights of the child; supporting and safeguarding the safety of the child; and reporting indications of possible abuse. For the element of 'work within ethical and legal guidelines', there are several performance criteria, variables and evidence. These competencies are then used to make up the different units taught across certificates and diplomas within the TAFE system. The number of compulsory or elective competencies will depend on the level and primary purpose of the degree. For example, Certificate III in Community Services (Child Protection/Juvenile Justice/Statutory Supervision) CHC30499 contains one compulsory unit for the child protection specific competencies (Operate within a statutory environment) and seven compulsory units from the general competencies, along with several electives from both sets of competencies. See Table A1 for these elements and ANTA (1999 pp. 20–51) for all competency based elements.

Table A1: Element, Performance Criteria, Range of Variables and Evidence example for 'Work within legislative and ethical requirements' competency (abbreviated from ANTA, 1999 p. 23)

Element	Performance Criteria	Range of Variables	Evidence
Work within ethical and legal guidelines	1. Lawful instructions and regulations are complied with; 2. Organisational resources and those of the child are used for the purpose intended; 3. Fair, prompt and consistent performance of duties is applied toward all children and other workers.	***Lawful instructions may include:*** restraining orders, custody orders, licensing authorities, organisational supervisor, courts of law	***Underpinning knowledge for lawful instructions may include:*** legislative requirements, statement of rights, for example, the UN Convention, common risks to child's safety, organisational guidelines and policies

A.1.4 Family-Centred Practice (not included due to limited available information)

Family-centred practice is a framework which is used across service systems in the United States to enhance the family's ability to care for and protect their children. This framework is based on the belief that the best place for children to grow up is in their family of origin and the best way to ensure a child's safety is through supporting and strengthening families. The four essential components of family-centred practice are:

1. The family unit is the focus of attention;
2. Strengthening the capacity of families to function effectively is emphasised;
3. Families are engaged in the design of policies, services and program evaluations; a
4. Families are linked with more comprehensive, diverse and community-based networks of support services (National Resource Center for Permanency and Family Connections, 2014).

The implementation drivers of family-centred practice are leadership, competency and organisation (Watson, 2011). Epley et al. (2010) note that while family-centred practice is considered best practice for service delivery, what family-centred practice looks like in practice, the tools and techniques commonly used, and its overarching framework remains unclear. This means that each jurisdiction implementing Fa family-centred practice is essentially creating a new framework which will be different in each jurisdiction. This makes it difficult to describe the tools and techniques used with families.

A.1.5 Integrated Service System

Connolly and Smith (2010) developed the Integrated Service System for implementation within New Zealand's child protection system. Although not subsequently implemented, it is still useful to review this integrated approach to child protection. This framework is child-centred, family-led, and culturally responsive and is both strengths and evidence-based (Connolly, 2007). This framework was developed in consultation with key informants including child protection practitioners and senior managers.

The Integrated Service System uses several previously developed tools as a framework for assessment; this includes actuarial and clinical assessment and SDM tools (Connolly, 2007). In addition, the system trains practitioners to use 'practice triggers' across the three stages of practice:

1. Engagement and assessment;
2. Seeking solutions;
3. Securing safety and belonging.

These practice triggers include a list of questions that the practitioner can ask themselves in relation to each case (Connolly, 2007). An example of a child-centred practice trigger for the engagement and assessment stage is: 'are we thinking about the whole child: safety, security and wellbeing?' (For full list, see: Connolly, 2007 p. 18).

The 2010 paper suggests that if the Integrated Service System had been implemented, a 'whole of organisation' approach would have been used (Connolly & Smith, 2010). This would mean that senior practitioners would be trained in the new system and lead the top down training with their child protection practitioners. Supervision would also have been used to continue to improve practitioners' skills in using the new practice triggers. The anticipated outcomes identified for this framework include: to secure safety; to promote stability of care; and to restore or improve well-being (Connolly, 2007). Due to this system not being implemented, there is no available evidence that measures these or other outcomes.

A.1.6 Practice First

Practice First is a model developed by the Senior Practitioner in New South Wales in 2011. This service delivery model was developed with the aim of changing practice culture to improve outcomes for children at risk. It incorporates a set of ten principles to guide practice, grouped by the four principles of the NSW Community Services Care and Protection Practice Framework. These are:

1. We keep children and young people at the centre of our practice with families
   Principle 1: Ethics and values are integral to good practice.
   Principle 2: Families have a right to respect.
2. We respect culture and context
   Principle 3: An appreciation of context strengthens practice.
   Principle 4: Language impacts on practice.
3. We use contemporary skills and knowledge in a work culture that shares risk
   Principle 5: Good practice is built on both knowledge and skills.
   Principle 6: Practitioners do best in a culture that fosters learning, hope and curiosity.
   Principle 7: Reflection leads to better outcomes.
   Principle 8: Sharing of risk leads to better decision making.

4. We build relationships to create change
   Principle 9: The quality of the relationships makes a significant impact on effectiveness.
   Principle 10: Relationships have a cascade effect.
   (Family and Community Services, 2011; Wade et al., 2016)

These practice principles and the overall delivery model have been developed through reviewing existing systems, practice frameworks and theories. This includes SDM, Motivational Interviewing, Minnesota's Differential Response Model, the Munro Report, Kari Killen's (Norway) work on neglect, relationship-based practice, and the 'Three Houses' tool, with an emphasis on principles aligned with strengths-based and solution-focused work (Wade et al., 2016).

The Practice First model addresses assessment, and decision making across the areas of preservation casework, the removal of children and subsequent court work, the restoration of children, and children in out-of-home care (Wade et al., 2016). To assist practitioners with their work, a set of ten practice standards have been released. These are:

1. Practice leadership;
2. Relationship-based practice;
3. Holistic assessment and family work;
4. Collaboration;
5. Critical reflection;
6. Culturally responsive practice with Aboriginal communities;
7. Culturally responsive practice with diverse communities;
8. Practice expertise;
9. Sharing risk;
10. Documentation in casework (Office of the Senior Practitioner, 2011).

Each of these standards sets out key expectations together with reflective practice prompts and questions that could be used to seek feedback from others, including families and children (Office of the Senior Practitioner, 2011). Practitioners are supported through group supervision sessions and can use tools such as critical reflection and SDM (Family and Community Services, 2011). Emphasis is placed on retention and satisfaction of practitioners through collaboration, shared management of risk and continuous learning (Family and Community Services, 2011).

The implementation of Practice First was rolled out in 24 sites across NSW and subsequently reviewed by Wade et al. (2016). This 2016 report does not detail how implementation occurred through each of the 24 sites. One of the aims of Practice First was to reduce the administrative burden placed on practitioners, increased safety for children and families (Family and Community Services, 2015) and increased practitioner satisfaction and retention (Wade et al., 2016).

A.1.7 Practice with Purpose (not included due to limited available information)

In 2014 the Department of Children and Families in the Northern Territory developed a practice framework called Practice with Purpose which is further described in the Standards of Professional Practice document. Within these documents, the practice approach is reported to be child-centred, family-led, strengths and solutions focused, culturally responsive and competent, team-based and collaborative, and inclusive and transparent (Department of Children and Families, 2014a).

The practice framework makes mention of using tools such as the SDM tools including: Screening Criteria, Response Priority Assessment, Safety Assessment, Risk Assessment, Family Strengths and Needs Assessment, Risk Re-Assessment, and the Aboriginal Child Placement Principle (Department of Children and Families, 2014a; 2014b). Care plans are required for every child and need to include at least the following information: the child's holistic needs; the planned, responsive measures to address those needs and defined timeframes; and decisions about the daily care and control of the child (Department of Children and Families, 2014b).

No information could be sourced on the implementation of this framework. Outcomes of the Practice with Purpose framework are reported to include: protecting children from harm and increasing their safety and wellbeing; supporting and improving the well-being of children in out-of-home care; and providing parenting and family support to minimise harm and strengthen capacity (Department of Children and Families, 2014a).

A.1.8 Reclaiming Social Work

The Reclaiming Social Work model, also known as the Hackney model, was developed by Goodman and Trowler in 2008 for use within the English child protection system (Goodman & Trowler, 2012). This model recommends a systemic organisational change approach in working with children and families in child protection settings and is also known as the Systemic Unit Model (Forrester et al., 2013). It particularly focuses on the use of multidisciplinary social work units which share the risk and the case management of all the current clients and cases within the unit (Goodman & Trowler, 2012). In this model, families are allocated to a consultant social worker who is responsible for a small unit of practitioners who collectively work the case. The other practitioners commonly include a qualified social worker, a child practitioner (who may or may not be a qualified social worker, unit coordinators (administrative support), and a clinician (qualified systemic therapist) (Forrester et al., 2013). The units are informed by systemic theory and relate to the family system as a whole rather than singling out certain family members.

Forrester et al. (2013) identified six core features of the Reclaiming Social Work model:

1. Shared work;
2. Quantity of case discussion;
3. Quality of case discussion;
4. Shared systemic approach;
5. Role of unit co-coordinator other roles;
6. Skills development.

The Reclaiming Social Work model emphasises systemic and social learning principles and encourages their practitioners to take external training courses on these components rather than providing in-house training. In addition, Goodman and Trowler (2012) state that Reclaiming Social Work is prescriptive and has specific intervention models in which each practitioner is trained. Reclaiming Social Work uses two types of group supervision models to assist in sharing risk and increasing practitioner competencies. The first involves each unit holding weekly meetings where every case is discussed. The second is a Weekly Resource Panel (including the assistant director, consultants, heads of service, and the principal lawyer). These meetings hear cases where child removal may be necessary to ensure coordinated care plans have been created and followed (Goodman & Trowler, 2012).

The intended outcomes of the Reclaiming Social Work model include increasing children's safety, reducing the need for out-of-home care, and limiting the role of the State within family systems (Goodman & Trowler, 2012).

A.1.9 Scotland's National Framework

The National Framework for Child Protection, Learning and Development in Scotland is a competency-based framework that emphasises the need for the workforce to be adequately trained to promote the well-being of children and young people, protect them from harm and improve their outcomes (The Scottish Government, 2012). The framework draws on the UN Convention on the Rights of the Child and the child-focused, strengths and resilience-based approaches.

This framework uses three definitions of different parts of the Scottish workforce that may come into contact with children and young people including: 'general contact', referring to all practitioners in workplaces where they may come into contact with children or families (such as hospitals); 'specific contact', referring to those (for example, schools) who carry out direct work with children, young people or other family members; and 'intensive contact', referring to those (for example, child protection practitioners) who have a specifically designated responsibility for child protection issues as part of their role (The Scottish Government, 2010).

All three groups of professionals are expected to undertake some level of training in line with the framework's competencies to ensure a multidisciplinary approach is taken to child protection. Each of these competencies is divided into core competencies, key knowledge/skills, and additional skills and knowledge (The Scottish Government, 2010). These competencies increase and become more specific to the child protection system as practitioners move between 'general contact' and 'intensive contact'. Examples of this are provided in Table A2. Practitioners will also make use of the 'Well-being Wheel', 'My World Triangle' and the 'Resilience/Risk Vulnerability Matrix' when working with children and families and developing case plans and actions (The Scottish Government, 2010).

Table A2: examples of core competencies for each section of the workforce (adapted from The Scottish Government, 2012 pp. 17–24)

Workforce	Core Competencies
General contact	Recognise where there may be concerns about a child's well-being. Know the procedure and take appropriate action.
Specific contact	Protect and promote the well-being of children and young people. Access all relevant aspects of local child protection procedures. Contribute to identifying and implementing potential interventions
Intensive contact	Changes to legislation affecting children and young people (including changes to the benefits system). The importance of a protective environment and secure attachments for children and young people, as well as other protective factors. Healthy child and adolescent development, including the effects of adverse factors and different types of abuse/neglect on development and behaviour. The range of interventions available from their own and other agencies. The way in which children and young people, and other family members will be involved in child protection processes. The issues/implications of work with dangerous, difficult to engage or evasive families.

In regards to its implementation, the framework is not prescriptive. Rather, it discusses ways practitioners could be supported to gain the competencies required. This includes: formal training run both internally and externally (attendance at events and groups; shadowing; reflective learning and critical reflection; action learning; peer review; networking; cascading learning; and learning and development through supervision [The Scottish Government, 2010]). It also suggests key roles and responsibilities in the development and promotion of appropriate learning and development opportunities and ensuring that these take place. This includes roles and responsibilities for child protection committees, single agencies, professional bodies and services, chief officers and other organisational leaders, and individual practitioners (The Scottish Government, 2012).

Finally, the framework discusses the potential ways an organisation could evaluate their training and workforce skills set but does not suggest a national evaluation. The desired outcomes include: enhancing practice; promoting professional competence and confidence; and, ultimately, helping to keep children and young people safe (The Scottish Government, 2010).

A.1.10 Signs of Safety

The Signs of Safety framework is based on a solution orientated approach (Turnell & Murphy, 2014) and is underpinned by three core principles. These are: constructive working relationships; thinking critically and fostering a stance of inquiry (using appreciative inquiry methods); and landing grand aspirations in everyday practice, (that is, documentation of good practice is a key to learning) (Department for Child Protection, 2011a; Turnell & Murphy, 2014).

Practitioners who are practicing Signs of Safety use a specific set of practice tools and processes to engage in partnerships with families. These tools include: a Signs of Safety comprehensive risk assessment and an assessment and planning protocol. Assessment tools are used to determine: what supports are needed for families to care for their children; whether there is sufficient safety for the child to stay within the families; whether the situation is so dangerous that the child must be removed; and if the child is in the care of the system, whether there is enough safety for the child to return home. When working with children, practitioners can use the 'Three Houses', 'Fairy/Wizard', and 'Words and Pictures (Explanations and Safety Plans)' tools to facilitate engagement (Department for Child Protection, 2011b; Turnell & Murphy, 2014). These tools are recommended for use throughout the child protection process (Department for Child Protection, 2011b; Turnell & Murphy, 2014).

Signs of Safety was implemented in Western Australia between 2008 and 2013. During this time, emphasis was placed on both training practitioners and also using Practice Leaders who continue to assist practitioners to develop their skills (Department for Child Protection, 2011b). This leadership was fostered through ongoing group sessions with practitioners to establish, consolidate and refine the use of Signs of Safety mapping and appreciative inquiry methods. Individual supervision sessions are also encouraged, with a focus on mapping current cases using the Signs of Safety assessment and planning tools

The state-wide implementation of Signs of Safety aimed to influence the following outcome measures: decrease the number and rate of children entering care, re-substantiation rates, while looking to increase proportion of safety and wellbeing assessments, worker job satisfaction, descriptions of good practice by families and front-line practitioners (see the evaluation in the following papers: Salveron et al., 2015; Salveron et al., 2017).

A.1.11 Solution Based Casework

SBC is a child protection framework which is based on three theoretical models: family developmental theory; SFBT; and relapse prevention theory (CBT theory) (Christensen & Todahl, 1998). From these theories SBC has three basic assumptions:

> (1) families encounter common developmental challenges; (2) dangerous behavior occurs within the context of everyday life and, consequently, case planning for prevention must be directly tied to those events; and (3) case planning must be the reinforcement and development of situation-specific relapse prevention skills (Christensen & Todahl, 1998 p. 5).

SBC uses a partnership approach with families while targeting high-risk behaviours and focusing on relapse prevention (Christensen & Todahl, 1998). This partnership approach is executed through practitioners being encouraged to use a solution-focused approach to building rapport with the family during the assessment and casework processes. Questions about specific incidences and a detailed understanding of risk are assessed using developmental theory. This assessment will focus on how the maltreatment occurred and potential solutions which are specific to the family context. During the case management stage practitioners work with families using the four steps of relapse prevention: recognition of patterns; learning the details of high-risk patterns; practicing small steps toward change; and creating a relapse prevention plan or case management plan (Christensen & Todahl, 1998). Practitioners are supplied tools from the relapse prevention literature such as scaling, time-orientated questions, and ways to talk to families about creating a plan to avoid, interrupt or escape high-risk situations. Finally, during the development of the case plan, SBC advocates for plans that detail specific skills that the family and/or parents are required to develop in order to terminate child protection support (for example, parents will know the typical situations that lead to loss of control and their physical cues or early warning signs). South Australia has paired SBC with SDM tools, which were developed by the Children's Research Center (Department for Education and Child Development, 2014). These tools are used during the intake, assessment and case planning stages to assist practitioners to make decisions about the response required.

When a child protection agency implements SBC, it is suggested that they use the GTO model (Barbee et al., 2010). The GTO model suggests that implementation works best when using a results-based accountability approach to change. It uses a ten-step approach to implementation, which focuses on identification of the needs, and goals of the organisation, while using evidence-based practices, assessing organisation capacities, program fidelity, and conducting outcome evaluations (Barbee et al., 2010). In addition, Antle et al. (2009) demonstrated that providing practitioner's in-classroom training and training reinforcement (that is, in supervision, demonstrations and feedback) yields a higher level of transfer of skills than training alone or no training. Thus, in-classroom training and training reinforcement are important aspects when implementing SBC.

The proposed outcomes of SBC include the development of a case plan that targets dangerous behaviours and reduces chances of parental relapse (Christensen & Todahl, 1998). Additionally, Christensen and Todahl (1998) believe that the effectiveness of the relationship between clinician and family can be measured through the cognitive and behavioural skills learned by parents to prevent reoccurrence.

Note that the description of SBC and its implementation is drawn from international literature. It is not known the extent to which this reflects the operation or implementation of SBC in the South Australian context.

A.1.12 Strengthening Families Approach: A Protective Factors Framework

The Center for the Study of Social Policy (CSSP) has created the 'Strengthening Families approach a Protective Factors Framework' for use in the United States, which is connected to the following foundational principles: the two-generational approach; biology of stress; strengths-based perspective; cultural competence and humility; and resilience theory (Harper Browne, 2016). In addition, the Strengthening Families Approach has five core protective factors that influence practice. These include parental resilience, social connections, knowledge of parenting and child development, the social and emotional competence of children, and concrete support in times of need (Harper Browne, 2016).

During implementation, CSSP provides planning, technical assistance and training (CSSP, n.d.a). This model allows Departments to develop strategies and structures for implementation that are appropriate for their unique policies and environments. It is also important that an inter-disciplinary leadership team is developed (CSSP, the research behind strengthening families). This team participates in webinars about Strengthening Families implementation and then feeds this back to the rest of the departmental teams. Practitioners at all levels are required to complete training on child welfare practice models, caseworker training, supervision and training on the specific assessment forms used in Strengthening Families (CSSP, n.d.a).

CSSP define the outcomes of the implementation of the Strengthening Families Protective Factors Framework in their logic model. These include: strengthened families, optimal child development and reduced likelihood of child abuse and neglect (CSSP, n.d.b).

A.1.13 Strengthening Families, Protecting Children

The Strengthening Families and Protecting Children Framework is developed in conjunction with the NCCD Children's Research Center and SP Consultancy. This framework values: family and community connection; participation; partnership; cultural integrity; strengths and solutions; fairness; and curiosity and learning (Department of Communities, Child Safety and Disability Services, 2015). The Strengthening Families, Protecting Children framework stems from the Partnering for Safety Approach which uses tools, techniques and theoretical underpinnings from SFBT, Narrative Theory, strengths-based practice, family-centred practice, the Signs of Safety Approach, the Resolutions Approach, response-based practice, motivational interviewing, Family Group Decision making and appreciative inquiry (Parker, 2011). In addition, it uses the SDM tools, developed by the Children's Research Center and principles to guide practice.

The Department of Communities, Child Safety and Disabilities Services in Queensland uses a suite of tools across the stages of the child protection process including: engagement; assessment; planning; and process. The tools used are listed below:

1. Engagement. Tools include: Solution-focused inquiry, the 'Three Houses', 'Family Roadmap', 'Future House', 'Immediate Story', and foster carer profile.
2. Assessment. Tools include: Collaborative assessment and planning framework, SDM system, and the 'Safe Contact' tool.
3. Planning. Tools include: Circles of Safety and Support, the 'Safety House', the Safety Planning Framework, and child-and-family-centred safety plans.
4. Process: Appreciative inquiry, enhanced intake, regular group supervision and case consultation, strengthened family group meetings, enhanced partnerships with NGOs, partner agencies and the courts, and continuous quality improvement efforts.

The Partnering for Safety framework suggests using the latest research in implementation science along with action learning, reflective practice, appreciative inquiry and quality supervision to support skill development to implement and continue to extend on the good practice arising from the Partnering for Safety framework. The Strengthening Families, Protecting Children's framework reports the outcomes of implementing this framework are the same as the Department of Communities, Child Safety and Disability Services Best Hopes for Queensland's Children and Families project. These include the safety, well-being and a sense of belonging for children and young people. No evidence reporting potential outcomes has been produced at this time.

A.1.14 Structured Decision Making Approach to Case Work

The SDM Approach to casework is a set of evidence-based assessment tools and decision guidelines designed to support and guide practitioners' decision-making in relation to child protection (Children's Research Center, 2008a). Developed by the National Council on Crime and Delinquency Children's Research Center in California, the SDM suite of tools covers the entire child protection process from intake, assessment, intervention, removal and reunification. At each stage, SDM suggests tools that are either evidence-based and validated or consensus-based (Children's Research Center, 2008a).

The SDM model has four principles including:

1. Decisions can be significantly improved when they are structured appropriately. That is, specific criteria must be considered for every case by every worker through highly structured assessment procedures.
2. The system must be comprehensive, helping agencies achieve their mandated goals of safety, well-being and permanency.
3. Priorities given to cases must correspond directly to the results of the assessment process. Expectations of practitioners must be clearly defined, and practice standards must be readily measurable.
4. Virtually everything an agency does, from providing services to an individual case to budgeting for treatment resources, is a response to the assessment process (Children's Research Center, 2008a p. 3).

The Children's Research Center suggests that implementation of the tools is coordinated with a jurisdiction-specific validation of the tools. This generally includes validation of the evidence-based Risk Assessment tool, which is the most commonly used of the SDM tools. These validations are available via the Children's Research Center website. The objectives of these tools include: the introduction of structure, increase consistency and validity at critical decision points, target the most at-risk families and inform agency-wide monitoring and budgeting. While the goals of this framework include; reducing subsequent harm to children and reduce time to permanency (Children's Research Center, 2008a).

A.1.15 Title IV-E

The Title IV-E child welfare training program is a partnership between US state child welfare agencies and social work education programs to strengthen the child welfare workforce (Social Work Policy Institute, 2012). This funding allows prospective and current child welfare workers to undertake a Bachelor or Masters of Social Work degree, which is funded by the child welfare agencies. In return, prospective employees are required to work for the child welfare agency for a certain period.

There is a high level of flexibility within the Title IV-E program as the funding has been set up to allow the creation of different partnership models based on the multiple variations of child welfare agencies and social work education programs within each state. These programs are required to contain training on the following topics to be eligible for Title IV-E funding:

- Social work practice, such as family-centred practice and social work methods including interviewing and assessment;
- Cultural competency related to children and families;
- Title IV-E policies and procedures;
- Child abuse and neglect issues;
- Permanency planning;
- General substance abuse, domestic violence, and mental health issues;
- Effects of separation, grief and loss, child development, and visitation;
- Communication skills required to work with children and families;
- Activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services;
- Risk Assessments;
- Ethics training;
- Contract negotiation, monitoring or voucher processing related to the IV-E program;
- Adoption and Foster Care Analysis and Reporting System (AFCARS), State-wide Automated Child;
- Welfare Information System (SACWIS) or other child welfare automated system;
- Independent living and the issues confronting adolescents.
- Training on referrals to services, not how to perform the service. (Children's Bureau, n.d.)

An example of the type of program in which students and current child welfare practitioners could enrol to receive this funding is the Public Child Welfare Certification Program from the University of Kentucky. This certificate is included in all the State's Bachelor of Social Work programs.

APPENDIX 2. EXPERT PANEL MEMBERS AND AFFILIATIONS

Expert Panel Members	Affiliations
Martin Calder	Calder Training & Consultancy Limited, UK
Professor Sharon Dawe	School of Applied Psychology, Griffith University, QLD
Stephanie Fielder	Regional Practice Leader, Department of Child Safety, Youth and Women, QLD
Dr Philip Gillingham	School of Nursing, Midwifery and Social Work, University of Queensland, QLD
Natalie Hall	Principal Policy Officer for the Commissioner for Children and Young People, WA
Associate Professor Maria Harries	Social Work and Social Policy, The University of Western Australia, WA (has experience working in TAS and with the Family Inclusion Network)
Paula Hayden	Social Worker in Child Protection and Out of Home Care, NSW
Associate Professor Susan Hiller	Dean of Research (Operations) Health Sciences Divisional Office, University of South Australia
Jamie Lee	Relationships Australia, South Australia
Professor Gwynnyth Llewellyn	Director, Centre for Disability Research and Policy, Sydney University
Professor Bob Lonne	Adjunct Professor, Public Health and Social Work, Queensland University of Technology, QLD
Professor Morag McArthur	Institute of Child Protection Studies, Australian Catholic University, ACT
Ms Karen Menzies	Indigenous Education and Research (Social Work), University of Newcastle, NSW
Dr Robyn Miller	Current Chief Executive Officer of MacKillop Family Services, Previous Principal Practitioner for the Child Protection and Family Services at the Department of Human Services, VIC

APPENDIX 3. EXPERT PANEL REVIEW SUMMARY

The aim of the consultation with the Expert Panel was to verify and refine the core domains. Panel members (see Appendix 2) reviewed the evidence summaries and analysis and discussed what was missing along with any other information they perceived as relevant.

A.3.1 General comments about the domains and report

Experts reported that, in general, the report appeared comprehensive and well presented. The experts commented on the overwhelmingly concerning picture that this report presents. Experts reported that their concerns lie in both the 'gaps' or what is missing from many of the presented frameworks, as well as questioning the effectiveness, evidence-base and assumptions behind the inclusion of the content of many of the domains. This included the following aspects:

A.3.1.1 Children's safety and wellbeing

Children's safety and wellbeing was not a commonly reported outcome for the practice frameworks implementation. This is despite child protection practice being reportedly aiming to increase child safety and wellbeing. Some experts suggested that rates of children being removed and placed in out-of-home care may be serving Departments as a proxy outcome for child safety and wellbeing. This proxy outcome causes some concern, firstly, the numbers of children being placed in out-of-home care have been on the rise for over a decade (Australian Institute of Health and Welfare, 2017). Secondly, both research (see: Bromfield et al., 2005) and Senate Inquiries (see: Commonwealth of Australia, 2015) that have looked at children's safety and wellbeing once in care have consistently reported poor health, education, behaviour and mental health outcomes. This suggests that placing children in out-of-home care does not equate to safety and wellbeing in children.

A.3.1.2 Stakeholder engagement

Many experts reported surprise at the lack of stakeholder engagement (children, parents, families, practitioners and external agencies) both in the development of the child protection practice frameworks and in the reporting of outcomes. This is despite frameworks reportedly being child-centred and family-focused. There is a wealth of emerging evidence that suggests that children are safely able and willing to be both included in research (Salveron et al., 2013) about them but also participate in developing tools, approaches and techniques which pertain to them (Moore et al., 2011). In addition, many experts reported that external agencies, such as drug and alcohol, education and mental health services are important in the case planning and management for children and families working with the Department but do not feature in any of the child protection practice frameworks. These agencies and partners are also important in the development of tools, approaches and referral pathways that lead to increased child safety and wellbeing.

A.3.1.3 Guidance for practitioners

Experts commented on the chronic lack of guidance for practitioners about 'how to do their work' in terms of how to practice in a way that is in line with the foundational principles and how to use the suggested theories tools and techniques. It was suggested by several experts that some of this information could be contained in organisations' specific policies and procedures documents. However, there was an acknowledgement that if this was the case, at minimum the child protection practice frameworks should provide both evidence of this and links within the framework documentation to where practitioners could source this information.

In addition to the lack of guidance for practitioners, experts reported concern over the limited information pertaining to workforce development. Experts believed that skills that require

ongoing development, such as reflective practice and critical thinking, need to be taught and developed throughout a practitioner's time at a Department. The Expert Panel was of the view that it is the ability of practitioners to reflect and think critically about a situation, in addition to using assessment tools and approaches that will lead to better decisions and outcomes being made for children.

A.3.1.4 Implementation

Finally, experts were concerned about the limited use of evidence-based models of implementation. Only three frameworks demonstrated the use of an implementation model when instigating a new child protection practice framework in a jurisdiction. Experts also wondered if the child protection frameworks reviewed in the report work in isolation or unison with existing policies and practices. If they work in unison, there needs to be evidence of suggested implementation techniques that can assure all work within the Department followed both new and pre-existing policies. With the growing body of research into implementation practices in recent years, there is now widespread recognition of the importance of good implementation (Durlack & DuPre, 2008). The lack of acknowledgement and advice to implement new practice frameworks within existing practice could be hampering the potential effectiveness of the frameworks.

A.3.2 Domains not captured in review

While appreciating the methodology used in this report, experts cautioned the use of the currently used child protection frameworks as the sole source to develop a comprehensive list of all domains across all stages of child protection practice, given the large practice gaps identified. Thus, experts provided an additional domain and additional content for inclusion in the current domains, these are discussed below. They are an additional domain to include stakeholders and integration with non-statutory agencies, and widening the cultural competency domain to include all forms of diversity. These additions have been made in Sections 2 and 3 of this report. Experts also reported that the role of supervision should be reported in the workforce training section.

A.3.2.1 Stakeholders' perspectives and integration with non-statutory agencies

Further to experts' concerns about the limited engagement of stakeholders in all core domains, it was recommended that an additional domain be added to address this gap. This domain has a dual aim. Firstly it suggests that stakeholders, such as children, families and non-statutory agencies, should be consulted during the development and implementation of the practice frameworks. Secondly, it highlights the importance of the ongoing development of referral pathways, care team meetings and information-sharing in order to assist non-statutory agencies to work with children and families effectively. This is important as it was widely acknowledged by the experts that there are many other services working with families during and after a child protection investigation. These services provide additional support for families and hopefully can help decrease the likelihood of reoccurrence of maltreatment, but this support may be hampered by limited case conferencing and information sharing with Departments.

A.3.2.2 Cultural competency

Expert Panel members reported that in addition to poor cultural competency throughout many of the frameworks, there was also a lack of information being provided to practitioners about how to work with other diverse populations. Some of the diverse populations noted by the Expert Panel include; Aboriginal and Torres Strait Islander, CALD populations, people with disabilities, mental health concerns and substance use and misuse issues. Panel members believed that

frameworks need to avoid thinking about children and families as a homogenous group. Rather, the diversity within this population needs to be addressed in both the way practitioners work with families and the tools and approaches being developed. Thus, it was suggested that the cultural competency core domain be changed to reflect the diversity of this population and be termed: 'Competency to Work with Diverse Populations'.

A.3.2.3 Workforce training and supervision

Experts reported that, while training in all three of the core domains related to training is important, practitioners working in this field also require comprehensive support and supervision. While supervision was mentioned in some frameworks, the purpose and provision of supervision was often not clear. Supervision has been documented in the research literature to be an important factor in both increasing practitioners' knowledge and skills and practitioners' retention (Healy et al., 2009; Rushton & Nathan, 1996). Supervision that encourages evidence-based clinical judgement, increasing practitioner's critical reflection and practice were suggested by the panel as potential ways to continue to increase professional practice.

A.3.3 Child protection practice frameworks

The researchers were encouraged by the Expert Panel to complete a more in-depth discussion of what is classified as a child protection practice framework. This discussion concluded with the ACCP developing a more in-depth definition of a child protection practice framework, which is included in the report methodology.

For the purpose of this report, the authors defined a child protection practice framework as outlining the values and principles and an approach to working with children and families that has been applied to the whole of the continuum of child protection practice. This definition excludes those frameworks that are described solely as risk assessment, for example, Safeguarding Children Assessment and Analysis Framework (Macdonald et al., 2017) or frameworks that are self-described to be discrete to one aspect of the child protection process, for example, Sanctuary (Bloom, 2005) or Children and Residential Experiences: Creating Conditions for Change (Holden et al., 2014) models which are specific to out-of-home care. For a risk assessment or a model of care to be included in the review, it must be mentioned within a larger framework as a tool or approach that makes up the greater whole of the child protection practice framework.

Through discussion with the Expert Panel members and further analysis, it has been determined that there is, currently, no one framework that can support all the required core domains discussed in this report. In fact, the frameworks reviewed could be considered to be made of several different levels including:

1. 'Organisational' and work at the entire system level. This would include frameworks that discuss values and principles expected within an organisation.
2. 'Workforce' based and provide detailed information on the types of pre-requisite skills, knowledge and experience required and/or further areas for professional development and supervision.
3. 'Intervention' specific, which would provide practitioners with the types of tools and approaches to be used with children and families and how to use these tools and approaches.

Therefore, framework developers need to provide clear guidance to organisations with regard to which level or levels their framework is based. In addition, organisations and framework developers need to be prepared to work with one or more frameworks which would be nested inside each other in order to develop an effective system which would include all core domains listed in Section 3 of this report.