Assessing the Quality and Comprehensiveness of Child Protection Practice Frameworks

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SUGGESTED CITATION

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EXECUTIVE SUMMARY

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 review; McDougall et al., 2016). One of the key reforms used by systems to address these issues include the implementation of an overarching practice framework. However, despite these reforms, there has been a concerning increase in the rate of children with substantiations, 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 (e.g. *The Life They Deserve*; Nyland Report, 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 best evidence, the problem of inadequate workforce capacity and poor quality of practice and decision making seems destined to continue.

The project objective is to develop a benchmarking tool identifying the core domains of child protection practice frameworks and a procedure for assessing the extent to which the approach within each component reflects good practice based on best available evidence.

For the purposes of this report, the authors describe 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.

**Method**

Documentation regarding eight frameworks formed the primary data source for this project. The project comprised an iterative design consisting of 5 stages:

1. **Identifying the frameworks** - comprising an environmental scan to identify relevant frameworks and primary document sourcing.

2. **Developing the framework summaries** – comprising of the coding frame development, extraction of information from primary source documents and development of narrative summaries.

3. **Analysis** - program summaries were then analysed for cross-cutting themes, strengths and limitations. Stages 1-3 were presented in a draft project report.

4. **Expert panel review** - A draft project report documenting Stages 1-3 was presented in a series of meetings with the project expert panel. The panel held with wide ranging expertise and provided feedback on the core domains and discussion and critique of the approaches
described within each component. Themes emerging from expert panel consultations were summarised.

5. **Review and revise** - The core domains and critique were revised based on the feedback from the expert panel meetings. 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**

The eight-identified child protection practice frameworks were highly variable in the type and amount of documented information. However, from the available information we were able to derive a common set of core domains. The identification of these core domains provides a preliminary benchmark for what the common domains of a child protection practice framework might comprise. Creating program summaries of the eight practice frameworks using these core domains provides a mechanism for high level comparison across frameworks and a base level means for assessment of the frameworks’ comprehensiveness.

Feedback from the expert panel resulted in only a few relatively minor revisions to the core domains that had been identified in Stages 1-3. The domain of stakeholder engagement in framework development was added and the cultural competence domain was broadened to refer to diversity more generally. No concerns were raised through either the project team’s analysis or the expert panel feedback regarding the core domains per se (i.e. that an overarching child protection practice framework ought to comprise of specified principles, theories, diversity provisions, workforce development, tools and practice approaches). On this basis, we have concluded that we had been able to arrive at a consensus regarding the core domains that ought to be addressed within a child protection practice framework.

These core domains of a child protection practice framework include:

1. **Foundational underpinnings** - which include (a) the *foundational principles* and (b) *founding theories* that guide practice and (c) *competence in working with diversity*.

2. **Workforce qualifications and training** - which includes (a) the requisite child protection framework specific training, (b) any required *pre-requisite qualifications and experience of practitioners* and (c) skills and knowledge which will be built on through *in-service training and professional development*.

3. **Tools, approaches and practical guidelines** - which includes (a) *practical guidelines* about ‘how’ to work with families and the *tools and approaches* to work with families including both the tools or approaches specifically designed to *facilitate child participation* and tools, approaches and guidelines to evaluate evidence.

4. **Implementation** - which includes (a) *stakeholder involvement in framework development*, (b) *the implementation approach adopted* and (c) *the implementation approach evaluations*.
5. Outcomes for children, families, practitioners and systems - which discusses both the (a) intended outcomes and (b) reported outcomes evaluation evidence.

While the expert panel endorsed the core domains, they did note some concern about the quality of the practice guidance included in the frameworks, identifying significant gaps and limitations.

Four particular gaps and limitations emerged from the project team’s analysis in stage 3.

1. A lack of consistency and emphasis on frameworks being child-centred.

A lack of consistency was found in the principles underpinning the framework as well as in the frameworks’ intended and reported outcomes. For example, most of the frameworks did not identify any child-centred or child-inclusive outcomes or KPIs. Instead, outcomes tended to emphasise parental and practitioner satisfaction or decreasing expenditure. This was of particular interest given that ensuring the best interests of the child is typically the primary principle in legislation governing child protection.

2. A lack of specification regarding the qualifications, experience, knowledge or skills required in effective child protection practice.

This review found that frameworks generally did not provide guidance as to what skills, knowledge or experience might enhance child protection practice. For example, frameworks might promote a working understanding of child development, impacts of trauma, dynamics of perpetration, and identifying abuse and neglect. Only 4 out of eight frameworks identified pre-requisite qualifications or experience. The same number of frameworks either included, nominated or recognised the need for complementary training. Statements in some of the frameworks that suggested that practitioners did not need additional training beyond that provided within the framework, was deeply concerning as it appeared to actively discourage practitioners from participating in other training and professional development activities.

3. A lack of specific tools, skills and techniques for each aspect of practice.

It is widely acknowledged that different skills, techniques and tools are required, to work with children and families, across the child protection process. Pre-requisite skills, techniques and tools might help inform and improve intake, investigations, case management, Out-of-Home Care, and reunification. However, none of the frameworks identified or provided guidance on the skills, techniques and tools required for the different areas of child protection practice.

4. Lack of evidence based approaches within frameworks.

Four of the core domains assess the extent to which frameworks have an evidence-base. Unfortunately, our review found that there was a limited evidence base underpinning the frameworks. Of greater concern, there was evaluative evidence to suggest that the application of the frameworks was, in some cases, having negative and contrary outcomes (e.g. where entries of children into care increased). Furthermore, a cursory assessment of the
models promoted in the frameworks (for example, solution-based brief therapy) highlighted that they were often not developed for the populations or child protection practices being utilised.

**Expert Panel Findings**

Expert panel feedback and consultations both endorsed the project team’s methodology and findings, and provided 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 are summarised below.

The experts commented first and foremost on the overwhelmingly concerning picture that the draft report presented. Expert panel concerns lay in both what was missing from the frameworks, as well as the accuracy and helpfulness of the content included in many of the domains.

The expert panel also suggested that the frameworks reviewed could be considered to consist of several frameworks pertaining to different levels of practice (i.e. organisational, workforce and intervention specific) and that all levels of practice need to be considered in order to adequately and effectively incorporate the content required across core domains. It was suggested that these frameworks need to contain explicit practice guidance and demonstrate how to develop content expertise for practitioners. This guidance might relate to the multiple key challenges facing families, including domestic family violence, alcohol and substance misuse and mental health concerns. Child protection departments may need to be ready and willing to work with framework developers to ensure all core domains and stages of the child protection process are adequately addressed. Additionally, they need a process for ensuring that content is evidence based.

Expert panelists believed that good quality frameworks needed to include content from each of the domains but also stressed that this content needed to be of high quality. They were therefore skeptical about a review of frameworks based solely on whether domains were included and advocated a more comprehensive benchmark of quality. Benchmarking needed to incorporate both comprehensiveness in terms of domains covered, and quality in terms of domain content. For example, a framework may mention cultural competency but provide no content on this or how to achieve this.

**Implications**

This report and subsequent expert panel review provides 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.

**Comprehensiveness**

The implications of this report pertain to the way that child protection practice frameworks are marketed as a one-size-fits all approach to child protection practice and highlight the
importance of child protection departments ensuring that all core domains are adequately covered in their service.

We would argue that 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.

The current core domains provide a base level checklist for the assessment of the relative comprehensiveness of a child protection framework areas that may need to be supplemented or further developed.

**Conclusions**

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

1. The development of a process or method to ascertain the best available evidence for each of the identified core domains.

2. Applying this process to each of the identified core domains with a view to using the best available evidence to set minimum requirements in each domain through implementation.

3. Developing a benchmarking tool for child protection frameworks that combines the core domains identified in this project (comprehensiveness) and best practice within domains (content and approach).

These steps would provide an integrated approach to ensuring child protection practice guidance for interventions is evidence based and high quality. The final section of this report recommends a benchmarking tool which can be used to assess child protection practice frameworks against a minimum standard to support best practice (see chapter 4).
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 of 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 principles and/or theories, tools and approaches to guide child protection practice across the organisation. A framework includes a description of ‘values and principles that underlie approaches to working with children and families’ (Child Welfare Policy and Practice Group, 2008, p.2). Frameworks also provide guidance on the techniques considered fundamental to the entirety of child protection practice. Examples of frameworks currently in use include Structured Decision Making, Signs of Safety, Solution Based Practice, Critical Reflection, and Core Competencies in the National Qualifications Framework (TAFE curriculum). In all, across Australia, seven child protection frameworks have been implemented in different jurisdictions since 2007.

Despite the implementation of child protection practice frameworks, concern about practice issues have at best continued unabated (e.g. The Life They Deserve; Nyland Report, 2016). Research in Australia and overseas has identified several limitations of the practice models and frameworks that have been designed to increase practitioner competence (Gillingham, 2017; Salveron, Bromfield & Arney, 2015). However, there is little academic literature that guides the development of practice frameworks, or to help policymakers, practitioners and oversight bodies in identifying whether specific approaches are fit for purpose (in this case, 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:

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

The Australian Children’s Commissioners and Guardians Group commissioned this work.

1.1 Objectives

This project aimed to develop a benchmarking tool identifying the core domains of child protection practice frameworks and a procedure for assessing the extent to which the approach within each component 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): (1) identifying the frameworks, (2) developing the framework summaries, (3) analysis, (4) expert panel review and (5) 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 between the 10th and 24th of August of 2017, using the following framework definition.

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 e.g. Safeguarding Children Assessment and Analysis Framework (SAAF, Macdonald et al., 2017) or frameworks that are self-described to be discrete to one aspect of the child protection process, e.g. Sanctuary (Bloom, 2015) or Children and Residential Experiences: Creating Conditions for Change (CARE, 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 frameworks 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 these 15 frameworks are described in detail in Appendix 1.

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

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

<table>
<thead>
<tr>
<th>Framework</th>
<th>State or Jurisdiction</th>
<th>Self-description</th>
<th>Justification for inclusion or exclusion</th>
</tr>
</thead>
</table>
| Best Interests Case Practice Model (see pp. 51) | 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 analysis. |
| Child Safety Practice Framework (see pp. 52)    | 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 pp. 52)   | 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 pp. 54)            | 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...’
https://www.childwelfare.gov/topics/familycentered/ | Excluded due to limited cohesive, publically available information |
<p>| Integrated Service System (see pp. 55)          | New Zealand           | ‘the New Zealand practice framework...’ (Connolly, 2009)                                                                                                                                                      | 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 pp. 55)                     | New South Wales       | ‘Family and Community Services (FACS) developed Practice First as a model for child protection service delivery’ (Family &amp; 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 pp. 57)              | Northern Territory    | The practice with purpose document includes: foundations, standards and approaches (Department of Children and Families, 2014a)                                                                               | Excluded due to limited publically available information |</p>
<table>
<thead>
<tr>
<th>Topic</th>
<th>Location</th>
<th>Description</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reclaiming Social Work (see p. 57)</td>
<td>England</td>
<td>Reclaiming Social Work model utilises systematic organisation change in working with children and families in statutory child protection settings (Goodman &amp; Trowler, 2012)</td>
<td>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.</td>
</tr>
<tr>
<td>Scotland’s National Framework (see pp. 58)</td>
<td>Scotland</td>
<td>‘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.’ (Scottish Government, 2010)</td>
<td>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.</td>
</tr>
<tr>
<td>Signs of Safety (see pp. 61)</td>
<td>Western Australia</td>
<td>Signs of Safety is ‘a solution and safety orientation approach to child protection casework’ (Turnell &amp; Edwards, 1999)</td>
<td>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.</td>
</tr>
<tr>
<td>Solution Based Casework (see pp. 61)</td>
<td>South Australia, Australia</td>
<td>‘Child Welfare Practice Model: SBC is an evidence-informed case work practice model!’ <a href="http://www.solutionbasedcasework.com/">http://www.solutionbasedcasework.com/</a></td>
<td>Solution Based Casework outlines the values and principles and an approach to working with children and families across the child protection continuum, thus was included in analysis.</td>
</tr>
<tr>
<td>Strengthening Families Approach: A Protective Factors Framework (see pp. 63)</td>
<td>USA</td>
<td>‘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...’ (Center for the Study of Social Policy, 2015)</td>
<td>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 USA as a tool in addition to a practice framework it has been excluded from further analysis.</td>
</tr>
<tr>
<td>Strengthening Families, Protecting Children (see pp. 63)</td>
<td>Queensland, Australia</td>
<td>Strengthening families, protecting children is a ‘framework for practice’ (Department of Communities, Child Safety and Disability Services, 2015)</td>
<td>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.</td>
</tr>
<tr>
<td>Structured Decision Making Approach to Case Work (SDM, see pp.64)</td>
<td>South Australia, Queensland, Tasmania, New South Wales, Northern Territory, New Zealand</td>
<td>‘Structured Decision Making case management system’ ‘The SDM model incorporates a set of evidence-based assessment tools and decision guidelines’ (Children’s Research Center, 2008)</td>
<td>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 2.9 Tools, approaches and practice guidelines.</td>
</tr>
</tbody>
</table>
Post the identification of child protection practice frameworks the identification of primary sources was conducted. This search 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 1) national department websites for reports of state specific child protection frameworks, 2) child protection framework websites (such as www.signsofsafety.net), and 3) databases (e.g. google scholar and PsychINFO). This review was conducted between the 24th of August and the 8th of September of 2017.

Through the identification of primary sources, it was discovered 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 it being based very clearly on another included framework (Child Safety Practice appeared to be identical to Signs of Safety in all but name). A further two frameworks were excluded due to the use of these frameworks as part of a wider child protection framework (SDM, Strengthening Families Approach: A Protective Factors Framework). Finally, the Core Competencies (Vet Training) and Title IV-E where excluded from the main analysis but are presented in section 3.2.1 of this report to provide an example of an alternative approach to child protection practice. Therefore 8 frameworks were used in subsequent stages of this project.

1.2.3.2 Developing the framework summaries

The development of the framework summaries consisted of several stages including; (1) developing a coding framework, (2) extraction of information from primary source documents and (3) development of narrative summaries. The peer review and grey literature for each framework was reviewed and coded using a framework based synthesis method. Framework based synthesis is a method for synthesising qualitative data (Barnett-Page & Thomas, 2009; Dixon-Woods, 2011). This method is orientated towards applied policy questions, such as the current research, where we are looking to develop an understanding of the currently used practice frameworks and if those specific approaches are fit for purpose.
and/or consistent with best evidence (Barnett-Page & Thomas, 2009; Dixon-Woods, 2011). The framework based synthesis methodology uses an a priori framework (developed in this project through immersion in framework materials and team discussions) to extract and synthesise findings (Barnett-Page & Thomas, 2009). 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 method was enacted in this project through the development of an initial coding structure from the initial description of each framework (Appendix A) and team reflection and discussion. This initial coding structure included 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. Evaluation and monitoring of the framework as a whole: Intended outcomes
14. Evaluation and monitoring of the framework as a whole: Reported outcomes evidence from evaluations

Each of these core domains are further broken down into more specific codes that can be used to extract key information from all documentation on each framework. This coding matrix has been translated into a working ‘child protection framework coding’ document
which will be used for all extractions. A summary of the core domains and subsequent specific codes is contained in Table 2 below.
<table>
<thead>
<tr>
<th>Core Domains</th>
<th>Information extracted</th>
<th>Subthemes</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundational Principles</td>
<td>Principle as stated in framework, reference if evidence-based</td>
<td>N/A</td>
<td>Partnership or “family and community connection”</td>
</tr>
<tr>
<td>Foundational theories and practical basis</td>
<td>Theories and practice basis as stated in framework, reference if evidence-based</td>
<td>N/A</td>
<td>Solution-based therapy</td>
</tr>
<tr>
<td>Cultural considerations</td>
<td>Type of cultural considerations and how staff create culturally safe practices</td>
<td>Type of cultural considerations: cultural safety, consideration of cultural need, cultural input/governance</td>
<td>Consideration of cultural need: using Aboriginal child placement principles</td>
</tr>
<tr>
<td>Pre-requisite Qualifications and experience of practitioners</td>
<td>Any listed pre-requisite qualifications or experience required by practitioners to undertake CP work</td>
<td>N/A</td>
<td>All practitioners are at minimum required to hold a diploma in child protection</td>
</tr>
<tr>
<td>Framework specific training</td>
<td>Type of content expertise</td>
<td>Types of content expertise: embedded development, management/engagement anticipated, training/compulsory training, content blind and content eroding</td>
<td>Practitioners completed a 5 day training exercise</td>
</tr>
<tr>
<td>In-Service training and professional development</td>
<td>Type of in-service training and does it build on framework</td>
<td>N/A</td>
<td>Practitioners completed a 2 day training exercise in trauma informed care</td>
</tr>
<tr>
<td>Tools and approaches</td>
<td>Name of tool, if stage or decision specific, reference if evidence-based</td>
<td>N/A</td>
<td>Structured decision making is a decision specific suite of tools</td>
</tr>
<tr>
<td>Outcomes evidence for evaluations of specific tools and approaches</td>
<td>Name of tool, if stage or decision specific, outcome of evaluation</td>
<td>N/A</td>
<td>Structured decision making was seen to reduce the number of children in OOHC</td>
</tr>
<tr>
<td>Implementation drivers</td>
<td>Type of implementation driver, if model, data or case lead</td>
<td>Types of drivers: competency, organisation and leadership</td>
<td>Competency drivers: the types of training, coaching and fidelity assessments</td>
</tr>
<tr>
<td>Implementation Approach Effectiveness</td>
<td>Name of implementation approach, if applicable, effectiveness and what measures where used to determine effectiveness</td>
<td>N/A</td>
<td>Implementation was effective due to reduction in recidivism in SBC cases</td>
</tr>
<tr>
<td>Outcomes for children, families and practitioners: Intended outcomes</td>
<td>Type of outcome</td>
<td>Types of outcome: child, family, practitioners</td>
<td>Child specific outcome: Reduction in number of children in out-of-home care</td>
</tr>
<tr>
<td>Outcomes for children, families and practitioners: Reported</td>
<td>Type of outcome</td>
<td>Types of outcome: child, family, practitioners</td>
<td>Outcome result as reported in text e.g. increased number of children in out-of-home care over 2 year period</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>-----------------</td>
<td>-----------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Evaluation and monitoring of the framework as a whole: Intended outcomes</td>
<td>Type of evaluation and monitoring</td>
<td>Type of evaluation: case level, area level, state level, country level</td>
<td>State level outcome: reduction in reoffending or reoccurring maltreatment</td>
</tr>
<tr>
<td>Evaluation and monitoring of the framework as a whole: Reported</td>
<td>Type of evaluation and monitoring</td>
<td>Type of evaluation: case level, area level, state level, country level</td>
<td>Outcome result as reported in text e.g. reduction in reoffending or reoccurring maltreatment over 6 month period</td>
</tr>
</tbody>
</table>

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

Through the iterative process of coding each framework, providing analysis and critique, this coding framework was amended to include the following eleven core domains;

1. Stakeholder involvement in framework development

2. Foundational principles

3. Foundational theories

4. Practical guidelines

5. Competence in working with diversity (including cultural competence, CALD and disability)

6. Framework specific training

7. Pre-requisite qualifications and experience of practitioners

8. In-service training and professional development

9. Tools and approaches

   a. Tools or approaches used

   b. Tools or approaches specifically designed to facilitate child participation in decisions affecting them

   c. Tools, approaches and guidelines evaluation evidence
10. Framework Implementation
   a. Implementation approach
   b. Implementation approach evaluation evidence

11. Outcomes for children, families, practitioners and systems
   a. Intended outcomes
   b. Reported outcomes evaluation evidence

After the development of the initial coding structure each individual framework was coded separately. To determine which child protection framework to begin with, 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 large level of detail including examples of each core domain as extracted from the framework documentation, which are referenced accordingly. These extraction documents 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 individually describing each of the frameworks are presented in Appendix 1.
1.2.3.3 Analysis

After creating narrative summaries for each practice framework, the analysis of these frameworks occurred. 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 the report). The strengths and limitations of both the individual frameworks and frameworks as a whole were then analysed and described (see section 3 of the report). This analysis was conducted in consultation with Australian Centre for Child Protection (ACCP) supervisors and disagreements dealt with 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 an 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 of the following categories: academics, child protection clinicians, cultural experts in working with both Aboriginal and Torres Strait Islanders, Refugees and Migrant groups (see appendix 2 for panel members). The Australian Centre for Child Protection 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 where then approached via email and letter during February and March 2018 and asked to participant in one of three panel meetings. These meetings took take place via teleconference or in person (depending on panel members’ location) in February and March of 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.

Summary of themes emerging from the expert panel consultations are 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 in light of expert panel consultations.
2. THE CORE DOMAINS

In this section of the report, eight frameworks are presented as described in publicly accessible documentation against each of the core domains. Through an iterative process a coding frame was formed comprising 11 core domains for child protection practice frameworks. Each of these core domains are defined below, followed by a descriptive discussion of each core domain. This section should be treated as a reference section. Analysis of the relative strengths, limitations, cumulative effects and gaps across and within frameworks are presented in Section 3: Analysis and Findings.

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 the child protection department, 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, Harris & Wise, 2010).

4. Practical Guidelines

Practice guidelines provide directions that are specific to a child protection framework based on the overarching theories (i.e., 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 diversity and/or diverse population groups including (but not limited to); Aboriginal or Torres Strait Islanders and/or Culturally and Linguistically Diverse people (CALD) and/or persons with a disability and/or a mental health problem.

6. Framework specific training

The review attempted to identify what practitioner training was required to be completed by the child protection framework implementers and/or creators before a department may become accredited in the framework. 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 ongoing training requirements that are recommended by the framework that requires the practitioner to learn about a topic that is deemed essential knowledge, but is not specific to the framework itself (e.g. 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). For the current study 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 (e.g. Three Houses). This also refers to any documentation, reports and/or peer reviewed literature that pertains to the effectiveness and evidence base of a particular tool or approach within a framework. This core domain is divided into four parts;

- 9.a Practical guidelines.
- 9.b Tools or approaches used.
• 9.c Tools or approaches specifically designed to facilitate child participation in decisions affecting them.

• 9.d Tools, approaches and guidelines evaluation evidence.

10. Framework Implementation

The 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 that pertains to 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;

• 10.a Implementation approach.

• 10.b 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 (e.g. 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.

• 11.a Intended outcomes.

• 11.b Reported outcomes evaluation evidence.

Each of the 11 core domains are presented below as they are described in publicly available child protection practice framework documentation.
FINDINGS:

2.1 Stakeholder involvement in framework development

Stakeholder engagement during the development and implementation of the child protection practice frameworks was seldom indicated. Only one framework reported being developed in conjunction with practitioners and departments, while no frameworks report 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 child protection department 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 (e.g. 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 the agency is not reported.

2.2 Foundational principles

All eight of the 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 principle 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 and Stagnitti, 2008; Race and 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 and McArthur, 2006).

In addition, across all frameworks limited information was supplied about how practitioners and child protection departments 1) can perform duties in a manner consistent with being child- or family-centred and 2) 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, etc.

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 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 Solution Focused Brief Therapy and other strengths-based approaches. The frameworks, in general, had a focus on discovering families’ strengths, which is a core component of Solution-Focused Brief Therapy (deShazer, 1985). This was demonstrated through the language that was commonly used including; ‘recognise that all families have signs of safety’ (Turnell & Edwards, 1999 p.30–32), ‘focusing on creating small change’ (Turnell & Edwards, 1999 p.30–32), ‘detailing attended solutions, identifying moments of success and encouraging the use of underutilized resources’ (Christensen, 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’ and should use ‘observations and recordings’ (Scottish Government, 2010 p.1). 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 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, language 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 (i.e. CALD status, disability and mental health problems) as both indicators of potential risk of maltreatment and a diversity dimension requiring practitioners to change their engagement strategies (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, Sutherland & Parker, 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 Solution Focused Brief Therapy (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 Solution Based Casework). 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 (4 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 where 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 Structured Decision Making (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. 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, Hubbard & Munro, 2010; Nelson-Dusek & Rothe, 2015). Van Zyl et al. (2014) completed a case file review of Solution Based Casework (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 (Reclaiming Social Work), Getting to Outcomes (SBC) and Continuous Quality Improvement (Strengthening Families, Protecting Children). 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 successfully implement the framework, 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’ (Center for the Study of Social Policy, 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 on 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; 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 (i.e. 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, Salveron & Bromfield, 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, Willis and Leung 2004; 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, Nelson-Dusek & Skrypek (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.
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 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 present in Table 3.
Table 3: Summary of extracted data and limitations for each core domain.

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

Improving the lives of vulnerable children

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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, along 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

<table>
<thead>
<tr>
<th>Core Domains</th>
<th>Summary</th>
<th>Limitations</th>
</tr>
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<tbody>
<tr>
<td>Evaluations</td>
<td>Less than half of frameworks have some publicly available evidence.</td>
<td>Only one provided child outcome data, others focused on parent and practitioners outcomes. Limited evidence of long term benefits</td>
</tr>
<tr>
<td></td>
<td>System evidence provided mixed results; some frameworks provided short-term benefits</td>
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*Improving the lives of vulnerable children*
governance. However, the extractions demonstrated that many frameworks only mentioned a requirement that practitioners be culturally competent with no specific provisions for what this meant 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. Limited to 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 families experiencing diversity 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 (e.g. child development, dynamics of abuse, parenting) prior to recruitment. Furthermore, in the majority of frameworks, in-service training is not stipulated for either beginning or experienced professionals. This could lead to critical gaps in the principles/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) documents 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.

Improving the lives of vulnerable children
Additionally, expert panel members reported concern 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 and colleagues (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 studies at TAFE’s across the country (Australian Government, 2015a; 2015b). These courses are different to those of a social work bachelor degree or a community services certificate as they include teaching students what is considered the core competencies of child protection practice by the Australian Qualifications Framework. Another example of a competency-based framework is the USA’s Title IV-E. Title IV-E is a funding model that provides funding for both current practitioners and future practitioners’ funds to complete training on what the government considers to be the core topics provided. However, there is an assumption that practitioners were taught only the underlying need to conduct assessment and interventions with families but the ‘how to do’ these activities would be provided by the department they were hired by (Children’s Bureau, 8.1H Title IV-E). 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, 8.1H Title IV-E).

**3.3 Tools, approaches and practice guidelines**

All eight 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. While all eight frameworks provided information on the practical principles that operationalise how practitioners use these tools to work with children and families there was a large focus on assessment and case management and not many guidelines or tools for the latter stages of the child protection process.
The type of tools and approaches that are commonly listed by frameworks for routine use by practitioners appear to be structured toward the earlier stages of the child protection process (see Figure 1). Although it is important for the practitioner to have tools that will allow them to effectively assess and investigate allegations, it is just as important for practitioners to have ways of working with families toward change. This aspect of working toward change appears to be limited or missing in several frameworks. There also appears to be very little focus on tools for the later stages of child protection engagement in which a child has been removed. Finally, there is limited evidence to suggest that the currently used tools and approaches are effective, even for the earlier stages of the child protection process for which they are designed, as they are largely yet to be evaluated.

Some of the more contemporary research that has been conducted on better-known tools, such as Structured Decision Making (which includes a screening tool which was empirically validated) suggests that structuring practitioners’ ways of working with families around specific reporting tools may undermine the development of expertise by child protection practitioners (Gillingham & Humphreys, 2010). Similar to the training core domain, if child protection practitioners are not provided with evaluated tools and approaches, along with specific training on how to use these tools with sound professional judgement, this could lead to a de-skilling of practitioners. Gillingham and Humphrey (2010) also found that practitioners were not trained in the correct use of the tools as intended by their developers.

There was also a limited variety of tools and approaches that practitioners could use when working to engage children and young people in decisions pertaining to them. Three of twelve frameworks discussed utilising the Signs of Safety suite of tools including; the Three Houses, Wizard and Fairy Tool, 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). With the United Nations Convention on the Rights of the Child (1989) stipulating that children should be involved in decisions pertaining to them, the lack of tools and approaches to engage children in decisions is a large gap in almost all child protection frameworks.

It was anticipated that practice guidance would operationalise the founding principles and theories to 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, the degree to which the practice guidelines provided specific guidance was varied. Many frameworks provided vague references to conducting holistic and family centred assessments without providing detail about what these assessments might look like.

One of the most frequently cited theoretical frameworks was Solution Focused Brief Therapy (SFBT). Solution Based Casework, 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 single or a few number of 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 for research
pertaining to 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.
Figure 1: Summary of the Child Protection Frameworks that Contain Information about the Elements of the Child Protection Process

<table>
<thead>
<tr>
<th>Intake</th>
<th>Engagement</th>
<th>Investigation (assessment)</th>
<th>Substantiation</th>
<th>Removal</th>
<th>Out-of-home care</th>
<th>Reunification</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISS, Scotland National, SoS, SFPC</td>
<td>Best Interests, ISS, Practice First, Reclaiming Social Work, Scotland National, SoS, SBC, SFPC,</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Provision of General Case Management

Best Interests, , ISS, Reclaiming Social Work, Scotland National, SoS, SBC, , SFPC,

Specific Case Management Activities

<table>
<thead>
<tr>
<th>Case Planning (Goals)</th>
<th>Case Management</th>
<th>Review</th>
<th>Intervention</th>
<th>Referrals to other services</th>
</tr>
</thead>
</table>

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 & Du Pre, 2008). Although, eleven of the frameworks provided some comment on their implementation and training practices for child protection departments, this information was varied in the depth and breadth that is required allow for adequate replication. Further only four report any evidence of implementation effectiveness.

Many of the reviewed frameworks provided limited information on the process and assessment of their implementation, and this included limited 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 (e.g. alcohol and substance use and mental health services). In addition, research conducted on the implementation of practice frameworks also indicated that implementation was often inconsistent, with many barriers preventing effective implementation. 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 & Welfare, 2016), the indication that SBC may not be appropriate in these cases is a concern.

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

The outcomes and the evaluation and monitoring 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 either 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 the other 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, while 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 this core domain can be considered to have several limitations to 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.

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

3.6 Implications

This report and subsequent expert panel review provides 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.

Comprehensiveness

The implications of this report pertain to 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 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 adequately provide this service. 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 (1) build on their current frameworks to provide content on all domains and/or (2) 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. The ‘Organisational’ level, frameworks that discuss values and principles expected within an organisation.

2. ‘Workforce’ based frameworks 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 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 for 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.

**Content and approach**

Gaps in the currently implemented frameworks (e.g. 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 (e.g. Solution Focused Brief Therapy) 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 is 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 our most vulnerable children and families.

**3.7 Conclusions**

In order to strengthen the comprehensiveness, content and approach of child protection practice frameworks, to address issues discussed above, further work is required including:
1. The development of a process or method to ascertain the best available evidence for each of the identified core domains.

2. Applying this process to each of the identified core domains with a view to using the best available evidence to set minimum requirements in each domain through implementation.

3. Develop a benchmarking tool for child protection frameworks that combines the core domains identified in this project (comprehensiveness) and best practice within domains (content and approach).

These steps would provide an integrated approach to ensuring child protection practice guidance for interventions without most vulnerable children and families are evidence based and high quality.

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.

Finally, this project highlighted the strength of engaging with experts and found evidence that end-user engagement in the development of frameworks can be invaluable. ACCP would recommend 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.

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.

This project identified and proposes eleven 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 regarding the importance of a well aligned program theory (Segal, Opie & Dalziel, 2012). For example, Segal, Opie and Dalziel’s (2012) review of infant home visiting programs and their success in preventing child abuse and neglect found that positive outcomes/program success (i.e. a statistically significant positive effect) was dependent on the degree of alignment between four key elements: (i) An explicit program objective with the prevention of child abuse and neglect as a primary or secondary aim; (ii) The intended target population; (iii) A theory of change; and (iv) Program components/activities.

When all elements were, present and aligned, 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% successful in preventing child abuse and neglect. Soberingly, 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: and the extent to which these are logically aligned and the workforce is adequately qualified/prepared to provide the practice as intended. Additionally, the ACCPs 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 incorporating core domain; program logic and evidence matching assessment which can be used to quality assure child protection practice frameworks to a minimum standard.

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 could be utilised by either framework developers, child protection services who have or are considering adopting an externally developed framework; or by regulatory and oversight bodies wanting to assured that practice in their jurisdiction adheres to a minimum standard.

Figure 2 presents an overview of this methodology.
Figure 2. Minimum standard benchmarking approach

Process for each core domain

Identification of core domains
- Identify core domains

Documenting approaches within core domains
- e.g. what assessment tools, case management approach
- Target group/s
- Activities and strategies
- Aims and intended outcomes
- Who provides practice (what are their qualifications, how are they prepared for the role)
- Rationale (how/why approach adopted)

Rapid evidence assessment
- Aims/ Objectives
- Target group
- Activities/ Approaches
- Intensity and duration (if applicable)
- Minimum workforce requirements

Assessment
- Assess core domain approach matched to evidence-based program components
4.1 Identification of core domains

Thus, the first stage of minimum standard benchmarking is to assess the framework to determine whether there are documented approaches for each of the eleven core domains:

**Foundational underpinnings**
1. Foundational principles
2. Founding Theories
3. Competence in working with diversity

**Workforce training and supervision**
4. Framework specific training
5. Pre-requisite qualifications and experience of practitioners
6. In-service training and professional development

**Tools, approaches and practical guidelines**
7. Practical guidelines
8. Tools and approaches and evidence

**Implementation**
9. Stakeholder involvement in framework development (added following expert panel feedback, not part of original extraction and summary development)
10. Implementation approach and evidence

**Outcomes for children, families, practitioners and systems**
11. Intended outcomes and evidence

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 policies, procedures or practice guidance by the framework implementor.

In some cases, it may be that an approach has been determined for the core domain, but has not been adequately documented; alternately it may be that an approach under the core domain has not been developed or formalised.

4.2 Documenting approaches within core domains

Each of the approaches, in each of the core domains identified in Stage 1 to be fully documented in terms of the

1. **Target group** - the target group includes information on the characteristics and needs of population the approach is targeting (e.g. children suspected to be experiencing abuse and their caregivers, children in care).

2. **Activities and strategies** - this includes the characteristics or components of each approach within a core domain, e.g. 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 how and why (if available) each approach was adopted within that core domain. For example, environmental scan identifying the approach as being used in another comparable service or jurisdiction: review of evidence identifying the approach as effective or promising; service user and/or professional consultation identifying the approach as desirable; combination of any of the above.

5. The workforce (professional, para-professional or volunteer) who undertake the practice and 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 these approaches may be grouped with other like approaches (e.g. 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, Ciliska & Thomas, 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,

2. Activities (i.e. program components and approaches) including intensity and duration of service provision and,

3. Aims/objectives

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 single study evaluations of programs, practices, policies or interventions comparable to the identified approach. Rigorous quality assessment processes should be applied (e.g., the AMSTAR) 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 assessment comprises a logic model and evidence matching assessment

Logic model assessment - was the approach adequately documented; do the target group, activities and outcomes align (e.g. does the practice apply to all children and families across
the continuum of child protection involvement or are there times it would be inappropriate): and are the evidence adequately prepared and supported to provide the practice as intended.

*Evidence matching assessment* - comparing the framework approaches in each core domain to its matched evidence-based program components or approaches. Evidence matching will include any identified evaluations of the specific approaches, as well as matching against the international literature for the approach type and/or the components (i.e. the activities undertaken).

It is recommended that the possible 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**: 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**: framework approach is well documented, has an adequate logic; it is a newly developed, never tested approach, but there is an appropriate development and 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 this definition child protection departments and regulatory and oversight bodies can assess the fit for purpose and make recommendations about the dis-continued or continued use of certain approaches within core domains. This process will also allow for continued reviewing and monitoring and ensure a minimum standard within child protection practice; that there are no practices being implemented that are known to be contra-indicated by evidence or where success is improbable.
REFERENCES

ANTA – see Australian National Training Authority.


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 and 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 (as described in 2.10) 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 (Strong Families–Safe Kids: Implementation Plan 2016–2020 and Redesign of Child Protection Services Tasmania: ‘Strong Families–Safe Kids’) 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 (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 Australian National Training Authority. 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 1 to 4, diplomas and advanced diplomas that provide practitioners with the necessary qualifications and competencies to complete their job effectively.

All competency standards have five parts: 1) the unit of competency or skill; 2) the elements or tasks that make up the competency; 3) the performance criteria; 4) the variables to assist in understanding the competency; and 5) 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. These include:

- Working within legislative and ethical requirements.
- Supporting the rights and safety of children within duty of care requirements.
- Acting as a Witness, Operate within a statutory environment.
- Preparing for court processes.
• Providing protective service.

• Facilitating court orders.

• Providing supervision and security.

• Establishing care and protection for people in situations of specific need.

• Providing primary care.

• Undertaking care management arising from court orders.

• Providing for care and protection of clients in specific need.

• Coordinating work integrating statutory requirements and responsivities.

• Managing and interpreting statutory requirements and responsibilities.

• Developing protocols for operating within a statutory environment (ANTA, 1999).

To complement these competencies, there is a list of key elements included in that competency. This includes the performance criteria 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: 1) working within ethical and legal guideline; 2) supporting and safeguarding the interests and rights of the child; 3) supporting and safeguarding the safety of the child; and 4) reporting indications of possible abuse. For the element of ‘work within ethical and legal guidelines,’ there are several performance criteria, variables and evidence. See Table A1 for these elements (ANTA, 1999; see p 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)

<table>
<thead>
<tr>
<th>Element</th>
<th>Performance Criteria</th>
<th>Range of Variables</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Work within ethical and legal guidelines</td>
<td>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</td>
<td>Lawful instructions may include: restraining orders, custody orders, licensing authorities, organisational supervisor, courts of law</td>
<td>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</td>
</tr>
</tbody>
</table>

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.

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 USA 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; and 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, Summers and Turnbull (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 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, culturally responsive and is both strengths- and evidence-based (Connolly, 2009). 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 Structured Decision Making tools (Connolly, 2009). 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, 2009). 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?’ (Connolly, 2009, p. 18. See paper for full list).

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, 2009). 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 Structured Decision Making, 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;


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 structured decision making (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 Wade and colleagues 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 Structured Decision Making 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 wellbeing 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. 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. identified six core features of the Reclaiming Social Work model: 1) shared work; 2) quantity and 3) quality of case discussion; 4) shared systemic approach; 5) role of unit co-coordinator other roles; and 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: 1) ‘general contact’, referring to
all practitioners in workplaces where they may come into contact with children or families (such as hospitals); 2) ‘specific contact’, referring to those who carry out direct work with children, young people or other family members (such as schools); and 3) ‘intensive contact’, referring to those who have a specifically designated responsibility for child protection issues as part of their role (such as child protection practitioners). (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 (Scottish Government, 2010).
Table A2: examples of core competencies for each section of the workforce (adapted from The Scottish Government, 2012, see p. 17–24 for a detailed list)

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

In regards to 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 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: (1) constructive working relationships; (2) thinking critically and fostering a stance of inquiry (using appreciative inquiry methods); and (3) landing grand aspirations in everyday practice, (that is, documentation of good practice is a key to learning) (Government of Western Australia, 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: (1) what supports are needed for families to care for their children; (2) whether there is sufficient safety for the child to stay within the families; (3) whether the situation is so dangerous that the child must be removed; and (4) 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 Tool, Fairy/Wizard Tool, Words and Pictures Explanations, and Words and Pictures Safety Plans to facilitate engagement (Government of Western Australia, Department for Child Protection, 2011b; Turnell & Murphy, 2014). These tools are recommended for use throughout the child protection process (Government of Western Australia, 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 (Government of Western Australia, 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 evaluation: Salveron et al., 2015; Salveron et al., submitted).
A.1.11 Solution-Based Casework

Solution-Based Casework (SBC) is a child protection framework which is based on three theoretical models: (1) family developmental theory; (2) solution-focused theory; and (3) 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 is 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: (1) recognition of patterns; (2) learning the details of high-risk patterns; (3) practicing small steps toward change; and (4) 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 Structured Decision Making 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 Getting to Outcomes (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 USA, 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 (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 (Browne, 2016).

During implementation, CSSP provides planning, technical assistance and training (CSSP, the research behind strengthening families). 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, the research behind strengthening families).

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, logic model).

**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 Solution-Focused Brief therapy, 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 Structured Decision Making 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: 1) engagement; 2) assessment; 3) planning; and 4) process. The tools used are listed in the below:

1. Engagement: Solution-focused inquiry, the Three Houses, the Family Roadmap, the Future House, the Immediate Story, Foster carer profile
2. Assessment: Collaborative assessment and planning framework, Structured Decision Making (SDM) system, The safe contact tool
4. Process: Appreciative inquiry, Enhanced intake, Regular group supervision and case consultation, Strengthened family group meetings, Enhanced partnerships with NGO’s, partner agencies and the courts, 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 Structured Decision Making (SDM) Approach to case work 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, 2008). 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 tool or consensus based (Children’s Research Center, 2008).

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, 2008, p. 3).

The Children’s Research Centre 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 Centre 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 Centre, 2008).

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, 81H Title IV-E)

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.
<table>
<thead>
<tr>
<th>Expert Panel Members</th>
<th>Affiliations</th>
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<tbody>
<tr>
<td>Professor Morag McArthur</td>
<td>Institute of Child Protection Studies, Australian Catholic University, ACT</td>
</tr>
<tr>
<td>Professor Bob Lonne</td>
<td>Adjunct Professor, Public Health and Social Work, Queensland University of Technology, QLD</td>
</tr>
<tr>
<td>Associate Professor Maria Harries</td>
<td>Social Work and Social Policy, The University of Western Australia, WA (has experience working in TAS and with the Family Inclusion Network)</td>
</tr>
<tr>
<td>Professor Sharon Dawe</td>
<td>School of Applied Psychology, Griffith University, QLD</td>
</tr>
<tr>
<td>Dr Philip Gillingham</td>
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<tr>
<td>Martin Calder</td>
<td>Calder Training &amp; Consultancy Limited, UK</td>
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<tr>
<td>Ms Karen Menzies</td>
<td>Indigenous Education and Research (Social Work), University of Newcastle, NSW</td>
</tr>
<tr>
<td>Professor Gwynnyth Llewellyn</td>
<td>Director, Centre for Disability Research and Policy, Sydney University</td>
</tr>
<tr>
<td>Paula Hayden</td>
<td>Social Worker in Child Protection and Out of Home Care, NSW</td>
</tr>
<tr>
<td>Stephanie Fielder</td>
<td>Regional Practice Leader, Department of Child Safety, Youth and Women, QLD</td>
</tr>
<tr>
<td>Dr Robyn Miller</td>
<td>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</td>
</tr>
<tr>
<td>Natalie Hall</td>
<td>Principal Policy Officer for the Commissioner for Children and Young People, WA</td>
</tr>
<tr>
<td>Jamie Lee</td>
<td>Relationships Australia, South Australia</td>
</tr>
</tbody>
</table>
APPENDIX 3. EXPERT PANEL REVIEW SUMMARY

As a final iterative step, the aim of the consultation with the expert panel was to verify and refine the core domains. Panel members reviewed the evidence summaries and analysis and discussed what was missing along with any other information they perceived as relevant. See Appendix 2 for a list of expert panel members (experts) and their affiliations and experience.

A.3.1 General comments about the domains and report

Experts reported that generally 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 framework, 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 review; Bromfield et al., 2005) and senate inquiries (see; The Senate Inquiry into Out of Home Care, 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 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, Sanders & McArthur, 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 1) evidence of this and 2) provide 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 & Du Pre, 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 section 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 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 are 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, Meagher, & Cullin, 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 where encouraged by the expert panels 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 e.g. Safeguarding Children Assessment and Analysis Framework (SAAF, Macdonald et al., 2017) or frameworks that are self-described to be discrete to one aspect of the child protection process, e.g. Sanctuary (Bloom, 2015) or Children and Residential Experiences: Creating Conditions for Change (CARE, 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 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 this report.