

University of Sydney Policy Reform Project

Research Paper for Association of Children's Welfare Agencies: *Practice Frameworks for Working With Children and Families Who Need Support*

Session: Semester 2 2025

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Acknowledgement of Country

We acknowledge the traditional custodianship and law of the Country on which the University of Sydney campuses stand, in particular the Gadigal people of the Eora Nation. We pay our respects to those who have cared and continue to care for Country, Aboriginal and Torres Strait Islander Elders past, present and emerging. Sovereignty was never ceded. It always was and always will be Aboriginal land.

About the Sydney Policy Reform Project

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Policy Brief

Paper	Topic	Academic Supervisor
4ACWA	Practice Frameworks for Working With Children and Families Who Need Support	Dr Sarah Ciftci

About Association of Children’s Welfare Agencies (ACWA)

ACWA is the NSW peak body representing the voice of non-government community organisations that deliver services to children, young people and families who need support. Established in 1958, we have worked for almost 70 years with our members and other stakeholders to bring about positive systemic reform that will enable children and young people to thrive. This includes:

- advocating for the rights, needs and interests of children and young people who engaged in the child and family welfare system
- strengthening sector capability, including strengthening the evidence base for our work, developing practitioner resources, and affordable training and learning options.

Background

The child and family welfare system in Australia delivers a wide range of services designed to meet the varying needs of children and families who are experiencing disadvantage. ACWA represents organisations that provide:

- **Early intervention services** designed for families where there is a risk of child maltreatment; families may be facing challenges such as domestic violence, drug and alcohol misuse, poverty, social isolation, mental health issues.
- **Intensive family support/family preservation services** that aim to prevent children being taken into out-of-home care, generally working with families experiencing multiple and/or complex need.

- **Out-of-home care services** that provide alternative living arrangements for children who cannot safely live with their parents. These include foster care, relative and kinship care, and therapeutic residential care.

We also represent several **Aboriginal Community Controlled Organisations** that support Aboriginal and Torres Strait Islander communities through a range of community-led approaches.

Practitioners in these services work with families who are experiencing multiple complex needs, such as domestic and family violence, drug and alcohol misuse and parental mental health challenges. These issues tend to occur in the context of poverty, housing uncertainty and social isolation, further exacerbating the complexity of the work for practitioners. Aboriginal and Torres Strait Islander children are significantly overrepresented in all areas of the child protection system.

Practice frameworks are tools for practitioners that aim to improve outcomes for children and families. They improve the quality and consistency of professional practice by integrating research evidence, practice theories, client voice and practitioner wisdom. For practitioners working in the complex area of child protection, a framework can provide much-needed guidance in meaningful, intentional practice, while allowing the practitioner to tailor their approach according to family need. Children and families will experience skilled, relationship-based practice that is consistent regardless of the individual practitioner they are working with. Practice frameworks are becoming increasingly popular in child protection as the evidence grows for the common practice elements that achieve outcomes for children.

Practice frameworks in the child protection field are highly variable in the extent to which they guide or direct practice. Most frameworks will include a set of principles or practice values, and tools or step-by-step guidelines to working with children and families. Some include a summary of relevant theories, intended outcomes, and pre-requisite practitioner skills or qualifications. ACWA will be developing a practice framework, or series of practice guides, for our members to use. We are keen to learn the most common practices outlined in practice frameworks that relate to improving outcomes for children and families in the continuum from early intervention to child protection to out-of-home care.

We know that there are multiple challenges involved in effectively implementing practice change. The field of implementation science has produced a plethora of theories, models and implementation frameworks over the last three decades, all aiming to address the barriers to effective uptake of new practice. Much of the implementation research focuses on evidence-based programs (EBPs). While practice frameworks do not replace EBPs they do aim to address some of the implementation barriers associated with EBPs.

We are keen to understand the experiences of organisations and jurisdictions that have implemented practice frameworks in the child protection context and learn about common enablers and barriers.

Research questions

1. What practice elements are most commonly included in practice frameworks for community services practitioners working with children and families?
2. What practice frameworks/resources are there to guide practitioners in working with Aboriginal children and families?
3. What are the enablers and barriers to implementing practice frameworks in the child protection context?

Parameters of the Research Question

We propose the following parameters for the literature review:

- published in English from 2000 to the present day
- practice frameworks, practice guides, practice manuals, practice modules, common elements approaches and models of care¹
- frameworks relating to child protection and child welfare services generally, or specific service areas such as Family Preservation, Intensive Family

¹ Practices can be defined as discrete, concrete, observable techniques and strategies that a practitioner could implement with a parent, carer or child to support a particular safety or wellbeing outcome (Luu, Collings, & Write, 2022).

Preservation, Intensive Family Support, Child and Family Intensive Support, Restoration, Reunification, Out-of-Home Care and Intensive Therapeutic Residential Care

- practice frameworks relating to working with Aboriginal and Torres Strait Islander children and families
- implementation of practice frameworks in the above child and family services
- national and international academic and grey literature relating to any reviews of practice frameworks.

Exclusions include:

- procedural guidelines and program specifications that address procedural elements of a service such as opening hours, referral pathways, data sharing etc
- frameworks/models that focus solely on risk and/or safety assessment or investigation processes
- manualised evidence-based programs
- practice standards that outline compliance requirements or codes of practice.

Citation style: APA

We are interested in conducting interviews with 2-3 agency representatives who have experience of implementing a practice framework in the child protection sector.

Key Deliverables

We would like a paper that summarises the common practices outlined in practice frameworks for child and family practitioners, with links to any frameworks sourced. The paper would also provide an overview of key learnings about the implementation of practice frameworks in the child protection context. A commentary on any potential next steps in relation to further research, or the development and implementation of a practice framework, would be useful.

Preliminary Resources

- [NSW Dept of Communities and Justice Practice Framework](#)
- [South Australia Child and Family Support Common Elements Approach](#)
- [Family Preservation and Reunification Response, Vic, Practice Modules](#)
- [Life Without Barriers Pillars of Practice](#)
- [SNAICC, Stronger Safer Together practice resource](#)
- The Benevolent Society Resilience Practice Framework (attachment)

Farmer, E., & Patsios, D. (2016). Evaluation report on implementing the reunification practice framework. *University of Bristol*. <https://research-information.bris.ac.uk/ws/portalfiles/portal/189519933/Evaluation.pdf>

Luu, B., Collings, S., & Wright, A. C. (2022). A systematic review of common elements of practice that support reunification. *Children and Youth Services Review*, 133, 106342. <https://psplearninghub.com.au/wp-content/uploads/3.-Journal-Article-%E2%80%98A-systematic-review-of-common-elements-of-practice-that-support-reunification-Luu-et-al.-2022.pdf>

Executive Summary

This review, commissioned by the Association of Children’s Welfare Agencies (ACWA), examined 15 (9 government, 6 non-government) Australian child protection practice frameworks to identify:

1. The most common practice elements,
2. guidance for working with Aboriginal and Torres Strait Islander families, and
3. key enablers or barriers to effective implementation.

The analysis combined a systematic coding of each of the frameworks and a complementary review of implementation literature.

Key Findings

1. Common Practice Elements Across Practice Frameworks

Most frameworks converged around core principles including child-centred practice (12/15 frameworks), culturally responsive/Indigenous-specific practice (10/15), family-centred approaches (8/15), trauma-informed practice (6/15), and strengths-based practice (4/15). Common discrete practices elements included collaborative decision-making with families (12/15), inter-agency collaboration (10/15), goal-setting (9/15), structured assessment tools (8/15), seeking children's views (8/15), acknowledging Aboriginal cultural strengths (8/15), acknowledging intergenerational trauma (7/15), reflective practice (7/15), and emotional support (6/15). Despite this apparent consensus, there was profound variation in the language used to articulate a principle, the level and diversity of theoretical backing to the framework, and how discrete practices were specified. Some frameworks expressed their discrete practices alongside detailed methodological tools, while others took the approach of aspirational statements with limited operational guidance.

2. Existing Guidance Available for Work with Aboriginal Children and Families

Despite Aboriginal and Torres Strait Islander children representing just 6% of the child population yet 41% of children in out-of-home care (Secretariat of National Aboriginal and Islander Child Care (SNAICC), 2024, p.6), practice guidance within frameworks

demonstrated significant gaps. Three Aboriginal and Torres Strait Islander-specific frameworks were included, with SNAICC's Stronger Safer Together (2016) exemplifying the most comprehensive Aboriginal-specific practice support, including concrete tools, reflective exercises based on Aboriginal consultation guidance and behavioural specifications for cultural competency. However, five frameworks contained no Aboriginal-specific principles or practices, relying on generalised cultural responsiveness statements. Most frameworks did not specify whether Aboriginal representatives were involved as co-authors or decision-makers, resulting in unidirectional models where practitioners are expected to apply cultural principles without community-specific guidance.

3. Enablers and Barriers to Implementing Practice Frameworks

Across the literature, four enablers consistently strengthened implementation:

1. Strong leadership and organisational authorisation, especially when senior leaders participate directly in implementation structures.
2. Comprehensive workforce development, including ongoing coaching, reflective supervision and manageable caseloads.
3. Collaboration and stakeholder engagement, with early meaningful inclusion of practitioners, families, Aboriginal organisations and community partners.
4. Clear frameworks and aligned systems, where policies, systems, supervision, and data processes reinforce the framework.

Corresponding barriers included high workloads, limited resources, fragmented systems, inconsistent training and frameworks that lack behavioural specificity or clear theoretical integration.

Recommendations:

1. Expand Aboriginal and Torres Strait Islander–Led Co-Design
2. Ground Frameworks in Aboriginal and Torres Strait Islander Worldviews
3. Align Frameworks Through Shared Definitions and Clear Theory-Practice Links
4. Provide Actionable, Detailed Guidance for Discrete Practices
5. Improve Workforce and System Supports for Effective Implementation

Introduction and Background

Context

Across Australia, child protection systems operate in a complex environment marked by rising demand, persistent over-representation of Aboriginal and Torres Strait Islander children and increasing expectations for transparent and evidence-informed practice. Practitioners are required to make high-stakes decisions within tight timeframes, often in situations where families are navigating intersecting issues such as domestic and family violence, substance use, mental health difficulties and housing instability.

Practice frameworks respond to this complexity by synthesising research evidence, theoretical models, lived experience, and professional practice wisdom into coherent approaches that can guide day-to-day practice assessment (Gillingham, et al., 2017). They collate tools and decision-making processes to be invoked in planning and intervention (Gillingham, 2009). Beyond offering guidance to practitioners, well-developed frameworks help reduce unwarranted variability in practice, articulate expectations for quality practice, and strengthen organisational accountability for decisions that affect families. They provide a scaffold that supports purposeful, reflective and child-centred practice, yet retain sufficient flexibility needed to tailor responses to the diverse circumstances of children, families and communities.

As evidence grows regarding the specific practice elements linked to positive outcomes for families (Luu et al., 2022), these frameworks have become increasingly prominent tools for translating knowledge into frontline practice and strengthening the reliability and quality of service delivery.

Research Aims

This review was commissioned by the Association of Children's Welfare Agencies (ACWA) to examine practice frameworks currently used across Australian child-protection jurisdictions. The review aimed to identify common principles, practices and resources that underpin these frameworks, and the common enablers and barriers to implementation. Three research questions guided this review:

1. What practice elements are most commonly included in practice frameworks for community services practitioners working with children and families?
2. What practice frameworks/resources are there to guide practitioners in working with Aboriginal children and families?
3. What are the enablers and barriers to implementing practice frameworks in the child protection context?

Methodology

Method and Design

The review involved an iterative four-stage design:

Stage 1: Framework Identification. Grey literature searches were conducted to identify and source relevant frameworks used in Australian child protection settings.

Stage 2: Developing the framework summaries. A coding framework was developed to systematically extract information from each framework document, summarising each framework's structure, principles, discrete practices, and implementation guidance.

Stage 3: Implementation Literature Review. Literature on the implementation of frameworks was selected in line with ACWA's parameters, with inclusion limited to publications from the post-2000 period. Reviewed content was analysed to summarise common enablers and barriers across frameworks.

Stage 4: Analysis. Summaries were reviewed to establish frequencies in principles and practices to draw out strengths and limitations of the reviewed frameworks.

Inclusion and exclusion criteria

Documents were excluded if they were:

1. Procedural guidelines and program specifications addressing administrative elements such as operating hours, referral pathways, or data sharing protocols
2. Frameworks or models focused solely on risk assessment, safety assessment, or investigation processes
3. Manualized evidence-based programs designed for delivery as discrete intervention.
4. Practice standards outlining compliance requirements or professional codes of conduct

In collaboration with ACWA, a total of 18 frameworks were initially identified for review. Each framework document was then reviewed for alignment with the inclusion criteria, with 15 meeting the set criteria.

Analysis

Characteristics of Frameworks

Fifteen frameworks met the inclusion criteria for the review. As summarised in Table 1 (see Appendices), which provides an overview of the practice frameworks reviewed, the sample comprised 10 government and 5 non-government organization frameworks spanning various Australian jurisdictions. Three frameworks focused specifically on practice with Aboriginal and Torres Strait Islander families. Five frameworks originated in New South Wales (NSW), one each from Queensland (QLD), Victoria (VIC), South Australia (SA), Tasmania (TAS), Western Australia (WA), whilst five represented national frameworks. Ten frameworks were designed for application across the child protection continuum from early intervention through tertiary services, two focused specifically on early intervention, one addressed family preservation, and one extended beyond child protection to broader family services contexts.

Common Principles Underpinning Frameworks

All 15 frameworks reviewed were underpinned by principles and values, with significant convergence around child-centred (12/15), family-centred (8/15), and culturally responsive (10/15) principles. By contrast, Trauma-Informed Practice (6) and Strength-Based Approaches (4) appeared less consistently, indicating uneven integration of these principles across frameworks. Table 2 (see Appendices) categorises and defines the nine most common of these principles across the frameworks. Sometimes these principles were attached to organisational value statements or otherwise listed as wider practice standards or as approaches which introduced a set of discrete practices. In collating these principles, we only listed 'values', 'standards' and 'guiding principles' or any equivalent expressions according to the ways that the frameworks themselves had self-defined them, rather than imposing our own judgement. This variation was directly emphasised in the SA Department of Human Services (DHS) Common Elements Approach (2022) and Victoria's Department of Families, Fairness and Housing (DFFH) Preservation and

Reunification Model (2021) which defined broad practice 'Modules' instead of value-based principles.

Common Discrete Practices Across Frameworks

Practices can be defined as discrete, concrete, observable techniques and strategies that a practitioner could implement with a parent, carer or child to support a particular safety or wellbeing outcome (Luu, Collings, & Write, 2022). Table 3 (see Appendices) summarises the 10 most frequently listed discrete practices across the frameworks, describes the practice and provides examples from the frameworks. The most common practices included: 'Collaborative Decision Making with Families' (12), 'Collaborating with Other Organisations' (10) and 'Goal Setting' (9). However, there was large variation in the nature of practices provided across the frameworks, especially between broad value statements like supplying "Emotional Support" (7), and more actionable techniques like "Seeking the View of children" (8).

Finding 1. Practice Frameworks Converged Around Practice Elements but Were Underpinned by Varying Approaches

Across the sample, there was strong convergence around a core set of high-level principles, and various manifestations of similar shared practices. However, this consistency was limited beyond rhetorical alignment. Frameworks vary in the way principles are phrased, the theories they draw upon, and the clarity with which discrete practices are specified.

Variation at the Principle Level

Even when endorsing similar principles, frameworks used fundamentally different language. At the principle level this ranged from brief value statements such as “Respect” (Benevolent Society, n.d., p. 7), through process-oriented formulations that outline how practitioners work in a ‘Child-centred and Family-focused’ approach (Department of Communities and Justice (DCJ), 2020, p. 7), to outcome-focused commitments such as “Child and Youth-Centred Practice... focus on outcomes for the children we work with.” (Department of Child and Youth Protection Services (DCYPS), 2019, p. 3). This diversity highlights how inconsistently similar ideas are interpreted across frameworks, pointing to a lack of standardisation not only across different areas of practice but also across the theories of change that inform them. Without clear and shared definitions, frameworks that appear to endorse the same principles may be describing significantly different and potentially incompatible practice paradigms.

Variation Among Theoretical Approaches

Frameworks drew on diverse theoretical traditions. Possability's (n.d.) out-of-home-care (OOHC) practice framework bases its trauma-informed approach on neurodevelopmental trauma theory and established research on residential care. The Benevolent Society's (2014) drew on resilience research and incorporated strengths-based and solution-focused approaches. SNAICC's (2016) centred Indigenous epistemologies and connection to Country. Most frameworks combined several theoretical lenses, including trauma-informed, strengths-based and culturally responsive but often without clarifying how these models relate to one another, or

which should guide practice when they diverge. This pluralism suggests the field lacks a unified theory of change, even as frameworks express similar practice commitments. In their systematic review of the literature, Toros and Falch-Eriksen (2021) found, principles like strengths-based practice are commonly used as keywords without systematic guidance for practitioners. There is a risk that without explicit integration of these theoretical traditions, practitioners will apply principles inconsistently.

Variation Within Discrete Practices

The greatest variation appeared in how frameworks described discrete, actionable practices. The presentation of these practices varied between concise lists of techniques; sentence length statements linked to values and principles up to whole attached practice guides for each practice. Even when referring to the same practice, guidance ranged from broad aspirational statements to fully specified tools, for example, the use of ‘SMART Goals’ (p.45) in the SNAICC practice framework as opposed to forming ‘goal statements’ within “Collaborative action planning” (p.18) in *Strengthening families: Protecting children Practice Framework* (Departments of Children, Youth Justice and Multicultural Affairs (DCYJMA), 2021). Additionally, some frameworks acknowledged First Nations cultural strengths through general statements such as “valuing cultural differences” (CYPS, 2019, p.5), without behavioural indicators. DCJ 2022 offered partial guidance, like meeting on Country or using attentive listening, but left timing and application to practitioner judgement. At the most detailed end, SNAICC (2016) provided culturally grounded practices including kinship mapping, engaging cultural knowledge holders, and using community-defined wellbeing indicators. This variability has implications for quality assurance as shared labels such as “child-centred,” “trauma-informed,” and “culturally responsive” may mask significant implementation differences. Practitioners working under different frameworks may enact substantially different practice approaches despite using similar terminology.

Finding 2. The Frameworks Represented a Spectrum of Organisational Architecture

Practice frameworks were broadly organised along a continuum between two structural approaches. At one end, principle-focused models established organisational standards of practice and set out aspirational values and approaches, relying primarily on tools like reflective prompts and practitioner judgement rather than explicit procedural guidance. Meanwhile, prescriptive frameworks prioritised step-by-step practice guidance through implementation sequences, case examples, scripted language, and ready-to-use templates. While these more prescriptive frameworks such as DHS (2022a) offered detailed guidance on approach their discrete practices, they often lacked explicit articulation of the underlying principles and values that informed practice choices. This divide extended to guidance on outcome measurement, where most frameworks provided minimal detail on assessing practical effectiveness. DFFH (2021) was a notable exception, which embedded continuous data collection as an implementation strategy.

Principle-Focused Frameworks: Reflective Professional Practice

Principle-focused frameworks embodied an implicit model of professional practice where skilled, reflective practitioners internalise organisational values practice and then exercise professional judgment to apply them across varied contexts. WA's Department for Child Protection and Family Support (DCPFS) (2016) exemplified this approach, devoting substantial content to elements such as "Cultural respect; Consultation, collaboration and leadership; Holistic and strengths based" and guiding principles including "Partnership" and others (pp. 8-10) which provide attitudinal and conceptual framing of the practice elements, but limited implementation guidance beyond these orienting principles. Six frameworks (see Appendices, Table 3 *Common Discrete Practices*) employed "Reflective Prompts" of some form alongside each key practice, like asking practitioners to reflect on whether they actively listened to clients with genuine interest and curiosity (Life Without Barriers, n.d.), while the DCJ Practice Framework Standards (2020) combined them with "Evidencing Our Practice" charts as core implementation tools.

However, as Finlay and Gough (2003, p. ix) note, critical reflections form a continuum from merely 'thinking about' something to a more dynamic process involving continuing self-awareness that prompts may not instrumentalise. Further, the expert panel in Finan et al. (2018) concluded that "explicit practice guidance" was a necessary step to "develop content expertise for practitioners" (p. 6). Thus, his approach offers flexibility but risks implementation quality depending on individual practitioner capability rather than standardised systems.

Prescriptive Frameworks: Standardized Systematic Practice

Step-by-step implementation frameworks reflect a distinct practice theory that effective outcomes depend on explicit, sequenced guidance reducing reliance on individual judgement. These frameworks typically include case examples, scripted language, ready-to-use templates, and detailed implementation sequences. Other supports included cautionary notes specifying contraindications before practice steps (Benevolent Society, 2014), "predictable errors in practice" sections acknowledging common implementation pitfalls (DCJ, 2020), situation-based safety planning examples (DCJ, 2022; Benevolent Society 2014), and tools for direct use with children and families (DCYJMA, 2021).

This structure makes expectations transparent, reduces variation, supports less experienced practitioners, and creates accountability. The risk, however, is that highly specified systems may underemphasise the principle-level rationale needed for adaptive practice, which can lead to mechanistic implementation when standard steps do not fit the situation.

Measurement and Practice Evaluation

Most frameworks provided limited guidance on assessing practice effectiveness. Often Reflective prompts commonly asked practitioners to consider whether they had carried out the practice, rather than whether it had produced the desired effect. Even frameworks with extensive discrete practices often failed to specify how practitioners would know if practices were effective, mentioning monitoring or measurement of outcomes without clear reference to KPIs. DFFH (2021) integration of measurable outcomes and continuous data collection thus represents a crucial architectural innovation. By embedding constant measurement into implementation

as a learning system, the framework creates feedback loops enabling practitioners and organisations to assess whether their practices achieve intended effects. The relative rarity of this approach with only SNAICC (2016) embedding assessment of the effectiveness of their own tools (p. 68-69) suggests most frameworks operate on implicit assumptions that specified practices will produce desired outcomes without building in systematic verification mechanisms.

Finding 3. Frameworks Displayed Limited Evidence-Informed Practice Guidance for Working with Aboriginal and Torres Strait Islander Children and Families

Despite Aboriginal and Torres Strait Islander children comprising around 6% of the child population but 41% of those in out-of-home care (SNAICC, 2024, p.50), most frameworks provided limited guidance for culturally safe and effective practice. Six frameworks contained no Aboriginal and Torres Strait Islander-specific principles or practices (See Appendices Tables 2 and 3). Less than half explicitly referenced inter-generation trauma and several grouped First Nation families within broad culturally diverse categories, risking generic approaches that overlook colonisation and its ongoing impacts. When First Nation's content was included, it frequently appeared as an add-on to Western theoretical models, rather than a guiding worldview. Finally, while most frameworks claimed to be evidence-informed, Finan et al. (2018) similarly observed that many practice models lack specific, measurable outcomes, and in this sample over half did not include measurable outcomes for First Nations engagement.

Gaps and Strengths in Practice Guidance

Frameworks that incorporated Aboriginal and Torres Strait Islander content showed several consistent strengths including, acknowledgement of the impacts of colonisation and intergenerational trauma (see Appendices, Table 3), culturally safe communication (e.g., SNAICC, 2016, p.19), collaboration with local Aboriginal organisations (e.g., DCJ, 2022, p.5), and an emphasis on self-determination (e.g., DCPFS, 2016, p.5). However, the depth and specificity of this content varied considerably. Some frameworks relied on broad statements such as “being informed about the cultural values and connections of Aboriginal people” (DCEYP, 2019, p.21), providing little direction on how these values translate into practice and reflecting Finan, et al.'s (2018) finding that cultural competence (p. 7) is often pursued without actionable guidance.

In contrast, SNAICC (2016) offered detailed, actionable practice tools. Lohoar et al. (2014) emphasises Aboriginal and Torres Strait Islander cultural traditions draw on

collective responsibility, children's autonomy, Elders' guidance, and spirituality. SNAICC's guidance supported these strengths through information resources, reflective exercises grounded in First Nation's consultation, language prompts, explanations of common misconceptions and practice tools such as "TALKING UP OUR STRENGTHS" cards (p. 26) which collectively provided behavioural specificity and actionable examples for partner organisations.

Lack of Reciprocal Accountability and Co-Design

Across the sample, frameworks rarely established accountability mechanisms between practitioners and Aboriginal and Torres Strait Islander communities. SNAICC's *Family Matters* Report warns that governments and mainstream organisations often use partnerships to "tick boxes" of cultural competence, without committing to sustainable relationships or meaningful community empowerment (2024, p. 31). While many frameworks encouraged respect and collaboration, few specified how First Nations perspectives should inform ongoing reflection, evaluation, or service design. This resulted in a largely one-directional model in which practitioners apply cultural principles, but communities have limited formal means to shape or assess how they are enacted. Although some frameworks referenced "co-design" or "partnerships" (e.g., DCPFS, p. 5), they rarely clarified whether First Nations representatives were co-authors, decision-makers, or consultants, making it difficult to determine whether involvement constituted genuine co-design or minimal advisory input.

Lack of Evidence-Informed Practice

A key structural issue underlying these gaps is the limited empirical base for Aboriginal and Torres Strait Islander-specific child and family practice. This limitation was also acknowledged in DHS's Common Elements approach (2022b), which reported that "most high-quality studies are undertaken within a US, UK, or Europe context," (p. 5) highlighting the need for stronger Australian research, particularly for Aboriginal and Torres Strait Islander families. As a result, DHS (2022b) explained that the Common Elements model "has been unable to include evidence-based research specific to Aboriginal communities." (p.5). Instead, DHS Safer Family Services Cultural Consultants applied an Aboriginal cultural lens to all practice

guides to ensure Aboriginal co-design principles (DHS, 2022b). SNAICC meanwhile, cites areas of its own research and consultation, and adapts other evidence-based practices like the Structured Decision-Making tools developed by the Children's Research Centre in the United States through including definitional guidance on cultural considerations (SNAICC, 2016, p.63). However, these adaptations remain constrained by the broader absence of Aboriginal and Torres Strait Islander-led evidence. As such, only a small number of frameworks included outcomes or evaluation processes specific to First Nation families, leaving cultural safety, family participation, and community partnership largely unmeasured. Few incorporated Aboriginal and Torres Strait Islander-led evidence feedback mechanisms to ensure outcomes reflected community-defined priorities.

Finding 4. Four consistent enablers identified in the literature are leadership, workforce development, collaboration and system alignment.

When considering practice framework implementation and practice change, an enabler refers to a factor that, when strengthened, makes it easier for new approaches to be embedded successfully and sustained over time. As opposed to barriers, which are obstacles that hinder the progression of practice frameworks, enablers are the conditions or mechanisms, as evidenced in the literature, that necessitate change, ensuring effective implementation of practice frameworks.

Enabler 1. Strong Leadership and Organisational Support

Competent leadership and organisational support consistently emerge as foundational enablers. According to Weeks (2020, p. 135), leadership is necessary in “setting the tone for positive attitudes” which legitimises new ways of working and models organisational commitment within practice. A whole-of-organisation approach is required as individual practitioners cannot alter entrenched practices alone. Proactive leadership is essential to this; when CEOs or other senior leaders participate directly in implementation teams or working groups, it improves the possibility that change will be supported at the highest levels rather than being left to frontline practitioners to handle unaided. For example, the NSW Practice Framework (DCJ, 2023) ties leadership to daily supervision, coaching, audits and staff development. This integration ensures that expectations are modelled and reinforces consistent practice through organisational oversight.

Enabler 2. Comprehensive Workforce Development

Across Australian frameworks, workforce support and professional learning are central to implementation. While training is ostensibly the most visible form of workforce development, evidence shows that training alone is insufficient for embedding practice change. Staff require consistent and structured coaching, manageable caseloads and supervision to build confidence and capacity, backed by performance data. The CYPS Case Management Framework (CYPS, 2019) treats supervision as central, with team leaders connecting overarching principles to daily

practice. The framework embeds professional development and structured review processes, such as case plan reviews and annual evaluations.

Similarly, the Framework for Practice: Practice Tools and Processes (DCYJMA, 2022) integrate workforce development through regular group supervision, case consultation, appreciative inquiry and continuous quality improvement, explicitly linking these processes to practice enhancement. A comparable focus on structured support for practitioners is evident in the Victorian Family Preservation and Reunification Response, where practitioners were only able to deliver the program's intensity and relational depth by maintaining manageable caseloads of no more than 'four families' (Morris et al., 2022, p. 6). Supervision and supportive leadership were critical in buffering against staff fatigue and ensuring their well-being in high-demand environments.

Structured learning mechanisms, such as Communities of Practice have proven as especially effective. At MacKillop Family Services, this approach was used organisation-wide to embed the Power to Kids framework, allowing staff across roles and hierarchies to problem-solve together, share learning and maintain fidelity to practice change (McKibbin et al., 2024). Such models reflect a broader shift away from episodic training toward continuous, retainable professional development (Humphreys et al., 2020; Weeks, 2020).

Enabler 3. Collaboration and Stakeholder Engagement

Collaboration is a further core enabler, underscored by the review's findings that the two most common discrete practices identified across frameworks centred on collaborative processes. Effective practice change necessitates genuine inclusion of families in the co-design of programs and decisions that affect them; as well as agency cooperation, which streamlines the ability to refer and work across various agencies. The engagement of stakeholders operates on multiple levels: between practitioners and managers, families and children and across community and partner organisations (such as court systems, schools, private agencies).

Frameworks for common practices, like the Safe & Together model, can create a "shared language" among agencies at the interagency level (Humphreys et al., 2020, p. 21). It was also found that inter-agency collaboration benefitted workers

themselves, where staff found value in learning the experiences of other teams and extrapolating what had or had not worked well (Farmer & Patsios, 2016; Menzies & Grace, 2022). Transparent, high-quality referrals are another example of productive teamwork within these networks, guaranteeing that programmes are set up for success and that families receive prompt and accurate help (Morris et al., 2022).

Beyond inter-agency coordination, meaningful engagement of children, families and communities in the co-design, implementation and review of frameworks is essential. In order to legitimise practice models as technically sound, socially trusted and responsive to lived experience, Finan et al. (2018) emphasise the significance of participatory procedures of clients seeking child protective services. This is especially critical when engaging with Indigenous communities, where fostering trust-worthy, culturally competent long-term relationships are crucial to guiding practice (Arney et al., 2015).

Enabler 4: Transparent Frameworks and Aligned Organisational Systems

Transparent and clearly defined practice frameworks is the final enabler to underpin successful implementation and practice change. System alignment refers to checking that agency infrastructure; including policy, IT systems, supervision, staff evaluation tools and quality assurance processes, reinforce the model, rather than operate at cross purposes (Barbee et al., 2011). For example, quality assurance case review tools should be updated to measure fidelity to new practice frameworks, creating a direct link between implementation and outcome monitoring.

The CYPS Case Management Framework (CYPS, 2019) exemplifies this alignment through its phased approach, intake, assessment, planning, implementation, monitoring and review, and transition and closure; clearly situating when and how discrete practices should occur. By mapping practice elements onto phases, the framework reduces ambiguity and ensures practitioners understand the timing and sequencing of interventions, thereby embedding a streamlined sense of accountability and consistency throughout the casework process.

Equally important is the clarity and usability of frameworks themselves, where evidence suggests that rigid, excessively prescriptive models frequently impede framework adoption. Albers et al. (as cited in Weeks, 2020, p. 131) contend that

identifying adaptable “core elements” of practice frameworks enables leeway to be flexible and contextually relevant, without compromising consistency across diverse applications and family needs. This approach helps address the persistent challenge of inconsistent application of frameworks across child welfare agencies (Weeks, 2020). The efficacy of these frameworks can be bolstered further by using implementation teams and co-design processes to verify that they are locally relevant, practical and consistently applied in ways that enhance professional confidence (Farmer & Patsios, 2016; Menzies & Grace, 2022).

Finding 5. The Literature Consistently Identifies Three Key Barriers in Child Protection: Workforce, System, And Training Barriers

Through an analysis of the literature, four common barriers emerged that consistently hinder the implementation of practice frameworks within the child protection sector: high workloads and insufficient resources; systematic and organisational dysfunction; inadequate training and workforce skill gaps; and flaws in framework design and evidence base.

Barrier 1: High Workloads and Insufficient Resources

The implementation of practice frameworks in child protection is often hindered by high workloads and insufficient resources. Practitioners with excessive caseloads, inadequate resourcing and high staff turnover are unlikely to adopt a new framework if they are confined to crisis management, let alone have the time to implement the framework in their daily work (Barbee et al., 2011; Weeks, 2020). Further, Collings et al. (2024) found that legislative changes were not matched with sufficient financial investments, noting reunification casework is more skilled and has more demanding work than other OOHC cases; however, this is not reflected in the funding. Collings et al. (2024) further highlights that Aboriginal and Torres Strait Islander families are disproportionately affected given the persistent lack of commitment to resourcing organisations dedicated to First Nation communities.

Barrier 2: Systematic and Organisational Dysfunction

When new practice frameworks are developed and implemented, change is often hindered by the internal culture and infrastructure of agencies, as well as the outdated and fragmented nature of the broader service system. Barbee et al. (2011) highlight that frameworks are sometimes introduced before structural changes are made, creating incompatibility with existing policy or lack of support from supervisors, which makes implementation difficult. They further note that IT systems and administrative forms can also create barriers for practitioners. Collings et al. (2024) state that information sharing between statutory child protection services and NGOs is often slow or non-existent, limiting NGOs' ability to assess client needs.

Cortis et al. (2019) concluded that while new frameworks may aim to reduce administrative load, introducing practices that increase client contact or require more relational approaches paradoxically results in greater documentation and paperwork.

Barrier 3: Inadequate Training and Workforce Skill Gaps

Staff frequently lack the training and skills required to implement practice frameworks. Collings et al. (2024) found that NGO caseworkers may feel uncomfortable adopting new practices due to difficulty in judging parenting capacity. McKibbin et al. (2024) reported that one-off training sessions act as a barrier to embedding practice change. Menzies and Grace (2022) state that while trauma-informed practice is common, practitioners may lack adequate understanding and training in trauma theory and its manifestations. Finan et al. (2018) highlight that although frameworks claim to prioritise the best interests of the child, they often fail to offer concrete recommendations for how this should be enacted. They further observed that many frameworks fail to recommend even a minimum qualification, and there is rarely an expectation for practitioners to hold prior accreditation in core areas such as child development or trauma. Finan et al. concludes that although professional supervision is often outlined in framework documents, it is not consistently provided despite being essential for development and support.

Key Recommendations

Recommendation 1: Expand Aboriginal and Torres Strait Islander–Led Co-Design

Findings highlighted limited involvement of Aboriginal and Torres Strait Islander people in the development of existing practice frameworks. To ensure frameworks reflect principles of First Nation collaboration and cultural competence, government and non-government organisations should adopt meaningful co-design processes with First Nation communities, practitioners, and organisations. Clearly documenting these processes, including the extent of First Nation decision-making, would strengthen transparency and ensure cultural perspectives guide practice guidance.

Recommendation 2. Ensure Practice Frameworks Are Grounded in Aboriginal and Torres Strait Islander Cultural Worldviews

The analysis showed that Aboriginal and Torres Strait Islander relational worldviews and community-defined understandings of wellbeing are often treated as add-ons rather than central to practice. Practice frameworks should instead be grounded in these cultural foundations, so they genuinely guide culturally safe decision-making and more effectively support the needs of First Nations children and families.

Recommendation 3. Improve Framework Alignment Through Shared Definitions and Clear Theory-to-Practice Links

Findings revealed significant variation in core principles, such as child-centred practice, cultural responsiveness, trauma-informed practice, and strengths-based approaches, are defined and applied. To improve consistency across the sector, agencies should establish shared definitions for these principles and clearly link their theoretical foundations to recommended practices. This would enhance clarity, reduce ambiguity, and support more consistent use of frameworks across organisations.

Recommendation 4. Develop Detailed, Actionable Guidance for Discrete Practices

Frameworks often outline broad principles but offer limited behavioural guidance. In some cases, the discrete practices linked to these principles appear in separate documents that are not clearly signposted. To support consistent implementation, frameworks should include actionable descriptions of discrete practices, or clearly direct practitioners to where this guidance is located. Providing decision points, behavioural indicators, and practice examples would reduce practitioner-level variation and support clearer expectations for day-to-day work.

Recommendation 5. Strengthen Workforce and System Conditions to Support Framework Implementation

The barriers in the literature suggest that practice frameworks are difficult to implement when practitioners face heavy workloads, limited resources, and organisational systems that do not support framework expectations. These pressures make it challenging to move beyond crisis-driven work or apply new approaches with confidence. Strengthening the conditions practitioners work within is therefore essential. This includes manageable workloads, reliable access to ongoing training and supervision, and organisational systems that assist rather than hinder practice. Aligning resources, infrastructure, and workforce support with each framework's requirements would help ensure more consistent and effective practice.

Conclusion

In conclusion, practitioners Australian work within a broad suite of Australian practice frameworks, covering the major domains of early intervention, family preservation and OOHC. The common practice elements included in these frameworks typically combine overarching principles, expressing organisational values and intended outcomes, with discrete, actionable practices that translate those principles into everyday methods. Stronger frameworks also provide practice tools, evidence-informed rationales and resources that help practitioners apply discrete elements consistently and assess their effectiveness. However, this review found a wide diversity in their form and specificity.

Furthermore, high-quality frameworks specifically designed for working with Aboriginal and Torres Strait Islander children and families remain limited. While many reference cultural competence, they often place First Nation approaches as a generic aside for meaningful integration, evidence, or community input. This results in frameworks that reflect a single dominant worldview rather than practices genuinely co-designed with, and accountable to, communities.

The implementation environment strongly shapes whether frameworks translate into practice. Effective leadership, workforce development, collaboration and system alignment enable consistent application, whereas high workloads, fragmented systems, inconsistent training and vague guidance undermine it. These factors interact, with strengths buffering gaps and deficits compounding one another.

To strengthen outcomes, future frameworks should prioritise Aboriginal and Torres Strait Islander-led co-design, embed First Nation worldviews, deliver clear and actionable practice guidance, and align organisational systems with the practice model. Doing so will enhance cultural safety, practitioner confidence and equitable, evidence-informed support for all children and families.

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Appendices

Table 1: *Characteristic of Each Framework Included*

Name of Framework	GOV/ NGO	State/ Territory	Child Protection Context	Purpose	Aboriginal Families Only?
1. ACT DCYPS. (2019). CYPS Case Management Framework	GOV	ACT	Whole child protection continuum	“provide staff with quick access to the various tools and activities available to support their effective case management”	No
2. NSW DCJ. (2023). NSW Practice Framework	GOV	NSW	Whole child protection continuum	“[Visually communicates] what you should expect when you work with a caseworker and or another DCJ employee.”	No
3. NSW DCJ. (2020). Practice Framework Standards.	GOV	NSW	Whole child protection continuum	“make it clear how these elements come to life as expectations in daily practice with children”	No
4. NSW DCJ. (2022). Family Connect and Support Common Assessment Framework.	GOV	NSW	Early intervention	“provide a consistent approach across FCS services when assessing children, young people and families’ strengths and needs.”	No
5. NSW DCJ. (2018). Principles of Aboriginal case management.	GOV	NSW	Whole child protection continuum	“promote an integrated case management approach that is tailored to the needs of Aboriginal children and families...”	Yes
6. QLD DCYJMA. (2021). Strengthening Families Framework	GOV	QLD	Whole child protection continuum	“a strengths-based, safety-oriented practice framework that guides child protection practice in Queensland.”	No
7. SA DHS. (2022). A guide to the common elements approach.	GOV	SA	Early intervention and prevention	“to enrich our workforce and hone practitioner skills in the art and science of family preservation ... provides detailed ‘how to’ guidance for practitioners and their supervisors.”	No

Name of Framework	GOV/ NGO	State/ Territory	Child Protection Context	Purpose	Aboriginal Families Only?
8. TAS DECYP (2023), Feel Safe Are Safe Practice Approach	GOV	TAS	Whole child protection continuum	“to guide the important work of our Child Safety Practitioners, establishing clear benchmarks for the standards of practice the department and the community expect from us”.	No
9. VIC DFFH. (2021). Family Preservation and Reunification Response.	GOV	VIC	Whole child protection continuum	“[To foster] Strong families - with children who are safe, healthy, resilient and thriving; and parents and other care givers who are supported to create a safe and nurturing home environment”	No
10. WA DCPFS. (2016). Aboriginal Services and Practice Framework 2016-2018.	GOV	WA	Whole child protection continuum	“to improve outcomes for Aboriginal children, families and communities that come into contact with the child protection system.”	Yes
11. Allambi Care. (n.d.). Needs Based Restorative Framework.	NGO	Nation-wide	Whole child protection continuum	“guides the work of Allambi Care’s workers and volunteers including Intensive Therapeutic (Residential) Care workers, youth workers, foster carers, family support workers, casework staff and clinicians.”	No
12. Benevolent Society. (2014). Resilient Practice Framework.	NGO	Nation-wide	Early intervention and prevention	“provides the architecture for strategy, policy and practice and makes the link between research and practice in this area of our work. We believe it will contribute to the improvement of outcomes for children, families and communities.”	No
13. Life Without Barriers. (n.d.). Pillars of Practice Framework.	NGO	Nation-wide	Not child protection specific	“to assist our staff to reflect on what guides their work and to consistently apply their knowledge and skills in Life Without Barriers’ organisational context.”	No
14. Possability. (n.d.). Possability Practice Framework for Out of home care.	NGO	Nation-wide	Out of home care	“focuses on high quality, person-centred service provision.”	No

Name of Framework	GOV/ NGO	State/ Territory	Child Protection Context	Purpose	Aboriginal Families Only?
15. Secretariat of National Aboriginal and Islander Child Care. (2016). Stronger Safer Together.	NGO	Nation-wide	Whole child protection continuum	“primarily designed to support good practice learning and reflection for workers providing intensive or targeted family support services to Aboriginal and Torres Strait Islander families with multiple and complex needs...”	Yes

Note. Frameworks are numbered for brevity; the full framework names are corresponding to each number appear in this table and are used as shorthand in subsequent tables. ‘Yes’ under Aboriginal-specific framework indicates the framework was designed specifically for Aboriginal children, families, and communities. GOV = Government; NGO = Non-government organisation. ACT = Australian Capital Territory; NSW = New South Wales; QLD = Queensland; SA = South Australia; TAS = Tasmania.

Table 2: *Common Principles*

	Child Centred Practice <i>Places children at the centre of planning and decisions; ensures their voices and experiences shape outcomes.</i>	Family Centred Approach <i>Positions the family as central to planning and service delivery, with interventions emphasising family relationships, networks, and shared decision-making.</i>	Trauma-Informed <i>Recognises impact and causes of trauma within client’s life-perspective, prioritises safety, trust and healing.</i>	Strength-Based <i>Builds on strengths, resilience and pre-existing capacities of families and children.</i>	Culturally & Indigenous-Responsive Practice <i>Adapts practice to diverse cultural contexts; in Indigenous settings, centres self-determination and awareness of colonial and intergenerational impacts.</i>
1. ACT CYPS (2019)	“Child and youth-centred practice” (p. 2). “Relationship-based practice” (p. 2).	–	–	“... committed to strengths-based assessment and support responses that preserve and unite families as our priority for case management.” (p. 3).	“Culturally responsive practice with Aboriginal and Torres Strait Islander communities.” (p. 5). “Culturally responsive practice with culturally and linguistically diverse communities” (p. 5).
2. NSW DCJ (2023)	–	“Relationships create change and restore dignity: It is our job to build relationships that connect families and children to useful help. We persist and take responsibility for the quality of the relationships we form.”	–	–	“Culture is ever-present: We respect all cultures. We are deeply sorry about the impact of the Stolen Generations. Being sorry means we are committed to making sure we do not repeat past injustices”

	Child Centred	Family Centred	Trauma-Informed	Strength-Based	Culturally & Indigenous Responsive Practice
3. NSW DCJ (2020)	Enacting children and young people's rights ... Nurturing the child's lifelong belonging ... Collaborating as a team around the child." (pp. 10, 21, 38)	"Working with family and culture: Every child is part of a family system, community and culture. To be child focused, we must support and explore their connections" (p. 9)	"Trauma-informed: Recognition that children, young people and families may have experienced trauma and/or domestic and family violence, abuse and neglect." (p. 6)	–	"Strengths-based: identifying a child, young person, family... and community's existing resources, capacity and aspirations." (p. 8)
4. NSW DCJ (2022)	"Child-centred and family focused." (p. 7)	"Child-centred and family focused." (p.7) "Partnership and collaboration" (p. 9)	–	"Strengths-based: identifying a child, young person, family... and community's existing resources, capacity and aspirations." (p. 8) Enacting children and young people's rights ... Nurturing the child's lifelong belonging ... Collaborating as a team around the child" (pp. 10, 21, 38).	"Culturally safe / cultural awareness and sensitivity" (p. 5)
5. NSW DCJ (2018)	"Case management that is child focused to promote child safety and wellbeing" (p. 4).	–	"Case management that is oriented to prevent harm and preserve families" (p. 5).	–	"Case management that is culturally embedded" (p. 4).
6. QLD CYJMA (2021)	"Participation"	"Family and community connection". "Participation".	"Cultural integrity".	"Strengths and solutions".	–
7. SA DHS (2022)	–	"Enhancing Family Functioning & Safety" (p. 8).	–	–	–

	Child Centred	Family Centred	Trauma-Informed	Strength-Based	Culturally & Indigenous Responsive Practice
8. TAS DECYP (2023)	“Enhancing Family Functioning & Safety” (p. 8)	“Respectful engagement with families” (p. 16). “Respecting the role of the family” (p. 3).	–	–	“Cultural safety for Aboriginal families” (p. 20). “Inclusion and responsiveness to diversity” (p. 24). “Ensuring cultural wellbeing for Aboriginal Children” (p.3).
9. VIC DFFH (2021)	–	“Family Functioning and Family Safety Modules” (p. 14). “Parenting module” (p. 16),	–	–	“Advance Aboriginal self-determination through culturally safe and inclusive work with Aboriginal people and organisations in practice, service delivery” (p. 2).
10. WA CPFS (2016)	“Viewing children and families in connection with community, land, culture, spirituality, and relationship”	“Viewing children and families in connection with community, land, culture, spirituality, and relationship”	–	“Holistic strengths based” (p. 9).	“Cultural respect” (p. 8). “Viewing children and families in connection with community, land, culture, spirituality, and relationship” “Cultural safety and security” (p. 11).
11. Allambi Care (n.d.)	“Individually Assessed Needs” (p. 15).	–	“Trauma-Related Needs; The Need to Feel Safe; The Need for Adaptive Coping Strategies” (pp. 10, 13). “Belonging/Attachment” (p. 07).	–	–

	Child Centred	Family Centred	Trauma-Informed	Strength-Based	Culturally & Indigenous Responsive Practice
12. Benevolent Society (2013)	“Respect: Individually tailored, child-centred, empowering, culturally competent, responsive and with a focus on social justice” (p. 7).	–	“Secure and stable relationships” (p. 8).	–	–
13. Life Without Barrier (n.d.)	“Listen to our clients” (p. 8). “Plan with the individual” (p. 10).	–	–	–	“Respect Culture; Working differently with Aboriginal and Torres Strait Islander families” (p. 9). “We are respectful” (p. 6).
14. Possability (n.d.)	“Child/youth-centred approaches” (p. 8).	–	“Trauma-informed practices” (p. 11).	–	–
15. Secretariat of National Aboriginal and Islander Child Care (2016)	“Identifying the needs of children and their families” (p. 23). “Respect: Individually tailored, child-centred, empowering, culturally competent, responsive and with a focus on social justice” (p. 7).	“Identifying the needs of children and their families” (p. 23). “Including families in case planning and decision-making” (p. 41).	–	–	“Working differently with Aboriginal and Torres Strait Islander families” (p. 9).

Note. Frameworks are numbered for brevity; full framework names corresponding to each number are provided in Table 1. “–” indicates that the principle is not applicable for that framework State/Territory abbreviations: ACT = Australian Capital Territory; NSW = New South Wales; QLD = Queensland; SA = South Australia; TAS = Tasmania.

Table 3: *Common Discrete Practices*

Practice	Description: Key Examples of Discrete Practices	Frequency	Practice Frameworks
Collaborative Decision Making with Families	<ul style="list-style-type: none"> “Focus on engaging and partnering with families to understand a family’s unique strengths and needs, values, beliefs and culture.” (NSW DCJ, 2022). “...support and include families in family focused decision-making, collaborative care trajectory planning, progress reviews and decisions about family restoration or transition to independence.” (TAS DECYP, 2023). 	12	<ol style="list-style-type: none"> 1. ACT DYCP (2019) 2. NSW DCJ (2017) 3. NSW DCJ (2020) 4. NSW DCJ (2022) 5. NSW DCJ (2018/2023) 7. SA DHS (2022) 8. TAS DECYP (2023) 9. VIC DFFH (2021) 10. WA DCPFS (2016) 12. Benevolent Society (2013) 14. Possability (n.d.) 15. SNAICC (2016)
Collaborating with Other Organisations	<ul style="list-style-type: none"> “Actively seek partnerships that support Aboriginal children, families, organisations and communities... Undertake ongoing consultation with local Aboriginal communities and organisations to inform service provision and practice, making strong connections with families and key community members so that Aboriginal peoples’ cultural beliefs and values are respected.” (WA DCPFS, 2016, pp. 5, 12). “Identify each service’s role, responsibilities and decision-making power so that you are all clear who has responsibility for what in creating safety and long-term wellbeing and permanency for the child. Make sure the child and family are clear about the role of each person.” (NSW DCJ, 2020, p. 38). 	10	<ol style="list-style-type: none"> 1. ACT CYPS (2019) 2. NSW DCJ (2017) 3. NSW DCJ (2020) 4. NSW DCJ (2022) 7. SA DHS (2022) 8. TAS DECYP (2023) 9. VIC DFFH (2021) 10. WA DCPFS (2016) 12. Benevolent Society (2013) 15. SNAICC (2016)
Goal Setting	<ul style="list-style-type: none"> “As needed, practitioners equip individuals with the information to set effective goals. For example, if a parent needs help to make a goal measurable, the practitioner prompts with questions about measuring success and can offer ideas on how to do so.” (SA DHS, 2022, p. 9). 	9	<ol style="list-style-type: none"> 1. ACT CYPS (2019) 3. NSW DCJ (2020) 4. NSW DCJ (2022) 5. NSW DCJ (2018/2023) 7. SA DHS (2022) 9. VIC DFFH (2021)

Practice	Description: Key Examples of Discrete Practices	Frequency	Practice Frameworks
	<ul style="list-style-type: none"> “Develop goals that make reference to the context or environment it will be achieved in. This is done by asking the individual or family to consider the context the behaviours will be practiced in...” (NSW DCJ, 2022, p. 27). “Write down the goal, including who is going to do it, when, why and indicators for when the goal is achieved.” (NSW DCJ, 2022, p. 28). 		12. Benevolent Society (2013) 13. Life Without Barriers (n.d.) 15. SNAICC (2016)
Acknowledging the Strengths of Aboriginal and Torres Strait Islander Culture	<ul style="list-style-type: none"> “Share your own positive views on the strengths of Aboriginal and Torres Strait Islander cultures to counter negative stereotypes and views.” (SNAICC, 2016, p. 16). “Build on the strengths and resilience in Aboriginal families, organisations and communities.” (WA DCPFS, 2016, p.5). 	8	2. NSW DCJ (2017) 5. NSW DCJ (2018/2023) 7. SA DHS (2022) 8. TAS DECYP (2023) 9. VIC DFFH (2021) 10. WA DCPFS (2016) 13. Life Without Barriers (n.d.) 15. SNAICC (2016)
Seeking the View of children	<ul style="list-style-type: none"> “Regularly seek the child’s views about their life, goals, experiences and how you partner together. Record these views and if their views are not carried out, record a rationale.” (DCJ NSW, 2020. p. 10) “Listen carefully and check that you have understood... Find out what clients think and feel about what we are doing... Listen to words, observe behaviour... Tell clients what we have changed based on their input” (Life Without Barriers, n.d., p. 12). 	8	1. ACT CYPS (2019) 3. NSW DCJ (2020) 4. NSW DCJ (2022) 5. NSW DCJ (2018/2023) 8. TAS DECYP (2023) 13. Life Without Barriers (n.d.) 14. Possability (n.d.) 15. SNAICC (2016)
Structured Assessment Tools	<ul style="list-style-type: none"> “Facilitate the participation of the child, their family and all other important people in every stage of the assessment. Use inclusive tools and approaches that respond to their needs.” (NSW DCJ, 2020, p. 25). “Use assessment tools and partnered case planning to decide the child’s best legal permanency option. Consider how to best meet their relational, cultural and physical permanency needs.” (NSW DCJ, 2020, p. 26). 	8	1. ACT CYPS (2019) 2. NSW DCJ (2017) 3. NSW DCJ (2020) 4. NSW DCJ (2022) 5. NSW DCJ (2018/2023) 6. QLD DCYJMA (2021) 9. VIC DFFH (2021) 11. Allambi Care (n.d.)

Practice	Description: Key Examples of Discrete Practices	Frequency	Practice Frameworks
Acknowledging the Ongoing Impacts of Inter-generational Trauma	<ul style="list-style-type: none"> “Connecting to community and culture: to support families to maintain, strengthen and build connection as a source of protection, sense of belonging, identity and to build resilience... Practitioners can support these connections by providing information about significant events and gatherings, provide an introduction to local Aboriginal Community members or support families to access local Aboriginal programs, services and organisations that can establish a sense of belonging and connect with their local Aboriginal Community.” (VIC DFFH, 2021, p. 9) 	7	1. ACT CYPS (2019) 3. NSW DCJ (2020) 4. NSW DCJ (2022) 7. SA DHS (2022) 8. TAS DECYP (2023) 9. VIC DFFH (2021) 15. SNAICC (2016)
Reflective Practices	<ul style="list-style-type: none"> “...embedding reflective practice, accountability and effective supervision at individual, team and organisational levels ... I routinely reflect on and critique my interaction with children, young people and their families, and think about ways in which I can improve and develop.” (TAS DECPY, 2023, p. 33) “... regular opportunities for reflective practice in team meetings, through formal supervision, with peers, with professional groups” (Life Without Barrier, n.d., p.13). 	7	1. ACT CYPS (2019) 3. NSW DCJ (2020) 7. SA DHS (2022) 8. TAS DECYP (2023) 10. WA DCPFS (2016) 13. Life Without Barriers (n.d.) 15. SNAICC (2016)
Emotional Support	<ul style="list-style-type: none"> “supporting the person to take cues for appropriate emotional responding... teaching the person how to regulate arousal and emotion.” (Possability, n.d., p. 11) “Information gathered during the (Aboriginal family-led assessment) may include, but is not limited to: understanding related issues that may be contributing to these concerns, including emotional wellbeing, intergenerational trauma, and ongoing marginalisation/disadvantage” (NSW DCJ, 2018/2023, p. 22) 	6	4. NSW DCJ (2022) 5. NSW DCJ (2018/2023) 8. TAS DECYP (2023) 11. Allambi Care (n.d.) 12. Benevolent Society (2013) 14. Possability (n.d.)

Note. Frameworks are numbered for brevity; abbreviations and full framework names corresponding to each number are provided in Table 1.