



EVIDENCE FOR THE COMMON APPROACH[®]



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Introduction

This resource outlines the evidence supporting The Common Approach®. There are three levels of Common Approach evidence; 1) evaluating the impact of the approach as a way of working, 2) research base of each of the four practices and 3) 'best practice' evidence – demonstrating where all four practices are utilised throughout various settings and sectors.

The four practices of the Common Approach are;

1. Child-centred (same concept as student centred, client centred, patient centred, and person centred - evidenced for up to 24 year olds)
2. Strengths-based
3. Thinking holistically
4. Working in partnership/collaborative (with both the child and family as well as any other professionals or others involved in the young person's life.)

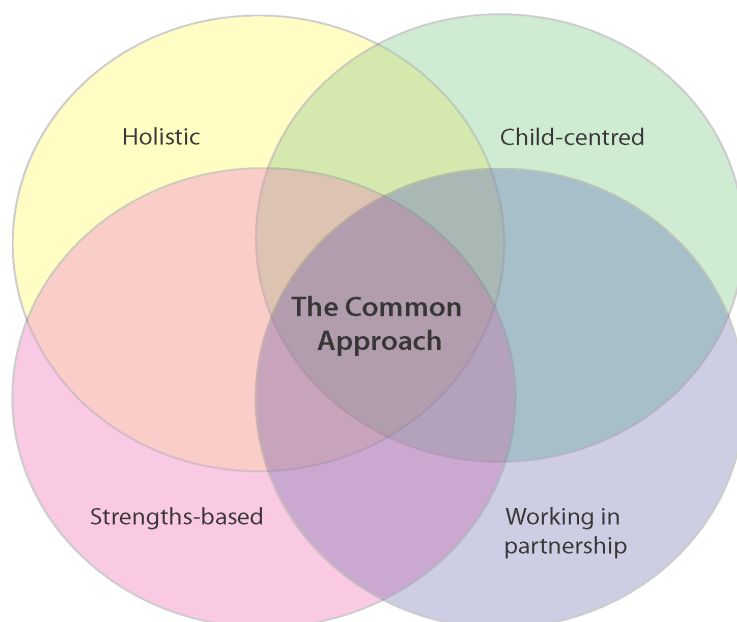


Figure 1: The four practices of The Common Approach.

1) Evaluating the impact of the approach as a way of working

The following section outlines the findings from the three key pieces of research which evaluate The Common Approach as a way of working. Please click on the title of each to read the full paper. Please note, for simplicity, 'practitioner' is used to represent anyone who works directly with children, young people and/or their families. A section is also included regarding the questions used within the Common Approach.

[The Common Approach Taskforce recommendation report \(2010\)](#)

This evaluation used online surveys and over 1000 interviews with both those working directly with children, young people and their families and families themselves. Of the families who participated in surveys or interviews, 40 per cent were single-parent families.

This study found that the benefits of The Common Approach included:

- Making the practitioner's job easier. Common Approach conversations were used to identify strengths and needs that might not have been otherwise identified.
- Improving relationship with families. Many practitioners identified that The Common Approach assisted them in building relationships and enhanced these relationships more than their normal practice.
- Improving outcomes for families. Practitioners noted several cases of changes in young people and parents/carers' intentions and behaviour as a direct result of having a Common Approach conversation.
- Broader conversations with clients helped professionals meet the requirements of their roles more effectively.
- Increasing the practitioner's awareness of role in prevention. A high-level interest among practitioners in becoming involved in prevention activities and a potential benefit of attending training.
- Focusing on children. Both practitioners and clients stated that using The Common Approach made it easier to bring parents back to focusing on the needs of the child.
- Improved collaboration between practitioners.
- Broadening the lens. All managers identified cases where the use of The Common Approach assisted practitioners to move beyond their normal focus and explore the broader needs of the young person.
- In relation to the length of Common Approach conversations, 41 per cent of the people consulted had conversations that lasted less than 30 minutes, while 32 per cent were between 30 minutes and one hour, and 23 per cent were longer than one hour.

Independent Formative Evaluation (2012)

This evaluation drew upon three key sources of data;

1. Monthly site progress reports;
2. Observational data and recorded notes; and
3. Interviews with site facilitators, practitioners, and ARACY staff

Interviews for this evaluation were mainly undertaken with practitioners, including those who had and had not used The Common Approach. A non-random sample of practitioners voluntarily participated in interviews. A semi-structured interview schedule was created to guide the interviews with practitioners. Interviews lasted between 20 and 60 minutes and were conducted over the

telephone or face-to-face. With the permission of participants, all interviews were taped and later transcribed for analysis purposes.

Trial Sites

The Common Approach was trialled at four diverse sites around Australia:

1. Interrelate, Lismore, New South Wales;
2. Northern Connections, Adelaide, South Australia;
3. Gippsland Lakes Community Health , Victoria; and
4. Rockingham Kwinana Division of General Practice, Western Australia.

Evaluation Findings

The evaluation highlighted a number of key findings, including:

- The Common Approach was most successful in the site providing (secondary) child and family services and comprising an existing organisational structure to support service delivery, and tool promotion and usage.
- Implementation success also depends upon visible, high-level support for The Common Approach from management.
- The Common Approach was most frequently used as an instrument for initial assessment via conversations.
- The Common Approach was most frequently used by secondary service practitioners who felt competent in engaging families in conversations to identify support needs.
- Many universal service practitioners displayed a reluctance to embrace an expanded role in child protection and wellbeing. Some reasons suggested for this include anxiety about their level of competence, and concern about what to do if a problem is identified and appropriate services are not available.
- The most popular Common Approach resource was the question booklet for young people
- There was a clear need for ongoing training and support. An intensive training model comprising follow up shortly after initiation and ongoing support through mentoring and collegial discussion appeared the most effective.

[Using the Common Approach in Education \(2015\)](#)

The data in this report included training participation registers, online survey data (the Pre-Training Survey, the Progress and Impact Survey, and the Workshop Evaluation Survey), qualitative

interviews with training participants, ARACY and South Australia Department of Education and Child Development teleconferences, and steering group meetings.

Key findings – Staff practice and confidence to identify strengths and needs

- 60% of survey respondents reported that using the Common Approach had increased their ability to identify families' strengths and needs.
- Respondents reported that using the Common Approach had strengthened relationships with their clients in addition to strengthening relationships with other agencies.
- Using the Common Approach decreased the time required to identify causes of a child/young person's behaviour.
- Lack of confidence in talking to parents about how their family situation was impacting on the children.

Key findings in overall staff perception and practice

- 60% of people who completed the training believe that the resources are culturally appropriate
- Importance of using appropriate language when using the approach, particularly with Aboriginal families was emphasised
- Close to 50% of people stated that they have not used the approach since receiving the training. This uptake rate can be attributed to
 - Lack of time
 - Incongruence between Common Approach and current way of working
 - Little encouragement by colleagues/management
 - No/little follow up support
 - High staff turnover
- The Common Approach is a way of translating theory into practice
- A long-term vision is required for this type of practice change

Key findings in 'Role legitimacy'

- Prior to training, more than 50% of people believed it was only appropriate to ask about areas of wellbeing they could help with directly.

- Common Approach practices facilitate increase in legitimacy of addressing holistic wellbeing needs.
- Completion and comparison of the young person question booklet and the parent question booklet with a family is an effective technique to increase practitioners' perception of role legitimacy.

Key findings – Staff practice regarding further support

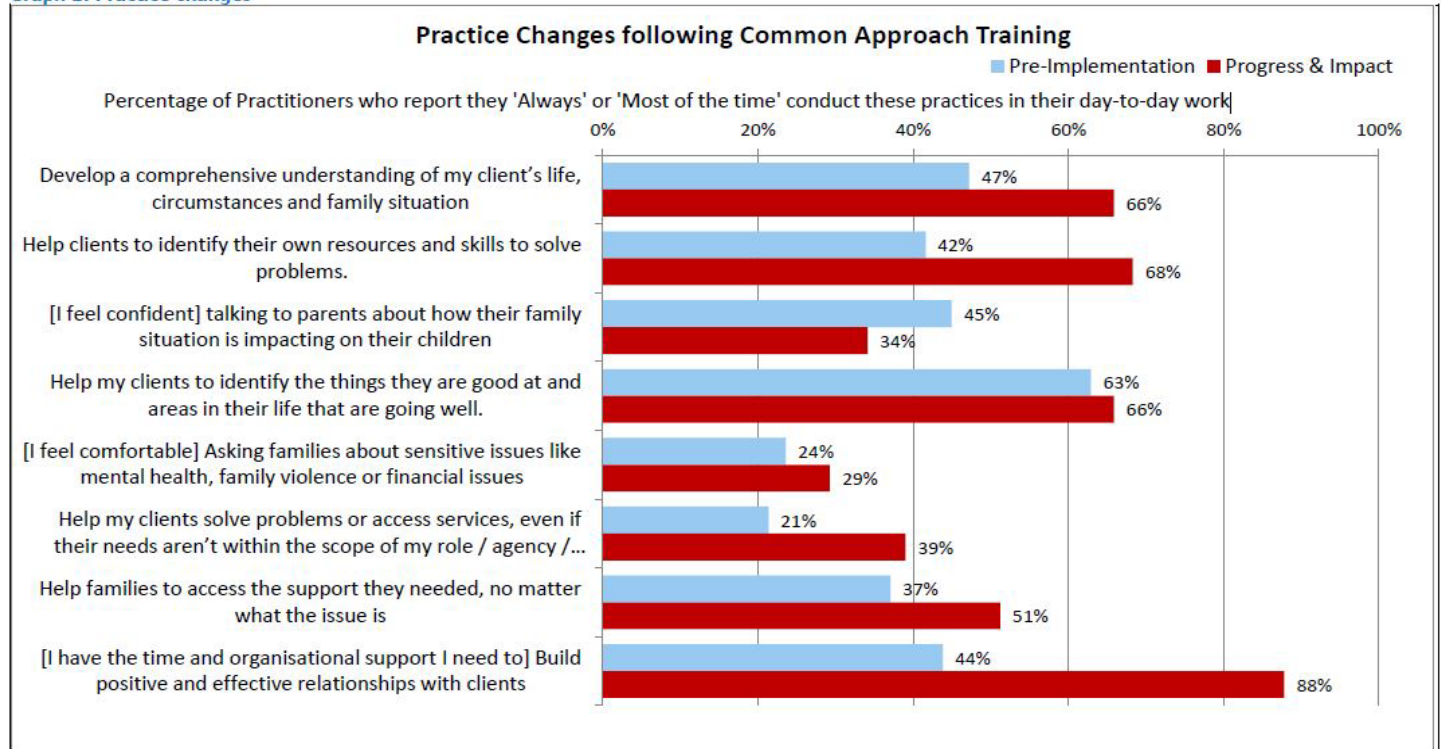
- Increase in percentage of staff who, after receiving Common Approach training:
 - Believe that linking-in families to local services or community support is part of their role; and
 - Reported that they help families access services even if the family's needs are outside of the scope of their role or organisation.
- Nearly half of the respondents reported that using the Common Approach has encouraged them to make more referrals to informal services and supports in the community. In Common Approach language, these are referred to as part of negotiated 'next steps'.
- The Common Approach allows a consistent framework for communication between practitioners/organisations.

Key findings – Site support

- The Common Approach was seen as important in the majority of workplaces.
- 56% of respondents stated they have discussed how using the approach could change/has changed their practice with colleagues or supervisors.
- 44% of survey respondents reported no changes have been made at their place of work to encourage the use of the Common Approach.
- Suggestions to increase site support include:
 - Increase of promotion/awareness;
 - Dedicated time within roles to share information related to the approach; and
 - Follow up from an external person after the training workshops.

Summary of practice changes following Common Approach training

Graph 1: Practice changes



The Common Approach Questions

The conversational approach used in The Common Approach involves ensuring accurate information is elicited from the young person, and potentially also from their family. Within the resource suite, resources include example questions to ask the child, young person or their parents or carers. The phrasing of the questions is informed by the four practices of the Common Approach as much as possible i.e. they are phrased in a strengths-based, child centered and collaborative way covering all wellbeing areas.

The questions used in the resources, namely the booklets and reference wellbeing wheels were created by ARACY staff via desktop research as well as through consultation with experts in the wellbeing areas to ensure appropriate questions in terms of content and specific terms used.

In addition to the limited number of questions in the resources, an ever-evolving question bank exists, created and continually updated by the individuals who receive Common Approach training around Australia. Participants in Common Approach training come from all sectors that involve children and young people including Education, Health and Community Services. As part of the training, participants create their own questions, covering all six wellbeing areas. These questions are then compared with the existing bank of questions and novel questions are added to the bank.

The questions are used in a variety of ways, informing much of ARACY's work and a number of our partner's work. For example, '[ei Pulse](#)' which measures student's wellbeing in an online and real time way, uses questions from the Common Approach question bank.

2) Research base of each of the four practices and 3) 'best practice' evidence

The following combines the second and third levels of the evidence – exploring the research base of each of the four practices and the 'best practice' evidence – demonstrating where all four practices are utilised throughout various settings and sectors.

The below highlights the evidence of each practice's mechanism of change and their role in beneficial outcomes for children, young people and their families. It is important to note that it is not a critical analysis.

A review of the literature and existing online resources was undertaken to:

- define each practice;
- provide examples of its use within education, health and child safety policy; and national Australian strategies relevant to children, young people and their families;
- outline study findings that show how and in what way, these practices enhance and provide beneficial outcomes for children, young people and their families; and
- provide links to further resources.

It is important to note that the examples and studies provided use a combination of each of the practices, so it is difficult to extrapolate which particular practice-type affects what specific outcomes. This reflects the conceptual overlaps of each practice-type, and the way they are intricately linked and support each other.

Disclaimer: ARACY does not endorse any particular model presented in this report. Searches were conducted throughout September 2021 to February 2022 and only studies published after 2010 were considered.

Child-centred practice

What is child-centred practice?

Child-centred practice involves prioritising the child above all else. It has many conceptual overlaps with strength-based and holistic practices.

There are multiple tensions and balancing mechanisms when implementing a meaningful child-centred approach (Langford, 2010). This includes, placing equal consideration on the important role adults play in children's lives, and the expertise they can bring to interactions; and the relevance and

appropriateness of applying a child-centred approach within non-Western contexts (Hammell, 2013), which can involve complex and nuanced concepts of the self, community, and kinship.

Outlined below are common conceptions of child-centred practices as highlighted within the literature and other relevant theories and approaches.

Common conceptions of child-centred practices

- People are innately capable of growth and self-enhancement and are the primary agent of change in their lives (Ray et al., 2015).
- Placing children and young people at the centre of decisions made about them (Bastian et al., 2021).
- Ensuring children and young people are 'visible' when decisions are made (Bastian et al., 2021; McLoughlin et al. 2020), are directly engaged with (Atwool, 2020), are non-judgementally listened to (McLoughlin et al., 2020) and their participation is underpinned by their human rights (Create Foundation, 2020; Atwool, 2020).
- Implemented in accordance with child development considerations (Bastian et al., 2021) and using inclusive, non-judgemental, respectful and child friendly communication (Create Foundation, 2020; McLoughlin et al., 2020).
- Enhancing, resourcing and prioritising relationships with family and community (Bastian et al., 2021; Create Foundation, 2020).
- Using a strength-based approach (Create Foundation, 2020).
- Occur in the context of culturally safe spaces (Create Foundation, 2020; Atwool, 2020).
- Consider the 'whole child', addressing power dynamics and aspects of identity, culture and belonging (Atwool, 2020), and placing their safety and wellbeing at the forefront across multiple domains of a child's life (McLoughlin et al. 2021).

Relevant theories and approaches

Standpoint theory A methodology that involves the repositioning of the researcher/practitioner to reflect on the worldview of the marginalised and those who hold less power (e.g., as reflected in the MOR Framework on child poverty; Bessell et al., 2021).

Person-centred philosophy Overlaps with strength-based approach in that the premise is that individuals are innately capable of growth and self-enhancement and are the primary agent of change. This process can be obstructed due to external/environmental factors (Ray et al., 2015).

Human Rights approach The premise that children have the innate right to self-determination as articulated in the Convention of the Rights of the Child (Article 12):

1. State Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.
2. The child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body.

Child-centred practice and the Common Approach

Although the term 'child-centred' is used within the Common Approach, the concept relates to 'student-centred', 'patient-centred', 'client-centred', and 'person-centred.'

The Common Approach facilitates child-centred practices in the following ways:

- Prioritising the child's wellbeing above all else
- Reading non-verbal language
- Letting the child lead interactions
- Listen to the child/young person regardless of perceived barriers e.g. age
- Assist the child/young person to have a voice in decision making
- Re-orientate the conversation to help others to see from the child's perspective
- Provide the child/young person with appropriate information in a meaningful way

Child-centred practice in education settings in Australia

Framework/Strategy Name	Child-centred practices	Reference
Our Time, Our Place: Framework for School Age Care in Australia And Belonging, Being and Becoming: The Early Years Learning Framework for Australia	Both frameworks places children's learning in the centre, with underlying principles, practices and learning outcomes. Relevant principles include having <i>secure, respectful and reciprocal relationships</i> with children.	Australian Children's Education & Care Quality Authority (ACECQA)
National School Improvement Tool	Differentiated teaching and learning is one of the nine domains of the tool, identifying the importance of addressing the needs of individual students.	Australian Council for Education Research (ACER)
Victorian Early Years and Development Framework	The framework places children at the centre, specifically identifying the Ecological Model as a framing device.	Department of Education and Training (Victoria)
Building on Strength Statement	Highlights supporting school leadership to form a 'student-centred' environment.	Department of Education (Western Australia; WA)
Education NT Strategy	Places the child at the centre of the strategy, surrounding by seven system priorities.	Department of Education (Northern Territory; NT)
Future of Education Strategy and Set up for success: An Early Childhood Education Strategy for the ACT	One of the key foundations of the Strategy is placing children at the centre.	Australian Capital Territory (ACT) Education Directorate
It Takes a Tasmania Village: Child and Youth Wellbeing Strategy	Recognising the individuality of children and young people and treating them without discrimination and with respect; and providing children and young people opportunities	Tasmania Government

	to explore topics that interest them in a manner that supports learning and reduces anxiety – are two core principles underlying the Strategy.	
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Note: This summary is based on a desktop review, without direct consultation with Departments. It is intended to demonstrate examples of the four practices within standards, strategies and plans, and is not a comprehensive and up-to-date analysis of the practices within policy.

Evidence supporting child-centred practice in education settings

Learner-centred or student-centred practices encompass an array of approaches to teaching and educating (Chung & Walsh, 2000; Bremner, 2021). This means that the literature on evidence of using child-centred practice in education is composed of differing uses of the term and teaching practices (Bremner, 2021), which Bremner (2021) condensed into six categories: 1) Formative Assessment, 2) Adapting to Needs, 3) Autonomy, 4) Power Sharing, 5) Relevant Skills and 6) Active Participation.

Out of the six distilled categories, ‘Active participation’ was the most referenced type of teaching approach within the literature regarding learner/student-centred education and formative assessment the least. It is hoped that improvements in the articulation and categorisation of learner-centred practices will better inform evaluations and impact research on the effectiveness of these approaches.

National Principles for Child Safe organisations

The National Principles for Child Safe organisations were endorsed by the Council of Australian Governments (COAG) in 2019. Drawing upon the findings from the Royal Commission into Institutional Responses to Child Sexual Abuse, they outline child safety standards for institutions that conduct child-related work. Conceptually, they place the child at the centre (see Figure 5) and are underpinned by a child-rights and -centred approach.



Figure 1 National Principles for Child Safe Organisations see [About the National Principles \(humanrights.gov.au\)](https://www.humanrights.gov.au/about-the-national-principles)

Health policies, and child safety and protection professional standards

Framework/Strategy Name	Child-centred practices	Department
National Action Plan for the Health of Children and Young People	Keeping children and young people at the centre is identified as an 'operational enabler' of the Strategy.	Australian Government Department of Health
National Children's Mental Health and Wellbeing Strategy	Being ' child-centred ' is one of the underlying principles of the strategy - giving priority to the interests and needs of children.	Australian Government
Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24	Objective 5.4 of the Plan is 'provide inclusive, family-centred , culturally respectful and age-appropriate care.	New South Wales (NSW) Health
Strong body, strong minds – stronger youth: Health Policy 2018-2023	Being person-centred is one of the guiding principles of the Policy.	Department of Health (WA)
Practice Framework Standards for child protection and out of home care practitioners	Standard 1: Enacting children and young people's rights. Apply the conventions and charters that outline children's rights. Act as an ally and advocate for the child. Recognise that each child is an	Department of Communities and Justice (NSW)

	<i>individual</i> with their own experiences, but that they exist and belong within relationships.	
SAFER children framework guide	<i>Be child-centred</i> as one of the core Practice principles. The child or young person is the client of child protection and must <i>be kept at the centre</i> of all casework, actions and decisions. Client-centred work is grounded in the importance of rights, dignity, individual choice, empowerment and self-determination.	Department of Families, Fairness and Housing (Vic)
Strengthening families, protecting children: Framework for Practice: Foundational Elements	<i>Participation</i> as a core value: Recognising recognise that child protection interventions are more likely to lead to meaningful and lasting change when children, young people, parents and their networks are active participants in assessment, planning and decision-making processes. The expression ' <i>Nothing about us, without us</i> ' captures this commitment to ensuring that, to the greatest possible extent, any planning about the family is done with the family.	Department of Child Safety, Youth and Women (Qld)
Better Care, Better Services: Safety and quality standards for children and young people in protection and care	Standard 2: Children and young people, and those important to them, are continually engaged to <i>participate</i> in planning and decision-making that impacts on their lives and their future. Standard 4: Children and young people's needs are met through <i>individualised assessment and child focused practices</i> , encompassing all aspects of their lives and wellbeing. Standard 7 Children and young people are supported and <i>empowered to know their rights</i> , raise their concerns,	Department of Communities (WA)

	and have these responded to and resolved in a timely manner. Standard 9: Organisations are child-focused and accountable.	
Child Safety Practice Framework	Child-centred and culturally responsive as core values. A child-centred approach means that the child or young person's voice, needs, safety and wellbeing are central to everything we do. Children, young people and families do better when they are placed at the centre of their own care and can develop a strong sense of identity and belonging.	Department of Communities (Tasmania; Tas)
Our Practice Standards: Child and Youth Protection Services	Practice Standard 1: Child- and youth-centred Ensuring the best interests of children and young people are at the centre of practice.	Community Services Directorate (ACT)

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Aboriginal and Torres Strait Islander Child Placement Principles

Ensuring the participation of children, parents and family members in decisions regarding the care and protection of their children forms one of the five core principles underlying the placement of Aboriginal and Torres Strait Islander children. These Principles underpin systems reform to reduce the overrepresentation of Aboriginal and Torres Strait Islander children in out-of-home care, as outlined with the National Framework for Protecting Australia's Children 2021-2031. See [The National Framework for Protecting Australia's Children 2021 2031 | Department of Social Services, Australian Government \(dss.gov.au\)](https://www.dss.gov.au/national-framework-for-protecting-australia-s-children-2021-2031).

Evidence supporting child-centred practice in health, child safety and family support settings

Child-centred practices among social workers and child protection practitioners - facilitators and barriers

Facilitators of child-centred practice among child protection practitioners have been shown to include (Bastian et al., 2021):

- Training in and knowledge of child development and attachment research and theories, and recognising and responding to impacts of trauma
- Intuitive reasoning based on professional and personal experiences

- Processes and systems that facilitate and enable building professional relationships (with the young person and other professionals and specialists) and provide spaces and opportunities for reflection and deliberation.

Enabling participation

In the context of disaster management, participation of children and young people have resulted in them highlighting nuanced and practical solutions to recovery efforts not previously considered and had mental health benefits, providing an opportunity to emotionally process traumatic experiences (Mort et al., 2020).

Regarding participation more broadly, see [ACYP | Participation Guide 2019 \(nsw.gov.au\)](#) and [Best Practice Guides - CREATE Foundation](#) for resources on ensuring children's rights in shared decision making and meaningful participation. Consultations with young people outlined six principles for meaningful youth engagement initiatives and approaches (Moody et al., 2021).

1. Diverse and inclusive
2. Youth-led and supportive
3. Action-oriented
4. Collaborative
5. Rewarding
6. Fun and engaging

Child-centred play therapy

Child-centred play therapy (CCPT) is based on person-centred theory; creating a supportive and non-threatening environment where children can re-establish self-enhancement processes (Ray et al., 2015). Meta-analyses show support for the effectiveness of child-centred play therapy, including but not limited to externalising problems, internalising problems, self-efficacy, academic outcomes (Lin et al., 2015; Ray et al., 2015), global behaviour problems, and caregiver-child relationship stress (Lin et al 2015) and among with children with Autism Spectrum Disorder (Hillman, 2018). There is also emerging research in support of its use among young people who have experienced trauma (Humble et al., 2019).

Other child-centred health interventions

- Mixed but emerging evidence supporting use of child-centred intervention programs for children with parents with cancer, with a positive impact on cancer-related worries and depression (Niemela, 2012).
- Systematic review showed that adult health services providing patient-centred care and promoted autonomy was important for facilitating the transition from paediatric healthcare services (Doug et al., 2011).
- Systematic review showed shared-decision making interventions in paediatric care had a significant effect on patient/parent-centred outcomes such as improved parent knowledge and reduced parent decisional conflict (Wyatt et. al., 2015). A study on the effect of self-reported shared-decision making within youth mental health services by patient (child) and parent showed a positive association on patient psycho-social outcomes when both patient (child) and parent reported shared-decision making (Edbrooke-Childs et al., 2016).

Strengths-based practices

What is strength-based practice?

Strength-based practice subverts the paradigm of how support and care services build capacity and enhance opportunities for individuals, families, groups, and communities. The central premise is a focus on strengths and capabilities as levers for change, rather than the more traditional approach of service delivery and provision of support which is structured around identifying and addressing deficits. It is often underscored and discussed in relation to a set of principles outlined below.

Principles of strength-based practice

- All individuals, families, groups and communities have strengths and capabilities which determine their potential for growth, development and change.
- Change is inevitable – people seek opportunities for positive change and have an inherent capacity to learn and grow.
- People are the expert on their own lives, and are more comfortable initiating change when starting from knowledge and positions with which they are already familiar.
- The community is a rich source of resources.
- Effective change is a collaborative, inclusive and participatory process.
- Positive change occurs in the context of authentic relationships.
- The focus of the mechanisms for change (whether strength- or deficit-based) and language used informs one's reality.
- Capacity building is a process and a goal – a life-long journey that is dynamic not static.

(Adapted from Scerra, 2011; Resiliency Initiatives, 2011).

Strength-based practices are closely aligned the following models and theories of behaviour.

- **Resiliency** broadly conceptualised as the ability to respond to, endure, and adapt to conditions of chronic stress or acute crises (Martin-Breen & Anderies, 2011).
- **Positive psychology** is a redirection of the psychological discipline from pathology to the positive subjective experiences, individual traits, and institutions that prevent negative outcomes and foster people's capacity to thrive (Seligman & Csikszentmihalyi, 2000).
- **Self-determination theory** posits that three types of psychological needs must be met and supported for people to thrive — *competence* (belief in one's effectiveness and efficiency), *autonomy* (self-belief that actions and behaviours are self-determined and aligned with internal beliefs), and *relatedness* (sense of social connectedness, belonging and feeling valued) (Ryan & Deci, 2000, 2007).

Research has shown a range of factors (i.e. strengths) are associated with resilience in children and young people, helping them to achieve positive outcomes in the face of adversity (National Scientific Council on the Developing Child, 2015a,b).

- (1) providing supportive adult-child relationships;
- (2) scaffolding learning so the child builds a sense of self-efficacy and control;
- (3) helping strengthen adaptive skills and self-regulatory capacities; and
- (4) using faith and cultural traditions as a foundation for hope and stability.

Further, the Healthy Outcomes from Positive Experiences (HOPE) Framework further develops the positive experiences in a child or young person's life that evidence shows results in positive outcomes (Burstein et al., 2021). It comprises four 'building blocks' – or key positive childhood experiences and their sources:

1. Relationships within the family and with other children and adults through interpersonal activities.
2. Safe, equitable, stable environments for living, playing, learning at home and in school.
3. Social and civic engagement to develop a sense of belonging and connectedness.
4. Emotional growth through playing and interacting with peers for self-awareness and self-regulation.

Hence supporting the notion that there are positive characteristics that can, if nurtured and fostered within programs and interventions, enhance children and young people's ability to negotiate life challenges.

Strength-based practices and the Common Approach

The Common Approach utilises strength-based practices by facilitating the identification of strengths and emphasising positives, in order to examine and assist with areas of need. This includes:

- Creating and enhancing positive child experiences
- Normalising someone's concerns e.g. some people tell me.
- Reframing the issue to see it from a more positive angle.
- Identifying exceptions to patterns and building from there.
- Externalising, so the behaviour is separated from the person.
- Developing a positive picture of the future to combat helplessness.
- Noticing change and celebrating positive steps, even small ones.

Strength-based practices in education settings

Framework/Strategy Name	Strength-based practices	Reference
Our Time, Our Place: Framework for School Age Care in Australia	One of the key practices of the Framework, 'Collaboration with Children', is underscored by educators being responsive to all children's strengths , abilities and interests.	ACECQA
Belonging, Being and Becoming: The Early Years Learning Framework for Australia	One of the key practices of the Framework, 'Responsive with Children', is underscored by educators being responsive to all children's strengths , abilities and interests.	ACECQA

National Aboriginal and Torres Strait Islander Early Childhood Strategy	Goal 4 ‘Grow up in safe, nurturing homes, supported by strong families and communities’ recognises the importance of working with families and communities to build on their strengths and supports to ensure children grow up safe, free from harm and neglect.	SNAICC and the Australian Government
National School Improvement Tool	Schools adopting a strengths-based approach to recognising, valuing and building on students’ existing knowledge and skills is one of the outlined considerations in assessing the domain ‘Systematic curriculum delivery’.	ACER
School Excellence Framework	Student reports containing information that outlines students’ strengths , growth, and learning progress is listed within the Framework as an important element of the ‘Learning Domain’.	NSW Department of Education
Victorian Early Years and Development Framework	Under the Practice Principle of ‘High Expectations for Every Child’ - early childhood professionals: value children’s strengths and differences and communicate high expectations to them.	Department of Education and Training (Victoria)
Building on Strength Statement	A statement supporting the strategic directions of the Department 2020-2024, it highlights an “increase our focus on creating culturally responsive classrooms that build on the strength of Aboriginal students, engage them in learning and enable them to thrive academically and socially.” And “Culturally responsive schools draw on the diversity and strengths of local communities to create opportunities to work	Department of Education WA

	collaboratively with them to set directions for students.”	
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Note: This summary is based on a desktop review, without direct consultation with Departments. It is intended to demonstrate examples of the four practices within standards, strategies and plans, and is not a comprehensive and up-to-date analysis of the practices within policy.

Evidence supporting strength-based practices in education

Strength-based learning strategies

The use of strength-based self-regulated learning strategies, rather than deficit-based self-regulated learning strategies, has been associated with positive outcomes regarding perceived self-competence and motivation (Hiemstra & Yperen, 2015). Further, integrating a strength-based approach within a personalised learning model for school students provided higher academic achievement outcomes across multiple subjects compared with a matched comparison group (McCarthy et al., 2020). More broadly, a systematic scoping review on positive psychology-based schooling programs (strength-based positive schooling interventions) showed mixed results, but promising associations with student well-being and emotion outcomes (Kumar & Mohideen, 2021).

Strength-based approaches in education settings among Aboriginal and Torres Strait Islander children and young people

The Stronger Smarter Institute stresses the importance of a strength-based approach in the classroom among Aboriginal and Torres Strait Islander students – highlighting the importance and evidence surrounding educators having high expectations of their students, facilitating self-belief and creating an equitable classroom environment in which everyone can participate.

See [Strength-Based Approaches | Stronger Smarter](#)

Strength-based practices in child safety and family support settings

Health policy, and child safety and protection professional standards

Framework/Strategy Name	Strength-based practices	Department
National Action Plan for the Health of Children and Young People	Consideration of strength-based approaches to child and youth development.	Australian Government Department of Health
National Children's Mental Health and Wellbeing Strategy	Being ' strengths-based ' is one of the underlying principles of the strategy – 'All services have a perspective that builds on child and family strengths, to inform a holistic and family-centred approach.'	Australian Government
Strong body, strong minds – stronger youth: Health Policy 2018-2023	One of the outcomes of the Policy includes 'Health professionals use a strengths-based approach to foster resilience and enhance protective factors for optimal mental health.'	Department of Health (WA)

Practice Framework Standards for child protection and out of home care practitioners	Standard 1: Enacting children and young people's rights. <i>Explore, recognise and celebrate the child's individuality and diversity.</i>	Department of Communities and Justice (NSW)
SAFER children framework guide	<i>Be strength-based</i> as one of the core Practice principles. A strengths-based approach maximises collaboration to enact a plan. Finding, calling out and building on strengths within a family offers the greatest chance of achieving safety (remember, safety is strengths demonstrated as protection over time).	Department of Families, Fairness and Housing (Vic)
Strengthening families, protecting children: Framework for Practice: Foundational Elements	<i>Strengths and solutions</i> as a core value: Recognising that everyone we work with — children, young people, families and carers — has a reservoir of strengths, resilience and abilities that can be drawn on to facilitate change. Children and families have the capacity to find their own solutions and, with meaningful support, can create a vision of change and identify the steps necessary to achieve that change. We are committed to working collaboratively with families, their networks and communities and our partner agencies to identify and build on each family's strengths; to elicit a shared vision of future safety, belonging and wellbeing for children; and to support families in creating that future.	Department of Child Safety, Youth and Women (Qld)
Our Practice Standards: Child and Youth Protection Services	Practice Standard 7: Culturally responsive practice with culturally and linguistically diverse communities. Ensuring practice is culturally responsive and recognises	Community Services Directorate (ACT)

	culture as a source of strength and resilience .	
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Note: This summary is based on a desktop review, without direct consultation with Departments. It is intended to demonstrate examples of the four practices within standards, strategies and plans, and is not a comprehensive and up-to-date analysis of the practices within policy.

Evidence supporting strength-based practices in health, child safety and family support settings

Child safety, welfare and family support programs

A systematic review of strength-based approaches used in the child welfare system showed that strength-based skills enabled social workers to better collaborate, build a relationship with families, and empower families (Toros & Falch-Eriksen, 2021). For example, parents/caregivers' perception of strength-based practices by child welfare caseworkers was positively associated with greater levels of endorsement for and use of caseworker services (Kemp et al., 2014).

There is also further evidence to suggest that applying a strength-based approach can improve program retention. A strength-based intervention provided to homeless young people was associated with lower service attrition rate compared with provision of care as usual. Positive-oriented goals were more likely to be achieved within the intervention compared with problem-based goals within the care as usual service (Krabbenborg et al., 2017).

Being strengths-based and fostering self-determination was also highlighted in a systematic scoping review on parenting programs among Indigenous families impacted by substance abuse, as a key feature of those producing successful outcomes (Ritland et al., 2020). Regarding parenting more generally, adolescent and parent/caregiver perceptions of the use of a strength-based approach to parenting was significantly associated with adolescent life satisfaction (Waters, 2015), showing the potential of approaches and programs to impact adolescent wellbeing through focusing on this parenting skill.

Health related interventions

- Interventions that required people to reflect on character strengths were positively associated with increased mental health and wellbeing (Duan, 2016; Duan & Bu, 2019; Duan et al., 2013, 2019; Gander et al., 2013; Proyer et al., 2015, Yan et al., 2020).
- A systematic review of strength-based interventions for people with serious mental illness showed emerging evidence of improving outcomes such as hospitalisation rates, employment/education attainment, and intrapersonal outcomes such as self-efficacy and a sense of hope (Tse et al., 2016).
- A systematic review of strength-based interventions among young women aimed at sexual health prevention showed promising results on its effect on risky sexual behaviours and measures of resiliency (LoVette et al., 2019).
- Integrating a strength-based approach with a standard psychiatric care model in an acute inpatient unit showed promising results in improving patient symptoms, the culture within the unit, and patient, family and staff satisfaction (Sams et al., 2016).
- A meta-analysis of strength-based solutions-focused brief therapy showed a significant effect on patients' health-related psycho-social outcomes (Zhang et al., 2018).

Partnership practice

What is partnership practice?

Partnerships between service providers and practitioners

Working in partnership involves “an agreement between people who work together to achieve a joint outcome” (Davis et al 2002 cited in Fowler, Rossiter, et al., 2012, p.3307) and it “presupposes the need for joint decision-making and collaboration.” (Fowler, Rossiter, et al., 2012, p.3307).

In the context of working with children, young people and their families, partnerships between practitioners are most commonly referred to in relation to supporting people with disability and additional needs, and vulnerable people that have experienced abuse or trauma, and children and young people that require support from multiple specialist, practitioners and service providers (Flottman et al., 2011).

Partnerships between service providers and practitioners are often defined by the level of collaboration that exists within relationships. The distinction between the two has been described as:

Partnership [as] a state of relationship, at organizational, group, professional or inter-personal level, to be achieved, maintained and reviewed.

Collaboration [as] an active process of partnership in action.

Whittington, 2003, p.14

Drivers for collaboration and partnership include (ARACY, 2013):

- reduction of duplication and overlap;
- accessing limited resources and expanding opportunities;
- increasing efficiency and effectiveness;
- organisational legitimacy; and
- resolving intractable social problems and completing complex projects.

Although partnerships of course look different in varying contexts, in terms of whether existing between individuals and organisations, or the length of time a partnership exists, collaboration generally involves the following characteristics (ARACY, 2013):

- Dense interdependent connections, high trust
- Frequent communication
- Tactical information sharing
- Systems change
- Collective resources
- Negotiated shared goals
- Power is shared between organisations
- Commitment and accountability to network first then community and parent organisation
- Relational timeframe—long term (3 years)

- High risk/high reward

Partnerships with families, communities and beneficiaries

Partnerships between service providers and consumers/beneficiaries comprise a different dynamic than between service providers and professionals. Both, however, involve a similar goal of working collaboratively to achieve a goal. It denotes a shared respect and valuing of knowledge between two or more parties, usually in relational contexts where there have historically been power imbalances in how decisions are made, such as between:

- medical practitioners, patients and their family members/carers;
- educators and families; and
- program and service providers/funders/designers/consultants/practitioners, and program beneficiaries and their local communities.

The use of partnerships practices challenges traditional models of care and service provision (Fowler, Rossiter, et al., 2012; Hopwood, et al., 2013; Rossiter, et al., 2011), redefining the role of the professional/practitioner, and the families with which they work (Day, 2013; Fowler, Rossiter, et al., 2012; Rossiter, et al., 2011). Given this, it can require courage from professionals and the support of leadership within organisational structures to implement (Day 2013; Fowler, Rossiter, et al., 2012; Rossiter, et al., 2011).

Partnerships and the Common Approach

The Common Approach empowers young people and their families to work collaboratively with professionals and sectors, and for professionals to work together across disciplines and sectors. Its training and resources achieve this by facilitating:

- shared decision-making power;
- the recognition of complementary expertise and role;
- seeing yourself as a 'helper' not a 'fixer'
- the negotiation of disagreements;
- mutual trust and respect;
- openness and honesty; and
- presenting a quiet enthusiasm.

Partnerships in education settings

Framework/Strategy Name	Partnerships with families and communities	Partnerships with other service providers	Reference
Our Time, Our Place: Framework for School Age Care in Australia	Partnerships is one of the underlying Principles of the Framework, including families, schools and local communities.	Partnerships is one of the underlying Principles of the Framework, including families, schools and local communities; and educators, families and support professionals working together to involve children with additional needs.	ACECQA
Belonging, Being and Becoming: The Early Years Learning Framework for Australia	Partnerships is one of the Principles of the Framework, specifically between educators and families.	Partnerships is one of the Principles of the Framework, including partnerships between educators, families and support professionals working together to support young children with additional needs.	ACECQA
National Aboriginal and Torres Strait Islander Early Childhood Strategy	One of the main goals is 'Children, families and communities are active partners in building a better service system'.	Identified opportunities to meet the goal 'Aboriginal and Torres Strait Islander children are born healthy and remain strong' include: Develop stronger partnerships between government, the early childhood, care and development sectors and Aboriginal Community-Controlled Health Services ACCHS to support culturally-safe and tailored health services that respond to community need. Strengthen partnerships with the NDIS to support improved access to, and utilisation of, culturally-safe disability supports and services to Aboriginal and Torres Strait Islander children with developmental delay and disability and their families.	SNAICC and the Australian Government
National School Improvement Tool	School-community partnerships is one of the nine domains of the tool. This includes ways	School-community partnerships is one of the nine domains of the tool. This includes ways	ACER

	schools enhance student learning and wellbeing by partnering with parents and families.	schools enhance student learning by partnering with other education and training institutions, local businesses and community organisations.	
School Excellence Framework	Partnerships with parents and community during transition points; teachers working with parents and the community to ensure attendance; form elements of the Learning Domain of the Framework. Community engagement; community use of facilities; ensuring community satisfaction form elements of the Leading Domain of the Framework.		NSW Department of Education
Framework for Improving Student Outcomes (FISO) 2.0	Strong relationships and active partnerships between schools and families/carers , communities, and organisations to strengthen students' participation and engagement in school - is one of the dimensions under the core element of the Framework "Engagement".	Strong relationships and active partnerships between schools and families/carers, communities, and organisations to strengthen students' participation and engagement in school - is one of the dimensions under the core element of the Framework "Engagement".	Department of Education and Training (Victoria)
Victorian Early Years and Development Framework	Partnerships with Families forms one of the Practice Principles informing the Framework.	Partnerships with Professionals forms one of the Practice Principles informing the Framework.	Department of Education and Training (Victoria)
Parent and Community Engagement Framework	Partnerships with parents forms one of the key elements of the Framework.	Community collaboration forms one of the key elements of the Framework.	Queensland Department of Education
Building on Strength Statement	A statement supporting the strategic directions of the Department 2020-2024, it highlights strengthening the support to schools to be culturally responsive to Aboriginal students and to build strong partnerships between families and the school .	A statement supporting the strategic directions of the Department 2020-2024, it highlights working in partnership with other government agencies and support services as an important goal for school staff at the local level, for regionally based staff and for central service leaders; as one of the	Department of Education WA

		ways to address the complex needs some children commence school with.	
Strategic Plan 2028	To partner with parents, carers, industry and employers to support children and young people's learning forms one of the key goals of the Strategic Plan.	To partner with parents, carers, industry and employers to support children and young people's learning forms one of the key goals of the Strategic Plan.	Department for Education (SA)
Education NT Strategy	Extend access to quality early learning to ensure all children are able to access two years of quality early learning in the years before school, following the Early Years Learning Framework and delivered by qualified staff in partnership with families ; forms one of the Strategic Actions under the Strategy's priority of Build the Foundations for Learning .	Follow and support the transition of students into secondary schooling and beyond into further education, employment or training, in partnership with local communities, industry, government and non-government organisations ; forms one of the Strategic Actions under the Strategy's priority of Support Successful Transitions Beyond Schooling .	Department of Education (NT)
Future of Education Strategy and Set up for success: An Early Childhood Education Strategy for the ACT	One of the four foundations of the Strategies is Strong Communities for Learning . Highlighting that a strong education system requires a strong community, with schools acting as a hub for education and support services. Recognising that teachers and school leaders work in partnership with families, support staff and other professionals, results in a reorientation of schools as multi-service environments. Practitioners, policy makers and system leaders must innovatively collaborate to ensure strong supports in and around schools.	One of the four foundations of the Strategies is Strong Communities for Learning . Highlighting that a strong education system requires a strong community, with schools acting as a hub for education and support services. Recognising that teachers and school leaders work in partnership with families, support staff and other professionals, results in a reorientation of schools as multi-service environments. Practitioners, policy makers and system leaders must innovatively collaborate to ensure strong supports in and around schools.	ACT Education Directorate
It Takes a Tasmania Village: Child and Youth Wellbeing Strategy	Underlying Principles of the Strategy involves working in partnership with Tasmanian Aboriginal people to ensure life outcomes for Tasmanian Aboriginal children and young people are equal to all Tasmanian children and youth.		Tasmania Government

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Evidence supporting school-family partnerships

Decades of research has shown that meaningful school engagement with families has beneficial effects on student outcomes. ARACY's [Parent and Family Engagement Implementation Guide](#) summarises key research supporting the importance of school-family and community partnerships in the academic and wellbeing outcomes of children and young people. It also provides practical advice for schools and case studies of best practice.

Evidence for Learning's systematic review on teaching and learning approaches found moderate impacts of [parent engagement](#) in their child's learning on learning outcomes, which is largely correlational in nature, with the specific mechanisms on how best to leverage school-family partnerships still to be understood, particularly in an Australian context. A review of evidence on the role of school-family partnerships showed that although there is ample support for their role in the educational outcomes of children and young people, further research is required on the role of these partnerships in the mental health and broader wellbeing outcomes of students and young children (Clancy et al., 2019).

Partnerships in Health, Child Safety and Family Support settings

Aboriginal and Torres Strait Islander Child Placement Principles

Ensuring the participation of community representatives in service design, delivery and individual case decisions forms one of the five core principles underlying the placement of Aboriginal and Torres Strait Islander children. These Principles underpin systems reform to reduce the overrepresentation of Aboriginal and Torres Strait Islander children in out-of-home care, as outlined with the National Framework for Protecting Australia's Children 2021-2031. See [The National Framework for Protecting Australia's Children 2021-2031 | Department of Social Services, Australian Government \(dss.gov.au\)](#).

National Agreement on Closing the Gap

Formal partnerships and shared-decision making is one of the reform areas under the National Agreement on Closing the Gap. It distinguishes between the implementation of:

- Policy partnerships: created for the purpose of working on discrete policy areas, such as education, health or housing.
- Place-based partnerships: based on a specific region, between government and Aboriginal and Torres Strait Islander representatives, and others by agreement, from those specific areas.

Under the agreement, the purpose of implementing these partnerships is to

- drive Aboriginal and Torres Strait Islander community-led outcomes on Closing the Gap
- enable Aboriginal and Torres Strait Islander representatives, communities and organisations to negotiate and implement agreements with governments to implement all Priority Reforms and policy specific and place-based strategies to support Closing the Gap
- support additional community-led development initiatives
- bring together all government parties, together with Aboriginal and Torres Strait Islander people, organisations and communities to the collective task of Closing the Gap.

See [National Agreement on Closing the Gap | Closing the Gap](#)

Health policy, and child safety and protection professional standards

Framework/Strategy Name	Partnerships practices	Department
Consideration of strength-based approaches to child and youth development.	Engaging in a collective effort is identified as an 'operational enabler' of the Strategy.	Consideration of strength-based approaches to child and youth development.
National Children's Mental Health and Wellbeing Strategy	Objective 2.2 of the Strategy is ' collaborative care - a model that relies on multiple service providers and family communicating about what a child needs.'	Australian Government
Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24	Building partnerships is one of the objectives of the Plan.	NSW Health
Strong body, strong minds – stronger youth: Health Policy 2018-2023	Being collaborative is one of the guiding principles of the Policy – 'Action on improving youth health will be the collective responsibility of multiple government and non-government organisations, communities, young people and their support networks.'	Department of Health (WA)
Practice Framework Standards for child protection and out of home care practitioners	Standard 2: Culturally safe practice with Aboriginal communities. Work alongside the child, family and community to build enduring safety, stability and cultural continuity for the child so that they are safe and thriving in community for a lifetime. Standard 8: Building relationships that support change . Approach your work with the child and family using partnership, acceptance, empathy and curiosity. Foster safe networks around the child and their family that will support them as they go through change and into the future.	Department of Communities and Justice (NSW)
SAFER children framework guide	Be relationship focused as one of the core Practice principles in enacting case plans. The key to effective work is the quality of the connection between the worker and client in a relationship that is 'the principle vehicle for change' (Turnell and Edwards 1999). In child protection, relationships must be built and maintained with a wide range of people including children, young people, parents, caregivers, community and agency partners.	Department of Families, Fairness and Housing (Vic)

Strengthening families, protecting children: Framework for Practice: Foundational Elements	<p>Participation and Partnerships as core values.</p> <p>Recognising that child protection interventions are more likely to lead to meaningful and lasting change when children, young people, parents and their networks are active participants in assessment, planning and decision-making processes. The expression ‘Nothing about us, without us’ captures this commitment to ensuring that, to the greatest possible extent, any planning about the family is done with the family.</p> <p>And, protecting children is everyone’s responsibility. To be effective in supporting families, we recognise that everyone who cares about the child — the extended network of family, friends and community, carers, government departments and NGOs — needs to work in partnership to build and maintain open, transparent and collaborative working relationships that lead to best outcomes for children and families. Genuine partnership recognises what each participant brings to the table and respects the expertise of others.</p>	<p>Department of Child Safety, Youth and Women (Qld)</p>
Better Care, Better Services: Safety and quality standards for children and young people in protection and care	<p>Standard 2: Children and young people, and those important to them, are continually engaged to participate in planning and decision-making that impacts on their lives and their future.</p> <p>Standard 3: Aboriginal children and young people are supported to maintain meaningful connections to their family, community, land, and culture in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle.</p>	<p>Department of Communities (WA)</p>
Child Safety Practice Framework	<p>Sharing responsibility and family and caregiver focussed as core values.</p> <p>Children, families and caregivers are supported by community and government services working together as a shared responsibility.</p> <p>And, working in partnership with families and caregivers helps to provide children with safety, stability and connection through relational continuity.</p>	<p>Department of Communities (Tas)</p>
Our Practice Standards: Child and Youth Protection Services	<p>Practice Standard 2: Relationship-based practice. Building relationships to create change.</p> <p>Practice Standard 4: Collaboration. Working collaboratively to address the complex needs, safety and wellbeing of children and young people.</p>	<p>Community Services Directorate (ACT)</p>

	Practice Standard 6: <i>Culturally responsive practice with Aboriginal and Torres Strait Islander Communities.</i> Working respectfully with Aboriginal and Torres Strait Islander families and partnering with them in making decisions.	
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Evidence supporting partnerships within case management and health systems

Much of this section is dedicated to the Family Partnership Model, which, given the depth of evidence supporting its use among children and families underscores much of the underlying principles and practices of the Common Approach. Although it's placed within the section on 'Partnerships', it is acknowledged that its design and implementation also reflects 'child-centred', 'strengths-based' and 'holistic' practices.

Family Partnership Model

The Family Partnership Model (FPM) was developed to frame training and service delivery practices, mainly in the child and family health sectors, to ensure meaningful partnerships with families and carers. In the context of service provision and the community more broadly, it highlights the links between the quality and skills of the 'helper' (i.e., service provider); the characteristics of parents and children; and the partnership between them all. Within the model, these factors impact the 'helping process'. The 'helping process' is a set of non-sequential tasks (Day, 2013); exploration, understanding, goal setting, strategy planning, implementation, review and ending. These tasks theoretically build and maintain partnerships, ensuring positive intended and unintended outcomes.

This model has been mainly used within early childhood services (e.g., child and maternal health), particularly among maternal health nurses, and in pre and post-natal home-visiting programs among disadvantaged communities. The mechanism for change is the relationship between practitioner and beneficiaries (families and children), building greater trust and clearer communication. A qualitative study on an intensive nurse home visiting program in South Australia that was based on FPM found

...the role of a trusting relationship between nurse and participant as well as shared decision-making was central to program engagement and led to participant perceptions of increasing control over their role as parents. However, a clear distinction was made by the mothers: that they engaged in a relationship, not a program.

Paton, et al., 2013, Abstract

On working with mothers that had experienced trauma and mental health issues:

*Trust had to be built-up and maintained before participants felt comfortable and safe enough to disclose their issues to the nurse without feeling judged...
[...]When a certain level of trust was established, participants were able to disclose and discuss their problems more openly.*

Paton, et al., 2013, p.195

Interviews with child and family health nurses that had been trained and worked within a FPM framework in Australia showed that it had (Rossiter, et al., 2011):

- Redefined their role and conceptualisation of expertise — increased their understanding that using a didactic approach to deliver information can be perceived by mothers as a judgement of their abilities, and can result in disengagement with health services. Instead, this is replaced with nurses drawing upon their knowledge to highlight existing strengths of the mother.

- Changed their practices — replacing passive provision of information with attentive listening, working gradually, building trust and inviting the mother/parent to come to solutions. This was anecdotally found to encourage longer-term engagement and therefore substantial changes in parenting attitudes and resources over time.
- Established new relationships with parents — relationships with their clients based on honesty, rapport, trust, and mutual respect.

An exploratory study on a partnership-based home visiting program (based on FPM) for mothers with depression in Australia similarly found that nurses repositioned from an expert and didactic based practice to ‘reciprocal learning’, through joint inquiry, video reflections and modelling (Fowler, Dunston, et al., 2012).

Clerke and colleagues (2017) and Hopwood and colleagues (2018) both examined the way FPM approaches drew upon nurses’ skills in promoting learning, in addition to interpersonal skills. Using case studies and observations, the table below shows the main components of the conceptual frameworks established by their studies.

Models of capacity-building and learning promotion within FPM practice

Capacity-building through partnership model (Clerke, et al., 2017)	Pedagogical framework for facilitating parent’s learning (Hopwood, et al., 2018)	
Locating and orientating change	Noticing (child, parent or parent-child interaction)	Intentions of these three steps involved: building on strengths, enhancing change strategies, or challenging unhelpful constructs
Creating new meanings for change	Attaching significant to what is noticed	
Joint live activity	Attributing agency - building capacity and confidence of parent/carer	
Planning for change		

Beneficial outcomes for families

Families and carers who received services from providers whose staff were trained and implemented in FPM were:

- more likely to use early childhood services (ECS) and rated their experiences of ECS higher (Taylor, et al., 2017)¹;
- greater improvement in perceptions of their relationship with their child and satisfaction with their role as parents (Sawyer, et al., 2013)²; and
- self-reporting that they were able to ‘read’ their child better and were able to more appropriately respond with greater sensitivity to their needs (Fowler, Dunston, et al., 2012)³

Tipa and colleagues (2015) also found emerging evidence of FPM model promoting culturally responsive practices in a New Zealand context.

¹Compared with parents that did not attend the child and family centres under examination (and trained in FPM).

² In comparisons to mothers in the control group that did not receive the two-year post-natal home visiting program based on the FPM.

³ Based on a small qualitative exploratory study, with no control or comparison group used.

Other health interventions and programs

Studies have shown the role in partnership approaches in the following outcomes.

- Associated with a reduced relapse rate in psychosis among schizophrenia patients (MacFarlane, 2016).
- Boosting community engagement in public health programs, resulting in improved health behaviours, public health planning, health service access, health literacy, and other health outcomes (Cyril et al., 2015). Mainly through better incorporating the voice and agency of indigenous and ethnic communities in the research protocol, real power-sharing, bidirectional learning, and needs assessment (Cyril et al., 2015). Another study similarly found the role of partnership approaches in enhancing the role of community participatory-research in health equity programs (Oeztel et al, 2018).
- Enhancing LGBTQI+ youth participation and collaboration in implementing community-identified policy, systems, and environmental change strategies to address inequities and injustices within health services (Sirdenis et al., 2019).
- A health and nutrition program informed by FPM (Health and Exercise Nutrition for the Really Young; HENRY) showed associations with increased parental self-efficacy around lifestyle change and parenting generally; and improved lifestyle habits such as increased consumption of fruit and vegetables, positive changes in mealtime behaviours and reduced screen time (Willis et al., 2013).

Evidence supporting partnerships within child safety systems

Child protection system inquiries in Australia and internationally have repeatedly highlighted strained relationships and poor coordination between child protection and child and family welfare services.

Price-Robertson et al., 2020

Although the direct impacts of effective coordinated care on child and family wellbeing outcomes is difficult to establish, it is clear meaningful coordination and collaboration between organisation and agencies is important to preventing and responding to child abuse and neglect.

The Australian Institute of Family Studies' Practice Paper highlights the importance of establishing 'collaborative competence' among those working in the child safety and protection systems. Key points that emerge from the Paper's development include (Price-Robertson et al., 2020):

- Practitioners in the child protection and child and family welfare sectors can strengthen collaborations by adopting strategies to develop their collaborative competence.
- Collaborative competence involves developing an understanding of the differences between the child protection and child and family welfare sectors.
- Collaborative competence is strengthened by clarifying whether collaboration is necessary in a specific circumstance, and, if so, what form it could or should take.
- Collaborative competence depends on communicating effectively with other practitioners and family members.

See [Working together to keep children and families safe: Strategies for developing collaborative competence | Child Family Community Australia \(aifs.gov.au\)](#)

Holistic practice

What is holistic practice?

Holistic practice can be described as the consideration of the 'whole' child or young person and the multiple settings in which they, and their significant others, exist. The use of the holistic practice within the Common Approach is informed by the Bioecological Model on Human Development, and ARACY's wellbeing framework, the Nest.

Bioecological Model on Human Development

Bronfenbrenner's Bioecological Model on Human Development conceptualises several interlinked spheres of influence on a person's experiences and development over their lifespan. This includes (Bronfenbrenner & Morris, 2007; Crawford 2020):

- Microsystem – a person's patterns of activities and interpersonal relationships in their immediate environment. Involves reciprocal interactions between an individual and other people, symbols, and objects (proximal processes).
- Mesosystem – interactions and linkages between different microsystems in a person's life (eg. school and home).
- Exosystem – similar to mesosystems, interactions and linkages between different microsystems but where a person is not directly situated in at least one (eg. the workplace of child's parent).
- Macrosystem – interactions and linkages between micro-, meso- and exosystems that develop a culture and social structure.
- Chronosystem – changes within and between micro-, meso-, exo-, and macrosystems over time.

The Nest

The Nest is ARACY's wellbeing framework for children and young people aged 0 to 24 years. It's a way of thinking about the whole child in the context of their daily lives, viewing wellbeing in a way that brings together the different elements a child or young person needs in order to thrive. The Nest conceptualises wellbeing as six interconnected domains that support each other to help children reach their potential. To have optimal wellbeing, a child or young person needs to be adequately resourced in all six domains; these include and reflect the areas within the Common Approach:

- Being Healthy
- Learning
- Participating
- Material Basics
- Valued, loved and safe
- Positive Sense of Identity and Culture

See [What's in the Nest? - Australian Research Alliance for Children and Youth \(ARACY\)](#)

Evidence supporting multi-level approaches among children and young people

Studies have utilised an ecological approach to determine the various contexts and settings that impact children and young people in the following ways:

- Maltreatment of children with disability (Algood et al. 2011, 2013)
- Behavioural problems in vulnerable children (Choo et al., 2017)
- Outcomes of young people with disability in the youth justice system (Crosby et al., 2017)
- Engaging fathers in child protection services (Gordon et al., 2012)
- Transition for young people with disability out of foster care (Harwick et al., 2020)
- Risk of suicide among LGBTQ+ young people (Hong et al., 2011; Marraccini et al., 2022)
- Bullying and peer victimisation in school (Hong & Espelage, 2012)
- Readiness to engage with interventions for children exposed to domestic violence and abuse (Howarth et al., 2019)
- Adolescents and young adults' engagement with mental health treatment (Kim et al., 2012)
- Physical activity of children and young people (Li & Moosbrugger, 2021)
- Transition pathways to post-secondary education for young people with disability (Lindsay et al., 2018)
- Broad emotional, social, conduct and academic outcomes of children and young people (Rowe et al., 2016)
- Mental health of refugee children and adolescents (Scharpf et al., 2021)

Although this highlights the need for interventions that address issues and build on strengths in a variety of settings and levels (i.e.. the need for holistic practices); there is limited evidence supporting the design and implementation and effectiveness of such programs, approaches and interventions. There are multiple reasons this may occur, including the following conjectures:

- Programs and approaches may be operating ecologically and holistically; but haven't explicitly framed their approach using that terminology.
- Holistic and ecological approaches are logistically complex and are difficult to design and implement; they need to be supported by meaningful partnerships and are resource intensive. Therefore, although the evidence suggests the need for holistic practices, there may be few that are effectively implemented.

Holistic practice and the Common Approach

The Common Approach encourages the consideration of the 'whole' child by practitioners, including areas outside of siloed training. It promotes:

- An ecological model of child development
- Exploring **all** wellbeing areas
- Understanding the interconnectivity of wellbeing areas
- Using the Nest wellbeing framework for children and young people

Holistic practice in Education settings in Australia

Framework/Strategy Name	Holistic practices	Reference
Our Time, Our Place: Framework for School Age Care in Australia And Belonging, Being and Becoming: The Early Years Learning Framework for Australia	Adopting holistic approaches is one of the core practices underlying the Frameworks.	ACECQA
School Excellence Framework	A strategic and planned approach to develop whole school wellbeing processes that support the wellbeing of all students so they can connect, succeed, thrive and learn from elements of the Learning Domain of the Framework.	NSW Department of Education
Victorian Early Years and Development Framework	Describes a 'whole-child approach' within the practice principle of Assessment and Learning, and specifically identifying the Ecological Model as a framing device.	Department of Education and Training (Vic)
Building on Strength Statement	A statement supporting the strategic directions of the Department 2020-2024, it highlights targeting student mental health and emotional wellbeing, recognising it as an important part of school efforts to provide a well-rounded education that attends to the development of the whole child, beyond the academic dimension.	Department of Education (WA)
Education NT Strategy	Places the child at the centre of the strategy, surrounding by seven system priorities, reflecting an ecological approach.	Department of Education (NT)
It Takes a Tasmania Village: Child and Youth Wellbeing Strategy	Uses the Nest to frame areas of wellbeing within the Strategy.	Tasmania Government

Note: This summary is based on a desktop review, without direct consultation with Departments. It is intended to demonstrate examples of the four practices within standards, strategies and plans, and is not a comprehensive and up-to-date analysis of the practices within policy.

Evidence supporting holistic practices in health, child safety and protection settings

Retrospective confirmatory analysis showed that the longitudinal effects of a Child-Parent Centre program (a program providing intensive family support services and early education) on employment, criminal behaviours and mental health could be explained using an ecological model,

through its impact on multiple levels and settings of a child's life (e.g. family and school support, cognitive and social-emotional skills and behaviours; Reynolds & Ou, 2011). Further, a multi-level family-centred, school-based program was shown to significantly impact on anti-social behaviour and substance-use when compared to a matched control sample (Stormshak et al., 2011).

Partnerships in Health, Child Safety and Family Support settings

Health policy, child safety and protection professional standards

Framework/Strategy Name	Holistic practices	Department
Strong body, strong minds – stronger youth: Health Policy 2018-2023	Being responsive and equitable is one of the guiding principles of the Policy – 'Health services and strategies are responsive to the holistic health needs of all young people, recognising all forms of diversity across WA.'	Department of Health (WA)
Practice Framework Standards for child protection and out of home care practitioners	Standard 1: Enacting children and young person's rights. Explore, recognise and celebrate the child's individuality and diversity. Use the holistic rights of the child to inform your casework priorities, actions and decisions Standard 6: Holistic assessment . Use curiosity to understand the child, their experiences and their family as unique. Look beyond single events in order to make sense of the worries and strengths being assessed.	Department of Communities and Justice (NSW)
Best Interest Case Practice Model	Ecological approach as one of the core Practice approaches. An ecological perspective also directs attention to the living conditions of children's lives and to the organisational impacts and policy consequences that impinge on them.	Department of Families, Fairness and Housing (Vic)
Strengthening families, protecting children: Framework for Practice: Foundational Elements	Fairness as a core value. We are committed to helping to develop a socially just, fair and equitable society. Our practice must match this goal.	Department of Child Safety, Youth and Women (Qld)

	To accomplish this, we have a responsibility to adhere to the value of social justice, which recognises that many of the children, young people and families we work with enter the child protection system with social and economic disadvantages. This value calls on us to create practices and systems that ensure children, young people and families are treated in fair and just ways and to recognise that our work must include assisting families in accessing resources and supports to which they have a right.	
Better Care, Better Services: Safety and quality standards for children and young people in protection and care	Standard 4: Children and young people's needs are met through individualised assessment and child focused practices, encompassing all aspects of their lives and wellbeing.	Department of Communities (WA)
Our Practice Standards: Child and Youth Protection Services	Practice Standard 3: Holistic assessment and planning. Responding holistically to a child or young person's situation, appreciating the complexity of their situation and the context.	Community Services Directorate (ACT)

Note: This summary is based on a desktop review, without direct consultation with Departments. It is intended to demonstrate examples of the four practices within standards, strategies and plans, and is not a comprehensive and up-to-date analysis of the practices within policy.

Evidence supporting holistic practices in health, child safety and protection settings

Ante- and post-natal home visiting programs

There is a depth of evidence supporting nurse-family partnership approaches (see 'Partnership practices section') and nurse/social worker home visiting programs such as Right@Home. These programs incorporate and target multiple areas of children and their family's life, at multiple levels of context. See [right@home - Australian Research Alliance for Children and Youth \(ARACY\)](#) for more information on Right@Home and links to published research on its impacts on wellbeing outcomes.

Public Health Interventions

An ecological and holistic approach has been enthusiastically used to frame interventions and programs targeting healthy diet and exercise. There is evidence to suggest that public health interventions, particularly those targeting smoking and dietary behaviour, are more effective when



implemented in multiple settings (eg. school and community settings; Cushing et al., 2014; Kellou et al., 2014; Kiraly et al., 2017).

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