



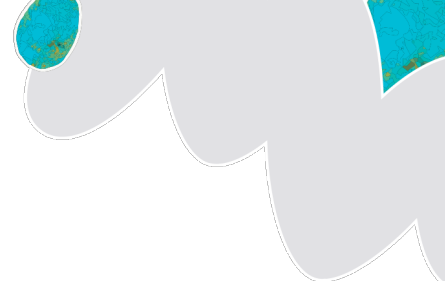
Child and Family Support System

Explaining the Common Elements

Background and Introduction

2022-2023





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Acknowledgment of Country

We respectfully acknowledge Aboriginal and Torres Strait Islander peoples as the traditional owners and occupants of lands and waters of this country, whose practices and dreaming are still living through Elder's past, present and emerging.

Further, we acknowledge that the spiritual, social, cultural, and economic practices of Aboriginal and Torres Strait Islander peoples come from connection and maintenance of lands, waters, values, heritage beliefs, languages and lore which are of ongoing importance. From the past, in the present, into the future, forever.

We acknowledge the impact of historical policies that were harmful and have contributed to intergenerational trauma. This includes policies and practices of colonisation that have had a profound impact on Aboriginal and Torres Strait Islander people's connection to country, culture, and one another.

We aim to continue to apply a cultural lens when we work together to promote a cultural evidence base that centres around self-determination, choice, and a healing approach, through Aboriginal ways of knowing, being and doing. All while valuing Aboriginal and Torres Strait Islander people as strong, resilient people, and decision makers in their own lives.



“The Aboriginal Cultural Lenses of Practice” Artist Sasha Houthuysen

The Artwork

The artwork was created as a visual statement piece by Sasha Houthuysen, a Yamatji/Noongar woman. This piece is the representation of Aboriginal voice from a workshop co-facilitated by Dana Shen, a Ngarrindjeri/Chinese woman, DS Consultancy. The workshop was commissioned by the Department of Human Services to create ‘the Aboriginal Cultural Lenses of Practice’ for Safer Family Services. The workshop was attended by Safer Family Services Aboriginal staff and allies to give a voice to Aboriginal ways of knowing, being, doing and guidance in supporting a culturally safe workforce.

The artwork is used throughout the department's Child and Family Support System policy and practice resources. It incorporates the symbols representing the cultural lenses journey: allies walking alongside Aboriginal staff, families and communities, and meeting and learning places supporting Aboriginal best practice.

DHS commissioned Pat Caruso, an Eastern Arrernte man and the Founder/Director of We Create Print Deliver to digitise and use these elements of the artwork to depict our healing approach. This ensures that we are always keeping children front and centre and working from a culturally safe lens.



Purpose of this document

This document has been prepared to provide contextual information about the practice guides developed by Early Intervention Research Directorate within the Department of Human Services (DHS) and the Centre for Evidence and Reform) CEI. It describes the implementation of the Common Elements approach as a key workforce strategy within the Child and Family Support System CFSS.

This document aims to describe the use of the practice guides within the three modules, explore the evidence base which has been used to develop the practice guides, and importantly provide guidance on how the guides and modules can be used in the context of child safety to support family preservation across the CFSS.

Our partner: The Centre for Evidence and Implementation (CEI)

The Centre for Evidence and Implementation (CEI) is a global, not-for-profit evidence intermediary dedicated to using the best evidence in practice and policy to improve the lives of children, families, and communities facing adversity. Established in Australia in late 2015, CEI is a multi-disciplinary team across four offices in Singapore, Melbourne, Sydney, and London. CEI work with organisations, including policymakers, governments, practitioners, program providers, organization leaders, philanthropists, and funders across three key areas of work to:

- Understand the evidence base
- Develop methods and processes to put the evidence into practice
- Trial, test and evaluate policies and programs to drive more effective decisions and deliver better outcomes.

CEI has provided valuable expertise to explore and synthesize the evidence base and develop our CFSS Reform Common Elements Program. Furthermore, they have introduced us to the concept of Implementation Science which has provided critical opportunities to strengthen implementation supports, optimising opportunities for embedding enhanced practice skills in daily interactions.



Allyship Accountability

Applying an Aboriginal Culturally Specific Evidence Base

CEI has used current evidence available to inform the development of the Common Elements approach. Unfortunately, as is common within many fields of research, most high-quality studies are undertaken within an US, UK, or Europe context. It is important to acknowledge the need for and commitment to more robust research in an Australian context, particularly with Aboriginal and Torres Strait Islander populations and families, who are overrepresented in child welfare populations.

This means the Common Elements approach has been unable to include evidence-based research specific to Aboriginal communities. To address this concern, the Department for Human Services, (DHS) Safer Family Services Cultural consultants have undertaken a rigorous review process and applied an Aboriginal Cultural lens to all the Practice Guides. This enables Aboriginal co-design principles and the Aboriginal and Torres Strait Islander Child Placement principle to remain front and center within practice.

The CFSS is committed to culturally responsive practice and active allyship so that positive outcomes for Aboriginal children and families can be achieved.

In this document, 'Aboriginal' respectfully refers to both Aboriginal and Torres Strait Islander people, acknowledging that we work in the context of Aboriginal lands and community

How did we choose the 'Common Elements'?

The Department for Human Services (DHS) worked closely with government and non-government partners, Aboriginal leaders and the EIRD Lived Experience Network to co-design and deliver a new evidence-informed support system for children and families in South Australia.

This consultation process highlighted priority areas and target populations that an evidence-informed response needed to address. A shift in focus included practitioners needing to support families with greater levels of risk and safety concerns than ever before with multiple and complex needs.

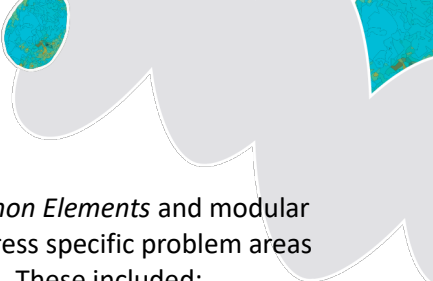
Well-supported, trained, compassionate and motivated workers, able to practice with integrity in complex situations are critical in delivering effective service outcomes for children and families. Key practice areas identified as priority areas to support the new focus of our system included Client Engagement and Child and Family Safety. Ensuring a trauma responsive lens is also integral to all practice with due consideration being applied.

Common Elements are discrete techniques or practices that are grounded in evidence and can be used to build client engagement or facilitate behavior change. They are practices and techniques that are commonly found within programs (thus 'common elements'). It can be helpful to think of *Common Elements* as the active ingredients within programs and interventions.

Evidence checks were conducted to identify *Common Elements* that may support the priority areas of Client Engagement and Child and Family Safety, guided by the following question:

What practice elements are common to several (evidence based) programs that have been shown to impact client engagement and collaboration with services, family safety and functioning?

A targeted approach was used to identify key published, reviewed papers that had identified practices within research-supported programs. These publications were used to select the *Common Elements* to be implemented.



This targeted approach of reviews was supplemented by additional analysis of *Common Elements* and modular interventions (where *Common Elements* have been bundled up into modules to address specific problem areas or needs) that are already available and have been tested and tried in other contexts. These included:

- **Practicewise®** (based on Bruce Chorpita's work) to identify the most *Common Elements* distilled from manualised programs for youth
- MATCH® modular intervention for families of youth experiencing anxiety, depression, traumatic stress, or disruptive behaviour (Chorpita & Weisz, 2009)
- **Common Elements Therapeutic Approach** (CETA) modular intervention for treating depression, anxiety, substance use, trauma, and stress related disorders (Murray et al., 2014).

This process did not readily identify practices specifically related to building and maintaining individual engagement, building alliances between the practitioner and family, and developing alignment about how to work together, and what to work towards.

This is because most manualised programs do not describe these practices specifically, but focus on practices to bring about change, and practices to intervene in priority problem areas.

To fill this gap, additional literature was reviewed according to the following question:

What practices can help build engagement or alignment with families, or support the development of a strong therapeutic alliance?

The literature provided insights into commonly used practices, although effectiveness data relating to the individual practices is limited.

The evidence suggests that the way a practitioner works with an individual may account for up to 30% of the variance in outcomes (Lambert & Barley, 2001), and that practitioner and family alliance is a stable, modest predictor of individual outcomes (Horvath et al., 2011).

This facilitated the identification of some promising practices for building and maintaining engagement, a strong working alliance, and alignment – including [Goal Setting](#).

How Common Elements link to the Trauma Framework

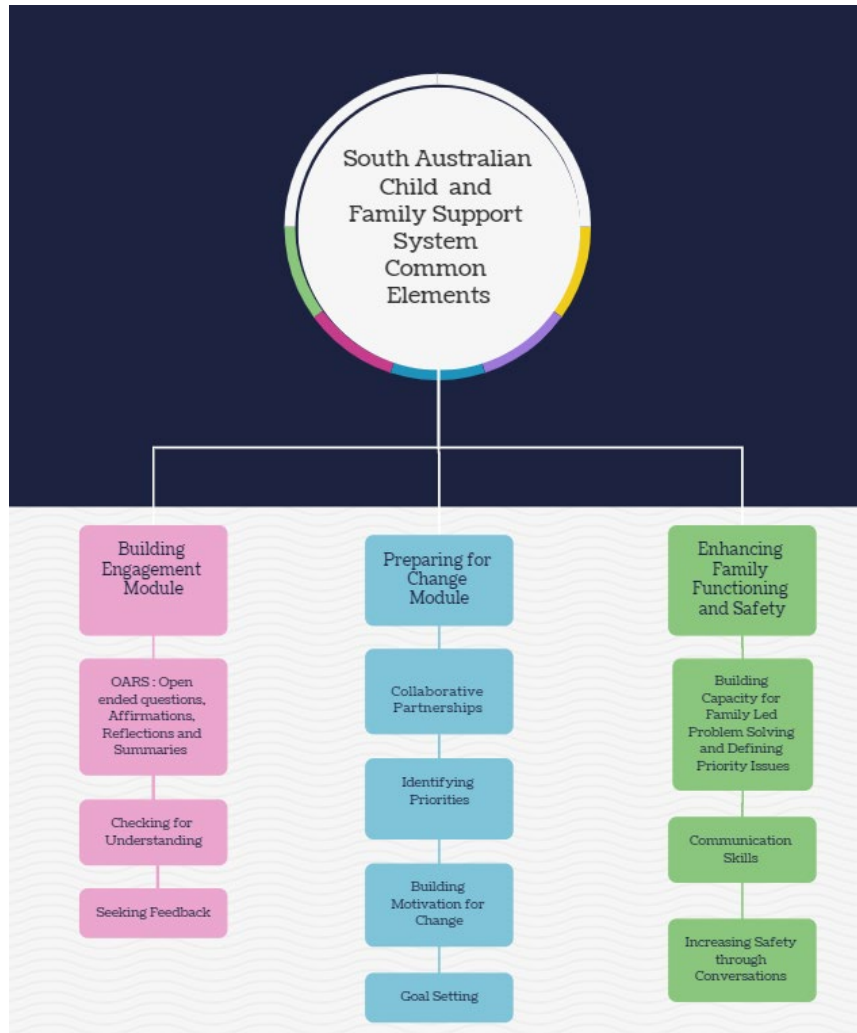
The Trauma Framework seeks to embed trauma responsiveness to create a healing system. It is a system capacity framework that spans being trauma responsive at all levels of the child and family support system (child, family, community, practitioner, organizational and funder levels) and across the **six principles**:

Safety; Trustworthiness; Collaboration; Empowerment and self-determination; Peer and community support; and know yourself and learn.

The Common Elements approach plays an important role assisting the implementation of the Trauma Framework.

A modular approach to using the Common Elements

Based on the evidence checks outlined above, the Common Elements identified were grouped into three modules. Each module aims to achieve specific individual outcomes and contains discrete practices (the common elements) that aim to address the specified outcomes. These three modules are described below.





Module 1: Building Engagement

Parents and carers are central to the ongoing safety and wellbeing of children and evidence identifies the need to include them (and their children) in the process of assessing and responding to concerns in meaningful ways. Despite this, there are significant practice challenges in supporting families to stay focused on child safety concerns (Ferguson, 2017), sometimes leading to the use of unhelpful coercive practices (Forrester et al, 2008a; Forrester et al, 2008b; Forrester, Westlake & Glynn, 2012). Evidence suggests that best practice in child protection settings includes the ability to keep the most important child safety concerns in focus, whilst also at the same time creating an environment in which parents, carers and families can be comfortable to consider change (Forrester, 2020).

The *Building Engagement* module, (see Figure 1), is the first crucial step in creating such an environment – one that lays the foundations for collaborative work on those most important child safety concerns.

The purpose of the *Building Engagement* module is to ensure the practitioner is making every effort to authentically engage individuals and families, and that strong engagement is built initially and then sustained throughout their work together.

This module contains practices to be used when commencing support with an individual or family, to ensure a solid foundation is established from which to build on. However, these practices can and should be used throughout a practitioner's work with an individual/family to ensure engagement is not broken, or if it is broken, that engagement is restored quickly.

Importantly, in the context of child safety work, it is the foundation needed to allow practitioners to have supportive but direct conversations about child safety concerns, reporting risk to statutory services, while continuing to work collaboratively with families and supporting individuals to set goals that address identified child safety concerns.

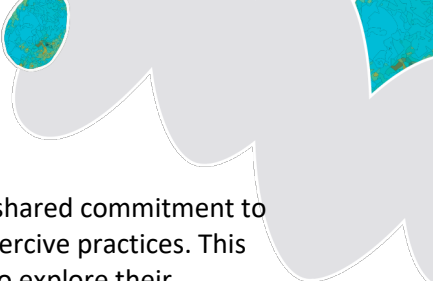
The practice guides included in the *Building Engagement* modules are: *Open-ended Questions, Affirmations, Reflections and Summaries (OARS), Checking for Understanding and Seeking Feedback*.

Module 2: Preparing for Change

Even when motivation to change is high, changes can be hard to make and sustain. Even if somebody chooses to change, they require the skills to do so, and support from others to be successful. When we consider meaningful change, such as replacing violence with other parenting strategies, this requires high levels of motivation, skill building and support alongside detailed planning and execution. As change is a process that comes from within (Miller and Rollnick, 2013), a practitioner's role in an individual's change is to *enhance* motivation that is already present, to assist an individual to build new skills, and to help support individuals through their change process.

Evidence-based support for individuals preparing for change starts by helping them assess their own reasons or rationales for making a change (Gillison et al, 2019; Lundhal, et al, 2010). In child safety settings, this often means helping individuals assess the need (why) to make change but also their ability to make change happen (Forrester et al, 2008). Skillful practitioners help individuals prepare for change by entering a collaborative partnership, where there is explicit agreement to work together towards clear goals to address child safety and wellbeing concerns.

Once on a journey towards change, practitioners help individuals build up self-regulatory skills such as goal setting (Gillison et al, 2019; Graff and Ratliff, 2018; Sanders et al, 2019; Kuhn and Laird, 2014; Trotter, 2015).



Importantly, the purpose of the *Preparing for Change* module is to work towards a shared commitment to collaborative work on the most pressing child safety concerns, without the use of coercive practices. This involves forming a collaborative relationship with families that allows practitioners to explore their motivation for change and identify family priorities for which meaningful goals can be set.

The practice guides included in this module are *Goal Setting, Building Motivation for Change, Collaborative Partnership*, and *Identifying Priorities*.

Module 3: Enhancing Family Functioning and Safety

Family functioning is a broad term that refers to the ways in which family members interact, communicate, make decisions and 'get along'. Ultimately it is the constant everyday interactions between family members that predicts how a family 'functions'.

Family functioning can be impacted by experiences of intergenerational, complex, and acute trauma and other adversities. Over time, increases in negative interactions can reduce the likelihood of positive interactions.

Once the family is in this cycle even solving simple problems as a family can be met by increased conflict. When a family is motivated to reduce negative interactions or increase positive interactions (see *Building Engagement* and *Preparing for Change*) and immediate safety concerns are being managed, practitioners can work alongside families to increase positive interactions and reduce negative interactions and conflict.

The purpose of this module is to build the skills of family members to strengthen family functioning. This involves working with individuals on communicating in a more kind, caring and positive manner and providing/strengthening structures around the family environment including adaptability, cohesion, conflict, communication etc.

As stated above, good practice in child protection settings includes the ability to keep the most important child safety concerns in focus whilst creating an environment in which individuals feel comfortable to consider change. The *Enhancing Family Functioning and Safety* seeks to identify the families concern for safety, their motivation to change is then developed using the skills outlined in modules one (*Building Engagement*) and two (*Preparing for Change*), this is again solidified in Module 3 – *Enhancing Family Functioning and Safety*.

The purpose of the *Enhancing Family Functioning and Safety* module is to work with individuals or multiple family members and help them identify ways to increase their own safety and the safety of others in the family. This involves building individuals skills to communicate in a less confrontational manner and stepping out methods to reduce the likelihood of conflict escalation. A significant function of this module involves working with individuals who are using unsafe behaviour in their personal relationships and developing safety strategies that align with their needs in the short and long term, taking a harm minimisation approach.

Practice guides included in this module are *Building Capacity for Family Led Problem Solving, Communication Skills* and *Increasing Safety through Conversation*.



How to use the modules and practice guides

These modules and practice guides have been designed to be used in a flexible way that can be tailored to the needs of the family and are intended to compliment or sit alongside other evidence-informed approaches and organisational processes. In this way, the *Common Elements* approach is not like a program with a starting and finishing point. Instead, this approach provides practitioners with a set of discrete techniques and practices which can be drawn upon as needed.

It is important to note that evidence-informed practice consists of using the available evidence, alongside practitioner skill, expertise, and judgement. This sits in the context of assessing the holistic needs and values of the family and the structural and systemic barriers and enablers in the context of the environment in which CFSS practitioners are working in.

It is also vital to consider how practice can support healing rather than further traumatization and instill cultural safety within every interaction whilst also actively, respectfully, and creatively engaging with families where there are very high safety concerns to ensure the child's needs are continuously being prioritised. Any support provided to families and communities in the CFSS must uphold our individual and system-wide commitment to keeping Aboriginal children front and centre, in the context of their families, communities and strong, resilient culture

As noted in the previous section, the modules were developed to address two very particular needs: 1) Building engagement with families, and 2) Addressing safety concerns with families.

Guidance on how these modules and practice guides can best be used is provided below:

Additional tools for your toolbox

The practice guides do not cover the full range of techniques practitioner's use. These modules focus on engagement and safety outcomes and are intended to be used alongside other evidence informed and trauma informed practices, with practitioner knowledge and skills, supporting family preferences. As always, child safety is paramount, and practitioners must address immediate safety and wellbeing concerns of children.

The Common Elements Practice Guides provide detailed 'how to' guidance on trauma responsive practice for practitioners and their supervisors.

These modules offer some techniques that will support practitioners to do this work, whilst also working towards meaningfully engaging and collaborating with families to support families in achieving their identified goals.



Modular & Natural Order of Use

Individual practice guides can be used flexibly, but they are arranged into three modules to help practitioners draw on practices that may help support different phases of their collaborative work (e.g., engagement). Single practices can be used from each module to address the needs of families. All practices within a module do not have to be done at once. You do not have to finish one module before moving on to the next. For example, after using *OARS* and *Checking for Understanding* in an initial home visit with a family, a practitioner might consider using *Goal Setting* or *Family Led Problem Solving* and then *Seeking Feedback*. The guides are intended to be used flexibly to meet the specific needs of individual families.

Whilst these modules are designed to be used flexibly, there is a natural order for using the modules (see Figure 1). For example, it is beneficial to build engagement with a family first, before moving on to setting goals for your work together, and then before focusing on building family skills to achieve their goals. However, as mentioned different families may have unique needs, or stages may need to be revisited as needs change during the support period.

Continual use of modules and practice guides

As depicted in Figure 1, *Building Engagement* and *Preparing for Change* modules contain practices and techniques that are drawn upon throughout your work with families and communities.

Engagement and change are viewed as dynamic processes that practitioners continue to build and harness throughout the course of their work with families. For example, you may have to briefly pause the use of the *Increasing Safety through Conversations* guide with a family to use the *Building Motivation for Change* practice because you notice the family appears overwhelmed by the changes needed to keep their children safe (bearing in mind the safety of children is always paramount).

If during conversations with families about safety, the risk to children is not able to be mitigated, the practitioner must consider elevating this safety and risk for children via their internal line management.

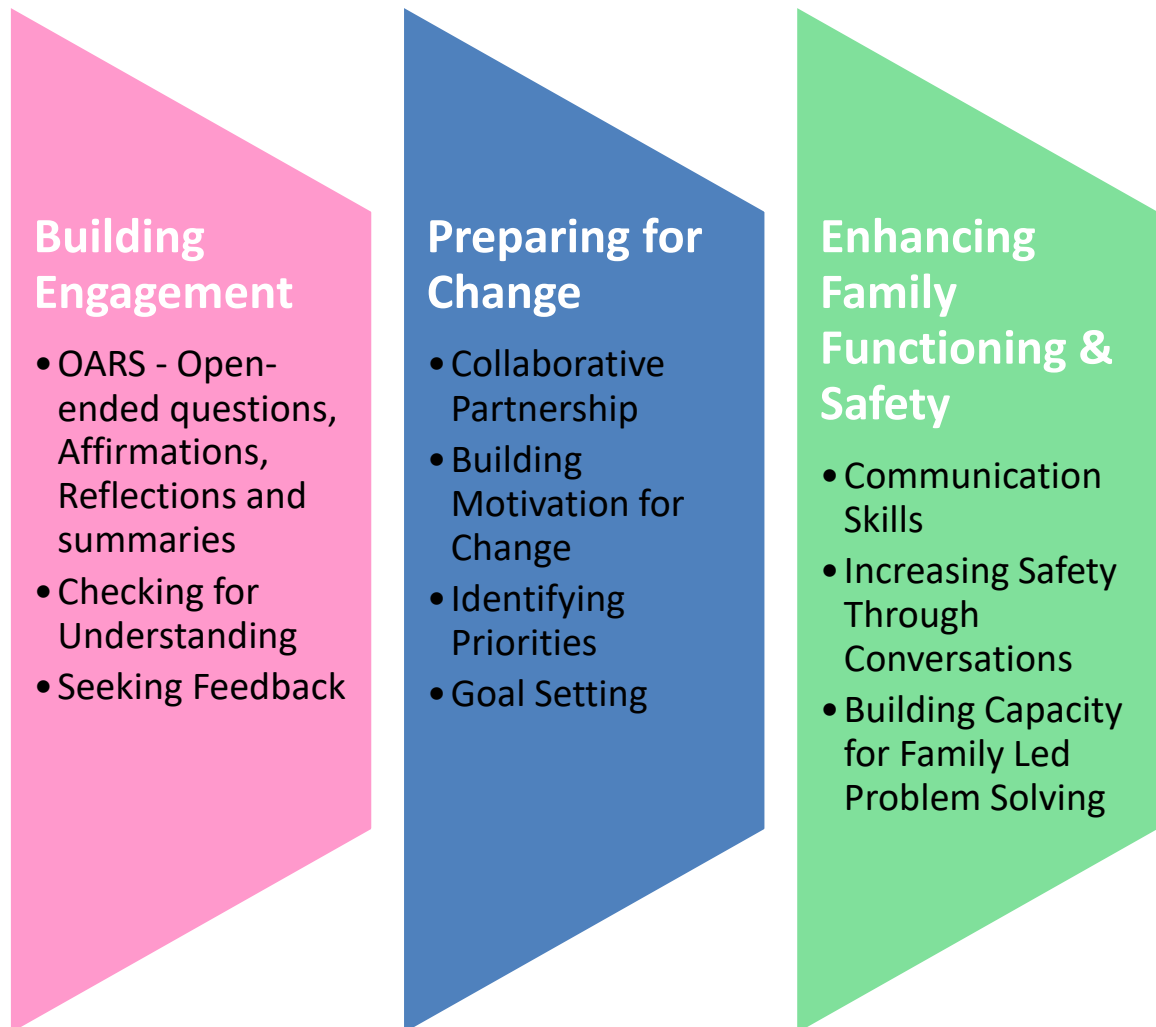
Module transition is not dependent on time

There is no particular time frame that modules need to be completed. In circumstances where there are significant risks, practitioners may use many of the practices in these modules within a single home visit. In ideal circumstances, we would take time to engage and move through each module at a pace that suits the family.

Practice Guides provide information about intended use

Each practice guide provides information about the outcomes it is seeking to address for practitioners and families, and in what circumstances the guides are most useful.

Figure 1. The natural order of the Common Elements modules.



A note regarding child safety and use of the practice guides

The practice guides contribution to Risk Assessment and Safety Planning.

The practice guides focus on what practitioners say and do while they are working directly with families to address specific child safety and wellbeing concerns. For example, these guides provide conversation techniques for raising child safety concerns and building engagement with family members. They also provide guidance on how to work with families to build their motivation and skills to address child safety and wellbeing concerns.

However, these guides do not specify how practitioners or agencies identify, assess or monitor specific child safety risks. This is outside the scope of these practice guides, and practitioners should adhere to the procedures, policies, and practice tools prescribed by their agency for doing so. In practical terms this means the practice guides do not replace good social work practice including continual assessment of risk, case management, clinical support (e.g., supervision or case conferencing when there is high risk), cultural support or cultural consultation for Aboriginal families and organisational support (e.g., home visiting policies and procedures).

When there are high risks to child safety

Typically, the greater the risk to children's safety, the less time practitioners are afforded for things such as engaging with families and building a collaborative partnership. In many instances, practitioners may have to introduce practices, such as *Increasing Safety through Conversations* in your first contact with a family.

In these scenarios it is important to continue to use practices within the first two modules (*Building Engagement* and *Preparing for Change*) to build your working relationship with clients. See an example in Figure 2 about using the practice guides when risk is high.

Concrete Examples of using the Practice Guides when there are risks to children's safety



Use the *OARS* practice guide to have difficult but honest conversations about child safety and risk



Use the *Checking for Understanding* practice guide to ensure clients understand the concerns regarding child safety and the implications for not addressing child safety concerns



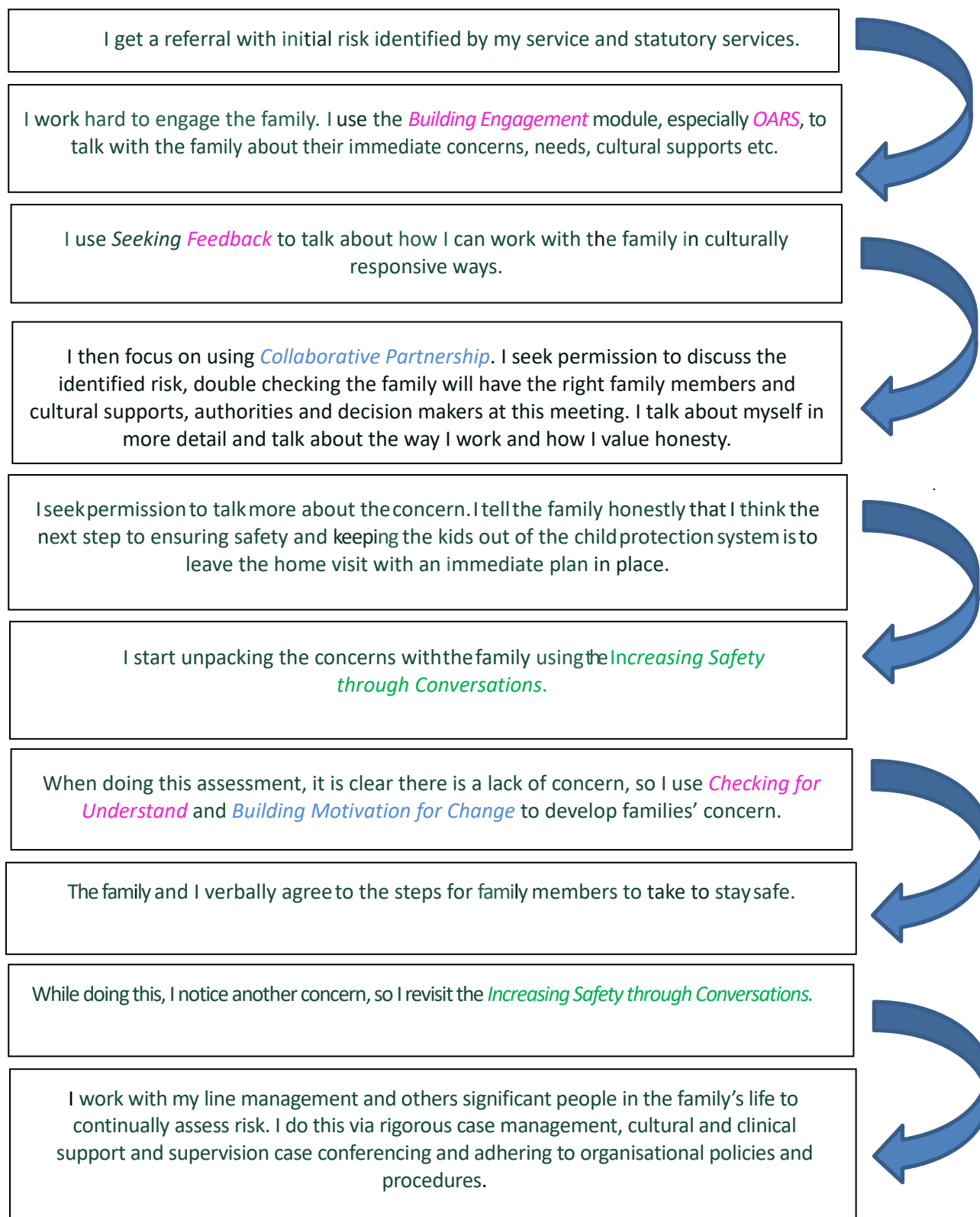
If clients have low levels of concern regarding specific child safety issues, use *Building Motivation for Change* to identify and build upon the client's own motivation for making a change



Use *OARS* and *Building Motivation for Change* when there is discord in the relationship

The guides sit alongside appropriate decision making and action regarding child safety such as reporting significant risk of harm and seeking organisation supports such as consultation with Supervisors, Common Element Coaches and Cultural Consultants.

Figure 2. Example of a practitioner using the modules and practice guides in their natural order to address child safety concerns.





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