

TALLINN UNIVERSITY CIRIC HAAP CONSULTING

**KNOWLEDGE AND GOOD PRACTICES RELATED TO EARLY
IDENTIFICATION OF CHILDREN IN NEED/AT-RISK AND SUPPORT:
LITERATURE REVIEW**

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A Study About Improving the System of Timely Identification and Effective Support of At-Risk Youth: Life Path Lessons of Youth in Secure Care Facilities

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I INTRODUCTION

This literature review is a part of the larger five-objective study, a study about improving the system of timely identification and effective support of at-risk youth: life path lessons of youth in secure care facilities. One of the objectives of the study is to analyze other countries' knowledge and practices related to early identification of children in need/at-risk and support (objective 5 as the literature review), firstly by studying main theoretical approaches to early identification of children in need/at-risk and support, and secondly, presenting country-based best practices of early identification of children in need/at-risk and support. In order to identify theoretical approaches and best practices, the literature review was performed following the principles of the PRISMA statement (Preferred Reporting Items for Systematic Reviews and Meta-analyses, see methods section for the search strategy and screening). According to the data analysis, findings of the literature review is presented as following: theoretical approaches in early identification of children in need/at-risk and support; (ii) risk and protective factors of early identification of children in need/at-risk; (iii) risk factors leading to the child's risk behaviour and protective factors supporting strengthening resilience; (iv) good practices of early identification of children in need/at-risk and support system; and (v) country-based analysis – 3 + 2: UK, Norway, Denmark, Netherlands and Ireland. Descriptive summaries of evidence-based programs and models in these five countries are included in the appendix, also a general overview of best practices identified in other countries during the data analysis.

II METHOD

Search Strategy

The study design was based on the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines (Moher et al., 2009). A literature search for eligible studies was conducted in January 2022 (20-25 January) using the electronic databases of Cambridge Journals, Academic Search Complete (via EBSCOhost Web), JSTOR, Oxford Journals, Sage Journals, ScienceDirect, Taylor & Francis, Wiley Online Library. Additionally, Google Scholar was used for searching the grey literature. The following search terms were entered into search engines: “vulnerable child”, “child in need”, “at-risk children”, “at-risk youth”, “services”, “evidence-based”, “child protection”, “child welfare”, “justice system”, “Child Protective Services”, “prevention”, “early identification”, “social rehabilitation”, “effective assistance”, “risk factors”, “protective factors”, “risk behavior”, “after care”, “collaboration”, “network”, “closed child care institution”, combining search terms (e.g., “child in need” AND “risk behavior” AND “child welfare” AND “services”; “child in need” AND “evidence-based” AND “early identification”; “at-risk youth” AND “child welfare” AND “after care”; “at-risk children” AND “Child Protective Services” AND “prevention”), including search terms related to the specific countries suggested by the funder (Norway, Latvia, Finland, Germany, United Kingdom). Search parameters included articles published in English in peer-reviewed academic journals with full-text availability between 1 January 2010 and 20 January 2022. Duplicates were removed in the process of literature search.

Screening

A total of 181 articles were identified through database searching (see Appendix 1). Screening process included two phases – first and second screening of eligibility. First screening used the occurrence of a combination of search terms in the title, abstract or keywords of the article. Inclusion criterion consisted of combination of minimum three key words consisting of subject (child in need or related words), service (child protection or related words) and domain (risk factors, protective factors, early identification, after care, prevention and/or collaboration or related words). First screening led to the exclusion of 101 articles that did not meet the inclusion criterion for the study.

Second screening for the other 80 articles comprised full text reading to make the final eligibility assessment. Criterion for the eligibility was research on children in need: early identification of children in need in Child Protective Services, support system and risk/protective factors in terms of primary research or review studies. Second screening led to exclusion of 46 articles, and therefore, 34 articles remained after the final eligibility assessment for the final inclusion in the review study. Additionally, the reference lists of these 34 articles was manually scrutinized to find any other relevant eligible studies. This search resulted in 5 articles, which makes the total sample 39 articles (see Appendix 2).

Articles in the final sample are summarised in Table in Appendix 3, using the following categories: author(s), year, country, sample, method, study domain and key findings relevant to the present study. The articles included in this review reported studies from 13 countries, mostly from USA (N=15), UK (N=7), Norway (N=4) and Australia (N=3). As shown in Table 1, mixed-method studies (N=12) and qualitative studies (n = 10) dominate the included studies.

Data Analysis

Thematic analysis of the main findings of the 39 articles was conducted by three authors (Karmen Toros, Astra Schults and Rafaela Lehtme) using principles outlined by Braun and Clarke (2006), which consisted of generating initial codes and searching for, reviewing, refining and naming themes. Five main themes were determined prior to the data analysis according to research questions of this study: (i) theoretical approaches in early identification of children in need/at-risk and support (analysis conducted by Rafaela Lehtme); (ii) risk and protective factors of early identification of children in need/at-risk (analysis conducted by Karmen Toros); (iii) risk factors leading to the child's risk behaviour and protective factors supporting strengthening resilience (analysis conducted by Astra Schults); (iv) good practices of early identification of children in need/at-risk and support system (analysis conducted by Karmen Toros); and (v) identification of countries with effective approaches (analysis conducted by Karmen Toros).

Analysis of the data began with multiple readings of the studies to gain an overall understanding of the texts in terms of child participation, followed by discovering initial codes from the data and sorting the codes into potential themes keeping in mind five pre-determined themes. Codes were reviewed again and the specifics of each theme further refined, combining codes into themes according to five main themes. For the country-analysis, additional data was searched (see the explanation in section "Country-based analysis: 2+3, including the list of references).

III RESULTS

I. Theoretical Approaches in Early Identification of Children in Need/At-Risk and Support

Most articles used several theories either from a single or different categories. Some articles did not cite any concrete theoretical basis of their study, nevertheless, the general orientation towards a specific worldview could be still noted. All authors referring to a specific theoretical framework are listed under each category.

Eight categories of theoretical frameworks were identified from the data (see Appendix 4 for a detailed overview of the theories/frameworks used in the articles with specific references):

- (i) Trauma-Responsive theoretical frameworks
- (ii) Resilience theories focusing on protective and risk factors
- (iii) Social support related theories, divided into two intersecting categories: (a) individual level theories focusing on biopsychosocial aspects of human development and need for supportive relationships, and (b) societal level theories addressing the concept of social support as a wider phenomenon with emphasis on social systems' functions and responsibilities
- (iv) Humanism and general humanistic approaches
- (v) Children's rights and best interest perspective
- (vi) Cognitive behavioral solution-focused theories, including social learning
- (vii) Socio-ecological multisystemic theories
- (viii) Inter-organizational and -professional collaborative frameworks

All eight theoretical frameworks are described in Appendix 5.

Several authors (e.g., Gibson, 2014; Kristensen et al., 2021; Zyl et al., 2014; Foster et al., 2021) also refer to the persistent usage of problem-centered and paternalistic approach in practice, regardless of the paradigm shift in theoretical writings.

II. Risk and Protective Factors of Early Identification of Children in Need/At-Risk

Three main *risk factors* emerged from data analysis (see Appendix 6): family-, Child Protective Services and care-related.

Family-related, including the “multi-problem nature” of families (Albuquerque et al., 2020), various traumatic experiences of a child, e.g., child abuse/neglect, violence, severe physical discipline (Chuang & Wells, 2010; Collin-Vézina et al., 2011; Devaney et al., 2019; Figge et al., 2018; Leve et al., 2021; Chuang & Wells, 2010). Baidawi and Sheehan (2020) emphasize cumulative maltreatment and emotional/behavioral challenges of trauma in this context. Greeno et al. (2019) outline the term “vulnerability” in discussing the risk factors – traumatic experiences creating vulnerability, impeding preparation to transition to adulthood, which in turn causes short-term and long-term challenges throughout life course.

Child Protective Services related, including limited time and resources, uncoordinated collaboration and overlapping roles within and across agencies (Albuquerque et al., 2020; Chuang & Wells, 2010). Both studies found that ineffective coordination, different organizational priorities hinder communication and effective solutions remain unnoticed. Furthermore, lack of child-focused practice was identified as a risk factor (Kristensen et al., 2021) for the reason that child non-participation can be seen as the obstacle for determining needs of a child.

Care-related factor emerged from two studies (Baidawi & Sheehan, 2020; Devaney et al., 2019), whereas children in care is considered a risk factor in terms of children with care placement histories are at higher risk of offending, also potential language and learning difficulties, and mental or behavioural issues with fewer positive outcomes for well-being in general. Baidawi and Sheehan (2020) draw a link between care-related factor and child/youth becoming a crossover child/youth. Heightened risk of becoming a crossover child was found in other study related to child abuse/neglect (Chuang & Wells, 2010). Crossover child can be understood as a child who is at risk or is fluctuating between the child welfare and juvenile justice systems (see Centre for Juvenile Justice Reform, 2022).

In identifying *protective factors*, two factors can be outlined (see Appendix 6): Child Protective Services and child/youth-related.

Child Protective Services related, including collaboration (Albuquerque et al., 2020), early intervention efforts (Enell & Denvall, 2017), child-focused practice (Kristensen et al., 2021). Most relevant protective factor found from various studies is related to support. In general, support was referred to in general – support, social support (Boddy et al., 2020; Collins et al., 2010; de Jong et al., 2016; Devaney et al., 2019; Enell & Denvall, 2017; Kaasinen et al., 2022; Häggman-Laitila et al., 2019; Saia et al., 2020). Bakketeig and Backe-Hansen (2018) indicate to flexible support: combination of social support and other services. Devaney et al. (2019) and Hiles et al. (2013) elaborate the importance of emotional support. Other studies discuss support in terms of relationships – supportive relationships, collaborative relationships (Bakketeig & Backe-Hansen, 2018; Boddy et al., 2020; Devaney et al., 2019; Hiles et al., 2013; Kaasinen et al., 2022; Nagpaul & Chen, 2019). Supportive relationships, systemic support, including quality of relationships, continuity of relationships effective aftercare services, and practical support by professionals are seen as the basis for support, improving permanence, positive navigation through negotiating difficulties, stability and promoting resilience of children/youth.

Child/youth-related factors are directly linked to Child Protective Services, the support, interventions provided to facilitate strengths and resources of a child/young person: three main domains were seen from the sample studies – motivation (Enell & Denvall, 2017), socialization skills (Figge et al., 2018) and self-determination (Nagpaul & Chen, 2019), which promote autonomy, social inclusion and informed participation in assessment and decision-making, contributing to overall positive functioning and well-being.

III. Risk Factors Leading to the Child's Risk Behaviour and Protective Factors Supporting the Strengthening of Resilience

For analyzing risk and protective factors, the Ecological Model of Externalizing Behavior was used. The model differentiates between individual factors, family factors, school and peer factors, and neighborhood factors. Individual factors can be further categorized for example to prenatal

exposure to drugs and alcohol, brain and neurobiological development, emotional and behavioral development, and social relationships with parents and peers. Thus, in the following, protective factors belonging to different systems in order to highlight the ones that play an important part in the lives of the children who come to be involved with child protective services and/or justice system, are described based on the data analysis on the final sample. Most of the research and literature has focused on the risk rather than protective factors.

Individual Factors

Protective factors. It is possible to reduce the psychological and biological impacts of toxic stress, to repair children's confidence by focusing on their individual strengths, and to protect children from opportunities to participate in risky behavior (Biglan, 2016 in Chamberlain, 2017). Emotional intelligence has been found as predictive of both quality of life and psychological distress while controlling for general intelligence (Kennedy et al., 2019 in Nunez et al., 2021).

Risk factors. While discussing the children and youth and their risk factors, it should be kept in mind that a decontextualized focus on risk and disadvantage contributes to the stigmatization and dehumanization of an already stigmatized group (Boddy et al., 2020) and that might add to the load of risk factors already having their negative consequences. They have typically experienced trauma, e.g., physical, emotional, sexual abuse; being physically, emotionally neglected (see in Greeno et al., 2019), are poor, and have been exposed to multiple other early adverse experiences (Chamberlain, 2017). The negative impact of pre-care experiences such as childhood trauma and loss has been shown (Stein & Dumaret, 2011 in Boddy et al., 2020). In addition, the death of parents or other close relatives, and bereavements in early adulthood could often destabilize care leavers pathways through education (Boddy et al., 2020).

Some risk factors seem to be constitutional, thus, it must be considered if bringing these to focus will benefit the children. For example, being a male (Graves et al., 2007 in Chuang & Wells, 2010) has been shown to increase the risk of police involvement (see in Baidawi, 2020) but this does not mean that police involvement is inevitable for the boys nor that it would not concern girls. Males are more likely than females to engage in physically aggressive behavior both in childhood, and in adolescence (see in Figge et al., 2018). But rates of relational aggression are higher among female adolescents (Crapanzo et al., 2010 in Figge et al., 2018) and relational aggression is a stronger predictor of social-psychological maladjustment than other forms of aggression (Marsee & Frick, 2007 in Figge et al., 2018). In addition, males have been found more likely to have a neurodisability diagnosis compared to females (Baidawi, 2020). Furthermore, difficult temperament in early childhood is consistently linked to later externalizing behaviors, substance use, and delinquency (see in Figge et al., 2018). Experiences of early childhood maltreatment, as well as subsequent victimization in adolescence (e.g., peer bullying and victimization), have been associated with low self-esteem, which can interfere with youths' resiliency (see in Greeno et al., 2019). Externalizing behaviors in children and adolescents, including disruptive, delinquent, and aggressive behaviors, are highly common and can hinder functioning at home, in academic settings, and in the community, leading to long-term psychosocial problems (see in Figge et al., 2018).

Children with disabilities are more likely to be ill-treated (see in Albuquerque et al., 2020). This does not include only the children who have physical disabilities but also the children with mental, emotional, and behavioural disabilities as well as children at risk for developmental delay (see in Albuquerque et al., 2020). Many of the neuropsychological difficulties are disproportionately seen

among crossover children (including intellectual disability, language and learning difficulties, and mental or behavioural problems including conduct disorder). The difficulties are oftentimes the product of maltreatment, or at least share common etiological pathways with abuse and neglect common etiological pathways (see in Baidawi, 2020). It has been found that disability coexists with maltreatment (Albuquerque et al., 2020).

Earlier police involvement and more serious criminal justice sanctions as well as disproportionately violent offending can be seen as consequences of maltreatment (Baidawi, 2020). Youth with maltreatment histories who become involved in the juvenile justice system are at higher risk for reoffending than their counterparts without maltreatment histories (see in Haight et al., 2014). Earlier offending among crossover children have been associated with greater maltreatment and adversity, earlier child protection involvement, and a history of out-of-home care (Baidawi & Sheehan, 2019 in Baidawi, 2020).

Studies have found that if the reason for care placement was mainly child's behavioural problems, this constituted a risk factor for future involvement with justice system (Ryan, 2012 in Baidawi, 2020). Especially if behavioral problems are left untreated (see in Chuang & Wells, 2010) and these youths often do not receive timely and adequate behavioral health services (see in Greenoa et al., 2019). In addition, children may not be referred for behavioral health assessment until they begin to exhibit externalizing behaviors, leaving those with internalized symptoms untreated (Conradi et al., 2011 in Collins-Camargo et al., 2021).

Children adopted from institutional settings have been shown to have poorer peer and social relationships after a longer time in institutional care prior to adoption (see in Leve et al., 2012). As the youth approach adulthood they have to leave care which might bring to focus the factors associated especially with this transitional period. For example, it has been found that care leavers might not succeed in presenting themselves as needing assistance (Bakketeig & Mathisen 2008 in Bakketeig & Backe-Hansen, 2018). Additional risk factors for this particular period include insecure housing and the uncertainty and complexity of the financial systems (Boddy et al., 2020).

Family Factors

While maintaining contact with families of origin can impact negatively on child well-being, particularly when families engage in 'risky' behaviours, these relationships are often crucially important to a sense of identity and stability (Devaney et al., 2019).

Protective factors. Nurturing caregiving and supportive environment are protective factors (Black et al., 2017 in Albuquerque et al., 2020). Thus, preventing childhood maltreatment with targeting parent-child relationship challenges is of importance (Baidawi, 2020). One of the protective factors are the key parenting skills, thus, it is important to prepare and support foster and relative/kinship parents to use parenting skills that have been proven to be effective (Chamberlain, 2017). Feeling very close to at least one adult family member decreased the youth's likelihood of becoming homeless (Dworsky & Courtney, 2009 in Häggman-Laitila et al., 2019). Parental reinforcement, close supervision, the use of non-harsh consistent limit setting, and school involvement are also well-documented protective factors (Leve et al., 2012; Chamberlain, 2017).

Risk factors. Lack of quality peer and family relationships has been shown to be a risk factor for criminal behavior (Ingram et al., 2007 in Baidawi, 2020). Being exposed to interparental violence influences self-regulation and deprives the child models of effective, prosocial behavioral regulation and conflict resolution, thus, increasing risk for disruptive, delinquent, and aggressive

behaviors (Carlson, 2000 in Figge et al., 2018). Child–parent or child–caregiver conflict (Chung et al., 2002 in Figge et al., 2018) as well as being “kicked out” of home or regularly running away (often from conflictual, abusive, or violent circumstances) are risk factors for police involvement as well as is the context of adolescent family violence (Baidawi, 2020). In addition, the behavioural impacts of cumulative harm is becoming more pronounced as children grow older (Li & Godinet, 2014 in Baidawi, 2020). It has been found that age is a risk factor, with older youth being more likely to receive services (Burns et al., 1995 in Chuang & Wells, 2010).

Another major theme is parental competences or lack of it (Saia et al., 2020). If the caregivers are unable or unwilling to manage the child’s behaviour, mental health, or neurodisability needs, the child’s risk getting involved in child protection services as well as criminal justice system increases (Baidawi, 2020). Also, without additional support, foster caregivers’ stress levels remain high, and they show increased stress sensitivity to children’s behavior problems over time (Fisher & Stoolmiller, 2008 in Leve et al., 2012).

Severe forms of physical discipline are associated with increased child externalizing behavior (see in Figge et al., 2018). Inability to exercise parental competences can be attributed to parents struggling with their own needs, particularly mental health and substance abuse (see in Figge et al., 2018). Parents’ anxiety of having no one to turn to in times of crisis, insufficient knowledge of normative parenting techniques due to the absence of positive role models and the distress derived from a perceived lack of collective efficacy may increase the likelihood of child maltreatment (see in Corwin et al., 2020). Maltreatment from caregivers is a consistent and robust risk factor for later aggression and socioemotional difficulties (see in Figge et al., 2018).

It has been found that children who come to attention of child protective services have oftentimes experienced different types of abuse or maltreatment (see in Devaney et al., 2019; see in Zhang et al., 2021), e.g., high rates of family violence and physical or sexual abuse (Connor et al., 2004 in Collin-Vezina et al., 2011) and maltreatment by family members is one of the reasons why children are separated from the families (Baidawi, 2020). Thus, being a child abuse victim can be categorized among family related factors and it is a significant risk factor for the future of a child. In addition to that, child neglect is one of the family related risk factors (see in Albuquerque et al., 2020). Children who have been abused and/or neglected are at elevated risk of becoming delinquent (see in Chuang & Wells, 2010). Multiple and prolonged exposure to violence and abuse, referred to as “complex trauma”, has particularly deleterious effects on child development and increases risk for subsequent trauma exposure in adulthood (see in Greenoa et al., 2019). Failed family reunifications also contribute to the risk factors (Baidawi, 2020).

School and Peer Factors

Protective factors. Social support is generally considered critical for health and well-being (Uchino, 2004 in Collins et al., 2010). The presence of social support, and social connections can safeguard against distress and serve as a resource to address life’s challenges (see in Corwin et al., 2020). Relationships with parents or other adults as well as social and emotional skills can influence a youth’s ability to build resilience (Masten & Tellegen, 2012 in Greeno et al., 2019). Some young care leavers are able to draw on friends and family to support them through precarious times (Boddy et al., 2020). It has been shown that multiple strong social networks were needed to have an ameliorating effect on psychological stress (see in Hiles et al., 2013). Youth who have a positive and significant relationship with at least one adult tend to fare better in the transition to adulthood (see in Collins et al., 2010). Findings indicate that older foster care youth who had been in a natural mentoring relationship for more than one year reported lower levels of stress (see in

Nunez et al., 2021). But it should be kept in mind that children with institutional or foster-care histories tend to be indiscriminately friendly toward others (Bruce et al., 2009 in Leve et al., 2012).

Risk factors. Peer factors, such as peer antisocial behaviors have been shown to have an important effect on the outcomes (see in Figge et al., 2018). Children’s exposure to offending peers through co-placement in residential care has been shown to increase the risk of further criminal offences (see in Baidawi, 2020). Also, more contentious and less satisfying peer relationships serve as a poor context for obtaining prosocial skills (Patterson et al., 1992 in Figge et al., 2018). Exclusion from school has been shown to be one more risk factor for criminal justice system involvement (Baidawi, 2020). Furthermore, having only one strong network among the three (biological family, peers, foster care) did not result in significant improvement (Perry, 2006 in Collins et al., 2010).

Neighborhood Factors

Protective factors. It has been shown that earlier access to services is connected to more favorable outcomes (see in Albuquerque et al., 2020). Greater social support is associated with more engaged parenting, increased parental supervision, increases in positive parent–child interactions and lower use of verbal threats (see in Corwin et al., 2020).

Risk factors. Exposure to violence is a risk factor for police involvement and criminal justice sanctions (see in Albuquerque et al., 2020). Neighborhood crime predicts increased youth externalizing problems, including conduct problems and antisocial behaviors (Manly et al., 2013 in Figge et al., 2018). A limited social network to fall back on is one of the risk factors especially for care leavers (Bakketeig & Backe-Hansen, 2018). Lack of connections to extended family members, neighbourhood resources, or a sense of community is associated with greater rates of child maltreatment (see in Corwin et al., 2020). Also, parents with lower levels of perceived social support are more likely to report neglectful parenting practices, such as leaving a child in an unsafe place (Freisthler et al., 2014 in Corwin et al., 2020).

Factors Related to Institutions

As a child comes into a focus of different institutions the outcome for a particular child is dependent on many circumstances that describe the processes that happen within the institutions as well as between the institutions.

Protective factors. It has been shown that specialists themselves find close contact and relationships among professionals to help with providing the necessary services in a coordinated way (Albuquerque et al., 2020).

Collaboration between organizations and professionals has been seen as an essential practice for improving service delivery to children and their families (see in Albuquerque et al., 2020). Inter-agency collaboration, can help agencies ensure that youth involved with multiple sectors receive necessary services (see in Chuang & Wells, 2010). Also, collaboration between different services plays an important role (Machel, 2017 in Albuquerque et al., 2020) as a part of the problem is that children and youth are involved with multiple agencies. Existence of explicit and clearly defined structures and effective organization and planning, including shared protocols on collaboration between services, common clear objectives and realistic goals is contributing to favorable results (see in Albuquerque et al., 2020). For example, it was found that youth were significantly more likely to receive both outpatient and inpatient behavioral health services when their care was under

single agency control (Chuang & Wells, 2010) that is the role of a leading partner and concurrent responsibility has to be clearly established. Also, the competencies and motivations of professionals are important regarding the outcomes (Albuquerque et al., 2020).

Furthermore, positive and constructive working relationships between professionals and parents in the child protection context enhance outcomes through increased engagement that, in turn, facilitates change (see in Appleton et al., 2015). Positive relationship that is characterized by availability, a sense of security and continuity between young adults and their caseworker facilitates both agency on the part of the young adult and provision of flexible support according to their needs (Bakketeig & Backe-Hansen, 2018).

Risk factors. Child welfare and behavioral health service delivery systems can be fragmented and do not effectively collaborate to provide appropriate evidence-based treatment (Cooper & Vick, 2009 in Collins-Camargo et al., 2021). A misinterpretation of a child's symptoms may lead to negligible or ineffective services (see in Zhang et al., 2021). Communication problems, limited time and resources are not enabling the specialists to provide as many services as might be needed. Inadequate resources, such as a limited number of professionals, time limits, and the scarcity of monetary and technological resources are hindering the helping process (see in Albuquerque et al., 2020). Lack of training might come about because of staff shortage and workload issues make it difficult to attend training sessions which again affects professionals' ability to be adequately prepared and involved in decisions on planning (Appleton et al., 2015). Furthermore, one of the barriers (and a risk factor in itself) can be professionals' negative beliefs and attitudes or differences in understanding about the role of the family may make it difficult to establish a collaborative relationship (see in Albuquerque et al., 2020).

Placement-Related Factors

As child placement to care is initiated by child protective services, placement-related theme is added in this analysis.

Protective factors. If a child is placed in out-of-home care it is important to take care that they will experience continuity. Continuity resonates with regard to security in the foster placement, in the connections with the family of origin and in relationships with social workers and the support system (see in Devaney et al., 2019).

Risk factors. Out-of-home placement has been shown to be a risk factor (see in Chuang & Wells, 2010) but that often this is due to adversary experiences related to home and thus should not be interpreted outside of context. Still, network disruption has been found to be associated with psychological distress and this relationship was mediated by the strength of the restructured network (Perry, 2006 in Collins et al., 2010). These children may also experience re-traumatization through the investigation process, removal from the home to foster care, and/or transition across multiple foster care settings (see in Zhang et al., 2021). Also, the length of time the child spends in care has been found to be a risk factor as well as the number of placement moves (see in Devaney et al., 2019).

Youth currently in foster care are more likely to experience a number of educational difficulties (e.g., lower standardized test scores, more absences, higher referrals for special education, and higher school dropout rates) compared to their peers (see in Greeno et al., 2019). It has been shown that a history of care placement, out-of-home care (Baidawi, 2020), care placement instability (see

in Greeno et al., 2019) is a risk factor for poorer educational and mental health outcomes (see in Hiles et al., 2013) as well as police involvement (see in Baidawi, 2020). Experiences of insecurity and disruption that are specific to the care experience, such as placement instability and associated educational disruption, or abrupt and unstable transitions out of care (Stein, 2012 in Boddy et al., 2020). Research has identified that children with care placement histories are at higher risk of offending compared with other child protection-involved youth discussion (see in Baidawi, 2020).

Higher Level System Factors

Protective factors. Strengthening community and care system responses that address the impacts of complex trauma, mental health problems, and neurodisability indicate to positive outcomes (Baidawi, 2020). Provision of behavioral health and social services, such as housing or mentorship programs increases the likelihood that youth involved with the child welfare and/or juvenile justice systems will successfully transition back to school, work, and the community (see in Chuang & Wells, 2010). Agency and flexible support are seen as interconnected, with any one leading to the other depending on the communicative process unfolding between the young adult and the caseworker (Bakketeig & Backe-Hansen, 2018).

Aftercare services, on the other hand, improve such outcomes to a greater extent the longer they are maintained (Bakketeig & Backe-Hansen, 2018). Youth who participated in extended care had a higher chance of college enrollment and protected against a decline in housing quality as well as protected against homelessness (see in Nunez et al., 2021). But these services should have characteristics of supportive relationships, participation in decision-making and individualized and flexible services of a sufficient duration to be beneficial (Bakketeig & Backe-Hansen, 2018). Those who most successfully moved on from care were more likely to have had stability and continuity whilst in care and a gradual transition to leaving, with adequate preparation (Stein, 2008 in Hiles et al., 2013). Economic support matters as well (see Bakketeig & Backe-Hansen, 2018), including financial security, avoiding debt, housing security (Boddy et al., 2020).

Risk factors. The obstacles at the community, local, or national level can hinder the help provided by the professional services (see in Albuquerque et al., 2020). One of the issues might be prioritizing practical support over emotional support (Paulsen, 2016 in Baidawi, 2020). Having a poor or ambivalent relationship with their caseworker is another risk factor for the care leavers (Bakketeig & Backe-Hansen, 2018). Also, lack of support for care leavers can increase the likelihood of getting involved in criminal justice system (see in Baidawi, 2020). Furthermore, destabilizing effects for care leavers have been shown to arise from an absence of scaffolding from child welfare or wider systems, exacerbated by lack of flexibility and financial costs within the educational system (Boddy et al., 2020).

IV. Good Practices of Early Identification of Children in Need/At-Risk and Support System

While reviewing studies for the best practices, 7 specific models/programs can be outlined (see Appendix 7): Conferencing models (N=4, including Child Protection Conferencing and Family Group Conferencing model), Trauma-informed practice/care (N=3), Child and Adolescent Needs and Strengths Tool (CANS, N=2). Other models/programs emerged in one article/study: Keeping Foster Parents Trained and Supported (KEEP), The Integrated Family Assessment and

Intervention Model (IFAIM), Multisystem collaboration: The Crossover Youth Practice Model (YUPM), The Signs of Safety (SoS) and Solution-Based Casework (SBC). These programs/models were implemented in following countries: USA (N=6), UK (N=4), Norway (N=2), Australia (N=1) and Portugal (N=1). Several other studies mentioned other interventions or approaches, e.g., systematic approach for safeguarding children, prevention of child maltreatment or evidence-based interventions for promoting resilience.

These programs/models are directed primarily for facilitating families', including children's strengths and resources (Child Protection Conferencing model, CANS, Child Protection Conferencing model, SoS, SBC), parenting skills (KEEP) and used as assessment tools for child participation and child's views (CANS, Family Group Conferencing model, SoS), risk and safety assessment (Child Protection Conferencing model, IFAIM, SoS YUPM, TIP, TIC, SBC), and parental/family participation and views (Child Protection Conferencing model, SoS, Family Group Conferencing model, SBC).

Several other studies mentioned other interventions or approaches. For example, Henggeler and Schoenwald (2011) discussed evidence-based interventions for juvenile offenders (e.g. Functional Family Therapy, Multisystemic Therapy). Kojan and Lonne (2011) compared systematic approach for safeguarding children in Norway and Australia, referring that the main policy focus in Australia is protection and risk, while Norway's systemic approach stresses prevention, early intervention and support. These differences influence practitioner's intervention strategies and how the needs of children and parents are met. Leve et al. (2012) identified eight intervention programs, including Incredible Years (IY); Keeping Foster Parents Trained and Supported (KEEP), Multidimensional Treatment Foster Care for Adolescence (MTFC-A). Putniņa and Skrastiņa (2018) shared experiences of prevention of child maltreatment or evidence-based interventions for promoting resilience, e.g. early-risk detection and support system (Safety training program for children by SOS, using preschool resources to establish child-friendly kindergartens with the focus on early risks by educating and supervising parents). Short summary of these intervention programs, models and practices is presented in Appendix 7.

V. Country-Based Analysis: 3 + 2: UK, Norway, Denmark, Netherlands and Ireland

Based on the data analysis, two countries in Europe were identified as most published regarding the practices/services of early identification of children at-risk/in need – Norway and UK (see Table in Appendix 7). According to the proposed methodology, these countries and practices/services are described in the following. Furthermore, three additional countries, Netherlands, Denmark and Ireland are described as suggested by the Social Insurance Board. Various sources are used for finding data on these three countries: gray literature, scientific articles (listed in the reference list at the end of this section) and information request from researchers in respective countries.

UK

In the UK – England, Northern Ireland, Scotland and Wales – each have their own child protection system to help protect children from abuse and neglect (NSPCC Learning, 2022). Based on the data analysis using PRISMA method and additional data search for evidence-based programs for early identification of children at-risk or in need, different programs were identified in UK.

Information on several child protection conference models was found – *The Strengthening Families* (SF) child protection conference model with an aim to support family participation, to enhance risk assessment by focusing on family strengths and competencies, existing safety and goals (Appleton et al., 2015); *Family Group Conferencing* (FGC, also known as Family Group Decision Making), a family-led decision-making process by involving families in decisions to safeguard the welfare of the family's children (Mitchell, 2020); and *Child Protection Conferencing* (CPC) – Multiagency decision-making forum for practitioners and family members to review serious concerns about child welfare and safety (Foster et al., 2021). These models are focused on child and family participation, interagency collaboration and partnership with the family, child- and family-centred and dialogue based. The framework for assessments in child protection, *The Signs of Safety* (SoS), focusing on solutions and safety of the child, building on the family's strengths (Gibson, 2014) is used in the UK similarly to more than 200 jurisdictions worldwide (Turnell & Murphy, 2014)), described in Appendix 8.

Different therapy models are used for intervention with specific groups, for example, Multisystemic Therapy (MST) – an intensive family and community based intervention for young people aged 11-17 years, where they are at risk of out of home placement in either care or custody due to offending or severe behaviour problems; and Functional Family Therapy – a family based therapy for young people between 11-18 years. The therapy supports the reduction of disruptive communication patterns and focuses on positive interactions, effective supervision and boundary setting (National Implementation Service, 2022).

For parenting support and guidance, various evidence-based interventions are provided, for example, The Incredible Years, *KEEP* – a group training program which aims to increase the positive parenting skills of foster and kinship carers in responding to children's difficulties, reducing placement disruption and enabling children to be successful in childhood and adulthood (National Implementation Service, 2022). Program *KEEP* is described in Appendix 8. Sure Start centres (since in 1998) provide or co-ordinate a variety of early years services, including childcare and social services, which has shown beneficial effects on family functioning (House of Commons, 2017). Furthermore, a parenting app EasyPeasy is designed to provide parents with skills and information to help them build their child's school readiness – online and digital technologies (Acquah & Thevenon, 2020, p. 38). Parenting Wisely used in UK is also a web based program delivered to parents through an interactive CD-ROM for parents of children aged 6 to 18 years old aimed at low income families who have children with moderate behavioural problems (the interactive course includes video demonstrations, quizzes, rehearsal and feedback) (Tusla, 2013). For improving social and academic behavior, an evidence-based program, *School Wide Positive Behavior Support* (WPBS), is implemented (Austin, 2019), described in Appendix 8.

Norway

The Norwegian Child Welfare Services' (Barnevernet) main goal is to ensure that children and adolescents who are living under conditions that represent a risk to their health and/or development receive the help they need when they need it, and to contribute to children and adolescents growing up in safe, secure and caring conditions (The Norwegian Directorate for Children, Youth and Family Affairs, 2022a). Falch-Eriksen and Skivenes (2019, p. 113) refer to Skivenes (2011), indicating that the Norwegian child protection system is family service-oriented and child-centric as it sees the family as the natural context of care and decides upon measures that are supposed to be in the child's best interests. Kojan and Lonne (2011) emphasize the systemic approach stressing prevention, early intervention and support.

In Norway, various evidence-based programs have been implemented for early intervention response. For example, *Parental Management Training – Oregon model* (PMTO) and Multi System Therapy (MST), the parenting program *The Incredible Years*, the Multidimensional Family Therapy program (MDFT) (Tollefsen & Christensen, 2013; cf. Melinder et al., 2021) and *Family Group Conferencing* (The Norwegian Directorate for Children, Youth and Family Affairs, 2022b), and Functional Family Therapy. Based on the data analysis using PRISMA method, *Solution-Based Casework* (SBC) and *Trauma-informed practice* (TIP or trauma-informed care, TIC) was identified in Norway. SBC is an evidenced-informed child welfare practice model providing a conceptual map for a family-centered practice from assessment through case closure (Biggar et al). TIP is a framework based on core principles for understanding the needs of persons who have been exposed to adversities, which are safety, trustworthiness, choice, collaboration, and empowerment (Steinkopf et al., 2020). Topitzes et al. (2019) found that TIP child welfare case management can potentially influence stability and permanency outcomes among service-involved children. These programs (except for MST, MDFT, *The Incredible Years* and TIP) are described in Appendix 8.

Denmark

As the fundamental principle of Danish child and family policy is based on families' needs, guidance and support is provided to parents on how to exercise their parental responsibilities, specifically, universal parenting support service for the 0-3 year olds, offered to all parents with newborns and prolonged for at-risk families if necessary delivered by a healthcare nurse who has special training in child development (Olesen, 2011). The national legislation affirms the importance of ensuring that services are in place to assist, support and strengthen families (Wenke, 2015), ensure stability for children at-risk (Ubbesen, 2013) by focusing on preventive family oriented interventions (Hestbæk, 2011; Pösö et al. 2014). Olesen (2011) outlines that the main focus in supporting parents is on the child, and therefore, the aim is to provide parents with adequate intervention/support when needed, for example an evidence-based parenting program *Parent Management Training – Oregon model* (PMTO) and *The Incredible Years*, evidence-based program *School Wide Positive Behavior Support* (WPBS) implemented since 2006 for promoting the inclusion of special needs children in the normal school system, including for the early identification of at risk families and children. *The Signs of Safety* (SoS) framework for assessments in child protection, focusing on solutions and safety of the child, building on the family's strengths is also used in Denmark (Turnell & Murphy, 2014). The Parental Management Training – Oregon model, School Wide Positive Behavior Support and the Signs of Safety are described in Appendix 8.

Based on the data analysis of the documents, one key word emerged related to the early identification of at risk families and children – attention to deficit/ hyperactivity disorder (ADHD). It was found that in Denmark, one of the most common reason for the placement of children in institutions are situations when parents are unable to handle the behavioural and emotional difficulties children are struggling with (cf. Wenke, 2015, p. 32). Fallesen (2021, p. 2231) outlines that for Denmark, untreated ADHD has been found as a contributing cause for increased risk of out-of-home placement. Therefore, in 2014, the 'preventive measures initiative', The Preventive Measures Package, was implemented for early support for vulnerable children (Olesen, 2017; Wenke, 2015). The Preventive Measures Package consists of the following initiatives: strengthening parental competences through preventive, family-oriented efforts; strategic partnerships between municipalities and organisations on preventive efforts aimed at

disadvantaged children and young people; strengthening early efforts aimed at disadvantaged children in day-care; extending the municipalities' use of leisure activities as a preventive measure for disadvantaged children and young people (Committee on the Rights of the Child, 2016).

Netherlands

In Netherlands, child and youth care system aims to reduce the prevalence of child maltreatment (van Berkel et al., 2020); the municipalities have been responsible for the organization and functioning of youth care and support, prevention, child protection measures and juvenile rehabilitation (Bouma et al., 2016). Since 2011, all municipalities have a Centre for Youth and Family, providing basic preventive children's services, health care, parenting support and family coaching (Netherlands Youth Institute, 2007). Different therapy models are used for intervention with specific groups, for example, Multisystemic Therapy (MST) and Functional Family Therapy (Bekkema et al., 2008). For parenting support and guidance, an evidence-based intervention The Incredible Years is provided.

In 2006, the *Parent Management Training - Oregon model* (PMTO) model was introduced into the Dutch youth care system as an evidence-based intervention for children in the age range 3–12 years with severe behavioral problems (Bekkema et al., 2008). The Parental Management Training – Oregon model is described in Appendix 8.

Furthermore, every school is obliged to have a Care and Advice team as school is often the first place where children with problems are identified. These teams consist of teachers, youth care professionals, social workers, police and (depending on the situation) other professionals, identifying problems at an early stage (Government of the Netherlands, 2022). The use of an integral approach, cooperation, is therefore an important theme in Dutch legislation and policy (Bouma et al., 2016).

For identifying children and youth at-risk, municipalities in Netherlands work with Reference Index for youth at risk (Verwijsindex Risicjongeren, VIR) for coordinating signals from various domains (child and youth healthcare physicians, school nurses, social workers, mental health care providers, school care coordinators, general practitioners, youth psychologists and others) with a goal to prevent problems from escalating, to improve the exchange of information between the different professional systems, to facilitate an efficient collaboration between professionals as well as coordinated assistance, and to improve the assistance for children at risk (Nederlands Jeugd Instituut). According to Knijn and van Nijnatten (2011, p. 233), VIR is based on a national ICT system, and if professional staff in one of the domains signals a risk for a young person and a second risk signal is registered that offers a “match” to the initial reporting professional staff, these signals are taken as an indication that the agencies must coordinate their activities. This kind of an early warning electronic information system enables early reporting of children at-risk to stimulate multidisciplinary collaboration among the different professionals involved with a particular child (Lecluijze et al., 2015).

For identifying possible maltreatment, in 2013 the mandatory Protocol for Child Abuse and Domestic Violence Act (Wet Verplichte Meldcode Huiselijk Geweld en Kindermishandeling) was launched for the professionals who suspect child abuse or domestic violence to act in accordance with the protocol in case of concerns, broadening the responsibility of all professionals working in education, healthcare, childcare, social support, sports, youth care, and justice (van Berkel et al., 2020). The Protocol contains five-step plan: (i) identifying the signs; (ii) consulting with a colleague and contacting with Safe at Home Centre (Veilig Thuis) if necessary; (iii) talking to

persons involved; (iv) assessing occurrence of domestic violence or a child abuse; and (v) deciding of arranging help or reporting the case (Government of Netherlands, 2022).

The Signs of Safety (SoS) framework for assessments in child protection, focusing on solutions and safety of the child, building on the family's strengths is also used in Netherlands (Turnell & Murphy, 2014), described in Appendix 8.

Ireland

In Ireland, the priority for child protection and welfare is promoting the safety and well-being of children, including prevention; statutory responsibility for child welfare and protection lies with Tusla – Child and Family Agency. The role of Child and Family Agency is to promote the welfare of children who are at risk of not receiving adequate care and protection, incl. family support and early intervention response (Department of Children and Youth Affairs, 2017). Based on the data analysis, a solution-focused framework for child protection social work practice, *The Signs of Safety* (SoS), is adopted since 2018 in Social Work Children's Services across Northern Ireland as the practice approach to child care practice (Caffrey & Browne, 2022). The Signs of Safety is described in Appendix 8.

Principles of family support include strengths-based perspective, prevention and early intervention. Various family support initiatives and programs have been implemented in Ireland, which can be divided as universal services for children and families, targeted services for children and families at-risk and programs for specific groups (Tusla, 2013): (i) universal services, for example, The Incredible Years; Preparing for Life (PFL) – an early intervention program for parents of 0-5 years based in North Dublin that aims to improve life outcomes for parents and children by intervening during pregnancy until the child starts school; Sure Start – an early intervention service for parents of 0-5 years originally introduced in the UK and Northern Ireland that targets particular geographical areas that are characterised by high levels of poverty and unemployment; (ii) targeted services, for example, Family Welfare Conferencing – placing the family at the centre of decision making in issues of child welfare; Parenting Wisely – a web based program delivered to parents through an interactive CD-ROM for parents of children aged 6 to 18 years old aimed at low income families who have children with moderate behavioural problems; (iii) programs for specific groups, for example, Multi Systemic Therapy for children and adolescents with conduct disorders; Functional Family Therapy for intensive family intervention.

Summary

Based on the data analysis, an increasing effort in the studied countries is placed on an evidence-based intervention programs (see Appendix 9); following similarities can be identified between these countries, focusing on:

- (i) Positive parenting – strengthening parental competences to promote the stability, development and well-being of children and effective functioning of families (e.g., Incredible Years in all five countries; Preparing for Life in Ireland; Sure Start in Ireland and UK; Parent Management Training – Oregon model in Denmark, Norway and Netherlands), but also intervention designed specifically for foster and kinship carers to facilitate positive parenting skills and therefore, reducing placement disruption (e.g., KEEP in UK). Some parenting support interventions are web-based (e.g., Parenting Wisely and EasyPeasy in Ireland and UK).
- (ii) Prevention and early identification of at-risk families and children was the primary principle of child welfare and services, interventions provided in all five countries,

- which also reflects in the nature of the evidence-based programs implemented. Prevention and early identification was not only targeted through social services, but schools have an essential role in identifying children at-risk (e.g., School Wide Positive Behavior Support in Denmark and UK; school Care and Advice teams in Netherlands).
- (iii) Participatory approaches with children and families – different models implemented aim to support family participation in intervention, for example various types of conferencing models (e.g., Family Group Conferencing in Norway and UK; Child Protection Conferencing and The Strengthening Families Child Protection Conference model in UK; Family Welfare Conferencing in Ireland).
 - (iv) Child-centred perspective with children's needs and wishes being encouraged using their voice and participation via conferencing models, and casework management and assessment models child welfare practice (e.g., Solution-Based Casework in Norway; Signs of Safety in Ireland, UK, Denmark, Netherlands).
 - (v) Children's safety – models and programs are based on safety outcomes and permanency (e.g., Solution-Based Casework in Norway; Signs of Safety in Ireland, UK, Denmark, Netherlands; The Strengthening Families Child Protection Conference model in UK; the mandatory Protocol for Child Abuse and Domestic Violence Act for identifying possible child maltreatment in Netherlands).
 - (vi) Specific support for children with behavioral difficulties – various interventions are implemented for child's behavioral and emotional difficulties (e.g., the Parent Training – Oregon model in Netherlands, specific attention to ADHD children in Denmark; Multi Systemic Therapy in Ireland and UK, Norway, Netherlands, Functional Family Therapy in Netherlands, Ireland and UK, Multidimensional Family Therapy in Norway; Trauma-informed practice in Norway).
 - (vii) Family strengths and competencies – different programs and intervention models build upon family strengths (Parent Management Training – Oregon model in Denmark, Norway and Netherlands; Solution-Based Casework in Norway; Signs of Safety in Ireland, UK, Denmark, Netherlands; The Strengthening Families Child Protection Conference model in UK; Trauma-informed practice in Norway; Family Welfare Conferencing in Ireland).
 - (viii) Multidisciplinary collaboration – An integral approach, agencies and professionals working together for an early identification of children at-risk and improvement of the assistance for children at-risk (e.g., Youth at Risk Index and school Care and Advice teams in Netherlands; Family Group Conferencing in Norway and UK; Child Protection Conferencing and The Strengthening Families Child Protection Conference model in UK).

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LIST OF APPENDICES

Appendix 1. Full List of Articles (EBSCOhost Web, JSTOR, Cambridge Journals, Oxford Journals, Sage Journals, ScienceDirect, Taylor & Francis, Wiley Online Library, n=181)

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Appendix 3. Overview of the Articles Included in the Analysis (n=39)

Author and year	Country	Sample	Method	Study domain	Key findings
Albuquerque et al. 2020	Portugal	N=19, Early Childhood Intervention team members	Semi-structured interviews	Collaboration: early childhood intervention and CPS – young children with disabilities	Collaborative relationship as the basis for effective interventions.
Appleton et al. 2015	UK	N=75 professionals, 13 parents, 9 family members	Mixed-method: semi-structured interviews, observation, document analysis of child protection plans	The Strengthening Families (SF) child protection conference model	Constructive form for addressing child protection issues. Negative views on strength-based and client-focused perspective hinder effective implementation of the model.
Baidawi & Sheehan 2020	Australia	N=300 children aged 0-17	Mixed-method: quantitative characteristics and qualitative data analysis of cases	Crossover children: child protection-involved children in criminal justice system	First police charges occur around the time of initial care placement in the context of conflict with caregivers, ongoing maltreatment, or emotional and behavioural regulation challenges.
Bakketeig & Backe-Hansen 2018	Norway	N=16 young adults ages 20-32	In-depth interviews	Transition from care	Positive relationships between young adults and their caseworker facilitate both agency and the provision of flexible support according to their needs.
Boddy et al. 2020	Norway, Denmark, UK	N=75 young adults aged 16-32	Multi-method qualitative longitudinal approach: interviews	Transition from care	Successful transition requires flexible after-care services with recognising the complexities and essential interdependence of everyday lives.
Chamberlain 2017	USA	N=5 agencies serving over 2000 children	Mixed-method: interviews, online survey, KEEP sessions	Evidence-based parenting intervention KEEP for foster/relative parents	KEEP targets increasing parenting skills and confidence, improving child behavioral and emotional issues.
Chuang & Wells 2010	USA	N=178 youth engaged with the child welfare system	National survey	Inter-agency collaboration for facilitating services for crossover youth	Having a single agency accountable for youth care increases youth odds of receiving outpatient and inpatient behavioral health services.
Collins et al. 2010	USA	N=96 young people aged 19 and above	Mixed method: interview with closed-ended survey	Transition from care: social support	The quality of support is considered in terms of the length of relationship: longstanding and the consistent.

Collins-Camargo et al. 2021	USA	N=1499 cases of CANS assessment for children aged 5 or older and 1475 CANS assessment for 348 children aged 5 or older	and open-ended qualitative items CANS assessment: implementation, strengths and needs of children	Children entering custody	Having a mentor increases odds of completing high school. Information from standardized functional assessment can be useful in placement decisions and determination of appropriate support services.
Collin-Vézina et al. 2011	Canada	N=53 youth aged 14-17	Survey containing various measures (e.g., The Childhood Trauma Questionnaire)	Trauma and resilience in youth in residential care	Multiple forms of trauma are related to depression, anger, posttraumatic stress, and lower individual, relational, and community resilience features.
Cordell et al. 2016	USA	N=9539 children/youth	CANS assessment	Troubled children/youth: mental health	CANS enables to recognize priorities and patterns to more efficiently and effectively serve individual children's needs.
Corwin et al. 2020	USA	N=287 families of cases child abuse, neglect; control group	Mixed-method evaluation study: meeting logs, administrative data, questionnaire completed by the caseworker	Social support: Family Group Conferencing	Structured family meetings may increase levels of social support and provide a protective factor for child safety.
de Jong et al. 2016	Netherlands	N=41 conferences (case studies), 312 respondents	Mixed-methods: case studies (descriptive quantitative data), interviews	Social support and resilience: Family Group Conferencing (FGC)	FGC increases the quality of social support, resilience, the living conditions and helps restoring broken contacts.
de Melo et al. 2013	Portugal	N=a single family case study	Mixed-method evaluation study: pretest, post-test, final post-test, sessions recordings, interviews with family	Child protection assessment: The Integrated Family Assessment and Intervention Model	Efficient clinical significant changes are seen in family and parental functioning through support of the family with the focus on strengths and resilience process.
Devaney et al. 2019	Ireland	N=27, including children, young people,	Biographical narrative interviews	Permanence and stability: children in care	Permanence and stability is most linked to relationships, communication and social support.

Enell & Denvall 2017	Sweden	parents/foster parents N=82 caseworkers	Mixed-method: surveys, interviews	Multiprofessional assessment	Institutional assessment as a solution to achieve change and the young persons' compliance.
Figge et al. 2018	USA	N=1,077 at-risk youth aged 10-16	Multisite longitudinal study	Externalizing behavior of at-risk youth	Combination of risk and protective factors at individual, family, school, and neighborhood levels contribute to distinct trajectories of externalizing problems over time.
Foster et al. 2021	UK	N=14 conference cases, 15 conference staff	Mixed-method: document analysis, audio recordings, interviews	Child Protection Conferences: child-centred practice	Children's participation in conferences is a key component of child-focused practice.
Gibson 2014	UK	N=a case example of a family	Narrative practice	The Signs of Safety: engaging adolescents in safety plans	Looking outside the traditional methods of undertaking child protection casework is emphasised.
Greeno et al. 2019	USA	N=291 current foster youth and former foster youth	Survey	Psychological well-being, risk, resilience of youth in out-of-home care	The need for mental health support for transitioning youth is identified.
Gunawardena & Stich 2021	Canada	N=30 studies	Systematic review	Young people aging out of child welfare: evidence-based interventions	Eight intervention themes across evaluated interventions, including independent living readiness, mentorship, art/mindfulness, self-empowerment, etc.
Haight et al. 2014	USA	N=84 professionals	Mixed-method: records, observation, interviews	Multisystem collaboration: The Crossover Youth Practice Model	Psychosocial changes in terms of improved professional support, strengthens relationships with other professionals and positive shifts in thinking about youth and families is identified.
Henggeler & Schoenwald 2011	USA	N/A	Descriptive literature	Evidence-based interventions: juvenile offenders	Effective programs address key risk factors are rehabilitative in nature, use behavioral interventions, are well specified, and include intensive support.
Hiles et al. 2013	UK	N=47 studies	Systematic review	Social support: care leavers	Social support for young people during their transition from care is a crucial role across informational,

Häggman-Laitila et al. 2019	Finland	N=568	Electronic records	Coping after out-of-home care	instrumental, emotional and appraisal domains More influential social support and personal follow-up to enhance long-term wellbeing as early as possible is needed.
Kaasinen et al. 2022	Finland	N=16 care leavers	Thematic interviews	Care leavers involvement in aftercare services	Good value-based collaboration with the staff and the possibility of mental, concrete and social support enhances the young people's active involvement in their lives.
Karpetsis 2021	Australia	N=28 studies	Systematic review	Clinical supervision in child protection	Clinical supervision may prevent the burnout of practitioners and safeguard the well-being of the families.
Kojan & Lonne 2011	Australia, Norway	N/A	Descriptive literature	Safeguarding children	Differences in systemic approaches influence practitioner's intervention strategies and how the needs of children and parents are met.
Kristensen et al. 2021	Norway	N=93 counselors	Survey	Social services for adults: child-focused practice	Counselors lack of focus on children in general practice.
Leve et al. 2012	USA, UK	N=8 interventions	Systematic review	Evidence-based interventions: promotion of resilience	Children do better in case of foster families receiving support aimed at improving home-based experiences addressing behavioral and neurobiological underpinnings.
Mitchell 2020	UK	N=60 children at-risk, families, professionals	In-depth semi-structured interviews	Family Group Conferencing	The relationship between professionals and service users is central to understanding why and how families achieve longer-term outcomes.
Nagpaul & Chen 2019	Singapore	N=66 youth at-risk aged 15-25 and professionals	Mixed-method: interviews, survey with various scales	Needs of youth at-risk	Self-determination needs are essential needs and play an important role in their overall functioning for youth at-risk.
Nuñez et al. 2012	USA	N=12 articles	Systematic review	Youth transitioning out of foster care: resilience factors	Understanding the resilience factors that help youth successfully transition out of care can help the assessment of resilience and the development of interventions.

Putniņa & Skrastiņa 2018	Latvia	N/A	Descriptive literature	Prevention of child maltreatment	Health systems have a key role to play, not only in providing high-quality services for children who experience violence, but also in detecting and supporting families at risk and implementing prevention programs.
Saia et al. 2020	Estonia	N=22 youth aged 10-17, parents and professionals	Interviews	Interprofessional collaboration: social rehabilitation of dually-involved youth	Truly and fully participation in all rehabilitation process stages are desired by youth and parents.
Steinkopf et al. 2020	Norway	N=19 staff members from child welfare residential facility	In-depth semi-structured interviews	Trauma-informed practice: residential care	Trauma-informed practice strengthens self-awareness, including self-reflection, and certain organizational and cultural practices, including providing a shared coherent mindset, ensuring stability and routines.
Topitzes et al. 2019	USA	N=15 studies	A meta-analysis	Trauma-informed care	Trauma-responsive child welfare case management can potentially influence stability and permanency outcomes among service-involved children.
Zhang et al. 2021	USA	N=598 children, 10 professionals (interviews)	Mixed-method: training, case planning, interviews, descriptive statistics	Trauma-responsive child welfare services	TIC interventions appear to improve all types of examined child emotional and behavioral wellbeing, and the effect on reducing behavioral problems appears to be the most prominent.
van Zyl et al. 2014	USA	N=9 studies	Systematic review	Solution-Based Casework	Child welfare casework practice model based in humanistic, solution focused, family developmental, and cognitive behavioral theories achieve positive outcomes for children.

N/A: not applicable

Appendix 4. Theoretical Approaches in Early Identification of Children in Need/At-Risk and Support

Trauma-Responsive (TR) theoretical frameworks

Trauma-Responsive, also named as Trauma-Informed framework is grounded in an understanding of and responsiveness to the impact of trauma. As a strengths- and needs-based mindset, it realizes the wide impact of trauma, understands potential paths for recovery, recognizes the signs and symptoms of trauma in clients, staff, and others involved. It responds by integrating knowledge about trauma into politics, procedures, and practices, and seeks to resist re-traumatization. The emphasis is on the needs of traumatized persons, and on physical, psychological, and emotional safety for both providers and survivors, with creating opportunities to rebuild a sense of control and empowerment. TR framework should influence all levels of a service system, including culture and policy, and integrate scientific evidence into service arrays to promote resilience to and recovery from trauma. Along with general referrals to strengths-and-needs based trauma-responsive or -informed framework, authors also named principles of restorative practice and Howard Bath's 'three-pillar' approach (i – physical, psychological, social, emotional safety; ii – connections as nurturing relationships and connectedness to social groups; and iii – coping through various strategies, ranging from other-regulation to individual cognitive strategies) as trauma-responsive theoretical basis for their studies and/or studied practices. *The concept of Adverse childhood experiences* (ACE) is also related to the framework, which emphasizes how early childhood abuse, victimization and trauma cause long-term physical and psychological health consequences. TR theory is most used in Trauma-responsive/Trauma-informed Care (child welfare services, programs, interventions and management combining specialized training, assessment, case planning and case consultation); also in Strengthening Families model for Initial Child Protection Conferences (SF ICPC) (Appleton et al., 2015; Collins-Camargo et al., 2021; Collin-Vézina et al., 2011; Greeno et al., 2018; Steinkopf et al., 2020; Topitzes et al., 2019; Zhang et al., 2021).

Resilience theory with risk vs protective factors perspective

Resilience refers broadly to the dynamic process by which individuals achieve successful adaptation (or maintain healthy functioning) following exposure to significant adversity (Nuñez et al., 2021). Resilience is recognized as a developmental feature that captures individual differences in adaptation to specific risk contexts or developmental hazards, including maltreatment and foster-care placement. The topic of individual resilience is one of considerable social, scientific, clinical, and policy importance, particularly in relation to policies that focus on the early identification, prevention, and treatment of mental health disorders and developmental impairment (Leve et al., 2012, p. 1199). Within the therapeutic milieu, it is generally accepted that in order to bolster resilience, it is necessary to identify and build on strengths (Collin-Vézina et al., 2011).

Resilience theory with risk vs protective factors perspective is used as a background framework for different child welfare evidence-based interventions that aim to promote resilience processes and improve outcomes for (foster) children: Attachment and Biobehavioral Catch-up (ABC); Multidimensional Treatment Foster Care for Preschoolers (MTFC-P); Bucharest Early Intervention Project (BEIP), Incredible Years (IY) intervention, Keeping Foster Parents Trained and Supported (KEEP), Middle School Success (MSS), as a derivative of KEEP, Fostering Individualized Assistance Program (FIAP). The theory is also considered in Family Group Conferencing (FGC); in multisystemic, strength-based, in-home, collaborative family-centered

programs like The Integrated Family Assessment and Intervention Model (IFAIM) and in interventions for young people aging out of the child welfare system, including transitional living programs, for example interventions related to independent living readiness (including interventions addressing social, educational, housing, employment, health and wellness support, also life skills training; in mentorship programs, in psychological empowerment, art and mindfulness interventions; in education- and employment-related interventions; in self-determination interventions for at-risk youth; and in interprofessional collaboration when providing social rehabilitation services for dually-involved youth (Baidawi, 2020; Boddy et al., 2020; Collin-Vézina et al., 2011; Collins et al., 2020; de Melo & Alarcão, 2013; Figge et al., 2018; Greeno et al., 2018; Gunawardena & Stich, 2021; Hiles et al., 2013; Häggman-Laitilaa et al., 2019; Leve et al., 2012; Nagpaul & Chen, 2019; Nuñez et al., 2021; Saia et al., 2020).

Social support related theories in two intersecting categories: individual and societal level theories

Individual-level social support theories focus on bio-psychosocial aspects of human development and personal need for supportive relationships. In this context, one of the most influential theories is *attachment theory* (AT), which states that early relationships with primary caregivers form our beliefs and expectations in relation to ourselves and others, leading to characteristic ‘patterns’ of relating (‘attachment’). Formation of a secure attachment relationship with a caregiver is a primary developmental task in early childhood; maltreatment from the caregiver interrupts this process; thus the nature of present relationships is influenced by those in the past. *Social support*, a multi-dimensional concept, is related to AT, as the influence of past relationships on the development of future relationship networks is highlighted, as well as the dynamic nature of social relations. Involvement in multiple networks (e.g., birth family, foster family, peer networks) functions as a protective factor and network disruptions are associated with higher levels of psychological distress. Social support is considered particularly essential for vulnerable populations during times of transition. *Biopsychosocial model of long-term foster care* combines AT, resilience theory and notions of family identity. Foster carers provide a ‘secure base’, and supportive relationship with the carer has the key role in receiving practical and emotional support; such base facilitates learning, taking on new challenges with the option to return when feeling unsafe. This ‘secure base’ is physical, relational, practical, emotional, and central to care leavers. *Bridges’ model of transition in the context of foster care* emphasizes the importance of well-planned ending of the foster care relationship and providing appropriate emotional support to manage this loss. As psychological and social transitions occur asynchronously, young people are often being forced to make a social transition, before having made a psychological transition. Proper attention and support in the ‘in-between zone’ is necessary for a psychological transition. *Vygotski’s metaphor of ‘scaffolding’* is an individual-level social support construct that is conjoined with a societal level *concept of precarity* to form a framework for explaining how the children in care are dependent on social systems and structures to scaffold them through transitions for avoiding social and economic exclusion. On an individual level, Vygotskian concept of ‘scaffolding’ marks a capability to do more with the assistance from others – support from primary caregivers is essential for the exercise of freedom. Some practices following these theoretical guidelines are Family Group Conferencing (FGC), The Signs of Safety (SoS) and Safety Plans, The Strengthening Families model for Initial Child Protection Conferences (SF ICPC) and Child Protection Conferences (CPC); also, most of the evidence-based interventions already listed under resilience theory, as these frameworks have several points of intersection (Appleton et al., 2015; Boddy et

al., 2020; Collins et al., 2010; Corwin et al., 2020; Gibson, 2014; Hiles et al., 2013; Leve et al., 2012; Richardson Foster et al., 2021).

Societal level theories address the concept of social support as a wider phenomenon with emphasis on social systems' responsibilities and functioning. *Socio-cultural perspective* focuses on psychosocial processes maintained through the everyday experiences and practices of individuals with various social positions within particular contexts. Cultural systems have both structural (change and stability of official hierarchies) and psychosocial processes (individuals' values, relationships, interactions). *Social capital theory* is also relationship-oriented and resource-focused, viewing social capital as an aggregate of actual or potential resources that are linked to a network of mutual relationships; social capital can also be a resource for help – support within the network. *The concept of precarity in the context of disadvantaged children and youth* underlines their higher risk of social and economic exclusion and inequality, as they are dependant on social systems and structures with fewer opportunities for social support. Young people have a dependant relationship with the state, relying on social systems' workers to scaffold them through transitions in their lives – freedoms and precarities are shaped by professionals and institutions. *Relational perspective in the context of care leavers* highlights the importance of concentrating on the quality of supportive relationships, not only technical aspects of service provision – flexible support is a combination of social support and services. This enables the youth to become independent through a process of interdependence, with focus on supportive relationships, participation in decision-making and individualized flexible services with sufficient duration. These theoretical standpoints are most used in the context of youth transitioning out of care in transitional living programs and interventions related to independent living readiness, but also in Family Group Conferencing (FGC) and for Crossover Youth Practice Model (CYPM) (Baidawi, 2020; Bakketeig & Backe-Hansen, 2018; Boddy et al., 2020; De Jong et al., 2015; Haight et al., 2014).

Humanism and general humanistic approaches

Humanism is in essence a person-centered and strengths-based theory thus commonly proposed as a suitable approach for social work practice. Focus is on human values, dignity and each individual's potential of growth and self-actualization. Like in social construction, the idea of everyone's unique way of perceiving the world is honoured. *Positive Psychology paradigm* is a scientific approach to studying human thoughts, feelings, and behavior, with a focus on strengths, gratitude, (self-)esteem and (self-)compassion; clients' capabilities are emphasized instead of their disabilities. The approach urges people to find positive experiences (happiness, joy, inspiration, and love), states and traits (gratitude, resilience, and compassion), and institutions (applying positive principles within entire organizations and institutions). *Self-determination theory (SDT)* highlights personal needs and their fulfilment, especially psychological need for autonomy and client expectations that have to be considered in service provision. Self-determined people are actors in their lives rather than being acted upon, they are motivated to fulfil three basic psychological needs in conjunction to physical needs: autonomy, competence and relatedness. Contextual factors are also important as the environment/context is seen as either supportive of needs fulfilment or a challenge to satisfaction of needs. Thus, the theory pays special attention to the person-environment fit. Humanistic theories form an important foundation for Solution focused (brief) therapy, Solution-Based Casework (SBC) practice model for child welfare, Family Group Conferencing (FGC), Trauma-Informed Care (TIC) (De Jong et al., 2015; Nagpaul & Chen, 2019; Steinkopf et al., 2020; Zyl et al., 2014).

Children's rights and best interest principle

According to the *UN Convention on the Rights of the Child* (CRC), children have the right to express their views in matters affecting them, and their views should be given due weight (article 12); children's best interests must be the primary concern when making decisions that may affect them (article 3). *Child-friendly justice and children's rights* are discussed in several articles. It is outlined that service providers need to adopt a family-focused and supportive mindset. In order to have such a child-centered focus, awareness of the CRC is essential. Children's views have to be considered, along with family members' and relevant practitioners'. Several authors (Kristensen et al., 2021; Foster et al., 2021; Zyl et al., 2014; Gibson, 2014) refer to the ignoring of children's rights in child welfare practice as children's participation is found to be low, and child-focused decision-making and planning is rarely achieved. Thus, implications are made to change the situation. Examples of children's rights and best interest principle in child- and family welfare practices include Australian and Norwegian child protection systems, aftercare services for child welfare clients in Finland, child maltreatment prevention in Latvia and interprofessional collaboration in social rehabilitation services for dually-involved youth in Estonia (Kaasinen et al., 2021; Kojan & Lonne, 2012; Kristensen et al., 2021; Putniņa & Skrastiņa, 2018; Richardson et al., 2021; Saia et al., 2020).

Cognitive behavioral and social learning theories

These are solution- and strengths-focused frameworks, where maltreatment is viewed as a result of different events, thoughts, feelings, behaviors; dysfunctional patterns are understood at individual and family level, and explored to identify factors that maintain maltreating behavior. Individual cognitive behavioral patterns can be changed to improve child safety. *Family life cycle theory* (FLCT) is a strengths based approach to help case workers understand family's struggle and parenting issues and identify the maltreatment context. The normalization of struggles in parenting and the realization that every family struggles with developmental milestones and transitions are the key concepts; giving hope about learnable strategies to deal with difficulties is essential. Prevention studies indicate that parenting skills can be taught, and are malleable. This reduces the psychological and biological impacts of toxic stress, repairs children's confidence by focusing on their individual strengths, and protects children from opportunities to participate in risky behavior. These frameworks are often used in evidence-based interventions for juvenile offenders and/or foster care children, examples are Solution-focused (brief) therapy, Functional family therapy (FFT), Solution-based casework (SBC) practice model for child welfare, Multisystemic therapy, Multidimensional treatment foster care (MTFC), The Strengthening Families model for Initial Child Protection Conferences (SF ICPC), Family Group Conferencing (FGC), The Integrated Family Assessment and Intervention Model (IFAIM) (Appleton et al., 2015; Chamberlain, 2017; Corwin et al., 2020; de Jong et al., 2015; de Melo & Alarcão, 2013; Henggeler & Schoenwald, 2011; Leve et al., 2012; Zyl et al., 2014).

Socio-ecological and multisystemic theories, including Bronfenbrenner's theory of social ecology

Socio-ecological theories have several common features with the societal-level social support frameworks but the emphasize is more on connections between social systems and their influence on personal behavior. In Bronfenbrenner's theory youth are viewed as nested within multiple systems and indirect influences on behavior. Among others, the critical role of parental supervision and monitoring for prosocial peer activities is emphasized. *Ecological Model of Externalizing*

Behavior (EB) takes a developmental psychopathology perspective stating that the child's development of EB and adaptation is shaped by individual, family, school/peer, community and cultural factors as different social – ecological levels influence each other. Both *sociocultural and systems change perspectives* explain how systems are maintained and changed through different processes. Practices in line with socio-ecological theories are evidence-based interventions used with juvenile offenders and/or foster care children, for example, Functional family therapy (FFT), Multisystemic therapy (MST), Multidimensional treatment foster care (MTFC); The Integrated Family Assessment and Intervention Model (IFAIM), Family Group Conferencing, Crossover Youth Practice Model (CYPM) (Corwin et al., 2020; de Melo & Alarcão, 2013; Devaney et al., 2019; Figge et al., 2018; Haight et al., 2014; Henggeler & Schoenwald, 2011).

Inter-organizational and -professional collaborative framework

In the context of child welfare service provision, it is useful to consider the organizational and professional perspective. *Strauss's concept of care trajectory* helps to analyse how caseworkers shape and manage the care trajectories. Trajectory marks the course of any experienced phenomenon evolving over time with actions and interactions contributing to its evolution. Phases in an ideal care trajectory in child welfare are assessment, planning, intervention and review. Assessment should be an ongoing process. *Collaboration is a multidimensional construct*, where associations between three dimensions of collaboration can be explored: jurisdiction, or the establishment of agency responsibility; shared information systems for collaborative efforts; overall connectivity – different ways agencies work together. *Inter-organizational relationships* involve different types of collaboration and integration. *Reeves et al. (2010) conceptual framework for interprofessional teamwork* highlights the complexity of team-based care, based on four core elements: relational factors (power, hierarchy, leadership influence); procedural factors (collaborative processes, time, space, task complexity); organizational factors (the impacts of local institutional structures and management processes); contextual factors (the broader cultural, political, social, and economic issues that frame interprofessional collaboration. *EPIS conceptual framework* examines exploration, preparation, implementation, and sustainability in the context of public service interventions. It identifies global factors that influence outer and inner contextual variables affecting interventions in child welfare and other public service sectors. *Outcome-led discourse* considers outcome measures a key way of defining and measuring the quality of services, for example effectiveness is evaluated through outcomes. *Sociocultural and systems change perspectives*, first discussed under socio-ecological and multisystemic frameworks, are also important to consider in the context of multisystem collaborations as child welfare and juvenile justice systems are cultural systems with structural (change and stability of official hierarchies, administrative structures, formal policies) and psychosocial processes (values, understanding, relationships and interaction). Some practices with special attention on inter-professional collaboration can be outlined as following: Family Group Conferencing (FGC), Parenting Through Change for Reunification (PTC-R), Keeping Foster Parents Trained and Supported (KEEP), Crossover Youth Practice Model (CYPM), Swedish child welfare caseworkers managing care trajectories for at-risk youth, the collaboration between early childhood intervention and child protection systems, inter-agency collaboration for youth involved with child welfare and juvenile justice. (Albuquerquea et al., 2020; Chamberlain, 2017; Chuang & Wells, 2010; Enell & Denvall, 2015; Haight et al., 2014; Mitchell, 2020; Saia et al., 2020)

Appendix 5. Description of Theoretical Approaches in Early Identification of Children in Need/At-Risk and Support

Theoretical framework	Key characteristics	Practices applying the framework	References
Trauma-Responsive theoretical frameworks	Strengths-based Needs-based with the focus on: the needs of traumatized people and the service needs at the individual, organizational, and community level Understanding, recognizing, responding to the impact of trauma Emphasis on physical, psychological, emotional safety Promoting resilience to and recovery from trauma A comprehensive system-level approach	Trauma-Responsive/Trauma-Informed Care (child welfare services, programs, interventions, management) Strengthening Families model for Initial Child Protection Conferences (SF ICPC) Questionnaires, checklists, scales etc. for assessing children's/youths' trauma-experience and well-being An independent living program Achieve My Plan (AMP)	Appleton et al. 2015; Collins-Camargo et al. 2021; Collin-Vézina et al. 2011; Greeno et al. 2018; Steinkopf et al. 2020; Zhang et al. 2021; Topitzes et al. 2019
Resilience theory with risk vs protective factors perspective	Strengths-based Focus on individual differences and variation in response to comparable experiences Can be learned and strengthened Protective factors as intra- and interpersonal characteristics promoting adaptation Protective factors promoting healthy self-esteem, positive peer networks, attachment to school, prosocial activities, and result in more positive outcomes	Attachment and Biobehavioral Catch-up (ABC) Multidimensional Treatment Foster Care for Preschoolers (MTFC-P) Bucharest Early Intervention Project (BEIP) Incredible Years (IY) Keeping Foster Parents Trained and Supported (KEEP) Middle School Success (MSS), as a derivative of KEEP Fostering Individualized Assistance Program (FIAP) Multidimensional Treatment Foster Care for Adolescents (MTFC-A), a program involving placement with a foster family Family Group Conferencing (FGC) An in-home family-centered program Integrated Family Assessment and Intervention Model (IFAIM) Transitional living programs Achieve My Plan (AMP) Psychological empowerment, art and mindfulness interventions Education- and employment-related interventions My Life self-determination intervention and SDT-focused mentoring	Baidawi 2020; Boddy et al. 2020; Collin-Vézina et al. 2011; Collins et al. 2010; Corwin et al. 2020; Figge et al. 2018; Greeno et al. 2018; Gunawardena & Stich 2021; Hiles et al. 2013; Häggman-Laitilaa et al. 2019; Leve et al. 2012; de Melo & Alarcão 2013; Nagpaul & Chen 2019; Nuñez et al. 2021; Saia et al. 2020

Individual-level social support theories	<p><i>Attachment theory (AT):</i> relationship- and needs-based, identity development in focus, emphasizing the importance of early relationships with primary caregivers/key attachment figures</p> <p><i>Social support as a multi-dimensional concept:</i> life-course perspective, identity development, dynamic nature of social relations, importance of family relations and relationship networks</p> <p><i>Bio-psychosocial model of long-term foster care:</i> integrating AT, resilience theories and notions of family identity, emphasizing the importance of supportive relationship with the carer, promoting a sense of belonging</p> <p><i>Bridges' transition model in the foster care context:</i> three stages to the leaving care process (ending care, in-between zone ,new beginning), whereas support in the 'in-between zone' is necessary for a psychological transition</p> <p><i>Vygotski's metaphor of 'scaffolding:</i> support from primary caregivers is seen essential to exercise freedom, children in care dependent on social systems and structures, scaffolding depends on professionals instead of family</p>	<p>Interprofessional collaboration for providing social rehabilitation services for dually-involved youth</p> <p>Attachment and Biobehavioral Catch-up (ABC)</p> <p>Multidimensional Treatment Foster Care for Preschoolers (MTFC-P)</p> <p>Bucharest Early Intervention Project (BEIP)</p> <p>Incredible Years (IY)</p> <p>Keeping Foster Parents Trained and Supported (KEEP)</p> <p>Middle School Success (MSS), as a derivative of KEEP</p> <p>Fostering Individualized Assistance Program (FIAP)</p> <p>Multidimensional Treatment Foster Care for Adolescents (MTFC-A), a program involving placement with a foster family</p> <p>Family Group Conferencing (FGC)</p> <p>The Signs of Safety (SoS) and Safety Plans</p> <p>The Strengthening Families model for Initial Child Protection Conferences (SF ICPC)</p> <p>Child Protection Conferences (CPC)</p>	<p>Appleton et al. 2015; Boddy et al. 2020; Collins et al. 2010; Corwin et al. 2020; Foster et al. 2021; Gibson 2014; Hiles et al. 2013; Leve et al. 2012</p>
Societal level social support theories	<p><i>Sociocultural perspective:</i> focus on psychosocial processes, emphasizing the importance of social positions in social context</p> <p><i>Social capital theory:</i> relationship- and resource-focused, community-based, emphasizing the importance of social support and networking</p> <p><i>The concept of precarity:</i> vulnerability to dispossession, poverty, insecurity, harm, fewer opportunities for social support</p> <p><i>Relational perspective in the context of care leavers:</i> quality of supportive relationships vs technical aspects of service provision,</p>	<p>Transitional living programs and interventions related to independent living readiness</p> <p>Family Group Conferencing (FGC)</p> <p>Crossover Youth Practice Model (CYPM)</p>	<p>Baidawi 2020; Bakketeig & Backe-Hansen 2018; Boddy et al. 2020; Haight et al. 2014; de Jong et al. 2015</p>

Humanism and general humanistic approaches	<p>independence through a process of interdependence (focus on supportive relationships, participation in decision-making and individualized flexible services)</p> <p><i>Humanism</i>: person-centered, strengths-based, focused on human values and dignity, solutions, strengths, empowerment, etc.</p> <p><i>Positive psychology</i>: focused on strengths and capabilities instead of weaknesses, optimism, gratitude, (self-)esteem and (self-)compassion</p> <p><i>Self-determination theory (SDT)</i>: focused on personal needs and their fulfilment, clients' expectations considered in service provision</p>	<p>Solution focused (brief) therapy</p> <p>Solution-Based Casework (SBC) practice model for child welfare</p> <p>Family Group Conferencing (FGC)</p> <p>Trauma-Informed Care (TIC)</p>	<p>de Jong et al. 2015; Nagpaul & Chen 2019; Steinkopf et al. 2020; Zyl et al. 2014</p>
Cognitive behavioral and social learning theories, including Family life cycle theory (FLCT) and prevention studies	<p>Solution-focused</p> <p>Strengths-based</p> <p>Prevention- and safety-oriented</p> <p>Understanding dysfunctional patterns and maltreatment context</p> <p>Identifying and changing harmful behaviors</p>	<p>Solution-focused (brief) therapy</p> <p>Solution-based casework (SBC) practice model for child welfare</p> <p>Functional family therapy (FFT)</p> <p>Multidimensional treatment foster care (MTFC)</p> <p>Multisystemic therapy (MST)</p> <p>The Strengthening Families model for Initial Child Protection Conferences (SF ICPC)</p> <p>Family Group Conferencing (FGC)</p> <p>The Integrated Family Assessment and Intervention Model (IFAIM)</p> <p>Parenting Through Change for Reunification (PTC-R)</p> <p>Attachment and Biobehavioral Catch-up (ABC)</p> <p>Multidimensional Treatment Foster Care for Preschoolers (MTFC-P)</p> <p>Multidimensional Treatment Foster Care for Adolescents (MTFC-A)</p> <p>Bucharest Early Intervention Project (BEIP)</p> <p>Incredible Years (IY)</p> <p>Keeping Foster Parents Trained and Supported (KEEP)</p> <p>Fostering Individualized Assistance Program (FIAP)</p>	<p>Appleton et al. 2015; Chamberlain 2017; Corwin et al. 2020; Henggeler & Schoenwald 2011; de Jong et al. 2015; Leve et al. 2012; de Melo & Alarcão 2013; Zyl et al. 2014</p>
Socio-ecological and multisystemic frameworks	<p><i>Bronfenbrenner's theory of social ecology</i>: viewing different levels of systems</p>	<p>Functional family therapy (FFT)</p> <p>Multisystemic therapy (MST)</p>	<p>Corwin et al. 2020; Devaney et al. 2019;</p>

Inter-organizational and - professional collaborative frameworks	<p>(connections and interaction between systems), which influence (direct and indirect influences) people's behavior</p> <p><i>Ecological model of externalizing behavior:</i> a developmental psychopathology perspective, acknowledging different social-ecological levels influencing each other</p> <p><i>Sociocultural and systems change perspectives:</i> systems change (focus on structural processes), sociocultural perspective (focus on psychosocial processes maintained through experiences and practices of individuals with various social positions within their contexts), integration of perspectives (structural and psychosocial processes involved in systems change and stability)</p>	<p>Multidimensional treatment foster care (MTFC)</p> <p>The Integrated Family Assessment and Intervention Model (IFAIM)</p> <p>Family Group Conferencing</p> <p>Crossover Youth Practice Model (CYPM)</p>	<p>Figge et al. 2018; Haight et al. 2014; Henggeler & Schoenwald 2011; de Melo & Alarcão 2013</p>
	<p><i>Strauss's concept of care trajectory:</i> life-course perspective, sociological understanding of the child welfare management (phases: assessment, planning, intervention, review)</p> <p><i>Three dimensions of collaboration:</i> jurisdiction (establishment of agency responsibility), shared information systems for collaborative efforts, overall connectivity (ways agencies work together)</p> <p><i>Conceptual framework for interprofessional teamwork:</i> core elements include relational, procedural, organizational and contextual factors, which frame interprofessional collaboration</p> <p><i>EPIS conceptual framework:</i> exploration, preparation, implementation, sustainability</p> <p><i>Outcome-led discourse:</i> defining and measuring the quality and effectiveness of services through outcome measures</p> <p><i>Sociocultural and systems change perspectives:</i> differing perspectives can result in tensions between systems (child welfare and juvenile justice systems)</p>	<p>Family Group Conferencing (FGC)</p> <p>Parenting Through Change for Reunification (PTC-R)</p> <p>Keeping Foster Parents Trained and Supported (KEEP)</p> <p>Crossover Youth Practice Model (CYPM)</p> <p>Swedish child welfare caseworkers managing care trajectories for at-risk youth</p> <p>Collaboration between early childhood intervention and child protection systems</p> <p>Inter-agency collaboration for youth involved with child welfare and juvenile justice</p> <p>Interprofessional collaboration (IPC) as a practice for children and families with complex needs and multiple risks</p>	<p>Albuquerquea et al. 2020; Chamberlain 2017; Chuang & Wells 2010; Enell & Denvall 2015; Haight et al. 2014; Mitchell 2020; Saia et al. 2020</p>

Appendix 6. Risk and Protective Factors of Early Identification of Children in Need/At-Risk

Reference	Risk factors	Protective/ supportive factors	Theoretical (T)/ empirical finding (E)*		Domain	Reason for risk/support**	Influence of well-being***	Intervention proposed****
			T	E				
Albuquerque et al. 2020	Multi-problem families		x		Child abuse of children with disabilities	Multi- assessment by various social services	Detrimental to child's development	N/A
Albuquerque et al. 2020		Collaboration	x		Child abuse of children with disabilities	Improvement of service delivery	Adequate early development	N/A
Albuquerque et al. 2020	Overlapping roles			x	Child abuse of children with disabilities	Ineffective work with child and family	Limited communication, effective solutions remain unnoticed	Optimization of resources, clearly defined structures associated with formal agreements.
Albuquerque et al. 2020	Limited time and resources			x	Child abuse of children with disabilities	Impediment for the effectiveness of the response	Absence of proximity, segmented intervention	N/A
Baidawi & Sheehan 2020	Cumulative maltreatment and emotional/behavioral challenges of trauma, mental health		x	x	Child maltreatment, crossover children, out-of- home care	Maltreatment recurrence and persistence into adolescence	Quality care and effective intervention	Understanding the nature of crossover children's initial criminal justice contact can inform responses aiming to avert this trajectory.
Baidawi & Sheehan 2020	Care-related factor		x	x	Child maltreatment, crossover children, out-of- home care	Children with care placement histories are at higher risk of offending	Intellectual disability, language and learning difficulties, and mental or behavioural issues	Efforts towards preventing offending for child- protection-involved youth should focus on targeting parent-child relationship challenges, and strengthening community and care system responses that address the impacts of complex trauma, mental health problems.

Bakketeig & Backe-Hansen 2018		Flexible support: combination of social support and other services	x	x	The role of Child Welfare Services in assisting young care leavers	Positive relationships: relational approach; effective aftercare services	Successful transition to adulthood; lack of support may result in lack of agency	Quality aftercare services with flexible support.
Boddy et al. 2020		Resources for flexibility	x	x	Support for care leavers in transition to adulthood	Availability of resources and systemic support	Positive navigation through potentially destabilizing experience	Flexible, not time-bounded services in after-care and in wider state system.
Chuang & Wells 2010	Child abuse/neglect		x		Inter-agency collaboration for facilitating services for crossover youth	Heightened risk of becoming a crossover child	Behavioural issues	The need for provision of behavioral health services for those in need of such services.
Chuang & Wells 2010	Uncoordinated collaboration		x	x	Inter-agency collaboration for facilitating services for crossover youth	Ineffective coordination across agencies, different organizational priorities, difficulty in tracking cases	Negative outcomes of quality services	Clear responsibility of agency staff for youths' care may have an important impact on service outcomes; jurisdiction and shared information systems are important dimensions of inter-agency collaboration. Interventions might aim to enhance existing relationships rather than to create new ones.
Collins et al. 2010		Social support	x	x	Transition from care: social support	Social support network, including formal systems of care	Positive functioning	
Collin-Vézina et al. 2011	Various traumatic experiences (abuse, neglect, violence)		x	x	Trauma and resilience in youth in residential care	Restrictiveness of placement	Various mental health conditions	The need to more clearly identify the profiles of these youth and to suggest therapeutic programming tailored to their specific needs is clearly indicated.
de Jong et al. 2016		Social support	x	x	Social support and resilience: Family Group	Solution-focused, empowering	Strengthening resources, resilience	N/A

					Conferencing in mental health care			
Devaney et al. 2019	Children in care		x		Permanence and stability: children in care	Residential environment, placement moves	Fewer positive outcomes for well-being	N/A
Devaney et al. 2019	Child abuse/neglect		x		Permanence and stability: children in care	The length and care at family home, child's age	Fewer positive outcomes for well-being	N/A
Devaney et al. 2019		Relationships	x	x	Permanence and stability: children in care	The quality of relationship with carers	Improved permanence, stability	N/A
Devaney et al. 2019		Emotional support, trust		x	Permanence and stability: children in care	The quality of relationship with social worker, including continuity of the relationship	Positive navigation through negotiating difficulties and enhancing stability	Continuity with regard to relationship with the child-welfare services/system and individual practitioner.
Devaney et al. 2019		Support		x	Permanence and stability: children in care	Early stages of care placement	Enhancing stability	N/A
Enell & Denvall 2017		Support		x	Multi-professional assessment	Identification of strengths, open communication	Comprehensive understanding of needs, informed intervention	N/A
Enell & Denvall 2017		Motivation		x	Multi-professional assessment	Comprehensive assessment	Comprehensive understanding of needs, informed intervention	N/A
Enell & Denvall 2017		Assessment		x	Multi-professional assessment	Finding a solution	Comprehensive understanding of needs, difficulties informed intervention	N/A
Enell & Denvall 2017		Early intervention efforts		x	Externalizing behavior of at-risk youth	Prevention or treatment targeting	Increase in probability of well-being	N/A

Figge et al. 2018	Maltreatment, severe physical discipline		x	Externalizing behavior of at-risk youth	externalizing problems Chronic externalizing behaviour	Negative impact on well-being	N/A
Figge et al. 2018	Socialization skills		x	Externalizing behavior of at-risk youth	Social inclusion	Developmental protective factor	Adolescent externalizing trajectories are best understood using a social-ecological framework.
Greeno et al. 2019	Vulnerability		x	Psychological well-being, risk, resilience of youth in out-of-home care	Traumatic experiences impeding preparation to transition to adulthood	Short-term and long-term challenges throughout life course	There is a need for preparation for exit from child welfare.
Hiles et al. 2013	Supportive relationship		x	Social support: care leavers	Social support, including emotional and practical support by professionals	Promoting resilience	Young people need to be involved in identifying key relationships, particularly those within their extended family and there needs to be both practical and emotional support to manage them.
Häggman-Laitila et al. 2019	Support		x	Coping after out-of-home care	Social support for families with children	Positive coping, long-term well-being	The need to modify aftercare services based on leavers and to allocate resources to support those who need support most.
Kaasinen et al. 2022	Support		x	Care leavers involvement in aftercare services	Provision of wider support: mental, concrete, social support	Developmental needs	Support should be provided with a comprehensive approach and in a multiprofessional and coordinated manner.
Kaasinen et al. 2022	Collaborative relationships		x	Care leavers involvement in aftercare services	Quality of collaboration	Involvement in child welfare processes and decision-making	Collaborative relationships should be based on individuality, equality, fairness, trust, a non-judgmental attitude.

Kristensen et al. 2021	Lack of child-focused practice		x	Social services for adults: child-focused practice	Organization and management factors (e.g. , lack of routines, time, training, or intervention)	Child non-participation, non-determination needs' of a child	Counselors can potentially detect children at risk that are difficult to identify elsewhere in case of child-focused practice.
Kristensen et al. 2021		Child-focused practice	x	Social services for adults: child-focused practice	Higher level of knowledge of CRC	Child participation, determination of child's needs, views	N/A
Leve et al. 2012	Childhood-related negative circumstances: abuse, neglect		x	Vulnerability of foster children	Mental health issues	Emotional and behavioural development	To support foster children, practitioners need to know what effective evidence-based treatment options are available in their community.
Nagpaul & Chen 2019		External support	x	Needs of youth at-risk	Relatedness and quality of support by caring adult	Building resilience and overcoming challenges	N/A
Nagpaul & Chen 2019		Self-determination Support	x	Needs of youth at-risk	Autonomy	Overall positive functioning	N/A
Saia et al. 2020		Support ("professional friend")	x	Interprofessional collaboration: social rehabilitation of dually-involved youth	Respect, trust and understanding	More open communication, stability/safety	N/A

*Theoretical: data has emerged from the theoretical part of the article; empirical finding: data has emerged from the empirical research

**How this specific factor is considered as a risk or a support factor

***How risk and/or protective factors influence child's well-being

****N/A: not applicable

Appendix 7. Overview of Good Practices from the Analysis

Reference	Program/model	Theoretical/empirical finding*		Evidence-based studies	Countries the program/model is practices	Effectiveness: domain
Appleton et al. 2015	The Strengthening Families (SF) child protection conference model		x	Effectiveness-based studies related to the ‘Signs of Safety’	UK since 2005	SF child protection conference model aims to support family participation, to enhance risk assessment by focusing on family strengths and competencies, existing safety and goals. Success of the meeting depends on good practice, training and proper preparation.
Chamberlain 2017	KEEP	x	x	x	San Diego Health and Human Services, USA since 2005	KEEP has found to be effective in increasing parenting skills and confidence, improving child behavioral and emotional issues, increasing the number of positive placement changes.
Collins-Camargo et al. 2021	Child and Adolescent Needs and Strengths Tool (CANS)	x	x	x	USA, founded in 1990s	CANS is a multiple purpose information integration tool based on strengths-based approach designed to be used in the assessment process with the aim to accurately represent the shared vision of the child/youth serving system— children, adolescents, and families (Praed Foundation, 2017).
Cordell et al. 2016	Child and Adolescent Needs and Strengths Tool (CANS)	x	x	x	USA	CANS assessments evaluate strengths, concerns and service needs of children with mental health disorders, developmental disabilities, emotional and behavioral health care needs, and family issues, including children entering the child welfare system.
Corwin et al. 2020	Family Group Conferencing (FGC)	x	x	x	USA	FGC is a participatory model that brings together parents, children, the extended family, community members with social service professionals for a conference-style meeting to resolve child protection concerns with the focus on families’ needs.
de Melo et al. 2013	The Integrated Family Assessment and Intervention Model (IFAIM)	x	x	x	Developed in Portugal	The IFAIM is a 3-month manualized family-centred assessment and intervention program to conduct integrative, multisystemic child protection assessments and provide integrative support to families with at-risk, abused, or

Foster et al. 2021	Child Protection Conferences (CPC)	x	x		UK since 1974	neglected children with a focus on strengths and family resilience processes. CPCs are multiagency meetings that are central to child protection procedures. Children's wishes and feelings must be represented to the conference and their participation should be facilitated by social workers.
Gibson 2014	The Signs of Safety (SoS)	x	x	x	UK, developed in Australia	SoS is a social work practice organised around child safety and built on the family's strengths by providing a framework to make assessments based on clear statements about danger and safety.
Gunawardena & Stich 2021	Literature review on evidence-based interventions for young people aging out of child welfare	x	x		Canada	Eight intervention themes across evaluated interventions were identified, including independent living readiness, mentorship, self-empowerment, etc.
Haight et al. 2014	Multisystem collaboration: The Crossover Youth Practice Model (YUPM)		x	x	USA, developed in 2010	YUPM addresses the unique needs of youth that are at risk of or are fluctuating between the child welfare and juvenile justice systems (see https://cjjr.georgetown.edu/our-work/crossover-youth-practice-model/).
Henggeler & Schoenwald 2011	Evidence-based interventions: juvenile offenders	x			USA	Evidence-based interventions for juvenile offenders (e.g. functional family therapy, multisystemic therapy).
Karpetis 2021	Clinical supervision in child protection	x			Australia	The theoretical perspectives identified in clinical supervision practice: psychodynamic, the managerialist, the critical, the behavioral, the systemic, the humanistic, and the eclectic.
Kojan & Lonne 2011	Safeguarding children	x			Australia, Norway	The main policy focus in Australia is protection and risk, while Norway's systemic approach stresses prevention, early intervention and support. These differences influence practitioner's intervention strategies and how the needs of children and parents are met.
Leve et al. 2012	Evidence-based interventions: promotion of resilience		x	x		Eight intervention programs are outlined: Attachment and Biobehavioral Catch-Up (ABC); Multidimensional Treatment Foster Care for Pre-Schoolers (MTFC-P); Bucharest

						Early Intervention Project (BEIP); Incredible Years (IY); Keeping Foster Parents Trained and Supported (KEEP); Middle School Success (MSS); Fostering Individualized Assistance program (FIAP); Multidimensional Treatment Foster Care for Adolescence (MTFC-A).
Mitchell 2020	Family Group Conferencing (FGC)	x	x	x	Applied worldwide since 1980s, also in UK	FGC (also as Family Group Decision Making) is a family-led decision-making process internationally known for involving families in decisions to safeguard the welfare of the family's children.
Nuñez et al. 2012	Youth transitioning out of foster care: resilience factors		x	x		A total of 38 different resilience factors were identified across the studies reviewed, from which 18 were statistically significant. Main assets of resilience factors: educational aspirations, academic performance, perceived social support.
Putniņa & Skrastiņa 2018	Prevention of child maltreatment	x				Various prevention programs are mentioned: positive parenting (e.g. Children's emotional education, Guardian angel, PRIDE, The Incredible Years), early-risk detection and support system (e.g. Safety training program for children by SOS, using preschool resources to establish child-friendly kindergartens with the focus on early risks by educating and supervising parents).
Steinkopf et al. 2020	Trauma-informed practice (TIP)	x	x		Norway since 2014 in residential care	TIP or trauma-informed care (TIC) is a framework based on some core principles for understanding the needs of persons who have been exposed to adversities.
Zhang et al. 2021	Trauma-responsive child welfare services	x	x	x		TIC interventions appear to improve all types of examined child emotional and behavioral wellbeing, and the effect on reducing behavioral problems appears to be the most prominent.
Topitzes et al. 2019	Trauma-informed care (TIC)	x	x			TIC child welfare case management can potentially influence stability and permanency outcomes among service-involved children.

van Zyl et al. 2014	Solution-Based Casework (SBC)	x	x	x	Developed in 1990s in USA	SBC is an evidenced-informed child welfare practice model, utilizing a social construction application of humanism and client-centered therapy encapsulated in solution focused therapy.
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*Theoretical: data has emerged from the theoretical part of the article; empirical finding: data has emerged from the empirical research

Appendix 8. Description of Evidence-Based Programs and Models

Child Protection Conferences (CPC)

Foster et al. (2021) describe CPCs as multiagency meetings that are central to child protection procedures and key to UK child protection arrangements. Practitioners' reports for conference are integral to CPCs, based on the work undertaken with children and families prior to the CPC, and they feed into the information discussed and analyzed at the meeting. The assessments, which form the basis of the pre-conference reports, are the product of working relationships between practitioners and families. Outcome measures and planned actions to address the child's problems are informed by a detailed understanding of the child's individual and daily lived experience. CPC participants are directed to discuss whether the child requires a child protection plan and if so, what it should comprise. CPC is based on four elements, which provide a framework of the practice: (1) child-focused practice in CPCs is based on the premise that CPCs must consider the impact on the individual child and be mindful of his or her daily lived experience; (2) children's participation is a key element of child-focused practice; (3) encouraging the contribution of children's views via a range of formats, e.g., developments in mobile phones and other technology; and (4) child-focused outcomes and plans – in the absence of sufficient detail and clear measurable outcomes for the child, it is difficult to create a functional child protection plan. Foster et al. argue that although CPCs are central part of UK child protection procedures, the CPC model is relatively unchanged since its inception in 1974. Furthermore, case analysis and extensive research in recent decades indicate professionals' challenges with engaging children to participate. Foster et al. recommend a rights-based approach to developing and rethinking child-focused CPC procedures, including attention to pre-conference activity, CPC discussion and child protection plans that consider the individual child and his or her daily lived experience.

Family Group Conferencing (FGC)

FGC (also known as Family Group Decision Making), originating in New Zealand in the 1980s, provide a mechanism for a shared dialogue about how the different expectations of family members and professionals can be brought together and are seen as being mutually important for progress to be made (Mitchell, 2020). FGC is a meeting attended by members of the immediate and extended family, as well as other people of significance to the child (The Norwegian Directorate for Children, Youth and Family Affairs, 2022b). Mitchell (2020) describes the model as when there are concerns, a meeting of the child's extended family and social network is convened to involve them in making decisions and plans regarding the welfare of the child, organized with the help of an independent FGC coordinator with no other professional role other than to facilitate the FGC. There are several distinct stages in the FGC process after the initial referral is received. The first stage prepares the family and professionals working with the family for the meeting, which includes sharing information with the family and giving participants an opportunity to talk through the issues and think about how they might contribute to solutions. The second stage is the meeting or conference. At the start of the meeting, family members and professionals, including the social worker, re-share information and reflect on their concerns, purpose of the meeting, and the decisions required. Following information sharing, there is family-only time during which the family discuss their concerns, without professionals present, and develop a plan. The plan is then discussed and agreed between the family and professionals. The final stage of the FGC process is one of review, where those involved in the original meeting

(family and professionals) consider the progress of the plan and amendments are made to the plan, if it is considered necessary. In her study, Mitchell (2020) found that what professionals do and how they do it can impact the outcomes of people requiring support, indicating that the relationship between professionals and service users is central to understanding why and how families achieve longer-term outcomes, also who defines outcomes and to what purpose is significant when understanding outcomes.

KEEP (Keeping foster and kin parents supported and trained)

KEEP is a training and support intervention, developed in USA to strengthen parent skills and supports for nurturing children and adolescents toward optimal development (Chamberlain, 2017). KEEP originates from Treatment Foster Care Oregon (TFCO), formerly Multidimensional Treatment Foster Care (MTFC), a program developed as a family-based alternative for teenagers with chronic delinquency and mental health problems (KEEP, 2022). A major principle of KEEP is that foster and relative parents can serve as key agents of change for children. This is accomplished by strengthening caregivers' confidence and skills so they can change their child's behaviors, teaching effective parent management strategies, and providing the caregivers with support. KEEP targets the following outcomes: increasing parenting skills and confidence, decreasing the number of foster care placement disruptions, improving child behavioral and emotional problems, and increasing the number of positive placement changes. To learn the model, group leaders participate in a 5-day experiential training that includes information about the program's theory and practice in the delivery of group sessions. During training, each trainee role plays facilitating several key sessions while other trainees act as foster/relative parents. KEEP is delivered in 16 weekly group meetings (90 minute each), and includes detailed manuals for group leaders and for foster/relative parents (Chamberlain, 2017). Randomized controlled trials and evaluations have found several positive outcomes of KEEP to children and adolescents (e.g., lower rates of emotional and behavioral problems, shorter lengths of stay in care, more frequent reunification with family, less substance use for adolescents), foster and kinships parents (e.g., higher rates of positive parenting, lower rates of discipline and turnover) and child welfare system in general (e.g., longer tenure for foster parents providing care) (see KEEP, 2022).

Parent Management Training - Oregon model (PMTO)

PMTO is a parenting model, developed in USA to strengthen parent skills and supports for nurturing children and adolescents toward optimal development (Chamberlain 2017). It is an evidence-based structured intervention to help parents and caregivers manage the behavior of their children; designed to facilitate prosocial skills and cooperation and to prevent, reduce and reverse the development and maintenance of mild to moderate to severe conduct problems in children age 4-18. The aim of PMTO is to strengthen five core parenting skills: skill encouragement, effective discipline, monitoring, problem-solving and positive involvement (Bekkema et al., 2008). PMTO empowers parents as primary treatment agents to promote and sustain positive change in families, and emphasizes, identifies, and builds upon strengths already present in parents, children, and their environment (Michigan PMTO, 2022). Delivery format includes sessions with individual families in agencies or families' homes, parent groups, and web-based and telehealth communication (Forgatch & Kjøbli, 2016). Forgatch and Kjøbli indicate that the intervention effectively prevents and ameliorates children's behavior problems by replacing coercive interactions with positive parenting practices.

Schools Wide Positive Behavior Support (WPBS)

Positive Behavior Support is an evidence-based approach, focusing on the development of individuals' positive behaviors (behaviors that are associated with academic, health, social, recreational, community and family achievement). SWPBIS provides a framework whereby teams of educators engage in data-based decision making to select, implement, and monitor a continuum of behavioral supports and build sustainable systems to promote implementation fidelity among school staff (Mitchell et al., 2018).

SWPBS (or The School-wide Positive Behavioral Interventions and Supports, SWPBIS) is a widely used universal prevention strategy (Bradshaw et al., 2012) implemented in school environments utilizing three layers (i.e., tiers) of systems of support (Sugai & Horner, 2008: cf. SWPBS, 2022). The Tier I or primary prevention aims to establish universal behavioral expectations among all individuals in a context with an aim to prevent the occurrence of problem behaviors. Tier II is designed for the individuals, who do not respond to Tier I practices with a focus to minimize the number of students with increased problem behaviors. Tier II involves targeted interventions for this group of individuals. For individuals who fail to respond to Tier II, an additional more intensive layer of support is provided – Tier III. Tier III includes individualized assessment, and individualized behavioral support plan with an aim to minimize the impact of severity of chronic behaviors affecting those students' lives (SWPBS, 2022). Bradshaw et al. (2012) outline the findings where the multilevel results indicate significant effects of SWPBS on children's behavior problems, concentration problems, social-emotional functioning, and prosocial behavior. The effects tended to be strongest among children who were first exposed to SWPBS in kindergarten. Mitchell et al. (2018) refer to findings of positive changes in school climate, staff perceptions, and/or student behaviors.

Solution-Based Casework (SBC)

SBC, an evidence-informed practice model for casework management in child welfare aiming at promoting family engagement, safety outcomes and permanency (Biggar et al.). SBC was developed in USA in the mid built on three primary theoretical foundations: family life cycle theory, cognitive behavioral theory, and solution-focused therapy (cf. van Zyl et al., 2014, p. 435). These theoretical foundations translate to the following assumptions of casework: (i) full partnership with the family is a critical and vital goal for each and every case; (ii) the partnership for protection should focus on the patterns of everyday life of the family; and (iii) solutions should target the prevention skills needed to reduce the risk in those everyday life situations (Solution Based Casework, 2022). The model is a strengths-based approach. The solution-focused perspective is a strengths-based approach, emphasizes family's resilience, strengths, and resources, and how these can be used in the pursuit of goals and the enactment of purposeful positive change (Corcoran & Pillai, 2009; Grant, 2012). In SBC, caseworkers are taught to help the family track their interaction around the developmental tasks (e.g., proper supervision of young children), as well as the individual cognitive behavioral pattern of the maltreating adult(s) (e.g., depressive thinking about executing a parenting task) in order to engage and partner around improved child safety. Families are assisted in developing specific action plans (at both the family and individual levels) to prevent the high-risk situation before it starts, or to intervene early at the first warning signs. Focusing on the strengths of the family system and individual behaviors of parents, children and social support network members give the family and worker hope that the family will eventually navigate this thorny challenge in organizing a developmental milestone or family transition that is at the center of the maltreatment (van Zyl et al., 2014).

The Signs of Safety (SoS)

SoS is a strengths-based assessment model adapted for the statutory child protection setting created by Turnell and Edwards with social workers in Australia in the 1990s (Keddell, 2014; Toros & Falch-Eriksen, 2021) and implemented to more than 200 jurisdictions worldwide (Caffrey & Browne, 2022; Turnell & Murphy, 2014). This practical model draws on solution-focused brief therapy to foster a cooperative relationship between workers and families through eliciting the family's perspective on competencies, existing safety, and goals (Turnell & Edwards, 1997: cf. Toros & Falch-Eriksen, 2021). SoS approach uses families' strengths as qualities to increase the safety of children (Nelson-Dusek et al., 2017). Turnell (2004) emphasised that "sensitivity to strengths does not itself solve problems, but information about both problems and strengths are best interpreted and make the most sense when considered in the light of a participatory exploration of solutions and safety" (p. 20). Turnell & Edwards (1999) have stated that building family-worker partnerships requires professionals to think differently about how they work, step outside of the expert role, and approach clients with a genuine sense of respect. They emphasize that the SoS assessment process helps the worker consider danger and safety simultaneously and achieve a balanced, comprehensive assessment (cf. Antle et al., 2012).

SoS aims to bring together the seeming disjunction between a 'problem and solution' focus within its practice framework by utilizing a comprehensive approach to risk that: forensically explores harm and danger and, with the same rigour, simultaneously elicits and inquiries into strengths and safety; brings forward clearly articulated professional knowledge while also equally eliciting and drawing upon family knowledge and wisdom; is designed to always undertake the risk assessment process with the full involvement of all stakeholders, both professional and family, from the judge to the child, from the child protection worker to the parents and grandparents; and is naturally holistic since it brings everyone - both professional and family member - to the assessment table. SoS uses one-page assessment and planning protocol. The protocol or framework maps harm, danger, complicating factors, strengths, existing and required safety, and a safety judgment in situations where children are vulnerable or have been maltreated. At its simplest, this framework can be understood as containing four domains for inquiry: (i) what are we worried about? (Past harm, future danger and complicating factors); (ii) what is working well? (existing strengths and safety); (iii) what needs to happen? (Future safety); and (iv) where are we on a scale of 0 to 10 where 10 means there is enough safety for child protection authorities to close the case and 0 means it is certain that the child will be (re)abused? (Judgment). These four domains operating in the Signs of Safety assessment and planning are simply and clearly identified in the 'three columns' Signs of Safety assessment and planning protocol as follows (see Table 1) (Turnell & Murphy, 2014, p. 27).

Signs of Safety Assessment and Planning Framework: Seven Analysis Categories (Munro & Turnell, 2018, p. 92)

What are we worried about?	What's working well?	What needs to happen?
HARM: Past hurt, injury or abuse to the child (likely) caused by adults. Also includes risk-taking behavior by children that indicates harm and/or is harmful to them.	EXISTING STRENGTHS: People, plans and actions that contribute to a child's well-being and plans about how a child will be made safe when danger is present.	SAFETY GOALS: The behaviours and actions the child protection agency needs to see to be satisfied the child will be safe enough to close the case.

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Appendix 9. Evidence-Based Programs and Practice Models Compared by Countries

Program/model*	Five studied countries				
	UK	Norway	Denmark	Netherlands	Ireland
Incredible Years					
Signs of Safety					
MST					
PMTO					
FFT					
FGC					
EasyPeasy					
Parenting Wisely					
SWPBS					
Sure Start					
SBC					
PMP					
Care and Advice ...					
VIR					
Protocol ...					
Preparing for Life					
MDFT					
TIP					
SF CPS					
CPC					
KEEP					
Sure Start					
FWC					

*Vastavalt andmete analüüsile (PRISMA meetod, sh hall kirjandus, päringud riikide uurijatele)

Lühendid: MST – Multi Systemic Therapy; PMTO – Parent Management Training - Oregon model; FFT – Functional Family Therapy; FGC – Family Group Conferencing; SWPBS – Schools Wide Positive Behavior Support; SBC – Solution-Based Casework; PMP – The Preventive Measures Package; Care and Advice ... – Care and Advice Team; VIR – Reference Index for youth at risk; Protocol ... – Protocol for Child Abuse and Domestic Violence Act; MDFT – Multidimensional Family Therapy; TIP – Trauma-informed practice; SF CPS – The Strengthening Families child protection conference model; CPC – Child Protection Conferencing; KEEP – Keeping foster and kin parents supported and trained; FWC – Family Welfare Conferencing