Bibliography with Abstracts

for Child Protection Regulatory Project

Australian National University

Regulatory Institutions Network (RegNet)

May 2009
Bibliography with Abstracts

For Child Protection Regulatory Project

This bibliography was compiled as Stage 1 of the Linkage Project Community Capacity Building in Child Protection through Responsive Regulation (LP0669230), a project which runs from 2006-2010.

The bibliography was compiled by Valerie Braithwaite, Nathan Harris, Mary Ivec, Monika Reinhart and Charlie Beauchamp Wood, of the Australian National University's Regulatory Institutions Network (RegNet).

References were sought from within the time range 2003-2008 and with the keywords: 'child protection', 'foster care', 'public care', 'children in care', 'risk factors', 'capacity building', 'social capital', 'indigenous + child protection', 'indigenous + child abuse', 'indigenous + longitudinal studies', 'decision-making + child protection', 'risk + child protection' and 'children's rights' which were entered into the following databases: Google Scholar, Current Content, Web of Science, Web of Knowledge, ProQuest 5000, Wiley Interscience (previously Blackwell-Synergy), Ebscohost, Informaworld, Journals@Ovid, JSTOR, Oxford Journals and Science Direct.

The references, comprising journal articles, books, book chapters and academic reports, are listed alphabetically and with abstracts, where available.

May 2009

The purpose of this article is to examine the challenges inherent in transforming child welfare services. We apply Braithwaite's model of responsive regulation to the restorative practice of family group conferencing in child welfare. Shifting the role of the state away from controller of families in the child protective services system to one of regulatory partner with them is extraordinarily difficult. The paper looks at the complexities of reorienting child welfare services through the use of family group conferences on a large scale.


Comprehensive Family Services (CFS) is a strengths-based and partnership-oriented approach to casework implemented through multiple initiatives. This study examines the relationship between the practice of CFS and satisfaction of clients, foster parents, and community partners. CFS indicators are paired with state-wide customer satisfaction survey results. CFS practices are associated with significantly higher customer satisfaction that improved over time for all groups. Although causality cannot be determined, the relationship is consistent, robust, and meaningful.


In an article published in 2002, one of the authors of this paper offered an analysis of the Australian child protection data from 1999 to 2000 and raised questions about the effectiveness of mandatory reporting. Recently, child protection data for 2003-2004 has been released. This provides an opportunity to re-examine some child protection issues and the effectiveness of mandatory reporting 5 years on. These have been tumultuous years. Each state and territory has held major inquiries into this area of practice and, as a result, significant organizational changes have taken place and new resources are being made available. Nevertheless, questions about the effectiveness of child protection services remain. There is continuing doubt about the value of comprehensive reporting systems.


North American child protection systems have been experiencing an era of sweeping child welfare reform over the last decade. Despite the breadth of these
changes, legislative and policy impacts are rarely evaluated to ascertain whether changes are resulting in the outcomes they were designed to achieve. Using a participatory research framework, 70 participants from relevant service sectors and service recipients from a large urban centre in Canada, were interviewed about legislation in cases of children exposed to domestic violence. While most stakeholders noted the "spirit of the Act" to be well-meaning and based on a credible body of child research, there were serious concerns cited with the implementation and impact of policies that resulted from this piece of child welfare legislation. Reluctance of abused women to disclose or seek services for their families, isolation between helping professionals from different sectors, increased demand for services, increased surveillance of mothers, and decreased accountability of perpetrators were predominant themes identified. These data strongly suggest that response models be tested as pilot studies, rigorously evaluated and fully implemented only when there are assurances that appropriate and adequate services are available to meet the complex needs of the communities they are designed to serve.


NO ABSTRACT


A large body of child protection literature focuses on termination of parental rights, family reunification, and children's re-entry into care as outcomes for children in foster care. Studies have investigated child, placement, family, and parent variables as predictors of case outcome. However, one important group of variables remains largely unstudied: factors related to parents' service experience. Parents' service experience includes parents' perceptions of and involvement in the various services in which they must participate in order to recover their children from foster care (e.g. mandated treatment programmes such as substance abuse rehabilitation, parenting skills classes, etc.). The parental perspective on the foster care process is a critical element in the life of a child protection case, and its influence on case outcome must be explored. A brief review of the current literature on case outcome predictors is provided and parents' service experience is highlighted as an area in need of investigation. Suggestions for the measurement of parents' service experience are also offered.

Recent concerns regarding permanence for foster children have inspired child welfare agencies to re-focus more of their efforts on biological parents as permanent resources for children in care. The social work field has responded to this situation with family-focused training for frontline staff; one such curriculum is the Family Development Credential (FDC). Tools exist for evaluating FDC trainees’ retention of material and ability to integrate FDC concepts into practice. However, the transformative nature of the program (i.e., the way in which FDC training is associated with participants’ family-focused attitudes towards clients) has not previously been measured. FDC-trained and non-FDC-trained child protection workers (N = 251) in one state completed a vignette study that tapped their attitudes toward the parents of children involved in child protective services. No difference in family-focused attitudes emerged between the two groups. Implications for practice and suggestions for further research are presented.


The study compares child protection workers’ portrayals of fathers and mothers in the court petitions that they write to obtain authorization to place a child at risk in alternative care or under state guardianship at home. Forty-six petitions in three cities in Israel were content analyzed. Consistent with previous studies at other stages of the child protection process, the analysis shows that the child protection workers focus on the mother and pay little attention to the father and, moreover, that it treats the mother as the parent responsible for the problem. It also shows that the petitions virtually ignore the impact that the very difficult life conditions of most of the women may have on their maternal functioning. The authors conclude that the differential portrayal of mothers and fathers in the petitions reflects the social construction of parenting in our society as well as the workers’ beliefs that their portrayals will convince the court to grant their petitions.


The study examines how child protection workers risk assessments and recommendations on removal and reunification of children at risk are influenced by the child and mother wishes regarding removal and associated with the workers’ own attitudes towards key issues in child protection — removal, reunification, duration of alternative care, and perceived quality of out of home placements. Two hundred child protection workers in Israel completed the ‘Child Welfare Attitudes Questionnaire’ and provided their risk assessments and recommendation regarding case vignettes presented by the authors. Cluster analyses identified two groups: a ‘pro-removal’ group and a more ‘anti-removal’ group. The former made higher risk assessments and recommended removal
significantly more than the latter. Removal and reunification recommendations were not associated with the child's nor the mother's wishes. Workers in both groups tended not to recommend reunification after a year in out of home care, even if they initially were against removal.


Historians have for many years provided us with a picture of the lives of children at different times and in different societies. The child’s vision and the child’s secret world has also been a constant subject for the work of novelists, dramatists and poets. But it is only comparatively recently that philosophers and political theorists have turned their attention to the topic of childhood. In doing so they have addressed and sought to answer various distinguishable kinds of questions. One sort of question has been broadly conceptual or metaphysical and has concerned the status of childhood. Is childhood, for instance, properly viewed merely as a stage in the progress of any human being? Or is it better viewed as something like a state of being with its own particular characteristics? Should we understand the concept of childhood as a natural or as a social kind: as marking a real and scientifically fixed division within the maturation of humans, or as being only a social construction?


Background and objectives: Childhood disadvantage has lasting negative effects on children’s health and well-being. However, the impact of poverty and associated disadvantage on children’s lives as children is under-researched. This paper reviews a small, but important, group of qualitative studies that prioritize children’s perspectives on growing up in disadvantage, exploring the social resources that they typically draw upon. Methods: Systematic review methods were used to locate and appraise qualitative studies that take as their focus children’s subjective accounts of living in disadvantage. Data from the studies were then synthesized using meta-ethnographic methods. Results: Children and young people describe aspects of family relationships, friendships and neighbourhoods that help to mitigate the impact of disadvantage on their well-being. However, their accounts demonstrate that such resources are not always and unambiguously experienced as supportive and protective. Discussion: This systematic review highlights the value of social resources available to children living in poor circumstances, but also points up their limitations. Poverty, by its very nature, compromises the worth of these resources.

This paper describes and analyses the views of vulnerable children of eleven years and under on the relevance of services they received. The two research questions posed were, first, what are effective practices for engaging with vulnerable children; and, second, how can the voices of vulnerable children be used to influence the development of policy? The first question was addressed through a systematic review of existing literature on effective strategies for interviewing vulnerable children and revealed that few studies that focus on interviewing young children are designed to address effectiveness. As yet, not all young children are asked for their views by those making decisions about their lives, though their involvement increases with age. The second question was addressed through focus groups and interviews which revealed that children hold many valid views related to their roles and relationships with service providers and decisions being made concerning their lives. It was concluded that whilst children's lived experience of services they receive could contribute to the creation of more democratic communities in which children and their families participate, it remains to be seen whether the new Green Paper, Every Child Matters (DfES, 2003), increases their sense of autonomy or merely extends the degree to which they are controlled.


Based on their research into the Victoria Climbié Inquiry, the authors outline an analysis they undertook of literature which had made substantial comment on either the inquiry itself and/or the subsequent inquiry report. An overview of 18 publications is provided, with four categories of themes emerging. These themes are outlined and then connected with concerns the authors of the current paper identified in journal papers written 10 years or more ago. It is argued that the gap between recognition that society needs competent, well-trained and skilled social work and other professionals to safeguard the lives of children and families and understanding of what education, training and employment support mechanisms are necessary in order for workers to become and remain well-trained, skilled and effective, remains as wide as ever. The paper concludes with an outline of teaching approaches the current authors have adopted in pursuit of the kinds of learning opportunities they believe need to be put in place to improve professional practice in children and families' work. These include creative use of child abuse inquiry reports themselves, role plays and simulations and workshops designed to enhance critical reflection skills.


Throughout the twentieth century, Aboriginal children have been removed from their family and cultural networks under a range of government policies that have professed to be 'in their best interests'. This article outlines the historical context
to the development of the Aboriginal Child Placement Principle, which is currently the operating principle for all States and Territories in Australia when child welfare services have engaged with Aboriginal families and there is likelihood that a child may be removed. Because of problems with the implementation of the Principle, the option of family group conferences is suggested as a way of ensuring the objectives of the Principle are still met. Family Group Conferences originated in New Zealand initially as a response to the over-representation of Maori children in the substitute care system, and have since been part of child welfare legislation in that country for both Maori and non-Maori families since 1989. The application of the New Zealand model to working with Indigenous Australians will be discussed, along with a recommendation for this form of empowering practice to be considered more comprehensively as a family decision-making strategy within the field of child protection.


Child maltreatment has become increasingly topical, and recent high profile cases of fatal abuse have attracted considerable attention from the media. Furthermore, independent inquiries have not only highlighted system failures in the child protection process, but have also been critical of the actions undertaken by health professionals and social workers. The most significant case in this respect is that of Victoria Climbié, whose death at the hands of her carers has prompted a major review of child protection procedures led by Lord Laming. His report is now available and should be carefully considered by all professionals who care for children and their families. Of a total of 108 recommendations made by Laming, 26 are specific to health. The report refers to poor standards in note keeping, inadequate communication between individuals and agencies, and ineffective and poorly coordinated intervention once child protection concerns are raised.


Researchers, practitioners, journalists and politicians increasingly recognize that foster care throughout the world is in a state of crisis. There are more and more children needing care and, as residential alternatives dry up, more of these children are being assigned to foster families. This book reports the major findings of a two-year longitudinal study of 235 such children who entered the foster care system in Southern Australia between 1998 and 1999. As well as examining the changing policy context of children's services, the book documents the psychosocial outcomes for these children, their feedback on their experiences of care, and the views of their social workers and carers. In the process, the book examines some cherished beliefs about foster care policy and sheds new light on them. The research reveals that while most children do quite well in foster care up to the two-year point, there is a worrying amount of
placement instability at a time when the concentration of emotionally troubled children in care is increasing throughout the western world. Although, surprisingly, placement instability does not appear to produce psychosocial impairment for a period of up to eight months in care, it has an extreme effect on children who are moved from placement to placement because no carer will tolerate their behavior. These children are consigned to a life of distribution and emotional upheaval because of the lack of alternative forms of care. Another unexpected findings of the research is that increasing the rate of parental contact achieves little or nothing in relation to the likelihood of family reunification.


There is evidence from a range of studies to suggest that adverse maternal psychosocial health can have an impact on the parent-infant relationship and potentially lead to adverse child outcomes in the longer term. Parenting programmes are increasingly being used to promote the well-being of parents and children, and this review aims to establish whether they can improve maternal psycho-social health in particular.


Objectives: To evaluate the effectiveness and cost-effectiveness of an intensive home visiting programme in improving outcomes for vulnerable families. Design: Multicentre randomized controlled trial in which eligible women were allocated to receive home visiting (n = 67) or standard services (n = 64). Incremental cost analysis. Setting: 40 general practitioner practices across two counties in the UK. Participants: 131 vulnerable pregnant women. Intervention: Selected health visitors were trained in the Family Partnership Model to provide a weekly home visiting service from 6 months antenatally to 12 months post-natally. Main outcome measures: Mother–child interaction, maternal psychological health attitudes and behaviour, infant functioning and development, and risk of neglect or abuse. Results: At 12 months, differences favouring the home-visited group were observed on an independent assessment of maternal sensitivity (P < 0.04) and infant cooperativeness (P < 0.02). No differences were identified on any other measures. A non-significant increase in the likelihood of intervention group infants being the subject of child protection proceedings, or being removed from the home, and one death in the control group were found. The mean incremental cost per infant of the home visiting intervention was £3246 (bootstrapped 95% CI for the difference £1645–4803). Conclusion: This intervention may have the potential to improve parenting and increase the identification of infants at risk of abuse and neglect in vulnerable families. Further investigation is needed, along with long-term follow-up to assess possible sleeper effects.

Background: Child physical abuse and neglect are important public health problems and recent estimates of their prevalence suggest that they are considerably more common than had hitherto been realised. Many of the risk factors for child abuse and neglect are not amenable to change in the short term. Intervening to change parenting practices may, however, be important in its treatment. Parenting programmes are focused, short-term interventions aimed at improving parenting practices in addition to other outcomes (many of which are risk factors for child abuse e.g. parental psychopathology, and parenting attitudes and practices), and may therefore be useful in the treatment of physically abusive or neglectful parents. Objectives: To assess the efficacy of group-based or one-to-one parenting programmes in addressing child physical abuse or neglect.

Search Strategy: A range of biomedical and social science databases were searched including MEDLINE, EMBASE, CINAHL, PsychINFO, Sociofile, Social Science Citation Index, ASSIA, the Cochrane Library, Campbell Library (including SPECTR and CENTRAL), National Research Register (NRR) and ERIC, from inception to May 2005. Selection Criteria: Only randomised controlled trials or randomised studies that compared two treatments were included. Studies had to include at least one standardised instrument measuring some aspect of abusive or neglectful parenting. In the absence of studies using objective assessments of child abuse, studies reporting proxy measures of abusive parenting were included. Only studies evaluating the effectiveness of standardised group-based or one-to-one parenting programmes aimed at the treatment of physical child abuse or neglect were included. Studies were also only eligible for inclusion if they had targeted parents of children aged 0-19 years who had been investigated for physical abuse or neglect.

Data Collection and Analysis: The treatment effect for each outcome in each study was standardised by dividing the mean difference in post-intervention scores for the intervention and treatment group by the pooled standard deviation, to obtain an effect size. The results for each outcome in each study have been presented, with 95% confidence intervals. It was not possible to combine any results in a meta-analysis. Main Results: A total of seven studies of variable quality were included in this review. Only two studies assessed the effectiveness of parenting programmes on the incidence of child abuse or number of injuries. One study showed that there were no reports of abuse in the intervention group compared with one report of abuse in the control group. In the second study the small number of injuries sustained precluded the possibility of statistical analysis. Data were also extracted on over fifty outcomes that are used as proxy measures of abusive parenting. These were on the whole diverse and measured a range of aspects of parenting (e.g. parental child management, discipline practices, child abuse potential and mental health), child health (e.g. emotional and behavioural adjustment) and family functioning, thereby precluding the possibility of
undertaking a meta-analysis for most outcomes for which data were extracted. While none of the programmes were effective across all of the outcomes measured, many appeared to have improved some outcomes for some of the participating parents, although many failed to achieve statistical significance. Authors' Conclusions: There is insufficient evidence to support the use of parenting programmes to treat physical abuse or neglect (i.e. such as the incidence of child abuse using reports of child abuse/injuries or children on the children protection register). There is, however, limited evidence to show that some parenting programmes may be effective in improving some outcomes that are associated with physically abusive parenting. There is an urgent need for further rigorous evaluation of the effectiveness of parenting programmes that are specifically designed to treat physical abuse and neglect, either independently or as part of broader packages of care. Such evaluation should include the use of objective measures of outcome such as independent assessments of parenting and the number of instances of physical abuse. In order to do this, future studies need to include long-term follow-up.


Children of drug dependent parents form a large and growing population at elevated risk of adverse developmental and social outcomes. In this study 36 children and young people described growing up in such families. Parents tried to shield children from exposure, however the majority of young people demonstrated a detailed awareness of their parents' problem with drugs whilst living with the parentally imposed fiction that drugs were not at the heart of their family dynamic. Children and young people are locked into a silence they find difficult to unburden to anyone. The policy imperative is recognition of the impact on children of living daily with parental drug dependence and means of ameliorating their living circumstances in ways that do not label them further.


Aim: To review the literature on the impact of parental problem drug use on children, and indicate the efficacy of key evaluated interventions to reduce the impact of parental drug use on children. Methods: Comprehensive narrative review of English language published research and intervention spanning the last three decades identified through searching library databases and citation. Findings: Problem drug use can impede parenting and the provision of a nurturing environment. Although small-scale, localized and resource-intensive these key evaluated interventions show cautious optimism that problem drug-using parents can reduce drug use and achieve better family management. Children have rarely been directly the focus of intervention. Conclusions: Wider
application and more rigorous evaluation of interventions in this area are needed. Given the scale of the problem it is important to establish how statutory services can apply the lessons of these more localized interventions.


Research in Practice works in collaboration with over 50 English local authorities and voluntary childcare organizations, to explore new and dynamic ways to increase the use of quality evidence to improve services to children and families. One Research in Practice initiative was a two-year collaborative project involving the social services departments of six local authorities. This paper reports on how the views of more than 100 professional staff involved with the provision of services to children and families have been gathered to offer insight into how evidence-based practice can be supported or frustrated in social care organizations. The findings suggest considerable uncertainty about the nature of evidence in social care and its validity in relation to decision-making, policy and planning. Mechanisms essential for the dissemination, implementation and adoption of research messages are underdeveloped and tensions exist around the explicit use of research evidence within reports and reviews. Many practitioners and teams may be excluded from making decisions based on the best available research evidence through lack of access to internet resources and adequate information dissemination mechanisms. The paper concludes that there remain considerable areas for further debate if evidence-based practice is to become a reality in work with children and families.


Advanced Practice Nurses (APN) play a key role in child protection and prevention of child abuse and neglect (CAN). APNs assess parents at-risk for abusive behaviors during family assessments. This study investigates the assessment practices of 330 APNs regarding risk factors for child abuse and neglect using the Parenting Profile Assessment developed by Anderson (1987). This instrument incorporates twenty risk factors that are highly predictive of parents' potential for abusive behaviors. Key findings included a low incidence of assessment for these significant risk factors: history of childhood abuse, history of spousal abuse, family relationships, maternal self-esteem, and maternal despair. Additionally, over a third (38%) of assessments did not document low income. Of the eighty-seven respondents, fifty-five (63%) stated they have reported at least one incidence of suspected child abuse. Of the three groups of APNs, Certified Nurse Practitioners documented the highest number (66%) of reportings of incidences of CAN.

This study compares outcomes for behaviorally troubled children receiving intensive in-home therapy (IIHT) and those receiving residential care (RC). Propensity score matching is used to identify matched pairs of youth (n = 786) with equivalent propensity for IIHT. The majority of pretreatment differences between the IIHT and RC groups are eliminated following matching. Logistic regression is then conducted on outcome differences at 1 year postdischarge. Results show that IIHT recipients had a greater tendency (.615) toward living with family, making progress in school, not experiencing trouble with the law, and placement stability compared with RC youth (.558; p < .10). This suggests that IIHT is at least as effective for achieving positive outcomes. Given IIHT’s reduced restrictiveness and cost, intensive in-home services should be the preferred treatment over RC in most cases.


Child welfare service agencies provide parent training as part of their legally mandated responsibility to provide services to assist families to keep their children at home or to achieve reunification. The use of parent-training programs for families in the child welfare system has undergone relatively little examination. Mental health, special education, and juvenile justice have been identifying evidence-based approaches that have demonstrated effectiveness with children and families with conduct disorders and other behavioral problems, although few of these interventions have been tested with child welfare services clientele. This article brings together evidence about the most promising programs from other child service sectors with information about the current parent training approaches in child welfare and generates a range of proposals about next steps to enhance the capacity of parent training and fulfil the high expectations set in law and practice.


The repetitive nature of the underlying problems with child protection systems identified by many inquiries into child deaths suggests that the ability to transpose successful strategies from one area to another may be contingent on more than a ‘technical’ approach to best practice. Current policy responses to failing child protection systems are arguably based on an assumption that practices that work in one area may be applied in other areas without reference to the existing base for practice. Drawing on our own experiences in the field, we
attempt to explore some methodological issues relevant to the evaluation of service provision and the dissemination of effective practice in interagency working.


Bass et al discuss the major challenges faced by the child welfare system and offer policy and practice recommendations that can improve how children and families experience foster care. An analysis of the current state of foster care and a discussion of specific measures for enhancing the accountability of the child welfare system are also presented.


An audit was undertaken to provide evidence for the Healthcare Commission and for accreditation with the Clinical Negligence Scheme for (mental health) Trusts. It investigated the quality and quantity of information contained within referrals made by our trust to social services. The majority of referrals emanated from adult as well as child and adolescent services, mainly from nursing staff, from the city area of our trust. The most common reasons for referral were emotional abuse, physical abuse and neglect. Concerns for unborn children and those under the age of one year centred on (suspected) substance abuse. The results of this audit have been instrumental in restructuring the trust's child protection services, developing training programmes and identifying areas for further audit and research.


Objective: Depression in parents is a prevalent and impairing illness that is encountered frequently in medical practice. Children of depressed parents are at risk for psychopathology and other difficulties. A series of recent national reports have recommended the development of prevention efforts targeting children of depressed parents. Yet, to date, few controlled prevention studies of depression in children and adolescents have been conducted. In this study, we report the evaluation of 2 preventive intervention strategies that target children living in homes with depressed parents. Both are public health approaches that were designed to be used by a wide range of practitioners from a variety of disciplines, including pediatricians, internists, school counselors, nurses, and mental health practitioners. We adopted a developmental perspective and intervened with families when children were entering the age of highest risk for depression onset (i.e., adolescence). We chose a family-based approach to prevention and sought to reduce risk factors and enhance protective factors for early adolescents by
increasing positive interactions between parents and children, and by increasing understanding of the illness for everyone in the family. Our prevention approaches were designed to provide information about mood disorders to parents, to equip parents with the skills they need to communicate information to their children, and to open a dialogue with their children about the effects of parental depression. We hypothesized that participation in these prevention programs would result in parental change in child-related behaviors and attitudes about depression and its impact on the family. In addition, we hypothesized that this parental change would produce change in children's self-understanding, and in children's depressive symptomatology. Methods: We conducted a large-scale efficacy trial of 2 manual-based preventive intervention programs that were designed to be used widely in public health settings. These interventions target the relatively healthy children (ages 8-15) of parents with mood disorder. Ninety-three families (88.5% of our initial sample), including 121 children, participated in this study through the fourth assessment point. These families were assigned randomly to either a lecture or a clinician-facilitated intervention. Both interventions were specified in manuals. The lecture condition consisted of 2 separate meetings delivered in a group format without children present. The clinician-facilitated condition consisted of 6 to 11 sessions, including separate meetings with parents and children, and a family meeting in which the parents led a discussion of the illness and of positive steps that can be taken to promote healthy functioning in the children. In addition, telephone contacts or refresher meetings were conducted at 6- to 9-month intervals. In both conditions, psychoeducational material about mood disorders, risk, and resilience was presented and efforts were made to decrease feelings of guilt and blame in children. Parents were helped to build resilience in their children through encouraging their friendships, their success outside of the home, and their understanding of parental illness and of themselves. In addition, in the clinician-facilitated condition, efforts were made to link the psychoeducational material presented to the family's own unique illness experience. To address directly how their lives had changed, all family members in both conditions were assessed for psychopathology and for overall functioning at intake, and for psychopathology, functioning, and response to intervention immediately post-intervention, approximately 1 year post-intervention, and again approximately 2.5 years post-intervention. Results: We examined the outcomes of child understanding and internalizing symptomatology, and a number of predictor variables, using repeated measures analyses with generalized estimating equations. We found that parents in both conditions reported significant change in child-related behaviors and attitudes, and that the amount of change reported increased over time from time 3 to time 4 (chi²(1) = 18.1). Moreover, relative to parents in the lecture program (mean number of changes = 6.3), parents in the clinician-facilitated program reported more change in child-related behaviors and attitudes (mean number of changes = 9.8). Children in both conditions reported increased understanding of parental illness attributable to participation in our intervention programs. There was a positive association between the amount of change children reported in their understanding of parental illness and the number of
changes couples reported in child-related behaviors/attitudes (chi2(1) = 37.3; ie, parents who had changed the most in response to intervention had children who also changed the most). Finally, internalizing scores for all children decreased with increased time since intervention (chi2(1) = 7.3). In addition, females had higher internalizing scores than males (chi2(1) = 5.3). There was no significant effect of group on children's change in internalizing symptomatology (chi2(1) = 0.2). Conclusions: We enrolled families with relatively healthy children, administered carefully designed preventive interventions that are manual-based and relatively brief, and found that these programs do have long-standing positive effects in how families problem solve around parental illness. Our results show significant benefits from both interventions. Moreover, changes in parents' perceptions translated directly into changes in children's own understanding of parental illness. Parental behavior and attitude changes and their connection to child changes in understanding identify an important mediating variable: family change. By increasing children's understanding of parental mood disorder, our interventions were found to promote resilience-related qualities in these children at risk. This presentation represents the first and only longitudinal primary prevention study of relatively healthy children at risk for psychopathology attributable to parental mood disorder and demonstrates a significant reduction in risk factors and increase in protective factors in these families over a long time interval--2(1/2) years. Our results provide support for a family-based approach to preventive intervention.


This study reports on an analysis of the transcripts of four focus groups involving social workers from four English social work teams working with children and families. In the groups, social workers discussed the process of coming to a decision in care proceedings (where decisions are made about the future care of a child where there are concerns about the care provided in the family of origin). It explores how social workers described themselves coming to conclusions about cases, and how they perceive the courts as doing so. Noting the need in such important proceedings both for thoroughness and for speed (for delay is likely to be harmful to children in need of a secure home), the authors consider ways in which decision-making might be distorted or delayed and discuss the perception of the social workers that some kinds of evidence are under- or overvalued by the courts. The authors conclude that, while it may seem that there is a trade-off between thoroughness and speed, this is not always the case and that factors that cause poor decision-making can also cause delay.

This paper reports on a research study exploring the views of 27 children and young people on their involvement in a child protection investigation. Their perspectives on the personal and professional qualities of the professionals involved and on the choice, influence and representation they experienced and prefer are discussed. One of the most striking findings is that most of the children and young people had experienced a positive relationship with a social worker. Overall, many reported improvements at home, at school and in their health and behaviour. Their responses to different aspects of the intervention are discussed within the context of their rights to participation, choice and representation. It is acknowledged that children lack agency in promoting these rights in child protection work and concluded that these are best promoted through the development and maintenance of a relationship of trust, offered by a key professional in their network. Drawing upon Heard & Lake's (1997) work on attachment theory, it is suggested, further, that relationships and processes which embody supportive and companionable interactions are more likely to offer opportunities for representation and participation than those which are dominant and submissive. Finally, it is argued that children's services should be based on a human rights perspective, the discourse of which has more in common with the values of respect and honesty than with cost effectiveness and business management.


Methamphetamine use is associated with unique child protection concerns that are not seen with other drugs of abuse. Children who live in methamphetamine laboratories can be poisoned as a result of exposure to the lethal chemicals used to manufacture methamphetamine and their toxic by-products. In addition, because of the volatility of the compounds used to manufacture methamphetamine in a clandestine manner, it is not uncommon for methamphetamine laboratories to explode, injuring or killing resident children. Methamphetamine-addicted caregivers who are on a run or tweaking may neglect to feed their children or may fail to provide for their developmental, medical or emotional needs. In addition, they may fail to supervise their children and may expose them to a wide range of strangers and drug users.


The study in this article examined the decision-making process of a child protection team (CPT) charged with reporting suspected child abuse in a medical center in Israel. The authors focused on the decision whether to conclude that a child was at imminent risk and whether to refer the case to a child protection officer. The authors analyzed the content of 139 case files of the children examined by the CPT in two consecutive years, recorded the case characteristics, and correlated them with the decision in a series of univariate
and multivariate analyses. The findings indicate that the characteristics of the family were stronger predictors of the decision than the characteristics of the child and of the event that brought the child to the hospital. Implications of the findings and future research issues are discussed.


This paper describes the structure and content of rationales given by social work professionals for risk assessments and recommendations they make with regard to cases of children at risk. We compare professionals in Canada and in Israel. We used convenience samples of 52 social workers from Israel and 67 from Canada. The participants reviewed a case vignette, indicated their assessment of risk and their recommended intervention. They provided rationales for their risk assessment and recommendation. We analysed the structure and content of these rationales. We used Toulmin's (Toulmin et al., 1984) framework to analyse the structure of arguments, and Rosen's (1994) categories were used to classify the content of their rationales. We found that most workers provided basic level arguments but did not supply complementary level arguments (missing in particular were qualifying and rebuttals). Workers said that they relied mostly on theory, general knowledge, and experience. They rarely mentioned values or policy as the foundations of their claims, and never cited empirical knowledge in the backing up of their arguments. Canadian and Israeli workers shared similar patterns. The most striking differences were that Canadian workers tended to mention theory and experience more than the Israelis who tended to mention general knowledge to back up their arguments. Canadian workers also used fewer warrants, backing responses, and qualifiers to support their claims. The limitations of the study and its implications for training and education are discussed.


The use of spanking as a discipline technique is quite prevalent, even though whether or not to spank children is controversial among lay and professional audiences alike. Considerable research on the topic has been analyzed in several reviews of the literature that often reach different and sometimes opposite conclusions. Opposing conclusions are not inherently problematic as research develops in an area. However, we propose that both methodological limitations of the research to date as well as the limited focus of the research questions have prevented a better understanding of the impact of parental spanking on child development. The purpose of this article is to convey the basis for limited progress to date and, more importantly, to reformulate the research agenda. The goal is to move toward a resolution of the most relevant questions.
to parents, professionals, and policymakers. We propose an expanded research agenda that addresses the goals of parental discipline, the direct and concomitant effects of spanking, the influences that foster and maintain the use of spanking, and the processes through which spanking operates.


British Columbia is in the midst of a child welfare crisis. One out of every five children in the province lives below the poverty line. Over 9,271 children are living in foster care, more than half of whom are Aboriginal. For generations the system has consistently failed children and their families in spite of legislative reform, internal reorganization and changing governments. In 1996 the Child Family and Community Services Act (“CFCSA”) came into force, promising a new direction for child welfare in British Columbia. This forward thinking legislation promised a different style of service provision dedicated to supporting families to care for children in the home, improving services for Aboriginal families, using apprehension only as a last resort, and reunifying children as quickly as possible when temporary placement is necessary. This report examines whether child protection practices are living up to the principles set out in the CFCSA – the foundation of B.C.’s child protection system. Our conclusion is that current child protection practices in B.C. violate the guiding and service delivery principles that are set out in law. We find that the system, despite legislative reform, internal reorganization and changing governments, is failing to follow its own mandate and keep its promise to keep B.C.’s children safe. This report looks at the child welfare system from a number of perspectives, including those of service providers, social workers, and lawyers representing parents in child protection cases. However, the major focus of this report is the experiences of parents whose children are or have been involved with the child protection system.


As shown previously in the Child Abuse Recognition Experience Study (CARES), primary care providers reported that they decided not to report a substantial proportion of injuries that they suspected might have resulted from abuse. The most serious cases result in death. This article provides detailed reports of 2 illustrative cases from the author’s experience as a member of a multidisciplinary child fatality review team and discusses several alternative legal mechanisms for improving mandated reporting. Regional centers of excellence in child protection may be an effective way of improving child protection; current proposals to establish such centers are reviewed.

This paper explores black African children's experiences of the child protection system in the UK. The central focus of the paper is a review of the available literature on the social circumstances and environmental influences affecting many black African families involved in the child protection system; specific parenting practices and care-giving environments; and their experiences of social work and other professional interventions aimed at safeguarding and promoting the needs of African children. This paper examines these themes to elucidate the factors that contribute to the provision of effective, culturally competent interventions with black African children at risk of significant harm. It suggests that there are a number of tensions inherent for professionals in working with culturally diverse African families such as reconciling different beliefs and behaviours concerning child-rearing practices; affirming the parenting practices of these families in the engagement process; adopting a strengths-based orientation whilst at the same time safeguarding and promoting the welfare of vulnerable children. The paper concludes with a discussion of the implications for practice.


Empirical child welfare research in England takes insufficient account of wider social theory. Intellectual, professional and political reasons for this are discussed. The implications are considered in relation to one important social problem: the low educational achievement of children looked after by local authorities ('in care'). It is concluded that the absence of a broader sociological perspective has led to insufficient and simplistic explanations from researchers and policy-makers of low achievement among looked-after pupils. It is unwise to rely on official statistics on educational outcome indicators for looked-after pupils. Previous conceptualization of poor educational performance has been inadequate, and we should refer to low achievement, not 'underachievement'. The socio-economic risk factors that are linked with family breakdown and admission to care also predict low educational achievement, such as social class and poverty. Social mobility and transition to adulthood are increasingly problematic in England, making it difficult for care leavers to improve their social position. Parental maltreatment is strongly linked with educational failure. Other countries may do no better than England does. Thus, it is by no means obvious that the care system necessarily jeopardizes looked-after children's education.


Visits between children in foster care and their families often do not build on family strengths or help them demonstrate they can meet their children's safety and developmental needs. Visits can alienate parents, children, and foster parents, and the parent's grief, anger, and preoccupation with complying with
court-ordered treatment often obscure their children’s needs. Visit coaching is an innovative approach that can replace parenting classes and office-based visits with hands-on guidance for families in meeting their children's needs. The visit coach, who may be their caseworker or a variety of other trained individuals, helps parents take charge of visits and demonstrate more responsiveness to each child.


Among the approximately 17 million persons of concern to UNHCR, 10 million are refugees and about 5 million are internally displaced persons (“IDPs”); of the estimated 17 million persons, approximately half are children. It is well recognized that whilst all refugees suffer from the loss of their homes and familiar environment, children are particularly vulnerable to the consequences of displacement. Children, particularly those who are unaccompanied, stand the risk of being trafficked, prosecuted and abused. Their vulnerability is exacerbated by the fact that many children are already in a traumatized state, having been victims or witnesses of atrocities, while others have been lost or separated from their families. As a result, many adolescents often find themselves forced to take on the role of the head of the household, responsible for the care and provision of their younger siblings. Unfortunately, many other long-term consequences also stem from the displacement of children. For example, the sudden and often ongoing disruption of children from their education has enduring consequences both for the child and his or her community. These are only some of the multifaceted challenges faced by refugee children and are by no means intended to be exhaustive.


Objective: While child welfare policy and legislation reflects that children who are exposed to domestic violence are in need of protection because they are at risk of emotional and physical harm, little is known about the profile of families and children identified to the child welfare system and the system’s response. The objective of this study was to examine the child welfare system’s response to child maltreatment investigations substantiated for exposure to domestic violence (EDV). Methods: This study is based on a secondary analysis of data collected in the 2003 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003). Bivariate analyses were conducted on substantiated investigations. A binary logistic regression was also conducted to attempt to predict child welfare placements for investigations involving EDV. Results: What emerges from this study is that the child welfare system’s response to EDV largely depends on whether it occurs in isolation or with another substantiated form of child
maltreatment. For example, children involved in substantiated investigations that involve EDV with another form of substantiated maltreatment are almost four times more likely than investigations involving only EDV to be placed in a child welfare setting (Adjusted Odds Ratio = 3.87, p<.001). Conclusions: These findings suggest that the involvement of child welfare has not resulted in the widespread placement of children exposed to domestic violence. The Canadian child welfare system is substantiating EDV at a high rate but is concluding that these families do not require child protection services. Practice implications: There is debate in the literature about how the child welfare sector should respond to cases involving exposure to domestic violence. Contrary to conventional wisdom, this study finds that children who are the subject of investigations involving substantiated exposure to domestic violence are less likely to be removed from their home than children experiencing other forms of maltreatment. Strategies need to be developed to counter misperceptions about the intrusiveness of child welfare, and discussions need to take place about when it is appropriate for child welfare to become involved when children are exposed to domestic violence.


To explore meanings attached to children in Mexican society, this article examines two changing aspects of child circulation, a widespread reproductive disruption to the families of Mexico City's working poor. In the late 1890s, a rapid rise in admissions to the public foundling home was matched by a striking increase in retrievals. At the other end of the social spectrum, growing preference for adopting infants and young children indicates that adoption was becoming an acceptable means of forming families among the middle and upper classes. Changes in welfare policy encouraged both trends. This convergence of family practice and public policy illuminates transitions in concepts of infancy and early childhood informed by a consolidating ethic of protected childhood. These dynamics prefigured the emergence of child protection legislation in the 1910s and the expansion of welfare services in the 1920s and 1930s.


This article examines the situation in 47 "caring neighborhoods," which are defined as those in which the neighbors report working together in caring for the neighborhood children. These suburban neighborhoods are White and predominately middle class. Fictive kin are found in some of these neighborhoods, and in all of the neighborhoods a low value is placed on privacy. These neighborhoods challenge the stereotype of the isolated nuclear family of the suburbs but reinforce the model of the male-breadwinner family. In considering how families can connect over child-rearing tasks and move beyond the male-breadwinner family, it is seen that the problem lies not in the suburban
housing structure but in the condition of neighborhood mothers, who have to stay at home with pre-school-age children. This research suggests that to have the appropriate neighborhoods available to families, intentional neighborhoods will have to be built with an emphasis on gender equity.


This paper reports the findings of an exploratory and qualitative study of child welfare workers' practice in cases involving domestic violence. The research aimed to focus on child welfare workers' interventions with families experiencing domestic violence, elements influencing the child welfare workers' decisions, and the factors facilitating and creating obstacles for intervention. An analysis of the qualitative data showed that child welfare workers have different ways of intervening in cases involving domestic violence. Also, the interventions were especially centred on women victims of violence and they were held responsible for protecting their children. Finally, the dilemmas and difficulties which child welfare workers face in these cases are discussed.


This article draws on two pieces of empirical research undertaken in England with young people in public care. The research examined young people's experiences of a range of advocacy services, and the extent to which the involvement of an advocate facilitated young people's voices being heard in decision-making. The research responded to contemporary concerns about children's participatory rights, citizenship and social inclusion, set in the context of the United Nations Convention on the Rights of the Child. This article examines the strengths and limitations of advocacy for young people in public care and compares the different types of advocacy services that are available to young people and considers the extent to which adult perceptions of childhood and youth frame the services that are offered. It provides a comparison of the outcomes for young people who have had an advocate and those who have not. The concluding discussion argues that young people in public care feel excluded and marginalised from decision-making processes, and that advocacy has a pivotal role to play in placing at centre stage the wishes and feelings of young people.


Increasingly in the child protection sector, governments and leaders in the field are talking about the need for "evidence-based" or "evidence-informed" policy
and practice. But what does this mean; and how relevant is "evidence-based" policy and practice to those professionals at the coal-face working with vulnerable children and families? The impetus for taking an evidence-informed approach to policy and practice in the child welfare sector is two-pronged. One, there is a limited pool of money for child welfare programs and it is important that those programs that are funded are cost-effective and actually work to protect and enhance the safety and wellbeing of children. Two (and more importantly), children who have experienced, or are at risk of experiencing, abuse or neglect are among the most vulnerable in our community. It is an incredibly difficult area of policy and practice - but it is vital that interventions with vulnerable children and their families are accountable, that they actually work and, at the very least, that they do no further harm.


This paper is a national snapshot of Australian statutory child protection services. Data were collected in each state and territory via policy documents, procedure manuals and telephone interviews with relevant child protection personnel. Topics covered are: who is responsible for child protection; intake procedures; who notifies concerns to child protection services; and the process of providing child protection services in Australian states and territories (intake, risk assessment, investigation and case management). Similarities and differences across states and territories in each of these areas are highlighted. Despite different legislative frameworks and some operational differences, Australian state and territory statutory child protection services are providing very similar models of intervention. Implications are explored with regard to: competency standards, training and professional development; and cross-jurisdictional issues.


This article discusses the U.A.L.R. child protection mediation program as well as several other child protection mediation programs in order to examine what makes a program a continuing success. Child protection mediation programs have gone through a period of tremendous progress and growth over the past 20 years in the United States and Canada. Numerous studies have shown that child protection mediation helps families and courts by lowering the amount of time that children spend in foster care and the amount of costs for courts and agencies. Child protection mediation is an essential tool for juvenile courts and the families that have cases there. This article addresses the development of child protection mediation programs, their importance to juvenile courts, and some reasons that these programs succeed or fail. Although many of these programs have early accomplishments, they have not always been able to maintain their growth or to continue to exist. The U.A.L.R. Mediation Project has not sustained its early levels of cases or referrals from court for numerous
reasons. Using the techniques of other thriving programs, we will attempt to restart and reenergize the program. It has been established that the people who have a role in the establishment of a program, the funding sources and especially the commitment of the parties to the program all have a significant long-term impact. This article points out how programs should begin and proceed if they are to be a long-term success.


It remains unclear how federal government intervention measures in Indigenous communities in Central Australia will create sustainable, safe and nurturing communities.


Risk management strategies have been widely embraced as efficient and consistent government responses to child protection concerns. However, the appropriateness and effectiveness of these initiatives in achieving safer, more resilient families remains a topic of debate. This study uses institutional ethnography (IE) to explore how powerful professional and administrative discourses and technologies permeate the everyday lives of mothers who are the subject of risk reduction strategies and subsume their pivotal contributions to achieving desired outcomes. Interviews and a focus group of Canadian women in British Columbia provide empirical basis for explicating the unacknowledged "core competencies" necessary to successfully negotiate the child welfare system, and the barriers to accomplishing this work created by an institutional focus on "risk."


A decade has passed since family group conferences were initially introduced into the UK by Family Rights Group. Ten years on, this paper examines the extent to which family group conferences have developed and become embedded into current social work practice. Despite the initial interest by social work practitioners and the picture often painted of a growing radical movement, the degree to which family group conferencing has become part of mainstream practice has until now remained fairly anecdotal. A number of difficulties have been identified with implementing the model, including fitting it into an existing system and the challenge it poses to professionals to hand over power. Two surveys, the first undertaken in 1999 and the second in 2001, describe the current use of the model in the UK by Councils with Social Services
Responsibilities (Councils). The surveys reveal the areas of practice within which family group conferences are being used, the size and capacity of projects and why some Councils have adopted the model whilst others remain hesitant. It concludes by considering why family group conferences remain on the margins of practice.


School counselors have a duty to formulate strategies that aid in the detection and prevention of child sexual abuse (ASCA, 2003). This may be accomplished in a number of ways, such as designing programs, providing training to teachers regarding recognizing and reporting abuse indicators, and collaborating with child protection and other mental health professionals to provide additional aftercare for sexually abused children in the school setting. Much can be learned about trauma symptomology from a clinical sample of sexually abused children. The Trauma Symptom Checklist for Children (TSCC; Briere, 1996) is a 54-item self-report instrument for children and adolescents 8-16 years of age which assesses the frequency of thoughts, feelings, and behaviors related to traumatic events they have experienced. To understand better the trauma symptomology of children and adolescents, the author analyzed an existing data set of TSCC protocols from children who received treatment for sexual abuse from a children's advocacy center in a metropolitan area near a large city in the south-eastern United States. Although a large number of potential participants were lost to follow up (N = 54), T 2 analyses revealed significant differences between the groups only on the length of time in therapy. A repeated measures analysis of variance was performed on data from children and adolescents who completed therapy (N = 31) to test whether differences on Depression and Posttraumatic Stress scale scores would exist across the course of therapy. Although no statistically significant findings emerged, implications for clinical practice and research became apparent. Specifically, differences in cut-off T -scores on TSCC scales may be more useful to clinicians for treatment and termination planning purposes than statistically significant differences. In addition, assessing clients at intervals measured by session number, rather than by length of time, may provide more generalizable results for within- and between-participants clinical and research comparisons. These implications may aid clinical and school counselors and researchers to recognize and serve the specific needs of sexually abused children in their respective settings.


The aim of this article is to compare Swedish and Croatian social workers' assessments and protection of a 4-year-old child exposed to risk in its own
family. The data were collected from 87 Croatian and 72 Swedish social workers by means of a questionnaire, which incorporated a vertical vignette. Effects of the participant's country of residence were investigated with respect to: (i) risk assessments; (ii) perception of the main problems; (iii) tolerance of corporal punishment; (iv) judgements about appropriateness of interventions. The results suggest that Croatian social workers have a more child-protective approach than their Swedish colleagues. Swedish social workers have a more supportive approach than Croatian social workers. Despite fundamental similarities in assessments between the countries, significant differences were found in preferred interventions. The Swedish social workers were more in favour of keeping the child at home with the support of social services. The Croatian social workers were more in favour of removing the child from home by means of a care order. This might primarily be attributed to the differences in availability of family support services and to different discourses in Sweden and Croatia.


This paper is based on a literature review undertaken for the Office of the Deputy Prime Minister in 2004 (Buchanan et al., 2004) on the impact of government policy in England and Wales for children aged from birth to thirteen at high risk of social exclusion as recorded up until May 2004. It describes the concept of social exclusion; its meaning for children; the aims of government policy; the specific impact of government policy on vulnerable families and children in need (including children needing child protection and all looked after children) as defined by the 1989 Children Act. The paper demonstrates that although progress has been made, there are still major areas of concern. The more discursive parts at the end of the paper reflect the views of the author and later thinking, and were not part of the original submission to the Social Exclusion Unit.


The purpose of this paper is to present and analyse the ethical dilemmas involved in presenting research findings that describe abused women's parenting practices in a negative light. The study was based on data collected by in-depth interviews for the purpose of examining the turning point among 20 Israeli abused women who refused to live with violence and took active steps to stop it while staying with the perpetrator. Overall the analysis indicated successful survival stories but the women's parenting practices became questionable. This raised dilemmas as to how to present such findings and what are the ethical implications related to interventions with abused women.
Exploring the practice frameworks and sense-making techniques employed by child care professionals she demonstrates the importance of the cultural, political and organisational context in which the work is carried out. The processing of reported child protection concerns is followed from the earliest stages of identification to assessment, conferences and long-term monitoring. In addition, data from interviews with parents who have been involved in child protection investigations provides a vitally important perspective for professionals.

This paper reports on a study undertaken in the Republic of Ireland during 2005 and is based on the experiences of children and young people who have lived with domestic violence. The objectives of the study were to explore the impact of domestic violence on children, identify their needs and recommend appropriate interventions to be brokered through a centrally based women’s support service. Data were gathered from 70 participants, including 37 service providers/volunteers, 11 mothers and 22 children and young people who had lived in violent environments. The data indicated that children respond in unique ways to living with domestic violence, and that services to meet their needs must be tailored to suit their individual situations. The impact of domestic violence on their lives manifested itself with regard to their sense of fear and anxiety in relation to themselves, their siblings and their mothers; their self-esteem and sense of being different, their relationships (including ambivalent relationships with their fathers); their experiences of education and their sense of a lost childhood. The final report for the study was based on the total data collection, but this paper will concentrate primarily on the material elicited from the children and young people.

Providing relevant, timely forensic evaluations is challenging because of the differing worlds of mental health and law. In this study, the authors evaluated an innovative, court-based clinic model for improving acquisition and use of clinical information in juvenile court in a 3-year pilot project prior to wide-scale implementation. The authors investigated the extent to which 170 evaluations of parents in the child protection division met criteria recommended in the forensic literature by comparing reports across four groups categorized by source (inside or outside court; part of pilot project or not). Findings suggested greater use of recommended practices and more timely, consistent reports by the pilot clinic. The findings provide preliminary support for the model and guidance for improving forensic evaluations in child protection.
This qualitative study examines the distribution of power in the working relationship between child welfare workers and parents mandated to services due to child abuse and/or neglect. In child welfare settings, the relationship between workers and parents is complicated by institutional power structures governing rules and regulations for practice. Paradoxically, workers are expected to share power with families through the implementation of empowerment, collaboration, and strength-based practices. This article focuses on three emergent themes: parents' and workers' feelings of powerlessness, their ability to each wield power in the relationship, and their perceptions of how power should be distributed. The emergent themes are discussed through the lens of three power constructs—hierarchical and imbalanced, negotiated and reciprocal, and shared and balanced power—as a theoretical and conceptual framework. Our findings indicate that how workers and parents choose to interact may influence service outcomes.


This paper discusses the development of a practice framework for child welfare in New Zealand. A practice framework is defined as a conceptual map that brings together, in an accessible design, an agency's approach to social work practice with children and families. Designed as a tool for practitioners, the New Zealand practice framework integrates three perspectives: child-centred; family-led and culturally responsive; and strengths and evidence-based. The practice framework establishes a vision for New Zealand child welfare work that is grounded in the realities of practice, supported by research and embedded in a set of principles and values that are essential to the work. As a concept, it provides a clear understanding of what underpins the work, and how this informs our interventions with children and families. As a tool for practitioners, it provides a theoretically informed intervention logic and a set of triggers to support best practice.


Reflecting on the essence of social work brings its duality as a profession concerned with both individual and community well-being sharply into focus (Albers, 2001; Weick, 2001). Two of the dichotomies or tensions at the heart of this profession are especially important for the themes of this special issue on restorative justice and responsive regulation. These are the relation between formal and informal helping and between care and control, or empowerment and coercion. In this article, we make a case for the importance of Braithwaite's work,
especially his (2002) book, Restorative Justice and Responsive Regulation, for conceptualizing the nature of social work in relation to these dualities. Since Braithwaite’s writings do not have social work or social welfare scholars and professionals as their primary audience and are less familiar to that audience than they should be, we seek here to provide a context for reading both Braithwaite and this issue of the Journal of Sociology and Social Welfare.


Grief is the emotional process through which people adjust to any significant loss in their lives and there are few fields of endeavour in which this is a more constant factor than in out-of-home care. Loss is experienced by workers, carers, birth families and most importantly the children in care. In this paper I intend to focus on the natural families of children who have been removed and placed into long-term care.


I discuss the importance of permanency for older youth in foster care and the limitations of current foster care programs in meeting the permanency needs of these youth. I provide an overview of federal and state policies and describe recent initiatives that are successfully increasing permanence for older foster youth, overcoming barriers to adoption, and using creative strategies to identify alternative permanent arrangements. A key component is inclusion of foster youth in the decisions that affect their lives.


Drawing on a three-year multidisciplinary study of the children of divorced parents, the authors, leading academics in their fields, present a much-needed guide to working with children who are experiencing parental separation. Providing an in-depth picture of the effect of divorce on children both during and after the proceedings, the topics discussed include: how parents break the news of divorce to children and how this makes them feel; where children get their ideas about divorce from; how parent-child relationships change after separation; and ways in which children adapt and cope with divorce. The authors show what children want and need to know and how professionals can allow them to have a degree of involvement in the process of separation that will help them to understand and adjust to their changing circumstances. Divorcing Children addresses the weaknesses of current legislation in family justice and suggests
ways of improving the skills and knowledge of all professionals who work with children during this difficult period in their lives.


The complex and changing relationship between theory and practice in social work has received increasing attention in recent years. Parton (2000) has advocated a constructionist approach that underlines the similarity between the roles of the researcher and the practitioner. Personal construct theory (Kelly, 1955) is one member of the constructionist family that has particular implications for social work practice. It evolved as a pragmatic approach to psychotherapy, advocating a research supervisor/student model of the practitioner/client relationship. In this article, we elaborate its application to social work practice, drawing on contemporary work in the fields of trauma and loss to illustrate its value.


Much has been promised from the government about providing a more contemporary and streamlined system for child care at the beginning of the 21st century. In this article Calder critically evaluates the origins of the incoming Integrated Children's System and questions how welding two faulty and discredited systems from the 1990s together can possibly achieve this aspiration. Calder then raises some implementation issues before going on to offer some suggested remedial solutions to assist local implementation.


Reception and initial contact arrangements and practices in social services play a key role in safeguarding children and providing an avenue for the public and professionals to report concerns about a child's welfare. This paper reports on findings from a small-scale study, commissioned in the wake of the Laming Inquiry into the circumstances surrounding the death of Victoria Climbie. The aim of the study was an exploration of the arrangements local authorities had in place in early 2004 to receive referrals from the public and professional sources, and to report on duty team managers' levels of satisfaction with these arrangements. It drew on interviews with 70 social work managers responsible for daytime and out-of-hours duty services in 28 English local authorities. The authors argue that, while the Inquiry recommendations to improve the organisation of initial contact with social services in the event of concerns about a child's welfare remain important, wide variations exist in practice. The paper concludes with a
discussion of possible contributory factors for such variation, and policy and practice measures that could address the variation.


This article compares rationales and outcome research for five areas of programming for adolescents: adolescent competence and skill development programs, family- and parent-focused programs, social integration programs, multiple component programs, and neighborhood transformation programs. The article examines program evidence for maltreated teens as well as teens coping with a variety of other challenges. The study uses a framework based on common developmental challenges and risk factors for adolescents to select and review programs.


Objective: To explore the practice and attitudes of child abuse physicians regarding the evaluation of "contact children" identified in the home of a physically abused index child. Design: A self-administered survey. Setting: E-mail and postal mailings from May 10 through September 30, 2005. Participants: Physicians in the United States recognized as experts in child abuse medicine based on membership in the Heifer Society. Main Outcome Measures: Descriptive measures of recommended medical evaluations of contact children in 3 clinical settings, estimates of association between these recommendations, and respondent experiences. Results: There was a 61% (93/153) response rate. Respondents uniformly endorsed medical evaluation for contact children, although there was substantial variability in the extent of evaluation recommended. Recommended diagnostic testing varied by age of contact child and by type of abuse in the index child. Recommendations were influenced by anecdotal recall of abused contact children "missed" during the initial evaluation of another child in the household. Of our 93 respondents, 37 (40%) reported routine disagreement with child protection workers about the need for medical evaluation of contact children. Conclusions: Child abuse physicians perceive that findings of abuse in contact children are sufficiently frequent to warrant medical examination of most contact children, but there is no consensus on the extent of evaluation needed for contact children. A better understanding of risk of abuse in contact children and improved collaboration between physicians and child protection workers are needed to improve evidence-based care of this high-risk population.

Young people who 'age out of care' generally do not have the continuing source of emotional, social and financial support that is available to most young people in their transition to early adulthood. They therefore face the challenges of making various transitions with fewer resources and less support, and at an earlier age and in a less graduated way than young people of the same age in the general population. Some, however, manage this process more successfully than others. The current study examines the links between stability, perceived or 'felt' security and later outcomes for young people 4–5 years after leaving care. It is based on a four-wave longitudinal study over 5 years of 47 young people leaving care in New South Wales, Australia. Felt security in care, and continuity and social support beyond care were the main significant predictors of these young people's outcomes 4–5 years after leaving care. While stability in care was important, this may be as a means to an end—building a sense of security, belonging and a network of social support.


This second edition of Ann Cattanach's highly commended book explores the uses of play therapy with abused children as a way of helping them to heal their distress and make sense of their experiences through expanding their own creativity in play. The book provides practical ways of starting play therapy with abused children and explains how the child can use the process for healing. Models of intervention are described which meet the particular needs of the child and the work setting of the therapist; for example, short and medium term interventions, individual/group and sibling work. This edition is fully revised and provides new materials, including case histories and additional chapters on working with young perpetrators of abuse, and on the impact of the Internet.


Objective: This study examined the backgrounds of fathers who fatally abuse their children and the contexts within which these homicides occur. The type of relationship between victim, perpetrator, and the victim's mother was a particular interest. Methods: Data were gathered from 26 cases of fatal child abuse perpetrated by fathers derived from the wider Murder in Britain study.** Quantitative and qualitative data were collected from extensive prison case files of men serving life sentences for child murder. Results: This was a group of undereducated, underemployed men with significant criminal histories. All except one victim had been subjected to previous violence by the offender, almost three-quarter of whom had also perpetrated violence against their intimate partners (the child's birth mother). Many men had unreasonable expectations and low tolerance levels of normal childhood behaviors, and many appeared jealous and resentful of these young children. All 26 victims were under 4 years of age. Sixty-
two percent of the offenders were stepfathers and in only four cases was the perpetrator a birth father married to the birth mother. Stepfathers had more disrupted and disadvantaged backgrounds and experiences than birth fathers. Conclusions: Findings suggest that fathers who perpetrate fatal child abuse have a propensity to use violence against children in their care and intimate partners, raising questions about the gender dynamics and generational boundaries operating in these families. The nature and type of intimate relationship (whether married or cohabiting) and fathering relationship (whether birth or de facto) were important differentiating factors in these homicides as well as characteristics of the offender. Practice implications Professionals working in child protection strive to provide effective services to children and families, ever vigilant to the possibility of the death of a child as a consequence of an assault. By and large, fathers (either biological or de facto) as the perpetrators of such assaults have received minimal attention in both policy and practice. Findings from this study suggest that practitioners need to be cognisant of men's attitudes towards and expectations of fathering (particularly stepfathering) which may present increased levels of risk to both children and intimate partners.


Objectives: The purpose of this 5-year study was to improve detection in two consecutive phases: (a) To close the gap between the number of identified cases and the actual number of cases of child abuse by increasing detection; and (b) To increase the possibility of a broader spectrum of detection. Method: The Balearic Islands (one of the Autonomous Communities of Spain, with 161,287 children under 18 years old) was selected as the study area. Phase 1: front-line professionals (181) from all the health and social services agencies were trained in detection. Phase 2, school professionals (251) from all schools in the territory were also trained. The independent factor was the intervention provided to the professionals with training and support. A pre-post design was used over the area, divided in territories, in which the program was gradually implemented to provide within-territory and between-territories controls. Results: Phase 1: Comparison before-after implementation of the program showed that detection was tripled in the Balearic Islands (from .58 to 1.77 per 1,000 children). An unplanned generalization effect was found, and post hoc analysis considering only the islands showed the expected increase. Phase 2: A subsequent increased detection rate was found in Child Protection Services cases 2.18 per 1,000. Of those new cases, 24.5% came from schools, after controlling for duplication. Conclusions: This detection system showed positive changes after training and supporting frontline health and social services professionals. However, these professionals only have occasional contacts with the child population. Therefore, to broaden the spectrum of detection and to reach more maltreated children, who are less likely to be visible to CPS, it is necessary to
train and support school professionals because of the frequency of their contacts with children on an almost daily basis.


This commentary examines four common policy-relevant perceptions of teen and preteen sex offenders—high risk, "specialness," homogeneity, and intransigence. Each perception is contrasted with long-standing as well as more current scientific facts. It is argued that public policies for these youth have been fundamentally driven by misperceptions, resulting in a set of well-intentioned but ultimately flawed policies and practices that are unlikely to deliver either child protection or juvenile justice benefits. These include federal and state policies pertaining to public registration and notification, community management, institutional placement, treatment approaches, and treatment standards. The research evidence about these juveniles is considerably more positive than current policies or clinical practices might suggest, and reflects a sharp disconnect between popular policy-relevant perceptions and the facts as we know them about these diverse cases.


This article examines issues associated with the reorganized Family and Child Protection Services Units in Hong Kong, arguing that wife abuse problems are degenderized and marginalized in this initiative. It points out that the multi-agency approach is the basis for providing a one-stop service for victims of domestic violence.


This paper reviews the research on the referral of minority ethnic children to child and family social work teams because of child protection concerns. Specifically, it focuses on those studies that have researched the referral stage of the child 'in need' and child protection systems, and explored differences in patterns of referral between the main ethnic groups that make up the UK population.


This study investigated factors that might be associated with the disrupted kinship care placements of abused and neglected children. Data were collected
from face-to-face interviews of 130 kin caregivers who were randomly selected from lists provided by two child protection agencies and divided into four different outcome groups. Findings of the study revealed that characteristics of the children such as their health status, ages, and the extent to which they were getting into "trouble" were significantly associated with placement outcomes. The caregivers' perceptions of the quality of relationships between themselves and the children in their care and the birth parents of those children were also associated with placement outcomes. Two other factors affecting outcomes were the frequency of contact between social workers and caregivers and the extent to which services plans were discussed. Practice implications related to these findings are discussed.


Recognizing the pivotal role of hospitals in identifying and diagnosing child abuse and neglect, the Israeli Ministry of Health has mandated each hospital to establish a child protection team (CPT) to be responsible for assessing cases of suspected child abuse or neglect. The team's psychiatrist (E.B.) contributes valuable insight into the impact of abuse and neglect at the various developmental stages of childhood, observes child behavior and parent-child interaction, and assesses the difficult-to-delineate borders of insult, such as emotional abuse and neglect.


This article examines the tendency of emergency child removal decisions - by social workers, police officers, and judges - to become self-reinforcing and self-perpetuating in subsequent child protective proceedings. This snowball effect, as one court has referred to it, is widely acknowledged by lawyers who practice in juvenile court, yet is largely unknown beyond those circles. The article explores the causes and consequences of this phenomenon in the age of the 1997 federal Adoption and Safe Families Act (ASFA), which converts every day that a child spends in foster care into one more tick of the clock in a countdown toward termination of parental rights. The article provides some background on the law and practice of emergency child removal in the United States today, analyzes the factors that make initial removals outcome determinative in many child protection cases, considers the implications of this phenomenon in light of ASFA, and identifies possible solutions.


Physicians have reported feeling that they were not adequately trained to identify and report child abuse. This article reviews the current state of medical education
and residency training and the needs of physicians in practice and proposes changes and additions that can be made to improve the ability and confidence of physicians who are faced with the responsibility of keeping children safe.


Teenager's running from foster placement is a significant problem in the field of child protection. This article describes a functional, behavior analytic approach to reducing running away through assessing the motivations for running, involving the youth in the assessment process, and implementing interventions to enhance the reinforcing value of placements for adolescents, thereby reducing the probability of running and associated unsafe periods. A case study illustrates this approach and a study compares 13 adolescents who ran away frequently and received interventions with a group of matched adolescents who had similar patterns of running but received only services as usual. The percentage of days on runaway status showed a significant pre-post reduction for those in the functional group, in contrast to no statistical change in the comparison group. Potential benefits this approach may have for foster care and child protection in improving youth safety, permanence, and connections for life are discussed.


Clark and Wilkinson comment on a study from Israel entitled Decision Making by the Child Protection Team of a Medical Center, which centers on the decision making process of hospital-based child protection teams. They stress that although it is interesting to study the decision-making processes of a team of professionals in a hospital over a period of time and find that decision making has been consistent, it is more important to find out whether families and children benefited from the process.


The destructive relationships between substance misuse, domestic violence and their effect on children are complex, and this book brings together the facts and latest research to offer an authoritative overview of what we know. "It reveals the vulnerability of these children and the extent to which domestic violence, parental alcohol or parental drug misuse impact on children's health and development, affect the adults' capacity to undertake key parenting tasks, and influence the response of wider family and the community. It includes parent's own voices and allows them to explain what help they feel would best support families in similar situations. The authors also explore the response of children's services: the
extent to which current local authority plans, procedures, joint protocols and training effectively support information sharing and collaborative working. They draw from the finding implications for policy and practice in both children and adult services.


This paper describes a two-year study conducted in 24 English councils to evaluate the implementation of the Framework for the Assessment of Children in Need and their Families. The Framework promotes a holistic, multi-agency approach towards the assessment of children in need. The study was carried out in two phases. Phase one explored how councils implemented the Framework and accompanying assessment records. Phase two used a variety of methods to assess the impact of the Framework on practice, including an audit of completed assessment records, postal questionnaires to practitioners and managers in social services and partner agencies, and a qualitative study of 52 cases which included interviews with parents, children over 10 and social workers. A time record was used to gather information on the time social workers spent on the various elements of the core assessment process. The study suggests that councils had to overcome a number of organizational and other barriers in order to implement the Framework. However, the Framework and supporting materials appear to have provided the foundations to improve the quality of social work recording and promote interagency working, and have strengthened the involvement of children and families in the assessment process.


Drawing on in-depth interviews with social workers and their managers, and families and young people themselves, the authors of this important book show how the principles embodied in the Assessment Framework have been applied to social work practice. Revisiting the principles outlined in the legislative context and the Assessment Framework, they show how the focus on assessment has affected the work with children, and the experiences of children and families themselves. The authors identify a range of issues that influence the implementation of the Assessment Framework, including the key areas where support and training are needed. They review social workers' and other professionals' appraisal of how the Assessment Framework affects individual practice and inter-agency collaboration, as well as exploring how satisfied young people and their parents are with the assessments they are involved in. Finally, they examine the cost to social services of undertaking a core assessment. Emphasising the importance of a joined-up child care service, the authors' findings have been taken into account in the development of the Integrated
Children’s System. This book should be read by all those professionals who are working to promote the welfare and well-being of children.


This study involved in-depth exploration of good helping relationships in child welfare. A select sample of six child welfare worker-client dyads was interviewed to determine worker attributes and actions that were key to the development of good working relationships. Innovative features of the research design, such as a multiple interview format with two individual and one joint interview for each worker and client (five interviews per dyad) and opportunities for the worker and client in each dyad to reflect on and respond to the other’s interview transcripts, produced rich data and revealed high levels of congruency among workers, clients and researchers about worker relationship competencies. Two categories of themes that emerged from the qualitative analysis are discussed: (1) soft, mindful and judicious use of power; and (2) humanistic attitude and style that stretches traditional professional ways-of-being. Implications for the hiring, education and training, and supervision of child welfare workers are presented.


Efforts to reform the child welfare system in the United States have been hampered by the tendency of would-be reformers to operate out of different perspectives, or paradigms, each of which is relatively closed to the others. This paper identifies four traditions of social planning and social change and relates them to different approaches to reforming child welfare. Each perspective has its own core assumptions, its own approach to knowledge building, and its own flaws or weaknesses. Due to the magnitude and complexity of the child welfare crisis, it is important to find ways to bring together the various perspectives into a more unified and systemic approach to reform.


The attachment relationships of 46 infants with their kin and unrelated foster caregivers in the Midwestern United States are reported in the results of this study. Secure attachment relationships were found in about equal percentages in kin and unrelated caregiver–infant dyads (67–68%), similar to the percentage of secure attachment relationships found in birth and adoptive caregiver–infant dyads in previous studies. Disorganized/disoriented attachment behaviours were observed in a greater percentage of kin and unrelated foster caregiver–infant dyads (25–29%) than previously observed in birth families. Infant characteristics, caregiver characteristics, and differences in the home environments that could explain the differences in attachment relationships observed in kin
and unrelated foster caregiver–infant dyads are discussed. Implications for future research and social work practice are discussed.


Given a lack of standardised procedures for preventing child abuse, what can be done in terms of thinking and action about the prevention of physical child abuse in health visiting and community practice? This paper reflects on knowledge gained while undertaking case series research into non-accidental head injury (NAHI), qualitative research with health visitors and mothers and fathers into the feasibility of preventing NAHI, and work as a team member of the Welsh Child Protection Systematic Review Group. Prevention is an abstract term, with dimensions of an ethical nature, and requires prompt and timely action. To identify when preventive action is required, an understanding is needed of where there is risk, and what benefit or outcome may follow interventions. However, the knowledge in this field is limited, which means that it is wise to be cautious in claiming effectiveness of prevention activity. Nonetheless, if prevention is not seen to be practiced, the development of skills and the means to evaluate interventions will not become embedded in the routine care of families with small children, and physical child abuse will not be prevented.


Therefore, to be able to understand the role of the nurse, it is important to define children and child abuse, explore the difficulty with defining child abuse, highlight children at risk, review functions within child protection, joint working and critically appraise the role of community nurses and the expertises required to fulfil this role. With this evidence the green paper Saving Lives (DoH, 1999) gave health visitors the lead role within safeguarding children. In These strategies include support through positive parenting, general, health promotion, and coping mechanism (Cloke & Naish, 92).


Introduction: This study examines child, family, and case characteristics that impact rates of re-referral to Child Protective Services (CPS) using data on all closed CPS investigations for the state of Rhode Island between 2001 and 2004. Method: A longitudinal dataset of all referrals to CPS was created using state submissions to the National Child Abuse and Neglect Data System (NCANDS). After excluding children whose initial CPS investigation resulted in removal from the home, a Cox proportional hazards model was tested to examine factors impacting the likelihood of re-referral. Results: Consistent with other research in
this area, the initial 6-month period following case disposition is the period of greatest risk of re-referral. Approximately 13% of cases experienced a recurrent allegation during the first 6-month period; an additional 14% experienced a re-referral over the following 12-month period; 7% during the next 12-month period. Family poverty was the strongest predictor of re-referral, though a number of child and case characteristics were significantly related to recurrence. Cases that were substantiated at index were significantly less likely to result in a new allegation, though substantiated cases of physical abuse or those receiving post-investigation services were at higher risk. Conclusions: Children from families facing multiple stressors (e.g., low SES, parental substance abuse child disability) are at highest risk of re-referral to CPS and may benefit from the development of preventive services targeted immediately following case closings within CPS.


This study examines the life circumstances and experiences of 4084 children affected by maternal addiction to alcohol or other drugs. The paper will address the characteristics of their caregivers, the multiple risk factors faced by these children, their health and development, and their school performance. Data were collected from mothers at intake into 50 publicly funded residential substance abuse treatment programs for pregnant and parenting women. Findings from this study suggest that children whose mothers abuse alcohol or other drugs confront a high level of risk and are at increased vulnerability for physical, academic, and socio-emotional problems. Children affected by maternal addiction are in need of long-term supportive services.


Objective: The field of child protection needs reliable and valid methods of assessing the potential for child abuse and neglect. The purpose of this study was to examine the psychometric properties of the Adult Adolescent Parenting Inventory--2 (AAPI-2), Form B, using a sample of 309 low-income, rural families in a southern state. Method: The AAPI-2 is a 40-item survey designed to assess the parenting and child rearing attitudes of adult and adolescent parent and pre-parent populations. Each of the five AAPI-2 scales was (a) examined using factor analysis in order to determine the unidimensionality of the scale, (b) evaluated based on estimates of the scales reliability in order to determine the consistency with which the construct was measured, and (c) when possible, examined to determine if it is related to other constructs in meaningful and expected ways. Results: While the factor structure reported by the developer was not fully
confirmed in this sample, there is some evidence that the instrument is measuring at least two of the constructs it purports to measure and that the total score may be useful. Correlations with other instruments measuring parenting behavior and child behavior were significant, and in the expected direction, offering some support for the validity of the AAPI-2. Conclusions: While the AAPI-2 appears to measure attitudes related to harsh or neglectful parenting, caution should be used in the interpretation of the individual AAPI-2 scales.


Family Group Conferencing (FGC) as a solution-focused strategy in child welfare has now been a mandated practice in Aotearoa New Zealand since 1989. This qualitative study examines the experiences of Care and Protection Coordinators who have been convening FGC since the early years of the legislation. The study explores early perceptions of the legislation, what first attracted them to the role and what keeps them in the job. In particular, the study explores the practice tensions that rest within family-centred child protection models, and the ways in which FGC practice has developed in response to modern imperatives.


The Family Group Conference is a participatory model of decision making with families in child protection. It is a legal process that brings together the family, including the extended family, and the professionals in a family-led decision-making forum. Bringing together extended family and professionals to discuss child protection concerns can create a highly charged dynamic. Workers are challenged by family, family are challenged by workers, and family members challenge each other. Practice is also exposed to wider scrutiny as professionals also challenge the work. This article briefly describes the development and practice of family group conferencing as a family-centred legal process in Aotearoa, New Zealand. It then examines the findings of a study exploring the dynamics emerging from family group conference practice from the perspective of the coordinators who convene them. Family group conferencing as a family strengthening practice is discussed.


Providing services that are culturally relevant is an ongoing challenge for practitioners, managers, and policy-makers within the social services. Culture and Child Protection is a concise exploration of the close links between social service practices and cultural values which offers a culturally sensitive model of child protection practice. The authors demonstrate the ways in which a
combination of personal, professional and societal attitudes often influence practice decisions. In a context where children from ethnic minorities dominate the welfare statistics of the Western economies, the authors argue against a reliance on rigid approaches to working with particular ethnic groups. They propose effective alternative strategies that will assist social workers in responding appropriately to diverse cultural needs and circumstances. Implications of cultural difference are also considered with respect to class, socio-economic group, gender and age, reinforcing the need to recognise broader interpretations of difference within practice. This book is full of integrated examples and case studies and also discusses wider practice issues, such as working with offenders, the impact of funding restraints and the dynamic of reflexivity in practice and supervision. Culture and Child Protection is a key text that will help social workers and academics to understand the ways in which cultural thinking affects and shapes child protection practice.


Objective: The goal of this study was to understand better the risk of compassion fatigue (the trauma suffered by the helping professional) and burnout (emotional exhaustion, depersonalization, and reduced sense of personal accomplishment), and the potential for compassion satisfaction (the fulfilment from helping others and positive collegial relationships) among Colorado county child protection staff using the Compassion Satisfaction/Fatigue Self-Test [Figley, C. R., & Stamm, B. H. (1996). Psychometric review of Compassion Fatigue Self-Test. In B. H. Stamm (Ed.), Measurement of stress, trauma, and adaptation (pp. 127-130). Lutherville, MD: Sidran Press]. An additional goal was to test the relationship of these three constructs to each other. Method: A self-report instrument developed by Stamm and Figley was used to measure the risk of compassion fatigue and burnout and the potential for compassion satisfaction among 363 child protection staff participating in a secondary trauma training seminar. Results: Participants were significantly more likely to have high risk of compassion fatigue, extremely low risk of burnout, and good potential for compassion satisfaction. Participants with high compassion satisfaction had lower levels of compassion fatigue (p = .000; mean = 35.73 high compassion satisfaction group, mean = 43.56 low group) and lower levels of burnout (p = .000; mean = 32.99 high compassion satisfaction group, mean = 41.69 low group). Conclusion: Approximately 50% of Colorado county child protection staff suffered from "high" or "very high" levels of compassion fatigue. The risk of burnout was considerably lower. More than 70% of staff expressed a "high" or "good" potential for compassion satisfaction. We believe compassion satisfaction may help mitigate the effects of burnout.

Introduction: In 2001 the supply of heroin was substantially reduced across Australia. Given the child protection concerns associated with the use of substances by pregnant women, it was pertinent to examine how the reduction in the supply of heroin affected this community of users. This paper aimed to assess the extent of any drug-related problems among pregnant women associated with the reduction in heroin supply in New South Wales (NSW). Two sources of data were used: (1) Data on hospital visits in NSW in which drug and alcohol problems were noted as complicating the pregnancy; and (2) Key informant reports from services targeting substance-using pregnant women across the three main Sydney drug markets. The shortage did not affect the number of hospital separations for substance-using pregnant women, nor the number of women referred to services for substance use in pregnancy. Key informants reported an increase in the use of cocaine among pregnant women and a change in injection sites for some women (including into breast tissue). No substantial change in adverse outcomes was observed to be associated with this change in patterns of drug use. The reduction in heroin supply appeared to have limited impact on the number of substance-using pregnant women as assessed by hospital episodes and key informant reports. The evidence suggested an increase in the injecting of cocaine by pregnant women using drug treatment services, similar to the changes in drug use patterns observed among other groups of injecting drug users. The lack of change observed in the qualitative and statistical data regarding adverse health consequences associated with cocaine injecting suggests the potentially negative impact of maternal cocaine use on infant health may be difficult to detect and monitor.


Objectives: The objectives were to (1) delineate the definition, common forms, and perceived risk factors contributing to child neglect in Guatemala from the perspective of different stakeholders and (2) identify the challenges faced by child protection practitioners in identifying children at risk of neglect within the context of Guatemala. Methods: A range of qualitative methods were used: semi-structured interviews (SSI) with key stakeholders involved in child neglect (n = 9); semi-structured interviews with professionals working in the child protection services (n = 14); focus group discussions (FGDs) with professionals, voluntary workers and children (n = 60), and the group consensus method with key informants (KI, n = 10). Data analysis was conducted using the framework approach. Results: Participants described child neglect as a complex social phenomenon combining parental omission of care and an indifferent or negative attitude towards the child compounded by governmental neglect. The main factors which were perceived as contributing to neglect were poverty, societal and cultural norms, and importantly, gender roles and relations. These contextual factors complicate the identification of neglect and raise a number of difficult
dilemmas for child protection workers that are exacerbated by limited Guatemalan legislation on neglect and restricted alternative care options. Conclusion: Stakeholder perspectives were found to be useful for providing contextual information and highlighting associated challenges related to assessing child neglect in Guatemala.


This paper aims to read beneath the surface of the Victoria Climbié Inquiry Report, in a particular search for the absent emotional content of the many interconnected stories it relates. Following a brief summary of the main features of this complex case, the paper notes that many previous inquiry reports into child deaths have marked how the evidence for what was happening to the children was both seen and not seen by professionals, and this is also distressingly true in the case of Victoria Climbié. The paper suggests that the report itself replicates this difficulty, resulting in a disconnection between policy aims and practice realities. The extreme difficulty of facing emotional realities in child protection work is explored as the central factor accounting for the report’s failure to engage with practice dynamics at greater depth, and thus develop a policy analysis which is better grounded in recognition of the emotional needs of practitioners and their organizations.


This article is set in the context of current policy changes in child care social work. Whereas previously, social workers were encouraged to focus mainly on child protection concerns, they are now required to ensure both that all children in need receive proper assessment and support and that children at risk of significant harm are adequately safeguarded. A key consequence of this policy shift is that front-line social workers are being asked to make clearer distinctions at an early stage between these two sets of concerns. This study draws on research into 400 child protection/children in need cases before and after implementing these policy changes. It points to ways in which social workers and their managers can monitor whether the decisions they are making are placing the right emphasis on safeguarding and support.


In this paper, the authors consider the promotion of Prochaska and DiClemente’s trans-theoretical model of change (the TTM) to the assessment of parenting capacity, within the literature which supports the Framework for Assessment. A
number of criticisms of the model, originating from within its original area of application are reviewed, and considered in the context of the assessment of parenting. The authors go on to raise certain questions about the validity of transferring this model from the field of addictive behaviours to that of parenting and child protection.


On July 27, 2006, U.S. President George W. Bush signed into law the Adam Walsh Child Protection and Safety Act. This federal statute was created to serve as a tougher, more modern improvement of its predecessor in the ongoing effort to protect children from dangerous sexual predators. However, the Act did not amend the controversial federal mandate that all 50 states include the crimes of kidnapping and false imprisonment against a minor, committed by a nonparent, and without any sexual motivation or misconduct, as a crime requiring a wrongdoer to register as a sex offender. This Note demonstrates how the kidnapping and false imprisonment requirements of the Adam Walsh Act have led to a misuse of state sex offender registries to the detriment of the children they claim to protect. The solution that this Note proposes will provide each individual state with the freedom to decide how, if at all, these contentious offenses will fit into its sex offender registry, taking into consideration the state's unique statutory language, available child protective resources, and constitutional limitations. As a result, petty criminals who do not pose any real or specific threat to children will no longer be grouped with the most dangerous and violent sexual predators, child protective funds will be better utilized, and the public's attention will be refocused on the real threats to children, thereby satisfying the spirit and purpose of the Adam Walsh Act.


Assessing the risk of further offending behavior by adult sexual perpetrators of children is highly relevant and important to professionals involved in child protection. Recent progress in assessing risk in sexual offenders has established the validity of actuarial measures, although there continues to be some debate about the application of these instruments. Here, Craig et al summarize the debate between clinical and actuarial approaches and reviews the "base rate" for United Kingdom sexual offense reconviction. They conclude that the sexual reconviction rate for incarcerated sexual offenders is higher than that of non-incarcerated sexual offenders. The UK sexual reconviction rates were comparable with European and North American studies.

The use of family group decision-making (FGDM) in child protection is rapidly increasing throughout the world. This paper provides a brief overview of the research evidence from 1996 to 2005 and proposes future directions for both practice and research. The purpose of the review is to help move the discussion of FGDM from a promising practice to an evidence-based practice. The research review considers what is known about the child welfare outcomes of FGDM. The paper then turns to research concerning which families are offered FGDM and which FGDM processes appear to be important. The paper concludes with specific suggestions for developing FGDM programmes that can improve child protection practice and then testing these specific programmes in rigorous trials.


The role of the child protection paediatrician is varied. This study examines perceptions of how tertiary child protection (tCP) paediatricians view their multifaceted roles, perceived adequacy of length of pre-FRACP training and how this relates to confidence and satisfaction in their roles. An anonymous self-report survey was distributed to child protection paediatricians working in tertiary hospitals across New Zealand and Australia. The survey addressed the adequacy of training and confidence within the diverse roles encountered within child protection work. It also identified perceptions of stress and satisfaction. Responses were received from 32 out of 45 of eligible tCP paediatricians (72%). The majority (71.8%) had entered directly into a tCP unit in their first consultant position. Two-thirds (65.7%) of tCP paediatricians received less than 4 months of pre-FRACP child protection training while a third received no training at all. Generally tCP paediatricians perceived their training in all domains of child protection to be inadequate although their current confidence levels in all roles are high. They expressed most concerns within their role as forensic expert. Despite receiving little or no training pre-FRACP in child protection, this group of tCP paediatricians function in their specialised roles in tCP and feel confident in fulfilling the dimensions of forensic expert and child advocate. As the field of medical child protection continues to evolve, it is important for training to keep pace with expectations of the varied roles of the paediatric specialist in child protection.


This research involved a small qualitative study focused on family experiences of child protection practice, commissioned as part of a Best Value review of child
protection services in a large rural Midlands local authority. Qualitative interviews were undertaken with 18 families who had received child protection services. Findings were mixed in relation to perceived helpfulness of the processes of child protection interventions, with 50% of families reporting some positive benefit and 22% reporting that such interventions had caused them harm. From the families’ perspectives, factors that are associated with positive and negative outcomes are outlined. These include the availability of preventive services, crisis support, respite care, actual provision of services specified in protection plans and an engaging style of practitioners. Conclusions emphasize the value of research focused on family perceptions of services as an important contribution to quality control and service development in child protection service provision.


How do child protection professionals and courts make judgments on whether serious injuries to infants are due to abuse? If injuries are considered to be the result of abuse, in what circumstances can it be considered safe for the infant to return home? Child Protection Assessment Following Serious Injuries to Infants is concerned with helping child protection professionals and courts make the right decisions and avoid errors that can have disastrous consequences for children and families. Drawing upon the extensive clinical and research experience of the authors, this authoritative text: reviews research on the causes of child abuse and problems in diagnosing abuse; examines the views of parents who consider that they have been wrongly accused of child abuse; draws specific attention to the need to assess potential for change in families and considers in detail how this can be achieved; highlights skills issues that are necessary for undertaking appropriate assessments; identifies key factors that are indicative of reunification in some cases, and factors that contraindicate reunification in others. With its evidence-based approach, this book will be a valuable resource for all child protection professionals. It will also be of use to health professionals, legal professionals, researchers, lecturers and students of social work.


Ainsworth & Hansen (2006) seek to review child protection policy in Australia over the period 2003–04. This is undoubtedly an important topic. Unfortunately, there are a number of errors in the paper which undermine their allegation that the costs of compulsory reporting of child abuse and neglect are excessive and unsustainable. The policy implications that they draw are, as a consequence, also compromised. The errors relate in particular to their costing.

The assessment of risk is a critical part of child welfare agency practice. This review of the research literature on different instruments for assessing risk and safety in child welfare focuses on instrument reliability, validity, outcomes, and use with children and families of color. The findings suggest that the current actuarial instruments have stronger predictive validity than consensus-based instruments. This review was limited by the variability in definitions and measures across studies, the relatively small number of studies examining risk assessment instruments, and the lack of studies on case decision points other than the initial investigation.


Domestic violence is a crosscutting issue that affects clients seeking social work services. The criminalization of domestic violence refers to efforts to address domestic violence through the passage and enforcement of criminal and civil laws. This article reviews the social science, legal, and criminal justice literature regarding interventions used to stop domestic violence. The theoretical foundations and effectiveness of police interventions, the use of protective orders, prosecution and victim advocacy, court responses, batterers' intervention as a condition of probation, and coordinated community responses to domestic violence are examined. Implications for social work practice are given, along with basic information for assisting clients who are victims of violence in their own homes.


The impetus for this project comes from years of witnessing mothers who have managed to stay connected to their children and hold onto hope after having them removed by the state child protection authorities. Whether these mothers have lived away from their children for many years or have had them return home, all have managed to parent their children the best way they know how. The skills and knowledge's that have made this possible have been overshadowed by the dominant discourses that tend to take centre stage in our problem saturated child protection system. This project is in no way designed to minimise the experiences of children that led to their removal, or to implicate child protection workers and foster carers in these mother's struggles. The purpose of this document, however, is to bring forward the voices of these mothers in order to highlight the skills and knowledge's that they have either learnt or held onto throughout these difficult times. It is also intended to be a resource to all parents who are at risk of 'falling into despair' and 'isolation' due to their children being removed from their care.
Objective: The aim of this paper is to examine some of the factors that facilitate and hinder interagency collaboration between child protection services and mental health services in cases where there is a parent with a mental illness and there are protection concerns for the child(ren). The paper reports on agency practices, worker attitudes and experiences, and barriers to effective collaboration. Method: A self-administered, cross-sectional survey was developed and distributed via direct mail or via line supervisors to workers in statutory child protection services, adult mental health services, child and youth mental health services, and Suspected Child Abuse and Neglect (SCAN) Teams. There were 232 completed questionnaires returned, with an overall response rate of 21%. Thirty-eight percent of respondents were statutory child protection workers, 39% were adult mental health workers, 16% were child and youth mental health workers, and 4% were SCAN Team medical officers (with 3% missing data). Results: Analysis revealed that workers were engaging in a moderate amount of interagency contact, but that they were unhappy with the support provided by their agency. Principle components analysis and multivariate analysis of variance (MANOVA) on items assessing attitudes toward other workers identified four factors, which differed in rates of endorsement: inadequate training, positive regard for child protection workers, positive regard for mental health workers, and mutual mistrust (from highest to lowest level of endorsement). The same procedure identified the relative endorsement of five factors extracted from items about potential barriers: inadequate resources, confidentiality, gaps in interagency processes, unrealistic expectations, and professional knowledge domains and boundaries. Conclusions: Mental health and child protection professionals believe that collaborative practice is necessary; however, their efforts are hindered by a lack of supportive structures and practices at the organizational level.

This paper examines the complexity of collaboration between child protection and mental health services, where a parent has a mental illness and there are protection concerns for children. The paper reports on data from focused in-depth interviews with 36 child protection workers, adult mental health workers and child and youth mental health workers. Data were analysed thematically, using NVivo to facilitate data management and analysis. Two dimensions were identified. The first, the process of collaboration, relates to four factors that assisted the collaborative process: communication, knowledge, role clarity and resources. The second dimension considers the challenges presented to
collaborative work when a parent has a mental illness and a child is in need of protection, and identifies issues that are inherent in cases of this kind. Two types of challenge were identified. The first related to characteristics of mental illness, and included the episodic and/or unpredictable nature of mental illness, incorporating information from psychiatric and parenting capacity assessments, and the provision of ongoing support. The second type of challenge concerned the tension between the conflicting needs of parents and their children, and how this was viewed from both the adult mental health and the child protection perspective. Implications for policy and practice are identified in relation to the need for service models that provide ongoing, flexible support that can be intensified or held back as needed.


The term child maltreatment has been used by advocates and policy makers to describe a set of individual behaviors toward children as well as a set of social conditions (Daro, 1989; Helfer, Kempe, & Krugman, 1997). Parental behaviors considered as abusive or neglectful include, among others, the willful or intentional physical beating of a child; the failure to provide for a child’s basic emotional and physical needs; overt emotional abuse of a child through continuous belittling, inappropriate control, or extreme inconsistency; and the sexual mistreatment of a child or use of a child for sexual pleasure. Social norms and public policies that condone and, sometimes, promote corporal punishment or high levels of violence and sexually explicit language in the media as well as child poverty, inadequate housing, failing educational systems, and limited access to preventive health care also represent, in the eyes of some, society’s collective maltreatment of its children (Garbarino, 1997; Straus, 1994). Given this diversity in perspectives, it is understandable that the field has struggled with defining the problem’s scope, consequences, and appropriate interventions.

Setting aside the issue of social conditions and inadequate welfare and support systems, the number of children directly abused or neglected is substantial. One of the earliest and most rigorous studies on the annual incidence of maltreatment estimated that in 1968 between 2 and 4 million families either failed to act or used physical force with the intent of hurting, injuring, or killing their children (Gil, 1970). Since that time, repeated household surveys and national incidence studies consistently document a problem of substantial proportion and one that affects children of all ages and socioeconomic groups (Finkelhor, Ormrod, Turner, & Hamby, 2005; Gelles & Straus, 1988; Sedlak & Broadhurst, 1996). Indeed, state and local child protective services (CPS) agencies investigated or assessed an estimated 1,800,000 referrals alleging child abuse or neglect in 2002. These referrals included more than 3 million children and, of those, approximately 869,000 (12.3 per 1,000) were determined to be victims of maltreatment (U.S. Department of Health and Human Services [HHS], 2004).

The statistics also confirm that core assessments are being conducted within prescribed timescales but child protection investigations cannot be restricted by time. To gain an abused child’s trust, collate information about an alleged abuser, gain the co-operation of a non-abusive parent, and have multi-agency debate and analysis of the risk of harm to the child, may take months of complex work.


Recent recognition of the effects of domestic violence on children has given rise to calls for collaborative interventions between the arenas of child protection and domestic violence. Amidst this flurry of activity, little serious consideration has been given to the subjectivity of mothers who are simultaneously involved with child protection agencies and battered women's shelters. Without explicit engagement of mothers as subjects in their own right, collaboration has the potential to exacerbate their already trying circumstances. Our paper reviews the child protection context in which women as mothers are simultaneously relegated to the periphery of concern and called upon to act as mother protectors’ in response to children at risk. We then explore mothering in the context of domestic violence and their relative invisibility in shelter settings. We conclude with a call to render women’s experiences of domestic violence and mothering both visible and supported in these collaborative efforts.


High rates of child abuse and neglect occur in many families in which either or both parents abuse illicit drugs. This study reports on the results of a randomized controlled trial with families having a parent on methadone maintenance (N = 64), in which an intensive, home-based intervention, the Parents Under Pressure (PUP) program, was compared to standard care. A second brief intervention control group of families received a two-session parenting education intervention. The PUP intervention draws from the ecological model of child development by targeting multiple domains of family functioning including the psychological functioning of individuals in the family, parent-child relationships, and social contextual factors. Mindfulness skills were included to address parental affect regulation, a significant problem for this group of parents. At 3- and 6-month follow-up, PUP families showed significant reductions in problems across multiple domains of family functioning, including a reduction in child abuse potential, rigid parenting attitudes, and child behavior problems. Families in the brief intervention group showed a modest reduction in child abuse potential but no other changes in family function. There were no improvements found in the
standard care group and some significant worsening was observed. Results are discussed in terms of their implications for improved treatment.


This paper provides an overview of the research literature on the outcomes of children raised in families with multiple problems including parental substance misuse. We argue that until we have accurate mechanisms for estimating the extent of the problem and policies that include a focus on children and families within the drug and alcohol field, organisational change will be difficult to achieve. Importantly, the field can develop “evidence-informed” treatments but until this becomes core business in drug and alcohol services little is likely to change for the many children living in families with parental substance misuse. It is well established that children raised in families with parental substance misuse often have poor developmental outcomes. However, parental substance abuse co-exists with other risk and protective factors across multiple areas of family life and it is the sum of these various influences that determine the outcomes of children. In this paper we: review the multiple risk and protective factors impacting on child outcomes in families with parental substance misuse; consider the extent of the problem and data available on the numbers of children affected; examine the place of children and families in national, state and territory policy; and review the treatment literature to determine whether there is sufficient information for services to develop an “evidence-informed” approach to treatment.


Twelve families responded to posters displayed in a methadone clinic for inclusion in a pilot study assessing the viability and potential utility of an intensive, multi-component family-focused intervention, the Parents Under Pressure programme. The programme was designed to improve child behaviour, decrease parental stress and improve family functioning in methadone maintained families by targeting affect regulation, mood, views of self as a parent, drug use and parenting skills. Nine of the families completed the programme delivered in their homes; eight were recontacted at 3 months. Each family reported significant improvements in three domains: parental functioning, parent - child relationship and parental substance use and risk behaviour. In addition to the changes in family functioning, the majority of families reported a decrease in concurrent alcohol use, HIV risk-taking behaviour and maintenance dose of methadone. The families reported high levels of satisfaction with the programme. It is recommended that future studies include independent measures (e.g. behavioural observations) of child outcome and parental
functioning. The results were optimistic and provided the impetus to evaluate the treatment programme using a randomized controlled trial.


This analysis examines child protective service reports made in 494 cases of child victimization known to police. The data were collected from police reports of assaults involving child victims in two rural north-eastern towns from 1990 to 1999. Findings suggest that cases reported to child protective services (CPS) were more likely to involve child maltreatment and involve family/caretaker offenders. Cases in which victims were age 13 to 17 years or the perpetrator was male were less likely to be reported to CPS. The data indicate that child protection agencies failed to learn of approximately 35% of the cases involving parent or caretaker offenders. Law enforcement agency policies and mandated reporting guidelines should streamline collaboration between these two types of agencies.


The 'child' in child welfare/protection is seen as a dependent waif and an object of interest, on whose behalf adults speak and act. An alternative perspective has argued for child-centredness, and includes concepts of child liberation, rights and citizenship. Policymakers and practitioners who may accept the underlying principles may be concerned about the appropriateness and applicability of such principles in relation to practice with children and their parents in child welfare/protection cases. This paper discusses a conceptual framework for research that aims to explore participatory and child-centred professional practice by critically evaluating and developing, for professional practice, the practical meanings of 'participatory' and 'children as citizens'. We do not present research outcomes based on empirical data; instead, we present our conceptual framework as the first stage of research in progress into participatory and child-centred professional practice.


This study involved in-depth exploration of good helping relationships in child welfare. A select sample of six child welfare worker-client dyads was interviewed to determine worker attributes and actions that were key to the development of good working relationships. Innovative features of the research design, such as a multiple interview format with two individual and one joint interview for each worker and client (five interviews per dyad) and opportunities for the worker and
client in each dyad to reflect on and respond to the other's interview transcripts, produced rich data and revealed high levels of congruency among workers, clients and researchers about worker relationship competencies. Two categories of themes that emerged from the qualitative analysis are discussed: (1) soft, mindful and judicious use of power; and (2) humanistic attitude and style that stretches traditional professional ways-of-being. Implications for the hiring, education and training, and supervision of child welfare workers are presented.


Objective: To present an explanatory theory-based model of child neglect. This model does not address neglectful behaviors of parents with mental retardation, alcohol or drug abuse, or severe mental health problems. In this model parental behavior aimed to satisfy a child's need is considered a helping behavior and, as a consequence, child neglect is considered as a specific type of non-helping behavior. Hypothesis: The central hypothesis of the theoretical model presented here suggests that neglectful parents cannot develop the helping response set to care for their children because the observation of a child's signal of need does not lead to the experience of emotions that motivate helping or because the parents experience these emotions, but specific cognitions modify the motivation to help. Implications: The present theoretical model suggests that different typologies of neglectful parents could be developed based on different reasons that parents might not to experience emotions that motivate helping behaviors. The model can be helpful to promote new empirical studies about the etiology of different groups of neglectful families.


This paper presents a study carried out in Spain that followed up 260 young people, the majority of them adults, who had been in residential care for significant periods. The follow-up takes place between 1 and 9 years after participants had left residential care, and assesses their level of social and work integration, as well as considering the incidence of problems related to marginalization and social exclusion. Furthermore, it analyses the reasons for the child being taken into care, the socio-family context, length of stay, changes in placement and other features or incidents in relation to the residential care. The data show that close to 15% have serious problems (drug dependence, delinquency, etc.), 25% receive help from the social services and the rest manage independently to a greater or lesser extent. We discuss the significance of these data, especially the relationship between the final result and the initial and process variables.

When children are alleged to be abused or neglected in out-of-home care, investigations must determine the facts of the allegations as well as arrange for the safety of children. This paper reports on a secondary analysis of a cross-sectional archival case review designed to assess the quality of investigations and to explore possible barriers to effective decision-making. Methods were used to explore factors that may have led to faulty decision-making in four decision categories: (1) placement in foster homes with prior substantiated child abuse and neglect; (2) determination of findings of new reports of child maltreatment; (3) evaluation of child safety following a report of child maltreatment; and (4) decisions about licensure and corrective action. Results suggest that the faulty decisions identified in this study may be related to: inadequate knowledge, information processing errors, the task environment, perceptual blocks, and expressive blocks. Recommendations are offered for improving the quality of investigative decision-making following reports of child maltreatment in out-of-home care.


With the introduction of the Children (Northern Ireland) Order 1995, Health and Social Care Trusts in Northern Ireland have been engaged in a refocusing of children's services, shifting resources and interventions towards supporting families at an earlier stage in order to reduce the likelihood of crisis, breakdown or abuse at a later stage. Alongside this development the Government wishes to see a clearer link between the objectives of the child protection system and the outcomes for children and their families. This paper critiques the current system of performance management in the child protection system. Using data from a study exploring the characteristics and careers of children in the children protection system in Northern Ireland it is argued that the current measurements of performance are too basic and are designed principally to monitor the operation of the system rather than the impact of services and interventions on the lives of children and their families.


It is estimated that up to one million children may have been exposed to domestic violence in the UK, with significant consequences for their social and emotional development in childhood and later life. At a time when the central and devolved administrations in the UK have developed strategies to tackle domestic violence, this paper reports the findings from a study conducted on children in the child protection system with long-term and complex needs as a result of
experiencing domestic violence. The research identifies the characteristics of the children and their families and tracks their careers through the child protection system. The findings indicate that professionals have an awareness of domestic violence, and that younger children with younger parents are most likely to experience prolonged periods in the child protection system. Domestic violence in this context typically co-exists in families experiencing other difficulties such as substance misuse and socio-economic deprivation. In conclusion, the paper argues that Government policy and professional practice should primarily be concerned with assessing the risk that men present, rather than the risk that children are at. By reframing professional interventions, men are more likely to be challenged to accept responsibility for their behaviour and the consequences for their families.


This paper draws on findings from an interview-based study of the ways that local authority social workers, social services managers and lawyers work together in child care cases in England. The study shows how stressful social workers can find care proceedings, and how much they look to the lawyers for support. It also shows how the lawyers' involvement can bring new stresses and dilemmas. The managers are especially likely to resent 'over-involvement' (as they see it) from lawyers, but lawyers are quick to defend their role and responsibilities. The paper shows how the complex, multifaceted dimensions of care, control and change interweave with professional differences in care proceedings: care for children, parents and social workers; struggles for control against the court, the other parties and sometimes the other professionals on one's own side; and responsiveness to change set against wariness about 'lawyers' deals' and undue risk to children. The paper concludes that the valuing of difference, rather than its avoidance or suppression, is at the heart of effective inter-professional work. It calls for greater recognition of this in current initiatives to promote interdisciplinary working in children's services in England.


This paper discusses the dilemmas and challenges that arise when child neglect cases reach such a level of severity that court proceedings become necessary. It identifies the complexities of determining the appropriate social work and legal responses to child neglect, and of squaring these with wider organisational priorities and social policy imperatives. The paper draws on data from a series of interviews with local authority social work and legal staff. It highlights the 'threshold criteria' for the court's intervention, barriers to crossing them in neglect cases and the frequent need for a decisive event (a 'catapult') to do so. It shows the conflicts and tensions of reconciling social work and legal approaches, but also the overlaps and inter-dependency between them. Despite the difficulties,
the way forward lies in the interaction of different professional perspectives and skills, in ways that are both critical and supportive.


This article focuses on caseworkers’ assessments of risk of maltreatment recurrence among families in contact with social services. Specifically, the article has two primary goals: (1) to examine the association between caseworkers’ risk assessments and demographic, child, parent and family-level risk factors; and (2) to examine agreement between caseworkers’ risk assessments and any subsequent report, or reports, of maltreatment.


Several studies have explored the disproportionate number of children of color involved in child protective services, raising concerns that racial bias in the system results in more women of color being referred to child protection. The authors conducted a case series to analyze whether a woman's race and ethnicity influenced referrals to child protective services in a domestic violence context. Data were obtained through interview records of 263 women (38% women of color) at a Minneapolis-based advocacy and therapy organization. The findings suggest that women who face multiple forms of oppressions may have greater risk of being involved with child protection services.


This paper uses a reform in Illinois that reduced the monthly subsidy offered to relatives asked to provide foster care as a plausibly exogenous change in the cost of caring for related children. Families offered a 30% lower wage were 15% less likely to provide care, with especially large declines for children who require mental health services, infants and teenagers. One innovation is a sample selection model that uses the foster care placement tendency of child protection investigators to predict entry into the sample—an instrument that should be unrelated to family characteristics due to a rotational assignment process that effectively randomizes investigators to families. Meanwhile, child health, education, and placement outcomes do not appear to suffer following the decline in the subsidy offer, consistent with similar quality levels among marginal kin and non-kin caregivers.

Little is known about the effects of placing children who are abused or neglected into foster care. This paper uses the placement tendency of child protection investigators as an instrumental variable to identify causal effects of foster care on long-term outcomes - including juvenile delinquency, teen motherhood, and employment - among children in Illinois where a rotational assignment process effectively randomizes families to investigators. Large marginal treatment effect estimates suggest caution in the interpretation, but the results suggest that children on the margin of placement tend to have better outcomes when they remain at home, especially older children.


Drake and Jonson-Reid respond to Mandated reporting: a policy without reason by Gary B. Melton. Melton's article summarizes a series of concerns about public child protection practices and mandated reporting laws.


A recent judgement in February 2005 by the Lord Chief Justice in Northern Ireland that a Health and Social Services Trust had breached a parent's Article 8 Right to Family Life in the process used to take a young child into care has stimulated major debate about the interface between the Human Rights Act (1998) and professional decision-making in child protection work in Northern Ireland and across Europe. This article examines the interface between the Human Rights Act and the paramountcy principle in the Children (NI) Order 1995 in relation to statutory interventions to protect children. It explores the increasing sophistication required of social work recommendations to courts in complex situations involving conflicting rights and considers the impact of adopting a structured model of explicit argumentation.


In the past decades, an extensive body on early intervention research programs has grown with numerous scientific publications in the English language literature, while such studies remain rare in France. This study reports the outcome of families whose children were followed in an out-patient treatment centre, the Unité de Soins Spécialisés à Domicile (USSD) in Paris. This institution, created in 1975, was designed to promote healthy parent-infant relationships and prevent difficulties for families exhibiting psycho-emotional and or psychiatric risks. The objectives are to enhance infant and early child development, to support parenting competences and to fight against
intergenerational process of maltreatment and child placement. The theoretical references of the multidisciplinary team are the psychoanalysis, the attachment theory and the clinic of interactions. Thirty-height families were selected from the files of the USSD: They all had a child aged before the age of 18 months, born between 1985 and 1990 and were cared for more than one year; the other children received intervention after this age. Assessment of parents and children was made when the families had been out of treatment for at least five years. As it is a preliminary study without a control group, we have choose a psychosocial and comprehensive approach more focused on family issues than individual ones. For each child and family, institutional data were collected and argued with the all the professionals still present in the institution: admission in the institution, parental problems and infant symptoms (with reference to the DSM IV and the Zero-to-Three classification), therapeutic interventions (psychodynamic or interpersonal, parents-children groups, parental or children groups, home visiting…), child's re-educations, relationship with other social or psychiatric teams, orientation after the intervention. Thirty-one situations were re-evaluated. Standardized materials (WISC-R subtests, Rutter A scale for children, Nottingham Health Profile for parents) and semi-structured interviews were used for the assessments. Parental consent and administrative authorizations (for children in foster families or institutions) were obtained and interviews were registered. Two groups of families were studied. Group I included families without specific pathology, they received therapeutic intervention for a mean of 2 1/2 years, most of the mothers were depressed. It was composed of 2 sub-groups: in 8 families, the child's birth with severe perinatal problems had brought about the parental trauma, for 7 families, psycho-emotional problems were blew up again after the child's birth, signs of maltreatment could be detected. Group II included families at high risk for child abuse and neglect with numerous psychosocial stress, most of them were followed by social workers ; interventions had lasted for a mean of 6 years. It was composed of two sub-groups: seven disorganized family situations with alcohol abuse and depressed mothers, and nine families with psychotic mothers, most of the babies were placed in foster care. We met 16 parental couples and 13 monoparental families twice and seven foster families. Twenty-five young people were interviewed and complementary information was obtained for seven others from the Child Protection services and foster agencies. Results focus on: 1) the families' present situation, health representations and their social/relational and parental competences; 2) for the young people: the intellectual and scholastic competences, behaviour, social relationships with their peers. They are presented in each of the sub-groups for parents and for children; differences and common points are noted in the two groups of families I and II. Mean ages at assessment were 12.3 years for children in group I and 13.3 in group II. Except in one case (children became Wards of the State), parents are able to carry out their responsibilities, totally in group I or partially in group II where it was shared with the Child Protection services for most children and adolescents were still placed. No serious child abuse or neglect was detected and there was a positive evolution for the parents' social and family relationships especially in group I. The family support is more precarious in group II,
counterbalanced by social and medical support. Concerning children and adolescents, two thirds are in the normal school system, the others are in classes for slow learners, one is in a day care hospital. A third have behaviour problems. For all of these young people, verbal subtests (Vocabulary and Similarities, were more succeeded than the performance subtest (Block Design), this result is associated with facilities in verbal expression showed during the interviews. The impact of early therapeutic intervention is notable among children of the families at high risk who had received such care before the age of one: the all have better social competences with peers, less behaviour problems and school failure than the others. Given these results, we can assume that early therapeutic intervention mediates psycho-social risk in these families. As this study is mostly descriptive, it should be followed by complementary research on larger populations.


Objective: To explore the ways in which parents experience and negotiate child protection intervention. Method: A qualitative grounded theory approach was used. In-depth qualitative interviews explored the experiences of 18 parents who had received child protection services. Grounded theory methods were used to build a model representing the ways these parents perceived and reacted to intervention. Results: The ways parents perceive workers using power was shown to be the primary influence shaping parents' views of intervention and their reactions to it. Two perceptions of power emerged: parents perceived power being used over them as a form of control or power with them as a form of support. Three ways of responding to intervention emerged: parents fought workers by openly opposing them, "played the game" by feigning co-operation, or worked with them in collaborative relationships. Parents experiencing power being used over them tended to fight or play the game while parents experiencing power being used with them tended to work with intervention. No evidence was found linking case type (non-voluntary or voluntary cases) to whether parents perceived power being used by workers over them or with them. Conclusions: Findings highlight the importance of practitioners and policy makers being aware of the impact power has on worker-parent interaction. Doubts are raised about the viability of policies separating policing and helping in child protection through differential response systems.


Davis's book traces the background, emergence, development, and dissemination of the cultural narrative of child sexual abuse, showing how the story of incest originated in the child protection and anti-rape movements and
became the model for a therapeutic "rationale" and victimization account that individuals in survivor therapy learn to appropriate as their own.


A comprehensive, evidence based guide to the physical signs of sexual abuse of children was published this week by the Royal College of Paediatrics and Child Health. The long awaited publication, which is based on five years' work, will help UK child protection professionals diagnose sexual abuse of suspected victims and gives advice on how they can best present their evidence in criminal and family court cases.


Policymakers are increasingly focusing on children exposed to domestic violence. The 1999 Minnesota legislature amended the definition of child neglect to include a child's exposure to family violence. What was initially seen as a simple change to bring more attention to children exposed to domestic violence resulted in great turmoil across Minnesota's county-run child protection system. Referrals to county child protection agencies expanded rapidly in the months following the law change, and no new state funding was provided to implement the legislation. A coalition of child welfare administrators and battered women's advocates successfully lobbied for the repeal of this change in definition. Many were dissatisfied with both the impact of the legislation and the fact that exposed children and their families were left without badly needed services. This article reconstructs how Minnesota's legislature made this change, its consequences, and the lessons that may be drawn from this experience.


Timely permanency for foster children has been on unrealized goal in our nation's juvenile courts. The goal of timely permanency is a legal mandate, it serves the needs of families, it is consistent with evolving case management standards, it is required by the Canons of Judicial Ethics, and it serves the best interests of children. Judges must take a leadership role within their courts to reduce delays in child protection courts. Through a series of changes including legislation, court rules, case management techniques, and judicial control, timely permanency for foster children can be achieved.

Much anecdotal information exists about problems in courts adjudicating child welfare (CW) cases. However, little empirical research across courts, court divisions, and CW cases exists. Method: This study reports the results of a two-stage study of courts and the CW system. Stage 1 used direct, systematic court observations to identify critical features of effective and problematic courts. The second stage used interviews with judges, CW agency attorneys, and staff to identify factors that facilitate or impede timely safety and permanency decisions for children. Results: The results well document the need for making changes in the functioning of courts in CW cases. Implications for the continuing professional development of CW staff, improving the effectiveness of courts, CW practice, and future research are discussed.


In addition to food, sanitation and access to health facilities children require adequate care at home for survival and optimal development. Responsiveness, a mother's/caregiver's prompt, contingent and appropriate interaction with the child, is a vital parenting tool with wide-ranging benefits for the child, from better cognitive and psychosocial development to protection from disease and mortality. We examined two facets of responsive parenting -- its role in child health and development and the effectiveness of interventions to enhance it -- by conducting a systematic review of literature from both developed and developing countries. Our results revealed that interventions are effective in enhancing maternal responsiveness, resulting in better child health and development, especially for the neediest populations. Since these interventions were feasible even in poor settings, they have great potential in helping us achieve the Millennium Development Goals. We suggest that responsiveness interventions be integrated into child survival strategies.


Objective: The aim of the present longitudinal study was to examine the links between chronicity of maltreatment and child behavioral and emotional problems. Method: Forty-nine maltreated children (32 victims of continuous, or chronic, maltreatment; 17 victims of transitory maltreatment) and their mothers were evaluated in their homes three times over a period of 6 years: at the time of recruitment (T1), 3 years following the initial evaluation (T2) and 6 years following the initial evaluation (T3). The home visits were designed to obtain longitudinal
assessments of different types of behavioral and emotional problems in the children, and of the mothers' self-reported potential for abuse to help determine the chronic/transitory aspect of the maltreatment situation. Child Protection Services (CPS) files were also consulted at each assessment time in order to obtain more accurate information regarding the chronic/transitory aspect of the maltreatment situation. Results: The results show that over time the victims of chronic maltreatment (Chronic group; CH) had significantly more emotional problems (i.e., Anxiety/Depression) than those victims of transitory maltreatment (Transitory group; TR). There was also a tendency for CH children to exhibit more aggressive behavior and social withdrawal problems than the children in the TR group. Furthermore, at T3, the proportion of children in the CH group showing a clinical level of behavior problems in general was significantly higher than in the TR group. Conclusions: The study confirms that there are differences among maltreated children in levels of behavior and emotional problems and shows that chronicity must be taken into consideration in order to identify more clearly the impact of maltreatment on the child. Chronically maltreated children appear to be at high-risk for developing clinical levels of problems. The results also suggest that intervention efforts resulting in an improvement of the family situation (i.e., reduction or elimination of maltreatment), also lead to an improvement in the behavior of children.


This paper draws on the author’s research on the management, care and treatment of sexually abused and/or abusing children in substitute care. The research, funded by the Department of Health, examined the management and treatment provided in residential and foster care for these young people, the mix of children in each setting and the steps taken to keep these and other children safe. Analysis of the findings revealed four distinct groups of young people in this population, each of which required somewhat different management approaches and placement type, whilst very varying outcomes were found for each group of children. The paper’s description of the four distinct groupings, their management and placement requirements, and outcomes should be of use to practitioners and managers planning placements for these children. The paper concludes that denial, minimization, normalization and helplessness all influence the management of sexually abused and/or abusing children and that these mirror the experiences of children who are sexually abused and their efforts to deal with the accompanying trauma.

Drawing on recently completed research funded by the Department of Health, this article examines the extent of strain on the foster carers of adolescents, its influence on parenting practices and the overall impact on placement outcomes. The research findings show that foster-carers’ parenting capacity was markedly reduced in a number of specific areas when they had experienced a high number of stressful life events in the six months prior to the young person's arrival or were under considerable strain during the placement. Conduct problems, hyperactivity and violent behaviour by the young people increased carer strain, as did contact difficulties with the children's families. Problems in contacting social workers were linked to elevated strain, whilst strain was lessened when carers received help from friends or from local professionals. Significantly higher disruption rates were experienced by strained carers and these placements were also less beneficial to the young people.


This paper reports on research on the characteristics, management and therapeutic treatment of sexually abused and/or abusing children in substitute care. Of the 40 sexually abused and/or abusing young people aged 10 or over in the interview sample, two-thirds showed sexual behaviours in the placement studied but one-third did not. The range of sexual behaviours shown by the young people is described. Analysis of the findings shows that four key components of effective management are supervision, adequate sex education, modification of inappropriate sexual behaviour and therapeutic attention to the needs that underlie such behaviour. Supervision includes planning for safe care before placement, preparing other children in the setting, teaching young people how to keep themselves safe when out on their own, and careful monitoring of contact with birth family members. The need for a proactive approach to sex education is stressed. Effective management approaches to masturbation, sexualized behaviour and sexually abusing behaviour are discussed but the processes of denial and minimization of sexual abuse and the development of high thresholds for action when looked after children are abused or at risk are shown to present obstacles to effective care. Finally, the importance of addressing children's deeper needs is emphasized, including the importance of regular review of their need for counselling. At the end of the article two case examples from the study are given.


This article argues that the lack of a gender analysis in New Labour policy in relation to child welfare and protection has led to problematic gaps at the level of policy and service provision. It explores why the widespread mobilization of terms such as parent' and child' obscures important and persistent issues in relation to gender equity in care-giving, sexual violence and help-seeking. Whilst there is
some attention being paid to the needs of fathers, including the need to involve them in service provision, this attention is tokenistic and inadequately grounded in practice realities. The valorization of the new', particularly in the context of a New Labour project grounded in using language in a very considered way, offers opportunities to consider the power of language' at the same time as it obscures the language of power'. Gender is a particular casualty in such a climate.


Recent developments at policy, legislative and practice levels have led to the mainstreaming of domestic violence as a child welfare issue. However, research evidence would suggest that familiar and well established tensions in service provision to women and children continue to be recycled. Moreover, there remains a central dichotomy in relation to men. Constructed as perpetrators or offenders, their identities as fathers remain invisible with serious consequences for the development of policies and practices which engage with them as ‘domestically violent fathers'. The discursive removal of violent men from the category of father or indeed parent needs addressing in order to support women and children, but also to offer possibilities for men to develop non-violent parenting and partnering relationship patterns.


Protecting Children in Time provides a highly original analysis of the origins and development of the taken-for-granted notion that it is possible through social intervention to protect children from avoidable harm and even death. By using case studies which span the past 120 years of "modern" practices and drawing on the work of leading social theorists of modernity and risk society it provides a new way of thinking about constructions of child abuse as a social problem and child protection as a late-modern expert system and experience. It proposes new ways of conceptualizing relationships between professionals, children at risk and families and deepens our understanding of what effective interventions have to involve.


NO ABSTRACT

Our project focussed on families who had been involved in services with child welfare and children's mental health. Sixteen families were interviewed and asked to describe their experiences as clients, including positive and negative experiences, what they experienced as helpful and unhelpful, changes they identified as a result of their involvement, and characteristics and practices of the workers they liked most and least. We present their perspectives in order to build understanding of what contributes to making a positive difference in the lives of families in difficulty.


A Child Sexual Abuse Attitude and Belief Scale was constructed and then answered by 242 child psychologists. Four CSA related attitude and belief subscales were identified through confirmatory factor analysis: (1) The Disclosure subscale reflecting favouring a disclosure at any cost; (2) The Pro-Child subscale reflecting unconditional belief in children's reports; (3) The Intuition subscale reflecting favouring an intuitive approach to CSA investigations; and (4) The Anti Criminal Justice System subscale reflecting negative attitudes towards the legal system. Beliefs that were erroneous according to empirical research were analyzed separately. The results suggest that some psychologists hold extreme attitudes and many erroneous beliefs related to CSA. Some misconceptions are common. Female participants tended to have stronger attitudes than male participants. The more training in interviewing children the participants had had, the more erroneous beliefs and stronger attitudes they had. Experience did not affect attitudes and beliefs.


The purpose of this study was to investigate whether clinicians investigating child sexual abuse (CSA) rely more on scientific knowledge or on clinical experience when evaluating their own expertise. Another goal was to check what kind of pre-trial beliefs the clinicians had. The connections between these different factors were investigated. A questionnaire covering items concerning demographic data, experience, knowledge about CSA, self-evaluated expertise and beliefs about CSA was given to 126 social workers, 60 child psychiatrists and 134 psychologists. The results showed that the clinicians relied more on their clinical experience than on scientific knowledge when evaluating their expertise as investigators of CSA. Furthermore, social workers possessed stronger attitudes in favor of children than the other groups, while child psychiatrists had more negative attitudes towards the criminal justice system. Male participants had less strong beliefs than did the female participants. The findings indicate that the
education of CSA investigators should focus more on theoretical knowledge and decision-making processes as well as the role of pre-trial beliefs.


Objectives: The goals were to determine how frequently primary care clinicians reported suspected physical child abuse, the levels of suspicion associated with reporting, and what factors influenced reporting to child protective services.

Methods: In this prospective observational study, 434 clinicians collected data on 15003 child injury visits, including information about the injury, child, family, likelihood that the injury was caused by child abuse (5-point scale), and whether the injury was reported to child protective services. Data on 327 clinicians indicating some suspicion of child abuse for 1683 injuries were analyzed.

Results: Clinicians reported 95 (6%) of the 1683 patients to child protective services. Clinicians did not report 27% of injuries considered likely or very likely caused by child abuse and 76% of injuries considered possibly caused by child abuse. Reporting rates were increased if the clinician perceived the injury to be inconsistent with the history and if the patient was referred to the clinician for suspected child abuse. Patients who had an injury that was not a laceration, who had >1 family risk factor, who had a serious injury, who had a child risk factor other than an inconsistent injury, who were black, or who were unfamiliar to the clinician were more likely to be reported. Clinicians who had not reported all suspicious injuries during their career or who had lost families as patients because of previous reports were more likely to report suspicious injuries.

Conclusions: Clinicians had some degree of suspicion that approximately 10% of the injuries they evaluated were caused by child abuse. Clinicians did not report all suspicious injuries to child protective services, even if the level of suspicion was high (likely or very likely caused by child abuse). Child, family, and injury characteristics and clinician previous experiences influenced decisions to report.


Background: Children looked after by local authorities are at higher risk of poor psychosocial outcomes than children living in private households, but nationally representative and random samples of the two groups of children have not previously been compared. Aims: To find explanations for the increased prevalence of psychiatric disorder in children looked after by local authorities.

Method: We examined socio-demographic characteristics and psychopathology by type of placement among children looked after in Britain by local authorities (n=1453), and compared these children with deprived and non-deprived children living in private households (n=10 428). Results: Children looked after by local authorities had higher levels of psychopathology, educational difficulties and
In England and Wales, local authorities have a duty under the 1989 Children Act to protect children from significant harm. This study builds on a previous paper that considered patterns of re-referral in cases that were not allocated; it considers re-referrals involving serious concerns about a child. File studies were carried out on 400 consecutive referrals to three local authorities in London that were closed rather than being allocated for long-term work in early 2000. Information on the presence and nature of re-referrals involving concerns about actual or potential 'significant harm' in the 27 months after closure (i.e. up to 2002) was noted. Such re-referrals were rare (2.75%). The factors that were statistically associated with them were: previous involvement with Social Services, physical abuse and parental alcohol misuse in the closed referral. These factors were also identified in a descriptive analysis of the re-referrals, though in addition issues not present in the original referral were identified as important, namely parental mental illness and sexual abuse. The findings were encouraging about the effectiveness of initial child protection assessment processes at the time of referral closure. The potential for the factors identified in the analyses to be used in initial risk assessment and their applicability to current policy and practice is considered.


Parental misuse of drugs or alcohol is known to be a common issue for child care social workers, yet there has been surprisingly little British research on the topic. The study reported here attempts to address this gap. All files going for long-term allocation in four London boroughs over on average 1 year were examined (290 files). Parental substance misuse (PSM) emerged as a major feature of social work caseloads. Of the 290 cases, 100 (34%) involved concerns about parental substance misuse. The families involving substance misuse were more vulnerable on a variety of measures: the children were younger, the parents had more individual problems and the families lived in more difficult social situations. PSM cases tended to be 'heavy end' at the point of allocation: they accounted for 62% of all children subject to care proceedings and 40% of those placed on the child protection register. There was a fairly even spread between alcohol and
drug misuse, and a number of cases involved both. Substance misuse specialists were rarely involved in working with families, primarily because parents said that they did not think that they had a problem. Suggestions for ways in which policy and practice with PSM might be improved are made in light of these findings.


Communication skills are fundamental to social work practice, yet there is little research on the skills that workers have or how they use them. This study analyses 24 taped interviews between social workers and an actor playing a parent (a 'simulated client'). Two child protection scenarios with different levels of seriousness were used. On average, social workers asked many closed questions and often raised concerns. They used few reflections and rarely identified positives. In all but one interview, social workers were rated as achieving clarity over issues of concern; however, they tended to demonstrate low levels of empathy. The responses of the simulated client were rated for resistance and information disclosure. The factor that most strongly influenced simulated client responses was empathy. Empathic social workers created less resistance and increased the amount of information disclosed by clients. This was not associated with failure to identify and discuss concerns. Empathy, therefore, appears to be central to good social work communication in child protection situations. Given the comparatively low level of empathy expressed by most participants, development of skills in maintaining empathic communication while raising child protection concerns appears a priority. Practical, theoretical and training implications are discussed.


This article examines a peer support intervention with birth parents in the child welfare system in Canada. Literature on the emotional change process for child welfare-involved parents, peer-support intervention-outcome studies in child welfare, and findings on peer support in related fields is reviewed. The Mendocino County Family Services Center (MCFSC) model is described, and findings from an exploratory study are presented and discussed. This model engages parents in a sequence of services based on developmental stages. The study used focus groups, interviews, and observation to understand the key components of the MCFSC peer support intervention, and the experience of birth-parent participants with respect to their personal change process. Further research into this model and other interventions that promote birth-parent change in child welfare is warranted.
Objective: Abusive fathers perpetrate a substantial portion of child physical abuse. Despite this, little is known about how they differ from non-abusive fathers. This study compared a broad range of cognitive and affective factors between physically abusive and non-abusive fathers. Methods: Abusive (n=24) and non-abusive (n=25) fathers completed standard measures assessing their experience and expression of anger, mental health, parenting stress, and their empathy and perceptions of children's socio-emotional signals. Results: Abusive fathers differed from comparisons on almost all constructs. They experienced more anger and were more likely to express that anger aggressively. They reported more mental health concerns (such as depression, hostility, and paranoid ideation), more stress in parenting, and significantly less empathy for their children. They were also more likely to perceive children's emotional expressions as depicting negative emotions, such as anger and disgust. Conclusions: Abusive fathers struggle with a myriad of difficulties that likely contribute to their problematic parenting. These difficulties are both inter- and intra-personal in nature. Practice Implications: The findings suggest that abusive fathers require comprehensive assessment that includes mental health screening. Interventions should be selected carefully to target abusive fathers' high levels of negative affect and negative perceptions. Treatment strategies should address problems related to parenting style (e.g., managing stress and interpretation of children's socio-emotional signals) as well as their personal adjustment (e.g., cognitive behavioral strategies for regulating affect and cognitive distortions).

Objective: This study aimed to: (1) Assess the community utility of a screening tool to identify families with child abuse or neglect risk factors in the immediate postnatal period (2) Determine the social validity and effectiveness of a home visiting program using community child health nurses and offering social work services for identified families, and (3) Identify factors in the immediate postnatal period associated with the child's environment that predict poor adjustment to the parenting role. Method: A randomized controlled trial using a cohort of 181 families was undertaken to evaluate the impact of a home visiting program. Mothers were recruited in the immediate postnatal period and allocated either into the home visiting program or into a comparison group. The research design required self-identification into the study by providing positive responses to a range of risk factors. A repeated measures design was used to test parenting stress and maternal depression from the immediate postnatal period to 12-month follow-up and physical child abuse potential to 18-month follow-up. To test whether measures taken in the immediate postnatal period were predictive for
poor adjustment to the parenting role, a linear regression model was used.

Results: The screening procedure was shown to have utility in the context of recruitment to a research trial and mothers were willing to accept the home visiting program examined by this study from the immediate postnatal period. From as early as 6 weeks the program demonstrated ability to impact positively on maternal, infant, family, and home environment variables (testing 90 randomly allocated intervention vs. 91 comparison families). At follow-up, parental adjustment variables were not significantly different between groups (testing the remaining 68 (75.5%) intervention vs. 70 (76.9%) comparison families) and home environment assessment scores had converged. Predictive analysis of factors measured in the immediate postnatal period revealed an absence of any predictive value to demographic characteristics, which secondary prevention efforts typically target. Conclusions: Follow-up evaluation did not demonstrate a positive impact on parenting stress, parenting competence, or quality of the home environment confirming the need to test early program success on longer term outcomes. Further, the study not only demonstrated that there was a relationship between maternal, family and environmental factors identified in the immediate postnatal period and adjustment to the parenting role, but also challenged demographic targeting for child abuse and neglect risk. At the same time, the immediate postnatal period presented an exciting window of opportunity to access high-risk families who may otherwise have become marginalized from traditional services.


Placing a child in substitute care is one of the most challenging aspects of child welfare work. In situations of apprehension, child welfare workers may be required to make quick decisions about child placement sometimes with very limited information. This paper is based on interviews with mothers whose children were placed in substitute care. Mothers’ daily lives, including the nature of adversity in their lives, will be discussed. Mothers’ response to adversity and how they are impacted both positively and negatively by child welfare interventions will also be explored. Their experiences of placement reveals there is a disconnection between the primary interventions used by child welfare workers and the daily living realities of mothers. How the views of mothers might inform child welfare interventions and broader systems will be explored.


This qualitative study focuses on the everyday realities and child placement experiences of 31 mothers of children placed in out-of-home care in south western Ontario. The stories used in this analysis were collected for the Partnerships for Children and Families Project, a multi-year research project that
is committed to developing an understanding of the lives and experiences of families and children who are served by Children's Aid Societies and/or children's mental health services. Twenty six mothers in this study were interviewed on one occasion, ranging from one to two hours in duration. Five mothers in this study had multiple interviews. The literature reveals highly negative portrayals of biological mothers who become involved with systems of child protection. Their lives tend to be evaluated in relation to the dominant ideology of good mothering. To date, there are few studies that seek to understand the everyday realities and perspectives of mothers of children placed in out-of-home care. This study employs a reflexive conceptual framework consisting of three core interpretive paradigms. Each paradigm focuses attention on particular aspects of data interpretation, enabling a multidimensional analysis of mothers' experiences and perspectives. The women in this study describe lives of lesser privilege and adversity in daily living. Mothering in this context requires parenting strategies congruent with the demands in their everyday lives. The conclusions suggest considerable discrepancy between portrayals of these mothers conditioned by the dominant ideology of good mothering and their lived realities. This study explores the implications for mothers when children are placed in out-of-home care. Mothers' experience of child placement is varied. The conclusions suggest ways that systems of child protection might incorporate mothers' perspectives in developing services that provide constructive assistance to mothers and families.


The purpose of this study was to identify risk factors for repeated child maltreatment in Iceland. Only cases that had never been reported to child protection services before were included in this study (N = 77 total). Each case was followed for 18 months. In all cases the first reported incident was neglect. In the study, a group of cases that had only been reported once (single incident) was compared with another group of cases that had been reported two or more times (repeated incidents). Risk factors were identified and compared on different levels according to an ecological model: (1) Demographics, (2) Parental figure problems, (3) Children's characteristics, (4) Family problems, (5) Social support. In addition, the two groups were compared on parental non-cooperation and services received. In a logistic regression model, the groups differed significantly on the following factors; the mother figures in the repeated incidents group had lower education level and the mothers in that group had more personal problems than the mother figures in the repeated incidents group. In addition, the repeated incidents group experienced more family dynamic problems than the single incident group.

When considering reunification, child welfare caseworkers are faced with the difficult challenge of predicting which caretakers will be able to provide a safe environment for their children once they return home. Unfortunately, although an increasing number of studies have examined maltreatment recurrence during investigation and following case opening, little is known about the factors that predict maltreatment recurrence following reunification. Using a case-control design and information gathered from a child welfare administrative database and client case records, the current study examined the factors that predict short-term (i.e., within 60 days) maltreatment recurrence among 174 families with children returning home from their first stay in substitute care. From a variety of child, caretaker, placement, family environment, and service provision characteristics, seven variables uniquely added to the prediction of maltreatment recurrence: 1) child age, 2) caretaker mental illness, 3) number of placements, 4) type of placement, 5) length of time in placement, 6) number of children in the home at reunification, and 7) the interaction between household structure at reunification and the presence of siblings returned home with the index child. The implications of these findings for child welfare practice and future research are discussed in detail.


The purpose of this study is to explore the family dynamics that are associated with parental psychological violence. A qualitative theorizing analysis has been performed upon the content of 26 interviews with parents and practitioners, in order to: (1) develop a typology of family dynamics conducive to psychologically violent parental practices, and (2) provide some support to this typology by confronting it with other data and real life cases. The results suggest four types of families in which psychological violence is likely to occur, characterized respectively by a scapegoat child, a domineering and intolerant father, a rigid and manipulative mother, and a chaotic and incompetent parent. Participants’ explanations of the occurrence of psychological violence in a given family support the proposed typology: a different explanatory profile is associated with each type of psychologically violent family. Furthermore, the typology has been submitted to practitioners working in the fields of child protection and community family support, who applied the typology to real files in their caseloads in order to assess its usefulness in clinical settings. This procedure supported the relevance of the proposed typology for practice.


Remaking Social Work with Children and Families provides a sustained examination of the 'modernization' of this area of social care. It analyzes some of the key themes introduced by the administrations of John Major and Tony Blair and provides a critical exploration of contemporary policy initiatives and issues.
The author argues that political and ideological factors need to be taken into account in order to understand the dominant discourses and evolving practices of social work with children. Potential fixation with ensuring that young people are able to 'fit' into their allotted roles in a market economy and an overarching concern about children and criminality have been crucial in this respect. He concludes that while social workers and educators should be prepared to embrace change, they need to be critical agents in the process of change, recognising the ever present need to promote and foster democracy within the sphere of social welfare.


Summary: In the United Kingdom, following the death of Victoria Climbié, child protection procedures are currently being reviewed once again. At the core of child protection activity is the police/social work relationship and the notion of 'working together' to respond to child abuse. However, there is often a failure to interrogate what rhetorical assertions about multi-disciplinary working actually amount to in terms of the micro-politics of 'joined up' endeavours. This police/social relationship needs to be analysed because of specific issues related to child protection, but also because of the creation of multi-disciplinary youth offending teams and the more encompassing popularity, within policy discourse of New Labour, of 'joined up' approaches to the delivery of child welfare services.

Findings: Interviews conducted with police officers and social workers in three different locations illuminate how they view their roles. Respondents reveal the tensions in 'working together' and a police tendency to perceive themselves as the 'lead agency'. In addition, issues bound up with recruitment and selection are significant. Within joint police/social work specialist units, there is a blurring of the social work role. Applications: It is argued that joint working between social workers and police officers needs to be subject to reflexive scrutiny. Perhaps, in the past, aspects of policing have been inadequately examined in social work education and training. The creation of a new social work degree may provide, however, an opportunity to address this issue. More generally, it should allow course participants the space to comprehend critically other 'disciplines' and the social processes that underpin joint working paradigms.


The 'problem family' has been re-excavated by New Labour and located at the centre of the drive against 'anti-social behaviour'. Associated with this is a plan, announced at the launch of the Respect Action Plan, to put in place a network of 'intensive family support' schemes: the so-called 'sinbins'. It is maintained that this is a retrogressive development and needs to be viewed in the context of debates that took place on the 'problem family', in Britain and elsewhere in Europe, in the past. Examining research reports that 'evaluate' the existing 'sinbins' it is argued that these are lacking in reflexive hesitancy and insufficiently
critical. It is also suggested that social policy researchers, frequently funded by government grants when investigating 'social problems', need to retain a certain wariness and scepticism before providing research 'products' which seem to largely endorse the policy and practice 'solutions' that the State, committed to the maintenance of social order, has formulated.


Permanency planning is a critical issue facing all children in foster care. Foster children frequently suffer from developmental delays and severe behavior problems, often leading to repeated displacements that in turn increase the risk for attachment disorders. To prevent the emergence of such disturbances, an Attachment Clinic was developed in Montreal to offer consultation to Youth Protection workers. A specific problem has frequently been identified in this Clinic: Should a child who has developed a significant attachment to his or her foster parents return to the biological parents or stay in the foster family? The choice between the two families is even more difficult when the parenting competencies of the biological parents seem to have progressed while the child has developed secure attachments in the foster family. Clinical cases will be presented to illustrate such dilemmas. Concepts rooted in attachment theory have been very useful to understand such problems, and have led us to believe that children's best interests lie in the preservation of their attachment ties and that repeated ruptures of such ties constitute a severe trauma. Resistances of the milieu to our position will be discussed as well as the Court's decisions in light of Canadian jurisprudence.


Risk assessment in child protection services has been promoted as the most reliable way to ensure that maltreatment to children is prevented and has become central to practice with children and families. However, recent research in Australia has suggested that children are being left in unsafe situations, leading to further maltreatment, by the very agencies responsible for their protection. The present article explores the reasons why child protection has become central to child protection practice and presents a wide ranging critical appraisal of risk assessment and its application. It is argued that risk assessment is a flawed process and, as a central tenet of practice, is implicated in any problems that children's protective services face. Consequently, any future reconfiguration of services for children in need of protection needs to include a re-evaluation of the efficacy of risk assessment.

Highlighting how medical professionals in English Canada understood accidents in childhood, this article explores the emergence of the idea of a "public child" throughout the course of the twentieth century. It asks how shifts in attitudes toward public health, domesticity, race, and gender shaped ideas about children, their safety, and their protection. The medicalized construction of a public child helped foster a more recognizable sense of community responsibility for the well-being of particular children at the same time as it increased and deepened the surveillance of families and parents. Although the management of children has always been a task ascribed primarily to women, the early twentieth century witnessed a new interest in categorizing children, whether as infants, workers, or students, as public health and safety risks worthy of public attention.


Goldbeck et al evaluate the effects of expert-assisted child abuse and neglect case management in the German child welfare and healthcare system as perceived by the case workers themselves. Results show that expert-assisted case management may change the case workers’ perception of the evidence for abuse and guide their interventions to provide child protection. Modifications of the method should consider improved participation of the child.


Child maltreatment is a significant public health problem associated with a broad range of negative outcomes in children and adolescents that can extend into adulthood. This review summarizes information about programs aimed at the prevention of child maltreatment evaluated by controlled trials, with a focus on home visitation programs. It does not include programs aimed at prevention of child sexual abuse, the subject of a separate review in this series. We discuss those programs that include one or more measures of child maltreatment and related outcomes (reports of abuse and neglect, injuries, hospitalizations and emergency room visits). Most programs targeting at-risk families have not shown evidence of effectiveness in preventing abuse or neglect. An important exception is the Nurse Family Partnership (NFP), a program provided by nurses to first-time socially disadvantaged mothers beginning prenatally that has undergone rigorous evaluation in three randomized controlled trials. It has shown consistent effects in reducing reports of maltreatment and associated outcomes as well as additional benefits in maternal and child health in high-risk families. A second exception is the promising Early Start program provided by nurses and social workers to at-
risk families beginning post-natally. One randomized controlled trial of the program has shown reduced rates of parental reports of severe abuse and hospital attendance for injuries and poisonings, based on records. The characteristics of the NFP and Early Start programs are discussed with special emphasis on ways in which they differ from other home visitation programs.


Child injury and risk of injury are criteria that are heavily weighted in child protection decisions, considered in legal decisions, and often used to distinguish between punishment and maltreatment in the research literature. While some research has examined factors that may predict injury in reported cases of child physical abuse, the literature that exists comes primarily from American studies, where reporting criteria may differ from those used in Canada. Information on predictors of injury would serve two purposes. First, it would contribute to the ongoing development of methods to assess risk in child protection work. Second, it would contribute to development of theory regarding the nature of child physical abuse, as it could help to answer the question of whether non-injurious and injurious physical assault are independent phenomena, predicted by different sets of factors. This study examined the power of child, perpetrator, and socio-economic characteristics to predict injury in cases of reported child physical abuse. Data from the Canadian Incidence Study of Reported Child Abuse and Neglect were used. The selected subsample consisted of 512 substantiated cases of child physical abuse where the abuse was the result of inappropriate punishment. Models were constructed to test two theoretical frameworks, and were evaluated through logistic regression. Child age, perpetrator sex, the vulnerability of the child to abuse, family well-being, economic stress, and social stress did not predict injury to the child. The findings suggest that factors other than those studied account for injury in substantiated punishment abuse cases. Accepting any of the theoretical explanations found in the literature on the question of injurious versus non-injurious abuse depends upon further investigation.


In this article, the authors discuss factors that contribute to increased risk of child maltreatment for children with disabilities and outline multidisciplinary prevention and intervention strategies that focus on partnerships with educators and child protection professionals. The authors discuss interventions related to the identification and reporting of child abuse and neglect, collaboration among education and child welfare systems and academic programs, and direct interventions with children and families. The authors advocate a multidisciplinary approach to the problem.

A group of doctors who last week accused the UK General Medical Council of failing children are forming an action group to counter what they say is the "intimidation" of child protection professionals. Many believe that the combined efforts of the GMC, campaigning groups, and the media are seriously disrupting the safeguarding of children.


Objective: The aim of this study is to determine: (1) the differences between Spanish and Colombian cultures in relation to community social support variables, and (2) the relationships between community social support variables and child maltreatment in both cultures. Method: The study was based on 670 non-abusive families and 166 abusive families. The parents were asked to complete the Community Social Support Questionnaire. This instrument measures community social support in terms of Community Integration and Satisfaction, membership in voluntary organizations and community participation, and use of Community Resources of Social Support. Results: Differences between both cultures were found in the pattern of community social support for the non-abusive groups. However, the relationships between community social support and child maltreatment were similar cross-culturally. Our results indicate that in both cultures abusive parents show lower levels of community integration, participation in community social activities and use of formal and informal organizations than the parents that provide adequate care. Conclusions: The results largely support the literature that has repeatedly reported the link between social isolation and child maltreatment and they confirm this relation within two cultural contexts, Colombian and Spanish, quite different from the Anglo-Saxon context, where most of the previous studies have been carried out.


The role of in-home work with substance use affected family members has great potential for addressing family and personal issues that are often not well addressed by continuing care interventions that involve limited contact with the family and the impact alcohol and other drug "abuse" has on the family environment. This article reviews the importance of involving the family in the recovery process and offers comparative advantages of an in-home visitation approach for assisting the substance user with maintaining substance use avoidance, reintegrating with the family, and addressing unresolved family issues affecting children and spousal relationships.
The juvenile justice system in the United States has become a detrimental rather than a remedial experience, one that often reinforces youths' defiance of authority. Trying juveniles as adults, overcrowding juvenile detention facilities, and other factors have led to the deterioration of a system whose original intent was to protect immature youngsters who might get arrested for truancy or joyriding. The present system is ill equipped to cope with today's children who may be arrested for violent crimes such as rape and murder. Balancing Juvenile Justice, now in an expanded, revised edition, is a comprehensive discussion of the primary considerations policymakers should use in striking a balance between holding youths responsible for past behavior, and providing services and opportunities so that their future behavior will be guided by constructive, rather than destructive, forces. The topics covered include: trends in philosophy and politics; a review of state and local reforms in juvenile justice; the changing role of the juvenile court; development of a balanced continuum of correctional programs; and strategies for reform.


The French system for protection of infants and toddlers relies on the collaboration of several different partners for preventing, screening, assessing, intervening in, and treating cases of infant abuse and neglect. This article first provides a brief historic overview and some data about the protection of infants in France, with data focused on the Parisian area. We then describe the tasks and interconnections of these different agencies and administrations, and offer some reflections on the actual functioning of the system. Finally, some suggestions for changes are provided. Discussion should begin on a theoretical level regarding whether we should continue with institutionalization of infants for long periods of time, as is still the case in Paris. Discussion also should take place regarding which is the higher priority when infants and children are in situations of danger, abuse, and/or neglect of infants: (a) the hope of re-establishing parental rights or (b) the need of the infant for a secure and stable attachment relationship. The process of evaluating parental care-giving skills would benefit from more clinical observation as well as structured methods of assessment.


The experience of neglect and associated emotional harm can be extremely damaging to all aspects of a child's development and characterises the lives of many children in the UK today. Neglect was the largest category for registration on the child protection register and increased from 39% in 2001-2 to 44% in 2006-7.

Children's services are currently undergoing their biggest changes in a generation. The government is seeking to create a more coherent, seamless configuration of services, with a view to securing improved outcomes for all children. However, there is a current crisis in the recruitment and retention of a range of child welfare professionals, including children's social workers, which must be addressed in order for this ambitious agenda to be achieved. This paper discusses the findings of a series of focus group discussions with social workers undertaking the London Post Qualifying Child Care Award in response to the Children's Workforce Strategy consultation process. These findings are then analysed within the context of the wider literature on social work practice and workforce development. It is argued that central to the debate on how to sustain a competent and stable social work workforce should be consideration of the consequences of initiatives to audit and assess performance; the promotion of relationship-based social work; and the wider role of social work in preventative and protective services for children.


All states have legislation establishing child protection agencies and reporting procedures, supported by the Child Abuse Prevention and Treatment Act (Child Welfare Information Gateway, 2003), which links federal funding to the stipulation that states must enact mandatory child abuse reporting laws. Despite this legal mandate, mental health practitioners often fail to inform their clients of the limitations of confidentiality and many are not aware of their legal mandate to report child maltreatment. This paper examines ethical and legal parameters mental health practitioners must address when working with cases of suspected child abuse and offers recommendations for practice and policy to improve collaboration between mental health practitioners and child protection agencies, in the interests of protecting children and strengthening families.


The paper documents a study conducted among 225 Palestinian pre-school teachers from Israel. Data were collected through a self-administered questionnaire that examined the teachers’ attitudes towards reporting child abuse and neglect. In general, the participants' attitudes towards reporting child abuse and neglect to the child protection services (CPS) were more positive than their attitudes towards reporting to the police. Willingness to report suspected cases of
child sexual abuse to the police and CPS was higher than willingness to report other types of child abuse and neglect. Inconsistent results were revealed with regard to how awareness of reporting regulations and awareness of signs and risk factors for child maltreatment affect willingness to report to CPS and to the police. A comprehensive discussion of the possible relevance of the participants' socio-cultural and socio-political values to their attitudes towards reporting child abuse and neglect is presented. The implications of the results for future studies are also discussed.


The authors argue that children's voices should be heard much more strongly in the process of policy formation at all levels. Although there is growing support for this idea, it is not without opposition, and the authors themselves make many critical points about the current attempts to put it into practice.


Relatively little research has considered the risk to siblings within maltreating families. The sample in the present study consisted of the 795 siblings from a cohort of 400 "index" children who had been referred to police child protection units in England for abuse and/or neglect. In 44% of families (valid cases), the index child was scapegoated, in 37% maltreatment was nonspecific to all siblings, and in 20% maltreatment was specifically directed at some but not all siblings. Scapegoated children were more likely to be older and to experience physical or sexual abuse, whereas younger children and index child referrals for neglect, emotional abuse, or mixed abuse were associated with risk to some or all siblings. Parental difficulties and family stressors increased the risk of maltreatment to all siblings. There was no evidence of increased risk to stepsiblings or children with difficulties, suggesting that the special victim model has limited application.


Parents whose children are identified as having experienced or being at risk of experiencing significant harm potentially provide an invaluable dimension to our understanding of the circumstances that result in child abuse or neglect and how best to respond to these invariably complex situations. This paper reports findings from a study of the experiences of six parents. In-depth interviews were conducted with four mothers and two fathers who had been referred to an intensive family support service by the Queensland statutory child protection authority. Using a critical ecological perspective, the study focused on identifying and understanding the experiences of the parents in using formal family support
services, including aspects of service delivery that were helpful or unhelpful. Parents also commented on their experiences of statutory child protection services. Service components and worker qualities that parents identified as being helpful included being accessible, targeted and integrated and being able to meet a continuum of needs, from a micro to a broader level. Their reports provide invaluable insight into how formal family support services, including child protection services, can better meet the needs of parents in addressing the recurring problem of child maltreatment.


Founded on an evaluative review of core group practice in a northern metropolitan borough of England, this paper highlights the tensions and difficulties that might inhibit the quality of post-registration services to children and their families. Insights from the empirical data as well as theoretical literature have been explored in the light of current and developing policies. This exploration is focused on inter-agency coordination; inter-professional relationships; and partnership with parents and children. The recruitment and retention of social workers, the potential contribution of Children's Trusts, as well as unconscious processes relating to child abuse and child protection, are all given consideration.


The group met in the Department of Social Work at King Edward Memorial Hospital which helped to ground the research in a place where ideals and the reality of human lives and frailty meet and sometimes collide. The idea for this research began in Western Australia in 2004 in the minds of an Anglicare WA community development worker and parent volunteers who were working with families and parents at a neighbourhood centre, Daisy House, run by Anglicare WA. They were working with a self-help model of support for parents, grandparents and families whose children or grandchildren had been taken into the care of a state welfare department in Australia or overseas. The fledgling organisation that was formed to oversee this work was then called Parents of Children in Care (POCIC). Its structure was formalised following a meeting of concerned people and organisations that was initiated by, and held at the Health Consumers Council of Western Australia in 2004. The new organisation included parents, grandparents and family members who had been subject to statutory procedures to remove their children, various professional practitioners, advocates and academics. A primary purpose of this group now incorporated and called Family Inclusion Network WA Inc (FIN WA Inc.) was, and is to enhance working relationships between statutory authorities and parents and families in order to improve outcomes for vulnerable children. Prior discussions regarding the issues facing parents of children in care and the need for research into this
involved a large number of individuals and representatives from several organisations. These organisations include Gosnells Community Legal Centre, Human Rights WA, Community and Youth Training Services, Law Access, Law Society, Mental Health Law Centre, Discipline of Social Work & Social Policy (The University of Western Australia), Midland Community Legal Service, Women’s Law Centre, People with Disabilities, Health Consumers Council, Disability Services Commission, Mission Australia Girrawheen, Northern Suburbs Community Legal Centre, Mercy Family Centre Koondoola, Karnany Aboriginal Centre Midland, Anglicare, Department for Community Development and numerous parents and several independent advocates. The grant from Lotterywest was awarded in late 2006, although ethics approval was not obtained until May 2007 and so the formal research commenced in June 2007. The researchers who undertook the data collection are four experienced social work practitioners, all of whom are seasoned interviewers. All are familiar with the techniques of in-depth interviewing and with the professional arena of child welfare services. All interviewers spent time in assisting with the preparation of the interview schedule and discussing the ways that the sensitivity of the interview material could be best managed.


Researchers conduct secondary analysis of data collected in community-based focus groups convened to analyze key decision points where racial disproportionality grew wider in child welfare. Analysis confirms findings of other research pointing to referral bias, unclear or problematic policies related to engaging kin, the confounding role of poverty, and racial disparities in the availability of services to ameliorate family problems. A new finding suggested by this work was that lack of professional awareness of the influence of bias is in and of itself a barrier. Authors assert that professionals who believe the court system is fair and rational will not be vigilant in seeking out checks and balances to racial bias and may also be less likely to seek training or consciousness-raising experiences to address their own bias. The research methodology used serves as an example of ways university-based researchers can team with community-based action planning coalitions to stimulate systems change.


Family Group Conferences were first legislated for in New Zealand in 1989 and since that time have captured the imagination of professionals and academics throughout the world with their capacity to involve families and communities in a collaborative approach to addressing child welfare concerns. Child protection systems in Australia, as in many other countries, have subsequently introduced conferencing programs. The first trial in Australia was initiated in Victoria in 1992
by a non-government agency (Ban, 1996), and trials in other states soon followed. Fifteen years later, a question worth asking is to what extent conferencing has become part of child protection practice in Australia’s states and territories. Child protection policy is under state jurisdiction in Australia, which means that adoption of an innovation like conferencing is likely to vary widely. This diversity is explored in this report through the available literature on conferencing programs, but also draws on interviews with practitioners in each state and territory.


Family group conferences were first legislated for in New Zealand in 1989 and since that time have captured the imagination of professionals and academics with their capacity to involve families and communities in a collaborative approach to child welfare concerns. Child protection systems in Australia, as in many other countries, have subsequently introduced conferencing programs. The first trial in Australia was initiated in Victoria in 1992 by a non-government agency (Ban, 1996), and trials in other states soon followed. Fifteen years later, a question worth asking is to what extent has conferencing become part of child protection practice in Australia’s states and territories.


This chapter is interested in the challenge of governing beyond crime, surveillance and control. It argues for the need to re-imagine the governance of security in ways designed to both build and enroll the capacities of different actors. The authors draw on regulatory theory and the ideas developed in the areas of 'responsive regulation' and 'nodal governance' to explore the opportunities for, and the challenges associated with, designing governance institutions and processes that serve to de-centre hierarchy, command and interventionism as essential rationalities and practices. Its empirical focus is on the case of child protection, where the authors argue for the importance of nurturing the capacities of families and communities to govern both beyond and in tandem with hierarchical modalities. It is hoped that the theoretical issues raised and the agenda articulated can be engaged with across a variety of empirical domains.


There is now evidence emerging from a number of studies that resolving child protection cases has become the core business of the Family Court. But how
well is the Family Court system working for these children? Children are very rarely invited to give their perspective of their experience as consumers of the Family Court. Abused children are even less likely to be included in any consumer study due to the many ethical dilemmas involved with interviewing this 'vulnerable' group. This paper reports on the findings of a unique exploratory study on: 'The experience of children and protective parents being assessed for residency and contact disputes in the Family Court of Western Australia where there are allegations of child abuse'. Findings from interviews with eleven children (aged between 8 and 16), their resident protective parent, ten child and family therapists who work with abused children involved in Family Court processes, and an analysis of sixteen Family Court Expert reports are presented. The focus of the paper is on the ways in which the Family Court assessment process silences and/or makes space for the voices of children to be spoken, heard and acknowledged and the impact of this on children's lives. Issues discussed in the paper include: children's experience of the Court Expert assessment process, including their perceptions of being listened to; how much children felt they were able to tell the Court Expert about their abuse; children's experience of the ongoing impact of the Family Court on their lives; children's worries about being forced to live with or have contact with the non resident parent; children's comparisons between the effect of child abuse and the effect of the Family Court on their lives; children's perspectives on Child Representatives; protective parents' perspectives of Family Court assessments, including perceptions of Court Expert expertise in the area of domestic violence and child abuse, the influence on Court Experts of Parental Alienation Syndrome, and the focus on sexual abuse and marginalisation of other forms of abuse in the Family Court; the findings from interviews with child and family therapists on the negative impact that assessments have on children and protective parents; and privileged narratives in Court Expert reports. The paper concludes with a number of recommendations, including advice from children to the Family Court. It is hoped that this paper will stimulate discussion and further research directed at assisting the Family Court in their decision-making processes concerning the child's 'best interest' where child sexual abuse and domestic violence allegations have been raised.


Bullying or peer abuse is now recognized as an endemic feature of school life and efforts are being made to comprehensively address the issue at the school level through policy and curriculum development as well as individual interventions. Recent child protection legislation in NSW has raised significant ethical and professional issues involved in determining responses to peer abuse. It may be timely to consider such abuse as a child protection issue for schools given the well documented long-term impact of the behaviour. The proclamation in December 2000 of the Children and Young Persons (Care and Protection) Act 1998 in NSW, mandates early notification of all forms of abuse, and increases
both the level of responsibility and liability for litigation of teachers and schools for failure to offer the appropriate level of protection to victims. This paper discusses the evidence available in the literature that peer abuse correlates closely with child abuse in terms of social and psychological characteristics, impact and outcomes. It explores the application of the legislation specifically to the abuse of children and young people by their peers, and the responsibility of teachers under this law to provide protection for victims. A case study is discussed describing recent successful litigation against the Department of Education and Training in NSW which serves to illustrate that severe peer abuse fits the definitions and applications of the Act. It is suggested that early invocation of the child protection process prescribed may help avoid litigation in future but more importantly could provide early protection for victims of serious peer abuse.


This article addresses comparative research on what has come to be called, in (British) English, 'child protection' or, rather differently, in Finnish 'lastensuojelu'. In developing a cross-national research project on lastensuojelu/child protection practices in England and Finland, we found it necessary to go back a few steps, to address what might usually be considered as 'background issues'. This article discusses the welfare state traditions in both countries, especially with respect to families and children, in order to contextualise the focus of ongoing qualitative research on micro comparisons. When comparing the mundane practices of child protection and the ways problems and clienthoods are constructed, as in this study, historical, social, cultural and linguistic issues matter. Indeed, very basic concepts such as 'child protection' and 'child protection case' become problematic in the comparison.


In this article, we focus on the activities done by the recipients of crying. In the analysis, we work with a corpus of calls from a child protection helpline in which the caller shows features of crying (14 calls, or about 10% of the total). Our focus is on two kinds of crying receipts made by child protection officers (CPOs) that are rare in non-crying calls but recurrent in crying calls: take-your-times (TYTs) and empathic receipts (ERs). TYTs are used in environments in which the caller displays an attempt to but failure to articulate talk. This can be shown by inappropriate silence, wet sniffs, sobs, and turn constructional units that are either incomplete or disrupted by sobs, sniffs, or whispering. TYTs offer a license for the late delivery of talk and are affiliative. ERs can replace TYTs but are more common in environments in which callers are unresponsive to CPO actions such as advice giving. ERs have two elements—a formulation of the crying party's mental state and some sort of marker of the contingency of the mental state.
formulations. The mental state element is built from local features of the caller's talk (displays and metaformulations of upset), and issues of accuracy are managed through the epistemic contingency maker (most of ten treating the formulation as based on hearing). We discuss broader implications of this work for conceptions of empathy.


It will be useful to chronicle the actions of the Texas child protection agency in the FLDS case - based on my review of the actual court documents, case plan, affidavits of the social workers, warrants, and detailed written accounts of the two-day hearing in court - with a critical eye to see how these same tactics are used in individual actions against innocent families nationwide. To make matters worse, prior to the trial, the judge had issued a separate order confiscating all the cellphones belonging to both the children and their parents, so that they could not even talk to their lawyers or to each other. In But That's the Way We Always Do It The tactics perpetrated on the YFZ families are the same ones that CPS uses in almost every child-protection removal case nationwide: insufficient investigation, a superficial initial hearing, a boilerplate case plan whose real purpose is to provide evidence to the agency, splitting children in foster care and moving them far from family, a low standard of proof for abuse, and failure to use reasonable efforts to avoid removal from the home, among others.


A systematic review was undertaken of scientifically rigorous studies of family-based services in children's health and mental health. From a pool of over 4000 articles since 1980 in health and mental health that examined either specific family-based interventions for families of children or the processes of involvement, 41 studies were identified that met the methodological criteria for inclusion. These 41 studies encompassed 3 distinct categories: families as recipients of interventions (e.g., family education, support, engagement, empowerment); (b) families as co-therapists; and (c) studies of the processes of involvement (e.g., therapeutic alliance, engagement, empowerment, expectancies, and choice). Too few experimental studies exist to conclude decisively that family-based services improve youth clinical outcomes. However, those studies that have been rigorously examined demonstrate unequivocal improvements in other types of outcomes, such as retention in services, knowledge about mental health issues, self-efficacy, and improved family interactions – all outcomes that are essential ingredients of quality care. Four implications are drawn from this review. (1) Effective family education and support interventions from studies of adults with mental illnesses and from studies of families of high-risk infants exist and can be imported into the field of children's mental health. (2) The range of outcomes that are typically assessed in
clinical treatment studies is too narrow to afford an adequate view of the impact of family-based interventions. A broader view of outcomes is needed. (3) The absence of a robust literature on process variables other than therapeutic alliance limits conclusions about how and why interventions are effective. Attention to the processes by which families become involved in services will require a more robust and nuanced range of studies that attend simultaneously to processes of change and to outcome improvement. (4) Linkage of effective family-based interventions to delivery of evidence-based services is likely to amplify the impact of those services and improve outcomes for youth and families.


The alarming number of children killed and seriously injured as a result of child maltreatment and neglect has led to increased calls for action. In response, interdisciplinary and multiagency child death review teams have emerged as an important component of child protection. Paradoxically, child death review teams are among the least visible and understood elements in efforts to protect children. This article examines the role and functions of child death review teams and their contributions to child welfare in practice, prevention, and policy. The alarming number of children killed and seriously injured as a result of child maltreatment and neglect has led to increased calls for action. In response, interdisciplinary and multiagency child death review teams have emerged as an important component of child protection. Paradoxically, child death review teams are among the least visible and understood elements in efforts to protect children. This article examines the role and functions of child death review teams and their contributions to child welfare in practice, prevention, and policy.


Background: Epidemiologic studies indicate that babies born to socio-economically disadvantaged mothers are at higher risk of injury, abuse and neglect, health problems in infancy, and are less likely to have regular well-child care. Home visitation programs have long been advocated as a strategy for improving the health of disadvantaged children. Over the past two decades, a number of randomised trials have examined the effect of home visitation programs on a range of maternal and child health outcomes. The studies in this review evaluate programs which offer additional home based support for socially disadvantaged mothers and their children. Objectives: Babies born in socio-economic disadvantage are likely to be at higher risk of injury, abuse and neglect, and to have health problems in infancy. The objective of this review was to assess the effects of programs offering additional home-based support for women who have recently given birth and who are socially disadvantaged.
Search Strategy: We searched the Cochrane Pregnancy and Childbirth Group trials register and the Cochrane Controlled Trials Register. Date of last search: 26 October 1998. Selection Criteria: Randomised and quasi-randomised trials of one or more post-natal home visits with the aim of providing additional home based support for socially disadvantaged women who had recently given birth, compared to usual care. Data Collection and Analysis: Trial quality was assessed. Study authors were contacted for additional information. Main Results: Eleven studies, involving 2992 families, were included. Most of the trials had important methodological limitations. Seven trial reports are awaiting further assessment. There was a trend towards reduced child injury rates with additional support, although this was not statistically significant (odds ratio 0.74, 95% confidence interval 0.54 to 1.03). There appeared to be no difference for child abuse and neglect (odds ratio 1.12, 95% confidence interval 0.80 to 1.57), although differential surveillance between visited and non-visited families is an important methodological consideration. Babies in the additional support groups were more likely to have complete well-child immunizations. Based on the results of two trials, there was a trend towards reduced hospitalization, although this was not statistically significant. Authors' Conclusions: Postnatal home-based support programs appear to have no risks and may have benefits for socially disadvantaged mothers and their children, possibly including reduced rates of child injury. Differential surveillance does not allow easy interpretation of the child abuse and neglect findings.


The paper begins by introducing Isaiah Berlin's concepts of positive and negative liberty and the application of these concepts to child protection. There is discussion of some recent debates on the social and political context of state social work and child protection in particular. The authors then consider, in turn, the experience of children, parents and social workers in the child protection system. There is also a consideration of partnership and rights. The conclusion is that opportunities for statutory child protection to be liberating are limited, but that there is more potential than the most pessimistic accounts might allow. Rather than libertarian child protection, social workers can aim for child protection practice that is respectful. The paper concludes with some principles for respectful practice, based on the ideas of Richard Sennett. Most importantly, Sennett's ideas recognize the importance of relationships in social welfare and acknowledge the context of inequality within which social work takes place.


This article discusses the potential of family group conferences to act as a liberating intervention for families traditionally controlled by the state welfare
system. Family group conferences are interventions designed to remove control of decision making from professionals and allow family groups to make decisions about the welfare of one or more of their members. Using data from a qualitative evaluation of family group conferences in Wales, this article examines ‘imposed empowerment’ and social control, and the feasibility of treating ‘the family’ as a unit for state intervention. The authors propose that the family group conference approach not only has the potential to shift the balance of power between the state and client families, but that it may have the potential to democratise decision making within families. However, it is also noted that such interventions can be seen to be maintaining social control through subtle and possibly unintentional means. The article engages with sociological research and theory on democracy in the family.


This paper considers the influences on professional judgements about large sibling group placement. The paper attempts to explain how social workers' awareness of the significance of sibling relationships operates in the process of making judgements and decisions about placement. It undertakes a detailed phenomenological analysis of the process in five cases involving large sibling groups. Drawing on philosophical theories of equity and pragmatism, it proposes a theoretical approach to addressing the issues in practice.


This paper reports the findings of an exploratory study of the response of social workers within a community care setting, in a large Dublin suburb, to cases involving men's abuse of women. This research aims to focus on what child protection workers do regarding this abuse, and what they say about what they do, thereby giving readers a sense of the action taking place in this social work team. The data, generated from both qualitative and quantitative methodological research, reflects this aim, as it taps into the working model of responses to men's abuse of women held by social workers, and identifies what influences that, thereby reflecting the realities and constraints of everyday work. At the time the research was carried out (2000), the results confirm that the prevalence of cases involving men's abuse of women on this team was in line with international findings. This research revealed an absence of a team policy, an agreed definition of intimate violence in this context and agency practice guidelines, and illuminated how these gaps act as a deterrent to effective intervention. This paper explores some of the ethical and practical dilemmas that may arise for child protection social workers intervening in cases where the abuse of women by men is present. Recommendations arising from this research identify a need for a clear policy and best practice guidelines for social work staff in relation to this abuse.

Objective: This article reviews the literature concerning the impact of exposure to domestic violence on the health and developmental well-being of children and young people. Impact is explored across four separate yet inter-related domains (domestic violence exposure and child abuse; impact on parental capacity; impact on child and adolescent development; and exposure to additional adversities), with potential outcomes and key messages concerning best practice responses to children's needs highlighted. Method: A comprehensive search of identified databases was conducted within an 11-year framework (1995-2006). This yielded a vast literature which was selectively organized and analyzed according to the four domains identified above. Results: This review finds that children and adolescents living with domestic violence are at increased risk of experiencing emotional, physical and sexual abuse, of developing emotional and behavioral problems and of increased exposure to the presence of other adversities in their lives. It also highlights a range of protective factors that can mitigate against this impact, in particular a strong relationship with and attachment to a caring adult, usually the mother. Conclusion: Children and young people may be significantly affected by living with domestic violence, and impact can endure even after measures have been taken to secure their safety. It also concludes that there is rarely a direct causal pathway leading to a particular outcome and that children are active in constructing their own social world. Implications for interventions suggest that timely, appropriate and individually tailored responses need to build on the resilient blocks in the child's life. Practice Implications: This study illustrate the links between exposure to domestic violence, various forms of child abuse and other related adversities, concluding that such exposure may have a differential yet potentially deleterious impact for children and young people. From a resilient perspective this review also highlights range of protective factors that influence the extent of the impact of exposure and the subsequent outcomes for the child. This review advocates for a holistic and child-centered approach to service delivery, derived from an informed assessment, designed to capture a picture of the individual child's experience, and responsive to their individual needs.


Comprehensive Family Services (CFS) is a strengths-based and partnership-oriented approach to casework implemented through multiple initiatives. This study examines the relationship between the practice of CFS and satisfaction of clients, foster parents, and community partners. CFS indicators are paired with state-wide customer satisfaction survey results. CFS practices are associated
with significantly higher customer satisfaction that improved over time for all
groups. Although causality cannot be determined, the relationship is consistent,
robust, and meaningful.

fathers: needs and satisfaction in child protective services. *Administration in Social
Work, 32*(2), 87-103.

Data from a US survey of 339 fathers and 1,203 social workers from a single
state form the basis of a descriptive study of satisfaction and needs in both
groups. A slim majority of fathers (smaller than in previous studies of mothers)
were satisfied or neutral about their contact with caseworkers, invitations to
attend meetings, perceptions of being treated professionally and politely,
perceptions of being taken seriously, and belief that their children were being
helped by the agency. Many of the fathers' open-ended comments expressed
dissatisfaction with the unequal treatment of mothers and fathers, and parental
conflict/domestic violence issues clearly raise difficulties for agencies. Fathers
were also less convinced than caseworkers that the services they received were
effective, and generally disposed neither to use nor recommend such services.
The implications for social work training and information system development are
discussed.

Humphreys, C. (2007). Domestic violence and child protection: exploring the role of

This article explores the issue of severity in relation to domestic violence and
provides a number of reasons for the necessary engagement by workers with
such a contentious issue. The specific role that the assessment of the risks
posed by the perpetrator which has now developed in some police forces in the
United Kingdom is examined, and its relevance to child welfare intervention
discussed. A range of factors are identified that heighten the risks of increased
violence. These include prior sexual assault; stalking and controlling behaviour;
substance misuse and mental-health problems; separation and child contact
disputes; pregnancy; escalation including the use of weapons and psychological
abuse; attempts and threats to kill; child abuse; isolation and barriers to help-
seeking. The ways in which perpetrator risk assessment can be used to inform
the filtering of referrals to the statutory child care agency, enhance multi-agency
working, provide a structure for the assessment of the perpetrator, enhance
partnership-working with survivors (usually women) and inform the protection
strategies for workers are explored.

Impacts on Children of a Policy to Promote Employment and Reduce Poverty for
Low-Income Parents: New Hope After 5 Years. *Developmental Psychology, 41*(6),
902-918.
The impacts of New Hope, a program to increase parent employment and reduce poverty, were measured 5 years after parents were randomly assigned to program or control groups. New Hope had positive effects on children's school achievement, motivation, and social behavior, primarily for boys, across the age range 6-16. In comparison to impacts measured 2 years after program onset, effects on achievement were robust, but effects on social behavior were reduced. The program produced improvements in family income and use of organized child care and activity settings, suggesting possible pathways by which the New Hope package of policies influenced children's behavior.


Courts frequently rely on psychological evaluations of families in cases that include issues of child protection, divorce, abuse, and neglect. Observation of children interacting with parents is an important method in such assessments. Research findings and conceptual issues that are most relevant for such observations are reviewed here. Recommendations are made to help improve these observations to foster the best possible outcomes for children, families, and courts.


Community programmes designed to improve the functioning of disadvantaged neighbourhoods and the families living there, as well as to reduce specific problems such as child abuse and youth offending, are currently very popular with the UK government. However, whilst there is considerable knowledge about the structural causes of individual and neighbourhood disadvantage in UK society, evidence about the role that community programmes can play in addressing these inequalities is much more limited. The evidence that does exist tends either to have been imported from other parts of the world (notably the USA), or to be in the early stages of evaluation in the UK, with the initial findings sometimes proving rather unconvincing. In particular, the limitations of targeted funding, and the difficulties of establishing and maintaining the effective partnerships upon which successful programmes rely, are emerging as significant issues. In this paper the implications of these findings for the future of children's services is considered, in the context of ever-widening inequalities in UK society and the government's plans for children's trusts, integrated children's centres, and extended schools, involving multi-agency working between health, education and social services.

Do many Spanish human service practitioners suffer from burnout? What coping strategies are used to combat work stress, and are they associated with lower burnout? Which strategies may the psychologist promote to improve organizations? With an eye toward helping organizations improve their workers' quality of work life and service delivery, 211 professionals, either child protection workers or in-home caregivers, completed an inventory on coping and another on burnout. Coping strategies alone do not preclude burnout but may help prevent worker turnover. High job and salary satisfaction, together with active coping strategies play an important role in promoting personal accomplishment. Low job and salary satisfaction and the use of passive or emotional strategies predict elevated emotional exhaustion. The results suggest some possible points of intervention.


Objective: The present study investigated the context in which children were able to report their child sexual abuse experiences and the children's views as to what made it difficult to talk about abuse and what helped them in the disclosing process. The aim was to study disclosures as they were occurring in their natural settings. Method: Data were obtained from therapeutic sessions and follow-up interviews from 20 families with 22 children. These children had said something that made their caregivers concerned about ongoing child sexual abuse. Qualitative analysis was conducted to capture the children's and caregiver's perspectives of the disclosure process. Results: The children felt it was difficult to find situations containing enough privacy and prompts that they could share their experiences. They also were sensitive to others reactions, and whether their disclosures would be misinterpreted. When the children did disclose they did it in situations where the theme of child sexual abuse was in some form addressed or activated. The results indicate that disclosure is a fundamentally dialogical process that becomes less difficult if the children perceive that there is an opportunity to talk, and a purpose for speaking, and a connection has been established to what they are talking about. Conclusions: It is difficult for children to initiate a conversation about something secret, confusing and distressful, and where there are few conversational routines in a family for talking about such themes. Children also are sensitive to the needs of their caregivers and fear consequences for their family and offender. Children need a supportive structure or scaffold in order to reveal their experiences of child sexual abuse.


In 1990, the US Advisory Board declared a national emergency in the child protection system, which was nothing short of a disaster. In calling for a new
approach to child protection, the Board argued that only a universal system of family support, grounded in the creation of caring communities, could provide an effective foundation for ensuring children's safety, Strong Communities for Children is the first initiative to attempt a comprehensive, large-scale implementation of the Board's proposed strategy. Using a public health approach, Strong Communities blends research about the causes and correlates of child abuse and neglect with public health concepts of community-wide prevention and intervention. Strong Families, the direct service component of Strong Communities, relies heavily on the health sector for the engagement of families.


Examining children's rights from a global perspective, Mary John considers how children experience power, being powerful and the transformation of power relationships. She explores this issue objectively yet compassionately, comparing the situation of children to that of powerless minority groups and asking why children are rarely included in debates on social accountability, freedom and autonomy. She argues that democracies are not only sought in the public sphere, they are created within the emotional intimacies of private social worlds, presenting the child with new challenges for the recognition and realisation of their rightful autonomy and agency. With in-depth research and thought-provoking discussion, this book supplies a wealth of information for policy makers, social workers and academics, articulated in a compelling and lively style.


In 2004–5, the South Australian Department of Education and Children’s Services (DECS) revised its child protection curriculum by producing new draft materials and having them trialled by teachers in a small number of schools. The trial was conducted to establish the quality of the draft curriculum and to identify the support processes used by schools to help teachers implement the new curriculum. The study confirmed that the curriculum materials were of good quality and generally helpful to teachers planning to teach child protection. It also revealed that school leaders and teachers used a range of sophisticated micropolitical strategies to address several key issues and dilemmas that emerged from the trial. These strategies included establishing the moral purpose of the child protection curriculum, reducing teacher isolation by building collaborative coalitions, integrating the curriculum with other school initiatives, and dealing with resistance to the curriculum. Knowledge gained from the study will inform other schools wishing to use the materials (launched this year as Keeping Safe (DECS, 2008)) to support the teaching of child protection strategies.
Minnesota has been recognized by several studies as a state with a significant amount of racial disparity in its child protection system. This study, using 2001 data from Minnesota's Social Services Information Service, was conducted to determine at which of the six decision points in Minnesota's child welfare system racial disparities are statistically significant. The authors employ a nested model to examine a child's journey through the Minnesota child protection system. Using binary logistic regression, they are able to determine the odds that a child belonging to a particular racial or ethnic group would progress to the next decision point. Minnesota has been recognized by several studies as a state with a significant amount of racial disparity in its child protection system. This study, using 2001 data from Minnesota's Social Services Information Service, was conducted to determine at which of the six decision points in Minnesota's child welfare system racial disparities are statistically significant. The authors employ a nested model to examine a child's journey through the Minnesota child protection system. Using binary logistic regression, they are able to determine the odds that a child belonging to a particular racial or ethnic group would progress to the next decision point.

This paper looks at the concepts of 'risk' and 'safety culture' within a Social Work context, specifically in relation to child protection. Discussion is made of the systematic and organisational issues that are apparent in many inquiries into child death from abuse, and the authors argue that these issues need to be given a higher profile to ensure avoidable tragedies do not occur as a result of organisational failure. The concept of 'safety culture' is described as a tool of best practice used by some organisations in the commercial sector to ensure risk, for example communication failure, in relation to organisational issues is both understood and controlled. The parallels between an organisational breakdown resulting in a disaster and those relating to the breakdown of childcare services are outlined in relation to two high profile examples, the Challenger Space Shuttle disaster and the tragic death of Victoria Climbié respectively. The authors discuss how the lesson learnt from such disasters and the ways in which high risk commercial organisations give organisational issues such high priority can, and should be, successfully transferred into other sectors, namely Social Work and Child Protection services.


This study explored battered mothers' perceptions of their interactions with child protective services (CPS) workers to increase understanding about how child welfare workers and policies can have negative as well as positive impacts on women's and children's lives. The research was guided by two feminist frameworks: structured action theory and social entrapment theory. Twenty women participated in the in-depth, qualitative interviews. Most felt misunderstood and unsupported by their CPS workers and thought that this treatment directly harmed them and their children. Many batterers manipulated caseworkers and escaped sanctions, which contributed to negative consequences. Some women received helpful responses from their caseworkers and viewed such support as invaluable. Implications for social work practice are discussed.


Currently, most states have enacted some form of Citizen Review Panels in child protection. But, since Citizen Review Panels in child protection are new, the roles and responsibilities of these panels and their implementation are extraordinarily varied. The current study is a first attempt to understand the benefit and role of these panels as perceived by panel members and child protection workers.


The article investigates the welfare regime of the free Lithuanian Republic from the perspective of children's policy. The main principles of the 1989 UN Convention on the Rights of the Child - child protection, child provision and child participation - serve as indicators for the level of child orientation. The article analyses legal and institutional issues related to the implementation of the Convention in Lithuania in the first decade of Independence 1990-2001. Furthermore, it compares Lithuanian policy with the three welfare regimes identified by Esping-Andersen. Our results indicate that Lithuanian policy shows a low level of child orientation and that the Lithuanian welfare regime does not correspond to any of the welfare regimes in Esping-Andersen's typology. Lithuania still shows traits from the former Soviet regime. The new liberal extreme market orientation is not modified by social support institutions, and is combined with conservative ideologies on women and family.


Nurses are specifically identified as mandatory reporters in a majority of state child protection statutes. The nurse's statutory duty to report child abuse conflicts
with the duty to keep patient information confidential. State legislatures statutorily resolved this dilemma by deciding that the nurse's duty to report child abuse trumps the nurse's duty of confidentiality. The duty of the nurse attorney to report child abuse is not as clear, however, particularly when the information is gained through the confidential communications of an attorney-client relationship. The mandatory reporting versus duty of confidentiality conflict exists for nurse attorneys in states like Massachusetts that do not specifically identify or exclude attorneys under the child protection statute. Under these statutory schemes, the question remains as to whether the nurse attorney has a statutory duty to report a reasonable belief of child abuse. In balancing the nurse attorney's statutory and professional duties, it may be determined that nurse attorneys are discretionary, not mandatory, reporters of child abuse. As a discretionary reporter, the nurse attorney would utilize his or her professional experience and judgment before deciding to report a reasonable belief of past or future child abuse.


Objective: To examine the association between physical domestic violence victimization (both recent and more than a year in past measured by self-report) and self-reported disciplinary practices among female parents/caregivers in a national sample of families referred to child welfare. Methods: Cross-sectional survey of more than 3,000 female caregivers in the National Survey of Child and Adolescent Well-being (NSCAW) study, a nationally representative sample of children and their families referred to child welfare agencies for investigation of abuse and neglect. Women reported physical domestic violence victimization and their disciplinary practices for their child on different versions of the Conflict Tactics Scales. Results: Four hundred and forty-three women reported prior year domestic violence, 1,161 reported domestic violence but not in the past 12 months, and 2,025 reported no domestic violence exposure. Any prior domestic violence exposure was associated with higher rates of self-reported psychological aggression, physical aggression and neglectful disciplinary behaviors as compared to those with no domestic violence victimization in bivariate comparisons. After controlling for child behavior, demographic factors, and maternal characteristics, those with remote and recent domestic violence victimization employed more self-reported psychological aggression, while only caregivers with recent DV reported more physical aggression or neglectful behaviors. Conclusions: In a national child welfare sample, self-reported aggressive and neglectful parenting behaviors were common. In this sample, domestic violence victimization is associated with more self-reported aggressive and neglectful disciplinary behaviors among female caregivers. The mechanism for these associations is not clear. Practice Implications: Rates of aggressive and neglectful disciplinary practices are especially high among female parents/caregivers exposed to domestic violence. Child welfare agencies should
plan routine and structured assessments for domestic violence among parents/caregivers and implement parenting interventions to reduce harmful disciplinary practices for those families identified.


A descriptive comparative design was used to evaluate the Cottage Community Care Pilot Project, a family support/child protection initiative linking trained volunteers with "vulnerable" first-time parents. Fifty-eight eligible and consenting families enrolled in the program and formed the intervention group. A further 35 eligible families consented to participate in the evaluation and received assessments only and formed the comparison group. No differences were evident between the intervention and comparison groups on parenting readiness. For the intervention group (n = 25), improvements occurred in seven aspects of family functioning (items on the Scale of Family Functioning) when contrasted to the comparison group (n = 24). Two areas of family functioning were found to be statistically significant: access to social support (p = 0.02) and age appropriate expectations of infants (p < 0.001). Participants reported satisfaction with the program, and the study emphasized the need to include all families, not just those at risk. This evaluation supports the continued development of volunteer-support programs and the active role that public health nurses play in the growth and development of children in our communities.


This article details findings from social workers in Sweden and Canada, illuminating similarities and differences in gatekeeping in child welfare and child protection. Analysis revealed different patterns of inclusion and exclusion. Swedish child welfare includes a greater readiness to intervene with more resources and measures. Gatekeeping is assessment driven and focused on family preservation. In Canada, only the most needy children are eligible for a limited range of services. Gatekeeping is structure driven and narrowly focused on protection. Analyses of evidence-based research to improve outcomes for children and families must include comparisons of how different structural orientations influence management of referrals at intake. The authors discuss the implications of these findings.


The child welfare system in Germany has been described as family service-oriented because families in need are entitled to request family support services. If there is any form of child maltreatment, there may be some kind of mandatory
state intervention to protect the child. Using trends in the number of children affected by maltreatment, the rate of maltreated children noted by the child protection system, and safety, permanency, and well-being of children after a maltreatment report as outcome indicators, there are hardly any data on the effectiveness of the German child protection system. Moreover, there are no studies examining the validity of risk assessment procedures or the effects of different interventions in child protection cases. However the situation is changing, with international research becoming more accessible, and with the publication of more relevant studies.


Risk assessment is a central component of crisis intervention in all aspects of practice. Nowhere is this more pronounced however, than in the assessment of families in crisis and children at risk of abuse. Structured risk assessment instruments are promoted to manage increasing demands for child welfare services by providing a mechanism to guide decision making regarding the type and intensity of services required to protect children from subsequent harm. The value of the structured risk assessment instruments is hypothesized to lie in improved consistency and accuracy of workers’ judgments. However, risk assessment models were frequently implemented with little empirical evaluation. Post-implementation studies indicate that many commonly used risk assessment tools fail to attain adequate levels of reliability and validity. A number of challenges to validation have been identified. A more systematic approach to the development and testing of risk assessment instruments is required to support child welfare practice.


Filicide has occurred throughout the world since before recorded history. Although rates have declined in developed nations, it remains a leading cause of child death with approximately equal numbers of children killed by fathers and mothers. A large percentage of filicides is associated with mental illness, particularly postpartum depression and psychosis. The remainder results from child abuse and neglect. Men convicted of filicide are usually incarcerated whereas female perpetrators are more likely to receive treatment-oriented sentences. Individuals working with families and children should be trained to recognize risk factors and intervene to protect endangered children.

Domestic violence (DV) and child maltreatment co-occur in many families and this may lead to involvement with child welfare services (CWS). This study explores the role of domestic violence in CWS using data from the National Survey of Child and Adolescent Well-Being, a large, national probability sample of families investigated for child maltreatment. It relies on child welfare worker report of active DV or a history of DV to examine the association of DV with child maltreatment type, substantiation, and placement of children into out of home care. Maltreatment type classification was similar for children with and without exposure to DV. Families with active DV were substantiated for child maltreatment at higher rates than other groups, but DV was not a powerful contributor to the CWS decision-making process. Families with co-occurring DV and maltreatment often had high levels of cumulative risks, and children in families with the highest level of cumulative risk were 10 times more likely to be placed into foster care than children in families assessed with low levels of risk. The policy and practice implications of these findings are discussed.


Objective: To show changes in the way juvenile judges and judicial child protection workers deal with physical child abuse in the period 1960-1995 in the Netherlands. Method: The study is based on an analysis of files on adolescent and younger children placed by juvenile judges in the Dutch judicial child protection system during the 1960s, 1970s, 1980s, and 1990s. Results: The prevalence of very severe physical violence against children was lower in the recent files than in the older files. Spanking and other minor violence acts were noted more often than in the older files. In the 1960s files, the parents talked still rather openly about the physical punishments they used in child rearing. In spite of the growing attention for and increasing concern about child abuse among professionals, judicial child protection workers intervened less harshly in recent cases of physical child abuse than in the 1960s. Conclusion: The decrease in severe physical child abuse may indicate that physical child abuse is actually becoming a less serious problem in the Dutch judicial child protection system. But that may not be the case because of the increased reluctance of parents to report and changes in intervention practices. Other than expected, the growing sensibility for child abuse did not mean more effective control by judicial child protection workers. Possible reasons for these changes are discussed, including the strengthening of the position of perpetrators in law proceedings and the emancipation of children and women in society.


Research on racism as a harmful determinant of population health is in its infancy. Explicitly naming a long-standing problem long recognized by those
affected, this work has the potential to galvanize inquiry and action, much as the 1962 publication of the Kempe et al. scientific article on the "battered child syndrome" dramatically increased attention to-and prompted new research on-the myriad consequences of child abuse, a known yet neglected social phenomenon. To further work on connections between racism and health, the author addresses 3 interrelated issues: (1) links between racism, biology, and health; (2) methodological controversies over how to study the impact of racism on health; and (3) debates over whether racism or class underlies racial/ethnic disparities in health.


Both the Children Act 1989 and the Human Rights Act 1998 support the principle that children should remain within their birth families wherever possible and that this option must be considered when children are unable to live with their parents. Where parental substance misuse is an issue, family placements, whether formally or informally arranged, are increasingly being used and the support of grandparents, in particular, has been identified as a significant protective factor for children. This paper examines some of the issues that can arise with such placements, particularly in view of the part that substance misuse may play within the wider family system, the impact of parental drug and alcohol use on attachment and child development, and the complex dynamics that can ensue. Drawing on themes emerging from parental substance misuse literature and kinship care research, some practice dilemmas will be explored. While acknowledging the complex aetiology of substance misuse and the dangers of pathologizing family systems in which it is found, some hypotheses about potential risks and challenges will be debated. It will be argued that, although such placements can often provide children with a safe haven, they may demand a specific type of support and monitoring, if children's welfare is to be safeguarded.


This paper provides a brief review of child welfare issues identified by a Canadian Task Force convened for the 1979 Year of the Child. Project experience with the use of Looking After Children is linked to the issues identified in 1979. A fairly extensive discussion of legal considerations is presented to provide a context for the challenge of influencing policy. Finally, the possibility of influencing policy from a grass roots approach that can transcend jurisdictional boundaries is presented as offering hope for change in a child-centred direction.

The purpose of this article is to understand the concept of child abuse in Chinese community in Canada, and to discuss the implications for child protection practice in Canada of this concept.


Children's protection from violence, exploitation, and abuse is weak in much of the world, despite near universal ratification of the Convention on the Rights of the Child. Often, improved legislation is not accompanied by significant changes in state or private practices and capacity. The types of programmatic response supported have tended to be curative rather than preventative in nature, addressing symptoms rather than underlying systems that have failed to protect children. This article proposes a conceptual framework for programming, identifying elements key to protecting children in any environment as well as the factors that strengthen or undermine the protection available. Using this shared platform for analysis, human rights and development actors can bring greater coherence to activities that strengthen child protection.


Children, as minors in law, have neither autonomy nor the right to make choices or decisions on their own behalf. Instead, responsibility for such decisions and for the welfare of children has traditionally been vested with those adults who care for them. It has always been presumed not only that adults are better placed than children to exercise responsibility for decision making, but also that in so doing they will act in children's best interests. In addition this presumption has been established as a legal obligation on the courts, which for many years have been required to give paramountcy to the welfare of the child in making decisions concerning their day-to-day lives (1989 Children Act). This model of adult-child relationships constructs children as the passive recipients of adult protection and good will, lacking the competence to exercise responsibility for their own lives.


An exploratory survey of 68 youth protection services' workers in Montréal, who followed 1,030 children reveals that 39% of these children have at least one parent who suffer from mental health problems. Among these parents, 48% of mothers and 30% of fathers have a personality disorder, and for the majority, a borderline personality disorder. This mental health problem is preoccupying for youth protection workers because of its high prevalence, its impact on children and case workers and the difficulties brought forth by having to intervene in a
context of authority and within an organization not adapted to the management of this mental health problem. Some intervention’s guidelines to work with these parents are presented as well as some challenges and future perspectives.


The maltreating mothers of abused and neglected infants and toddlers were evaluated as part of an intensive intervention program. The purpose of this study was to examine cumulative risk versus specific risk factors that led to permanent loss of custody by mothers, predicated upon decisions by the Juvenile Court with regard to permanency planning. The following risk factors were analyzed as potential predictors of placement outcomes: maternal education, maternal history of abuse as a child, history of psychiatric difficulties, substance-abuse history, conviction history (excluding child-abuse charges), depressive symptomatology, degree of partner violence experienced, and cumulative number of risks the mother experienced. Results indicated that mothers who lost custody had significantly more risk factors than those who were reunified with their children. Cumulative risk was a stronger predictor than specific risk factors. Implications for intervention are discussed.


When children in foster care are reunified with their families of origin they encounter changes that may influence their well-being in both positive and negative ways. We examined the effects of reunification among 218 children in foster care to test an integrative model of the effects of reunification using structural equation modeling. We hypothesized that reunification would exert indirect effects on subsequent child adjustment via changes in adverse life events, perceived social isolation, and mental health service utilization. Results indicated no direct effect of reunification on subsequent internalizing problems, but reunification was related to increased adverse life events that, in turn, were related to elevated symptoms. Second, reunification was negatively associated with mental health service use. Finally, reunification was associated with decreased child perceptions of social isolation. In summary, reunification with biological parents is associated with multiple environmental changes, with most but not all effects indicating negative consequences.

The aim of this descriptive study was to compare the report profiles of Caucasian, Aboriginal, and other visible minority children whose cases were assessed by child protective services in Canada. The results show that children of Aboriginal ancestry and from visible minority groups are selected for investigation by child protective services 1.77 times more frequently than are children in the general population. Physical abuse is reported and substantiated more often for Asian children, whereas neglect is chiefly an issue with Aboriginal and black children. Child vulnerability factors and parental and housing risk factors alone cannot explain the higher substantiation percentages, except for Aboriginal children, for whom the risks are higher than for the other groups. The individual and family profiles of Asian and black children appear to be significantly less of a burden than those of Aboriginals and Caucasians. These results may reflect a certain degree of racial bias in the identification and reporting of maltreatment cases to child protective services and in decisions about the substantiation of maltreatment.


Recognizing and reporting child physical abuse: a survey of primary healthcare professionals. Aim: This paper reports a study of the self-reported ability and behaviours of primary healthcare professionals in Northern Ireland to recognise child physical abuse. A secondary aim was to assess the educational and training needs of these professionals. Background: In the United Kingdom, 7% of children suffer serious physical abuse by a parent or carer, and two children aged under 15 years die from abuse each week. Recognizing child physical abuse depends on the knowledge and skills of a variety of healthcare professionals. Methods: A stratified random sample of 979 nurses, doctors, and dentists working in primary care in Northern Ireland were sent a postal questionnaire; 419 responded, giving a 43% response rate. The data were collected in 2002-2003. Findings: In their working lives 60% (251) said that they had seen a suspicious child physical abuse case; however, only 47% (201) had reported a suspicious case to the authorities, leaving a 13% gap in reporting. Although 74% (310) of respondents were aware of some of the mechanisms for reporting child physical abuse, 79% (332) requested further education on this topic. Ability to recognize and willingness to report abuse cases discriminated between the three professional groups. Compared with doctors or dentists, community nurses were statistically significantly more likely to recognize and report suspicions of child physical abuse, and were the group most aware of child abuse issues and the most willing to become involved in abuse cases. Conclusions: The findings suggest that professional fears and anxieties and lack of knowledge act as barriers to recognizing and reporting abuse and that more specific education and support for primary care professionals is required.

The co-occurrence of adult domestic violence and child physical abuse has been well documented. Although collaboration between domestic violence and child protection services has been the focus of new efforts for better serving women experiencing domestic violence and their children, there is limited information about the types of families experiencing intimate partner violence who are involved in child protection services. This article explores the distinguishing characteristics of families experiencing adult domestic violence (DV) that are involved in child protection services (CPS) in comparison with families that experience DV but are not involved in CPS. Using data from a four-city anonymous telephone survey, this study examined the participation of 107 women who utilized domestic violence services. Roughly one-third (29.9%) of those receiving DV services in this sample were also involved with the CPS system. While those families involved with CPS did not differ in most ways from the other families, they did differ regarding the biological relationship of the child to the adult male perpetrator of DV. Families in the sample in which the perpetrator of DV was the biological father of the child were less likely to be involved in CPS than when the perpetrator of DV was not the biological father of the child. These findings point to a need for greater awareness of the risk biological fathers pose to their children.


The extent to which young people are involved in legal decision-making depends on assumptions and perceptions about their ability to participate in decision-making in general. This paper draws on research with four young people, looking at their experiences of involvement in a variety of decision-making processes whilst in the care of the local authority. Through narratives, games and other activities, the thoughts and emotions of the four young people are explored, identifying the development of feelings of helplessness, low self-esteem and poor confidence that have followed the lack of opportunities made available to them to make decisions about their own lives. The efficacy and tension of corporate parenting is also explored with suggestions from the participants on how the care system could be constructed differently to facilitate their voice and that of much younger children than themselves. Thus, the debate becomes one of adult ability and preparedness to involve young people in decisions about their own lives, rather than whether they are able to participate effectively.

Currently, there is no explicit requirement for qualifying level social workers to be skilled in communicating with children. In a recent Knowledge Review, we argued that practitioners should have a basic level of competence in such skill at the point of qualification. If that argument is accepted then how this should be acquired within the qualifying social work curriculum needs consideration. The authors present a framework for understanding those components of skilled communication with children that should be included in the qualifying curriculum. A whole programme approach to curriculum development will be outlined which, we suggest, might enable students to develop the knowledge, capabilities and values required for skilled practice in this area.


Objective: The purpose of this longitudinal study was to examine the relationship between several proposed protective factors and trauma symptoms among highly vulnerable youth in the child welfare system. Methods: Participants were 142 youth identified with a sexual behavior problem and their caregivers. Two waves of data were collected for each participant an average of 18 months apart. Foster parents reported on perceived level of support from the child welfare agency, youth involvement in club activities, and perception of youths' interpersonal and emotional competence. Youth provided self-reports of their sexual and physical abuse experiences, trauma symptoms at both time 1 and time 2, and ratings of parenting practices. Results: Youth with higher rates of sexual abuse showed more negative affect and higher levels of sexual and non-sexual rumination at time 2, controlling for time 1 scores. Boys and youth who experienced better parenting practices displayed lower negative affect. Youth with higher levels of emotional and interpersonal competence showed lower levels of non-sexual rumination. Moderation analyses revealed that youth with more significant sexual abuse histories whose foster parents did not feel supported by their child welfare caseworkers had higher levels of sexually ruminative thoughts. Finally, the results revealed that only youth without sexual abuse histories experienced the benefits of club involvement in terms of lower sexual rumination scores. Conclusions: This study demonstrated that youth with significant vulnerabilities can still exhibit a degree of protection from trauma symptomatology in the presence of a wide range of personal and social variables. These findings support the efforts of stakeholders to promote strengths at the level of the individual, family, and broader social network and community.

The importance of risk assessment is juxtaposed with the lack of empirical support regarding the validity of risk inventories. This study compared risk ratings of one risk assessment tool to decisions made by case managers. The researchers sampled 450 children and compared predictive utility of risk assessment to child protection decisions. Risk assessment was consistent with clinical judgment in 74% to 81% of cases, more than previously reported in studies of risk assessment validity. Further analyses identified discriminate functions at the instrument's category and individual-item levels. The results have implications for the validity of the instrument and its utility in child welfare.


Jeremy is 17 and has lived on the street for 3 years. He visits the emergency department for the fifth time in the past month reporting chest pain: "My heart's jumping out of my chest. Think I'm having a heart attack or something." He further reports symptoms of anxiety and panic attacks. He admits to using cannabis daily, and cocaine and ecstasy several times a week. The emergency physician takes a few minutes to ask Jeremy about his health concerns. Jeremy says he wants "to know that I'm not crazy." The physician wonders why Jeremy has not visited the substance abuse treatment agency he has been referred to and subsequently allays his fear that he will be "locked up" if he goes for treatment. With Jeremy's permission, the physician leaves a message for a worker at the street youth centre where Jeremy often hangs out. The following week, the worker accompanies Jeremy for an assessment at the treatment agency and to an appointment to see a psychiatrist. With support from the youth centre, Jeremy applies to stay at a group home to stabilize his living situation while he seeks treatment. Drug and alcohol use is common among young people. Health Canada's Youth Smoking Survey 2004-20051 of Canadian youth in grades 5-9 indicated that the mean age for first use of alcohol was just over 11 years. The survey indicated that, among grade 7-9 students (ages 12-14), 12.6 years was the mean age for first use of cannabis, and that 12.5% of these students reported ever using a substance other than alcohol, tobacco or cannabis. Substance use and abuse are associated with short- and long-term health and psychosocial risks. Therefore, it is imperative for workers in health care and other professions involved with youth (e.g., education, child protection, legal) to understand the prevalence of youth substance use and abuse, the associated morbidities and, most importantly, effective strategies for identification and intervention. Many health care practitioners do not routinely screen adolescents for substance use and associated risk factors. A number of screening tools are available, from the general assessment tools such as the HEADSS assessment (a mnemonic that forms the basis for a psychosocial assessment) 12 and GAPS (Guidelines for Adolescent Prevention Services),13 to more specific tools for alcohol and substance abuse such as AUDIT3 (Box 1) and CRAFFT4 (Box 2), both of which have been validated for use with
adolescents. A score of 2 or higher on the CRAFFT scale identifies a problem with substance use (sensitivity 76%, specificity 94% as compared with a structured psychiatric diagnostic interview).


This article presents the results of a qualitative analysis on strategies to encourage innovative collaborative practices, and the difficulties these pose, among various groups of practitioners involved with families experiencing domestic violence and child maltreatment simultaneously. The sociology of innovation provides the theoretical framework of this study. Semi-structured interviews were conducted with 71 practitioners in the fields of domestic violence and child protection. Among the issues raised during the interviews were questions about the day-to-day legal and material operations of organizations, concerns about power plays among various groups of actors, and suggestions to re-examine the perspective from which practitioners envisage the problem and develop solutions. Proposed strategies include: learning to know the other actors better, identifying effective communication mechanisms, involving family members and ensuring their interests are a priority, focussing on the common interests of all the actors, adopting attitudes allowing for the reduction of inequalities of power, and sensitizing practitioners more to this dual problem.


While suspicion of child abuse leads many primary care physicians to report the case, other factors also come into play. Primary care clinicians do not report about one 1 in 4 cases of suspected physical child abuse, because they either distrust local child protective services or think they can intervene more effectively by other means, according to studies published in the August and September Pediatrics.


This paper presents results of a survey on legislation regarding female genital mutilation in 15 European member states, as well as the results of a comparative analysis of the implementation of these laws in Belgium, France, Spain, Sweden and the UK. The research showed that although both criminal laws and child protection laws are implemented a number of difficulties with the implementation of these laws remain. The article suggests that efforts should primarily focus on child protection measures, but also on developing implementation strategies for
criminal laws, and concludes with suggestions to overcome the obstructing factors to implement laws applicable to FGM in Europe.


Objectives: This exploratory study examines the delivery of child protection services by county child protection agencies involving cases with a family member with a disability. Method: Telephone surveys were conducted with the directors or their designees of 89% of the child protection agencies in a Midwestern state. Respondents were asked about the policies and/or procedures for approaching cases involving a person with a disability and the barriers and strengths agencies have in serving people with disabilities. Results: Only 6.7% of respondents reported their agency had a written policy related to serving persons with a disability. There were 18 different approaches to serving clients with a disability within child protection, with the most common being informally teaming for information, dual case assignment, and teaming with an outside consultant. Five counties had specialty workers who were experts in both child protection and disability. Barriers reported varied between rural and non-rural counties, with the most important barriers being lack of resources, lack of knowledge regarding disabilities, systems conflicts, and rural issues, such as lack of providers and lack of transportation. Strengths included accessing and coordinating services, individualizing services, good collaboration and creativity. Conclusion: While few county agencies had any written policies, both formal and informal collaboration is happening at the individual level. The lack of standardization in providing services indicates a need for more attention to issues regarding disability within child protection, including more training for workers, the development of models of collaborative case management and the removal of systemic barriers.


Objective: Cultural and familial ties are crucial for the overall well-being of children. Extant research and permanency planning practices support the reunification of children with their families when possible. In 1978, the Indian Child Welfare Act (ICWA) was enacted to promote cultural and familial preservation for Indian children, but sparse empirical research has examined the implementation and outcomes associated with this landmark legislation. This article examines the relationship between compliance with ICWA in one Southwestern state and the rate of reunification of Indian children with family or tribal members following out-of-home placement. Method: Public child protection records were reviewed for 49 ICWA-eligible children who were placed in alternate care. Data were collected on compliance with placement type, use of qualified expert witnesses, and incorporation of Indian culture and resources.
Additionally, 78 state caseworkers and 16 tribal workers were surveyed regarding knowledge and attitudes about three areas of compliance. Results: Case record reviews indicated that the majority (83%) of Indian children were placed according to preferences outlined by ICWA. Almost all cases included a court finding that active efforts were applied to prevent family breakup. While state workers reported limited understanding of many ICWA’s requirements, both state and tribal workers reported a high level of state-tribal cooperation in working with Indian families and children. Conclusions: Results of this study point to two major patterns of findings: (1) individual case record reviews suggest compliance with ICWA; and (2) differences exist in knowledge and perceptions of ICWA by state and tribal workers. Furthermore, state child protection systems should follow the American Indian lead in further emphasizing cultural and familial ties for children. Highlighting such ties acknowledges the importance of reunification and cultural and familial preservation to enable children to have a clear sense of tradition and belonging. Evidence indicates that compliance with ICWA promotes better outcomes through reunification.


Sibling unity during family transitions is considered a protective factor for child behavior problems, but there is little empirical support for the widespread child protection policy of placing siblings together in foster care. In a prospective study of 156 maltreated children, siblings were classified in 1 of 3 placement groups: continuously together (n = 110), continuously apart (n = 22), and disrupted placement (siblings placed together were separated; n = 24). Changes in child adjustment as a function of sibling relationship and placement group were examined. Sibling positivity predicted lower child problems at follow-up (about 14 months later), while sibling negativity predicted higher child problems. Placement group did not affect child behavior problems at follow-up; however, compared to siblings in continuous placement (either together or apart), siblings in disrupted placement with high initial behavior problems were rated as having fewer problems at follow-up, while siblings in disrupted placement with low initial behavior problems were rated as having more problems at follow-up. These findings highlight the importance of considering relationships between siblings and the risk that one poses to another before early placement decisions are made.


After viewing a film of a mother hitting her son, a film not seen by the college student interviewers, children were misinformed about a detail (via exposure to a misleading question) as well as explicitly coached to disclose 3 false details. The
children were then interviewed by interviewers who had previously learned 1 of 3 different interviewing procedures: the Yuille Step-Wise Interview developed by J. C. Yuille, R. Hunter, R. Joffe, & J. Zapamiuk (1993); a doll play interview developed by Action for Child Protection Inc. (1994); or the Modified Structured Interview developed for this study. The Modified Structured Interview yielded more "where" information and was better at detecting if coaching had occurred. However, the interviewers were not very good at discriminating suggested versus coached versus correct witnessed information. The authors found that the deeper one digs for memories, the more one uncovers incorrect versus correct items. They concluded that although the Modified Structured Interview was superior to the techniques currently in use, cautions are necessary.


This paper discusses findings from a recently completed study of adolescent foster care, which included a detailed assessment of the parenting approaches and strategies used by the foster carers of adolescents in long-term placements. Sixty-eight foster carers were interviewed at two points in time. The first interview was conducted two months after the start of a new adolescent placement and the second after the placement had been continuing for a year, or at the point of disruption if this occurred earlier. The interview schedules were designed specifically for this study and were based upon well-established techniques developed in other studies of parenting. They enabled the researchers to make summary ratings for each carer on established dimensions of parenting such as control and discipline, responsiveness and the level of engagement with the child. The researchers assessed how these strategies changed and developed in relation to the young person's behaviour and whether these approaches influenced either the likelihood of placement disruption or the quality of the placement for the child. This paper describes the parenting strategies used by the foster carers, highlighting the areas of parenting that significantly affected the placement outcomes and the corresponding implications for policy and practice.


An overview of the parenting skills and strategies utilized by foster carers looking after adolescents was given in an earlier paper. This paper focuses specifically on the relationship between the behaviour of fostered adolescents and the quality of parenting provided by the carer. In particular, the paper considers the consequences of situations in which fostered young people have a detrimental impact on other children within the foster family, as this was an especially difficult situation for foster carers to manage. Similarly, foster carers appeared to find it difficult to maintain good parenting skills with young people who were at risk due to their own sexual behaviour although, conversely, caring for a young person
whose sexual behaviour put others at risk was connected with improved parenting. The quality of parenting provided by the foster carers was also influenced by the level of stress they were experiencing, with increased levels of stress leading to poorer parenting of the fostered adolescent.


The paper summarizes the evidence and provides definitions of risk, protective factors, resilience, coping strategies and need in the context of children in need. Definitions are offered for children in need and children’s services. The way in which individual interpretation can alter objective assessment of risk is explored. A method for recording evidence relevant to clinical practice on behalf of children in need is offered. Implications for policy and practice are discussed.


The accumulated knowledge on the development of children in residential settings covers a lot of ground but leaves a great deal unturned. The article summarises what is known about child development in the context of residential settings and concludes that there is little evidence to draw on to make clear recommendations about what types of children are likely to benefit from what types of residential settings. It maintains that, in the absence of evidence, policy and practice regarding residential care often has been guided by ideology. Residence has become a place of last resort for young people who cannot receive the support and/or safety they need from their own families or from foster families, or who pose a danger to others. The article calls for more rigorous evaluations of the impact of residence on child outcomes as well as concerted efforts to apply research evidence to policy and practice.


This article examines the experiences and views of child-protection social workers and managers in relation to the management of violence against child-protection social workers in a large county council’s Social Services Department. These findings demonstrate the importance of the role of managers and agency support systems in dealing with such matters. Questions are raised concerning the effects of interventions by child-protection professionals with resistant and threatening parent service-users, and challenges some of the assumptions underlying the current paradigm in child-protection work which demands an uncritical view that working in partnership with parents is always in the interests
of children, and is always possible. The findings suggest that in certain types of situations, workers’ effectiveness can be compromised when carrying out their roles in both supporting families and protecting children. They also illustrate the types of agency responses which professionals and managers find helpful and unhelpful in response to parental threats and aggression. In particular, the importance of supervision and support from managers is addressed, as are the implications of the findings for practice and agency support strategies for workers. The relevance of the findings are also set out within the context of the requirements placed upon individual practitioners and agencies which employ social workers by the General Social Care Council Codes of Conduct and Practice for Social Care Workers and their Employers.


This article examines the relationship between the causes and effects of fear in child protection social workers, and the effects of risk assessment and risk management policies on this area of work. The focus on risk assessment and risk management has become a major area of attention within practice, policy and management of child protection work in the UK in recent years. Concepts of risk as constructed by the media, government and the public are increasingly impacting upon professional practices. This article examines the basis and validity of risk assessments in the social professions field, and particularly within the child protection arena. The article goes on to examine the experiences of fear arising from the risk agenda, which affects frontline workers, managers and child protection agencies. This agenda arises from centrally produced risk assessment frameworks, alongside unrealistic expectations from central government of prediction of risk by the use of current risk assessment tools. Such controlling policies from central government can lead to fear and anxiety in social work professionals of not assessing and eliminating risk, as the government and their employing agencies are expecting them to do. The article also proposes that this risk agenda fails to address a key element in the assessment of risk - how social workers experience threats and stress in their work, and the pressures they can be subject to within it, particularly in relation to violence and threats from parent service users where their children are being investigated for possible child abuse.


Objective: The purpose of this study was to obtain sound prevalence and outcomes data on parents with disabilities and their children in statutory child protection proceedings. Method: The court files of all care and protection matters initiated by the statutory child protection authority and finalized in a 9-month
period (n=285) at two Children's Courts in NSW, Australia were reviewed. Results: Parents with disabilities featured in almost one-third of the cases (29.5%). Parental psychiatric disability was most prevalent at 21.8% followed by parental intellectual disability (mental retardation) at 8.8%. Significant associations were found between parental disability and court outcome with a disproportionately large number of children of parents with intellectual disability being made wards of the state. Conclusions: The findings demonstrate that parents with disabilities are significantly over-represented in statutory child protection proceedings and that the outcomes of these proceedings vary according to disability type.


Olmsted County Child & Family Services in Rochester, Minnesota, developed a family case conferencing approach in the juvenile court system involving children determined to be at high risk of maltreatment. This approach reflects the value of family involvement by privileging the knowledge and problem-solving capacities of family members joined by the presence and view of the professionals in their lives. The Parallel Protection Process (P3) is an alternative justice intervention that uses a family case planning conference (FCPC) as the forum to achieve a settlement agreement in the initial child protection matter before the court. The FCPC includes an option of family group decision making when there is need for more detailed decision making. Mediation is also an option in the event of a dispute between parties.


Child protection is one of the most high profile and challenging areas of social work, as well as one where children’s lives and family life are seen to be at stake. Vital as child protection work is, this book argues that there is a pressing need for change in the understanding and consequent organization of child protection in many English speaking countries. The authors present compelling evidence from around the globe demonstrating that systems across the Western world are failing children, families and social workers. They then set out a radical plan for reform: Providing an overview of contemporary child protection policies and practices across the English speaking world Presenting a clear and innovative theoretical framework for understanding the problems in the child protection system Developing an alternative, ethical framework which locates child protection in the broader context of effective and comprehensive support for children, young people and families at the neighbourhood and community levels Grounded in the recent and contemporary literature, research and scholarly inquiry, this book capitalises on the experiences and voices of children, young people, families and workers who are the most significant stakeholders in child
protection. It will be an essential read for those who work, research, teach or study in the area.


Adolescents in foster care experience complex health care needs and face multiple barriers in receiving the necessary and appropriate health care services. When the adolescent ages-out of foster care at 18 or 21 years-old they are expected to make a transition to independence with no financial resources, poor access to health care, few personal and family connections and little if any support from the foster care system. This places them at risk for poor physical and mental health status, poverty, unemployment, homelessness, and incarceration. No formalized system of transition planning has yet been established to meet the needs of adolescents before discharge from the foster care system.


Twenty years after survey evidence showed that UK social work students could complete their training without having learnt about or worked with children, new research suggests little has changed. There is still no guarantee that any student on qualification will have been taught about or assessed in communication skills with children and young people. This is despite the claim that the pre-registration award provides teaching and assessment in core generic skills as a foundation for the development of specialist practice roles in agencies. In fact, as this paper shows, a common understanding of what counts as effective communication with children has yet to be consolidated in social work practice and research. This has impeded the process of curriculum development. Divergent expectations about what counts as social work communication with children in a changing policy context may be exacerbating long-standing uncertainties about how genericism and specialism should be linked in professional education and training. In exploring these issues, this paper seeks to clear the way for the renewed effort that is now required if this aspect of curriculum development is to be effective.


Objective: This study uses results from a large community survey to examine the relationship between a history of child maltreatment and self-reports of contact with Child Protection Services (CPS). Methods: The Ontario Health Supplement was a province-wide, probability-based survey of household dwellings in the province of Ontario, Canada. A random sample of residents aged 15 and older
participated in the Ontario Health Supplement (N=9,953). A face-to-face interview included a question about contact with Child Protection Services (CPS), and the Child Maltreatment History Self-Report, a self-administered questionnaire, was used to assess history of child physical and sexual abuse. Results: Only a very small percentage of respondents with a history of child abuse reported contact with CPS; 5.1% of those with a history of physical abuse, and 8.7% of those with a history of sexual abuse. Contact with CPS was associated with younger age of respondent for both types of abuse and female gender for physical abuse. In the case of sexual abuse, younger respondents whose parental employment classification was in the lower socioeconomic group were more likely to have contact with CPS. Conclusions: Interventions that target only those who come in contact with CPS will not reach most persons exposed to child abuse.


Background: Recurrence of child maltreatment is a major problem, yet little is known about approaches to reduce this risk in families referred to child protection agencies. Since home visitation by nurses for disadvantaged first-time mothers has proven effective in prevention of child abuse and neglect, we aimed to investigate whether this approach might reduce recidivism. Methods: We enrolled in a randomised controlled trial 163 families with a history of one index child being exposed to physical abuse or neglect to compare standard treatment with a programme of home visitation by nurses in addition to standard treatment. The main outcome was recurrence of child physical abuse and neglect based on a standardised review of child protection records. Analysis was by intention to treat. Findings: At 3-years' follow-up, records were available for 160 of 163 (98%) families randomised. 139 (85%) completed follow-up. Recurrence of child physical abuse (31 [43%] in the control group vs 29 [33%] in the intervention group) and neglect (37 [51%] vs 41 [47%]) did not differ between groups. However, hospital records showed significantly higher recurrence of either physical abuse or neglect in the intervention group than in the control group (21 [24%] vs 8 [11%]). There were no differences between groups for the other secondary outcome measures. Interpretation: Despite the positive results of home visitation by nurses as an early prevention strategy, this visit-based strategy does not seem to be effective in prevention of recidivism of physical abuse and neglect in families associated with the child protection system. Much more effort needs to be directed towards prevention before a pattern of abuse or neglect is established in a family.

This study examined the effects of reporter and child characteristics on the identification and willingness to report child maltreatment among currently employed Child Protective Investigators. The subjects consisted of 150 Child Protective Investigators employed in seventeen different counties in North Central Florida. All participants completed a demographic questionnaire along with eight different vignettes depicting problematic parental behavior. The vignettes were presented in three different forms, Form A depicted the child victim as black, Form B as white, and Form C did not provide a description of the child's ethnicity. The participants were then asked to read each vignette and rate the information on a Likert scale of "seriousness" from 1 to 7, with "1" being not serious and "7" being very serious. After the respondents rated the seriousness of the scenario, they were then asked to indicate how they would tell the educator to respond by selecting one of three options: (1) no action, nothing needs to be done about the situation, (2) encourage the family to seek professional help, or (3) notify the child protection agency to investigate the situation. The research questions were analyzed using a one-way, between subjects analysis of variance, multiple regression, and logistic regression. Findings did not support that Child Protective Investigators rate scenarios of maltreatment differently based on the child's ethnicity. Partial support was found for reporter characteristics affecting the overall severity rating and willingness to report child maltreatment. More specifically, years in social services of the reporter was found to significantly predict the overall severity ratings given to several vignettes as well as willingness to report.


This selective review presents selected findings of outcome research on family foster care services that have been conducted in Australia, Italy, the United Kingdom, and the United States of America. It suggests directions for further study to improve the life chances for young people coming to the attention of the child welfare system. Especially needed is comparative cross-national research on the effectiveness of services for vulnerable groups in the child welfare population. Such research could contribute to the process of enhancing policies and practices in each country.


This article presents findings from ongoing research on interventions for violent and at-risk youth in Ontario through partnerships authorized under Canada's 2003 Youth Criminal Justice Act (YCJA). After briefly describing and theoretically situating the YCJA's "preventative partnership" (Garland 2000) strategy, we analyse an interview with a 16-year-old Ontario high school student (one of 85
interviews with female and male youth recruited through high schools, community agencies, youth advocacy networks, and correctional facilities between 2002 and 2006). In this interview, "Connie" describes her experiences with family and peer violence and her efforts to deal with these experiences through a range of escape and help-seeking behaviours. Drawing broadly upon governmentality discourses on advanced liberal governance, our analysis focuses on the ways in which victimization, running away, child protection involvement, criminal activity, and social exclusion are linked. We also discuss the promises and challenges of efforts to address the needs of youth caught up in this trajectory through community partnership strategies.


The aim of this paper is to show how a framework of relational ethics may be used in establishing trusting relationships with at-risk families. Public health nurses have historically carried out assessment and monitoring of parenting within the family home, particularly with at-risk families. In this role, they are placed in the position of simultaneously supporting and policing the family. A trusting relationship may be difficult to develop if parents feel threatened by the surveillance aspect of home visiting and the threat of action (such as removal of children) being taken against the family. Development of optimal trust relationships may be a challenge when families are experiencing powerlessness and oppression. The four themes of relational ethics - mutual respect, engaged interaction, embodiment and creating environment - provide a framework for developing trusting relationships with families. It is possible to have a moral and trusting relationship with at-risk families, but this needs to based on critical self-reflection by nurses and mutually respectful nurse-family relations.


The care of women and newborns with prenatal drug and alcohol exposure has been widely recognized as a significant health and social issue. There are wide variations in the values, beliefs, and knowledge regarding perinatal substance misuse in health and child welfare professionals and when contrasted to the field of sociology. Sociology and critical social theory provide an alternative to a traditional medical perspective by using a contextual lens through which to move beyond the "medicalization" of health and illness toward an understanding that considers the historical, political, and social interpretations of perinatal substance misuse. However, the medical and critical social perspectives are often seen as incommensurable. This discussion of the health issues related to perinatal substance misuse and the analysis from a critical social perspective are provided as an attempt to move communities away from rhetoric and toward development of effective, supportive interventions that meet the health and social needs of substance-using women and their children.

The legal discourse on child protection that is characterized by the normalization-moralization paradigm focuses more on society’s response to parental failure than on the predicament of the child. Findings from texts of legal discourse in Israel and in Holland portray an alliance between the respective legal systems and an epistemology of normality with regard to parenting that thereby turns normality into normalization. Both sets of texts are guided by an ontology of moral judgment that protects societal morale rather than the child. Morality is turned into moralization. To focus on the protection of the child, the article proposes a paradigm wherein the definition of morality is derived from concern for the other and relies on constructs that represent the evolving transaction between parent and child.


Emergency Protection Orders (Children Act 1989, ss.44-45B) permit the removal or retention of children for their protection for up to eight days and can be granted without notice to the parents or child. Using evidence from a three-year empirical study, this article explores the impact of the European Convention of Human Rights, articles 6 and 8, on decisions about these orders. Magistrates' Courts are now more reluctant to hear cases without notice to parents, but they shorten the period of notice. This precludes effective representation for parents or children. Where courts are unwilling to hear applications without notice, local authority child protection workers rely on the police to use their powers of police protection (Children Act 1989, s.46). In effect, formal compliance with article 6 undermines the rights of parents and children to participate in decisions about state intervention in the family.


In 2005, legislation commenced requiring Queensland nurses to make reports of suspected child abuse and neglect to government child protection authorities. This development further harmonised Australian mandatory reporting laws and their application to the nursing profession, although inconsistencies still exist between States and Territories. As indicated by research published in 2006, little is known about nurses and the reporting of child abuse and neglect. The legislative change in Queensland provided a new opportunity to study nurses' attitudes to reporting, knowledge of the legal reporting duty, and reporting practice, all of which provides much-needed evidence about the reporting of child
abuse and neglect, and about the laws themselves. This article describes results from a State-wide survey of Queensland nurses. Findings have implications for law reform, nursing practice, and nurses' training in child abuse and neglect reporting.


This article presents results of a study examining what happens to children when domestic violence is committed against their mothers. While many investigations have pointed to child exposure to violence in homes where women are battered, few have examined direct reports about what happens to children when adult domestic violence occurs. This study collected direct reports from mothers on real-life events and was designed to go beyond earlier research by eliciting information on a larger array of family and contextual factors that may account for variation in mother's and their children's direct and indirect exposure to violence within the same home. Anonymous telephone interviews with 111 battered mothers in four metropolitan areas across the United States elicited detailed information from women on the violence against them and their children. Findings confirm the seriousness of co-occurring mother and child exposure to violence. The research also revealed that women and children were often injured while trying to protect each other from the abuser. The article concludes by recommending further enhancing collaboration between child protection and battered women's services; augmenting prevention and early intervention services to families experiencing adult domestic violence; and focusing on protecting and increasing the safety of both children and their battered mothers.


This article explores the use of shaming mechanisms with sexual offenders, particularly those who offend against children. Shaming—a central concept in the broader theory of restorative justice—may be of two varieties. The first—‘disintegrative shaming’—characterizes the traditional retributive framework of justice and is evident in recent state-led and popular responses to the risk posed by released sexual offenders. Far from ensuring offender integration, the net result is often labeling, stigmatization, ostracism and a return to offending behaviour. The second—‘reintegrative shaming’—affirms the offender’s membership within law-abiding society. This has been used in several jurisdictions as the basis of restorative support and treatment networks for sexual offenders where the community works in partnership with state and voluntary agencies. Contrary to arguments put forward by critics of restorative justice, this article argues that such cases may be particularly suitable for a restorative approach.

The Child Abuse Recognition Experience Study (CARES) demonstrated that primary care physicians and nurse practitioners who treat injured children find the decision of whether to report suspected abuse difficult. This commentary briefly summarizes and responds to the papers presented at the Child Abuse Recognition, Research, and Education Translation (CARRET) Conference. The commentator traces her own changing views of child protective services as she became more involved in a multidisciplinary assessment team. Pediatricians are called on to advocate for more effective collaborations to better protect vulnerable maltreated children.


Child protection cases typically involve families struggling through socio-economic hardship. That said, in child protection practice there is a readiness to see the parent as the problem with parent reform or child removal as the preferred remedy. In this paper, the emergence and ongoing legitimacy of this child protection response is traced to the de-politicisation of social inequality.


Research on child protection practice has been concerned mainly with the problem of the maltreating parent. System philosophies and processes and the influences on these, while addressed by some authors, have not received the attention they deserve. Understanding the ways in which child protection practices are constructed offers insights into the equitable or otherwise application of these processes to different groups of parents within our communities. In the study reported here we examine how child protection workers make decisions about removing children and subsequently initiating court proceedings. By focusing our analysis on a particularly vulnerable group of parents, those with intellectual disability, we highlight the ways in which child protection workers carry out their legislative mandate to keep children safe.


We examined whether moving to a new home, having a baby, being arrested, or having a child who is suspended or expelled from school increases low-income parents’ (n=1137) risk of being investigated for child maltreatment. These events posed a significant risk for investigations that was not explained by parenting stress or material hardship. We hypothesize that caregivers on welfare and those
who experience major life events are investigated more often because they are more visible to those placing reports to the child protection system.


This dissertation introduces and tests the Etiology of Child Protection Involvement: The Life Event Perspective. According to the theory, low-income families who experience major life events are at risk of getting investigated by child protective services (CPS) and receiving a substantiated report. This is because the events increase stress, material hardship, or visibility to those who report child abuse and neglect. I examine whether moving to a new home, giving birth, losing a job, leaving public assistance, getting arrested, or having a child who gets suspended or expelled from school increases the risk that low-income predominately African American families in Illinois will get investigated and have a substantiated child maltreatment report. I find mixed support for the theory. I analyze survey and administrative data from the Illinois Families Study (n = 1,137) and interview 10 child protection officials from the Illinois Department of Children and Family Services. I find that housing moves, births, arrests, and school suspensions/expulsions increase a family's risk of being investigated when factors typically associated with CPS involvement are controlled. Additionally, life events increase the risk of an investigation even when they have not increased parenting stress or material hardship. According to the theory, this is because major life events attract the attention of abuse/neglect reporters, which is the basis of my visibility hypothesis. I also find that families who have left public assistance are less likely to get investigated regardless of their income and employment status, and families who have recently given birth are significantly more likely to have a substantiated abuse/neglect report. I interview CPS officials to explore what distinguishes unfounded cases from those that are substantiated. I find that life events play a minor role in abuse/neglect decisions. Furthermore, when allegations and evidence appear identical, subtle factors influence which cases are substantiated. I conclude that CPS policy and child protection officials help determine what constitutes child maltreatment. While most researchers have not included decision-making criteria when modeling who becomes involved with CPS, my findings provide evidence that we need to account for those factors to better understand which families are at highest risk.


This paper discusses findings from a small-scale study of the impact on child protection practice following implementation of the Children (Scotland) Act 1995. The Act introduced three new measures to allow the state to intervene in families to protect a child where there is a risk of significant harm. These include the child
protection order, the child assessment order and the exclusion order. The child protection order provides for the removal of a child to (or his or her retention in) a place of safety. In the first two years of the operation of the 1995 Act fewer applications were made for this order compared with similar provisions under the previous legislation. This reduction in applications appears to be related to unfamiliarity with new legislation; greater scrutiny resulting from the more formal application to the sheriff court; and the introduction of a new legal criterion for intervention, the presence or likelihood of 'significant harm'. The introduction of the 'no order' principle into Scottish child care law is also likely to be a factor.


This article addresses issues for child protection managers, such as hiring, program design, service evaluation, and policy development. It presents three frameworks for levels of organizational change: cultural sensitivity, which modifies existing services to better meet the needs of target populations; self-reflective cultural sensitivity, which calls for managers to be aware of personal and organizational cultural values; and cultural solidarity which acknowledges that organizational power is vested in managers, which can oppress clients.


No one can reasonably question that the pioneers in the modern child protection system acted with good intentions and even a certain measure of courage. For now, though, it is important to recognize that experience has shown that the assumptions that guided the enactment of mandatory reporting laws were largely erroneous.


In both popular and professional discourse, religious institutions are often perceived as sources of risk to children either as places where children are unusually vulnerable to abuse or as belief systems that sometimes result in mistreatment of children. However, religious institutions can be leading resources in the development of community-wide safety nets for children. In one such initiative (Strong Communities for Children, a large-scale initiative in the Upstate region of South Carolina), multiple indicators show that, even in an area dominated by theologically conservative churches, churches have been the sector most heavily engaged in protective action to strengthen families and thereby to prevent harm to children. Another faith-based project (Safe Families in Chicago) has shown the potential of similarly conceptualized support to ensure the safety of children in high-need situations.

As the US Advisory Board on Child Abuse and Neglect recognized in the early 1990s, the challenges posed by (a) the ongoing crisis in the child protection system and (b) the generational decline in social capital are intertwined. This issue of *Family and Community Health, 31.2*, discusses the conceptualization, implementation, and effects of Strong Communities for Children, the first large-scale application of the board's vision for a neighborhood-based child protection system. Having already demonstrated effectiveness in mobilizing large numbers of volunteers and organizations in diverse communities, Strong Communities has potential usefulness not only in promoting child safety but also in meeting other important goals for community health.


Historically, insufficient resources and assistance have been provided to young people leaving state care. Care leavers have been found to experience significant health, social and educational deficits including homelessness, disproportionate involvement in juvenile crime and prostitution, poor social supports and early parenthood. This paper compares the UK and Australian debates around improving outcomes for care leavers. Whilst there are some minor differences in the respective legislative frameworks and responses, the similarities are far greater. Both countries have failed to provide the range of in-care, transitional and post-care supports and services required to ensure improved outcomes for care leavers.


Can family group conferencing be leveraged to promote the democratic ideals of voice, freedom, justice, fairness, equality, and respect, and provide the citizenry with the opportunity to build a more just and civil society? This article reviews family group conferencing, and various model adaptations, from a democratic context and through the lens of responsive regulation.


Family Group Conferences (FGCs) are already used to make plans for vulnerable children in many areas and therefore are well known to many courts
and practitioners. However their use in cases where there are, or may be, court proceedings is likely to increase in the near future as a result of three key initiatives from central government: FGCs were recommended in the Review of Child Care Proceedings (DCA/DFES 2006) as an effective tool for exploring the possibility of safe placements for vulnerable children within their family network rather than them becoming looked after and/or being the subject of care proceedings; The White Paper, Care Matters: Time for Change (DFES 2007) subsequently echoed this view and announced a training programme to develop capacity for convening FGCs; and the draft Public Law Outline (2007) refers to the need to encourage the parties to use an alternative dispute resolution procedure which is likely to include the use of FGCs. Given these developments, it is important that Courts, local authorities, CAFCASS and the legal profession are all fully appraised of the nature and scope of FGCs, and how they can and cannot be used in practice so that appropriate referrals are made and realistic timescales are set. The purpose of this document, which has been developed by Family Rights Group in consultation with the FGC Network, is therefore to provide information and guidance to all those involved in court cases so that the FGCs are used as effectively as possible for vulnerable children, particularly those who are on the brink of the care system. The FGC Network is made up of local FGC projects in England and Wales and is facilitated by the charity Family Rights Group.


Kinship care is not a new phenomenon; a relative caring for children who cannot remain in the home of their biological parents has long been a community strategy utilized to preserve families [Hegar, R. L. (1999). The cultural roots of kinship. In R. L. Hegar & M. Scannapieco (Eds.), Kinship foster care (pp. 17–27). New York, NY: Oxford University Press]. Though there is a long and informal tradition of kinship care, the realization within child welfare that kin may be a valuable resource within the foster care system is relatively recent. Therefore, kinship care research does not match its utilization; indeed, it is only a very few studies that describe, from the child's perspective, the experience of living in the care of a relative [Brown, S., Cohon, D., & Wheeler, R. (2002). African American extended families and kinship care: How relevant is the foster care model to kinship care. Children and Youth Services Review, 24 (1/2), 53–77; Chipman, R., Wells, S. J., & Johnson, M. A. (2002). The meaning of quality in kinship foster care: Caregiver, child, and worker perspectives. Families in Society: The Journal of Contemporary Human Services, 508–521]. The aim of this research is to provide a descriptive analysis of kinship care from the child's perspective. Eight focus groups were conducted (n = 40) with children living with kinship caregivers; the topics of discussion centered around transitional issues, family relationships, the stigma of being in care, and the child's perceived stability of their placement.

Infants, children and young people enter out of home care in distressing circumstances. They have often suffered traumatic experiences and have had their primary relationships disrupted. They and their families and carers have specific mental health needs at this time but few have attended a mental health service. A systematic comprehensive therapeutic assessment approach is described for all child protection clients who entered out-of-home care for the first time in one calendar year. The work of the programme is described using both case study and assessment findings. More than 60 per cent of participants met criteria for a major psychiatric diagnosis, with Post Traumatic Stress and Adjustment Disorders being the most common diagnostic categories. Nearly three-quarters of participants over the age of 5 years scored in the borderline or abnormal range on the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997). There was an over-representation of infants less than 1 year of age and adolescents in the cohort, representing particular developmental challenges. The findings are discussed within the context of specific mental health service delivery to this vulnerable population of maltreated infants, children and young people.


Although recent initiatives in Australia have attempted to respond to the needs of children and young people with care responsibilities, many continue to be unable to access responsive supports. A qualitative, exploratory study was conducted to identify the current needs and barriers to services for young carers and their families in Canberra, Australia. This paper focuses on a range of family, service and systems level issues that impede young carers' access to services. The findings are based on semi-structured, face-to-face interviews conducted with 50 children and young people with care responsibilities. Purposive and snowballing sampling were used to recruit the sample. Peer researchers were involved in the development of the research parameters and conducted and analysed interviews. Young carers in this sample reported high levels of need but low levels of support provided formally and informally by their extended families and the service sector. Major barriers to support included reluctance within families to seek assistance for fear of child removal, negative intervention and increased scrutiny; the families' lack of awareness of available services; a lack of flexibility and responsiveness to the holistic needs of families; and a lack of service collaboration. The importance of recognising the specific needs of each member within the family unit was particularly highlighted as was the need for responsive and co-ordinated service supports.

Over the past three decades social researchers have increasingly engaged children in projects that explore their experiences, views and understandings. In this paper the authors share the observations of children involved in a project exploring family homelessness, particularly about what they think is important when conducting research with children and ways in which their views were implemented in the design and delivery of the project.


The adoption of multi-agency working is a key component of the government's agenda for the reconfiguration of children's services. This study examined multi-agency working from the perspective of social workers within an early-intervention family support team. Qualitative methods were used, involving individual interviews as well as focus groups with a total of 29 professionals within the early-intervention social work team and its partner agencies. Thematic analysis of transcripts showed a number of challenges to multi-agency working, which included issues focused on differences in partner agencies' protocols, as well as issues concerning professional status and identity. Messages for best practice that emerged stress the need for clear protocols and methods of negotiating and reviewing protocols; opportunities for informal as well as formal communication between workers; and adequate financial support and timetabling of service developments. Benefits of multi-agency working involved enhanced inter-agency respect and communication, greater understanding of child protection thresholds among partner agencies and fast-track referrals. Areas requiring further investigation include the blurring of professional boundaries for social workers delivering early-intervention services in community settings and the outcomes for children of multi-agency working in early-intervention services.


Practices vary and include sewing the labia together, clitoral tip removal, and total excision of clitoris and labia majora, sometimes with subsequent closure of wound edges (infibulation), leaving a small hole for menstrual and urinary flow. The WHO experts explain that psychological complications "include fear of having sexual intercourse, post-traumatic stress disorder, anxiety, and depression". Maria Gabriella De Vita, UNICEF child protection officer for gender and harmful practices, comments that "FGM/C may be considered a social convention which is enforced through a non-written system of rewards and punishments", similar to the dowry system or honour killing of women and girls.
This paper discusses findings from a recently completed study of adolescent foster care, which included a detailed assessment of the fostering skills and supports of carers and of the contact that adolescents had with parents, siblings and other family members during a long-term foster placement. Sixty-eight foster carers, young people and their social workers were interviewed at two points in time, 3 months after the start of a new foster placement and again at 12 months or at the point of disruption if this occurred earlier. Detailed questions about contact which were asked of foster carers, young people and their social workers enabled the researchers to make summary ratings about the quantity and the quality of contact and its effect on the young people and on their placements. This paper describes the contact the young people had with their families, its impact on them and on the foster families and how it changed over time. The findings revealed that contact for the majority of adolescents was problematic and had a significant impact on placement outcomes. Ways of managing contact are highlighted, and the corresponding implications for policy and practice discussed.


All too often child victims of abuse either remain silent or are not listened to when they do decide to speak of their experiences, but 'The Truth is Longer Than a Lie' gives abused children and young people a voice. This groundbreaking book reveals what young victims have to say about abuse and its effects on their lives; their views on the reasons for abuse; their opinions of abusers and non-offending parents; and how they felt about disclosing their experiences. Significantly, this book provides important insights into children's perceptions of the professionals who intervened - to protect them, to prosecute the abuser or to provide therapeutic counselling. The authors examine societal factors that increase children's vulnerability, and propose measures for preventing abuse. They outline the requirements of ethically sound research, including appropriate interviewing techniques, and conclude with recommendations for future research. 'The Truth is Longer Than a Lie' is invaluable reading for social workers, child protection workers, counsellors, legal professionals and anyone working with abused children.

The Department of Health is introducing a mandatory reporting system for adverse events in the NHS which will replace the statutory inquiries held when someone with a mental illness commits a homicide. This is part of a radical transformation in the way that errors and adverse outcomes are investigated and in the types of solutions that will be sought. Inquiries after homicides have typically investigated whether there was an error or omission by professionals involved in the care of the perpetrator that was causally significant. If human error is identified, then the inquiry team tends to see it as a sufficient explanation and the investigation ends. Experience in other fields has found that such limited investigations do not produce effective lessons for preventing future tragedies. It is necessary to regard human error as a symptom not a cause and ask why that person performed that action in those circumstances. In particular, one can examine the systemic factors acting on the professional and consider whether they made a mistake more likely. This article shows how radically different this change is and contrasts it with the current procedure of inquiries. It is argued that the new approach holds the promise of more effective learning but it requires major developments in research design. It also requires a fundamental cultural change in the NHS to a more open organization where errors or mistakes (the raw data of the system) can be reported without fear of retribution. The obstacles to achieving this are discussed.


Risk assessment instruments are increasingly used in child protection work. Users need to understand how accurate they are. Instruments can err in two ways: producing a false positive (where non-dangerous families are assessed as high risk) and a false negative (where a dangerous family is judged to be safe). The crucial question in practice is ‘if this family receives a high risk assessment score, how likely is this to be a true result?’ The calculation is usually presented in a mathematical way that people have difficulty in understanding. This article outlines an alternative method for understanding the accuracy of an instrument that is easier to understand intuitively and to apply in practice. The importance of knowing the levels of false positives and negatives is then discussed. The pressures on child protection agencies to avoid any mistakes can lead to defensive practice where it is tempting to place an unwarranted degree of confidence in the results of risk assessment instruments as a means of avoiding individual blame.


NO ABSTRACT

This paper argues for treating the task of improving the child protection services as a systems problem, and for adopting the system-focused approach to investigating errors that has been developed in areas of medicine and engineering where safety is a high priority. It outlines how this approach differs from the traditional way of examining errors and how it leads to different types of solutions. Traditional inquiries tend to stop once human error has been found whereas a systems approach treats human error as the starting point and examines the whole context in which the operator was working to see how this impacted on their ability to perform well. The article outlines some factors that seem particularly problematic and worthy of closer analysis in current child protection services. A better understanding of the factors that are adversely effecting practitioners' level of performance offers the potential for identifying more effective solutions. These typically take the form of modifying the tasks so that they make more realistic and feasible demands on human cognitive and emotional abilities.


A new systemic approach to investigating child abuse deaths is proposed, drawing on the lessons learned in engineering. Investigations have traditionally taken the approach of concluding once faults in professional practice are identified. Solutions take the form of trying to control erratic practitioners: psychological pressure to achieve higher standards, increasing formalization and guidelines to reduce the scope for individual fallibility, and stricter management surveillance. The inquiry into the death of Victoria Climbié fits this model. However, thirty years of such inquiries have not led to the expected improvement in professional practice. Indeed, the Climbié report describes several agencies operating at a very low level, and failing to implement the most basic elements of good practice. A similar history of failure in engineering has led to the development of a systems approach. Human error is taken as the starting point, not the conclusion, and the investigation tries to understand why the mistake was made, by studying interacting factors in the practitioners, the resources available and the organizational context. The way this approach could be adopted in child protection work is outlined.


Child protection work is being transformed by the introduction of information and communication technology (ICT) and other tools to improve frontline work. This article argues that current innovations are being developed without sufficient attention to understanding the needs of frontline workers. Taking the identification of child abuse as an example, the article shows how beginning with the question What tools do we need? produces radically different answers from the current proposed tools such as the Information Sharing and Assessment
database (ISA). The approach advocated here involves examining what aspects of the task frontline workers find difficult and identifying where they would most appreciate help. In relation to the problem of sharing information between professionals to ensure accurate assessment of risk, it is argued that the key problems do not lie in the technical process of sharing data but in professionals’ ability to collect the necessary information, to interpret it accurately and to communicate it clearly.


Emerging child welfare policies promoting preventive and early intervention services present a challenge to professional ethics, raising questions about how to balance respect for service users with concern for social justice. This article explains how the UK policy involves shifting the balance of power away from families towards state and professional decision making. The policy is predicated on sharing information between professionals to inform risk and need assessment and so poses a problem for the ethic of confidentiality in a helping relationship. This article examines the arguments for information sharing and questions whether the predicted benefits for children outweigh the cost of eroding family privacy and changing the nature of professional relationships with service users.


Munro and Calder look at the introduction of new policies for child protection in the UK. They argue that although the safeguarding agenda is intended to solve problems in the quality of interviewing and decision-making in the agencies involved as well as supporting families living in dire material circumstances, it fails because of the strong focus on preventive services and gives insufficient attention to the deficiencies in child protection and how they might be resolved.


This article demonstrates how England is in the process of introducing a mandatory reporting system, not based in the requirement to report child abuse but on the basis of ‘a cause for concern’ for a child’s welfare. It describes Section 12 of the Children Act 2004 which is fundamental to the development and the rationale upon which it is based. The second part of the article summarises the key criticisms that have been made of mandatory reporting systems and discusses how these are likely to apply in the English situation.

Objective: To assess the relationship between cumulative environmental risks and early intervention, parenting attitudes, potential for child abuse and child development in substance abusing mothers. Method: We studied 161 substance-abusing women, from a randomized longitudinal study of a home based early intervention, who had custody of their children through 18 months. The intervention group received weekly home visits in the first 6 months and biweekly visits from 6 to 18 months. Parenting stress and child abuse potential were assessed at 6 and 18 months postpartum. Children’s mental and motor development (Bayley MDI and PDI) and language development (REEL) were assessed at 6, 12, and 18 months postpartum. Ten maternal risk factors were assessed: maternal depression, domestic violence, nondomestic violence, family size, incarceration, no significant other in home, negative life events, psychiatric problems, homelessness, and severity of drug use. Level of risk was recoded into four categories (2 or less, 3, 4, and 5 or more), which had adequate cell sizes for repeated measures analysis. Data analysis: Repeated measures analyses were run to examine how level of risk and group (intervention or control) were related to parenting stress, child abuse potential, and children’s mental, motor and language development over time. Results: Parenting stress and child abuse potential were higher for women with five risks or more compared with women who had four or fewer risks; children’s mental, motor, and language development were not related to level of risk. Children in the intervention group had significantly higher scores on the PDI at 6 and 18 months (107.4 vs. 103.6 and 101.1 vs. 97.2) and had marginally better scores on the MDI at 6 and 12 months (107.7 vs. 104.2 and 103.6 vs. 100.1), compared to the control group. Conclusion: Compared to drug-abusing women with fewer than five risks, women with five or more risks found parenting more stressful and indicated greater inclination towards abusive and neglectful behavior, placing their infants at increased risk for poor parenting, abuse and neglect. Early home-based intervention in high-risk families may be beneficial to infant development.


Background: Children living in out-of-home care have high and frequently unidentified health needs. The Child Protection Unit at Sydney Children’s Hospital offers comprehensive health screening to children in care. Aims: To report the experience of the health screening clinic and the rates of identified health problems of children in care in this sample, and to compare these rates with the general child population and children in care overseas. Methods: Comprehensive multidisciplinary health screens were offered to children in out-of-home care. Results: High rates of physical, developmental and emotional health problems were identified. The rates of poor health were greater than the average child population of New South Wales, but similar to the rates of poor
health reported in children in care overseas. Conclusions: Children in care are a vulnerable group of the child population who experience unacceptable levels of poor health. Comprehensive health screens can help identify previously undetected health problems.


As formal systems for the protection of children have evolved in this country, certain barriers to achieving justice within the child protection system have emerged concomitantly. Specifically, these barriers involve ambiguous definitions of abuse and the appearance of social inequality and bias within the child protection system. One means of surmounting these barriers to justice is family group conferencing (FGC). Support for this assertion comes from the integration of the restorative justice model and procedural justice theory. When applied to the practice of FGCs in child protection, the integration of these theoretical perspectives provides a strong rationale for the use of FGC and a theoretical framework from which the outcomes and causal mechanisms of FGCs may be evaluated.


U.S. federal policies do not provide a universal social safety net of economic support for women during pregnancy or the immediate postpartum period but assume that employment and/or marriage will protect families from poverty. Yet even mothers with considerable human and marital capital may experience disruptions in employment, earnings, and family socioeconomic status postbirth. We use the National Survey of Families and Households to examine the economic resources that mothers with children ages 2 and younger receive postbirth, including employment, spouses, extended family and social network support, and public assistance. Results show that many new mothers receive resources postbirth. Marriage or postbirth employment does not protect new mothers and their families from poverty, but education, race, and the receipt of economic supports from social networks do.


Objective: The aim of this study is twofold: First, to investigate whether cognitive functions can contribute to differentiating neglected children with or without physical abuse compared to comparison participants; second, to demonstrate the detrimental impact of children being victimized by a combination of different types of maltreatment. Methodology: Seventy-nine children aged 6-12 years and currently receiving Child Protection Services because of one of two types of maltreatment (neglect with physical abuse, n = 56; neglect without physical
abuse, n = 28) were compared with a control group of 53 children matched for age, gender, and annual family income. The neuropsychological assessment focused on motor performance, attention, memory and learning, visual-motor integration, language, frontal/executive functions, and intelligence. Results: Discriminant analysis identified auditory attention and response set, and visual-motor integration (Function 1), and problem solving, abstraction, and planning (Function 2) as the two sets of variables that most distinguished the groups. Discriminant analysis predicted group membership in 80% of the cases. Children who were neglected with physical abuse showed cognitive deficits in auditory attention and response set, and visual-motor integration (Function 1) and problem solving, abstraction, and planning (Function 2). Children who were neglected without physical abuse differed from the control group in that they obtained lower scores in auditory attention and response set, and visual-motor integration (Function 1). Surprisingly, these same children demonstrated a greater capacity for problem solving, abstraction, and planning (Function 2) than the physically abused neglected and control children. Conclusion: The present study underscores the relevance of neuropsychology to maltreatment research. The results support the heterogeneity of cognitive deficits in children based on different types of maltreatment and the fact that neglect with physical abuse is more harmful than neglect alone.


In Western societies, national and international legislation and agreements are giving increasing support to the principle that children must be regarded as subjects, with the right to be in focus and to express their own views in the assessment process of social work. The empirical data in the present study, collected from more than 700 social workers through open-ended questions, and generated in a cross-national vignette study of child protection cases in Denmark, Germany, Sweden, Britain and Texas, are analysed within a conceptual framework of 'child visibility' and 'child view'. The results reveal a number of systematic patterns within and between the areas under study. The child is visible to different extents but also with varying emphasis across the countries. The possibility for the views of the child to be included in assessment processes differs due to the age of the child and across the countries.


Clients involved with child protection systems due to issues of neglect are known to have multiple needs. The issues that they confront are personal, situational, and social in nature. The emphasis on risk reduction in many jurisdictions within North America has meant that needs have been given less priority. The aim of the exploratory study was to gain a better understanding of both the nature of
needs and risks in cases of child neglect in Ontario, as well as the similarities and differences in the views of clients and child protection workers. It is posited that through the acquisition of knowledge in those areas, that improvements can be made in assessing and planning, in creating agreed upon expectations about the objectives of intervention, and in developing a better balance between the addressing of needs and risks. For the study, an instrument was designed to measure client perceptions of their problems and needs. It was compared with workers' perceptions of risk as contained in the risk assessment instrument completed by all child protection workers in Ontario. The Client Perception of Problems and Needs Scale was administered to 77 parents receiving services from Family and Children's Services of Renfrew County due to concerns about child neglect. The finding that participants felt their needs were greatest in dealing with issues of stress, child behaviour and mental health issues, and in coping with socio-economic disadvantage was congruent with the few studies that have been conducted on the perceptions of child protection clients about their needs and problems. The analysis of the risk assessment data provided evidence that reliance on risk reduction at the expense of needs-based approaches, is not warranted. Few similarities were found in the perceptions of clients and workers about the issues of greatest concern. However, it was surprising that few concerns emerged about the clients' living conditions, or the affective interaction between clients and their children. Finally, the study demonstrated that the participants were able to recognize their problems, used various coping strategies for dealing with them, and were able to articulate strengths and resources on which they relied.


Australia is seeing an unprecedented increase in the rate of child protection notifications and children being taken into care. The burden of such high levels of notifications and removals impact not only the children and families but also the system which is trying to resource them. The concern is that these increases are unsustainable and overloaded child protection systems can be dangerous for the vulnerable families and children they are trying to protect and support. This paper hopes to raise some alternative thinking as to the overall approaches to child abuse and neglect with a greater focus on prevention. Is it time to consider a public health approach, using population-based measures of child abuse and neglect to accurately describe the epidemiology of population risk and protective factors? Should we investigate the potential of universal health, welfare and education services as platforms for prevention? And should we investigate whether the provision of secondary prevention for vulnerable families which address major contributing factors, such as parental substance dependence and mental health issues are effective in reducing abuse of children in these families?

Objective: The aims of the study were to: determine the attitudes of parents, pediatric residents, and medical students from a Turkish population toward childhood disciplinary methods; ascertain the association of participants' abusive childhood history with their attitudes toward discipline; and assess their attitudes about disciplinary actions, which should be reported as abuse. Method: A cross-sectional survey was conducted in Ankara University School of Medicine, Department of Social Pediatrics. Sixty-five parents, 39 pediatric residents, and 106 medical students completed a questionnaire (Survey of Standards of Discipline). This questionnaire was designed to measure socio-demographic characteristics, attitudes toward childhood disciplinary practices, and abusive childhood experiences. There were 43 different disciplinary acts in this questionnaire. The participants were expected to give responses to these acts in three categories: (a) acceptable as discipline; (b) unacceptable as discipline; and (c) unacceptable as discipline--would report to authorities as child abuse. Based on the responses to this questionnaire, we developed the Severity Scale. Using this scale, physical severity scores, verbal severity scores, and total severity scores were measured for each participant. Results: None of the participants accepted life-threatening practices as discipline, but some declared certain abusive disciplinary practices as acceptable. Some forceful disciplinary methods were not considered as reportable by participants. All severity scores of both residents and students were found to be higher than those of the parents (for verbal severity scores p = .042). Also, both verbal and physical severity scores of parents with one child were higher than those of parents with two children (for verbal severity scores p = .044). Ninety-one participants (43.3%) indicated that beating was an acceptable form of discipline. Of parents, 66.9% reported abusive childhood history by their own criteria. Of medical students with an abusive childhood experience, 56.5% accepted beating as appropriate (p = .001). Both verbal and physical severity scores were found to be higher in participants with abusive childhood history. Conclusions: Abusive childhood history and lack of education regarding appropriate discipline techniques are linked to the acceptance of certain physical discipline practices. Turkey's cultural and traditional norms may be associated with the use of physical punishment, and in some cases, physical abuse. The lack of awareness of abusive discipline methods among physicians constitutes problems for child protection and must be addressed. Thus, educational programs on child disciplinary practices are required to provide an increased awareness of child abuse among health professional trainees and parents in Turkey.

One of the recurring topics in the history of sovereign nation-states is the way in which national identity, and social and cultural differences are dealt with politically. In the Netherlands, that has always had a strong tradition of social citizenship, the government has recently responded to plural nationhood and its problems by turning to new concepts of citizenship. In this article, it is argued that notions of citizenship are, in the end, used to reinforce Dutch sovereignty by creating and maintaining national cohesion. The underlying assumption in public policy is that a strong sense of national citizenship that replaces the old model of social citizenship is the only way to reconcile differences and safeguard peace in contemporary post-industrial society. Three Dutch policy sectors--integration, welfare and child protection--are examined to see how these concepts have taken shape in public policy.


Sixty-one parents, mainly mothers, in two mid-size Ontario (Canada) cities were interviewed about their experiences with Child Protective Services (CPS) agencies, one in each city. The interviewers took a semi-structured approach that focussed on learning about the challenges in the parents' daily lives (to be reported in a future paper), and their perceptions of CPS interventions. Four researchers, including the three authors, developed a coding scheme to analyze the interviews, using the qualitative software package QSR NUD*IST Vivo. The findings indicated that parents valued good referrals, concrete help, and emotional support, although the latter was mentioned by only a minority of parents. Their most negative experiences were: having their initial requests for help turned down; being accepted for service, but not receiving much help; being unfairly treated or harrassed; and being traumatized by the sudden, police-like removal of their children. The paper discusses how the context of these two agencies may have contributed to the findings: increasing poverty among families with children, and the effects of an ultra-conservative government, who introduced a legalistic, investigative agenda for CPS beginning in 1995. The paper discusses how workers and agencies could modify services to maximize the parents' positive experiences and minimize their negative experiences.


Modern child protection law demonstrates a tension between two competing approaches. The first emphasizes the importance of partnership with birth families in the protection of children. The second emphasizes the need for children to have security in alternative care arrangements when it is not safe for them to remain in their parents' care, with a particular focus on adoption. Increasingly, these two approaches are seen as poles on an ideological spectrum, and the pro-adoption approach is championed in the name of children’s rights. This article explores these issues through the experience in
New South Wales, Australia where a government proposal to promote adoption as the preferred option for permanency was defeated. The proposal was influenced by developments in America and Britain, and in particular, the Adoption and Safe Families Act 1997 (ASFA) (US). The arguments against the move were that adoption severs all ties with the birth family as a matter of law; that permanent arrangements can be made without adoption; that the pro-adoption stance is focused on the needs of very young children; that the pro-adoption stance may undermine child protection efforts by making it less likely that child abuse reports will be made; that adoption may leave the adopting parents without adequate supports and that the pro-adoption stance is insensitive to the history of the Aboriginal and Torres Strait Islander communities. While affirming the value of adoption as one option for permanency, this article explores the importance of children's rights to continuity of relationships with people significant to them in making arrangements for long-term alternate care.


The medical and psychosocial complexities involved in cases of Munchausen Syndrome by Proxy typically necessitate carefully organized interdisciplinary responses. The role of social work in the effectiveness of such responses is both crucial and historically under-considered in the existing literature. This article presents the historical and specific diagnostic components of this complex and perplexing condition, along with practice guidelines for clinical responses, with information relevant to child protection issues across multiple settings.


The publication of the Green Paper 'Every Child Matters' and the passage of the Children Act 2004 marks a significant shift in thinking about and organising of children's services in England. While the Government has presented the changes primarily as a response to the Laming Report into the death of Victoria Climbie, they are much more than this. The changes build on many of the ideas and policies the Government had been developing over a number of years, which emphasise the importance of intervening in children's lives at an early stage in order to prevent problems in later life. This paper critically analyses the assumptions which underpin the changes and argues that the relationships between parents, children, professionals and the state are being reconfigured as a result and that the priority given to the accumulation, monitoring and exchange of information takes on an increasing significance.

Parton critically assesses the latest developments in child protection thinking and practice, explaining how changes in philosophy and intervention have been informed by cultural, economic and political context.


Following the Children Act 2004 and the launch of the 'Every Child Matters: Change for Children' programme, England has embarked on the most ambitious changes in children's services for over a generation. While the government presented the changes as a response to the Laming Report into the death of Victoria Climbie, they are much more than this. They build on a number of ideas and policies that had been developed over a number of years, which emphasize the importance of intervening in children's lives at an early stage in order to prevent problems in later life. This paper provides a critical analysis of the assumptions that underpin the changes and argues that the relationships between parents, children, professionals, and the state, and their respective responsibilities, are being reconfigured as a result, and that the priority given to the accumulation, monitoring, and exchange of electronic information has taken on a central significance. What we are witnessing is the emergence of the 'preventive-surveillance' state, where the role of the state is becoming broader, more interventive, and regulatory at the same time.


Using a natural history model, this paper attempts to understand and explain why the problem of child abuse was recognized in Britain when it was and in the manner in which it was. It traces its development from the initial discovery in America. Particular emphasis is given to the work of the NSPCC battered child research unit, Sir Keith Joseph, the Tunbridge Wells Study Group and the media in contributing to the social reaction to the case of Maria Colwell, which established non-accidental injury as a major social problem in Britain. These developments have had implications for the changing role of the personal social services and may reflect broader changes in the control culture and the relationship between the state and the family.


Most healthcare attorneys will advise a client that "it is far better, in theory, to be faced with defending a civil action for reporting suspected abuse rather than the bleak alternative of defending a civil action . . . if a child is injured or killed as a result of failing to make a report of suspected child abuse" (Cox and Osowiecki 1998). Educators will find the charts, if used correctly, to be useful tools for
fulfilling their legal obligations under state and local laws for mandated reporters, under which all cases of suspected child abuse and neglect must be reported to the local governmental child protection agency.


Dozens of studies have examined how the press portrays crime. Most of these studies focus on some aspect of the criminal or the response to the event. Few have considered the portrayal of victims and even fewer have examined the way the media portrays older victims. To fill this void, this study examines (1) whether elder abuse coverage varies across newspapers and (2) how the extent of elder abuse coverage compares to child-abuse coverage. Results indicate that regional differences appear to exist and child abuse receives far more coverage than elder abuse. Implications are provided.


In the 1920s and 1930s, the young men who worked in welfare and child protection were among the first to negotiate professional environments in which women wielded considerable authority. This article uses their descriptions of encounters with clients to examine the ways in which these men understood manliness in such a context, and the kinds of anxieties they dramatized in their case files. It argues that many defined and defended a form of masculinity that continued to depend upon the subordination of women-identified as "naggers"- and the rigorous rescue of boys from effeminacy.


Much of the available data on Asian American families who become involved with the child welfare system relies on global ethnic categories, such as the category Asian/Pacific Islander. To explore the diversity of experience that is hidden by such categories, this article analyzes two years of child maltreatment referrals for Asian and Pacific Island families in Washington state. The study findings show that considerable variation exists within the Asian and Pacific Islander population with regard to child protection referrals. Although Asian Americans as a whole were less likely to be referred to child protective services than other groups, the within group picture that these data capture is considerably more complex. Some Asian/Pacific Islander ethnic groups, particularly those which have experienced higher levels of social and economic stress, were more at risk of child welfare involvement than other groups. Such findings underscore the need for child welfare policies and practice that are sensitive to the considerable variability within the Asian/Pacific Islander community. Much of the available data on
Asian American families who become involved with the child welfare system relies on global ethnic categories, such as the category Asian/Pacific Islander. To explore the diversity of experience that is hidden by such categories, this article analyzes two years of child maltreatment referrals for Asian and Pacific Islander families in Washington state. The study findings show that considerable variation exists within the Asian and Pacific Islander population with regard to child protection referrals. Although Asian Americans as a whole were less likely to be referred to child protective services than other groups, the within group picture that these data capture is considerably more complex. Some Asian/Pacific Islander ethnic groups, particularly those which have experienced higher levels of social and economic stress, were more at risk of child welfare involvement than other groups. Such findings underscore the need for child welfare policies and practice that are sensitive to the considerable variability within the Asian/Pacific Islander community.


This article considers the passage of the Children Act 2004 through Parliament. Drawing on recent debates in social science, particularly those concerned with informationalism, governance and cultural political economy, the article examines how welfare policies can be used as a vehicle for pursuing broader political goals. In particular, the development of information, retrieval and tracking systems (IRT) raise questions concerning the rapid growth in the use of instruments of surveillance. The aims of the article are, firstly, to analyse the use of surveillance as a mode of societal governance and, secondly, to illustrate how attempts to exercise governance take place through a particular discursive construction of children and their protection, a construction which presents the Children Act as a solution to some technical problems of information-sharing and inter-agency working in the service of children's welfare. The article argues that such a discursive construction is necessary in order to delegitimise and obscure key political questions of civil liberties and human rights that are raised by the Children Act.


A regulatory approach compels the child welfare worker to make decisions according to set procedures and prevents responding flexibly to families. Differential response is a way that child welfare is departing from legal formalism. One means is convening a family group conference (FGC) to develop a plan. John Braithwaite's regulatory pyramid assists in conceptualizing differential response. This article reports a factor analysis of data on achievement of FGC objectives to elaborate three interfaces for fostering responsive regulation. Each interface keeps the family group at the center of planning while firmly maintaining their connections with community and government programs.

Child welfare systems in the United States are failing to include families in making plans, and this reduces their success in stabilizing children's placements and promoting children's well-being. A North Carolina study demonstrates how one restorative practice—family group conferencing (FGC)—advances family participation in child welfare planning. A sample of 27 conferences showed that the 221 family group members outnumbered the 115 service providers at the meetings. Family group members were usually satisfied with the conference process and decision and saw the plans as primarily reached through consensus, following a trusted leader, and bargaining. Satisfaction with the decision was reduced when bargaining was employed. Manipulation was more likely to occur when conference preparations were inadequate.


To reach out to women from different backgrounds, the battered women's movement needs to place women and their informal supports at the center of a coordinated response. This article shares the views of domestic violence survivors, staff, and supporters on how to create such a coordinated and inclusive response, lays a conceptual foundation for a decision-making forum called safety conferencing, and sets forth guidance for its practice. Safety conferencing is proposed as one means of building the individual and collective strength to reshape connections, make sound choices, and promote the safety of women and children from diverse cultures.


Child welfare workers make critical judgments and decisions that affect the lives of children and their families entering the child protection system. Preventing maltreatment recurrence once in the system requires accurate judgment and decision making. Using a secondary data set from the Minnesota child welfare system provided a sample of 150 substantiated neglect cases. Maltreatment recurrence criteria included any substantiated maltreatment that occurred within 12 months of the initiation of case management services or within 12 months of closure of the child protection assessment when no services were provided. Social Judgment Theory provided the theoretical foundation to examine the quality of the judged need for protective services intervention as measured by maltreatment outcomes and influences of race of the child and economic status of the family in decision making. Modification of the Lens Model to accommodate
for an intervening variable provided a mechanism to study the cues (information) that influence child welfare workers’ judgments and decisions and the extent that these same cues correspond with maltreatment recurrence. Achievement correlations of $r_a = .068$ and $r_m = .313$ were found for the protective services judgment and maltreatment recurrence outcome. Protective services intervention is 3.4 times greater when housing or public assistance is present, increasing to 15.9 times when both poverty factors are present. Race of the child is not a factor for these decisions. Consideration of an intervening variable expanded the Lens Model as used in Social Judgment Theory. Application of this theoretical approach provided new understanding of the correspondence of child welfare workers’ judgments and decisions with maltreatment recurrence. Child welfare workers demonstrate modest accuracy in judgments and decisions regarding the need for protective services as measured by maltreatment recurrence outcomes and with consideration of service interventions completed. To a limited degree, service interventions appear to address factors that lead to the risk judgment and decision regarding the need for protective services. Although not associated with maltreatment recurrence, poverty factors highly influence child welfare workers judgments and decisions. This may signal child welfare workers’ attention to child well-being in addition to recurrence in their judgments and decisions.


The present study was designed to examine the factors that motivate or act as barriers to disclosure of substance use by pregnant women. Participants included 10 midwives and 10 pregnant women who attended two ante-natal clinics at an Australian maternity hospital. One clinic specialized in women who were substance users and one clinic was specifically for young women (under 19 years of age). Midwives and pregnant women were interviewed in-depth about disclosure of substance use. Interview transcripts were analyzed, and the results revealed six main themes: practice style, assessment of substance use, practice environment and privacy, child protection issues, health of the baby, and continuity of care. The findings are discussed in relation to recommendations for best practice in midwifery care when working with pregnant women who use substances. The women who use drugs and alcohol are no different to other women; they have the same dreams and hopes as anyone else. She wants a supportive partner, a home, a dog in the back yard, the happy family. They are no different to anyone else; they just have a lot more barriers getting in the way of achieving that.


Objective: The purpose of this study was to explore which of 17 categories of child maltreatment South Africans evaluated as most serious and to determine if
those working with abuse and neglect evaluated abuse and neglect differently from those who did not. Method: A revised version of Giovannoni and Becerra’s [Giovannoni, J., & Becerra, R. (1979). Defining child abuse. New York: The Free Press] questionnaire exploring the definition of abuse and neglect was completed by 181 residents of Cape Town, South Africa. The new form had 17 categories of child maltreatment, including 4 categories of societal abuse. Respondents were social workers (n = 57), human service workers (n = 42), laypersons (n = 65), and members of the child protection unit of the South African Police (n = 18). ANOVA was used to compare the groups’ responses. When significant differences among groups were found, a Bonferroni post hoc test was run to determine differences between groups. Results: The respondents ranked sexual abuse and child prostitution as most serious and housing and child labor as least serious of the 17 categories. There was a significant difference (p less than or equal to .01) between groups on nine categories. When post hoc tests were run, differences were found for eight categories with laypersons generally evaluating categories as significantly more serious than social workers. Conclusions: Reasons for the order of the rankings are discussed, but concern remains that differences in the evaluation of child maltreatment will lead to difficulty in implementing a protocol for identifying and responding to incidents of abuse and neglect.


Objective: This study compared perceptions of personal distress, interpersonal and marital problems, and aspects of family climate of maltreating fathers and mothers. Methods: Subjects were 2841 offenders (1918 of whom were fathers or father-figures) who were identified and treated by the USAF Family Advocacy Program between 1988 and 1996. Independent variables for the analysis were parent sex (mother vs. father) as well as type and severity of maltreatment, history of repeat offenses, and history of abuse in childhood. Results: Maltreating mothers were more distressed and reported more problems from individuals outside the family than maltreating fathers; fathers reported more rigid expectations for children, less cohesive families, and less organized families than did maltreating mothers. Regardless of parental sex, victimization in the family of origin was related to distress and unhappiness. Similarly, both victimization in the family of origin and history of repeated offenses were powerful predictors of a more negative family climate regardless of the offending parent's sex. No significant statistical interactions between parental sex and other independent variables were found when predicting personal and interpersonal distress, marital problems, or family climate. Conclusions: Studies rarely examine maltreating fathers except in the context of sexual abuse. Fewer still compare maltreating mothers and fathers. This study identified meaningful, though generally small, differences between maltreating mothers and fathers. Patterns suggest that maltreating mothers may tend to cope more poorly with personal distress,
whereas maltreating fathers tend to operate in a family climate that is both distant and rigid, while holding inappropriate expectations for children's behavior. The absence of interactions between parental sex and the other independent variables included in the analysis indicate that these patterns do not vary by the history of victimization in the family of origin, the type or severity of child maltreatment, or the history of prior maltreatment in the family.


British Columbia is in the midst of a child welfare crisis. One out of every five children in the province lives below the poverty line. Over 9,271 children are living in foster care, more than half of whom are Aboriginal. For generations the system has consistently failed children and their families in spite of legislative reform, internal reorganization and changing governments. In 1996 the Child Family and Community Services Act ("CFCSA") came into force, promising a new direction for child welfare in British Columbia. This forward thinking legislation promised a different style of service provision dedicated to supporting families to care for children in the home, improving services for Aboriginal families, using apprehension only as a last resort, and reunifying children as quickly as possible when temporary placement is necessary. This report examines whether child protection practices are living up to the principles set out in the CFCSA – the foundation of B.C.’s child protection system. Our conclusion is that current child protection practices in B.C. violate the guiding and service delivery principles that are set out in law. We find that the system, despite legislative reform, internal reorganization and changing governments, is failing to follow its own mandate and keep its promise to keep B.C.’s children safe.


This paper is based on a qualitative research study of social workers’ and parents’ experiences of attempts to refocus’ child protection practice in England since the late 1990s. A review of the research base for the refocusing initiative is presented, leading to an exploration of one of the key changes arising from the initiative: the move away from investigations in borderline’ cases towards less intrusive initial assessments. Methods involved qualitative interviews with parents and social workers in twenty-three cases drawn from two local authorities. The main conclusions are that initial assessments, as developed through the refocusing initiative and the Framework for the Assessment of Children in Need and their Families (Department of Health, 2000), provide a form of practice that offers benefits in terms of balancing child protection and child welfare approaches, and in terms of relationships with parents.

Using combined survey, administrative, and census data, household and community-level variables were analyzed to determine their relationships with the occurrence of child maltreatment reports among a sample of Illinois TANF recipients (n = 1091). Cox event history modeling revealed significant effects for recent prior CPS reports, number of children in the home, and respondent's report of domestic violence in the household. Subgroup analyses showed significantly lower levels of social and material support and protective effects of employment, household income, Black/African American race and Hispanic/Latino ethnicity among recently moved households. These findings indicate that low-income families who move may be subject to unique risk and protective factors for involvement with the child protection system, in addition to the risk factors noted for low-income families in general.


This paper outlines some of the limitations of the annual data reports on child protection registrations provided in England and Wales and reports the findings of a study into patterns of variation on child protection registers. Previous studies of variations on child protection registers have usually examined variations between particular categories of registration, or focused upon the aggregated numbers of children registered in local areas. Unlike the limited official data, this study examined the actual periods of time that children remained registered. It found that there were significant variations by gender, age and local authority, in the periods of time registered. The paper concludes by raising questions about the range and nature of information that might usefully be collected about children, the merits of integrating data-sets, and the uses to which such data might be put.


Child abuse or child maltreatment has been a worldwide concern. In China, however, it receives scant attention from both academic communities and government. Chinese society has little awareness of child abuse as it is known in the West and there are apparently different conceptions and treatments of the problem. This paper attempts to delineate how the problem is now understood and treated in Mainland China. The reasons why child abuse has not yet been recognized as a social problem worthy of public concern in China are explored. It is argued that as a signatory of the UN Convention on the Rights of the Child there is a need for the Chinese government, the academic community and professionals to reflect on their conception and treatment of child abuse so as to
achieve more effective child protection for all children who are victims of child abuse.


The authors make the important point that much greater emphasis is given to identifying physical abuse when considering the child protection implications in children with burns, than to identifying neglect.


The impact of exposure to domestic violence on children and young people: a review of the literature Holt, S., Buckley, H. & Whelan, S. (2008) Child Abuse & Neglect, 32, 797-810. Objective This article reviews the literature concerning the impact of exposure to domestic violence on the health and developmental well-being of children and young people. Impact is explored across four separate yet interrelated domains (domestic violence exposure and child abuse, impact on parental capacity, impact on child and adolescent development and exposure to additional adversities), with potential outcomes and key messages concerning best practice responses to children's needs highlighted. Method A comprehensive search of identified databases was conducted within an 11-year framework (1995-2006). This yielded a vast literature that was selectively organized and analysed according to the four domains identified above. Results This review finds that children and adolescents living with domestic violence are at increased risk of experiencing emotional, physical and sexual abuse, of developing emotional and behavioural problems and of increased exposure to the presence of other adversities in their lives. It also highlights a range of protective factors that can mitigate against this impact, in particular a strong relationship with and attachment to a caring adult, usually the mother. Conclusion Children and young people may be significantly affected by living with domestic violence, and impact can endure even after measures have been taken to secure their safety. It also concludes that there is rarely a direct causal pathway leading to a particular outcome and that children are active in constructing their own social world. Implications for interventions suggest that timely, appropriate and individually tailored responses need to build on the resilient blocks in the child's life. Practice implications This study illustrate the links between exposure to domestic violence, various forms of child abuse and other related adversities, concluding that such exposure may have a differential yet potentially deleterious impact for children and young people. From a resilient perspective this review also highlights range of protective factors that influence the extent of the impact of exposure and the subsequent outcomes for the child. This review advocates for a holistic and child-centred approach to service delivery, derived from an
informed assessment, designed to capture a picture of the individual child's experience and responsive to their individual needs.


Psychological abuse between parents: associations with child maltreatment from a population-based sample Chang, J. J., Theodore, A. D., Martin, S. L. & Runyan, D. K. (2008) Child Abuse & Neglect, 32, 819-829. Objective This study examined the association between partner psychological abuse and child maltreatment perpetration. Methods This cross-sectional study examined a population-based sample of mothers with children aged 0-17 years in North and South Carolina (n = 1149). Mothers were asked about the occurrence of potentially neglectful or abusive behaviours towards their children by either themselves or their husband/partner in the past year. Partner psychological abuse was categorized as no psychological abuse (reference), husband perpetrates, wife perpetrates or both perpetrates. Outcome measures for psychological and physical abuse of the child had four categories: no abuse (reference), mother perpetrates, father/father-figure perpetrates or both parents perpetrates, whereas child neglect was binary. Adjusted relative risk ratios (aRRRs), adjusted odds ratios and 95% confidence intervals (CIs) were estimated with regression models. A relative risk ratio was the ratio of odds ratios derived from multinomial logistic regression. Results Children were at the greatest risk of maltreatment when parents psychologically abused each other versus no abuse: the aRRR for child psychological abuse by the mother only was 16.13 (95% CI 5.11, 50.92) compared with no abuse, controlling for child age, gender, Medicaid welfare and mother's level of education. Both parents psychologically abuse each other versus no abuse also results in an aRRR of 14.57 (95% CI 3.85, 55.16) for child physical abuse by both parents compared with no abuse. When only the husband perpetrates towards the wife, the odds of child neglect was 5.29 times as much as families with no psychological abuse (95% CI 1.36, 20.62). Conclusions Partner psychological abuse was strongly related to child maltreatment. Children experienced a substantially increased risk of maltreatment when partner psychological abuse was present in the homes. Practice implications This study observed that intimate partner psychological abuse significantly increased risk of child maltreatment. Increased public awareness of partner psychological abuse is warranted. Primary prevention should include education about the seriousness of partner psychological abuse in families. Domestic violence and child welfare agencies must recognize the link between partner psychological abuse and child maltreatment and work together to develop effective screening for each of these problems.

The child welfare system remains one of the most important welfare institutions in regulating family life and meanings of gender. However, it has largely escaped sociological analysis. This article provides a framework for thinking about the meanings of state intervention in family life and describes the legal and procedural machinations of the system by providing an overview of the history of the system. In doing so, this article elucidates the complex and contradictory mandates the child-protective services system and its actors face and raises several questions or quandaries that remain under-explored and deserving of analytical attention.


Background: This paper discusses the recent debate on parenting by people with intellectual disabilities in the Netherlands. By and large this debate has been dominated by disastrous examples of child abuse and neglect in families where one or both parents have a disability. Feeding on horror stories the media have construed the issue as one of moral and legal constraint: should people with disabilities be allowed to have children? In view of this construal, many professionals in the field have rejected the debate as irrelevant. In their view the issue is about support, not about constraint. Aim: The national organization for self-advocacy in The Netherlands has claimed the right to parenting based on the principle of equal citizenship. This paper aims at (1) reconstructing and (2) evaluating the positions taken in the Dutch debate since its incipience in 2002, particularly with regard to this principle., Method: A philosophical reconstruction of how the moral principle of equal citizenship structured the Dutch debate on parenting by people with intellectual disabilities, in particular with regard to the nation of 'good enough parenting'., Conclusion: The analysis shows how the principle of equal citizenship guided research in The Netherlands and how it is crucial in criticizing negative responses that depend on stereotyping of people with intellectual disabilities as parents. It indicates how in at least two instances, these responses can be shown to constitute a case of discrimination against these people.


Sex work is an extremely dangerous profession. The use of harm-reduction principles can help to safeguard sex workers' lives in the same way that drug users have benefited from drug-use harm reduction. Sex workers are exposed to serious harms: drug use, disease, violence, discrimination, debt, criminalisation, and exploitation (child prostitution, trafficking for sex work, and exploitation of migrants). Successful and promising harm-reduction strategies are available: education, empowerment, prevention, care, occupational health and safety, decriminalisation of sex workers, and human-rights-based approaches. Successful interventions include peer education, training in condom-negotiating skills, safety tips for street-based sex workers, male and female condoms, the
prevention-care synergy, occupational health and safety guidelines for brothels, self-help organisations, and community-based child protection networks. Straightforward and achievable steps are available to improve the day-to-day lives of sex workers while they continue to work. Conceptualising and debating sex-work harm reduction as a new paradigm can hasten this process.


A substantial number of children in the United States suffer from mental health problems. These children enter into adulthood at a disadvantage and often continue to experience mental health problems as adults. Historically, much less attention has been paid to prevention of mental health problems than to treatment and rehabilitative services. In recent years, however, great strides have been made in developing and evaluating prevention interventions in the area of mental health. Nevertheless, the study of prevention still lags behind clinical treatment research in identifying and disseminating effective programs and interventions. The following article draws on the work of numerous prevention scholars to develop a conceptual framework of evidence-based prevention practice in the area of mental health. Suggestions for how researchers, policy makers, and service providers can contribute to the development of evidence-based prevention practice in mental health are considered., (C) 2007 by the American Psychological Association


Gender biases are pervasive in child welfare research and practice. Although these biases have been addressed to some extent in the literature, there continues to be a lack of information on fathers and an overrepresentation of information on mothers, and thus the biases continue. This article explores how these biases are currently manifested in both research and practice and makes recommendations for changes in research, policy, and practice.


Studies have found that certain racial groups, particularly the children of African American families, are placed in foster care at a higher rate than children of other races. These families are also sometimes found to be afforded fewer services that might prevent these removals, relative to families of other races. It is unclear why this is so. Poverty has been suspected, and sometimes found, to be the primary cause of the disparity. Lacking in some of these analyses, however, was how risk of future abuse/neglect to the child entered into the decisions and
particularly, how assumptions about race, poverty, and risk are factored into the decision-making process. It is important to understand this process if we are to find a way to correct it. The current study addresses this process.


Many child welfare systems are unable to effectively identify and address co-occurring domestic violence and child maltreatment. In response, the Dependency Court Intervention Program for Family Violence implemented a protocol to identify indicators of domestic violence in families involved with child protection proceedings. This article highlights data that demonstrate the ability of an outreach and screening process to identify adult victims of domestic violence in dependency court and to offer them appropriate intervention services. Many child welfare systems are unable to effectively identify and address co-occurring domestic violence and child maltreatment. In response, the Dependency Court Intervention Program for Family Violence implemented a protocol to identify indicators of domestic violence in families involved with child protection proceedings. This article highlights data that demonstrate the ability of an outreach and screening process to identify adult victims of domestic violence in dependency court and to offer them appropriate intervention services.


This paper traces the development of social care practice in relation to child witnesses of domestic violence. It suggests that this development has been dominated by subsuming the needs of these children into a child protection process. The paper outlines how this has led to significant (but often unclear) legal and policy initiatives which have failed, as yet, to be translated into practice. The paper argues that there are a number of important reasons why child witnesses of domestic violence should not always be assumed to need the response of a child protection system and that a future practice, legal and policy response should be based on a wider understanding of their needs.


Dr Rosalyn Proops, the college's child protection officer, admits that the report's findings shocked them. 'We knew that paediatricians are very distressed when a complaint is made,' she says, 'but the extent is even more overwhelming than we had anticipated.'

This quantitative study was conducted using a population of Child Protection Social Workers (CPSWs) and other staff at a relatively small Child Welfare agency in Eastern Ontario (Northumberland County). The participants (n = 29) completed four questionnaires aimed at gathering data regarding demographics, Ongoing Stressors, Critical Incidents, and Horowitz’s Impact of Events Scale (IES). The goal of the research was to add to the scant empirical data regarding stress and post-traumatic stress in CPSWs and Child Welfare organizations as a whole. The results indicated that 9 out of 11 front-line CPSWs were considered to be experiencing post-traumatic stress disorder based on their IES scores at the time of the testing. The study includes descriptive and correlational data for the participants.


This study investigated two questions. First the differences between the social networks call on to solve problems of at-risk and non at-risk mothers. Second, how the risk status and source of support influence the relation between the mothers’ social support and their parental practices. Self-report data about the sources and support satisfaction of the informal and formal networks, and the reported use of negligent, coercive and inductive practices were obtained from a sample of 481 mothers, 235 referred by the Social Services and 246 non-referred mothers. Results of discriminant analyses indicated that the social support for non at-risk families relied heavily on the partner and the school. For at-risk families, a supplementary network emerged, consisting of the social services, voluntary associations, neighbours, friends, police and the child protection agency. The relation between support satisfaction and child-rearing behaviour depended on the risk status and the source of support. Specifically, there were beneficial effects of satisfaction with grandparent and school support on positive and negative parental behavior no matter the risk status. There was also a beneficial effect of satisfaction with partner support on positive parental behavior. However, a detrimental effect of satisfaction with partner support as well as with aunt/uncle support and social services support was observed on negative parental behavior in the at-risk group.


This article critically analyzes how the criminal justice system centrally situates itself in an intervention program intended to protect victims of domestic abuse and stalking. Based on the first empirical, in-depth study in the Netherlands of an intervention program using electronic technology that is increasingly used in the United States, results indicate how the central role of the criminal justice actors can evoke a shift toward foregrounding prosecutorial interests. Drawing from a
critical theoretical understanding of the powers of law and the legal system, the
author argues that current tendencies toward criminalization in domestic violence
interventions can have an unintended violent impact for victims who are either
excluded from the program or are forced into a criminal justice regime that might
not be in their primary interest. In this study, women seem to actively navigate
the use of the criminal justice system to receive the protection they need.


Objective: The problems children have upon entering foster care can potentially
explain prior research findings that frequent placement changes are associated
with poor outcomes. This study sought to disentangle this cascading relationship
in order to identify the independent impact of placement stability on behavioral
outcomes downstream. Design/Methods: Placement stability over the first 18
months in out-of-home care for 729 children from the National Survey of Child
and Adolescent Well-being was categorized as early stability (stable placement
within 45 days), late stability (stable placement beyond 45 days), or unstable
(never achieving stability). Propensity scores predicting placement instability
based on baseline attributes were divided into risk categories and added to a
logistic regression model to examine the independent association between
placement stability and behavioral well-being using the Child Behavior Checklist
and temperament scores from the National Longitudinal Survey of Youth.

Results: Half (52%) of the children achieved early stability, 19% achieved later
stability, and 28% remained unstable. Early stabilizers were more likely to be
young, have normal baseline behavior, have no prior history with child welfare,
and have birth parents without mental health problems. After accounting for
baseline attributes, stability remained an important predictor of well-being at 18
months. Unstable children were more likely to have behavior problems than
children who achieved early stability across every level of risk for instability.
Among low-risk children, the probability of behavioral problems among early
stabilizers was 22%, compared to 36% among unstable children, showing a 63%
increase in behavior problems due to instability alone. Conclusions: Children in
foster care experience placement instability unrelated to their baseline problems,
and this instability has a significant impact on their behavioral well-being. This
finding would support the development of interventions that promote placement
stability as a means to improve outcomes among youth entering care.

of child physical abuse: developing an integrated parent-child cognitive-behavioral

This article reviews and summarizes the extant literature regarding child physical
abuse (CPA). Literature is summarized that describes the wide range of short-
and long-term effects of CPA on children as well as the documented
characteristics of parents/caregivers who engage in physically abusive parenting practices. Although the reviewed research documents that interventions geared only toward the parent have been found to produce significant improvements with respect to parenting abilities, parent-child interactions, and children's behavior problems, there is a paucity of research examining the efficacy of interventions developed specifically to target the child's emotional and behavioral difficulties. Based on the few studies that have shown emotional and behavioral gains for children who have participated in treatment, an integrated parent-child cognitive-behavioral therapy (CBT) approach is proposed here to address the complex issues presented by both parent and child in CPA cases. The direct participation of the child in treatment also may improve our ability to target posttraumatic stress disorder (PTSD), depressive symptoms as well as anger control and dysfunctional abuse attributions in the children themselves. Implications for practice, public policy, and research are also addressed.


Victoria Climbié was a West African child sent to Europe in the care of her aunt, Kouao. She died as a consequence of cruelty and neglect at the hands of her aunt and her aunt's boyfriend, Manning, in particularly extreme circumstances. A major inquiry by Lord Laming into the failings of the statutory services revealed widespread problems and made many recommendations to government. Drawing on the Victoria Climbié Inquiry Report, the paper aims to describe and understand Victoria's states of mind during her time in England. The report contains many clues to the meaning of what happened, but their significance for learning from the entire tragedy is missed. The paper explores why professionals found it impossible to see what was happening, despite the evidence being available. Both Victoria's states of mind and those of the professionals who came into contact with her are analysed in terms of defences against extreme mental pain. The importance of the right kind of training and organizational support being available for child protection staff is discussed.


Objectives: Substance exposed infants present a major challenge to child welfare and public health systems. Prenatal substance exposure and continued substance abuse in the home are associated with a wide range of adverse social, emotional, and developmental outcomes. The objective of the current study is to evaluate the use of recovery coaches in child welfare. Methods: The current study is longitudinal and utilizes an experimental design. The sample includes 931 substance abusing women enrolled in a Title IV-E Waiver Demonstration, 261 in the control group, and 670 in the experimental group. Women in the experimental group received traditional services plus the services of a recovery
Administrative records are used to indicate substance exposure at birth. Results: Of the 931 women enrolled in the waiver demonstration, 21% of the control group and 15% of the experimental group were associated with a subsequent substantiated allegation indicating substance exposure at birth. Cox proportional hazards modeling indicates that women in the experimental group were significantly less likely to be associated with a new substance exposed birth. Conclusions: The use of recovery coaches in child welfare significantly decreases the risk of substance exposure at birth. Integrated and comprehensive approaches are necessary for addressing the complex and co-occurring needs of families involved with child protection.


While it is widely accepted that the biological parent(s), the foster or adoptive parent(s) and the child all have a role in explaining child welfare outcomes, a fourth player—the caseworker—may have an equally influential role in effecting child outcomes. Caseworkers can influence the nature, amount, and quality of benefits and sanctions provided by their agencies, as well as the eligibility of clients for services, and can maneuver through the system in a way that has the most direct effect on clients. This paper investigates the role of caseworkers in determining outcomes in the child welfare system. We develop and test a variety of multi-level and multiple membership models to better understand the association between caseworker characteristics and child welfare outcomes. Specifically, we focus attention on the relationship between the number of caseworkers assigned to each child (i.e., turnover), the racial match between the child and the caseworker, and the role of graduate education (possession of an MSW)—on a child's length of stay in the child welfare system and family reunification.


Case decision making in child protective services typically occurs in stressful, complex environments fraught with uncertainties. Mistakes in judgment and decision making are inevitable under such difficult circumstances. Casework errors resulting from unrecognized risks sometimes lead to the serious injury or untimely death of a child whose caregivers have been the subject of investigation. While it is easy to blame individual caseworkers for poor decision making, it is increasingly recognized that errors are likely to result as much from problems with organizational processes, as individual misjudgments. This paper describes a project whose goals are to uncover decision errors in child protection investigations and trace their origins in cases where children have died during or after an investigation. Root cause analysis, the method chosen for examining
project cases, was originally designed to reveal multi-level factors contributing to negative outcomes in other high risk enterprises, such as chemical factory explosions, airline crashes, and failed military operations. To our knowledge, it has not been applied to the study of decision making in human services. An illustration of its use with a case example serves as a springboard for a discussion of the particular approach to analysis we chose, application issues, and implications for practice.


This study focuses on the impacts of serial transitions on externalized and internalized behavior disorders, anxiety, and depression among children in child protection services. The research was carried out with a sample of 741 children. The findings demonstrate that the number of times a family is blended is a stronger predictive factor for children's adjustment than is the family structure at the time of the interview. In predicting externalized and internalized behavior problems among children, however, the effect of family structure disappears in favor of the variables associated with family functioning and family climate.


This article deals with the problem of breakdown in different types of out-of-home care (foster care/residential care) for Swedish teenagers. How often are such placements prematurely terminated against the wishes and intentions of child welfare authorities? Which factors appear to increase or decrease the risk of placement breakdown? The sample consists of a national cohort of 776 youths who started 922 placements during 1991. Every placement was followed in municipal case files for a maximum period of five years., Between 30 and 37% of all placements were prematurely terminated, the exact figure depending on whether a narrow or wide definition of breakdown was applied. The lowest rates of breakdown were found in kinship care and secure units, the highest in non-kinship foster homes. Teenagers who display antisocial behaviour and/or have mental health problems constitute a high-risk category for most types of out-of-home care, but especially in non-kinship foster homes. Risk factors in relation to breakdown were analysed in the four main forms of Swedish out-of-home care separately (foster homes, privately/publicly run residential care and secure units). The analysis pointed out that risk factors are not the same in all types of care, but antisocial behaviour at time of placement increased the risk in most forms of care., Prior research indicates that placement breakdown is a major problem of child welfare in other countries, and this study found that Sweden is no exception.

Objectives: To determine whether preadolescent physical abuse raises the risk of adolescent suicidal behavior, to examine potential mediators and moderators of the relationship between preadolescent abuse and adolescent suicidality, and to examine whether distal (preadolescent) risk factors add to proximal (adolescent) factors in predicting suicidality. Method: Seventy-five physically abused preadolescents on the New York City Maltreatment Register and 78 controls were studied at ages 10.5 and 16.5 years. Adolescent suicidal ideation and attempts and hypothesized risk and protective factors were assessed by self-report, parent interview, and teacher ratings. Data were analyzed by logistic regression. Results: Preadolescent physical abuse was a robust, largely unmediated, independent predictor of adolescent suicidality. Only adolescent internalizing problems mediated the relationship. No risk factors moderated the relationship. Adolescent attachment to parents and internalizing problems contributed independently to the prediction of suicidality risk in abused and control subjects. No preadolescent risk or protective factors added to the predictions beyond risk deriving from preadolescent abuse. Conclusions: The association between preadolescent physical abuse and adolescent suicidality is largely unmediated and unmoderated by well-documented risk factors for suicidality. Therefore, comprehensive interventions to reduce abusive parenting must begin when families enter the child protection system, along with therapeutic interventions with the children and adolescents themselves.


Objective: To identify the prevalence of mental health problems, rates of suicidal ideation and behaviour, and use of professional mental health services among children and adolescents residing in home-based foster care, and to compare these rates with those reported for children and adolescents in the general Australian community. Design: Cross-sectional survey. Participants and setting: 326 children and adolescents (aged 6–17 years) residing in home-based foster care in the Adelaide metropolitan region between August 2004 and January 2006. Main outcome measures: Prevalence of emotional and behavioural problems, suicidal ideation and behaviour, and use of professional services to obtain help for emotional and behavioural problems. Results: 61.0% of children and adolescents living in home-based foster care scored above the recommended cut-off for behaviour problems on the Child Behavior Checklist and 35.2% of adolescents scored above the cut-off on the Youth Self Report. 6.7% of 13–17-year olds in home-based foster care reported a suicide attempt that required medical treatment during the previous year. Caregivers reported that 53.4% of children needed professional help for their mental health problems.
but only 26.9% had obtained help during the previous 6 months. Conclusion: Children in home-based foster care experience high rates of mental health problems but only a minority receive professional help for their problems.


Child welfare systems throughout the United States are being closely scrutinized as sensational cases appear in the media in nearly every state. At the federal level, with the Child and Family Service Review process, the government is documenting that states across the country are not conforming to federal child welfare requirements (DHHS, 2007) put in place to ensure the safety and wellbeing of children. One of the most crucial underlying causes of these inadequacies is a workforce that lacks the manpower for the tasks it confronts. To meet performance standards for the seven major Adoption and Safe Family Act child welfare safety outcomes, child protection agencies must stop the outward flow of staff from the workplace. This paper presents a study examining correlates related to retention. It was found supervisors and co-workers play a crucial role in the retention of workers. Strategies are presented aimed at assisting states in ways to slow the turnover rate of workers in child welfare.


South African child welfare remains in transition a decade post-apartheid. Child Protection assumptions impede policy efforts towards a more intersectoral, holistic, strengths-based, family-centered and community-based approach. Since the Anglo-American child protection orientation is criticized internationally, it is useful to reflect on the South African lessons when considering system change.


This study reports a cross-sectional investigation of the link between community violence exposure and academic difficulties for 237 urban elementary school children (mean age of 9.5 years). Children completed a self-report inventory assessing exposure to community violence. Their achievement test scores and GPAs were obtained from school records, and other aspects of psychosocial adjustment were assessed with a multi-informant approach. Analyses indicated that community violence exposure was associated with poor academic performance. These relations appeared to be mediated by symptoms of depression and disruptive behavior and remained significant even after the prediction associated with bullying by peers was controlled.

Inter-organisational collaboration in the human services is challenging because of the multiple and complex nature of the inherent potential sources of conflict. In this paper, a conceptual framework is advanced for assessing the sources of conflict at five levels of analysis: (i) inter-organisational; (ii) intra-organisational; (iii) inter-professional; (iv) inter-personal; and (v) intra-personal. While yet to be systematically tested, this conceptual framework may assist practitioners, managers and policy makers in the human services to enhance collaboration across organisational and sectoral boundaries.


Our current child protection systems are unsustainable and harmful to children and their families. We are at the crossroads in the history of child protection. Having come into existence as a result of a fundamental shift in the relationship between the State and the family which began well over a century ago, most of the child protection systems in the English speaking world have shifted from their traditional responsibility. That was the care of children for whom they had statutory responsibility, not screening the population for children who might be “at risk”. Most child protection services in countries such as Australia and New Zealand have become demoralised, investigation-driven bureaucracies which trawl through escalating numbers of low income families to find a small minority of cases in which statutory intervention is necessary and justifiable, leaving enormous damage in their wake. The point has been reached in many places where we are exceeding the use of the State’s coercive powers to protect children without causing further harm.


NO ABSTRACT


This is an overview of the well-known difficulties of engaging fathers in the child protection process and makes some suggestions about constructive responses from services. There is brief discussion of the historical context of the problem, current child welfare policy, the culture of front-line practice amongst child protection staff and the behaviour of fathers who come to the attention of child protection staff. Ideas for changes in policy and practice include embracing more sophisticated theory, avoiding the dualistic responses of seeing men as either risk or resource, institutionalizing the engagement of men as core business and building on interventions that have been found by research to be effective. A
range of effective interventions may be relevant, including cognitive-behavioural work with abusive men and strengths-based family work such as the family group conference.


Scourfield summarizes the findings of ethnographic research on child protection work in the UK. The picture of gendered organizational culture in this social work team is complex as the ideas and practices that have roots in feminism co-exist with the ideas and practices that are more traditional.


This paper presents some findings from a study of the views of 33 parents from a diversity of backgrounds with children between 0 and 12. Twenty-two parents were using family support services. They were asked about their views on 'parenting capacity' based on the dimensions of The Framework for the Assessment of Children in Need and Their Families (Department of Health et al.) which are now incorporated into the Common Assessment Framework used in Every Child Matters (Department for Education and Skills). They were also asked about reading with their children and how this enhanced their parenting capacities. Their responses were analysed using the parenting capacity dimensions of The Framework for the Assessment of Children in Need and Their Families. It became apparent that this common activity (parent/child reading) contributed much to children's development and to the quality of the child/parent relationship. It also enhanced parenting capacity as described in the parenting capacity dimensions. This paper presents that part of the findings which illustrates the creative connections that exist between the activity of parents and children reading together and the parenting capacity dimensions social workers use in assessment and intervention. These findings are relevant to practitioners working within current policy and practice agendas in children's services, which promote multidisciplinary working and non-stigmatizing assessments and interventions.


Objective The aim of this study was to examine the trajectory of cases through four systems: child protection, law enforcement, the dependency courts, and the criminal courts. Method: This study focused on a county selected from a 41-county telephone survey conducted for the National Incidence Study of Child Abuse and Neglect (NIS-3). For this analysis prospective samples were drawn
from law enforcement (n = 225) and the county child protection (CPS) agency (n = 225) and followed through in-depth case tracking across all agencies and through both the dependency and criminal court systems. Results: The percentage of CPS cases opened in dependency court was similar to prior studies (29%), but the acceptance and prosecution rates were much higher--92% of the cases referred from CPS, including many cases of physical abuse. Compared to referrals from CPS to law enforcement (93%), few cases were referred from law enforcement to CPS (17%). Anecdotally, case referral patterns appeared to be influenced by communication patterns and mutual positive regard, regardless of the collaborative protocols in place. One of the most instructive findings was the degree of difficulty in tracking cases across organizations and the types of obstacles that impeded success. Disorganization was not an issue, rather internal structures set up to facilitate intra-organizational processing were the same structures that actually impeded cross-organizational case finding. Conclusions: It is not sufficient to rely on the existence of multi-disciplinary teams or Child Advocacy Centers to ensure collaboration. More attention to daily tasks and activities as well as the nature and quality of communication is warranted. On the technical side, use of common case identifiers on cases that are cross-referred is strongly recommended. Future studies should broaden the scope of inquiry to include the consequences of all case trajectories, rather than solely focusing on the justice system.


Child abuse in South Africa is a serious and escalating problem. In this article, the writer reflects on the response of the South African government and civil society organisations to the problems experienced by practitioners in their management of child abuse during the past decade. This response must be understood within the context of South Africa's transition from a past characterised by state-enforced discrimination, exclusion and inequity. The article focuses on the child protection service system and draws attention to a review conducted in the nine provincial departments of social development across the country. It discusses the recommendations of the review in light of international literature on child welfare and lessons learnt over the past ten years. Despite the progress in policy formulation, implementation remains a major problem regarding child protection in South Africa.


Analyzing legal policies requires an in-depth understanding of the socio-political contexts within which sexual abuse is disclosed. Data presented in this study are based on a larger study of 628 Palestinian Israeli girls aged 14 to 16 years. Of these 628 girls, 28 victims of sexual abuse discussed their abuse with the research team. In addition, interviews were conducted with professional helpers.
The contextual analyses of the interviews focused on the way young girls perceived disclosure, social support, and legal intervention to their abuse. Data revealed that the girls' attitudes not only conformed to general findings on disclosure of sexual abuse but also reflected socio-political fears and stressors. Helpers struggled between their beliefs that they should abide by the state's formal legal policies and their consideration of the victim's context. The study reveals how decontextualizing child protection laws and policies can keep sexually abused girls from seeking help.


This article focuses on a traditional system of protecting orphaned children in rural areas in Southern China. It examines the role of extended families in supporting orphans and the division of labour between the family and the state when it comes to financial and caring responsibilities in child protection. The research finds that orphans are effectively supported and protected by the traditional system of family care and protection. However, the traditional system faces challenges and financial difficulties in terms of bearing the costs of education and healthcare for orphaned children. To protect children adequately, intervention by the modern welfare state is urgently needed in China.


This article examines the State's changing role in welfare provision to vulnerable children in a Chinese city and identifies three historical periods: a pre-communist period, in which the private sector was the backbone of welfare provision for children; an early period in the communist regime, when the state monopolized welfare provision for children; and a post-transition period, in which state institutional care is increasingly replaced by family care and the role of charity is increasing. China's shift in welfare policy is toward a new model that emphasizes partnerships among the state, families, nongovernmental agencies, and other constituents of civil society.


China has a long tradition of Confucianism, it has also been dominated by a communist ideology for a few decades. How did these different beliefs and principles influence its welfare system in the past? Towards which direction is the system shifting when the balance of power between the state (the dominant ideology) and society (with its own traditions) has been changed? This article analyses the case of 'Foster Mother Villages' and the Datong Social Welfare Institution. The case of Datong shows that, although the influence of official communist ideology was dominant in the overall system of child protection in
China, traditional factors were also influential. The dominant role of official ideology has to be underpinned by financial support from the state. Where the government failed to provide the support, the traditional factor became dominant in the main institutional arrangements: that is the reason why institutional care failed to replace foster care in Datong city. In the past 50 years, spanning the eras of both planned economy and market reform in China, the Datong Social Welfare Institution has protected more than 6,500 orphaned, lost and abandoned children, and most of these children have finally achieved a normal family life.


The purpose of this study was to examine the ability of U.S. state child protection service (CPS) agencies to identify children with developmental disabilities who have been maltreated and provide them with services to meet their unique needs. The subjects were 50 state-level child welfare administrators (including the District of Columbia) who were knowledgeable about the data collections requirements in their states. The findings of this study are presented and compared with data collected from two previous studies. Findings indicate that less than one-half of state child welfare agencies identify children with developmental disabilities. The implications of the findings highlight the need for improved data collection procedures, staff and foster care family training regarding disabilities, and improved collaboration with traditional developmental disability-related providers.


NO ABSTRACT


The Supreme Court has repeatedly recognized family integrity to be a fundamental liberty interest protected by the U.S. Constitution. The Court has recognized that implicit to the family integrity interest is the right to self-determine one’s own family life, and in the case of parents, to manage the upbringing of children. However, as child protection has become a more prominent public concern, the state’s escalating interest in ensuring the wellbeing of children has permitted it to intervene in areas historically addressed exclusively within the walls of the family home. This Comment argues that the state's interest in the wellbeing of children extends both to protecting a child's physical health and to protecting the less tangible considerations of a child's wellbeing, such as emotional welfare, psychological development, and ability to flourish as a
member of society. This Comment further argues that by imposing criminal liability, rather than civil remedies, in situations where an adult places a child's physical, psychological, or emotional wellbeing at risk, the state will further two important initiatives. First, it will encourage a shift in the public's perception of the state's role in protecting children, and second, it will permit the state to better protect children from the harmful behavior of adults.


The case for safeguarding children and child protection training for all staff working in the health services is compelling. This paper examines the legislation and guidance underpinning the statutory status of this training, and offers an insight into integrating the NHS Knowledge and Skills Framework into a safeguarding children training strategy for health service employees. The paper identifies what level of training is appropriate for all health staff, including clinical staff, non-clinical staff and volunteers. It further explores the introduction of the strategy within primary care trust, foundation trust and primary care (general practice, dental staff and other commissioned services).


Aim: To 'own' a person is considered an infringement of human rights, but we suggest that concepts of ownership influence interactions between parents and staff when a child is admitted to hospital. This paper aims to stimulate debate and contains an explanation of the exploration of the literature for research and discussion of ownership of the child. Method: A wide variety of library indexes, databases and populist media were examined although it was impossible to examine all literature which may have contained references to this topic, and, apart from databases which contained abstracts in English, we could not include literature written in any language other than English, Swedish, and Icelandic. Findings: We found no research that examines how concepts of ownership of a child affects communication between health professionals and parents and, ultimately, the delivery of health care. This paper begins discussion on the issues. Discussion: Historical literature shows that ownership of humans has been a part of many cultures, and parents were once considered to own their children. Ownership of another has legal connotations, for instance in guardianship struggles of children during marriage breakup and in ethical debates over surrogacy and products of assisted conception. Within health care, it becomes a contentious issue in transplantation of body parts, in discourse on autonomy and informed consent, and for religious groups who refuse blood transfusions. In health care, models such as family centred care and partnership in care depend on positive communication between parents and staff. If a hospital staff member feels that he/she owns a child for whom he/she is caring,
then conflict between the staff member and the parents over who has the 'best interests of the child' at heart is possible. Conclusion: We encourage debate about concepts of who owns the hospitalized child – the parents or the staff? Should it be argued at all? Is the whole concept of ownership of another, be it adult or child, the ethical antithesis to modern beliefs about human rights? Comment on this issue is invited.


Each year, as many as 25,000 teenagers "age out" of foster care, usually when they turn eighteen. For years, a government agency had made every important decision for them. Suddenly, they are on their own, with no one to count on. What does it mean to be eighteen and on your own, without the family support and personal connections that most young people rely on? For many youth raised in foster care, it means largely unhappy endings, including sudden homelessness, unemployment, dead-end jobs, loneliness, and despair. On Their Own tells the compelling stories of ten young people whose lives are full of promise, but who face economic and social barriers stemming from the disruptions of foster care. This book calls for action to provide youth in foster care the same opportunities on the road to adulthood that most of our youth take for granted—access to higher education, vocational training, medical care, housing, and relationships within their communities.


This article examines the separate but sometimes overlapping foci of domestic violence (DV) and child protection services. When these sectors interact, the resulting tension becomes part of a complex dialectic and multiple opposing propositions that are explored here with respect for how they affect practice. A review of 30 years of DV discourse leads to systematic examinations of the DV literature for battered women, mental health, children, and offenders. The article proposes a radical shift by pairing a harm reduction approach with an evidence-based practice model when DV and child protection intersect. The implications of Stage of Change theory are considered in relationship to the harm reduction approach.


A strong association between poverty and child neglect has been established, but the mechanisms that explain this relationship have not been clearly articulated. This research takes advantage of survey and child maltreatment
administrative data about families with young children and assesses the influence of poverty and parenting characteristics on subsequent child neglect. The authors find that indicators of poverty, such as perceived material hardship and infrequent employment, and parenting characteristics, such as low parental warmth, use of physical discipline, and allowing a child to engage in frequent television viewing, are predictive of child neglect. Parenting characteristics do not appear to mediate the link between perceived hardship and neglect, although they suppress the link between employment and neglect. Results from this study provide information that is highly relevant to the approach and design of child maltreatment prevention and intervention strategies.


Aim: To determine characteristics of children that may predispose to maltreatment. Methods: The research is based on a large cohort study, the Avon Longitudinal Study of Parents and Children. Out of 14,256 children participating in the study, 115 have been identified as having been placed on local child protection registers prior to their 6th birthday. Data on the children have been obtained from obstetric data and from a series of parental questionnaires administered during pregnancy and the first 3 years of life. Risk factors have been analysed using logistic regression analysis. Results: Significant relationships were found between low birthweight (OR 2.08), unintended pregnancies (OR 2.92), poor health (OR 1.91) and developmental problems (OR 1.99) in infancy, and subsequent maltreatment. In addition, mothers of registered children were less likely to have reported positive attributes in their 4-week-old infant. In contrast, negative attributes in infancy, feeding and crying problems, and frequent temper tantrums were not significantly associated with maltreatment. Conclusions: While child factors are significant, they are only a small part of the overall complex set of circumstances and conditions that ultimately lead to abuse or neglect. Parental attitudes towards the child may be more significant than the actual characteristics of the child.


Ideologies associated within the practice of child protection have been previously identified by various writers. This article expands on the previous work by applying the work of Jürgen Habermas. The article explores the manner in which ideology impinges on child protection practice to the extent that it contributes to distorted communication practices that occur at the level of the intersubjective relations between the system (as represented by the various actors in child protection practice) and the lifeworld (as represented by the client). Habermas's reconstruction of ideology as systematically distorted communication is applied to a hypothetical child protection case to illustrate the manner in which ideology influences everyday child protection practice.

Recent changes in welfare policy have produced changes in parental work and welfare receipt. These factors are assessed in relation to investigated reports of child abuse and neglect using survey data on 1998 welfare recipients in nine Illinois counties, in conjunction with longitudinal administrative data on cash welfare benefits, employment, and child abuse and neglect reports. Trend analyses show that rates of child maltreatment reports among welfare recipients have risen since the passage of PRWORA in 1996. Findings from multivariate analyses indicate that parental employment has a protective effect on reports to child protection systems (CPS), that this effect is greatest when combined with welfare receipt, and that this effect becomes stronger over time. Those who receive welfare in the absence of employment face a significantly greater risk of CPS involvement, even compared with those who neither work nor receive welfare.


This study assesses the relationship between various types of welfare grant reductions and subsequent child maltreatment reports in a sample (N = 1,260) of recipients of Temporary Assistance for Needy Families (TANF). Results show that receipt of TANF sanctions increases the rate of having an investigation for neglect but does not bear a statistically significant relation to having an indicated report of neglect or abuse. Receipt of other types of grant reductions, however, is positively associated with the rate of having indicated reports. The statistically significant findings persist with the application of fixed-effects techniques, which reduce the potential for omitted variable bias.


The authors review recent trends within the family maltreatment research field toward a public health approach, discuss the rationale for community-level interventions for family maltreatment, and sketch the history and development of community-level prevention approaches. Next, to illustrate the both the logistic and the scientific challenges of such work, the authors discuss the development and testing of an empirically guided, research-community partnership for the prevention of family maltreatment, the United States Air Force's NORTH STAR
initiative (New Orientation to Reduce Threats to Health From Secretive Problems That Affect Readiness). Finally, recommendations are made for effective and disseminable family maltreatment prevention interventions.


This article argues that the assumption that it is a burden of responsibility for children to be involved in family or legal decision-making is problematic. Each child and family situation is unique, and children's perspectives provide valuable information on this. Children can communicate their views, intentions and difficulties provided that their social contexts and adult partners are sensitive to their perspectives. Within this context, the assumption that children lack sufficient age and maturity to participate in decision-making is questionable. The key issue is not the child's competence, but the adults' ability to provide a trusting, supportive and reciprocal relationship within which the child's voice and participation can be facilitated.


Objective: To study the relationship between disabling conditions and registration for child abuse and neglect in a 19-year whole-population birth cohort. Setting: West Sussex area of the United Kingdom. Study Design: Retrospective whole-population cohort. Main Outcomes: Child-protection registration, physical abuse, sexual abuse, emotional abuse, and neglect. Population and Participants: Infants born in West Sussex (119,729) between January 1983 and December 2001 with complete data including birth weight, gestational age, maternal age, and postal code. Results: Cerebral palsy, speech and language disorder, learning difficulties, conduct disorders, and nonconduct psychological disorders were all significantly associated with child-protection registration before adjustment, and all but cerebral palsy retained significance after adjustment for birth weight, gestational age, and socioeconomic status. Autism and sensory disabilities (vision and hearing) were not associated with an increased risk of child-protection registration. Conduct disorders and moderate/severe learning difficulty were associated with registration in each of the 4 categories after adjustment for socioeconomic status, birth weight, and gestational age. Children with speech and language disorders and mild learning difficulties were at increased risk of physical abuse, emotional abuse, and neglect. Nonconduct psychological disorders were associated with all categories except neglect, and cerebral palsy was associated with all categories except physical abuse and neglect. Conclusions: Children with disabling conditions seem to be at increased risk of registration for child abuse and neglect, although the pattern of registration varies with the specific disabling condition. The strong association with registration noted for conditions such as conduct disorder and learning difficulties is likely to
arise, in part, because these conditions share a common etiologic pathway with child abuse and neglect.


This article reports findings from the third part of a three-part research project examining the potential for social workers to shift from a child protection to a child welfare orientation in their practice. Whilst social workers in the UK have been encouraged to make such changes, they have been hampered by concerns to manage risk. Findings reported from the earlier parts of the project, indicated that there was potential for a substantial proportion of child protection work to be redesignated as child welfare work, but that where this was achieved in practice, there was evidence of the continued influence of child protection processes as social workers sought to manage the risks inherent in child welfare cases. The study reported here sets out to ascertain the views of parents who were subject to child welfare interventions. The findings indicate that while parents feel apprehension with regard to contact with social workers, in the majority of cases successful relationships are formed. It is argued that social workers display considerable skill in monitoring potential risks whilst engaging with families and that the subtleties involved in such activity are not captured by official measures of governance which concentrate on more abstract indicators of performance.


In the period after World War II, a network of activists attempted to reform the programs that supported and assisted delinquent, dependent, neglected, abused and abandoned children and their families in the United States. This dissertation examines their efforts to reshape child welfare arguing that it was motivated by the "rehabilitative ideal," a belief that the state was ultimately responsible for the physical and emotional development of every child and a faith in therapeutic services as a way of providing for children and their families. This argument contributes to our understanding of the rise of a therapeutic state, placing this notion within a particular historical period and within the narrative of the changing nature of American liberalism. The rehabilitative ideal and the child welfare network emerged out of a confluence of trends within American liberalism, social welfare agencies, and social work approaches in the period after 1945. This study provides detailed examination of this phenomenon through the lives of Justine Wise Polier, Joseph H. Reid, and Alfred J. Kahn, and the histories of the Citizens' Committee for Children of New York, the Child Welfare League of America, and the Columbia University School of Social Work. Investigations of the developments in juvenile justice, foster care and adoption, child protection, and federal assistance to child welfare services over the 1950s and 1960s demonstrate how the rehabilitative approach shaped child welfare reform. In each of these areas, the child welfare network and the rehabilitative ideal
achieved great influence by the 1960s. By the 1970s, however, new ideological and intellectual trends challenged the rehabilitative ideal and the postwar activists. Exemplified by Marion Wright Edelman and the Children's Defense Fund, these new activists and organizations had a more ambivalent attitude toward the role of the state and its intervention in families than the postwar network. These new perspectives transformed the approach to and the justification for reforming child welfare policy, and continue to shape public policy for children and families.


Much clinical work in infant mental health includes working with families of young children involved in the complex arenas of the legal and child protection systems. These systems have their own distinctive languages, cultures, and values, but they share a concern with clinicians about the best interest of the child. This special issue explores selected topics in this area, calling attention to research, policy, and clinical issues in forensic infant mental health. The purpose of the issue is to stimulate additional thinking and additional scholarly attention to these vital issues that have such importance for families around the world.


This article describes and evaluates the implementation of an innovative approach to systems change, the incubation approach, which was developed on a systems change project designed to increase the capacity of multiple systems (e.g., law enforcement, child protection, domestic violence, mental health, early education) to respond to children's exposure to violence. The incubation approach encourages change agents to collaborate with project staff to gently nurture, or "incubate," feasible and warranted change in target systems. Project staff gain concrete commitment from motivated and accessible change agents and collaborate with those agents to implement change actions. This approach works well with committed, executive-level change agents in target systems, with stable systems that have low turnover and well-integrated subsystems, and when seed funds are provided to key organizations.


The gaps between mental health and child-care services constitute a recognised barrier to providing effective services to families where parents have mental health problems. Recent guidance exhorts professionals to coordinate and
collaborate more consistently in this area of work. The present study aimed to identify the barriers to inter-professional collaboration through a survey of 500 health and social care professionals. The views of 11 mothers with severe mental health problems whose children had been subject to a child protection case conference were also interrogated through two sets of interviews. The study found that communication problems were identified more frequently between child care workers and adult psychiatrists than between other groups. Communication between general practitioners and child-care workers was also more likely to be described as problematic. While there was some support amongst practitioners for child-care social workers to assume a coordinating or lead role in such cases, this support was not overwhelming, and reflected professional interests and alliances. The mothers themselves valued support from professionals whom they felt were 'there for them' and whom they could trust. There was evidence from the responses of child-care social workers that they lacked the capacity to fill this role in relation to parents and their statutory child-care responsibilities may make it particularly difficult for them to do so. The authors recommend that a dyad of workers from the child-care and community mental health services should share the coordinating key worker role in such cases.


The introduction of a differential response model to the New Zealand child protection system is an important social policy initiative. However, the differential response literature has yet to address the role that risk discourses play as organising and regulatory regimes in contemporary child protection work, and this paper addresses this gap. Child protection social work is strongly underpinned by discourses of risk, and this is best illustrated in the adoption of risk assessment tools that aim to assist the practices of risk assessment and its management. This paper traces the shifting and discursive functions of risk in child protection social work, and argues that Child, Youth and Family (CYF)(2) social workers are negotiating a complex and increasingly pressured practice environment where difficult decisions can be legitimised through the use of risk discourses. The author's doctoral study, which considered risk discourses and statutory social work practice decisions, is drawn on to illustrate how social workers may inadvertently compromise the differential response system - a system where the discursive functions of risk are likely to remain central and regulatory. There is a danger that CYF social workers might construct their role within such a system as increasingly the assessor and manager of high risk. This paper advocates for social work training and supervision as forums where practitioners can consider and better understand these risk discourses.

The purpose of this study is to examine domestic violence shelter workers' perceptions of child maltreatment reporting. A sample of 82 professionals from domestic violence shelters across the United States participated in a survey focusing on a variety of different types of reports and the frequency of both positive and negative outcomes arising from these reports. Possible outcomes included in the study are damage to the relationship between the worker and the battered woman, disempowerment of the battered woman, discouragement from seeking further help, protection of the child, further traumatization of the child, further disruption to the family, and damage to the woman's likelihood of maintaining custody. Significant differences in perceived impact are found based on identity of abuser (spousal batterer vs. battered woman) and nature of report (child as witness to domestic violence vs. child as victim of abuse). These results point to the complexity of perceptions regarding the impact of reporting.


This paper reflects upon the historic abuse of young people living in children's homes. Beginning with a recognition of 'individual abuse', it explores, first of all, the reasons why young people were abused, including: (1) the status of childhood and being in care; (2) the application of 'approved' treatment methods; (3) the failure of managerial, organizational and inspection systems; and (4) the institutional critique and the popularity of preventative policies. Second, by identifying common themes arising from this account, it is suggested we need to rethink the way abuse has been conceptualized. Individual direct abuse, sanctioned abuse, organized systematic abuse and system outcome abuse are discussed. Finally, the paper reviews recent changes in law, policy and practice, including the Children Act 2004, designed to prevent abuses happening again. It is argued that challenges still remain in addressing structural inequalities, improving protection, balancing needs and rights, extending protection to different groups of young people and in having a preventative vision for children's homes.


This article looks at the application of complexity theory to risk assessment in child protection practice, and how it may help to give a better understanding of risk in relation to protecting vulnerable children. Within the last 20 years increasing use has been made of the term complexity within the natural sciences. In recent times, some of the key concepts in complexity theory have started to filter through to the social sciences. The article offers an explanation of some of the key concepts in complexity theory and discusses the development of a model of assessing risk in child protection cases.

It has been argued both that research in social care is insufficiently relevant to practice, and that a clearer steer is needed from the social work community in shaping national research priorities. The work reported here systematically searched for and analysed findings from studies that asked practitioners working with children for their suggestions for research. Eight studies were found, and authors gave us access to the primary data from four of these, to which we added responses from the What Works for Children? website survey of practitioners’ research priorities. Responses were analysed in terms of both topic and type of research. Family support, parenting and child protection research were among the most frequently requested child-focused topics. In terms of question type, almost half the research suggestions concerned the effectiveness of interventions. These findings suggest that a commitment to outcomes, and to robustly researched interventions to attain those outcomes, are increasingly important to practitioners. These views from the front line may well be useful in assisting decision-makers in social work, and research funders, to set priorities.


This prospective, cohort study compares child protection outcomes over the first 5 years of life in a group of children born to self-declared drug-using mothers recruited during pregnancy (cases) and a group of children matched for gestational age, chronological age, maternal neighbourhood and place of delivery whose mothers made no such declaration of problematic drug use (controls). We monitored local child protection registers to identify cohort members who came to the attention of the local authority. Of the 71 original cases and 142 original controls, 55 (77%) and 96 (68%) remained in the area enrolled in local schools at 5 years of age. In total, 26 (47.3%) of the case children were subject to child protection procedures compared with 18 (18.8%) of the control children. This risk difference of 28.5% (95% CI 13.2% to 43.9%) has increased marginally since our previous report in this journal of child protection outcomes at 18 months of age (32% vs. 7%). However, the level of intervention deemed necessary to protect the child has increased significantly with six cases (compared with one control child) taken into the care of the local authority. Despite early maternal intentions and multiple supportive interventions, 27% of children born to women with significant substance abuse problems in our area required child protection during the pre-school years. Child protection risk assessment procedures need to weigh problematic maternal drug use heavily. Intervention studies with child welfare outcomes are needed to identify the most effective harm reduction strategies and inform public debate on how we can minimize child abuse related to substance misuse.
This paper reports the results of research about fathers and child welfare conducted in a mid-size Canadian city. The overall study uses a variety of modalities to assess the current state of child welfare policy, practice and discourse with fathers of children who come to the attention of child protection authorities, with particular attention to fathers of the children of mothers who were adolescent at the time of at least one child's birth. Our research includes birth/biological fathers, stepfathers and men providing emotional, financial or social support to a child or children. This paper reports on the first phase of the study, in which we reviewed a random sample of child protection case files utilising both quantitative and qualitative methods. Our analysis and discussion is informed by a review of recent child welfare literature related to fathers and by related research team members have completed or are currently engaged in, including studies about young mothers in care, kinship care, risk assessment, failure to protect and the narratives of child welfare workers. Our intention is to contribute to reframing child welfare practice, policy and discourse in ways that are more inclusive of fathers and less blaming of mothers.

Over the past two decades, the foster care system experienced an unprecedented rise in the number of children in out-of-home care, significant changes in the policy framework guiding foster care practice, and ongoing organizational impediments that complicate efforts to serve the children in foster care. This article discusses the current status of the foster care system and finds: Agencies often have difficulty providing adequate, accessible, and appropriate services for the families in their care. Children of color, particularly African-American children, are disproportionately represented in foster care, a situation which raises questions about the equity of the foster care system and threatens the developmental progress of children of color. Foster families can find the experience overwhelming and frustrating, causing many to leave foster parenting within their first year. Organizational problems such as large caseloads, high staff turnover, and data limitations compromise efforts to adequately serve and monitor families. The challenges before the foster care system are numerous, however the authors believe promising policies and practices aimed at strengthening families, supporting case workers, providing timely and adequate data, and infusing cultural competency throughout the system, can move the foster care system forward in the coming years.

Differences in ratings of the severity of risk for children involved in the child welfare system among less experienced and more experienced social workers are examined. Sixty-three social workers from a south western Ontario CAS participated: twenty-seven with less than three years of experience and thirty-six with more than three years of experience. Social workers read two scenarios and were asked to determine the extent of risk present to the child and indicate if that child should be taken into care. The findings indicate that social workers with different levels of experience do not differ in their perceptions of risk and in their decisions with regards to managing risk in the community. Increases in the number of children taken into care is not attributable to differential decision making based on experience.


Objective: Between 1995 and 1997, the Swedish Association of Local Authorities implemented Family Group Conferences (FGC) in 10 local authorities throughout Sweden. This study reports on client outcomes of this implementation. Method: 97 children involved in 66 FGCs between November 1996 and October 1997 were compared with 142 children from a random sample of 104 traditional child protection investigations by the Child Protective Services (CPS). All children were followed for exactly 3 years for future child maltreatment events reported to CPS. Effects were modeled using multiple regressions, controlling for the child's age, gender, family background, and type and severity of problems. Results: After controlling for initial differences, FGC-children experienced higher rates of re-referral to CPS compared to the group that had been processed in traditional investigations. They were more often re-referred due to abuse, were more often re-referred by the extended family, were longer in out-of-home placements, but tended over time to get less intrusive support from the CPS. FGCs were not related to re-referrals of neglect, of case-closure after 3 years or number of days of received services. The results suggest that the impact of the FGC was scant, accounting for 0-7% of the statistical variance of outcome variables. Conclusions: The findings did not support the alleged effectiveness of the FGC model compared to traditional investigations in preventing future maltreatment cases. If these results are confirmed in future research, they serve as a reminder of the necessity to evaluate models based on untested theories or on extrapolations from other countries/cultures, before these models are widely spread in a national practice context.

Research in the field of traumatic stress has long acknowledged the impact of providing care to traumatized populations. Therapists, child protection workers, police officers, ambulance drivers, and others are faced with the negative psychological consequences of compassion fatigue or vicarious traumatization. These consequences can be severe enough to lead to the compromise of client care and/or for individuals to leave their chosen field. This study used a well known and researched writing protocol with 65 therapists, school counselors, school psychologists, and licensed psychologists. Participants were asked to write essays for 15 to 30 minutes a day for 3 days in a row. A pretest and posttest measure was given, as well as a measure of the individual's experience with the writing process. All participants acknowledged serving clients who had experienced trauma in their caseloads. An analysis of those measures indicated that using the writing protocol increased participants' scores in the area of compassion satisfaction and decreased scores in the area of job burnout and compassion fatigue. According to the results of this study, the emotional writing protocol is one method of ameliorating vicarious trauma.


Objective: During 1988-1990, 103 children presented to Child Protection Units (CPU) at two children's hospitals in Sydney, Australia. Nine years later, the psychological adjustment of these young people (mean age=19.1 years, SD=3.4 years; range=14-25 years) was compared with that of non-abused young people of similar age and gender to assess group differences and examine potential risk factors. Method: At intake, data on the nature of the index sexual abuse, demographics and the family environment were collected by clinicians. A comparison group, of similar age and gender, was selected from schools in the catchment area of the CPUs. Six years after presentation for the abuse, records of the statutory child protection authority were checked to determine any further notifications for abuse and/or neglect. Nine years after intake, 49 of the abused young people and 68 of the non-abused young people and/or their parents were interviewed and assessed. Results: The sexually abused young people performed more poorly than non-abused young people on psychometric tests of depression (p=.001), self-esteem (p<.001), anxiety (p<.001), behavior (Child Behavior Checklist: p=.01; Youth Self Report: p=.01; Young Adult Self Report: p<.001), and despair (p=.001). They were also more likely to have a history of bingeing (p=.002), self-inducing vomiting (p=.02), smoking cigarettes (p=.01), and using amphetamines (p=.002), ecstasy (p=.002) and cocaine (p=.004). Potential risk factors were in two groups, family and child. Family factors: family functioning, parental drug/alcohol problems, mother's sexual abuse history, mother's depression and socio-economic status. Child factors: despair and hopefulness, number of negative life events, ratings of their father's care, previous notifications for child sexual abuse and placements in out-of-home care by the statutory child protection authority. In the presence of other risk factors,
child sexual abuse was a significant predictor of self-esteem, behavior and bingeing. Conclusions: Rather than focusing only on the individual's child sexual abuse, treatment may also need to address the family's functioning and the individual's feelings of despair.


Historically, the child abuse field has approached intervention through individually focused child or adult psychotherapy. A more comprehensive understanding of current research indicates that the field is moving beyond individually focused models. Existing research on child sexual abuse, physical abuse, and neglect suggests that multiple factors within the child's social ecology relate to the occurrence of abuse and to its mental health impact. This article reviews the literature on child sexual abuse, physical abuse, and neglect with an emphasis on social ecological factors related to abuse, recovery and interventions. An approach to intervention is suggested that emphasizes potential target areas and interventions from across multiple systems (e.g., individual, family, school, child protection system).


To report baseline mental health measures from the Children in Care study, a prospective epidemiological study of children in court-ordered foster and kinship care in New South Wales, Australia. Methods: Mental health, socialization and self-esteem were assessed in 347 children in a statewide mail survey, using two carer-report checklists, the Child Behavior Checklist (CBCL) and the Assessment Checklist for Children (ACC). Results: Children in the study had exceptionally poor mental health and socialization, both in absolute terms, and relative to normative and in-care samples. Levels and rates of disturbance for children in foster care exceeded all prior estimates. Rates of disturbance for children in kinship care were high, but within the range of prior estimates. Boys presented with higher scope and severity of mental health problems than girls on the CBCL, while gender-specific patterns of disturbance were shown on the ACC. A moderate age effect was accounted for by children's age at entry into care. Conclusions: Children in care are at high risk of mental health problems. Psychological support for the children and their carers is an essential secondary prevention strategy. Implications for service delivery are discussed.


Decision making is becoming an increasingly central feature of social work practice, yet there is limited research on the topic. Experimental methods of
investigating decision making tend to be constrained by practical and ethical difficulties, whilst questions about validity and generalizability surround ethnographic and other descriptive methods. It is argued here that the factorial survey addresses these methodological difficulties as a research design to study the way that professionals make decisions in real life. In this research design, true-to-life vignettes (case scenarios or paper cases) are presented to social workers or other staff to make a judgement about a familiar type of scenario. The randomized factors within the vignettes, combined with the randomization of the selection of vignettes for each decision maker, give the factorial survey a unique capability to investigate the effect of multiple factors in complex decisions, unlike the more common factorial experiment. The method is explained, and prospects and issues for the development of this research design to study professional judgement within social work are discussed. The factorial survey has potential as a method for rigorous study of the impact of client, family and context factors on decisions by social work and social care staff.


Child development theory has come to be regarded as essential underpinning knowledge for social work practice, a view reinforced by the current research-minded agenda. Practitioners are enjoined to acquire a more in-depth knowledge of child development but in this paper it is argued that this agenda requires more scrutiny if social workers are going to engage more meaningfully with the child development literature and use it in a critical and reflexive way in their practice. To this end some key messages drawn from critical approaches to developmental psychology, a literature to date largely unrecognized by social work, are examined for their relevance to practice.


Evidence from focus group discussions with social workers in child care and child protection was collected for a research project exploring decision-making in care proceedings and seeking a better understanding of the causes of delay in the process. Here this material is used to examine social workers' feelings about their work and to explore the anxieties they expressed. Isabel Menzies's work on containing anxiety in institutions is used to provide a conceptual framework for thinking about the ways in which individuals' unconscious defences against anxiety may affect the structure, policies and practices of the organization in which they work. It is suggested that this dimension needs to be taken into account in understanding difficulties which arise in putting policy into practice.

Aim: The aim of this paper is to demonstrate the usefulness of salutogenesis in work relating to child protection. Methods: A systematic review to explore the links between parenting, social factors and failure to thrive was carried out using 17 CD ROM and online databases using keywords in appropriate medical subject headings (MeSH terms) and Boolean operators refined for the studies. The salutogenic framework was then used as a way of clarifying what benefit particular research findings may have in identifying and using factors which can be associated with protection, safety and well being of children. Cross-referencing the evidence from the systematic review against Antonovsky's generalized resistance resources created a salutogenic matrix. Findings: Four factors in the systematic review were found crucially important: parent factors; parenting factors; child factors; and social factors. However, it is probable that these are useful within all child protection research and the evidence gathered in particular cases (here failure to thrive) could be plotted against each factor. Application of a salutogenic framework to the results was further illuminating and has utility for both systematic review methodology and other child protection explorations. The matrix created a warp and weft effect that identified gaps in current evidence and practice and was able to disentangle some of the complexities inherent within failure to thrive situations. By beginning to shed understanding on such processes, the concept of salutogenesis added further depth and rigour to the analysis. Conclusions: The concept of salutogenesis is widely used in some areas of nursing practice and research, and can also be regarded as a theoretical tool that has potential in child care and protection research, development and practice. The paper also illustrates the importance of a sound theoretical framework in ensuring depth and rigour in analyses of literature review findings.


NO ABSTRACT


NO ABSTRACT


Covert video surveillance has been in use in UK hospitals since the mid-1980s as a technique for investigating suspected child abuse by parents against their children. Although its use is not widespread, it nonetheless raises a number of significant issues concerning patient confidentiality, human rights and deception.
by agents of the state. This paper considers such issues in the context of new central government guidance on the subject and in relation to past legal treatment of it by the courts.


Lack of an evidence-based approach to the implementation of child protection training may restrict the ability of all health professionals to fulfil their role in the child protection process, according to UK researchers. Child abuse and neglect represent a significant international public health problem. Numerous public inquiries in the UK have highlighted failures in the child protection system, and similar concerns have been expressed in other countries.


The title encapsulates the argument advanced in this paper. The author argues that the associative link between child protection concerns and poverty, although well accepted, is not incorporated into practice with families. The paper presents the results of a small scale qualitative study undertaken in the two North Queensland regional cities of Townsville and Mackay. The author undertook interviews with ten (10) Family Services Officers (FSOs) in the Department of Families (DoF). Interviews revealed that FSOs agreed that family poverty is a stressor for child maltreatment. Participants differed in the extent to which they ascribed personal or societal responsibility for these family circumstances. The paper concludes with four recommendations to deal with family poverty in a child protection practice and policy context. The paper argues that more can and should be done to help children and families in this regard.


Research to date has found that natural parents may be an important source of identity and support for children in and young people leaving out-of-home care. There has, however, been limited research on natural parents themselves, both internationally and in Australia. This paper provides a justification for a research focus on parents, documents what is known from research to date, highlights current issues for parents and their children in out-of-home care, and concludes by identifying future research priorities in the area. The paper calls for recognition of the need to maintain positive links between natural family members in order to ensure best practice outcomes for children and young people in care.

In this paper we describe and promote a model of group work with parents of children in care in operation in Townsville, a regional city in northern Australia, since 1989. We begin from the premise that parents have frequently been 'left out of the loop' as key players in child protection. This is despite the fact that it is parents' ability to afford protection that is at issue. The paper proceeds to discuss what is meant by empowerment in the context of a social work group work approach with parents. A model of group work is then presented. The paper concludes with discussion of the implications that this approach has for social work in child protection practice.


NO ABSTRACT


The increasing use of performance measurement in child welfare promises to have significant consequences. Performance indicators are not neutral or merely technical—they represent viewpoints and values that may influence policy and practice. This three-part article examines how this may occur. The first part outlines a theoretical approach to understanding the policy significance of performance indicators. As they become part of the framework within which policy debates occur, indicators may frame policy issues, create boundaries around options for solutions, define standards for evaluating results, and set the terms of public discourse. The second part discusses the background to the development of performance measurement in child welfare in Britain, the USA and Australia, locating it as integral to contemporary approaches to public sector management. The third part examines the performance indicators used in these jurisdictions-aspects of performance measured, underlying assumptions about 'good' performance, and how they construct child welfare. Existing indicators narrowly construct child welfare in terms of investigations and out-of-home care, whereas the child welfare literature suggests a broader approach with more attention to family support. The article argues that there is space to negotiate on the new managerialist terrain, developing an approach to performance measurement that contributes to better services and outcomes for children and families.


The regulation of out-of-home care in Australia has become increasingly formalized and detailed, partly driven by a recent wave of audits of abuse in
foster-care. The emergence and possible consequences of this increased regulation are examined, with a particular focus on relative care. A pluralist-democratic approach to accountability would involve a regulatory regime linked to other quality strategies, with the emphasis on improved quality and outcomes rather than compliance with policy and procedures. The concentration on expanding the regulatory regime is contrasted with more limited efforts to improve carer support—an essential ingredient of an effective foster-care system.


Similar to other wealthy countries with colonised indigenous populations, Australia's indigenous children, those of Aboriginal and Torres Strait Islander descent, are seriously over-represented in the child welfare system. The specific dimensions of this problem warrant detailed examination. It is useful to consider factors such as rates of entry to care, length of stay and the nature of services provided in order to understand the problem more fully. This article uses child protection, out-of-home care and juvenile justice administrative data to examine the levels of disproportionality at key decision points in the child welfare system. The data show that child welfare interventions are persistently more intrusive for indigenous children, and that levels of disproportionality have not improved over time. More comprehensive child and family welfare policies are needed to address indigenous disadvantage. Despite calls by indigenous community agencies for more input to decision-making, their participation in the Australian child welfare system remains marginal.


Aim and Objectives: The aim of this study was to identify nurse's experiences in the clinical care of children experiencing abuse. The objective was to assess how nurses remain professional especially when the suspected perpetrator is a parent. Background: The diagnosis of child abuse is a difficult one, yet essential because of the high morbidity and significant mortality rates. Young children may be unable to give a clear history; parents may be unwilling to be truthful, and the signs and symptoms of abuse are often not conclusive. A contributing factor to the challenges of providing nursing care to children in a context of abuse is the lack of education in this field. Nurses working in the care of paediatric patients may not be familiar with situations in which they cannot rely on histories provided by parents. Design: A qualitative study. Methods: Investigators used a qualitative design with a critical incident technique. Eleven nurses who cared for abused children and their parents at a tertiary care children's hospital were interviewed. Results: We highlighted three areas in the analysis of the interviews: Feelings of ambivalence, nurses' professionalism and the nurses' care strategies. Participants expressed difficulties in maintaining a professional role in clinical
encounters with the parents. The nurses were unhappy in their conflicting roles of both policing (a judging function) and nursing (a caring function). Conclusions: The nurses expressed that they had devised strategies to remain professional in the clinical encounter with abused children and their parents. To remain professional, education, counselling and experience was essential. Relevance to Clinical Practice: By identifying nurses' experiences in clinical encounters with children experiencing abuse and their parents, nurses can assess what kind of specific interventions should be used to improve the caring situation.


In this paper the focus is on 'the community' of a children's home and what it looks like from the children's point of view. The research data consist of ethnographic research material produced in conjunction with a doctoral thesis in 1996. The community was analysed in respect to four features: periodic adult relationships, alliance creation, importance of peers relationships and continuous negotiations, where children take active roles. In addition to periodic employees, the community of a children's home includes different relationships between peers and adults. The significance of the community is individually experienced. According to the field research, a children's home can offer home-like experiences for some children and give a feeling of belonging, while there are also children for whom a sense of belonging is more complex. There is a need for a community approach in child protection and child welfare research. The studies of children’s friendship and other human relationships provide adults and professionals with an understanding of the role of these relationships in the children's life and future. The studies also yield information on how these personal relationships are interpreted by young people.


Research on the relationship between Intimate Partner Violence (IPV) and Post Partum depression (PPD) is limited. Numerous antecedents and consequences of both IPV and PPD are noted in the literature, however understanding the impacts of partner violence on the postpartum mood are not clearly understood. This exploratory study used a mixed methods design to further understand the relationship between IPV and PPD among women who are living in an impoverished section of an urban community. Retrospective chart reviews were conducted from a pediatric/perinatal social work outreach program in a moderate size urban community (N=128). Individual logistic regressions on IPV and PPD were used to calculate odds ratios and confidence intervals for the factors in each of the risk areas: socio-demographics, social support, stress, substance use/abuse, trauma and prenatal depression. Results indicate a significant
relationship between PPD and prenatal depression. Numerous significant relationships between factors and IPV were found, specifically: age, social support, substance use, child protections involvement. Qualitative analysis further revealed key findings to suggest that there is an indirect relationship between IPV and PPD, resulting from childhood abuse trauma, social support and prenatal depression. Social support appears pivotal for women who have experienced childhood abuse trauma; those with deficits in family social support appear to have a higher likelihood of entering an abusive adult relationship and are at higher risk of developing and suffering more severe PPD. Prenatal depression is also prominent in women who experience PPD and the incidence of prenatal depression appears influenced by IPV. The findings add to the limited research evidence surrounding the emerging complex relationship between IPV and PPD, and provide a framework that can guide social work practice and inform a future research agenda. This research provides a level of consciousness raising that will hopefully impact social work practice through a heightened awareness of issues that plague women.


Child welfare case management systems were designed, in part, to standardize participatory practices for both young people and their parents. This paper reports the findings of a qualitative study of Australian service users' experiences of participation when using the case management systems, Looking After Children and Supporting Children and Responding to Families. Findings indicate that the majority of service users reported positive experiences of participating in the use of these systems. However, participatory relations were often slow to develop and frequently involved conflict. Some service users used their power to control the flow and accuracy of information, or resisted workers in other ways. Some children and young people were excluded from the opportunity to participate because the systems did not have a 'text-based' format to 'ensure' that this process occurred. These findings indicate that case management systems did not result in relationships which consistently informed the intervention in a way that the systems' authors had envisaged. Service users did not necessarily take up the openings offered to them and workers did not necessarily comply with the systems' obligations. The findings cause us to question the assumptions that power can be bestowed or withdrawn, in the way suggested by these case management systems.


Helping Abused Children and their Families is a timely guide to the main challenges faced by social workers working in the context of child abuse and child protection. Written accessibly, the book outlines the knowledge and skills needed for effective practice. By drawing upon current international research,
Chris Trotter shows that rates of re-abuse and client and worker satisfaction can be improved with certain approaches to intervention.


Constructive relationships between professionals and family members, and between professionals themselves, are the heart and soul of effective child protection practice. A significant body of thinking and research tells us that best outcomes for vulnerable children arise when constructive relationships exist in both these arenas (see: Cashmore, 2002; Department of Health, 1995; MacKinnon, 1998; Reder, Duncan & Grey, 1993; Trotter, 2002; Walsh, 1998). Despite this evidence, relationships are a contentious issue in child protection practice.


Child protection systems tend to be over-organized by fear of failure and dominated by the "big" voices of researchers, policy makers, academics and bureaucrats. In this environment constructive practice tends to be overlooked. Drawing on a case example from Gateshead, England, in this paper I argue that worker and client-defined, good practice in difficult cases is an invaluable and almost entirely disregarded resource for improving child protection services. Detailed inquiry into frontline-defined, constructive practice can provide significant news of difference in a usually problem-saturated system and redirect child protection intervention toward more human rather than technocratic outcomes.


There is a worldwide trend towards re-energizing the use of adoption as a tool of child protection, primarily designed to ensure that children do not languish in care. This paper poses the question: does this trend obscure the rights of relinquishing parents? By inquiring into a specific case, and reflecting on the themes surrounding this practice, the authors suggest that rigorous practice, which attends to the permanency needs of the child, is possible while simultaneously being responsive to the human rights of the biological parents.


This article examines the foster care (referred to as out-of-home care) of Aboriginal children in Australia. It discusses the Aboriginal Child Placement
Principle (ACPP), the role of indigenous kinship care, and the self determination of Aboriginal people. Given the history of Australia’s stolen generations (generations of Aboriginal children who were forcibly removed from their families), the primary concern is to keep Aboriginal children at home within their families, communities, and culture. All Australian jurisdictions support the concept of Aboriginal self-determination and the ACPP. However, they do so from within a framework informed by non-Aboriginal values. As a consequence, Aboriginal people are frustrated about mainstream understanding of self-determination and the ACPP. The authors argue that for both of these objectives to be achieved culturally appropriate policies and practices are needed.


This paper examines the use of the concept of cultural genocide to understand one particular episode in Australian legal, political and social history, the removal of Aboriginal children from their families, mostly during the 20th century. After outlining the approach of Australian courts to the idea of cultural genocide, the paper examines the construction of the UN Genocide Convention, particularly the clause concerning the forcible removal of children, which illustrates the underlying instability of the boundary between a cultural and a physical understanding of genocide. It then explores how this instability was manifested in the development of early 20th century Australian legislation concerning the 'protection' of Aborigines, indicating the underlying racially-oriented coerciveness of conceptions of Aboriginal 'welfare', and concludes by reflecting on the wide range of ways in which the concept of genocide can and should be used, especially in capturing the experience of Indigenous peoples under settler-colonialism.


NO ABSTRACT


We used data from several national registers for ten entire birth cohorts (n > 1 million) to examine the representation of first generation immigrant children among first time entries into out-of-home care (foster or residential care) at ages 7-12 and 13-17. Logistic regression models were used to adjust results for socioeconomic background factors. Immigrant children were categorised in six groups relating to birth country/continent. Compared with Swedish-born peers, immigrant children from non-European countries had between two- and three-fold sex and birth-year adjusted odds for being placed in care for the first time at
ages 7-12. After adjustments for five socioeconomic background variables, none of these overrisks remained. Instead there was a tendency towards immigrant background being associated with reduced risks, statistically significant for immigrant children born in non-Nordic European countries. Immigrant children had between two- and six-fold age and birth-year adjusted odds for entering care for the first time during adolescence. After adjusting the results for socioeconomic background, only immigrant children born in Sub-Saharan Africa or in Asia outside the Middle East had significant overrisks for care entries at ages 13-17 (odds ratio = 1.5).


Background: Few large sample studies have examined psychiatric morbidity among former child welfare/protection clients. In this study, risks for suicide attempts and severe psychiatric morbidity in younger years were assessed for former child welfare clients in ten national birth cohorts, comparing them with general population peers and inter-country adoptees. Methods: We used national register data for almost one million people: 22,305 former child welfare clients who had experienced interventions before their teens, 955,326 general population cohort peers and 12,240 inter-country adoptees. Multivariate Cox regression models were used to estimate risks of hospitalisation for suicide attempts and psychiatric disorders from age 13 to age 18-27. Results: Former child welfare clients were in year of birth and sex standardised risk ratios (RRs) four to five times more likely than peers in the general population to have been hospitalised for suicide attempts. They were five to eight times more likely to have been hospitalised for serious psychiatric disorders in their teens, four to six times in young adulthood. High excess risks were also found for psychoses and depression. Individuals who had been in long-term foster care tended to have the most dismal outcome. Adjusting for birth parents' hospitalisations with a psychiatric diagnosis or for substance abuse, and for birth-home-related socio-economic factors, reduced excess risks to around twofold. Conclusions: Irrespective of issues of causality, findings suggest that former child welfare/protection clients should be considered a high-risk group for suicide attempts and severe psychiatric morbidity. Results have substantial practice implications for mental health and social agencies serving this group in adolescence and/or young adulthood.


This study reports on outcomes in young adulthood for previous CPA clients, by examining the prevalence of teenage parenthood, criminal offences,
hospitalizations for psychiatric diagnoses, and self-support problems in a representative sample of subjects born 1968 to 1975, that resided in Stockholm (Sweden) their entire childhood, from birth to age 18. In this sample, 161 were previous CPA service receivers (service group) 110 were referred to the CPA during childhood but did not receive services (non-service group), and 1961 never had any known contact with the CPA (majority population). Almost every second man (45%) and woman (45%) in the service group had at least one negative outcome, compared to 37% of the men and 25% of the women in the non-service group, and 14-21% of the men and 7-12% of women in the majority population. Multiple regressions suggest that the impact of CPA services was scant, accounting for 1-14% of the variance of outcome variables. The results point to the potential value of including unsubstantiated cases of child maltreatment in follow-up studies of child protection clients. Implications for the findings are discussed.


"Permanency planning" refers to maximizing stability in living situations for children in the care of child protection agencies. This issue concerns pediatricians who may be involved in assessing and providing care for these children. In North America, permanency planning is widely advocated if not always effectively implemented. The concept, however, is still controversial from the perspective of protecting parents' interests. This paper examines the principles and evidence underlying the concept of permanency planning in order to ascertain whether emphasizing it remains justified in terms of children's emotional health and development. Three related bodies of literature are reviewed: requirements for healthy child development, conditions that create risk for children, and outcomes for children in care. The findings suggest that permanency planning is vitally important for children and is not only justified, but should be given major emphasis. The implications for pediatricians are discussed.


Child welfare struggles to manage child abuse and neglect and to seek permanency for children, while being culturally responsive to the communities it serves. Family group conferencing, piloted in New Zealand and now used in the United States and other countries, is a strengths-based model that brings together families and their support systems to develop and carry out a plan that protects, nurtures, and safeguards children and other family members. This article describes the model and a culturally competent method for assessing and
adapting the model for the African American, Cherokee, and Latino/Hispanic communities in North Carolina.


The purpose of this study was to describe the characteristics associated with different levels of substance use in a national probability sample of maltreated 11- to 15-year-olds (n = 1, 179). Bivariate (chi-square tests) and multivariate (logistic regression) analyses were used to examine the association of adolescent substance use with demographics, placement type, and youth and family characteristics. Seventy-one percent of youth reported no use, 20% reported low levels of substance use, and approximately 9% reported moderate to high levels of use. Youth substance use was similar across placement types. Conduct problems and low caregiver relatedness were more prevalent for youth reporting higher levels of substance use. High levels of conduct problems increased the odds of substance use, whereas high caregiver monitoring decreased the odds of substance use. Caregiver monitoring may be a key tactic in attempts to reduce the likelihood of substance use in maltreated youth, regardless of placement type.


Objective: This study examined the relationship between reported exposure to child abuse and a history of parental substance abuse (alcohol and drugs) in a community sample in Ontario, Canada. Method: The sample consisted of 8,472 respondents to the Ontario Mental Health Supplement (OHSUP), a comprehensive population survey of mental health. The association of self-reported retrospective childhood physical and sexual abuse and parental histories of drug or alcohol abuse was examined. Results: Rates of physical and sexual abuse were significantly higher, with a more than twofold increased risk among those reporting parental substance abuse histories. The rates were not significantly different between type or severity of abuse. Successively increasing rates of abuse were found for those respondents who reported that their fathers, mothers or both parents had substance abuse problems; this risk was significantly elevated for both parents compared to father only with substance abuse problem. Conclusions: Parental substance abuse is associated with a more than twofold increase in the risk of exposure to both childhood physical and sexual abuse. While the mechanism for this association remains unclear, agencies involved in child protection or in treatment of parents with substance abuse problems must be cognizant of this relationship and focus on the development of interventions to serve these families.

Young children in psychiatric crisis present complex challenges to their families and service providers. This article presents a qualitative study of families' perspectives on the crisis that led to their child's hospitalization, as well as their experience and satisfaction with prior community based services including crisis services. Participants were recruited from a convenience sample of families with children age 12 years old and under who were admitted to or residing in state mental hospitals in Kansas, United States. Results of the study support the usefulness of an ecological view on child mental health emergencies, and specify the need for the development of a more family-centered, community-based crisis response system that includes secure transportation and access to "warm-line" services. To prevent or curtail hospitalization of children, families require assistance in outpatient medication management, especially timely access to psychiatric medication consults and clear information from professionals about benefits and side effects.


Trocme and colleagues now report the results for physical harm associated with these substantiated cases of child maltreatment. In their study, the cases of maltreatment were considered under 4 categories: physical abuse, sexual abuse, neglect and emotional maltreatment. Cases of physical harm were defined by the investigating child welfare worker's judgement of the presence of an injury or health condition (visible for a minimum of 48 hours) because of maltreatment. The severity of harm was based on the investigating worker's judgement about whether medical treatment was necessary: moderate harm was observable but not thought to require medical care, whereas severe harm was defined as requiring medical treatment. The authors found that some type of physical harm was documented in 18% of cases; medical attention was assessed as being required in 4% of cases; head injuries or bone fractures were the reason for seeking medical attention for less than 2%. Physical harm was more common in cases of physical abuse (43%) than in those of other forms of maltreatment, but neglect resulted in more cases of severe physical harm (47%) than any other form of maltreatment. They noted that severe physical harm was also proportionally more common in cases of shaken baby syndrome (45%) (see Table 2 on page 913). Children under the age of 1 year had the highest rate of severe harm by age category (15%) (see Table 3 on page 914). Physicians are sometimes the first to recognize child maltreatment, and they are frequently involved when child maltreatment is suspected by another party. While pediatricians are most commonly involved in such cases, all physicians are required to report to authorities any suspicion that a child has suffered or is at
risk of suffering maltreatment. Yet several studies (10-14) have shown that physicians believe they are unprepared and have inadequate knowledge to deal with cases of abuse and neglect. Only 3 of the 16 Canadian pediatric academic centres reported mandatory clinical training in child protection for pediatric residents. The Royal College of Physicians and Surgeons of Canada does not currently recognize child abuse and neglect as a distinct topic for specialty training in pediatrics.


This paper examines residential childcare workers' perceptions of quality and how they relate to the growing performance measurement culture within social work over the last 10 years. In particular, it is concerned with examining how workers define quality services and what this means for the government's standards approach with its emphasis on tangible activities around process rather than outcomes. In addition this paper considers the prospects for developing quality in residential care and what frontline workers assess as adding to and/or subtracting from that activity. The growing performance measurement and standards culture being propagated by central government is considered in the context of workers' perceptions and influence, particularly as it relates to the potential to maximize the quality of the service provided. In this context staff perceptions are obtained from nine children's units in two local authorities with the intention of providing research evidence to a debate very often centred on belief rather than fact.


This paper provides a brief update of the Department of Community Services’ Prevention and Early Intervention Literature Review written in 2005 (Watson, White, Taplin & Huntsman, 2005). It builds on the previous review and provides an overview of the current research trends. There has been a substantial increase in the volume of research and the provision of early intervention services in the past two to three years. The earlier review focused on four main strategies of early intervention and prevention: home visiting, high quality child care, parenting education and multi-component programs. For each of these strategies the benchmark programs were examined. As well some smaller studies investigating specific aspects of programs or strategies were reviewed. At the time of the earlier review most of the evidence was based on methodologically rigorous university administered studies. Analyses were usually undertaken on relatively small sample sizes and results generalised to larger populations. These studies showed often dramatic changes to the life chances of vulnerable children as a function of the intervention they received in early childhood. As a result, policy makers in several jurisdictions have been quick to
adopt the most effective programs identified in the university research and to roll them out as part of public policy. They have also been keen to ensure that there is a strong evidence base to inform both the policy and practice of early intervention. Consequently, the roll-outs have often been accompanied by rigorous evaluation. There has also been an increase in consortia-based research, large government-funded longitudinal studies and larger scale replications. Meta-analyses of the findings of several studies have also helped increase the sample size. Research literature reflects this marked trend towards evidence that is based on larger sample sizes.


The child welfare system is in a period of significant reform that offers both opportunities and challenges regarding more effective collaboration between the mental health and child welfare systems. In this article we examine recent federal, state, and local initiatives that have influenced child welfare policy and practice on a national scale, with particular emphasis on those policies that offer opportunities for better coordination of services between mental health and child welfare agencies. To plan for effective services, mental health policy makers and practitioners must be cognizant of available funding streams for child welfare, trends and innovations within the child welfare system, the contextual factors that shape services to the children and families who are under its supervision, and the special characteristics of the population that it serves.


Welfare reform was designed to promote paid employment among those who historically had relied on cash assistance, to make work pay by encouraging the use of all the government benefits for which recipients of welfare were eligible, and to promote the formation to two-parent families. This legislation has spawned large-scale investigations of its effects, including its effects on mothers at high risk of maltreatment of their children.


Child welfare agency caseworkers play a pivotal role in ensuring these children’s safety and well-being, conducting initial investigations, making placement decisions and service referrals, and monitoring children's situations while cases are active. At this point, the empirical literature provides little guidance about how child welfare agency managers can best support caseworkers in these challenging functions. This article draws on available empirical literature to describe how agency management may affect children’s experiences in the child
welfare system and their resultant outcomes. The author notes what we may currently conclude from available literature as well as what knowledge gaps remain to be addressed. At this point the most robust evidence basis for agency management relates to human resource practices, but even these findings derive mostly from other settings and need to be tested directly in child welfare contexts. There is virtually no empirical evidence about how child welfare agency management affects children's outcomes over time.


In 2005, a steering group was set up within Westminster Primary Care Trust (PCT) to review child protection supervision for school health practitioners (SHPs). Its purpose was to examine existing models of supervision and then establish an alternative, more effective model for SHPs in Westminster PCT. A decision was made within the steering group to move toward group supervision based on an action learning sets model. In addition, 'mini one-to-one' meetings are arranged for SHPs who have been in post for over a year. Results from the evaluation and comments made by SHPs indicate that this combination of group and one-to-one supervision is working well, with practitioners stating that they feel more confident in relation to child protection and clearer about their role.


The real-life material on which the book draws can be used as source material by students undertaking qualifying programmes in health, social care and social work and by more experienced professionals to reflect on their own practice, particularly if they are undertaking post-qualifying courses - a resource for all staff and students seeking to develop good practice in children's services.


Relative powerlessness resulting from colonial dispossession and associated passive welfare policies has long been recognised as a critical factor influencing the health and wellbeing of Indigenous Australians, yet it is hard to find well-evaluated health and social interventions that take an explicit empowerment approach. This paper presents the findings of a Family Wellbeing Empowerment programme pilot delivered to Cairns Region Department of Families Indigenous youth workers and family and community workers in 2003/2004. The aim of the pilot was to build the capacity of these workers to address personal and professional issues as a basis for providing better support for their clients. The pilot demonstrated the effectiveness of the programme as a tool for worker empowerment and, to a lesser degree, organisational change.

The study describes collaborative involvement of child welfare agencies in Sweden with mandated reporters and analyses the association between socioeconomic and demographic factors as well as collaborative involvement on referral rates. The empirical material consists of data collected on location in 100 Swedish child welfare agencies, augmented with register data. The study shows that: (i) collaboration is common in the child welfare field, (ii) structural factors moderately predict municipal variations in child welfare referrals and (iii) most importantly, that collaboration on the aggregate level seems to serve as a marginal, or even counter-productive, measure in identifying children and adolescents at risk. The results are particularly discussed in the context of policy principles in Swedish child welfare, i.e. collaboration as a statutory requirement for child welfare agencies and the official notion of collaboration as an important means to facilitate early interventions.


To protect children, pediatricians must be willing to raise the possibility of abuse and not be intimidated by the consequences. We consider that the United Kingdom General Medical Council does not understand child protection matters and has no system for dealing adequately with complaints submitted by parents who claim false allegations of abuse. The actions of the General Medical Council in the recent cases of Drs Roy Meadow and David Southall conflict with current child protection laws and guidance for professionals. By deterring doctors from raising concerns about a child's safety and giving opinions on child deaths, the General Medical Council may be increasing the risk of serious child abuse. Although the rate of registrations by child protection authorities decreased by 28% between 1995 and 2005 (i.e., there are fewer multiagency child protection plans), the number of criminal convictions for cruelty to or neglect of a child increased by 247% between 1998 and 2005. It is unacceptable that to date the General Medical Council has refused training in child protection offered by the Royal College of Paediatrics and Child Health.


The field of Aboriginal child and family services in Canada has evolved in a rapid fashion for the past 50 years. Front line practitioners in this high stress field respond to a quickly evolving ideology, and must develop best practice techniques in the face of enormous social problems of Aboriginal people in
Canada. Manitoba is on the cusp of developing the first model of child welfare of its kind in Canada. The Aboriginal Justice Inquiry - Child Welfare Initiative is Manitoba's new child welfare legislation that recognizes the rights of Aboriginal peoples to provide child protection services to their members. Using Qualitative Analysis, and structured interviews, this researcher explores and describes the experiences and perceptions of eight Aboriginal front line workers who are employed in three southern Manitoba Aboriginal child welfare agencies in phase four of this historic implementation. Results have indicated a strong commitment to Aboriginal focused interventions that are based on historical and cultural realities of Aboriginal peoples. Researcher has highlighted themes evident in the results, and has developed a series of recommendations and conclusions.


The aim of this study is to examine the conditions for achieving free and open communication in collaboration. The context is child protection where 'the best interest of the child' is at stake. First, a theoretical standard based on free and open communication and equal partnership (deliberation) is presented. Secondly, an explorative analysis is undertaken of the collaboration process between professionals and service users in two review groups regarding two young people, Jane and Tom, both of whom appear to have psychosocial problems living in residential care. Thirdly, on the basis of this analysis, recommendations on how to improve collaboration in review groups are made. The findings show that collaboration has several functions: formal decision-making, legitimate decision-making and learning. There is a need to clarify the purpose of collaboration and strengthen structural arrangements as well as develop guidelines for handling challenges at different levels.


The purpose of this article is to stimulate reflection and discussion on a subject that has received surprisingly little coverage: chronic child neglect. The article selectively reviews the literature and offers fresh observations and critical reflections pertaining to both causation and intervention. Chronic child neglect must, it is argued, be understood in greater depth and complexity in order to develop more effective interventions. In particular, a better understanding of the effects of long term, severe and concentrated poverty on parent’s morale is needed to support interventions capable of infusing hope and bringing about a social world in which hope can thrive.

Background: Health visitors (HVs), also known as public health nurses, in the UK provide a universal community-based service to preschool children and their parents. Since they have ongoing supportive contact with almost all mothers and young children they have opportunities to identify problems in the parent-infant relationship: for example during developmental screening, home visits and immunisation clinics. Research into the role of screening for problems in the parent-child relationship in early childhood is sparse and little is known about how such problems are currently identified in the community. Objective: To explore the approaches taken by health visitors (HVs) to identifying problems in the parent-child relationship. Design: Focus group study. Setting: Glasgow, Scotland. Participants: 24 health visitors sampled purposively. Results: Multiple sources of information were used by health visitors in assessing parent-child relationships. These include use of known risk factors, knowledge of local norms, direct observations of behaviour, reflection on the relationship between the parent and health visitor, as well as more intuitive reactions. In many cases understanding difficulties in parent-child relationships involved piecing together a jigsaw over a considerable time span. Continuity of relationships appeared to be crucial in this task. Home visits were described as the most informative setting in which to develop an understanding of the parent-child relationship. Participants reported a lack of formal training in the assessment of parent-child relationships and were keen to obtain more training. Conclusions: Health visitors use complex strategies to integrate information about parent-child relationships. These strategies are acquired in a variety of ways, but receive little emphasis during basic professional training.


Objective: To clarify the nature and extent of differences in the ways that physically abusive, neglectful, and non-maltreating parents communicate during interactions with their children. Method: A meta-analysis was conducted of 33 observational studies comparing parent-child interactions in families where parents have a documented history of physical abuse or neglect vs. where parents have no history of child maltreatment. Parental behaviors were grouped into three clusters (positivity, aversiveness, and involvement) for comparison across studies. Results: When comparing maltreating (physically abusive or neglectful) vs. non-maltreating parents, mean weighted effect sizes for the three behavioral clusters range from d=.46 to .62. Physically abusive parents are distinguished from non-maltreating parents more so than neglectful parents in terms of aversive behavior, whereas the reverse is true for involvement. Publication date, parent and child age, and task structure moderate the magnitude, though not direction, of differences. Conclusion: Parents with a documented history of child physical abuse or child neglect also are
distinguished from non-maltreating parents by the levels of aversiveness, positivity, and involvement they display during interactions that constitute the parent-child relationship. Practice Implications: Researchers and practitioners need to carefully consider sample size, length and setting of observation, and interaction tasks when using observational methods.


Child welfare concerns have drifted to an inappropriate focus on crisis intervention and a punitive approach to child protection intervention at the expense of community-based preventive child welfare programs. Recent attempts to divert cases from the child protection system through differentiated response mechanisms have been criticised for failing to provide access to relevant services or preventing vulnerable families from re-entering the child protection process. A tension inherent in providing both child protection and family support within the one agency is also identified as a barrier to effective service delivery. This paper discusses the value of the UK Children in Need approach as a model for enhancing support to children and families outside the statutory child protection system. Information from an evaluation of a trial implementation of the UK Children in Need approach in Victoria is used to discuss the implications for policy and practice of placing responsibility for coordinating a response based on the needs of children and their families within family support services.


This study compares the Children's Advocacy Center (CAC) model with more traditional child protection services on several important outcomes such as substantiation of abuse, arrest and prosecution of the perpetrator, the efficiency of the multidisciplinary process and child revictimization rates. One hundred and eighty-four child abuse and neglect cases from a large metropolitan area in Florida comprised the sample. Cases were selected over a five year-period from three different modes of child protection services including a CAC. Similar outcomes were found between the CAC model and the Child Protection Team (CPT), a multidisciplinary model, which was first developed in Florida in 1978. In comparison with traditional child protective investigation, these models were associated with improved substantiation rates and investigation efficiency. Results are discussed in terms of the utility of CACs above and beyond the aspect of multidisciplinary coordination and whether the goals of the CAC model need to be redefined. Recommendations for further research in the areas of multidisciplinary team decision-making, the long-term impact of the CACs and the role of supportive professionals on the multidisciplinary team were made.

New Zealand is known to have originated formal kinship care and family group conferencing. For the many nations now using formal kinship care, the implementation and operation of this service is a salient issue. The article’s survey of New Zealand kin-carers through the organization membership of Grandmothers Raising Grandchildren makes clear that kinship carers are in strained situations and need more financial support, ancillary services, and other resources for care of children than child welfare systems are providing. The author also recommends robust research on outcomes of both kinship care and non-relative family foster care.


This article describes the development of a community work project which aims to address issues relating to the safety of children within their communities. The project's work is underpinned by an ecological theory of child abuse and embraces a community development approach. The approach aims to engage local communities in defining issues relevant to them and in identifying strategies for addressing these issues. The project has engaged in a mixture of direct service delivery, influencing and networking activities and community capacity building activities. As the project has developed, the remit of its work has become increasingly defined by local people. Market research was undertaken to promote an understanding of the things that children and parents felt affected children's safety locally. A community conference was organized to promote awareness about the issues that were identified and to engage local policy-makers and professionals in discussing potential solutions with community members. A youth forum has been established to enable young people to influence local decision-making about issues that affect their safety and well-being within the community. The community development approach is seen as being effective in helping young people to influence their environment and in reducing vulnerability through promoting self-esteem.


Reunifying children placed in foster care with their birth parents is a primary goal of the child welfare system. Here, Wulczyn discusses the family reunification policy and practice, and provides an analysis of family reunification trends.

Objective: This study reports on the development and test of a multidimensional measure of client engagement in child welfare services. Method: Five dimensions of engagement were identified and were based on a literature review and data from interviews with child welfare workers and clients. A pool of items generated to reflect these five dimensions was reviewed by a panel of researchers, scholars, and practitioners. Pilot data from the resulting measure were collected from 287 respondents. Participants were primary caregivers who had an open case with child protective services at the point of data collection. Results: Internal consistency reliability and construct validity were examined, and tests of the fit of the data to the hypothesized measurement model were conducted and reported. Results supported the presence of four underlying factors and a single latent variable. Conclusion: The instrument demonstrated good potential for measuring aspects of client engagement.


In New South Wales, Australia, there is an increasing emphasis in the children's court on bonding and attachment assessments to determine whether or not a child remains with their carers. Aboriginal children and young people are over nine times more likely than other children and young people to be in out-of-home care. There is a paucity of information on culturally appropriate assessments of Aboriginal children in relation to bonding and attachment. Most assessments on the Australian indigenous families are based on the dominant Australian community's perception of what constitutes competent parenting. The question arises as to whether we are making psychologically and ethically sound decisions about whether or not a child remains with their Aboriginal carers based on evidence that is culturally appropriate for Western families but culturally inappropriate for the indigenous families. It is argued that the core hypotheses of attachment theory such as caregiver sensitivity, competence and secure base have to be based on the Australian Aboriginal people's cultural values. The aims of this paper are to explore the current practice on the bonding and attachment assessment of Aboriginal children using a dynamic eco-systemic approach in the assessment of bonding and attachment of the indigenous people, with an emphasis on the historical, cultural and spiritual contexts.


Yin discusses the management strategies that have a major and positive impact on the child protective services (CPS) work environment and on the quality of services delivered to abused children. These strategies are vital to CPS workers since they are charged with monumental tasks and ever-increasing caseloads. CPS staff work in a fishbowl. Parents, teachers, advocates, counselors, doctors, and lawyers frequently see themselves as experts in the field of CPS. Yet, few of them have had the experience of a CPS worker telling them how to do their job.
The true potential for CPS work will not be realized until our communities decide to increase worker pay and reduce worker caseloads. Yet, if we choose to work under these conditions, it is our responsibility to find ways to survive them. The CPS workers unanimously reported that the overall impact of these progressive management strategies was to significantly reduce their stress. Given the serious threats, criticisms, and outrage thrown daily at CPS workers, it is imperative that managers act first to protect their worker's "best interests." It is my belief that all of the policy deviations described above are ethical. None of them put children at risk. I hope that policymakers will someday change the old-school, management policies that are pervasive within our bureaucracies. I do not promote a wanton disregard for policy compliance; however, I do promote change where change is due. In light of the enormous impact that CPS workers have on children and their families, it is crucial that CPS managers be allowed to create an atmosphere where workers can successfully do their work.


The Bucharest Early Intervention Project (BEIP) is the first ever randomized controlled trial of foster care as an alternative to institutional care for young children. It involved a collaboration between American investigators and Romanian health and child protection professionals. We present a brief description of the Romanian context and the project itself before discussing a number of ethical issues raised by the project. Organized around a discussion of exploitation, risk/benefit ratio, and cultural sensitivity, we evaluate a number of ethical issues involved in the BEIP using the Ethical Clinical Research Framework and the Fair Benefits Framework. Based on this review, we conclude that notwithstanding challenging ethical dilemmas, the benefits of the project outweighed its risks. Throughout the planning and implementation of the project, ethical issues were a central focus of discussion among the investigators and in the collaboration between Americans and Romanians. Thoughtful discussions from multiple perspectives are necessary to conduct research that is ethically sound and scientifically meaningful.


This article systematically reviews the characteristics of child maltreatment among Asian Americans and provides a theoretical explanatory framework. The reported rate of child maltreatment among Asian Americans is disproportionately low. A high rate of physical abuse and low rates of neglect and sexual abuse are found among Asian American victims. Some protective factors (e.g., the emphasis on family harmony and reputation and the indulgence to infants and toddlers) may lead to low probability of child maltreatment among Asian Americans. Some others (e.g., parental authority and beliefs in physical
punishment) may be risk factors of child maltreatment, especially physical abuse. Meanwhile, many other coexisting factors (e.g., children's obedience to parents and families' invisibility to authorities) may prohibit child maltreatment from being disclosed. Therefore, the overall low reported rate of child maltreatment among Asian Americans may be a combination of low incidence and underreporting. Implications for practice and research are discussed.


This paper presents findings from a study examining the out-of-home care (OOHC) experiences of children aged less than one year (infants), based on data collected by the NSW Department of Community Services (DoCS), Australia. The purpose of the study is to develop a profile of infant children in OOHC and to better understand why so many young children require OOHC services and their experiences with the child welfare system. Using administrative data, we employ both descriptive and multivariate analysis to explore how child, child maltreatment history and system factors are related to the placement of infants in care. Our results are in line with research conducted in the USA and UK. The most notable finding is the high child protection reporting rate and high entry rate by infants and by Indigenous infants in particular. The tendency for infants to stay in care longer than other children, coupled with a high entry rate to care, has and will continue to have a significant impact on the child welfare system and its consequences. The implications for development of policy and early intervention programmes are discussed.


A historic concern over child welfare privatization is whether the unidirectional incentives arising from contract relations is consistent with the multi-dimensional role of protecting children. To explore how public agencies resolve this tension, I examine the distribution of casework between a department of human services and five private foster care providers. Results indicate that private contractors specialized in long-term foster care candidates, while the public sector disproportionately received cases involving serious parent behavior. These findings imply collaboration: to protect clients yet preserve contract relations, administrators allocated cases to accommodate the perceived strengths and weaknesses of private agencies.