Stigma by association and its impact on community organisations in Australian child protection systems

Sharynne Hamilton & Valerie Braithwaite
Regulatory Institutions Network
Australian National University

RegNet Research Papers
2016 No. 100
Abstract
Community workers play an important role in providing support services to parents and families whose children may be placed in out-of-home care by child protection authorities. This paper shows how the stigma attached to parents spreads to discredit community workers who are assisting them and results in stigma by association. Stigma by association was inferred from interviews with 19 community workers from nine different organizations. These workers reported being stereotyped as rejecting the principle of acting in the best interests of the child, treated in a discriminatory and hostile manner, robbed of status recognition, and undermined in their capacity to do their jobs. Most showed a degree of resistance and managed to maintain their commitment to parents and families. Institutional failure to take advantage of the knowledge and experience of community workers, however, undermined the capacity of the child protection authority to map out new pathways for family unification and safety for children.

Keywords
stigma, stigma by association, child protection, child welfare, community workers

Citation
This paper can be cited as:

Stigma by association and its impact on community organisations in Australian child protection systems

Sharynne Hamilton & Valerie Braithwaite, Regulatory Institutions Network, Australian National University

Introduction

Community workers provide important supports to disadvantaged citizens, not least as a voice for those navigating such complex government services as child welfare and protection. Whilst the stigmatisation and marginalisation of parents involved with child protection services is well documented (Featherstone, White, and Morris 2014), less attention has been paid in the empirical literature to whether community workers experience stigma by association in the child welfare system. Whether this is occurring and its likely impact on the quality of service delivery is the subject of this paper.

Types of stigma and their importance

For Goffman (1963), stigma described the “situation of the individual who is disqualified from full social acceptance” (p. 9). Originally stigma was attached to individuals bearing some visible characteristic or mark that separated them from the norm, such as physical disability and disfigurement. Subsequently, labelling theory (Link, Cullen, Struening, Shrout, and Dohrenwend 1989; Scheff 1974) was used to give stigma a socio-cultural dimension. Much of this work focused on mental illness. Stigma served to stereotype, devalue and discriminate against those who were not considered to meet social standards of acceptability and desirability (Dovidio, Major and Crocker 2000). Link and Phelan (2001) conceptualised stigma as part of a process of domination: Those with power marshal stereotypical beliefs, feelings of prejudice, and behaviours of discrimination to outcast and rob people of status (p. 382).

Self-stigma occurs when stigma is internalised. Self-stigma has negative consequences for psychological health and social integration. Self-stigma arouses feelings of shame and personal failure (Ali, Hassiotis, Strydom, and King 2012; Hinshaw 2006) and can lower self-esteem and personal efficacy (Corrigan, Watson, and Barr 2006). Self-loathing, self-blame, and self-destructive behaviours may be manifested, along with withdrawal from social networks, including support networks (Herek 1999; Link, Cullen, Struening, Shrout, and Dohrenwend 1989).

Being the bearer of stigma, however, does not necessarily mean that stigma is internalised. Those who have been stigmatised may resist through rejecting the negative identity they have been given (Campbell and Deacon 2006; Link and Phelan 2001). Even so, stigma can undermine “full social
acceptance” in ways that arguably make the individual's personal resistance futile (Link and Phelan 2001). Stigma is socially most oppressive when it is consensual in a society (public stigma) and it infiltrates institutions and social structures (institutional stigma) (Pryor, Reeder and Monroe 2012). Public stigma and institutional stigma diminish life opportunities (Major and O’Brien 2005; Hinshaw 2006). Public stigma becomes lodged in our thinking through virtually everyone hearing one story time and time again. The media is a prime facilitator (Wahl 1997). Media content picks up on commonly held stereotypes and issues that are creating public anxiety. Stigmatised messaging presented to audiences shapes the beliefs, attitudes and feelings of the public and influences behaviour towards the stigmatised group. When stigma is not only widely shared, but also legitimised and perpetrated by society’s institutions and belief systems, institutional stigma comes into play to consolidate power differentials between bearers of stigma and their oppressors. Institutionalised stigma gives authorities license to act in ways that abuse rights and restrict choices with public acceptance (eg mental asylums, sexual and physical abuse of children in state care institutions). Institutional stigma creates a loss of status that leads to an escalation of disadvantage (Link and Phelan 2001; Parker and Aggleton 2003). Those who challenge the escalation of disadvantage risk courtesy stigma or stigma by association.

**Courtesy stigma or stigma by association**

Those who share an identity with the stigmatised person (as a member of the same group) or who show sympathy for a stigmatised person can be subject to courtesy stigma (Goffman 1963, p. 30) or stigma by association (Pryor, Redder and Munro 2012). Goffman emphasised the importance of social structure associations, not just choice, in courtesy stigma. Much courtesy stigma research has involved families of people with mental health issues who may be disruptive or dangerous and subject to public stigma. In the parenting sphere, mothers bear the shame of public stigma with children who behave in socially unacceptable ways. They report being blamed for their children’s poor behaviour; specifically experiencing disapproval and scrutiny, being stared at or monitored in public, and feeling obliged to make excuses (Ali, Hassiotis, Strydom and King, 2012). Young mothers may feel especially vulnerable. They may feel that others view their kind of parenting as abnormal and unacceptable. The emotional consequences of the family experiencing a stigma are typically shame, fear, anxiety, desperation, guilt, and worry. They may experience discrimination in relation to work and housing. Socially they may retreat, avoiding external relationships, or, move around frequently, leading to family isolation (Green 2004; Campbell and Deacon 2006). The latter behaviour, in particular, causes concern for child protection authorities. Finally, refusing to seek help or even relinquishing responsibility for the care of their child can occur when parents are overwhelmed by the burden of stigma (Ali, Hassiotis, Strydom and King 2012).

Courtesy stigma or stigma by association can also impact on people who are simply working alongside those who have been stigmatised (Kulik, Bainbridge and Cregan 2008). Awareness of stigma by association changes individual behaviour. Swim, Ferguson and Hyers (1999) documented the way in which heterosexual individuals created social distance from someone they believed to be
lesbian through expressing different opinions and preferences. Stigma by association has come to be widely acknowledged in the health area, including in relation to HIV-AIDS (Bogart et al. 2008; Clarke et al. 2004), eating disorders, epilepsy and other disabilities (Werner, Mittelman, Goldstein, and Heinik 2012). This research questioned how stigma by association – or fear of such stigma, affected the work of professionals and health workers. Halter (2008) used stigma by association to explain why psychiatric nurses were less likely than nurses in other areas to be described as skilled, logical, dynamic and respected. In a study of HIV-AIDS healthcare workers in South Africa, Haber, Roby and High-George (2011) evidenced courtesy stigma in terms of perceptions of a loss of status and discrimination and a desire to leave South Africa (even though they wanted to remain working in the field of HIV-AIDS health care). Research has shown people associated with stigmatised individuals are routinely devalued purely as a result of their connection with someone with a stigmatised condition. Like public stigma, institutional stigma and self-stigma, stigma by association can undermine identity, emotional well-being and freedom of choice (Dwyer, Snyder and Omoto 2013; Heflinger and Hinshaw 2010; Lee, Kochman and Sikkema 2002).

**Why does stigma by association matter in child protection?**

Child protection authorities need to maintain effective partnerships with other government agencies (for example, police, health and housing), non-government and community organisations (for example, domestic violence and drug addiction services), families (including extended families) as well as the parents of children who are being monitored. Stigma threatens the establishment of effective partnerships. Partnerships require relationships of trust and mutual respect and wither when one party dominates the other, limiting the other’s potential contribution.

The most common type of stigma discussed in the child protection context is both public and institutional and relates to ‘bad’ parents: blaming and shaming parents and family members when their children are considered ‘at risk’ of abuse or neglect. This stigma is made even more powerful through being ‘layered’ (Campbell and Deacon 2006) with other stigmas associated with drug addiction, homelessness, domestic violence, mental illness, disability and unemployment (Hamilton and Braithwaite 2014). In this way, the stigma of ‘bad’ parent readily transfers to other family members (Ivec, Braithwaite and Harris 2012).

There are two reasons for expecting stigma by association to extend to community workers in child protection. First, in an era of government outsourcing of service delivery, community workers are likely to spend more time with families than government workers, to be their prime source of support and to be their advocates. The second reason focuses more directly on power and the way in which government child protection authorities have been oppressive of children, families and workers including their own front line staff (Braithwaite 2015).

In an era of government outsourcing of services, child protection authorities adopt a role that is socially distant from and controlling of community organisations and families. Control extends beyond
prescriptive and proscriptive rules of what organisations and families must do. Child protection authorities control information and access to resources and decision-making. When community workers form strong, positive relationships with families and advocate for them against authorities, they threaten the authorities’ control over decision-making. When authorities are threatened, stigma is a prime means of defence (Campbell and Deacon 2006). Authorities may dismiss community workers as being biased in favour of so-called ‘bad’ parents; and therefore, like families, as being part of the problem, rather than part of the solution.

**Case study: stigma and community workers**

This study asked whether community workers face stigma by association in their dealings with a child protection authority. The expectation was not that community workers would identify as being the target of stigma directly. Rather stigma by association was inferred from their reports of how they were treated by officials of the child protection authority: specifically being subjected to negative stereotyping of motives and capacities, social distancing and exclusion from decision-making processes, and status loss through denigration of professionalism and values. Treatment of this kind could potentially give rise to self-stigma and loss of confidence to advocate on behalf of families. More importantly, however, stigma of this kind isolated individual workers from networks where information and opinions could be exchanged and resources shared. Stigmatizing knowledgeable parties means that authority turns its back on community workers’ input and potential contributions and makes less well-informed decisions as a result.

**Method**

The study was conducted in Canberra, Australia, a small jurisdiction in which the Child Protection Australia 2012-13 report showed 1577 children subject to investigation of notifications, 844 children under care and protection orders, and 765 children in out-of-home care (Australian Institute of Health and Welfare 2014). The relatively small nature of the jurisdiction meant that community organisations dealing with child protection cases were well acquainted with the child protection authority, and were therefore well positioned to reflect on their relationship with the authority.

Ten community and non-government organisations were invited to take part in interviews about their challenges in meeting the needs of families involved with the government’s child protection agency. The organisations had all been operating for a number of years and were familiar with the expectations and formalities of working with a child protection authority. Nine organisations agreed to participate in the interviews, between them yielding fifteen participants. The organization that declined had the prime responsibility for providing out-of-home care for children. This meant that the organisations that took part in the study were family service providers and did not include services specifically oriented to children.

These organisations provided community support to the homeless, domestic and family violence services, alcohol and other drug organisations, services for people with disabilities, services providing
counselling and conflict resolution, mental health services and those providing support to prisoners. Families carried, as described by one participant, ‘a basket of issues’ (Hamilton and Braithwaite 2014). They were families most likely to be labelled as parenting risks or ‘bad’ parents by the authority and the public.

All participants in this research were regarded as ‘community workers’. They came from a range of backgrounds – management, professional social workers and advocates, to workers with minimal qualifications. All had held leadership positions in their organisations for working with families with child protection involvement.

The interviews were conducted in the Australian Capital Territory in Australia from mid-2012 to early 2013. Interviews were semi-structured, lasting between one and two hours. Questions covered a range of topics including: relationships in the child protection sphere; views on fairness and the treatment of parents and family members; views on communication and partnering with the ACT Child Protection Service; pathways available for parents and family members to work cooperatively with authorities and agencies; capacity of community workers to empower families to follow new pathways; and effectiveness of service delivery. Interviews were taped, transcribed and analysed for evidence of stigma.

**Results**

Inferring stigma from the stories that community workers told of their interactions with child protection authorities was complicated by a number of factors. Inferences were predicated on the community workers being skilled workers, committed to their clients’ well-being, and at the same time being responsible and accountable for the well-being of children in their client’s care. For this reason, community workers’ accounts of how they see their work is presented first, as background material for evaluating the data presented as evidence of stigma. This section also provides insight into why child protection authorities may be threatened by the potential power of this group of workers. The next three sections review evidence of stigma: (a) negative stereotyping and its effects; (b) social exclusion and distancing; and (c) status loss and denigrating treatment. After each section the likely impact on service delivery is discussed.

**How community workers see themselves**

Community workers approached their work with a belief that parents could develop capacity to look after their children properly if given the appropriate support:

> The mothers that we have worked with, the vast majority of them, they would have been ok. There are those who are having a pretty bad episode or those who really were just not in the parenting space and substance abuse had become more important, but they are few and far between.

Their commitment to their clients was reflected in relationships of trust with them:
We do work with people on a daily basis and work with people with humanity, so there’s a reciprocity of trust that often people don’t have with the big organisations or the government.

This commitment accompanied awareness of the stigma of being a ‘bad’ parent, present in the child protection authority and in the public at large:

It depends on the worker at Child Protection. The stigma is great. At times I have felt very uncomfortable with the way that some child protection workers were talking about families.

And:

[Our work] is not the kind of sensationalist current affairs commercial television stuff, which seems to be what the broader community sees as care and protection; it is an assumption that they [parents] are all like that [abusive] when we know that that is quite rare.

The interviews consistently pointed to a social situation where parents looked to community workers for help and support and both tended to be wary, if not distrustful, of the child protection authority. It is in this context that authorities might well fear community workers and suspect them of challenging their power and undermining their authority regarding the best interests of the child.

**Negative stereotyping and its effects**

Community workers reported being stigmatised in terms of their priorities. They described child protection as routinely judging them as putting the needs of parents and family members before those of the children. They were at pains to point out that they believed in the UN Rights of the Child principle of the best interests of the child. Their position was that supporting families was usually a better way of ensuring the safety and care of children than placing them in out-of-home care or removing them from their biological parents for adoption.

The children’s needs always come first, but somehow if you are not only doing this you are viewed as not doing the right thing.

And:

… we are often accused of implicitly putting the needs of the client over the children .... we never ever do that. We have very strict policy. When a child is at risk we will make a notification, we will tell the parent we are doing that unless it is going to put the child at further risk.

The idea that community workers put their clients before the best interests of the children was a stereotype that offended community workers.

So the thought is that we will do anything to protect the women so they can keep their babies ... The reality is that if we have the slightest sense that a child is in danger we are not going to ignore it. Our duty of care is to the baby as well. We don’t go in saying these people should have their children, but we go in with the view that their
rights should be heard and that they are more than just somebody who is accused of these things. And we have fought for that for a long time.

Community workers agreed that some children could not remain living with their parents and that child protection officials were right in taking action for removal:

There was no dispute that in some situations child removal is necessary: There are children, where the situation is so extreme that removal is the appropriate action.

By the same token, community workers did not shy away from acknowledging they did not always agree with the child protection officials in their decision-making. They believed many removals that were taking place were unnecessary, due to a lack of understanding by child protection workers of the complexity of families and their potential to do well if appropriately supported. This belief was captured in the interviews as follows:

What we know is that if people are given permission to succeed, they claim it and they do it. We think that in many of the child removals that happen there is a complete lack of understanding that the mother is not an inherently dangerous person.

Differences between child protection officials and community workers were not only about numbers of removals, however. Differences emerged on how and why decisions were made:

I have seen situations where I thought kids were unsafe and staying or where kids get taken before I thought they would.

Child removal is a contentious and complex aspect of a child protection authority’s role. And it is highly likely that community workers and child protection authorities had different conceptions of what was required for a parent to keep her/his children. As one of the community workers put it:

For the parents to be able to be a ‘good enough’ parent ... that should be all they are looking for ... looking for ‘good enough’ parenting because the long term effects of child removal are well documented.

Given what is at stake and different conceptions of ‘good enough parenting’ and ‘best interests of the child’, making correct decisions for children and their families requires listening, inclusive deliberation and cooperation. Different viewpoints are bound to emerge and should be welcomed. It is here that the stigmatisation of community workers because of their association with parents, undermines effective service delivery. Communicating to community workers not only that they may be too close to families (which may be true), but also invoking a stereotype of them deviating from the principle of the best interests of the child and their legal obligations hinders the development of cooperative relationships. Community workers are care workers. To stereotype them as advocates for parents to the detriment of children sends the message that they do harm. By the same token, it was not unusual for community workers to resist with counter stereotyping of the culture of child protection as one where:

‘bad’ parents need punishing and it needs to be a punitive response …
Stigma, through damaging the credibility of the other, damages the capacities of both the community sector and the government to learn from each other and exercise their responsibilities judiciously. As one community worker explained, success in providing what is best for children depends on partnering well:

To me it’s not a very complicated thing. The solution is simple, stop trying to deal with things by yourself. Look to people who have expertise and recognize they have an identity and they know things.

Social exclusion and distancing

There were multiple examples of community workers not being included in deliberations and being given no information about decisions that were made about the families they were working with:

Include you in discussions? No not always ... things are done without us being informed or consulted.

Being denied information, and indeed being deceived, were experiences that were described by community workers as standard, often with adverse consequences for families and the community organisations:

All we needed was for her to say, this is what we intend to do, so someone could be there to support the woman and not just have two care and protection workers and three police officers rocking up.

And:

So that’s a situation where they [child protection agency] thought well, they probably just don’t know that we can do this anyway. So we’ll just go with them [let them go to court] and give them their two years - whatever the Magistrate says doesn’t really matter, and we will just do what we want anyway. That is so wrong. The magistrate and the lawyer who we paid to represent us had no idea. $35 000 which would have been fine if it went to some kind of justice, but there is no justice in just being hoodwinked and tricked.

Community workers described many occurrences of not being provided with the information they required and had asked for:

The problem we had was we could never get hold of a hard copy of the agreement and so a few years down the track, and this mother is still with us, the agreement has never been implemented by the foster agency and we have had a number of times where we have struggled to have it adhered to.

And:

[Child protection] knew we were involved, but we would go out to see him [child in care] and he wouldn’t be there and you hadn’t been told he wouldn’t be there, they had changed his foster care arrangement, or that he had gone into some kind of residential foster care, and we just ended up chasing our tails, no one would tell us
what was going on ... communication issues that can impact on our clients. That one, a million phone calls, a million emails and a million higher end stuff.

Child protection authorities excluded community workers not only from decision-making but also from obtaining knowledge that would have facilitated processes of care and allowed community workers to use their limited resources productively. The problem of poor communication protocols with community workers appeared endemic. But community workers saw instances of their exclusion as deliberately directed to undermining their effectiveness in supporting families. These negative impressions served to further undermine cooperative relationships with the authority.

**Status loss and denigrating treatment**

Community workers provided many stories of stereotypical thinking by the child protection agency – both in relation to parents and themselves, and of being excluded from relevant information networks. Despite differences of opinion with the child protection authority and despite feeling an affinity with the families they worked with, the sample we interviewed were aware of the importance of having a good working relationship with the child protection agency. Some reported that on balance they did have a good relationship:

> We have always had a good and unique working relationship … for us it is in the client’s best interest and it is in their interests to work with and liaise with as many other organisations as possible.

This awareness, plus the fact that government money was critical to the survival of many community organisations, created a power differential that made community workers more vulnerable to stigma than they might have been otherwise. In two interviews, specific mention was made of a breakdown in the social norm of reciprocity. Community workers wanted a constructive working relationship and made efforts to establish one, but these efforts were rebuffed.

> We work really hard at maintaining that relationship; if we let the relationship slip they would let it slip.

And:

> And that’s the thing about reciprocity. You [child protection agency] are ringing me up asking me all these questions about her [and then they go behind our back and remove the child anyway].

As a reflection of their loss of status, community workers reported denial of their expertise:

> [The child protection agency] certainly see themselves as the expert in relation to a lot of things. We’ve had child protection workers think they are the experts in DV [domestic violence] ... but they can’t recognize the expertise that is over here.

And:

> to maintain power they often think they are a lot better than us, they know it all.
One community worker highlighted the arbitrariness and manipulation surrounding denial of expertise:

    We are good enough to do everything that is really really hard for them, so, on one hand they recognize it, but on the other hand they dismiss it.

Community workers rarely showed doubt that they had expertise to offer in our interviews with them. In this sense they had not been crushed psychologically by stigma. But they were undermined in the options available to them for service delivery. In other words, stigma denied them the right to make choices and contributions, or at the very least, made it much harder.

This from the Chief Executive of an advocacy service:

(Women with disabilities) ... we are all very stupid, have no intelligence and are asexual beings among other things; the cultural presumptions about disabilities and about women with disabilities particularly are very profound. They are very strong and extremely demeaning. And it's very hard work.

In the case of a less experienced community worker, her encounter with child protection staff was equally bruising, providing the most direct example of courtesy stigma in action and its consequences for how community workers did their jobs:

... as my client was breaking down, I wanted to jump in and say something but I didn't, because previously to that I had jumped in at a moment and said something to offer her reassurance and information about something that she didn't know, but the person who was in charge looked at me and sighed and said 'you'll have time to do this out of the case conference'. And I just shut down, I felt shamed, I felt fearful to speak truthfully to the client ... I went into a very professional, pragmatic, authoritative mode. It was my first case conference and I was the youngest person there. So probably already I was on the back foot. I didn't respond the next time she broke down crying...

Community workers described feeling threatened, intimidated and powerless:

    We feel like we are quite powerless, so you can imagine how parents feel to go into a meeting with [child protection], they will just walk all over, and shout you down almost. If they would actually communicate with us and tell us why they are doing the things they are doing.

And:

Sometimes when we go in there, and this is why we always have a coordinator go is because they just tread all over you. Often the case managers find it really difficult and at least as a coordinator...

And:

A coordinator and the manager has a bit of a voice sometimes, anything below us doesn't have a hope. They are not treated with respect .... Or very very rarely so it is very very difficult for them.

Feeling undervalued, demeaned and fearful adversely affected community workers. Although they did
not lose commitment to their clients, they were more circumspect in how they displayed their support and struggled to contest proceedings and advocate for their clients. Community workers were silenced through denigrating and bullying behaviour:

The things they do sometimes are very deliberate and very very undermining of us; very very rude; we would never treat them like that, never, cause we wouldn’t be game. We know that the door wouldn’t be open ever again. That’s not fair, and you can’t even fight back on it.

These data from interviews with community workers illustrate how child protection authorities pursue negative stereotyping, social exclusion and status loss in their interactions with community workers. Stigma weakens the position of community workers who are supporting families in the care and protection system. We consider this evidence of stigma by association. The ‘bad’ parent stigma elides with the stigma of departing from the “doctrine” of the child protection authority. Community workers experienced rejection of their expertise, exclusion from deliberation and relevant knowledge about their clients, game playing that wasted their resources, and denigrating treatment that robbed them of professionalism and denied them respect.

**Policy implications and discussion**

This paper shows how stigma by association becomes attached to community workers, and how it affects their capacity to help parents involved with child protection services. Community workers assist parents make the changes necessary to satisfy conditions for ‘good enough’ parenting. Community workers were well aware of the stigma of the ‘bad’ parent that both the child protection authority and the public attached to their clients. They rejected this stereotype. Community workers confirmed the close working relationship they had with parents and acknowledged that this involved greater trust generally than existed between their clients and the child protection authority. Moreover, community workers perceived themselves as possibly the only advocate that their clients had, although they were quick to admit that they did not have sufficient resources nor the legal knowledge to defend parents against unjust treatment by the child protection authority (see Hamilton and Braithwaite 2014 for further data and discussion).

Within this broader social and political context, community workers became targets of stigma by association. Courtesy stigma was inferred from the reports of child protection workers about their treatment by child protection authorities. Stigma was defined as the occurrence of stereotypical beliefs, prejudicial feelings and discriminatory behaviours cohering around an out-group, stripping that group of status (Link and Phelan 2001; see also Heflinger and Hinshaw 2010). Community workers reported challenges to their professional status through being stereotyped as being on the side of mothers at the expense of children, even when the child was at risk. Community workers were treated in a discriminatory and hostile manner: They were excluded from decision making, had relevant information about their clients hidden from them, were treated in bullying, demeaning and arbitrary ways, and saw the child protection authority undermine their capacity to do their jobs. Most showed a
degree of resistance to the authority, but not outwardly. Community workers were very conscious of the power of the child protection authority, and that they would be punished should they openly challenge decisions and processes.

Yet, with the exception of a couple of reports of being shamed and humiliated, community workers appeared to be remarkably resilient. Their commitment to their clients was unwavering. There was little evidence of low morale or job dissatisfaction among community workers. That said, they admitted to anger, frustration and sometimes finding the job very difficult. Some community workers in the present study made a point of mentioning the good relationships they had within the authority, but for the most part, the child protection authority was not looked upon favourably.

Interestingly, surveys measuring attitudes to child protection intervention conducted prior to this study revealed that the differences between community workers and child protection workers were not so great (Ivec, Braithwaite and Reinhart 2011; McArthur et al. 2011). Perceptions of difference appear to be largely socially constructed by authority and community. This is the reason why the concept of stigma is so valuable in advancing practice in child protection. Social distance more than likely was created between child protection staff and community workers for self-protective reasons. Each group has invested in protecting its identity. Community workers were proud of their support for families involved with child protection and the close working relationship they had with them. Community workers wanted to help families look after their children better and had flexibility to respond nimbly to family needs. In contrast, child protection authorities did not have the capacity for nimbleness, yet they bore responsibility for outcomes. They wanted to preserve a power imbalance and to control processes and decisions. The authority was risk averse, remote and fearful of scandal and had battened down the hatches in the face of criticism for removing children too soon or not soon enough.

Australia has been plagued by child protection scandals and government enquiries. Lonne, Harries and Lantz (2013) list over 30 inquiries in the fifteen years following 1997’s Bringing them Home report into the removal of Aboriginal children from their families.

Stigma by association limited prospects of the child protection authority engaging in genuine partnerships with community organisations. Government bureaucracies operated under a new public management philosophy, outsourcing services and embracing principal agent theory to keep community organisations accountable and honest (Lonne, Harries, Featherstone, and Gray, 2015; Merkel-Holguin 2004; Parton 2014; Swain and Hillel 2010). Yet much of the work that was needed with families fell between the contracts issued by the government. Community organisations did their best with limited resources to cover service gaps (Hamilton and Braithwaite 2014). In the meantime, the child protection agency took advantage of community workers’ commitment to their families to go beyond contractual obligations. At the same time, community workers were stigmatised for being too close to families and lacking a balanced approach to child protection work.

The support of community organisations and community workers is extremely important in child protection. Their contribution is valuable in negotiating new pathways of care that parents and families
can implement, that satisfy authorities monitoring risks to the child, and that most importantly, ensure the future wellbeing of children. Calls have been made to strengthen informal networks of support around children and disadvantaged families, not only through community organisations but also through including neighbours, friends and volunteers (Levine 1988; Melton 2013). Restorative justice, known in child protection more widely as family group conferencing (Ashley and Nixon 2007; Burford and Pennell 1998, Morris and Tunnard 1996), recognizes the valuable contribution of the informal sector and how it can contribute to help families provide the care that children need. In times of global fiscal constraint by governments, particularly in the welfare sector, the importance of informal networks is likely to grow.

Stigma by association (and stigma more generally) poses a major impediment to mobilising such informal support. Harris (2007, 2008) has argued that in spite of familiarity with and resources to undertake restorative justice work in child protection in Australia, progress has been slow, largely because of the reluctance of authorities to enter into genuine partnerships with community organisations, families and their networks. Child protection agencies want to maintain control. We argue that stigma is a tool of such control. Through directing courtesy stigma toward community workers, child protection authorities isolate and sanction ‘bad’ parents and contain the support they can call on from the community sector (Phelan, Link and Dovidio 2008).

Through examining the plight of community workers, questions can legitimately be raised about the prospects of genuinely making child protection everyone’s business. Volunteers and community members with capacity to assist may fear involvement with families who have been stigmatised as ‘bad’ parents and community workers who have been stigmatised as sympathizers of ‘bad’ parents. The stigma generated by child protection agencies may generate such fear, uneasiness and social distance that no one wants to come forward to provide a lending hand.

An important question to ask is how widespread this phenomenon is. The data presented here is from a case study of one of Australia’s eight child protection authorities. The many reviews that have been conducted of Australia’s child protection system (Lonne, Harries, and Lantz 2013) suggest that they share similar problems and all have been criticised for the lack of transparency and poor engagement with families, community organisations and other government departments. Overseas studies report similar problems (Chipungu and Bent-Goodley 2004; Featherstone et al 2014). Even so, further research is required before concluding that there is a generalizable problem of courtesy stigma. With greater confidence we can claim that when courtesy stigma is directed toward communities that offer support for families involved with child protection, capacity to enrol assistance of a voluntary nature will be compromised.

**Conclusion**

We have shown that community workers experienced stigma by association. This excludes them from child protection decision-making and processes, and denies the child protection authority, and
sometimes even families, the benefits of their understanding and experience. Quality service delivery depends on the expertise and skill of community workers being acknowledged and utilised through respectful and responsive relationships with all stakeholders. Experiencing stigma by association as a result of offering support to child protection’s highly stigmatised parents and family members hinders the ability of community workers to provide effective advocacy and support. Stigma creates silos of knowledge and destroys social capital, making it impossible for parents, child protection workers, community workers, networks and volunteers to pool resources and efforts to do their best to care for kids.
References


Merkel-Holguin, L. (2004). Sharing power with the people: Family group conferencing as a democratic


