Dear Sir/Madam

We appreciate the opportunity to provide input into the Senate Standing Committee Inquiry into Out-Of-Home-Care. Our contribution is based on our own research findings at the Regulatory Institutions Network (RegNet) at the Australian National University where we have undertaken a series of studies on child protection through the Community Capacity Building in Child Protection Projects since 2007 (see https://ccb.anu.edu.au/index.html).

RegNet is an internationally recognised academic centre, focused on the study of regulation and governance across many policy-relevant areas. Our work draws on interdisciplinary research and has local, national and global application in areas such as patient safety, worker health and safety, social services and aged care. These domains provide valuable and transferable lessons to your current area of investigation, out-of-home care and child safety and protection.

We would be happy to expand on this brief submission in person, if requested by the Committee. Our submission addresses three of the ten terms of reference. These are:

G. best practice in out of home care in Australia and internationally;
H. consultation with individuals, families and communities affected by removal of children from the home;
J. best practice solutions for supporting children in vulnerable family situations including early intervention.

We can be contacted at mary.ivec@anu.edu.au on 6125-4438 or Valerie.braithwaite@anu.edu.au on 6125-4601.

Kind regards

Mary Ivec & Valerie Braithwaite
Regulatory Institutions Network
14 November 2014
Attachments:

A. Figure 1. A pyramid of intervention


Out of home care
Submission 81

Comments

- There is a well established and broad evidence base to show that OOHC outcomes for children and young people are poor (see Ivec & Braithwaite 2010 OOHC Standards Submission).

- The challenges to the OOHC system include children being in care longer, having more complex needs, escalating costs and a falling number of placements available. Quality of care remains an ongoing challenge to child protection agencies who regulate out-of-home care providers and need to ensure that providers not only comply with minimum requirements of care, but that they aim to deliver quality services that go beyond compliance.

- A regulatory pyramid concept can be applied to out-of-home care (see Figure 1) which positions out-of-home care on a continuum of support to children and their families where concerns exist about parenting capacity and/or child safety. A pyramid of intervention such as this from least to most intrusive should be shared with the public. We would argue that it is both in the interests of transparency and empowering families to take responsibility for the care of their children.

- The pyramid of intervention is based on the Ayres & Braithwaite (1992) regulatory pyramid and responsive regulation theory. A detailed discussion on a responsive regulatory approach to child protection is provided by Braithwaite, Harris & Ivec in the Australian College for Child and Family Protection Practitioners (2009, pp. 7-23 and pp.71-77).

- Key principles underlying a responsive regulatory approach include: active listening by engaging all stakeholders, being clear on what is expected, engaging fairly and respectfully, including stakeholders with dissenting voices whose experiences can often lead to improved ways of operating; embracing systemic approaches which bring multiple decision-makers and problem-solvers to the table; being collaborative in capacity building – shared responsibility requires shared decision-making; and to learn, evaluate and share what is learnt (Braithwaite 2012).

- The on-going and seemingly intractable difficulties child protection authorities face stem from these key regulatory principles being ignored. Recurring themes in our research over the past 7 years are: the lack of trust that exists between parties, the lack of transparency, the failure of authorities to meaningfully engage with and actively listen to parents, communities, including Indigenous and refugee and migrant communities and other workers and third parties in the service system surrounding children and the widespread experiences of disempowerment by those interacting with the system (Loconcz 2014; Hamilton & Braithwaite 2014; Hinton 2013; Harris & Gosnell 2012; Ivec, Braithwaite and Harris 2010; Ivec, Braithwaite & Reinhardt 2011).

- In contrast, where program successes are seen (and this addresses term of reference G), the underlying principles that have been operationalised include: participation and inclusion in processes by all stakeholders; effective communication and active listening; respecting the rights of children, parents and families and this incorporates cultural rights; shared decision making for solutions and sustained support and allowing time for behavior change while not jeopardizing child safety (see Ivec 2013). These approaches are central to empowering parents, families and other workers and building commitment to what authorities are trying to achieve. Parents and families, together with others, find their own motivations to improve their behavior. Successful approaches communicated staying power and a belief that change is possible, authorities believed parents could parent well and provided the support to ensure this could happen (see Practice First, New South Wales Department of Community Services Pilot).

- The regulatory pyramid (Figure 1) presents a framework for organizing the range of programs and approaches utilised by child protection authorities internationally (less so in Australia). The pyramid depicts six layers of possible intervention which sees escalation up the pyramid increasing statutory
and court involvement, costs and coercion. The various layers are not mutually exclusive and in practice the borders are blurred and a mix of possibilities exist.

- What the pyramid does show, is that there are a number of various approaches, program models and strategies that child protection authorities can utilise, when child safety concerns exist. This suite of interventions opens up many more possibilities for more positive and engaging encounters with parents, families, the community and various third parties who can contribute to child safety and who can assist by bringing extra resources and ‘informal regulation’ to the issue of concern. Currently much State intervention sidelines the willingness, capacity and resource that others can bring to the site of concern, especially NGO community services (see Hamilton & Braithwaite 2014). Where child safety concerns exist, these need to be made explicit by authorities to those in the child’s care network. By sharing information and allowing shared decision making, child protection authorities can only strengthen the safety around a child. Currently information is treated as confidential and decisions made behind closed doors. This approach often leads to very poor decisions being made. By drawing upon the contributions of a number of third parties, who are part of the ‘regulatory community’ around a child and family, and including those who are the subject of intervention, i.e. parents, all become active participants in addressing the problem. Interventions must seek to influence, strengthen the functioning of and build capacity in the various parties who care for children in order to be able to better serve the interests of the child.

- To begin at the base of the pyramid, addresses the term of reference (J) prevention of OOHC placement and early intervention for families at risk. A number of programs have been shown to be effective in providing prevention and early intervention services to families where children may be at risk, such as home visiting programs; nurse-family partnerships; intensive family support, practical and multi-dimensional support, community-based models offering educative and supportive ways for diverting children and parents away from child protection systems (for a full description of these programs see Ivec 2013, p.78-117. A number of specially targeted programs and approaches also exist which address the needs of specific groups such as fathers, parents or children with disabilities and culturally diverse groups and Indigenous populations.)

- As part of an early intervention strategy, family group conferencing (FGC) has been found to further divert families from more formal intervention. FGCs enable informal support systems to come together and harness their collective resources to assist the child and family. Mandated in New Zealand when a child concern report is received, FGCing (or some derivative) is a mechanism available in legislation across Australian jurisdictions, however translation into practice has been found to be lacking. Through mandatory requirements, the NZ legislature removed professional discretion not to hold a FGC. The NZ approach requires professionals to take a more problem-solving approach, to bring all parties together to try and resolve the problems, and not escalate the concerns to court. Family Group Conferencing has been shown to be effective in reducing the numbers of children entering OOHC (American Humane Association 2010; Doolan 2010, Harris 2008, Burford et al. 2008).

- In addressing term of reference (H), consultation with those affected by child removal, child protection authorities in Australia, have consistently struggled with this and various inquiries have called for more open door approaches by child protection agencies (Parliament of Tasmania 2011, Parliament of South Australia 2009). In comparison, New Zealand, and some USA child welfare agencies work in close collaboration with parents and families, including First Nations and Maori to ensure ‘co-design’ and ‘co-production’ of regulatory strategies which make sense to the communities and ensure more shared meaning is developed as to what constitutes child abuse and neglect, how harm can be reduced and repaired, and how a loving and safe relationship can be restored.

- The OOHC intervention on the regulatory pyramid (see Figure 1) involves a more formal intervention on the part of authorities and addresses the term of reference G. Once children have been removed from their parents, a number of programs and approaches have been found to be critical for successful child outcomes. These include ice-breaker meetings, visitation coaching, birth parent mentors and peers; relinquishing counselling; family finding and family reunification. The US based body Foster Family-Based Treatment Association has undertaken significant research on implementing evidence-based
practice in out-of-home care and supporting and engaging birth parents with foster parents is seen as a critical factor in successful outcomes for children in out-of-home care (see Ivec 2013, p. 43-47 and p.103-110)

- By firstly taking a community engagement approach which provides opportunity for conversation, information sharing, building shared meaning, awareness raising and education of standards expected of parents, child protection authorities can build the social capital they need to be more effective in motivating better care in the community. Our empirical studies have consistently shown low levels of trust between child protection authorities, other service systems, and the extended families and parents of children subject to child protection intervention (Hamilton & Braithwaite 2014; Ivec, Braithwaite & Harris 2012; Ivec, Braithwaite & Reinhart, 2011; Harris & Gosnell 2012).

- The Charter of Rights and Responsibilities for Parents and Family Members with Children in the Care of Child Protection Services in Australia (Hamilton & Braithwaite 2014) was designed to kick start a new and improved relationship among statutory authorities, community workers and families.

In summary, some very basic regulatory principles (see Braithwaite, J. (2011) & Braithwaite, V. (2006) which many regulators have grown to understand that elicit compliance behaviour include active listening, engaging those who resist, engaging other partners who can assist in the regulatory role and provide support (e.g. community service agencies). Our research has consistently found deficiencies in these areas where child protection authorities are intervening.
References


Figure 1: Pyramid of interventions. Generic practices and frameworks used in combination across service systems across bottom of pyramid and program examples.

Key Operating Principles
- Participation & inclusion in processes
- Effective communication, listening
- Respecting rights of child, parents and family (including cultural)
- Shared decision making for solutions
- Sustained support & time to change

Program examples
- Therapeutic Jurisprudence,
- Family Drug Treatment
- Courts, Enhanced Legal representation for parents;
- Advocacy services and Court Mandated treatments
- Family Responsibilities
- Commission (Qld, Australia)
- Hollow Water (Canada)
- Indigenous Committees;
- Practice First, Social Work Reclaimed, Plan of Care Committees, Systems of Care
- Family reunification,
- Visitation Coaching, Birth
- Family-Foster Family Partnerships, Co-parenting,
- Ice-Breaker Meetings,
- Removal, Relinquishing Counselling, Citizens Panels
- Peer Support, User groups,
- parent led initiatives,
- Coaching, Peer Mentoring,
- Birth Parent Advisors
- Family Group Conferencing
- Parent-Child Interaction Interventions,
- Kinship/network care
- Early Intervention, Prevention & Education; Early Outreach & Home Visiting: Family-
- Nurse Partnerships, Intensive
- Family Support, Practical & multi-dimensional support

Who Delivers / Drivers
- Court/Legal System
- Statutory Authority & / or in strategic partnerships with community
- NGO’s
- Including foster care NGO’s
- Parents Consumers / Service Users
- NGO’s
- other govt org’s eg health services

Generic practices and known frameworks across systems that increase parental engagement: Relationship-based practice, Strengths based, Case Management; Signs of safety; Structured decision making; Motivational interventions, Family Group Conferencing & Family Decision-Making, Systems of Care (including family group decision making & child-family teams), differential response, concrete assistance, social learning models, respite.
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Out of home care

Submission 81 - Attachment 2
Ten Things You Need To Know About Regulation and Never Wanted to Ask

Valerie Braithwaite

Regulatory Institutions Network, Australian National University

For most people, “to regulate” means to control or direct others by rules, standards or principles. The term can carry negative baggage, particularly when attached to government. Rightly or wrongly, government regulation on occasion connotes authority “making” people do things they would not otherwise do, and generally interfering in people’s lives in intrusive and wasteful ways. Taxation is a field of government regulation that has attracted such criticism, particularly amongst small business.

Regulation need not be this way. When regulation is understood as a social activity that includes persuasion, influence, voluntary compliance and self-regulation, the term “to regulate” takes on a whole new dimension. Regulation becomes something that we all engage in when we intervene purposefully in our social world. It can be holding a child’s hand at a pedestrian crossing, encouraging a work mate to take recreation leave, or reminding a family member to put their dirty clothes in the laundry basket. At the Regulatory Institutions Network at the Australian National University, we understand regulation to apply to the broader social context, with an appreciation of the full gamut of activities that fall under the regulation umbrella. As Christine Parker and John Braithwaite (2003) put it, we regulate whenever we seek to influence the flow of events.
When we look at regulation from this perspective, people regulate each other, in the family, at work, in leisure pursuits, and on social occasions. The regulation that governments oversee is but the tip of the iceberg; the most formal admittedly, but in many ways the least sophisticated. When we consider regulation across informal and formal contexts, we gain a more complete intuitive grasp of the nature of regulation, the role of those with power and those without, and the ways in which regulation can either facilitate collective achievements or undermine hopes and initiative.

**Regulatory Pyramids: A Broad Perspective on Regulation**

When we combine the knowledge we have of informal regulation with that which we have of formal regulation, the options for how we might go about influencing the flow of events multiplies. Given a multitude of options, regulators must ask themselves, “what do we use, and when?” One approach is to adopt a responsive regulatory model. Three basic principles underlie responsive regulatory models. In order to use them, we must first take note of the context, and consider all the informal and formal regulatory strategies for changing the flow of events that currently operate and that might be introduced into that context. The second principle is to make sure that the strategies can be organized into a hierarchy from the most minimally intrusive through to those that are maximally intrusive, with the regulatory preference being for the strategy that elicits compliance with least intrusiveness. This way, regulators don’t over-react, creating unnecessary problems for themselves or others. The third principle is to create opportunities for dialogue about why regulation is necessary and elicit commitment to voluntary compliance in the future. In implementing this principle, rewards and benefits
have a role to play. The purpose is to strengthen informal regulatory processes, and most
importantly, self-regulation.

In practice, responsive regulation takes shape through the construction of a regulatory
pyramid. Ian Ayres and John Braithwaite (1992) developed the idea of regulatory
pyramids almost two decades ago, on the basis of observations and interviews with
regulators in many different fields (Braithwaite, 1985; Grabosky and Braithwaite, 1986).
Regulatory pyramids have been adapted to a variety of contexts, from dealing with
school bullying to corporate crime. The Australian Taxation Office (Commonwealth of
Australia 1998) has been an innovator in this regard, developing a Compliance Model
that has been exported to and adapted by other tax jurisdictions (The UK, New Zealand,
Timor Leste, Indonesia, and within the US, Pennsylvania). A generic form of the
Compliance Model from the ATO website appears below in Figure 1.

**Figure 1**

The Compliance Model

is used within particular

contexts to set out a

series of options that a
tax authority might use
to win compliance. At the base, the options may include education campaigns,
information brochures, helpful advice, and disclosure of the consequences of non-
compliance. At the next level up, monitoring and checks may be escalated, followed by
more intrusive auditing and investigations. At each level, penalties and the costs of
failing to cooperate in the face of non-compliance increase. At the top of the pyramid
may be the removal of a license to practice or imprisonment.
Most activity of the regulatory authority should occur at the base of the pyramid. The idea is that an authority that is legitimate and that is engaging seriously with the democratic will of the people does not need the coercion at the top of the pyramid to win compliance in most cases. Taxpayers are aware that coercive power exists and can be used, but generally will comply with persuasion and education. Even if there is escalation up the pyramid to elicit compliance, once cooperation is forthcoming, the Tax Office can de-escalate its intrusiveness.

Translating regulatory pyramids into practice can require regulatory agencies to change their ways of thinking and operating substantially. The trick to implementing a responsive regulatory model well is partly technical and partly psychological. The technical side involves having sound law and a good database so that regulators know what is going on, can identify illegalities and are able to track regulatory events for particular entities over time. The psychological aspect, readily apparent in the behaviour of any good regulator, is the willingness to embrace what they have in common with mothers and parish priests: the capacity to cajole, persuade, and sometimes coerce others into doing the right thing. Identifying what it means for a tax officer to influence taxpayers to ensure they are willing to pay their tax was part of the research agenda of the Centre for Tax System Integrity (CTSI), a 6-year research partnership between the Australian Taxation Office and the Australian National University. Drawing on the work of the staff of CTSI, there are 10 things that are part and parcel of a responsive regulator’s “should do list.” Each is discussed briefly below. While the research focus of CTSI has been on taxation, these ideas can be extended to other areas of regulation as
well. Indeed, much of our work has benefited from the insight of scholars of regulation in other fields.

**Should Do List: Item 1**

*Understand that people view a regulatory authority as a potential threat to freedom and well-being. This threat exists for both those who break the law and those who don’t.*

The power of the Tax Office to “deal” with ordinary taxpayers who don’t cooperate is rarely in dispute. In our national surveys over five years, the tax authority was uniformly regarded as a powerful agency: Only about 9% reported that the tax authority could not do much if an ordinary taxpayer decided to defy it.

There are a number of ways in which we cope with the power of an authority that can intrude on our lives. The most common approach is to adopt the role of “honest and law-abiding taxpayer” and stay out of the firing line. Because we are “good,” we convince ourselves we have nothing to fear: The psychology of this response is that we turn something that is potentially threatening into something that is benign. In our work, we find 90-93% of taxpayers identifying as moral, tax-paying citizens.

We can’t always comfort ourselves in this way, however. The tax authority can be an adversary in so far as it genuinely threatens our wellbeing, such as when it is claiming so much of our income that we can’t do the things we want to do. Tax can become oppressive to us, and 73% of respondents reported that they identified the tax system as oppressive to some extent.
Being a victim, however, is not our only option. We can fight back if we can become adept enough or rich enough to engage in clever tax minimization schemes. Complex tax law has contradictions, loopholes and importantly, lacks a moral base in principles of tax equity and fairness (Picciotto, 2005). As a result, game-playing with tax law can be an attractive option. This fight back mentality proved attractive to 13-16% of survey respondents.

These different ways of coping with taxation are available to all of us. Depending on the circles we move in and what is happening to us, some will appeal more than others. The effective regulator recognizes all these selves in each of us and skillfully tries to draw to the fore that which is most likely to be cooperative: the honest and law-abiding taxpayer. This is not to assume that our actions are honest and law-abiding. We may well be cheating the system. The important point is that when we play the role of an honest and law-abiding taxpayer, we are most open to wanting to cooperate, to do the right thing, and to sort out any problems we are having with the tax authority with the minimum of fuss. An effective regulator will reward this self, and will discourage our seeing our situation as that of victim or as one in which we have been so wronged that we are justified in game-playing. The outcome that the effective regulator hopes to achieve is to move us from being adversarial to cooperative, to move us from the top of the regulatory pyramid in Figure 1 to its base.

**Should Do List: Item 2**

*Know the regulatory objective: Is it to punish or is it to elicit compliance in the future?*
Both can be legitimate, depending on the objective of the regulatory agency at the time. What is important to note, however, is that punishment and improving compliance do not necessarily go together.

Tax authorities will apply heavy penalties and prosecute cases when their goal is to make a public statement about the unacceptability of certain activity. Punishment becomes the regulators’ vehicle for capturing the community’s attention and influencing community standards. Punishment can be an act that signals renewed vigour in keeping the bar high and insisting that taxpayers jump it.

The effectiveness of punishment for signalling community standards is rarely disputed. What is disputed is the effectiveness of punishment in getting individuals to change their ways. The reasoning put forward by regulators for why punishment should increase compliance is irrefutable in the minds of some: If individuals feel no punishment as a result of cheating on tax, they will cheat again. If they are punished, however, they will factor in the costs of cheating and will shy away from taking that risk and opt instead for being law-abiding.

What the evidence tells us is that more is happening in the minds of individuals than this neat calculation suggests. Many of us are not so rational and not so dispassionate in assessing possible gains and losses. Furthermore, in real life, it is not a given that individuals graciously concede to government authorities. The term “reactance” is used by psychologists to describe a response that is the opposite to that which authority wants – it’s a response of thumbing one’s nose at authority and asserting one’s freedom. The more general psychological point here is that the self that we put forward to the tax
authority is ours to give and will not be imposed on us by an authority. The self that we put forward filters how we see the tax authority, what we take in and how we use the information we have. If an authority gets our back up, our cost-benefit analysis is likely to look very different to us than regulators believe it should look.

There is considerable merit in considering the goal of eliciting future compliance as a separate enterprise from punishment. Eliciting future compliance involves simultaneously addressing a number of issues: debating and persuading of the rightness of the compliant action, showing how compliance can be achieved and uncovering incentives for compliance. Incentives take the form of bedding down the desire to do the right thing. At the same time, we should not overlook the fact that knowledge of possible punishment further up the pyramid may serve to make us more receptive to appeals for commitment and acceptance of the regulations at the lower levels.

**Should Do List: Item 3**

*Be open to cases of hardship: Is this individual’s life being limited or compromised in an unexpected way by regulation. Can anything be done to help ease the pressure?*

Much is made of taxpayers acting in their self-interest, with a focus generally on how regulators can increase the costs of non-compliance so that the pursuit of self-interest is abandoned. While this model can be appropriate in some instances, it is not in others. In the life of operational tax staff, ritualistically taking such a course of action can mean pushing a struggling business to bankruptcy when connections with a good accountant, the development of a sensible business plan, and a payment plan for back taxes could restore the business and provide the owner with a future. When regulators use their
inspections and audits to try to get to the bottom of non-compliance, they are uniquely positioned to add value to the life of the business and not just recoup lost taxes. They are also uniquely positioned to witness first-hand shortcomings in their own regulatory demands and perhaps even unfairness in tax law. The versions of the Compliance Model adopted by the Australian Taxation Office and (even more so) New Zealand Internal Revenue show how forming partnerships with the business community can benefit both regulators and regulatees. At the heart of these partnerships is the very important insight that comes with understanding how tax law in the abstract plays out in practice to affect the livelihood of individuals.

**Should Do List: Item 4**

*Deliver procedural justice to regulatees by treating individuals with respect, ensuring procedures are clear and transparent, and provide a reasonable and fair hearing.*

Research findings from CTSI and elsewhere suggest that if there is one thing that regulators can do to improve their capacity to regulate it is to abide by principles of procedural justice. Procedural justice reflects formal processes that are impartial, transparent and accountable, but the aspect of procedural justice that appears to transcend all these things is respect for the person being regulated. Treating taxpayers with respect and having taxpayers report that they have been treated respectfully by the tax authority is a critical element in setting up a cooperative relationship between taxpayers and the tax authority. Cooperative relationships allow constructive regulatory conversations about taxation, its purpose and its principled base to take place.
Should Do List: Item 5

*Engage constructively with dissenting voices.*

In surveys conducted in 2000 and 2005, Australians were asked about the state of their democracy. Some 85% reported feeling at least some level of cynicism or disillusionment, with many claiming democracy in Australia had lost its original meaning and had become a “dollar democracy.”

These findings raise an important point about the role of dissenting voices, in government generally and government-led regulation specifically. There is no perfect blueprint for regulation with which everyone will agree and thus no reason for supposing that a regulatory blueprint can be effectively imposed on a community from the outside. Australians do not view authority as all-knowing, all-wise, or all-benevolent. They do, however, recognize the legitimate authority of regulators, the Tax Office for example. Many regulators reading this will say, ”That’s all we want. If they recognize authority, they’ll respect us and do what we want.” That may be true, but there is a down side to the authoritarian imposition of rules. Those being regulated may simply develop strategies for working around them. Many will do only the basics that can be monitored and act without thinking about whether their actions meet the broader goals of the regulatory system. We call this regulatory ritualism, where people or businesses choose actions which look good to avoid regulatory interference instead of actions which really make a difference and maximise positive outcomes.

To be effective, regulators often need the cooperation of people in the regulatory community. Cooperation involves motivating people to step up to be part of the
regulatory enterprise and to contribute good will, effort and knowledge to make it a success. In order to achieve this result, a regulator must listen to and learn from different voices, even dissident voices. Voices of dissent give rise to dialogue, creating problem solving and innovative regulatory approaches, such as the Cash Economy Taskforce’s Compliance Model (Commonwealth of Australia 1998).

**Should Do List: Item 6**

*Engage with dissent in terms of social justice: Do the outcomes of the regulation benefit everyone? Are the costs and benefits of regulation born disproportionately?*

The work of the Centre for Tax System Integrity explored justice at different levels: justice for individuals, justice for groups and justice for society as a whole. Questions of justice can refer to whether outcomes are fair, or whether the processes are fair, or whether the penalties and punishments are fair. Because there are so many kinds of justice, often working in different directions and affecting people differently, it is difficult to put one kind of justice on a pedestal above another and to see how these different kinds of justice work to promote or undermine compliance. What we can say with certainty is that Australians most commonly and most passionately point to the lack of fairness in the system. In particular, Australians believe that middle-income earners carry the tax burden while the rich are allowed to get away with paying little tax. In fact, a staggering 77% of Australians believe the very wealthy don’t pay their share.

One of the most interesting aspects of the CTSI work was to discover how unfairness could insidiously eat away at the system. There was nothing as straightforward as “you have treated me unfairly, therefore I will treat you unfairly.” Australians showed
enormous resilience, in so far as they complained overwhelmingly about a system that they believed gave the rich preferential tax treatment but kept proclaiming allegiance to doing the right thing and paying their taxes. The evidence that the experience of unfairness took its toll came to our attention in a surprising context. In our work on graduates who had taken out a HECS loan to pay for their tertiary education, we found evidence that students who were dissatisfied with their education felt less of an obligation to repay their debt. This weakening of the obligation to pay HECS was linked to a weakening of obligation to pay tax. Our work has shown that weakened obligation to and dismissiveness of the tax authority are risk factors for future tax evasion and avoidance.

Should Do List: Item 7

Engage with dissent on moral grounds: Is it right to change the flow of events in this way?

Morality is not always divorced from government-led regulatory interventions. In the HIH debacle, in industrial accidents that claim human life, in environmental disasters that destroy wildlife and our natural heritage, issues of moral conduct (or the lack of it) loom large. Morality, however, is not a term that is linked with tax evasion and avoidance in the financial pages of our major newspapers. This absence among financial leaders and commentators is not reflected in the views of Australians. Evidence comes from three sources.

First, in our 2001 national survey we concluded with two open-ended questions: “What is your responsibility to the Tax Office?” and “What is their responsibility to you?” The
responses were overwhelmingly concerned with honesty and fairness on both sides. We saw in these responses that the endless newspaper reports on questionable schemes to minimise tax and use tax law for wealth creation were not reflections of the Australian psyche. Australians took their taxpaying responsibilities seriously and they expected the Tax Office to take its collection responsibilities, including enforcement, just as seriously.

Second, in our survey work a high 92-95% believed that they and others should contribute willingly to the tax system and that the tax system is an institution which advantages everyone and helps the government do worthwhile things. Over 70% believed it was morally wrong to cheat on tax. However, many respondents also expressed a belief that others did not share their views, with some 85% saying they thought others doubt the benefits of paying tax. The fact that personal norms for honesty were far stronger than perceptions of the norms of others reflects a need to sure up the confidence of community members in each other rather than personal failings in moral obligation to pay tax.

The third source of support for the argument that tax officials need to engage with compliance on moral grounds comes from the international literature on tax compliance. The most consistent predictor of compliance has been tax morality – simply, the belief that it is morally wrong to cheat on one’s tax. Recently, Sol Picciotto (2005) published a working paper with CTSI that makes the point that none of us really has a good grasp of the principles of equity and fairness that underlie the development of tax law. Picciotto argues that as hard as it may be, this is a conversation we have to have if tax systems are to be sustainable in the globalised economy.
Should Do List: Item 8

*Provide hope for the future through recognizing and praising strengths openly.*

The importance of incentives is only beginning to be understood in regulatory contexts. There seems little doubt that recognition of effort and praise for improvements in compliance related activities go a considerable way to building commitment to the regulatory regime and future cooperation with regulators. It is part of the process of showing respect for others and valuing their contributions. Using incentives successfully for sustainable compliance requires a delicate touch. Bruno Frey (1997) uses “crowding out theory” to describe the way we can tell ourselves that “we are just doing this for the reward” and divorce our action entirely from commitment to the system. Just like the ritualism described earlier, if there is no internalised desire for improved compliance and we do things for rewards without care for how our actions connect with the bigger regulatory objectives, incentives can prove a costly measure for changing the flow of events.

Rewards, therefore, need to be introduced in such a way as to generate awareness of how compliant actions serve the bigger picture, how actions solve the problems that led to the regulation being introduced in the first pace. Rewards need to strengthen a person’s internal resolve to achieve the goals of the regulatory system. For example, taxpayers should feel proud of having tax ethics that are stronger than those of people around them. It would be of limited value to offer rewards for compliance unless they built internal commitment and pride in paying one’s tax over time.

Should Do List: Item 9
Return to the scene of non-compliance and re-engage with regulatory intervention

Non-compliance in taxation can come about through ignorance, a lack of know-how, a lack of self-discipline, or wilful disobedience. Whatever the reason, repeated incidents of non-compliance can be expected. When regulators become locked into a punishment mindset, their solution to repeat offending tends to be one of increasing punishments. This course of action may well be the most appropriate, but regulators can create an unnecessarily heavy and confrontational workload for themselves by failing to look more broadly for a solution.

Building a repertoire of strategies is at the heart of using regulatory pyramids like the Compliance Model. Such strategies need to range from light-touch to heavy-handed interventions, and the repertoire is best developed at the operational level through bringing together experienced inspectors who can share their stories of how they turned a persistently non-compliant taxpayer into a compliant one. Regulators should feel able to draw on the knowledge and experience of others and take professional pride in persisting with cases that are challenging. Rigidity of investigative protocols and a reluctance to be responsive to circumstances and past compliance history hampers regulators who wish to improve compliance.

Effective regulators, whatever the field, are talented people: They know their trade, are observant, courageous, can think on their feet, take initiative, have emotional intelligence, and well developed social skills. We are often asked “what if we don’t have such people? Isn’t it best to stick with set scripts and predetermined protocols - isn’t this the best way to make sure nothing goes too wrong?” The more important question to ask
is what is going right in these circumstances. Regulators can do more harm than good by destroying good will, dampening hopes and ruining initiative. The answer for regulatory agencies is to find people with potential and train them to carry out their duties responsibly and competently. As regulation enters a period of massive growth, a question worth asking is whether poor regulatory practices feed upon themselves, creating more and more problems that require more and more poorly trained regulators to solve.

**Should Do List: Item 10**

*Direct energy to building networks within the regulatory community to gain a broad-based capacity for eliciting compliance.*

In many areas, basic issues associated with regulation are unclear, forever changing and may even appear contradictory. It is not unusual for questions to be raised from all quarters in the regulatory community: What is the purpose of the regulation? Do the regulatory requirements address the problem or just move the problem somewhere else? How do we know if the requirements have been met? Regulation is complex, so complex that government regulators are only part of the web that ensures that regulatory regimes work. In the context of taxation, for instance, the Tax Office could not function without the support of tax agents, accountants and lawyers in private practice, nor could they function without the courts, judges and expert legal opinion on the interpretation of tax law.

Increasingly, regulators are working collaboratively with other regulatory agencies, professional associations, business groups, consumer groups, political representatives, and academic communities. Sharing knowledge and practices, coordinating operations,
and building networks are all part of modern-day regulatory practice. As the power of networks has come to be recognized, strategic decision-making and resource-allocation to prioritise the extension and development of some networks over others has also been important.

In this process, which is well underway in many regulatory contexts, there has been a tendency to put to one side a fundamental point of contact. Too often, regulatory authorities lose touch with the voice of the people. In many ways, this voice is taken for granted as being expressed through elected representatives and as a support base for the regulatory pyramid, one that regulators can count on regardless. The costs of thinking in this way are high. Without contact with the people and without their input on regulatory initiatives, authorities cheat themselves of an understanding of the moral underpinnings of their regulatory power, the very understanding on which their legitimacy is based.

References
The Centre for Tax System Integrity was funded from 1995 to 2005 as a research partnership between the Australian National University and the Australian Taxation Office. The purpose of the Centre was to understand how voluntary taxpaying cultures can be sustained and what is happening to boost or erode taxpayer compliance. This paper brings together the author’s view of the major findings of the Centre and is not a reflection of the view of the Commissioner of Taxation. All survey findings and publications from the Centre are available to the public through the CTSI website http://ctsi.anu.edu.au
Seeking to Clarify Child Protection's Regulatory Principles

Valerie Braithwaite, Nathan Harris and Mary Ivec

ABSTRACT

Child protection systems are expected to scrutinise the care offered to children and to coordinate the provision of improved quality of care. They are under stress in many developed countries with burgeoning caseloads and a mixture of positive and negative outcomes. Because child protection systems seek to change the course of parenting, they can be thought of as highly formalised regulatory systems that cut across one of our most entrenched informal systems—how parents raise children. This paper asks whether the stress experienced by child protection workers, support agencies and families alike is associated in part with failures to satisfactorily address three basic regulatory principles: identifying the purposes of the intervention; justifying the intervention in a way that is respectful of broader principles of democratic governance; and understanding how the informal regulatory system intersects with the formal child protection system. Child protection interventions are plagued by multiple purposes that are not necessarily compatible; non-transparent processes; and a high risk of counterproductive outcomes.

KEYWORDS

Child Protection, Responsive Regulation, Restorative Justice, Informal Support, Informal Network

INTRODUCTION

The Australian government has canvassed a broad range of issues in developing a national child protection framework (Council of Australian Governments, 2009). The consultation process has provided opportunity for comment from many different quarters; an important initiative in a policy domain where the public’s exposure to instances of child abuse has given rise to so much outrage on the part of citizens, officials and governments (Ayre 2001; Munro 2003). This article and the responses to the issues it raises contributes to these deliberations.

Many public inquiries over the past two decades have revealed the difficulty that states have in enacting child protection in a productive way (The Crime and Misconduct Commission, 2004; Forde, 1999; the Ombudsman of Tasmania, 2004; Senate Community Affairs References Committee, 2001, 2004; Vardon,
2004; Mullighan, 2008; and Wood, 2008). Recurring themes in Australia’s public deliberation are the need for more resources and better coordination in collecting data across the country, aligning laws, integrating services and bringing a certain seamlessness to the activities of workers and carers (Santow, 2007; Crime and Misconduct Commission, 2004; Council of Australian Governments, 2009; National Youth Commission, 2008; submissions to Special Commission of Inquiry into Child Protection Services in NSW, 2008).

While resources promise relief from workload burden, it is important to recognise that increased resources do not necessarily lead to better coordination. There may be multiple goals and pathways that are potentially effective, but principles need to be articulated for when and why goals and pathways are followed and by whom. Coordination does not occur naturally; families and professionals have different views (O’Brien, 2005) and professions and agencies have their own perspectives and operational protocols (Moran, Jacobs, Bunn & Bifulco, 2007). An essential part of coordination is dialogue to contest the best way to achieve outcomes and systematically trial and evaluate different arrangements to allow pathways of best practice to unfurl.

The basic proposition we make is that as soon as government is involved in the task of coordinating actors, as it is in child protection, it is involved in regulation. Within a democratic society, regulation is fraught with difficulty unless principles for intervention can be clearly delineated and endorsed by the community. Through openly addressing these issues and the kinds of government-led initiatives that are desirable, practicable and effective, it is hoped that the political minefield that has dogged child protection implementation can be cleared. By inviting leading figures in child protection from around the world to reflect on these issues, we hope this issue of Communities, Children and Families Australia will generate debate about the implementation of child protection measures and lead to a clearer understanding of what we can reasonably expect of government and what is best delegated to civil society to organise from the ground up.

**WHY IS CHILD PROTECTION SUCH A DIFFICULT REGULATORY PROBLEM?**

Regulation is a term that covers the package of policy, law, rules, guidelines, commands, norms, expectations, values and preferences that steer the flow of events (Parker & Braithwaite, 2003) and enable us to work effectively alongside each other. Child protection requires the coordination of children, families, carers, authorities and often support agencies, which all have their own ways of doing things. Coordination assumes that actors are willing to change the way they do things to achieve an outcome that all believe is desirable and important. But, in practice, a willingness to accommodate others’ expectations varies. Such willingness drops off quickly when there is no shared goal as to what the intervention should achieve. This is one reason why child protection ends up being a challenging regulatory problem. Considerable effort is required to ensure that the many protagonists share a common agenda, are prepared to work in concert with each other and have an incentive to prioritise their collaboration on a day-to-day basis (Moran et al., 2007; Scott & Campbell, 1994).

The desirability of regulation at the abstract level often attracts a fair degree of consensus. For instance, communities might be expected to support politicians who want to prevent the neglect and abuse of children. The more practical step of developing action plans to manage this problem, however, is often greeted with less consensus, as we have seen in the Australian case of the Northern Territory intervention. The intervention was designed to address, among other things, problems of sexual abuse in Indigenous communities, but critics have highlighted the degree to which it has ridden roughshod over many Indigenous Australians, failing to discuss purpose and means with them and, in effect, excluding them at both the planning and operational levels (e.g., Brown & Brown, 2007; Northern Territory Emergency Response Review Board, 2008). The devil invariably lies in the detail when it comes to doing something to address a social problem, even one that is well-documented and of almost universal concern.

It is at the “nuts and bolts” stage of implementation of
policy that the term regulation makes its presence felt in public consciousness. Most commonly, regulation is associated with government and the rules it imposes on citizens. Regulation has connotations of interference and intrusiveness; of demanding that people do things differently; and of coercion in so far as these demands are enforced through regimes of punishment (e.g., Northern Territory Emergency Response Review Board, 2008). But it is important to recognise that regulation is not simply the rules that government imposes on us. Regulation includes social processes of education, persuasion, cajoling, being socially connected, feeling useful, being helpful and gaining recognition. Regulation is something that we all do, occurring whenever we take action to protect or improve others' wellbeing. We may hold the hand of a child crossing the street—a form of regulation that is expected of us if the child is very young. Or we may offer to drive a neighbour's child to school if transport is a problem—again, a form of regulation that we may offer spontaneously to help keep routine for a child whose family is going through a rough patch. Regulation is both formal and informal. It is carried out by governments, professional bodies, service organisations, carers, families and their communities, sometimes as a newly devised action plan, sometimes more spontaneously as an expression of shared social norms.

When we consider all the different forms of regulation that coexist, many of them quite entrenched in people's behaviour, it is not surprising that additional regulatory initiatives can go pear-shaped. We may intend that regulation have a certain outcome, but when such regulation is imposed on an already existing and established set of norms and practices, the results may be quite different from that which was expected. Regulation can have unintended consequences. In worst-case scenarios, the consequences of government intervention are entirely counterproductive to the goals we wish to achieve (Grabosky, 1995). Inquiries into child protection services reveal many cases of counterproductive consequences—where intervention has made things worse, not better (Alaggia, Jenney, Massuca & Redmond, 2007; Baistow & Hetherington, 1998; Johnson & Sullivan, 2008; Nathanson & Tsioumi, 2007; for most recent Australian case material, see Special Commission of Inquiry into Child Protection Services in NSW, 2008).

Child protection authorities represent a formal layer added to an already complex regulatory system. It is hard to imagine that there is not considerable agreement in society about responsibility for the care of children. Parents care, but there are well-established routines of backup from families and friends, health and educational institutions, sometimes sporting and religious institutions, government welfare systems and charities. Multiple and overlapping sources of care are important for children in any society (Bould, 2003; Brofenbrenner, 1979; Furstenberg, Cook, Eccles, Elder & Sameroff, 1999; Marshall, Noonan, McCartney, Marx & Keele, 2001). In the best of possible worlds, the richness of care provision ensures not only protection but also growth and development. By contrast, social isolation is a factor that cross culturally defines families where abuse and neglect are problems (Gracia & Musitu, 2003). Social connectedness, however, does not guarantee safety; things can go wrong.

It is at such times that state actors regulate by scrutinising the activities of those responsible for "coordinating" their children's care—parents and families. Investigation is intrusive (Scott, 1996). If children are not being provided with "appropriate" care, authorities take action in the belief that they can improve the child's circumstances.

When child protection agencies enforce appropriate standards of care, experiences of punishment may be felt at many different levels—by families as well as the children taken into care (Farmer & Owen, 1995). Punishment may be psychological, social or economic. Parents are sanctioned through a criticism of their parenting skills and sometimes the loss of custody of their child. Sometimes there are other consequences. Ivec, in her study of Indigenous children taken into care, identified the family's loss of access to public housing as a significant problem, reducing prospects of reunification (Ivec, Braithwaite & Harris, 2009).

Adverse effects ripple out. Children, even those who come to feel safe when placed in out-of-home care, grieve for lost attachments, perhaps to parents,
particularly the non-abusive parent, and siblings. They also express concern for family members left behind who may be vulnerable to abuse. Siblings staying with the family similarly experience disruption and loss. Regardless of whether families are left intact or not, family members struggle with shame at what has happened in their family (e.g., Farmer & Owen, 1995; Scott, 1996). These emotional wrenches are punishing in their own right.

Ultimately, there is implicit punishment in the uncertainty of child protection procedures. Children may be removed from a family circle for an indeterminate time. The removal is presumed to protect and enable the child to grow and develop. The evidence shows, however, that there are no guarantees this will be the case (Doyle, 2007; Mullighan, 2008; National Youth Commission, 2008; Wood, 2008). When reunification is an option, its timing is uncertain. It is a highly formalised process, yet ultimately it depends on the state’s subjective judgement of whether the child will be safe and given appropriate care (Arad-Davidson & Benbenishty, 2007). Reunification may also be a last resort when no-one is left to care (Ivec et al., 2009)

As these various stages unfold in a child protection investigation, emotions run high for all the parties involved (Burghem, 2002; Farmer & Owen, 1995; Holland, 2000; Scott, 1996). Against this highly emotionally charged backdrop, the regulatory agenda is played out. Consensus has arisen that all regulatory interventions must be based on the best interests of the child. This addresses some of the competing interests and conflicts in child protection cases, but it does not map out a path forward. It does not, for instance, deal with the important issue of how to steer parties toward cooperation in the best interests of the child (Pennell, 2006). Establishing the regulatory principles to put into effect the overarching policy directive of the best interests of the child is proving elusive for governments.

UNPACKING THE REGULATORY AGENDA OF CHILD PROTECTION

Three questions are central to an analysis of any regulatory intervention: (a) What is the purpose of the intervention?; (b) When and how is the intervention justified, given that individual liberties will be curtailed when coercion is involved?; and (c) What are the likely consequences of the intervention, both productive and counterproductive? In the area of child protection, as in many other areas of regulatory intervention, the answers are not unproblematic. In considering the purposes of child protection regulatory interventions, we need to tease apart higher order publicly disclosed purposes and unspoken, possibly serendipitous, agendas. At the same time, we need to take a step back to reflect on the circumstances in which a democratic state has a responsibility and a right to intervene in the name of child protection and how authorities might do that without compromising their own integrity and without substituting one form of harm for another. We will do things better if we develop and share with the community a mature understanding of the difficulties, uncertainties and risks surrounding these issues.

From a regulatory perspective, this paper raises four questions about purpose:

1. To what extent does a child protection system protect from harm or enable development?

2. To what extent does a child protection system build a care network for the child for the longer term?

3. To what extent does a child protection system control “uncontrollable” children?

4. To what extent does a child protection system control “inadequate” parents?

A further set of issues for deliberation is when and how intervention is justified. A regulatory intervention interferes with individual liberty (Holland & Scourfield, 2004) and, therefore, cannot be undertaken on an arbitrary basis. Interventions become particularly contentious if their consequences create new harms. The following four questions require open debate in the child protection field, bearing in mind that desired outcomes should be achieved while honouring the tenets of democratic governance:

1. Are threshold models of intervention sufficiently
finetuned to be able to deliver fair and reasonable decisions that are respectful of human rights?

2. Do child protection regulatory interventions routinely observe standards of procedural justice that apply in other areas of government intervention?

3. Who should decide that regulatory intervention is warranted and the form it should take, and what are the best processes for making such a decision?

4. How can interventions be tailored to consider the purpose and consequence of the intervention, factors that are often trumped by the seriousness of neglect or abuse?

PURPOSES OF REGULATORY INTERVENTION IN CHILD PROTECTION

The Convention on the Rights of the Child resonates with social expectations of how children should be cared for (UNICEF, 1989). Children have “the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The four core principles of the Convention are non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child” (http://www.unicef.org/crc/).

Few would challenge a government wishing to ensure that these rights are respected and few would condone government inaction when these rights are usurped. Ideally, regulatory interventions would stop the occurrence of harmful actions in the future, build capacity for care in the community, motivate carers to improve their parenting skills and ensure responsible care is provided across different institutional bases to better manage risks to the child. This is a broad agenda for any one regulatory agency. The question that we should ask is whether it is an achievable agenda for government and what needs to change to improve performance on these outcomes.

Reports of child protection interventions suggest that the goals of the authority are multiple, intertwined, not always explicit or compatible, and not necessarily all achievable given the resources available and the central role the state assigns itself in the regulatory process (Munro, 2005; Spratt, 2001). Child protection authorities act with the priority that they are protecting the child from harm. But, as regulatory actors, they are also active participants in constructing other roles and creating new expectations, not all of which are about children's wellbeing (Bernstein, 1955; Munro, 2005). Organisational agendas and demands creep in to dictate the shape that child protection practices take (e.g., Munro, 2005).

At the same time, organisations respond to public demand and embrace scenarios of alternative care that will give children new opportunities for development. In practice, capacity falls short of expectations (Spratt, 2001). In providing alternative care beyond the family, authorities are further challenged when their offer of safety in the short term develops into a public expectation that they will ensure continued security for the child in the long term. The purposes of a child protection agency are further expanded by a public perception of their merging the enforcer and care provider roles as protectors of Australia’s children and guardians of parenting standards. Child protection authorities seem to have acquired notoriety as agencies that deal with children who are uncontrollable as well as parents who need to be under constant surveillance (Ayre, 2001; Munro, 2005; Shedlosky, 2007).

The proposition put forward here is that, intentionally or unintentionally, these multiple and competing purposes have infiltrated the cultural sensibility of our communities. Such purposes need to be articulated and critically evaluated in terms of their authenticity and practicability as state regulatory goals.

**Purpose 1:**

*Protecting From Harm, Enabling Development*

A common point of tension in all regulatory settings is whether the regulator focuses on preventing harm (disabler) or enabling good (enabler) (Braithwaite, Makkai & Braithwaite 2007). In child protection, this translates into whether the objective is to prevent abuse and neglect of the child or whether it is to
provide the child with improved opportunities for development. The former purpose involves removing the danger—that is, ridding the child's environment of impediments to his or her development and wellbeing. The second purpose is enabling rather than disabling; the child is exposed to a greater set of options to advance his or her development. Like the main character in Annie, the child's environment changes from one that threatens to one that offers opportunity. These are not mutually exclusive objectives, of course, but they require different organisational practices (Spratt, 2001; Munro, 2005) or, in other terms, different regulatory strategies and a specially devised regulatory framework to allow for both possibilities.

While there has not been a rethink of how child protection systems should be designed to allow this to happen (Spratt, 2001), there has been intense interest in what might be done to improve conditions for children's development. Evidence from the social sciences has shifted attention from the more limited concern of harm caused by discrete instances of abuse to the broader issue of the welfare of children (Parton, 2006). We now have quite a sophisticated understanding of what children need if they are to grow up to be happy and healthy adults as well as a considerable body of data showing that many parents lack the resources to provide the support their children need. Social policymakers have become increasingly interested in the prevention of the conditions that lead to abuse and neglect, early childhood intervention programs to improve children's opportunities for development and emotional wellbeing, integrated services, and comprehensive assessments of children's environments (Gracia & Musitu, 2003; Holland, 2000; Houston, 2001; Jack & Jordan, 1999; Scott & Campbell, 1994; Spratt, 2001; Wright, 2004). The implication of these changes is that the state increasingly sees itself as responsible for intervening in the lives of many more children and intervening on a broader array of concerns (Wood, 2008).

In the minds of many Australian parents, the state's participation in providing opportunities for their children is welcomed. But the assumption that most Australian parents make is that the decision about whether or not they take up the services on offer is theirs. It is imagined that the use of state coercion to "rescue" children is applied to children only in desperate circumstances when the parents' behaviour has crossed clearly demarcated and publicly endorsed boundaries of acceptable parenting. Yet important shifts in child protection policy in recent decades have seen the state challenge the decisions of parents on the grounds that the state, not the parents, know what is in the best interests of the child. As the state has taken responsibility for the welfare of children in broad terms, it has dramatically increased its sphere of interest and control. The state, in effect, regulates parenting (Parton, 2006; Scott & Swain, 2002; Shedlosky, 2007).

This increasing awareness by policymakers of factors that harm or promote the well-being of children over the long term has complicated the regulatory dilemmas facing agencies. No longer are the harms that child protection authorities adjudicate upon immediate or concrete (e.g., physical trauma). They may involve "emotional abuse". It is harder to effectively police the social dynamics that occur between a parent and child that might constitute emotional abuse. In many cases, it is contestable whether the emotional harm caused by intervention, such as removal of the child, is less damaging than the emotional harm that provoked the intervention.

Increasingly, child protection agencies view themselves as enabling development rather than just preventing harm (Spratt, 2001). While this may seem to be a natural progression along a continuum, it presents an organisation with significant challenges (Spratt, 2001; Munro, 2005). As the state assumes greater responsibility for providing opportunities for the child, either by imposing direction on parents or taking matters into their own hands, it must increasingly shoulder the burden of developing a whole-of-childcareplan. The power balance shifts with risk for government. Individuals and communities that respond to government intrusiveness with grievance and a sense of powerlessness are likely to distance themselves from child protection agencies (Scott, 1996), leaving the state to manage their newly acquired responsibilities with little family cooperation (Braithwaite, 2009; Dunbrill, 2006; Farmer & Owen, 1995; Forrester, Kershaw, Moss & Hughes, 2008; Ivec et al., 2009). Current failings
by child protection agencies call into question the capacity of the current regulatory framework of the state to deliver on the responsibilities they have assumed.

**Purpose 2:**
*Providing Support for the Child Long-term?*

A second point of tension in the child-centred philosophy is the degree to which the purpose of the intervention should include intrusion into the structure and functioning of the child’s family and planning for the longer term. Is part of the purpose of child protection to strengthen the child’s familial circle of care, lifting the quality of that care, and to provide a safe place to which the child may return at a future date? Or is the purpose to break ties with the familial circle of care, providing the child with a new family to provide support? Child protection authorities are in the business of making permanency plans for children based on the assessment of the child’s needs and the family’s circumstances. The plan commonly involves reunification with the birth parents, but too commonly children re-enter the child protection system at a later date (Walczyn, 2004). In a minority of cases, the recommended permanency option is adoption or legal guardianship (Bass, Shields & Behrman 2004), although US data suggest that these proportions are increasing (Walczyn, 2004). Whichever the preferred option, clarification is required on the responsibility of the child protection agency to the birth family, the adopted family and the child in the longer term.

For child protection authorities, the task of deciding upon the prospects of reunification, doing the preparatory work so that the family can potentially be reunited, and setting in train a back-up plan for alternative long-term quality care for the child is fraught with difficulties (Holland, 2000). Families expect to be informed of the options, of the authority’s deliberations and to have a voice in the process (Dumbrill, 2006; Farmer & Owen, 1995; Scott, 1996). Families expect that authorities will change their mind if families change their behaviour to meet the authority’s standards of care. They also expect that a regulatory agency will help them meet the standards of care required (Dumbrill, 2006; Farmer & Owen, 1995; Ivec et al., 2009).

In effect, this means that agencies need to be nimble and inclusive decision-makers. Assessments and options may change in response to new situations, new information and new care capacity. Bureaucracies generally tend not to cope well with these demands, although public administration is coming to terms with the need for their workforces to be more flexible and responsive to external expectations (Adler & Borys, 1996). While rethinking bureaucratisation is a significant issue, the more immediate concern in the context of a national child protection framework is how well-equipped child protection authorities are to engage with the kind of open dialogue, flexibility, responsiveness and long-term planning that communities hope will be provided for children.

This challenge cannot sensibly be avoided by denying involvement in care needs for the longer term. Often the needs of children and families who come to the attention of child protection authorities are complex and intensified for children who have the emotionally wrenching experience of being placed in out-of-home care (Bass, Shields & Behrman, 2004; Farmer & Owen, 1995; Jack & Jordan, 1999). When a formal regulatory system intrudes upon an informal system, even when it is clearly justified, effort needs to be directed at noticing and managing collateral damage. Children who have been taken into care invariably long to reconnect with their families at some level (Farmer & Owen, 1995; Shirk & Stangler 2004) and parents hope for reconciliation (D’Arcy Pope, 2007). Others express genuine concern for the wellbeing of children should such reunions take place (Lau, Litrownik, Newton & Landsverk, 2003; Moyers, Farmer & Lipscombe, 2005).

The purposes of, and justification for, intervention by child protection authorities are unlikely to stay the same over time. Best practice is an evolving process in response to new events unfolding. The question must be asked whether child protection agencies have the capacity to be effective in laying the foundations for a community of support around a child for the long term. The data and accounts available suggest that intervention in practice prioritises short-term harm reduction (Connolly, 1994; Crime and Misconduct Commission, 2004; National Youth Commission, 2008). A similar problem occurs in the UK and the
US, which Munro (2005) and Spratt (2001) attribute to the state’s concern to manage risk through maintaining tight control. Limited resources and demanding caseloads drive short-termism (Munro, 2005; National Youth Commission, 2008).

This raises questions about whether resources can be used more effectively for long-term planning for children in care. In particular, what might be the benefits if resources and responsibility were passed to non-state actors? Non-government agencies may need to take more of a leadership role in long-term child protection through providing ongoing support to families or alternative carers. While partnerships between government, NGOs and private agencies are well-established, the child protection system in Australia remains highly state-centric. Government may need to relinquish some control in order for it to be more effective and productive in meeting its obligations to the community (Harris & Wood, 2008; Wright, 2004).

**Purpose 3:**

*Controlling the Child*

Associated with the purposes of long-term support or short-term alleviation is the issue of control. Is the purpose of regulatory intervention by the state to control the activities of the child because parents and volunteers have failed? If so, is the state’s objective containing bad behaviour and limiting damage in a crisis, and at what point does the state hand back responsibility to parents or to the community? These questions raise a third question: what institutional blueprints exist for sharing the workload of care for children with such complex needs that they are likely to tax the resources of any single individual? Research evidence suggests that it is not uncommon for parents who have been subject of investigation to expect child protection authorities to offer help (Dumbrill, 2006; Edleson, Gassman-Pines & Hill, 2006; Hardy & Darlington, 2008). They may not necessarily be wishing to relinquish control of their children; they may just need some respite care to see them through (Dele, 2004). Parents’ notions of shared care with the state, however, do not appear to resonate so well with the regulatory framework adopted by child protection authorities (Spratt, 2001).

State bureaucracies, perhaps not surprisingly given the intensity of emotion in this area, tend to approach these issues through a legal lens. If guardianship of children is removed from parents and given to the state, the state (or its agent) asserts its control. They become “the state’s children”. When child protection authorities use this argument to extinguish a parent’s expectation of control, the message being sent has serious and adverse implications for the authority’s social compact with the community. A child protection authority, through claiming a child as its own, is using its power to push others away and dismiss whatever the circle of care was that existed around the child (Ivec et al., 2009). When state authorities talk about “our children,” the concern and care they may wish to communicate to parents is swamped by a message of domination, eliciting a sense of powerless and unworthiness—a loss of personal efficacy to try harder for their children’s sake.

While the state may well be more resilient than many parents, the important question to ask is whether the state will meet the promises implied through assuming the status of parent. It may be difficult, if not impossible, for the state to meet its own standards of good parenthood given the number of children in its care, its distance from the daily lives of children and the need for on-the-ground support, sometimes at a moment’s notice.

**Purpose 4:**

*Controlling the Parent*

Child protection cases are rarely simple. Children can be victims or offenders, as can the adults involved in their care (Belsky, 1993). Our laws and customs, however, place children at the centre of society’s concern because children lack maturity—physically, mentally, socially and emotionally. They are our responsibility, no matter how difficult they are, until they reach maturity. The assumption that we make in white Australian society is that parents are responsible for their children, and there is disapproval, expressed through legal or social sanctioning, when parents act irresponsibly. The extended nature of appeals by police for the mothers of abandoned babies to come forward and the attention that such stories receive in the media reflect...
how very seriously we take the notion of parental responsibility and the idea that parents should be prepared to make sacrifices for the wellbeing of their children.

These deeply ingrained norms give rise to the fourth question about the child protection agency’s purpose: insofar as child protection agencies disapprove of harmful parenting practices, are they also becoming involved in identifying parents who are not fit to be parents? Mass and Van Nijnatten (2005) argue that child protection has moved into the territory of normalisation and moralisation, sometimes with more of a focus on protecting society’s sensibilities than on acting in the best interests of the child.

Beyond the obvious direct standards by which it is possible to assess parenting, such as adequate nourishment, education, housing or affection, there are indirect markers or environmental characteristics that suggest that certain parents are likely candidates for failing to meet the direct standards. These risk profiles inform regulatory agencies where they should concentrate their efforts to get the greatest benefits from deploying their limited resources.

In child protection, concerns are raised when parents behave outside certain social norms—drug use, prostitution, criminality, poverty, mental health issues and nonconventional family structures. While these also may be “indicators” of risk within risk assessment frameworks, the question is whether child protection should play a role in policing these aspects of a parent’s life. For example, if a father’s criminality does not appear to be affecting the attitudes and opportunities of his child, should government intervene to limit the child’s access to the father until the father conforms to social expectations? What role should child protection shoulder in terms of controlling the parent? And can child protection authorities have credibility with the public when they make judgements about a parent’s fitness or deservingsness to be a parent without demonstrating the link between the non-normative behaviour of the parent and the risk this places on the child?

Child protection workers are not without their own prejudices and defensive postures (Arad-Davidson & Benbenishty, 2007; Freymond, 2007), which are likely to become accentuated when individuals feel that they may be taking undue risk and they will be challenged by their superiors (Munro, 2005). Associating risk factors with a sensibility that such people don’t deserve to be parent and should have their parenting rights curtailed gains legitimacy in cultural contexts where there is low consideration for mutual respect, human rights, social inclusion and structural inequalities (Khoo, Hyponen & Nygren, 2003; McConnell & Llewellyn, 2005). Race and ethnicity have been identified as risk factors that increase the likelihood of intervention from child protection authorities (Johnson, Clark, Donald, Pedersen & Pichotta, 2007; Stukes Chipungu & Bent-Goodley, 2004). Forcing parents to fit the mould of the dominant culture’s ideal mother or father invites resistance, game playing and pretence from both sides and enables everyone to sidestep the issue of the safety of the child (Dumbrill, 2006).

JUSTIFYING AND IMPLEMENTING AN INTERVENTION STRATEGY

If the first challenge is to identify the purposes of a regulatory intervention, the second is to define at what point and how it is appropriate for agencies to intervene in the “parenting” process. Developing a clear understanding of the incidents or conditions that will trigger action by child protection agencies is critical for both those in the front line of the intervention attempting to protect children as well as parents and young people who are expected to comply with the agency’s parenting standards.

Dangers in Decontextualising the Assessment Process

Current approaches to this question have focused on the importance of identifying the threshold at which intervention is warranted (Munro, 2005). For example, in introducing the idea that abuse has to be considered on a continuum, the influential British report Protecting children: Messages from research (Department of Health, 1995) has argued that a key role of professionals is to “draw a threshold; this involves deciding both the point beyond which a behaviour (or parenting cycle) can be considered maltreatment and the point beyond which it becomes necessary for the state to take action” (p. 15). While
identifying points on continua provides a simple and straightforward answer in theory to when an authority should intervene, the reality of people's lives does not fit a static, compartmentalised model. Four or five decades ago, IQ testing was heralded as the objective metric signalling who should be given educational opportunities (Berg, 1992). While IQ testing remains an important tool in the hands of a skilled practitioner, the idea that a threshold test score could predetermine educational and vocational options would now be viewed with considerable concern. What we have learnt in intervening years is the degree to which the behaviour and performance of individuals is context sensitive and how IQ is only one of a complex set of factors shaping our capacity to grow and achieve as individuals (Stemberg, 1992). These same lessons in appreciating the extent to which human capacity is context dependent caution against relying too wholly on thresholds in assessing the quality of parenting.

In summary, using dimensions and defining thresholds may be very helpful in identifying particular strengths and weaknesses that are of concern to a child protection worker. But to jump from particular scores on a risk assessment instrument to an overall judgement of the quality of parenting needs to be challenged. Threshold incidents represent just one aspect of the complex domain of parenting. Child protection authorities support the importance of comprehensive assessments but, in a regulatory sense, reliance on schedules that allow for box ticking and routinised appraisal often blind assessors to context and the nuances of the case before them (Braithwaite et al., 2007; Munro, 2005; Scott, 1996).

**Procedural Justice**

The process of assessment with proper disclosure and consultation with the child, the family and the community brings to light the question of procedural justice. Procedural justice has emerged as one of the most important things that governments can offer citizens if they wish to elicit cooperation and compliance (Tyler, 1990; 1997). Procedural justice means that decisions are made through a process that is impartial, fair and respectful of all parties, regardless of their guilt or innocence. In the case of a child protection investigation, everyone deserves to have their story heard, to know what is about to happen and why it is being done in the way that it is, and be confident that if someone else were in their shoes, they would receive the same treatment—in other words, their treatment was neither discriminatory nor vindictive.

The right of each individual to be treated in a procedurally fair and reasonable way does not stop with assessment but flows into the question of what kinds of intervention should occur. In the child protection context, this issue can create uncertainty for regulators. It makes little sense to use the same intervention for everyone—that is, to treat everyone in exactly the same way. Lack of consistency, however, does not mean that child protection workers are responding in a procedurally unjust way. Fundamentally important in procedural justice is engaging with families within a culture of respect (Braithwaite, 2009). For respect to be communicated, understanding of context is critically important, and genuine understanding is communicated through the nature of the intervention proposed. There is little respect shown or purpose served should a child protection worker operate on a rule to remove a child from a family if a certain threshold is met, if this means distressing and alienating a caring extended family network and ultimately realising there are no options for alternative, safe, long-term care anyway. Procedural justice means being prepared to go beyond the rulebook and not hide behind a formula of consistent sameness. It is being responsive to the person and the problem in a way that is lawful yet respectful of the people involved.

**Who Should Decide?**

Given the complexity and significance of decisions related to assessment and intervention, it seems probable that in most cases they can be dealt with fairly only through an extensive deliberative process. An important normative question is: who should be involved in interpreting a family's actions as warranting intervention and deciding how the family's care practices are to be modified? Courts, as the final arbitrator, play a significant role, but in the vast majority of child protection cases they are not involved. Statutory child protection workers and
their agencies generally are called upon to interpret legislation and decide what kinds of intervention might be required.

A central regulatory question is whether such decisions are best left primarily in the hands of government agencies or whether a broader range of community actors (professionals, such as teachers, and/or laypeople) should be enrolled in interpreting how legislation is implemented (Pennell, 2006). In some countries, moves to provide a greater plurality of views in decision-making have already occurred (Burford & Adams, 2004; Crampton, 2007; Pennell, 2004, 2006; Pennell & Burford, 2000). For example, family group conferences in New Zealand are used in every case where statutory action might be warranted, and these conferences require the family’s broader community to decide, with advice from professionals, whether a child is in need of protection and, if so, how that might be provided (Connolly, 1994; Harris, 2008). Family group conferencing and restorative justice processes provide an opportunity for hurts and wrongdoing to be openly and honestly discussed in an institutional space that provides support, encourages empathy and seeks ways to make amends (Braithwaite, 2002; Burford, 2005; Connolly, 2006; Pennell, 2006).

At the end of the day, all families should feel secure in the knowledge that a child protection authority will not interfere in how they are raising their children without proper consultation, contestable explanation and a plan of action. Parents need to know that if the authority interferes, they have serious concerns that certain practices are harmful to the child, that they have the support of the community in forming this judgement, that other family members are of the same view, and that an action plan will be developed that will be reasonable, fair and respectful of the child’s and family’s views on how future care should be provided. It is likely to be difficult for a child protection authority to achieve these goals without heavy reliance on third parties or “go-between” agencies that are trusted by families and that can reinforce the regulatory message.

Uncoupling Seriousness and the Nature of the Intervention

In all regulatory contexts there needs to be a critical evaluation of the wisdom in coupling the seriousness of a problem with the intrusiveness of the regulatory response. Models of just desserts have lulled us into a false sense of correctness that highly irresponsible behaviour should be met with a highly intrusive, usually punitive response (Ahmed, Harris, Braithwaite & Braithwaite, 2001). The intensity, constancy and multiple demands of parenting mean that most parents frequently find themselves sailing close to the wind as satisfactory carers, taking risks or allowing distractions that could potentially place their child in a vulnerable situation. Sometimes such moments result in accidents in which children are seriously hurt. For most parents, reflecting on these moments is heart-wrenching. This reflection process and associated self-criticism is self-regulating. In the vast majority of cases, parents ruminate on and learn from their mistakes, put in place procedures so that their slip-up is a one-off and become better parents as a result. Arguably the most destructive thing a child protection system can do is to weaken the informal self-sanctioning system that already exists (Burford, 2005). Too great a fear of external punishment can lead parents to deny or conceal what they have done. The failure to acknowledge removes the opportunity to learn to correct or improve parenting practices (Holland, 2000).

Apart from the risk of being counterproductive, rigid adherence to the notion that the seriousness of abuse or neglect should directly determine the kind of response taken is in many instances wasteful (Ayres & Braithwaite, 1992; Braithwaite, 2002). The state does not need to use its limited resources to chastise or punish parents who learn from their mistakes. On the other hand, these resources may make a big difference if used to assist parents whose mistakes are so minor that they fail to even register on the seriousness scale. Parents themselves may identify the incident as a warning and a precursor of future problems. Help from authorities at an early stage may prevent entrenchment and the escalation of harmful practices, teaching parents in a timely fashion to be better parents. Child protection is one area where there are likely to be significant gains in regulatory effectiveness if the seriousness of the situation can be uncoupled from the form that the intervention takes.
By coupling, what we mean is that the current models of child protection tie the seriousness of child protection concerns to the degree to which authorities are willing to intervene. At the less serious end of the spectrum, this means that there is a resistance to providing support for families, who don’t have “real” problems. At the serious end of the spectrum, it involves an assumption that problems can be addressed only through court orders that remove control from the hands of parents. Increased emphasis on statutory provisions as a basis for intervention has only exaggerated this requirement. Thus, the focus of child protection activity is on identifying thresholds in the seriousness of “abuse or neglect” to justify a prescribed level of intervention. Types of interventions have become coupled with degree of abuse or neglect or, increasingly, in legislation with the degree of risk to a child (Parton, 1998).

While we would not want to see governments intervening in ways that undermine the legal and moral rights of families, an important regulatory question is whether the seriousness of concerns is the best indicator of how much intervention is needed in order to resolve those concerns. It is conceivable that this assumption in practice leads to an overreaction by government in some cases and insufficient action in others (Ayers & Braithwaite, 1992; Braithwaite, 2002). It seems reasonable to suggest that better outcomes for children might eventuate if child protection authorities adopted a different regulatory framework. It might be justified to offer greater resources to less serious cases brought to the attention of agencies because doing so would prevent more serious problems in the future (English, 1998). It might also be justified to resolve some serious cases more efficiently with less coercive interventions in many cases. Current child protection models struggle to implement this kind of responsiveness.

THE CURRENT REGULATORY MODEL AND ITS CONSEQUENCES

The current regulatory model is bringing a rapid increase of cases into the system. Better detection and greater awareness of child neglect and abuse may be part of the explanation; social and economic upheaval that moves many families into crisis is another. That said, the effect of a regulatory system in an ideal world would be to reduce the cases coming before the child protection authority. The argument for such a downturn is that regulatory authorities have a responsibility to educate the population about the standards of care required and, through working with government and partnering with civil society, harness resources to put these standards into practice. A successful regulatory program provides the reasons and means for most people to self-regulate.

Why might families not be responding to the self-regulatory challenge when it comes to looking after their children? No small part of this problem is that interventions may solve some problems but create others. The significant costs of intervening in many cases outweigh the potential benefits for children, leaving them in worse circumstances (Doyle, 2007). If research shows that certain kinds of child protection concerns can be addressed better through non-coercive approaches, would these forms of intervention not be preferable to highly statutory interventions? Furthermore, if interventions are more effective when they are undertaken by non-government actors in partnership with or even beyond the reach of child protection authorities, is there an argument for limiting the role of child protection agencies? In essence, do we need a broader debate about when different kinds of interventions are justified and whether significant proportions of child protection cases should be dealt with through entirely different regulatory frameworks and perhaps even different organisations? (Wood & Harris, 2008)

Whatever the fate of child protection authorities in terms of their purpose, scope for intervention and resources, authorities cannot serve the interests of the child without respecting his or her social relationships. Social infrastructure, no matter how

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1 While child protection decisions are now often based on estimations of future risk, in some jurisdictions there is little evidence to show that the decisions made on this basis result in significantly different outcomes than decisions made on assessments of past abuse or neglect.
“shonky”, gives children their identity. The social infrastructure can be tinkered with, remodelled, recast, kept at a distance or demonised, but it cannot be denied. One way or another, child protection authorities have to deal constructively with this infrastructure. Otherwise, through being discarded, it will assume a toxicity that is destructive to all associated with it, including the estranged child.

The emotions that are unleashed by child protection cases are at the heart of this toxicity. Feelings of hate, abandonment, failure, shame and anger stand in the way of the resumption of normal relationships between parents and children, often stand in the way of children forming attachments with others, and compromise their capacity to grow and develop. Whatever the form that a child protection regulatory framework takes in the future, regulatory agencies will continue to be powerful educators in relationship management. Positive learning experiences for children cannot come about through an inspectorial system, the completion of checklists, the writing of reports, formal notifications, the removal of children and placement in new homes. Traumatised children cannot be expected to understand bureaucratic processes, particularly not in circumstances where their parents and families are fearful, mistrustful and mystified by them. Possibly the greatest contribution of child protection authorities is to work with partnering agencies to help children manage their relationships, provide them with an opportunity to find and give support and respect, and to build trust and a circle of support that will be there to help them in times of need.

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FASKEN LECTURE

THE ESSENCE OF RESPONSIVE REGULATION

JOHN BRAITHWAITE

Regulation that is responsive to the moves regulated actors make, to industry context and to the environment seems a complex task. The argument of this essay is that it is complex in the sense that being a parent regulating children is complex. Yet unsophisticated people can be successful parents by contemplating some simple heuristics of family regulation. This essay seeks to reduce the complexities of responsiveness to nine heuristics that state regulators, businesses, and NGOs can apply in seeking to regulate one another. The ideas of pyramids of supports and of sanctions are at the heart of this project. Partnership with those one intends to regulate is possible in the process of designing regulatory pyramids. The paradox of responsive regulation is that by having a capability to escalate to tough enforcement, most regulation can be about collaborative capacity building. Most of the action can fall within a strengths-based pyramid, a pyramid of supports for business compliance and continuous improvement. Finally, the essay considers how we can know that responsive regulation has worked.

Responsive regulatory theory has been a cumulative creation. Theories that are developmentally responsive to evidence and dialogue among scholarly and practice communities seem preferable to static theories. Responsive regulation started out as a theory of business regulation and has now been

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1 Australian Research Council Federation Fellow, Australian National University. My thanks to the editors and to Nick Kitchin, Kate Macfarlane, and Jin Kwee Ho for assistance with footnotes and figures. This lecture was delivered at the University of British Columbia on 21 September 2010.
applied to crime, peacebuilding, and a wide range of other private and public governance applications.

People new to the theory may struggle to discern its essence through the accumulation of debate, and a thicket of creative implementation and refinement. It seems timely to provide a clarification of the core of the theory. To that end, this essay attempts a simple reformulation of the theory as nine principles of responsive regulation:

1. Think in context; don't impose a preconceived theory.
2. Listen actively; structure dialogue that:
   • gives voice to stakeholders;
   • settles agreed outcomes and how to monitor them;
   • builds commitment by helping actors find their own motivation to improve;
   • communicates firm resolve to stick with a problem until it is fixed.
3. Engage those who resist with fairness; show them respect by construing their resistance as an opportunity to learn how to improve regulatory design.
4. Praise those who show commitment:
   • support their innovation;
   • nurture motivation to continuously improve;
   • help leaders pull laggards up through new ceilings of excellence.
5. Signal that you prefer to achieve outcomes by support and education to build capacity.
6. Signal, but do not threaten, a range of sanctions to which you can escalate; signal that the ultimate sanctions are formidable and are used when necessary, though only as a last resort.
7. Network pyramidal governance by engaging wider networks of partners as you move up a pyramid.
8. Elicit active responsibility (responsibility for making outcomes better in the future), resorting to passive responsibility (holding actors responsible for past actions) when active responsibility fails.
9. Learn; evaluate how well and at what cost outcomes have been achieved; communicate lessons learned.
I. A COLLECTIVE CREATION: THE BEGINNINGS OF RESPONSIVE REGULATORY THEORY

The most important moment in the development of responsive regulatory theory was the publication of a book I co-authored with Ian Ayres.1 For both Ian and me, that book was just one moment along a journey to develop the ideas it encapsulated. Ian's key influences were Paul Joskow and his dissertation advisors, and Richard Schmalensee, whose work and teaching impressed him on the twin dangers of public capture and private collusion/opportunism. He came of age during the moment when game theory was swallowing all of microeconomics.2 So it was natural for him to try to embed responsive ideas in a game-theoretic apparatus.

My work on responsive regulation started with the influence of many master practitioners of escalated enforcement of the late 1970s and early 1980s in the pharmaceutical industry (such as Bud Loftus), but especially practitioners of coal mine safety enforcement such as Ron Schell of the (then) Mine Safety and Health Administration. The ideas of these practitioners led to early published engagements with the ideas that became responsive regulation.3 Colleagues in the consumer movement in the 1980s were a great influence, particularly Allan Asher, Robin Brown, Russel Mokhiber, Yong Sook Kwok, Ralph Nader, Louise Sylvan, and John Wood. Colleagues with whom I served as a part-time Commissioner at the Trade Practices Commission (now the Australian Competition and Consumer Commission) between 1985 and 1995 were also important, including Allan Asher (again), Bill Dec, Allan Fels, and Delia Rickard. My work on Australian business regulation with Peter Grabosky4 developed the idea of the benign

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big gun. Then, in the late 1980s, there were many master practitioners of regulation and self-regulation in the nursing home industry who had a huge influence, such as Martin Derkeley. The biggest step forward was the book with Ian Ayres, which reconciled the ideas with economic theories of regulation and added major insights that Ian had been developing separately in the years before we met in 1987, particularly on game theory as discussed above. Other co-authors, mostly affiliated in one way or another with the Regulatory Institutions Network (RegNet) group at the Australian National University, had important effects on refining the ideas.

Though Ian and I had written three-quarters of Responsive Regulation before Ian came up with that label for it, this choice forced us to begin to contemplate the body of work on responsive law developed by Philip Selznick and his collaborators. In subsequent years that became a rewarding engagement, further enriched by conversations with our colleague Martin Krygier.

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5 Ayres & Braithwaite, supra note 1.

6 These included Eliza Ahmed, Valerie Braithwaite (especially Valérie, I should say), Hilary Charlesworth, Peter Drahos, Graham Duke, Brent Fisse, Gil Geis, Diane Gibson, Nathan Harris, Judith Healy, Janet Hope, Anne Jenkins, Niki Lacey, David Levi-Faur, Toni Makkai, James Maloney, Joseph Murphy, Dianne Nicol, Christine Parker, Debra Rickwood, Declan Roche, Clifford Shearing, Lawrence Sherman, and Heather Strang. Philip Pettit was the most important non-RegNet influence at ANU, as we contemplated a civic republican framework of designing regulation to maximize freedom as non-domination. Other RegNet colleagues on Visiting Fellows who had especially significant effects in developing the ideas through strategic conversations, even though they were not co-authors, were Steve Bottomley, Geoffrey Brennan, Scott Burris, Bruce Carruthers, Hugh Collins, Sash Counville, Michael Dowdle, Wendy Espeland, Lars Feld, Jo Ford, Bruno Frey, Tony Freyer, Neil Gunningham, Fiona Haines, Terry Halliday, Carol Heimer, Kersy Hobson, Christopher Hood, Anna Hutchens, Jenny Job, Susanne Karstedt, Doreen McBarnet, Kyle McKenna, Imelda Maher, Errol Meidinger, Brenda Morrison, Kristina Murphy, Vibeke Nelsen, Sol Picciotto, Michael Power, Greg Rawlings, Joseph Rees, Colin Scott, Neal Shover, David Soklice, Malcolm Sparrow, Art Stinchcombe, John Scholz, Veronica Taylor, Tom Tyler, Viv Walker, Helen Wacckars, Michael Wenzel, Jen Wood, and John Wright. Most importantly, there were dozens of PhD students whose work influenced my own thinking as I helped them struggle with their own data.

There are many further influences beyond these. So it becomes clear what a collective creation responsive regulation has been. I apologize to others I should have thought to mention, especially the vast number of practitioners and scholars who influenced my restorative justice work, which in turn shaped responsive regulation thinking. As all of these contributors have refined the ideas, I do think they have developed, even as some of these folk would hardly endorse the amalgam to which their thinking contributed so much. Most of all, Ian Ayres and I are grateful to the wonderful range of insights in a growing body of critical literature on responsive regulation.

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8 Some were really notable — when I think of the writing of Rob Baldwin, Julia Black, Cary Coglianese, Keith Hawkins, and Bob Kagan, for example, and all the people who had a huge influence on Ian rather than me.

A. MORE THAN PYRAMIDS

The aspect of responsive regulatory theory that most captures the imagination of practitioners is the idea of the responsive regulatory pyramid. One reason for this is that when one gives an introductory talk on responsive regulation to practitioners, one tends to end by asking them to choose a regulatory challenge they are finding difficult and then inviting them to attempt a quick preliminary design of a pyramid. This gets the practitioners more actively engaged with the pyramidal aspect of the theory than with its other ideas. In the months after such practitioner engagement, dozens of agencies have gone on to refine pyramids as representations of their regulatory policy. The purpose of this paper is to simplify all the principles underpinning the theory—not just those of the pyramid. Nevertheless, we start with explaining the pyramid idea, which does provide a context for the pluralist, dynamic, deliberative quality of the other features of responsiveness.

A private or public regulator concerned to improve the environmental, consumer protection, safety, prudential, or other performance of a societal actor should first look to its strengths, and then seek to expand them. A strengths-based pyramid, represented on the left side of Figure 1, seeks to try one strategy after another that might further build strengths on a foundation achieved at lower levels of the pyramid of supports. The idea is that most environmental, healthcare, or safety problems, for example, get solved by expanding the managerial capacities of regulated actors to solve them for themselves. Strengths expand to absorb weaknesses. Put another way, regulators should not rush to law enforcement solutions to problems before considering a range of approaches that support capacity-building. As some regu-


For several examples of this, see Charlotte Wood et al, "Applications of Responsive Regulatory Theory in Australia and Overseas" (Occasional Paper 15, Australian National University, Regulatory Institutions Network, June 2010).
lated actors see their strengths expand to levels not previously conceived possible, regulators celebrate their innovation, publicize it, and support its extension with research grants or by other creative means. The idea of the pyramid of supports is not just about pulling the performance of the most innovative actors up through new ceilings; it is also about those players finding better ways of solving problems that make it easier to increase demands upon laggards. This is the great insight of John Mikler’s study of the considerable improvements to the fuel economy of cars that have been achieved in recent decades.\textsuperscript{11} He found that Japanese regulation has been more effective than European regulation, and much more so than American regulation, in reducing the environmental damage that cars cause. This is in spite of the fact that Japanese environmental enforcement has been legislatively and puni-
tively weak. The key to Japanese success has been encouraging competition in engineering excellence to take fuel economy up through new ceilings. Then, when one of its carmakers breaks through the old ceiling, the state calls the other carmakers in to make it very clear that they are also expected to reach that ceiling, by buying the new technology of the leader if necessary or by inventing their own technologies to beat it. In a world where Japanese carmakers receive various kinds of support from their state, as is the case with carmakers of all nations, they mostly respond to these demands. Responsive regulation is also about what regulators can do when carmakers do not respond.

The first idea, therefore, is to move up a pyramid of supports that allows strengths to expand to solve more and more problems of concern to the regulator; when that fails to solve specific problems sufficiently, the regulator moves to the right of Figure 1 and starts to move up a pyramid of sanctions.

At the base of the pyramid of sanctions is the most restorative, dialogue-based approach we can craft for securing compliance with a just law. Of course, if it is a law of doubtful justice, we can expect the dialogue to be

\textsuperscript{11} John Mikler, \textit{Greening the Car Industry: Varieties of Capitalism and Climate Change} (Cheltenham: Edward Elgar, 2009).
As we move up the sanctions pyramid, increasingly demanding interventions are involved. The idea of the pyramid is that our presumption should always be to start at the base of the pyramid first. Then escalate to somewhat punitive approaches only reluctantly and only when dialogue fails. Then escalate to even more punitive approaches only when more modest sanctions fail. A regulator might escalate with a recalcitrant company from persuasion to a warning to civil penalties to criminal penalties and ultimately to corporate capital punishment—permanently revoking the company’s licence to operate. Figure 2 is a practical example of a pyramid of sanctions in use by the Australian Office of Transport Security.\(^\text{12}\)

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Strategic use of the pyramid requires the regulator to resist categorizing problems into minor matters that should be dealt with at the base of the pyramid, more serious ones that should be in the middle, and the most egregious ones for the peak of the pyramid. Even with the most serious matters—flouting legal obligations for operating a nuclear plant that risks thousands of lives, for example—we stick with the presumption that it is better to start with dialogue at the base of the pyramid. A presumption means that however serious the problem, our normal response is to try dialogue first for dealing with it, to only override the presumption if there are compelling reasons for doing so. Of course there will be such reasons at times—a violent first offender who during a trial vows to pursue the victim again and kill her may have to be locked up.

As we move up the pyramid in response to a failure to elicit reform and repair, we often reach the point where finally reform and repair are forthcoming. At that point, responsive regulation means that escalation up the
pyramid is put into reverse; the regulator de-escalates down the pyramid. The pyramid is firm yet forgiving in its demands for compliance. Reform must be rewarded just as recalcitrant refusal to reform is ultimately punished.

Responsive regulation has been an influential policy idea because it formulated a way of reconciling the clear empirical evidence that sometimes punishment works and sometimes it backfires—and likewise with persuasion.¹³ The pyramidal presumption of persuasion gives the cheaper, more respectful option a chance to work first. More costly punitive attempts at control are thus held in reserve for the minority of cases where persuasion fails. When it does fail, the most common reason is that an actor is being a rational calculator about the likely costs of law enforcement compared with the gains from breaking the law. Escalation through progressively more deterrent penalties will often take the rational calculator up to the point where it will become rational to comply.

Quite often, however, business regulators find that they try restorative justice and it fails; then they try escalating up through more and more punitive options and they all fail to deter. This happens for a number of reasons. One is the so-called deterrence trap, where no level of financial deterrent can make compliance economically rational.¹⁴ Another, and perhaps the most

¹³ See Braithwaite, To Punish or Persuade, supra note 3; Ayres & Braithwaite, supra note 1.

¹⁴ See John C Coffee Jr, "No Soul to Damn: No Body to Kick": An Unscandalized Inquiry into the Problem of Corporate Punishment" (1981) 79:3 Mich L Rev 386 at 389-93. Precisely when the stakes are highest with a crime, the law enforcer is likely to fall into what Coffee labels the "deterrence trap". Because of the inherent and contrived complexity associated with the biggest abuses of organisational power, probabilities of detection and conviction fall. The deterrence trap is the situation where the only way to make it rational to comply with the law, given the low probability of detection and potential for large financial gain, is to set penalties so high as to jeopardize the economic viability of corporations vital to the economy. Imagine, for example, that the risks of conviction for insider trading are only one in a hundred for a corporate stock market player that can afford quality legal advice. Imagine that the average returns to insider trading are $1 million. Under a crude expected utility model, it will then be rational for the average insider trader to continue unless the penalty exceeds $100 million. This would be a large enough penalty to bankrupt many medium-sized companies, leaving innocent workers unemployed, creditors unpaid, and communities deprived of their financial lifeline. This is what is required to deter the average insider trader under these crude assumptions.
common, reason in business regulation for successive failures of restorative justice and deterrence is that management simply does not have the competence to comply. Non-compliance in this scenario is neither about a lack of goodwill to comply nor about rational calculation to cheat. The managers of a nuclear plant simply do not have the engineering knowhow to take on a level of responsibility this demanding. They must be removed from the job. Indeed, if the entire management system of a company is not up to the task, the company might lose its licence to operate a nuclear power plant. So, when deterrence fails, the idea of the pyramid of sanctions is that incapacitation is the next port of call (see Figure 3).

Restorative justice is an approach where at the base of a pyramid of sanctions, all the stakeholders affected by an injustice have an opportunity to discuss how they have been hurt by it, their needs, and what might be done to repair the harm and prevent recurrence. It is also an approach informed by a set of values that define not only a just legal order, but a caring civil society. These values are for me derived from the foundational republican value of freedom as non-domination,\(^\text{15}\) though others who share the same restorative justice values motivate them from different foundations, including spiritual ones.\(^\text{16}\) The design of Figure 3 responds to the fact that restorative justice, deterrence, and incapacitation are all limited and flawed theories. The pyramid seeks to cover the weaknesses of one theory with the strengths of another.


Ordering of strategies in the pyramid is not just about putting less costly, less coercive, more respectful options lower down in order to save money and preserve the republican value of freedom as non-domination. It is also that by only resorting to more dominating, less respectful forms of social control when more dialogic forms have been tried first, coercive control comes to be seen as more legitimate. When regulation is seen as more legitimate and more procedurally fair, compliance with the law is more likely. Astute business regulators often set up this legitimacy explicitly. During a restorative justice dialogue over an offence, the inspector will say there will be no penalty this time, but she hopes the manager understands that if she returns and

finds the company has slipped back out of compliance again, under the rules she will have no choice but to refer it to the prosecutions unit. When the manager agrees that yes, this is understood, a future prosecution will likely be viewed as fair. Under this theory, therefore, privileging restorative justice at the base of the pyramid builds legitimacy and therefore compliance.

There is also a rational-choice account of why the pyramid works. System capacity overload results in a pretense of consistent law enforcement when the reality is that enforcement is spread around thinly and weakly. Unfortunately, this problem will be at its worst where lawbreaking is worst. Hardened offenders learn that the odds of serious punishment are low for any particular infraction. Tools like tax audits that are supposed to be about deterrence frequently backfire by teaching hardened tax cheats just how much they can get away with. The reluctance to escalate under the responsive pyramid model means that enforcement has the virtue of being highly selective in a principled way. Moreover, the display of the pyramid itself channels the rational actor down to the base of the pyramid. Non-compliance comes to be seen (accurately) as a slippery slope. In effect what the pyramid does is solve the system capacity problem by making punishment cheap. The pyramid says "unless you punish yourself for law-breaking through an agreed action plan near the base of the pyramid, we will punish you more severely higher up the pyramid (and we stand ready to go as high as we have to)." So it is cheaper for the rational firm to punish itself (as by agreeing to payouts to victims, community service, or paying for new corporate compliance systems). Once the pyramid succeeds in creating a world where most punishment is self-punishment, there is no longer a crisis of capacity to deliver punishment where it is needed. One of the messages the pyramid gives is that "if you violate it is going to be cheap for us to hurt you (because you are going to help us hurt you)."

Paternoster and Simpson's research on intentions to commit four types of corporate crime by MBA students reveals the inefficiency of going straight to

20 Ayres & Braithwaite, supra note 1 at 44.
a deterrence strategy. Paternoster and Simpson found that where the MBAs held personal moral codes, these were more important than rational calculations of sanction threats in predicting compliance (though the latter were important too). It follows that for the majority of these future business leaders, appeals to business ethics (as by confronting them with the consequences for the victims of a corporate crime) will work better than sanction threats. So it is best to try such ethical appeals first and then escalate to deterrence for that minority for whom deterrence works better than ethical appeals.

According to responsive regulatory theory, what we want is a legal system where citizens learn that responsiveness is the way our legal institutions work. Once they see law as a responsive regulatory system, they know that there will be a chance to argue about unjust laws (as opposed to being forced into a lower court production line or a plea bargain). But they will also see that game-playing to avoid legal obligations, and failure to listen to arguments about the harm their actions are doing and what must be done to repair it, will inexorably lead to regulatory escalation. The forces of law are listening, fair, and therefore legitimate, but also seen as somewhat invincible. The deterrence superiority of the active deterrence of the pyramid, as opposed to the passive deterrence of a fixed scale of penalties that are consistently imposed for different offences, is developed in *Restorative Justice and Responsive Regulation*.21

In the punishment versus persuasion debates among regulatory scholars, advocates of consistent punishment argued that cynical businesses abuse offers of cooperation (which they do if cooperation is not backed up by enforcement capability), while advocates of consistent persuasion argued that punishment and persuasion involve incompatible imperatives. Theorists of this second sort believe that threat and coercion undermine goodwill and, therefore, the trust that makes cooperative compliance work. This indeed can also be pointedly true. How can we but corrupt restorative justice values if we seek to coerce them? The first point to make is a factual one. Very few


criminal offenders who participate in restorative justice processes would be sitting in the room absent a certain amount of coercion. Without their detection and/or arrest, without the spectre of the alternative of a criminal trial, they simply would not cooperate with a process that puts their behaviour under public scrutiny. No coercion, no restorative justice (in most cases).

The question seems not one of how to avoid coercion, but how to minimize the escalation of coercion and how to avoid threats. A paradox of the pyramid is that to the extent that we can absolutely guarantee a commitment to escalate if steps are not taken to prevent the recurrence of lawbreaking, then escalation beyond the lower levels of the pyramid will rarely occur. This is the image of invincibility making self-regulation inevitable. Without locked-in commitment to escalation where reform does not occur to fix the problem, the system capacity crisis will rebound. The fundamental resource of responsive regulation is the belief of citizens in the inexorability of escalation if problems are not fixed.

Restorative justice works best with a spectre of punishment, threatening in the background but never threatened in the foreground. Where punishment is thrust into the foreground even by implied threats, other-regarding deliberation is made difficult because the offender is invited to deliberate in a self-regarding way—out of concern to protect the self from punishment. This is not the way to engender empathy with the victim, internalization of the values of the law, and the values of restorative justice. In contrast, contingent threats could at best only change lives in immediately contingent ways. The job of responsive regulators is to treat offenders as worthy of trust, because the evidence is that when they do this, regulation more often achieves its objectives.23

In the responsive regulation literature, the basic idea of pyramids of supports and sanctions can be elaborated into pyramids of regulatory strategies.24 Each layer of the pyramid might have many dimensions. For example, a state

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might decide to privatize civil aviation—allowing international competition of airlines from other nations to persuade consumers with better prices, services, and safety performance—but with tough new regulation of the private airlines that enter the market. In time, bad outcomes might lead to further escalation of that regulation and limits on entry of further international competitors, and if that fails, to re-nationalization of the airline industry. Alternatively, better-than-expected outcomes might lead to relaxation of the tough regulatory standards that accompanied privatization, and the licensing of even more international competitors.

Responsive regulators seek contextual, integrated, joined-up strategies that will work in synergy. Gunningham, Grabosky, and Sinclair are the leading scholars of how to craft such synergies and avert incompatible combinations of strategies. They conceive of different sides of the pyramid representing strategies of different players of the regulatory game.

Let us now attempt to encapsulate all the core ideas of pyramidal regulation within our simple set of nine principles of responsive regulation.

1. THINK IN CONTEXT; DON’T IMPOSE A PRECONCEIVED THEORY

Responsive regulation asks regulators not to be dogmatic about any theory, including responsive regulation itself. Be persistently attentive to and responsive to contextual insight. Responsiveness is about flexibility in a much more radical sense than flexible choice among a range of sanctions arrayed in a pyramid. In Chapter 5 of Responsive Regulation on “Partial-Industry Intervention,” Ian Ayres showed that fully deregulated private markets in some

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26 I prefer not to assume the levels of coordination between, for example, a state environmental regulator and a green NGO, where both would agree to take a certain action at one level of the pyramid in response to certain behaviour from industry. Ideally, regulators, a regulated industry, and an NGO player each design their own pyramids with participation of the other players, and then independently move up and down their respective pyramids in ways they consider responsive to how well the other players are behaving. Players form alliances with others who might support them as they reach each level of the pyramid. But they do not design their pyramids on the assumption that joint action can be achieved on any rung.
contexts are less competitive than they would be were the state to nationalize or bail out a strategic player in the market—to replace a private with a mixed private-public market structure. In that chapter, Ian developed an insightful, creative case for asymmetric regulation at which I still marvel. We saw a dramatic illustration of the virtues of openness to the effective nationalization of selected private firms in the US and UK finance sectors and in Detroit during the global financial crisis of 2008–2009. President Obama demanding the replacement of Chuck Wagoner as the CEO of General Motors was hardly regulation by rules, but it can be argued that it was regulation that saved a once-great industry that had become complacent that its lobbying could deliver the right to a taxpayer bailout on its own terms. Arguably, it also saved the state of Michigan which depended on that industry, and it was responsive to a good diagnosis of a crisis context. In retrospect, we can appreciate that bailout-contingent regulation did not fall equally on all banks or all car companies—because that very diversity reduces the chance of captured or benighted government regulation, while at the same time reducing the chance of collusive or benighted private decision-making. Especially in a period of radically high uncertainty, systems that regulate different firms in diverse ways are most likely to steer clear of severe failure.

Hence, we did not see accepting a set of rules that applies symmetrically to all as the starting point of responsive regulation, followed by monitoring compliance with those rules as the first stage of a responsive process. By our

27 Ayres & Braithwaite, supra note 1 at 133–57.


29 Thanks to Ian Ayres for his feedback with this insight. With the benefit of hindsight, we might also ask if there would be a great deal less unemployment in the world today if the (George W’) Bush Administration had temporarily nationalized Lehman Brothers in an attempt to avert the collapse of the international credit market in 2008 instead of allowing Lehman Brothers to fail. See Eric A Posner & Adrian Vermeule, “Crisis Governance in the Administrative State: 9/11 and the Financial Meltdown of 2008” (2009) 76:4 U Chicago L Rev 1613 at 1624.

30 Partial-industry intervention meant applying a “monopsony standard” to decide that certain rules would apply to some firms in a market, but not to others. See Ayres & Braithwaite, supra note 1 at 134.
lights, that involves too strong a theoretical commitment to the idea that regulation is defined by rules. In different contexts from 2008, privatizing firms or whole markets that had previously been public could be what is commended by thinking responsively about that market during that period of history. In some contexts, abolition of the entire industry is the best regulatory response, as with some large industries such as the nuclear and chemical weapons industries, the land mines industry, the gambling and casino industry, the global pedophilia trade, the market in slaves, and the market in certain illicit drugs. In other contexts, creation of an industry that did not really exist before is cleverly responsive to context, as was the case with the Australian Trade Practices Commission of the 1980s and 90s showing the lead toward creating a new corporate compliance consulting industry in Australia.\textsuperscript{31} In some contexts, writing rules about (for example) carbon emissions may be less central as a regulatory strategy than putting a price on carbon.\textsuperscript{32}

History is a very important part of context. What is a sound regulatory policy in one period of a nation's history will be unsound during another. Responsive regulators must therefore "think in a stream of time" as the historians Richard Neustadt and Ernest May argue.\textsuperscript{33} They are detectives who ask a lot of journalists' questions—what, who, how, when, where, why—to get the time line of the story clear.

Responsiveness to context means not taking any theory too seriously, including the theory of the pyramid. The pyramid is a useful heuristic. It is a good discipline to be required to consider all lower levels of a pyramid before contemplating a rush to a high level such as nationalization or privatization of a troubling organization. But the theory simply creates a presumption that

\footnotesize{\textsuperscript{31} Christine Parker, \textit{The Open Corporation} (Melbourne: Cambridge University Press, 2002) at 247–52.}


less interventionist remedies at the base of pyramids are normally the best place to start. Normatively justified responsiveness to context does at times require us to go straight to the peak of a pyramid. Execution of a criminal offender without trial is justified in the context of that offender being a suicide bomber about to detonate in a crowded market—if a sniper has a clear shot.

2. **LISTEN ACTIVELY; STRUCTURE DIALOGUE THAT:**
   - gives voice to stakeholders;
   - settles agreed outcomes and how to monitor them;
   - builds commitment by helping actors find their own motivation to improve; and
   - communicates firm resolve to stick with a problem until it is fixed.

Listening is the key not only to elicit change in actors, but also to understanding a regulated industry and the regulatory environment to which regulators must be responsive. The 2008 Wall Street crash was preventable by regulators who had their ears open. Not all of the structural drivers of the crisis were preventable in any straightforward way. Yet the epidemic of defaulting housing loans in the US that was the principal proximate cause most certainly was. Wall Street had been awash with rumours of what was coming long before the crash descended. The FBI issued a public warning as early as 2004 on an epidemic of mortgage fraud. Statistical collections such as the 2006 federal Financial Crimes Enforcement Network (FinCEN) report showed a 1,411 per cent increase in mortgage-related suspicious activity re-

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ports between 1997 and 2005, with 66 per cent of them involving material misrepresentation or false documents.36

Of course, prudential regulators do not always pay attention to FBI press releases and to statistical series on the housing industry. But had they been more genuinely conversationally engaged with Wall Street, there were plenty of interlocutors who would have told them about those red flag statistical series, those FBI warnings, and the rumours that top ratings agencies like Standard & Poor's had executives who could say "let's hope we are all wealthy and retired by the time this house of cards falters"; or another who said "we rate every deal. It could be structured by cows and we would rate it".37 Quality intelligence comes from good relationships. The problem, as I have argued elsewhere, was a regulatory culture of quantitative risk analysis as opposed to a more old-fashioned style of regulation where street-level regulators "kick the tires" as a precursor to conversation about what the problem is with that wobbly wheel.

Restorative and responsive regulatory theory also argues on the basis of growing empirical experience that non-punitive restorative justice at the base of a regulatory pyramid, backed by punitive escalation for non-cooperation with the restorative justice, is the best regulatory design for increasing detection of the most covert forms of law-breaking and thereby eliciting early warning of wider structural problems.38 That experience teaches us that actors as diverse as pilots and paedophiles admit to near-misses and sexual abuse of children if they can feel secure that full cooperation with restorative justice will protect them from punitive justice at the same time as they feel

36 The BasePoint Analytics work on 3 million loans was another early warning, suggesting 70 per cent of early payment defaults had fraudulent misrepresentations on their original loan applications. See BasePoint Analytics, New early payment defaults: Links to fraud and impact on mortgage lenders and investment banks (Carlsbad, CA: Basepoint Analytics, 2007) at 2.


threatened by the prospect that failure to do so could lead to punishment that would turn their lives upside down.

The demeanour of the responsive regulator is to be a listener, but one who listens while communicating resolve that they will persist with this problem until it is no longer a problem. The pyramid (Figures 1–3) communicates that resolve in a very explicit way. We are willing to listen and discuss endlessly, try countless different approaches, yet at the end of the day we will escalate to more and more interventionist strategies until the problem is fixed.

We know from the child development literature that parents who "mutter" at their children (rather than confronting them with firm resolve against bad behaviour) are ineffective at preventing behaviour such as violence. Such muttering parents will shout at their son "stop hitting your sister!" on the run as they move from dining room to kitchen, without even pausing to ensure that the violence does cease, let alone eliciting understanding of why violence is so disapproved.

From the large evaluation literature on motivational interviewing, which is a clinical method for motivating individuals to overcome ambivalence about changing behaviours such as drug use, we know that to change behaviour we must genuinely listen to narratives of non-compliance. More than


40 There have been more than eighty randomized controlled trials that have been mostly supportive of the efficacy of motivational interviewing. See Brian L Burke, Hal Arkowitz & Marias Munchouka, "The Efficacy of Motivational Interviewing: A Meta-Analysis of Controlled Clinical Trials" (2003) 71:5 Journal of Consulting and Clinical Psychology 843; Brad W Lundahl et al, "A Meta-Analysis Of Motivational Interviewing; Twenty-Five Years Of Empirical Studies" (2010) 20:2 Research on Social Work Practice 137. Client outcomes can be substantially improved or degraded depending on therapist style and practice. Therapist interpersonal skills have been found to directly facilitate client collaboration during motivational interview sessions for substance abuse problems. See Theresa B Moyers, William R Miller & Stacey ML Hendrickson, "How Does Motivational Interviewing Work? Therapist Interpersonal Skill Predicts Client Involvement
that, the listening must lead to agreement on desired outcomes, and self-monitoring and/or external monitoring of progress toward them. That commitment is secured in the motivational interviewing method by helping people to find their own motivation to attain an outcome. This approach to motivation is defined in the early clinical work on motivational interviewing. In the translation of his approach to regulation, we replace "clinician" with "regulator", and "client" with "regulatee":

- Regulation should be collaborative, where the regulator assumes the regulatee has what it needs to achieve change, and the regulator draws on the regulatee's values, motivations, abilities, and resources to help the regulatee bring about the desired change.
- The regulator seeks to evoke and explore the ambivalence of the regulatee to change in order to help the regulatee resolve its ambivalence and move in the direction of positive change.
- The regulator should focus on the statements of the regulatee and emphasize the "change talk" in those statements to strengthen the regulatee's motivation to bring about change.


Motivational interviewing is defined by Miller and Rollnick as a directive, person-centered clinical method for helping clients resolve ambivalence and move ahead with change. See William R Miller & Stephen Rollnick, "Talking Oneself Into Change: Motivational Interviewing, Stages of Change, and Therapeutic Process" (2004) 18:4 Journal of Cognitive Psychotherapy 299. Motivational interviewing was originally developed to assist problem drinkers. See William R Miller, "Motivational Interviewing With Problem Drinkers" (1983) 11:2 Behavioural Psychotherapy 147. However, research and theory suggests motivational interviewing may be effective for clinical areas beyond addictions such as alcoholism. Over 200 clinical trials of motivational interviewing have been published with positive trials for target problems including cardiovascular rehabilitation, diabetes management, dietary change, illicit drug use, problem drinking, problem gambling, smoking, and management of chronic mental disorders. See William R Miller & Gary S Rose, "A Theory of Motivational Interviewing" (2009) 64:6 American Psychologist 527 at 528–29. Further, when combined with another active treatment motivational interviewing has achieved larger and longer lasting effects. See ibid; Jennifer Hettema, Julie Steele & William R Miller, "Motivational Interviewing" (2005) 1 Ann Rev Clin Psychol 91 at 103.
• The regulatee, rather than the regulator, should voice the arguments for change.
• The regulator's role is to elicit and strengthen change talk.
• The regulator is to roll with the resistance that emerges from the regulatee and to focus on change talk.
• Developing a plan for change is the role of the regulatee, who decides what is needed, and when and how to proceed. The regulator offers advice cautiously when asked by the regulatee.
• Commitment for change must come from the regulatee. The role of the regulator is to listen for whether the regulatee is ready to commit to the change plan based on the "commitment language" of the regulatee.
• To effect this change in approach, the regulator should listen with empathy, minimize resistance, and nurture hope and optimism.42

The motivational interviewing literature mirrors much of what the RegNet research group at ANU discovered along a different path during the past three decades about the limits of regulators being prescriptive and combative as opposed to empathic and eliciting. Motivational interviewing's three key dimensions of motivation (Figure 4) mirror much of what emerges

42 These bullet points are adapted from a presentation by Dr Stan Steindl to RegNet colleagues. In addition to Dr Steindl, I am grateful for conversations with Mary Ivec, Nick Kitchin, Mark Nolan, and Nathan Harris on motivational interviewing that have informed the content of this section of the essay. The following publications were also important in formulating this section: William R Miller & Theresa B Moyers, "Eight Stages In Learning Motivational Interviewing" (2006) 5:1 Journal of Teaching in the Addictions 3; Miller & Rollnick, supra note 41.
in Valerie Braithwaite's work on motivational posturing and regulation, on trust and governance, and on hope and governance.

Three Key Dimensions

![Diagram of Three Key Dimensions]

Figure 4: Three Key Dimensions of Motivation.

Ann Jenkins's PhD research on our 1988–1991 nursing home regulation data showed the importance of "confidence" or "self-efficacy" in regulatory compliance. It is easy to grasp the intuition that we achieve more toward

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44 See Braithwaite & Levi, supra note 23.


46 Courtesy of Dr. Stan Steindl.

47 See Anne Jenkins, "The Role of Managerial Self-Efficacy in Corporate Compliance with the Law" (1994) 18:1 Law & Hum Behav 71 [Jenkins, "Managerial Self-Efficacy"]; Anne Jenkins, The Role of Managerial Self-Efficacy in Corporate Compliance with Regulatory Standards (PhD Dissertation, Australian National University, 1997) [unpublished] [Jenkins, PhD Dissertation].
our desired outcomes on those days when we arrive at work with a feeling of confidence. So clear empirical evidence that self-efficacy of managers predicted future regulatory compliance was not a surprise. "Importance" in Figure 4 has a much longer history of explanatory power in the regulatory literature—for example, in the consistent predictive power of commitment to obeying the law in the hundreds of empirical tests of control theory in criminology. In the motivational posturing literature, "readiness" is operationalized by asking clients "how ready are you to make these changes?" This is based on the finding that ambivalence is the crucial dilemma we face when changing our behaviour. Because we have the feeling that life is short and there are good and bad sides to everything, we often focus on the bad side and take the easy path of not making a change we know we should bother to make. Again, this insight comes early on in the criminological literature, in the brilliant ethnographic work of David Matza on Delinquency and Drift. Delinquents are not often committed to law breaking; rather they ambivalently drift between worlds of delinquency and law abidingness. They do not think breaking society's rules is right so much as they drift into "techniques of neutralization" that soften the moral bind of law.

Responsive regulators are therefore skilled at what the counselling literature conceives as Rogerian reflective listening: listening that reflects back


50 See Gresham M Sykes & David Matza, "Techniques of Neutralization: A Theory of Delinquency" (1957) 22:6 Am Sociol Rev 664. The main, repeatedly observed techniques in ethnographic work, including my own on business regulation, are: (1) denial of responsibility (e.g. "I was drunk"); (2) denial of injury (e.g. "they can afford it"); (3) denial of victim (e.g. "we weren't hurting anyone"); (4) condemnation of the condemners (e.g. "they're crooks themselves"); and (5) appeal to higher loyalties (e.g. "I had to stick by my mates").
commitment to achieve outcomes grounded in motivations chosen by the speaker. This is a very common human skill that all good parents have. It rolls with resistance rather than arguing combatively, while communicating commitment to stick with the problem until it is sorted. There is a "moral high ground" that law enforcers must enforce when faced with exceptional intransigence. This is when they must ensure that clear messages are delivered to third parties about what is morally unacceptable. In routine regulatory encounters, on the other hand, taking the moral high ground tends to be counterproductive.

This is all pretty basic stuff for social psychologists. But in the regulation game the dominant discourses are those of law and economics. Denizens of these disciplines have infected each other with their dominant myopias. Just as the lawyers need to be weaned off the obsession with regulation being only about rule compliance, economists must learn to listen to narratives of non-compliance that evince motivations beyond self-interest and rational choice. If all responsiveness achieves is to break down the myopias of dominant regulation discourses, then at least it broadens our understanding in a useful way.

3. ENGAGE THOSE WHO RESIST WITH FAIRNESS; SHOW THEM RESPECT BY CONSTRUING THEIR RESISTANCE AS AN OPPORTUNITY TO LEARN HOW TO IMPROVE REGULATORY DESIGN

Valerie Braithwaite's research on motivational postures concludes that resistance is a good thing in a regulatory regime. It is what creates the best opportunities for improving it. The character with which democratic governance responds to resistance is vital to the quality and resilience of a democ-

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51 It involves asking open questions as opposed to rhetorical questions or questions that evoke yes/no answers—questioning that shows respect for the person, and active listening that summarizes back to the speakers ways they are saying that they might like to steer their own journey to change. See Carl R. Rogers, Client-Centered Therapy (Cambridge, MA: Houghton Mifflin, 1951).

52 See Valerie Braithwaite et al., "Regulatory Styles, Motivational Postures and Nursing Home Compliance" (1994) 16:4 Law & Pol'y 363; Braithwaite, Defiance in Taxation, supra note 43; Braithwaite, "Games of Engagement", supra note 43; Braithwaite, "Dancing with Tax Authorities", supra note 43.
racy. As discussed in the last section, regulators can learn adaptation through the skill of rolling with resistance. Empirically, in both nursing home and tax compliance, the motivational posture that Valerie Braithwaite labels "resistance" was comparatively easy to flip into commitment to improvement. The tough nut is "disengagement." Regulatees who opt out of the regulatory game are much harder to deal with than those who stay in the game to resist the regulator. As with the problem of underperforming employees in workplaces, a starting point is in being interested in what people are good at. That provides a point of entry to getting them engaged with projects of continuous improvement that regulator and regulatee can begin to see as shared projects. And that is why we seek first to pick strengths and expand them by moving up the pyramid of supports.

Responsive regulatory theory is also about the idea that all these empathic attempts at engagement will often fail. That failure is an opportunity too. It provides an opportunity to escalate to deterrence and incapacitation at the high reaches of regulatory pyramids. One way of looking at that escalation is that it involves a kind of giving up on collaboration at a particular phase of a history of encounters. The tough, public punishment that occurs then underwrites the whole responsive pyramid. Other regulatees look on at the drama of the slippery slope down which unresponsiveness can lead. They are likely to draw a different lesson from the drama if part of its story is repeated efforts of the regulator to offer an alternative path to resistance or disengagement by the lawbreaker, to try a pyramid of supports first, to give the lawbreaker repeated chances at lower levels of the pyramid of sanctions, and to be procedurally fair in what was done at each rung.  

4. **PRAISE THOSE WHO SHOW COMMITMENT:**
   - support their innovation;
   - nurture motivation to continuously improve; and
   - help leaders pull laggards up through new ceilings of excellence.

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53 This feature of responsive regulation is informed by the literature of the social psychology of procedural justice. See Tyler, *supra* note 17; Tyler & Blader, *supra* note 17; Tyler & Dawes, *supra* note 17; Tyler & Huo, *supra* note 17.
While responsive regulatory theory says there is no such thing as a standard pyramid that could apply to all the contexts any single regulator must cover, it is hard to imagine why any regulator would neglect to include informal praise among the range of tools they frequently use. No tool is cheaper to implement. The evidence of the effectiveness of informal praise in improving nursing home quality of care outcomes in the two years following an inspection was strong. Yet we found in the state of California (and many other places) systematic indoctrination of inspectors away from the very natural human propensity to say "well done" when things were put right. The reason was fear that the evidence of praise would be used as a defence (should the firm subsequently be taken to court). Responsive regulatory theory interprets this as a most misguided policy.

Regulation based on static rules ossifies industry standards as of the time the rules were written. Responsive regulation is regulation that expects, encourages, and sometimes requires continuous improvement. That means continuous improvement in discovering lower-cost ways to achieve regulatory outcomes and continuous improvement in achieving better outcomes. It is rarely a good path to innovation for states to set standards and tell industry exactly how to achieve them. We have seen that John Mikler's study found that the greater success of Japanese auto regulators in reducing emissions compared to their colleagues in the US and Europe was based on imposing expectations on other automakers that they would have to innovate to reach or exceed a new ceiling as soon as another Japanese manufacturer took environmental engineering of motor vehicles up through an old ceiling.


55 See John Braithwaite, Toni Makkai & Valerie Braithwaite, Regulating Aged Care: Ritualism and the New Pyramid (Cheltenham: Edward Elgar, 2007) at 103–45.

56 Australian nursing home regulation has a number of standards that require homes to gather evidence that demonstrates to inspectors that they are continuing to improve on that standard—that the outcomes on this standard are better this year than they were last year. See ibid at 176–218.

57 See John Mikler, Greening the Car Industry: Varieties of Capitalism and Climate Change (Cheltenham: Edward Elgar, 2009).
When we say "help leaders pull laggards up through new ceilings of excellence", we are conceiving all regulated actors as potential leaders. In any workplace, everyone is capable of being the leader of excellence on something. You might be the best researcher in your research group, but the most junior person in the group might be the best at organizing electronic filing systems and improving your capacity to excel in that regard. Likewise, in regulation, the RegNet research group has advocated the 1987 US nursing home regulation reforms steered by Senator Charles Grassley that required each home to have a staff and resident meeting to choose a quality of care outcome that was poor and that they wished to improve in the next year. The law then required them to craft their own strategy for improving it and required a little study to monitor if it did improve a year later. This allows even nursing homes that have low managerial self-efficacy, because everyone knows they are one of the "bottom-feeders" of the industry, to build their self-efficacy by excelling in something, and on that challenge becoming role models of why everyone can improve on that particular regulatory standard. In the best possible responsive regulatory system, every single firm in the industry would be motivated to become a leader in something, dragging up the standards of the laggards across the industry on that outcome.

5. SIGNAL THAT YOU PREFER TO ACHIEVE OUTCOMES BY SUPPORT AND EDUCATION TO BUILD CAPACITY

This is the principle of the pyramid of supports that seeks to pick strengths and expand them. It urges collaborative crafting of a pyramid in the form of the left side of Figure 1. Signal that you would prefer to make progress on a

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58 For the most interesting empirical study of leaders and laggards and the empirical limitations of this approach, see Neil Cunningham & Darren Sinclair, Leaders and Laggards: Next-Generation Environmental Regulation (Sheffield: Greenleaf, 2002).


60 Braithwaite, Makki & Braithwaite, supra note 55 at 307–08.

61 Jenkins, "Managerial Self-Efficacy", supra note 47; Jenkins, PhD Dissertation, supra note 47.
problem if you can by moving up the pyramid of supports first. If that fails, as it often will, move to the pyramid of sanctions. When an organization has been so irresponsible that a regulator is punishing it at the peak of its regulatory pyramid for a particular form of conduct, there is no inconsistency in lauding the same organization by moving it to the top of the pyramid of supports on some other issue. Indeed, the plaudits in one domain can build confidence that a firm can crack the problems that are landing it in hot water in another domain. Regulators often worry about giving the public mixed messages about how a particular organization should be viewed. Yet we should not want the public to stigmatize or essentialize a whole organization, or worse, a whole country (such as Iraq), because one part of it has done something terrible. The best way to transcend that is to help responsible actors within the organization get the upper hand over its criminals. When readers ponder the good and bad bits within the organizations where they work, should there be any surprise that a regulator might on one hand be prosecuting criminally over the behaviour of the people in one part of the organization, while presenting an award for the excellence of the work of the folk responsible for fixing some problem elsewhere in the same organization?

6. SIGNAL, BUT DO NOT THREATEN, A RANGE OF SANCTIONS TO WHICH YOU CAN ESCALATE; SIGNAL THAT THE ULTIMATE SANCTIONS ARE FORMIDABLE AND ARE USED WHEN NECESSARY, THOUGH ONLY AS A LAST RESORT

This is the principle of the pyramid of sanctions, as in the right side of Figure 1. The responsive regulator wants regulated actors to understand that the pyramid exists, to feel that if they dismiss concerns of the environmental regulator over environmental protection, there will inevitably be escalation that will get increasingly punitive and bite deeper into the organization until there is no choice but to conclude that fixing the problem is a less painful response than persisting with resistance or disengagement. The aim is to secure the attitude of “let’s avoid all that conflict by fixing it now at the base of the pyramid, but make our case about what would be more and less reasonable ways of fixing it.”
The paradox of the pyramid is that by being able to escalate to really tough responses at the peak of the pyramid, more of the regulatory action can be driven down to the deliberative base of the pyramid.\textsuperscript{62} I have argued why escalating up the pyramid to deterrent sanctions can often make things worse, especially at the middle levels of a pyramid, before they get better.\textsuperscript{63} One reason is that punishment, according to responsive regulatory theory, simultaneously increases deterrence and defiance (see Figure 5). At low levels of punishment defiance is likely to exceed deterrence. Figure 5 expresses this as the resistance effect exceeding the capitulation effect at lower levels of coercion. The dotted line is the net compliance effect represented as a sum of the resistance score and the capitulation score. Only when punishment bites very deeply at the peak of the pyramid, resulting in many giving up on resistance, does the deterrence effect exceed the defiance effect. Yet one reason that escalation only as far as the lower levels of the pyramid often elicits compliance is that the first step up the ladder is a signal of willingness of the regulator to redeem its promise to keep climbing until the problem is fixed. Put another way, the first escalation up the pyramid becomes a wake-up call that engages more senior people who begin to ponder a slippery slope.

Hence, the redundancy idea of the pyramid can remain valid even when defiance effects of punishment initially exceed deterrence effects. The redundancy idea is that all regulatory tools have deep dangers of counter-productivity. Therefore, one must deploy a mix of regulatory tools; the best way to do so is dynamically—so that, in sequence, the strengths of one tool can be given a chance to cover the weaknesses of another tool.

The risks of defiance exceeding deterrence is one reason that the peak of the pyramid should always be threatening in the background but not directly threatened in the foreground. Making threats increases defiance, turning the defiance curve in Figure 5 more steeply downwards.

\textsuperscript{62} Ayres & Braithwaite, \textit{infra} note 1 at 39.

\textsuperscript{63} Braithwaite, \textit{Restorative Justice}, \textit{infra} note 15 at 106–09.
How then can one be threatening in the background without making threats? One way is being transparent that the pyramid is your new policy in advance of escalating for the first time. Responsive regulators want the industry to be open with them and they want to convince the industry that openness with them does pay. Regulators must be the change they want to see by communicating openly with the industry. More than that, they do best to include the industry in their processes of pyramid design. Pyramid design workshops that are inclusive of the industry, the regulator, and NGOs that

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are critics of both can do a lot to improve regulatory outcomes even in advance of a pyramid being deployed. At the regulator’s pyramid design workshop, when the three kinds of players describe the pyramid of escalations they would plan to deploy in response, all three begin to see that they are likely to be better off playing the game at the base of the pyramid. So the regulator and the industry listen to the NGO saying they will escalate to a complaint to the minister responsible, issue a press release, and then start a broad-based community campaign if confronted with captured regulation. The industry says that if it faces unfair or vexatious enforcement it would escalate to complaining to the minister, to media campaign, to funding opposition political parties. Participating in a collaborative design workshop of what would be a reasonable pyramid for the regulator to deploy can dampen the defiance effects in Figure 5 because the industry is more likely to say “well, we did all agree that this escalation is exactly what would be right for them to do in response to what we have tried to get away with here.” Secondly, if the pyramid of sanctions has been designed collaboratively, it will not be necessary for the regulator to make threats, because the pyramid has been constituted as threatening by the process of the collaborative design workshop itself. All the regulator need do is act to redeem the promises of the pyramid and of the workshop. Threats are not needed, just action. Restrained reminders that this is an example of the kind of conduct we must monitor until it ceases are also important.

7. NETWORK PYRAMIDAL GOVERNANCE BY ENGAGING WIDER NETWORKS OF PARTNERS AS YOU MOVE UP A PYRAMID

The partnership principle of pyramidal escalation reflects the reality that regulators do not stand alone in their concerns that consumers be protected, environments preserved, corruption prevented. While responsive regulation is designed to make effective state regulatory law practicably enforceable by allowing most regulation to be transacted cheaply at the base of the pyramid, nevertheless many states, especially poor ones, lack the resources to escalate to more expensive measures. Here is where the pyramid of escalated network-
ing inspired by Peter Drahos comes into its own (Figure 6, below). Instead of a weak state regulator escalating by upping state intervention, it can instead escalate by networking in more regulatory partners to put pressure on the regulated firm. Actually, even well resourced regulators find that on particular issues at particular places and times there are network partners better positioned than them to call a regulatee to account. So our argument is that regulators who are gifted at the responsive craft astutely resort to networked escalation. Instead of escalating to increasingly interventionist sanctions that the regulator mobilizes itself, the regulator enrols increasing numbers of more potent network partners to escalate pressure on the regulated firm. For example, a securities regulator in a developing country might enrol a multinational accounting firm to produce a report on the compliance of one of its client firms and then monitor implementation of responsive reform to fix the problems revealed by the monitoring, including monitoring of whether managers are disciplined or dismissed when they fail to act. A weak developing country regulator can enrol (and be enrolled by) both transnational and village networks, private and other public sector organizations, NGOs, professions, creatively disparate types of network partners. Empirically, Braithwaite, Makkai, and Braithwaite found British nursing home inspectorates to be weak regulatory agencies, in both legal powers and resources. Yet they accomplished a great deal of improvement in quality of care by creative networking even of organizations as powerful as banks. Banks become reluctant to lend money to homes when inspectors put exhorting inspection reports on the internet.

When the terrorist pulls the gun to shoot the hostage, our responsive regulation texts always said the best option might be to short-circuit any thought of dialogue and have the sniper take him out. Yet that work also said “don’t automatically think that because this person is a terrorist with a gun and a hostage that a fatal bullet is mandated.” If you talk to him, you might discover that your intelligence is wrong and that he is innocent. Never dismiss the possibility that having the right kinds of conversations might per-

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67 See Braithwaite, Makkai & Braithwaite, supra note 55 at 146–75.
suade you to reframe the normative objectives that should be salient in the situation. It might be that allowing the wife of a violent man talk to him with love about surrender will better serve public safety.68

68 In response to Jennifer Wood & Clifford D Shearing, *Imagining Security* (Portland: Willan, 2007), which urges responsive regulation to get more rigorous about lateral scanning, I developed the following "nodal governance" guidelines for responsive regulation, which apply as much to civil society regulators as to state regulators:

1. Never escalate to hard options without considering all the available softer regulatory interventions. If the situation gives you time, engage in a brainstorming dialogue to discover them. Be open to reframing the norm to be secured on the basis of that dialogue.
2. Use restorative justice dialogue to bubble up norm improvement, including law reform and radical deregulation.
3. Have a preference for "governing by providing" over "governing by regulating." Try to solve problems by providing resources to the potential target of regulation when those gifts might motivate them to govern themselves.
4. Jump immediately to a coercive option when quick diagnosis suggests this will achieve the result with less force overall than a sequence of failed escalations.
5. When you do not yourself have the power to control the situation, consider networking with partners horizontally, or better still with partners who can de-escalate coercion, before considering vertical escalation.
6. If you need to escalate vertically, but lack the power resources to do that, scan creatively and optimistically for potential network partners with resources you lack. Search also for other weak actors whose combined power tied in a node governs the situation with greater power than the sum of its parts.
7. If you want to regulate to achieve a result with minimum force, belong to an organization with symbols that signify a capability and resolve to escalate right up to the peak of a regulatory pyramid that is threatening in the background (but rarely threatened in the foreground). Belong to an organization that both walks softly and carries a big stick. If you do not belong to such an organization, network with someone who does.

See John Braithwaite, *Regulatory Capitalism: How it Works, Ideas for Making it Work Better* (Cheltenham: Edward Elgar, 2008) at 99. Data collected in 2006 by John Braithwaite and Leah Dunn on police peacekeeping in war-torn Timor-Leste was used to illustrate how such guidelines might be implemented in difficult circumstances for regulating violence. See *ibid* at 87–108.
8. **ELICIT ACTIVE RESPONSIBILITY, RESORTING TO PASSIVE RESPONSIBILITY WHEN ACTIVE RESPONSIBILITY FAILS**

The idea of distinguishing active from passive responsibility comes from Mark Bovens.\(^7^0\) Passive responsibility means holding actors responsible for wrongs they have done in the past. Active responsibility means challenging actors to take responsibility for making things right into the future. The responsive regulation approach is to resort to passive responsibility only when active responsibility cannot be elicited. No principle of responsive regulation has more radical implications for the design of legal systems. Thirty years ago when my co-author Brent Fisse first opened conversations about the virtues of replacing causal fault with reactive fault as the keystone of responsibility in

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\(^{69}\) Drahoš, _supra_ note 66.

\(^{70}\) See _The Quest for Responsibility_ (Cambridge: Cambridge University Press, 1998).
criminal law, I was sceptical about such a radical reorientation of fault. But by 1993, when we published Corporations, Crime and Accountability, he had persuaded me that there was an effective strategy for integrating presumptive active responsibility, with passive responsibility relegated to a backstop, in corporate criminal law. Since then, restorative justice scholarship has deepened the furrows of this approach. For example, from the literature on school bullying we have learnt that the bully is not necessarily the target of first choice in an effective preventive strategy. The more effective target can be respected older children who in the best circumstances can be motivated to intervene to censure victimization of younger children and to protect them, or who in the worst circumstances encourage the bully, even holding the victim to prevent her from escaping the bully. So sound anti-bullying policy is about a whole-school approach where respected older children, parents, teachers, and even janitors are all encouraged by an anti-bullying culture to take active responsibility for bullying prevention and for helping victims to heal. Because preventive capability for an organizational crime is often within the reach of many corporate actors, any one of whom could prevent recurrence of the crime, restorative justice that persists in widening the circle of agents who are given an opportunity to be actively responsible often quickly finds an individual who can be motivated by a sense of social responsibility to be the agent for reform.


74 The method here is to try an initial circle of organizational actors with some responsibility. If they are all deniers, widen the circle, especially with more senior people than those first invited. If they too are all deniers, widen the circle again until a socially responsible
A major strength of the restorative justice tradition in the aftermath of lawbreaking is that it teaches us to practice emotionally intelligent justice, to heal the hurts of conflict and injustice, to forgive the failings of others, to apologize for one's own, to put victims of injustice at the center of justice processes, to listen to them, and to take justice rituals seriously when they are rituals that can signal an end to victimization. Among the things that can be accomplished by restorative justice rituals with these qualities are the engagement of the disengaged and the consolidation of commitment to the norms that underpin a particular form of regulation. 

9. **Learn; Evaluate How Well and at What Cost Outcomes Have Been Achieved; Communicate Lessons Learned**

Regulatory practice tends to accept far too readily presumptions that extant regulatory frameworks already have the right answers. The law is often taken as self-evidently right; rational choice presumptions about how actors respond to deterrence are ingrained in the face of the evidence we have that defiance often exceeds deterrence effects (see Figure 5). While it is true to say that regulators should be reflective practitioners who learn, regulatory practice does not respond well to the reality that the dominant discourses of law and economics embed certain anti-learning propensities. This is not to deny that entrenched prescriptive mindsets of "thou shalt not kill" or of institutionalizing deterrence for killing have value. It is to say that reflective practitioners learning from their experience of how to create a society with less killing is a rather more important policy endeavour.

On no issue have I met more resistance than in implementing randomized controlled trials of responsive justice interventions, including television...
journalists thrusting accusing microphones and front page stories in the Canberra Times alleging a "justice lottery". Randomized controlled trials are not always the best methodology for exploring responsive regulatory strategies. They have an important place, however, when so much of the scholarship critical of responsive regulation uses an n of 1 or data without a control group to assert confidently that this or that feature of responsive regulation clearly does not work in some more general sense. Work better than what? 

Learning what happens after a specific regulatory intervention is a rather easier challenge than understanding whether some aspect of responsive regulation "works." In the year after fencing is placed around something dangerous, we can easily monitor for a reduction in accidents associated with that danger at that place. This kind of contextual evaluation in place is often easy to do, with costs that can involve no more than recordkeeping that is a little systematic. Yet more often than not, these costs are not met—the regulatory system simply assumes the investment in the fence was a good one. More importantly, when such simple monitoring does reveal a dramatic improvement in some outcome, no one invests in what Christine Parker calls double-loop learning by spreading news of this experience across all such contexts within a large organization. And it is even rarer for triple-loop learning to occur—where lessons about how to revise regulatory goals and strategies are looped across all such organizations throughout the economy (see Figure 7). Cost-effectiveness of regulation is unlikely to be improved without learning, and a more systematic approach to tripling loops of learning could be one of the more cost-effective investments regulators can make in improvement.

At another level, this principle on evaluation and triple-loop learning always worried me. While our group always advocated the 1987 US reforms


80 Parker, supra note 31 at 210.
that required nursing homes to pick a priority problem, design an intervention, and then measure whether the problem improved, we worried about the poor quality of the science involved. Those carrying out the studies were usually nurses with limited scientific training; sample sizes were tiny, and control groups were generally absent.

Figure 7: Triple loop learning.

I used to have the same worry with the similar approach in the realm of problem-oriented policing, called SARA (Scanning, Analysis, Response and Assessment), where the “assessment” is conducted by police officers with limited scientific expertise. Tripling loops of learning from bad science might be seen as a flawed kind of learning to advocate. This is not so, however, if science of high quality shows that problem-oriented police evaluating their responses under the rough and ready SARA method do better in reducing

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81 Ibid at 278.

crime on their beats than control-group police on other beats. And this is what the best criminological research seems to indicate. The same is true of motivational interviewing, which, like problem-oriented policing, has much in common with responsive regulation. While motivational interviewing is a flexible, contextual and responsive practice that unfolds differently in every case, the research suggests that professionals trained to use motivational interviewing produce better outcomes than controls.

Unfortunately we have no research that randomly assigns regulatory agencies or individual regulators to regulate responsively as opposed to controls following some more standardized prescriptive approach. We have much less persuasive evidence of, for example, a single regulator, the Australian Taxation Office, moving from a non-responsive to a responsive approach to regulating profit shifting by multinational corporations and collecting a great deal more tax in the responsive versus the non-responsive period. Valerie Braithwaite and I tried in vain to persuade that regulator to randomly assign companies to the pyramidal versus the standardized approach. Until that is done, the warrant for confidence in responsive regulation as a general strategy will remain limited. We have to be content with evaluation research that tests small elements of the approach, such as the proffering of praise, eliciting pride, eliciting trust, building self-efficacy, open communicati-


86 Makkai & Braithwaite, "Praise", supra note 54.

tion, elicit[ing] responsive motivational postures, engagement of third parties such as trade unions in safety regulation, proferring procedural justice and restorative justice, reintegrative shaming and avoidance of stigmatisation, movement in tit-for-tat fashion between one level of a pyramid and the next, and projection of deterrence from the peak of a pyramid.

John Eck first considers research that makes general claims. Then he distinguishes this from contextual research that concludes a problem has been fixed in a particular context and then communicates useful details about how that intervention was crafted:

When dealing with small-scale, small-claim crime prevention interventions, evaluation designs with relatively weak internal validity work well enough. They need to be sufficiently rigorous to show that the problem declined following the intervention, but they need not eliminate all rival hypotheses. Indeed, there can be a great deal of doubt as to what exactly caused the decline in the crime. Simple, pre-post and short time-series evaluations that take into account the most likely rival hypotheses—short-term trends and seasonality, for example—provide sufficient evidence to make decisions about the pro-

89 Supra note 47.
90 Braithwaite, To Punish or Persuade, supra note 3.
91 Braithwaite, Defiance in Taxation, supra note 43; Braithwaite, "Games of Engagement", supra note 43; Braithwaite, "Dancing with Tax Authorities", supra note 43.
92 Braithwaite, To Punish or Persuade, supra note 3.
94 Toni Makkai & John Braithwaite, "Reintegrative Shaming and Regulatory Compliance" (1994) 32:3 Criminol 361.
95 Parker, supra note 9; Nielsen & Parker, supra note 9.
...[U]nlike textbook rigorous evaluations, they can be accommodated within the way practitioners normally learn from experience.

How good is good enough? ...[W]hen we are interested in small-scale, small-claim, discrete interventions ... learning involves using theory to set boundaries on how to proceed, and then the use of imitation and trial and error to work out the details. Some hints as to how we can proceed come from civil engineering and the construction of one-of-a-kind structures. Counting the number of bridges standing and comparing this number to the number that collapsed, for example, does not make for success in bridge construction. All we know for certain about standing bridges is that they have not fallen, yet. Rather there is a heavy reliance on theories of physics and materials, plus pre-implementation analysis and planning, coupled with evaluations of catastrophic failures.97

To this, we might add monitoring for evidence of stress such as cracks, then trial-and-error repairs to prevent these getting worse, or incapacitating the bridge while building a new one. With such contextually responsive intervention, our interest is in sticking with the problem until it goes away. In the end, we might not quite understand why one of our trial-and-error interventions worked. Indeed, our initial theory may have been quite flawed and the success of the intervention might delude us into thinking we had a good theory. Even so, the hypothesis is that trial and error grounded in a theory that seems to have worked in the past, in a body of practical experience, yet also in a responsive analysis of the context, is likely to succeed more often than a guess. One of the things triple-loop learning does is spread news of types of interventions that have often been associated with a problem disappearing in the past. That makes it an intervention worth considering for insertion into a future pyramid. But because we do not really understand the causal mechanisms that made it work, if indeed it has worked, we do not as-

sume it will work in the future and we hedge its promise with other layers of the pyramid that hold out different theoretical bases for their promises of effectiveness. Evidence-based theories provide an array of generative metaphors to guide disparate, redundant attempts to improve things. When we escalate through three different levels of the pyramid that fail to fix the problem and then to a fourth, after which the problem stops, we do not know if what happened at the fourth rung was a cumulative accomplishment of the three rungs below, or if what we did at the fourth rung undid damage done at the three lower rungs. All we have is a theoretically informed process of monitored trial and error.

II. TOO HARD TO DO?

Sometimes scholars say that responsive regulation requires a discretionary competence to make judgments beyond the wisdom of the average street-level regulator. On other occasions, one gets the comment following training that responsive regulation is just common sense. The larger element of truth is to be found in the latter observation. One might run down the list of nine principles and ask if they could meaningfully be applied to good parenting. Almost all of us have experienced one or both sides of parental regulation within families. Because responsive regulatory principles are so heavily derived from what the empirical evidence says about effective parenting, it does seem like common sense to many people. Even leaders taking laggards up through new ceilings of excellence, which appears at first to connect only to the context of regulating an industry, can actually sensibly be applied to big sisters displaying to little brothers better ways to self-regulate anger and violence.

But some are bad parents much of the time, and most of us are bad parents some of the time. While good parenting mostly comes naturally to people of ordinary talents, there are moments when it is fiendishly difficult. Mostly we tend to be good parents when we do what comes naturally—when we follow the natural emotional intelligence of the good parent that we learned from having watched our own parents, our school friends' parents, and even parents on television. The natural emotional intelligence of the parent comes from allowing oneself to experience unconditional love for our child, trust with monitoring, and hope about the joyful future flourishing of the child. We are bad parents when we follow bad emotional habits such as
anger and punitive violence that we learn from experiences of the dark sides of social life that are not the stuff of good parenting. So the challenge of being a good parent is not primarily one of learning good habits but of unlearning bad ones. It is like training in the Alexander technique—which is not training in how to hold good posture, but in how to release, undo, bad habits of posture that we did not have when we were very young, but which we learned from unnatural pastimes such as sitting at a computer writing for law reviews.

Being a gardener who succeeds at the outcome of eliciting growth is a richly complex activity that requires responsiveness to the changing plant, the weather, the soil, compost, drainage, and more. Yet no one would say we cannot entrust this to people of only average ability. I marvel when I visit Melanesian villages at how everyone is a good gardener. Even westerners with their more impoverished experience of observing other good gardeners are mostly very capable of learning how to elicit growth from plants.

So we might teach responsive regulation not as rocket science but as a natural social process. The main challenge is unlearning Going by the Book,98 unlearning training of Californian nursing home inspectors to eschew praise for improvement,99 unlearning "adversarial legalism",100 unlearning intemperate issuance of directives, undoing the habit of making threats, resisting slavish adherence to protocols when our monitoring suggests they have counterproductive effects. The challenge is renouncing humiliation and habits of disrespect in a return to the more natural form of human engagement which is respectful and trusting. And hopeful about the natural educative style of eliciting motivation to learn for reasons that human beings find intrinsically

99 Braithwaite, Makkai & Braithwaite, supra note 55.
rewarding. The US section of Braithwaite, Makkai and Braithwaite’s comparative study of nursing home regulation can be read as showing that the US inspection model deterred inspectors from detective work on behalf of abused and neglected people they were concerned to protect, enjoining inspectors to ignore such concerns in favour of following protocols and grinding through the considerable paperwork demands of inspection protocols. It is a case study of a regulatory regime that is far too contrived, complex and non-discretionary by the lights of responsive regulation.

III. TENDING THE GARDEN WITH STORIES OF GOOD GROWTH

A common critique of responsive regulation is that much regulatory practice is not characterized by the regular encounters needed to make the approach work. While that is right, the responsive prescription is to contrive repeated encounters where the most strategic opportunities for improvement are identified. Master gardeners are quick to instruct us that we must target those parts of the garden where iterated attention is needed to effect improvement, while other plants grow heartily without our attention. None of our analysis denies that some people are master practitioners of gardening or of responsive regulation. We watch their gardening shows on television—we attend their trainings on responsive regulation—because they have brilliant track records of eliciting growth in plants, or in corporate performance on matters like safety. The most important way we improve regulation, according to the responsive approach, is by conceiving of regulatory culture not as a rulebook but as a storybook and helping one another to get better at sharing instructive stories.

101 Braithwaite, Makkai & Braithwaite, supra note 55.

Parents and Family Members Matter

A Charter of Rights and Responsibilities for Parents and Family Members with Children in the Care of Child Protection Services in Australia

Sharynne Hamilton and Valerie Braithwaite

September 2014
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We spend a lot of time as a local, national and global community considering the wellbeing of children and what is in ‘the best interest of the child’ when they are at risk of abuse and neglect. We spend much less time considering the rights and responsibilities of parents and other family members who have children in the care of child protection services. Many Australian families face a range of complex problems: poverty, homelessness, mental health problems, substance misuse, domestic and family violence or disability; sometimes in isolation, more often in combination (see Hamilton and Braithwaite, 2014). Many suffer social exclusion and low levels of social capital and come under the watchful eye of Australian child protection authorities as high risk segments of the population (Hamilton and Braithwaite, 2014).

Children belonging to high risk groups are far more likely to be the subject of a statutory child protection intervention (Mullender, 2001; Kantor and Little, 2003; Huntsman, 2008; Stanley, Cleaver and Hart, 2010; Sterne et al, 2010; Mason, 2010; Collings and Llewellyn, 2012). In our own research in the ACT, data collected by community workers of clients with a child protection intervention confirm that parents and family members have lives that are full of stress: economic, social, personal, and interpersonal. Our interviews with community workers also revealed the unhelpfulness of child protection interventions that traumatise families and use threatening tactics, particularly around removing a child or children from the family home. In the worst of these situations, reported across Australia, parents are exposed to unfair, non-transparent and unsupported processes where they are given inadequate or virtually no information (Harries, 2008; Ivec, Braithwaite and Harris, 2009; Family Inclusion Network, 2007; Mason, 2010; Hinton, 2013). They are not treated respectfully nor are they empowered; they are marginalised and stigmatised; and they quickly come to hold little to no trust in the child protection system (Hamilton and Braithwaite, 2014).

At a time when regulatory authorities of all kinds are concentrating on segmenting populations in terms of their risk profiles, the adverse consequences and injustice of labelling, stigmatising, and failing to see strengths among people who are part of “high risk segments” are too frequently swept under the carpet. A high risk profile does not mean that all individuals within that profile are in danger or are perpetrators of harm. Protective factors exist within families themselves: Children and families living in adverse circumstances often have strong resilience and coping mechanisms that offset the risks they face (Grella, Hser & Huang, 2006; Lamont and Blomfield, 2009; Mullender, 2001; Westad and McConnell, 2012). Parents often are very skilled at shielding children from risks in their environment that are of concern to child protection authorities (Ivec et al, 2012; Foster, O’Brien and McAllister, 2004; Scannapieco and Connell-Carrick, 2007; Sterne, et al, 2010; Wesley Mission, 2013).
Often, the relationship between child protection authorities and parents with high risk profiles is not a positive one (Ivec et al 2012; Harris and Gosnell 2012; Harris 2011). Nor is the relationship positive between child protection authorities and the community workers who support parents who fall into these suspected “not good enough parenting” groups (Hamilton and Braithwaite, 2014; Ivec et al 2012). Many in the community consider it a dangerous liaison even to approach a child protection authority for help (Hamilton and Braithwaite, 2014). Hamilton and Braithwaite report many examples of how the dynamics in the relationships among community workers, families and child protection services impacted negatively on the ability of community workers to effectively work with families.

One concerning finding in this study was that community workers described experiencing a ‘courtesy stigma’ when working with families. They felt their own credibility and professional judgment was ruined in the eyes of child protection staff, just through the human support they offered to their clients. Ultimately, community workers perceived the child protection system as failing to provide fair process for families. They did not understand why children were removed in some cases and not in others. In their eyes, the decisions were non-transparent, and in many cases, arbitrary. They identified various gaps in services to parents, particularly a lack of information and resources and an absence of dedicated support services to assist parents with child protection interventions.

Notably, sporadic work is being undertaken around Australia to fill a much needed gap in information provision for parents.¹ Only in Western Australia do dedicated support services exist for parents to navigate these complex statutory systems. Elsewhere they have no dedicated funded services to assist them, and certainly our research in the ACT suggests that community workers have real constraints on their ability to optimally support parents. Parents, despite their perceived or actual failings, have the right to have their voice heard and have the opportunity to show a sense of responsibility toward their child’s well-being. It should not be the case in a country that prides itself on its rule of law that parents (and their community workers) feel so incapacitated by the system that they cannot fight for their rights and have no choice but to, effectively, relinquish their right to parent.

At present in Australia we have around 40,000 children living away from their parents and in the care of child protection authorities, with Indigenous children over-represented in the child protection system by more than a factor of 10 (AIHW, 2014). Many children are subject to permanency planning policies and finalised orders. The courts grant these orders with an understanding that parents will be given a fair go, that they will be given the opportunity to get their lives back on track and have their children restored to their care. Too often this is not the story that is heard in the community. Researchers and government inquiries² hear another story of unfair processes. Parents are jumping through hoops, meeting one set of requirements for child protection only to be given another set, and receive little if any encouragement in response to their efforts and achievements. Further, once a decision is made for 18 year orders, parents are losing hope of having their children ever returned to their care. In our interviews with community workers, it was openly admitted that neither workers nor the affected parents felt there was an accessible fair way to fight back when they felt that prejudice had tainted decisions and processes.

An understanding of the rights and responsibilities of parents and families is needed to mitigate these negative effects on them and ultimately, their children being ‘protected’. Rights ensure that all parents are treated with kindness and respect, communicated with transparently, and heard and included in decision making about their children. Some parents will lose their right to parent. But such parents, their children, their families and the community workers who support them need to know why, and have confidence that the reasons given are legitimate and honest, and the process transparent and fair. Developing a charter of rights and responsibilities, such as that below which sets out basic principles for operating within a culture of respect, could assist to guide the way for establishing more productive relationships between child protection workers, parents and family members and their support networks. Potentially this could lead to decision-making forums in which family problems which deem children at risk can be resolved before removal and child protection orders are administered, and create more genuinely collaborative care arrangements for those children who are in care into the future. Children deserve to have all these parties working to ensure that they have a better future. Committing to this charter is the first step in that direction.

Guiding principles of rights and responsibilities for parents and family members involved with Australian Child Protection Services

'IN THE BEST INTEREST OF THE FAMILY'

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<td>• have the integrity of your family unit protected</td>
<td>• treat child protection workers with respect and in the same way you expect to be treated</td>
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<td>• be treated with courtesy and respect by child protection workers and other statutory representatives</td>
<td>• recognise that child protection workers have a job to do and respond to workers in developing a respectful working relationship with you</td>
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<td>• have your individual human dignity valued</td>
<td>• tell child protection workers when you feel they, as professionals, are not taking the lead in treating you with respect</td>
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<td>• have your expressions of anger or frustration understood with professional sensitivity by child protection workers</td>
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<td>• be recognised and respected in your role as parent/family member in your interactions with child protection workers</td>
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<td>• be free from unlawful discrimination and have your individual needs respected regardless of race, colour, gender, sexual orientation, language, age, disability or other status</td>
<td>• ensure that child protection workers are aware of you and your children’s cultural, religious and medical needs</td>
</tr>
<tr>
<td><strong>Consultation and Dialogue</strong></td>
<td><strong>Consultation and Dialogue</strong></td>
</tr>
<tr>
<td><strong>You have the right to:</strong></td>
<td><strong>It is your responsibility to:</strong></td>
</tr>
<tr>
<td>• be informed of your right to a support person</td>
<td>• tell child protection workers that you need a support person and organise for them to attend meetings with you</td>
</tr>
<tr>
<td>• request flexibility when arranging meetings to take into account work, medical, Centrelink, or other significant commitments</td>
<td>• make yourself available, as far as possible given the constraints of other commitments i.e. Employment/Centrelink requirements</td>
</tr>
<tr>
<td>• be heard and have questions answered in a clear and understandable way</td>
<td>• be willing to engage</td>
</tr>
<tr>
<td>• be consulted and kept informed of the placement, placement changes, health, education and all decisions made about your children when in out of home care</td>
<td>• ask anything you need to know regarding your children’s placement, health and education</td>
</tr>
<tr>
<td>• represent your position in fair and open decision-making forums which respect your right as a parent to have exclusive decision-making power over your child’s upbringing</td>
<td>• ask questions when you do not understand</td>
</tr>
<tr>
<td>• receive all information in a form and language that you understand and be provided with decisions and meeting discussions in writing as a matter of course</td>
<td>• ask for confirmation of decisions/outcomes of meetings in writing</td>
</tr>
</tbody>
</table>
### Transparency and Accountability

**You have the right to:**

- honesty and to know the reasons and the evidence for actions taken by Child Protection Services
- adequate legal advice and representation in court proceedings
- to attend all meetings with a support person
- access independent advocacy and legal advice regarding your family’s social needs
- have your case reviewed
- comment on any aspects of the care of your child and to have your concerns addressed
- receive information on mechanisms of complaint and redress

**Strengths and Weaknesses**

**You have the right to:**

- the recognition of both your strengths and weaknesses
- to have change and positive steps acknowledged and taken into consideration when decisions are made about the care of your children
- have child protection workers be responsive to changing circumstances and be a part of a resolution
- have child protection workers recognise the structural (socio/economic) constraints which affect your ability to change, and offer support resources to enable you to overcome the constraints so far as is possible.

**Privacy**

**You have the right to:**

- protection of your personal privacy
- privacy and confidentiality of your personal information
- access your records in accordance with the Freedom of Information Act (1989)

**It is your responsibility to:**

- be honest
- ask why and on what grounds actions are being taken by Child Protection Services
- ensure your support person has accurate and complete information about your situation
- ensure your legal representative has accurate and complete information about your situation

**Strengths and Weaknesses**

**It is your responsibility to:**

- recognise and consider your strengths
- recognise and acknowledge your weaknesses and address them
- ensure Child Protection Services are aware of all the services you receive
- ensure Child Protection Services are aware of positive changes you have made
- embrace change and be part of solutions

**Privacy**

**It is your responsibility to:**

- not breach the privacy of child protection workers approaching them or identifying them in a public place

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Our thanks to the contributions of parents and family members from Family Inclusion Networks around Australia, Professor Rosamund Thorpe, James Cook University, Townsville; and to colleagues at the Regulatory Institutions Network, Australian National University, specifically Professor Hilary Charlesworth, Professor Veronica Taylor, Dr Nathan Harris and Mary Ivec.
Conclusion

Parenting is a complex activity in contemporary Australia and many families come under the scrutiny of child protection systems. Countless families are dealing with complex issues in their lives and adding a child protection intervention can create a boiling pot of emotion and turmoil. A lack of understanding of the rights of parents exacerbates these problems, making it much harder for child protection workers, community workers and families to achieve their goals.

We assume our fundamental rights are about fairness and due process; of having just and adequate access to dispute resolution; and of the right to ask for a review when we think a decision is unfair or unjustified. But if you are a parent with a child protection intervention and you feel you are not being treated fairly by child protection systems, there is little available help, no dedicated support and advocacy services in most states, and limited externally available complaints and review mechanisms. The only option is to take a case back through the courts; with no chance of obtaining legal aid to challenge decisions made by child protection services, according to our participants. Social and community support workers shared the “impossibility” of this situation of no redress.

Conceptualising a way to have relationships which are fair and balanced and which consider the rights of everybody involved in a child protection process is essential if we are to expect any change in current systems. Charters of rights and responsibilities are not uncommon. They exist within many other systems; taxation, health, public transport systems to name a few. And in some cases they exist for children and foster parents and other carers. Implementing a charter of rights and responsibilities for parents and families which sets out principles for guiding relationships between parties in child protection may be a good start. Only then can parents and family members meaningfully be empowered to be involved in decisions which affect their lives and those of their children.
References


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COMPLEX NEEDS
COMPLEX SERVICE SYSTEMS

Community worker perspectives on the needs of families involved with ACT Care and Protection Services

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Occasional Paper 21
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EXECUTIVE SUMMARY

Historically, Australian child protection authorities have consistently failed to protect the children it has removed from their families because of concerns of abuse or neglect. Literature abounds on the failures of child protection departments, and the poor outcomes for children who have grown up in out-of-home care around Australia (see Appendix 1). The research presented in this report examines the problems through the eyes of community workers. The purposes of this research project are three-fold. First, it aims to obtain a nuanced understanding of the lives and service needs of parents and family members who are subject to child protection interventions. Second, it examines the experience of community workers who provide support to families with child protection interventions and identifies factors that may impede their efforts. Third, it examines the pathways available for parents to engage with the Australian Capital Territory Child Protection Services (ACT CPS) and be involved in the decisions that are made about their children.

The report begins broadly with a review of the international literature on the complexities involved with parenting, on good and bad parenting and on the risks involved with parenting. Included is an account of parenting in contemporary Australia. The literature review explores the profiles of families most likely to come to the attention of child protection services and examines the strengths, weaknesses and resilience of these families to look after their children, despite complex lives and enduring adversity. The review examines the recently evolving literature on parent experiences of the child protection system in Australia.

Following the literature review, an analysis of two types of data is undertaken. Quantitative data, describing families presenting to community organisations in the ACT, was used to provide an understanding of the service needs of parents who were subject to child protection interventions. A second set of data was collected from a range of staff from the community sector. Interviews were conducted to explore the challenges of providing advocacy and support for these families, often above and beyond their funded service delivery. The qualitative analysis was used to construct a fictional case study to capture the essence of the intractability of the child protection problem. In the present system, no-one wins.

As has consistently been the case in Australian child protection systems, Aboriginal and Torres Strait Islander families are over-represented in the data collected for this research. In addition, there is a high representation of parents and children who have disabilities. Families presenting to community services comprised mostly single mothers who were socially marginalised, poor, and reliant on Centrelink incomes and government housing. All the families had ACT CPS interventions. The research captured the experience of families of 321 children known to the care system in the ACT. This is not an insignificant number of families, given there are just over 500 children currently in out-of-home care. The data have a strong claim to capturing the lives of families involved with the care system in the ACT.

The main contribution of the research is to demonstrate that parents and families in contact with community workers are dealing with complex needs, are socially marginalised and stigmatised. They are observed by community workers to have little to no trust that they will be treated equitably by child protection workers. Community workers overwhelming reported arbitrariness, inconsistency and low transparency in the ACT CPS. In many of their cases, community workers failed to see processes as fair or outcomes as good. For both
families and community workers engaged with child protection authorities there was a sense of powerlessness and despair: Stigma was so great that parents were fighting against the odds to win respect from child protection workers for the steps they took to be better parents, and to convince the child protection authorities that their lives had changed and they were able to care for their children.

Three findings warrant further exploration. The first was the correlation between previous and current care experiences of families. The data clearly showed significant transfer of disadvantage and trauma, with families more likely to be involved in the care and protection system if someone else in the family had been removed from the family and placed in care. Given the known trauma and government apologies given to the Stolen Generations and the Forgotten Australians, there is an urgent priority to research exactly how trauma is transferred, and investigate how cross-generational trauma can be exacerbated by government interventions, entrenching socio-economic disadvantage and disrupting social ties.

The second finding warranting further research was unexpected and disturbing. Community workers described the experience of ‘courtesy stigma’ when attempting to provide support or voice the concerns of parents and family members. Courtesy stigma occurs when stigma is transferred from an “out-group” to those who are supporting or advocating for them. Community workers felt that they were not seen as primarily keeping the interest of the child as their focus, and often felt accused of putting the needs of the parents or family member before the child. As a result, community workers felt devalued and untrustworthy in the eyes of child protection services. Relationships between child protection services and community workers suffered as a result, with adverse consequences for families.

The third major finding of the research is the difficulty experienced by community workers to fully meet the needs of parents and family members with child protection interventions in the ACT, despite the fact that all services were pushing their boundaries in helping their clients. Everyone is operating under crisis conditions. There are few structures in place that build relationships between all stakeholders and support coordination and cooperation in offering assistance to clients. The dynamics in the relationships are complex and there are no mechanisms that allow for inclusive relationships. Service providers themselves on occasion felt disconnected. This research suggests everybody is suffering.

Conceptualising a way to deal better with complex needs and complex relationships is essential. It is possible to have more nuanced, cooperative and responsive relationships between different groups: child protection workers, foster carers, kinship carers, parents and family members, and community organisations. The current and future economic and social costs of continuing on a path of child removal in its current form impels our institutions to take the first step to seriously address relational disconnections and develop meaningful and efficient partnerships that truly care for children.
1. INTRODUCTION

Acting in ‘the best interest of the child’ has been both the guiding philosophy and the mantra of child protection agencies across the developed world. The principle is a reminder to adults to listen to children and to invest energy in understanding a situation from the child’s perspective, rather than purely an adult perspective. As such, it holds considerable value for parents, families, community organisations, government authorities and the legal system. When institutions that are highly bureaucratised make decisions according to sets of rules and protocols, they can easily become too rigid to be responsive to the needs of children. In its institutionalised form ‘the best interest of the child’ can also generate some perverse child protection practices. It has been noted that although the unification of families remains a priority of child protection agencies, practices can often ‘atomise’ the child and fail to recognise both attachment and identity bonds that children have with their families and that are fundamentally important for their well-being.

In recent years, the body of research on how the decisions and actions of child protection agencies impact families has grown substantially. Broken attachment bonds, between parents and children, between siblings and between communities gave rise to feelings of shame and guilt, anxiety and stress as a result of past removal practices (Human Rights and Equal Opportunity Commission, 1997; Senate Community Affairs References Committee, 2004). Children may have been considered at risk when living with their families, but in general, they failed to thrive when placed in out-of-home care experiencing multiple placements, abuse in care and a lifetime of poor outcomes as a result of poor child protection governance (Forde, 1999; De Maio, Zubrick, Silburn, Lawrence, Mitrou, Dalby, Blair, Griffin, Milroy and Cox, 2006; Ford, 2007; Mullighan, 2008; Wood, 2008). When compared to the broader population, research shows that children in care achieve poorer outcomes on measures of health, education, well-being and overall development (Morgan Disney, 2006; Mullighan, 2008; Wood, 2008).
As a result, earlier child protection research concentrated on why family re-unification after child removal was desirable. This work has now been extended to question, at a more fundamental level, the way in which parents and families experience child protection interventions (Thomson and Thorpe, 2004; Family Inclusion Network, 2007; Harries, 2008; Ivec, Braithwaite and Harris, 2012; Mason, 2010; Hamilton, 2011; Harris and Gosnell, 2012; Hinton, 2013; Watson, 2014). This paper briefly reviews this recent work which casts a more nuanced perspective on the role that families may play when the safety and well-being of their children comes under the purview of child protection authorities.

This body of scholarly work recognises the contribution that parents want to, and can make to the lives of their children, even if they are living in out-of-home care. Less often addressed, however, is the question of whether there are pathways available for parents to engage with child protection authorities in planning their child’s future. Do parents feel able to engage, are there ways in which they are empowered by child protection agencies, and do they have advocates in community organisations who can help them navigate their way through the child protection system and negotiate with child protection authorities? These are the questions that this paper addresses.

The quantitative data reported in this paper focuses on cases which were active with the Australian Capital Territory Child Protection Services (ACT CPS) for a three month period between 1 September 2011 and 1 December 2011. The informants for this research were not the families themselves, nor their children, but rather community based programs that were providing support to these families. Two types of data were collected. First, quantitative data were collected on the kinds of families that were seeking help from community organisations, their needs, and the degree to which the organisation was able to provide advocacy and support to assist families when they were involved with ACT CPS. Second, between January 2012 and October 2013 a range of staff from Chief Executive Officers, senior executive staff and community workers of these organisations were interviewed.
Interviews reveal firstly, whether these organisations were able to give adequate attention to providing support and advocacy to families with complex problems. Second, the interviews explore how the organisations engaged with the child protection service while at the same time supporting their clients. These qualitative, semi-structured interviews gave us a broader understanding of the pathways that might be strengthened to enable parents to contribute constructively to re-gaining their right to parent, or at least, to contribute positively to the parenting of their child when living in out-of-home care. The report is divided into four sections: (1) a literature review, (2) an analysis of the quantitative data, (3) an analysis of the qualitative data and (4), a summary of the findings and discussion for future directions.

The review in Section 1 addresses the international literature on the ideal parent. Because mothers are the major group affected by child protection interventions, the review also examines the social construction of the ‘good’ and the ‘bad’ mother. Attention then returns to the profile of parents who are most likely to come to the attention of child protection authorities, and identifies the strengths and weaknesses of both the children and parents in these families. Next, is an examination of the literature on parent experiences of the child protection system in Australia: who are they, their experience of child protection systems and their capacity to contribute to the well-being of their children whether they live at home or in out-of-home care. The national literature on the stigmatisation of parents from marginalised groups is also reviewed as well as their capacity to trust child protection services. Finally, the literature review examines parental strengths and resilience when supported by positive social networks, and the problems which erode family strengths and that of their networks such as excessive and uncoordinated service delivery, social isolation, and the lack of dedicated support and advocacy services for parents and family members.
Section 2 presents the results of Data Collection Phase 1; quantitative data collected on 126 families identified with child protection interventions. In particular, the circumstances, needs, service use and informal support networks of these parents were explored. Then the historical experiences of these families with child protection services is examined. Finally, the number of clients who had multiple needs and were involved with multiple agencies, and who was available to advocate for them with ACT CPS were analysed.

Section 3 presents the findings of Data Collection Phase 2; qualitative interviews with service providers. These interviews focused on how organisations engaged with CPS and how they worked toward helping their clients resume a parenting role or contribute to their children’s well-being. Further, barriers to achieving these outcomes were identified by community workers.

Finally, Section 4 summarises the findings from both data collection phases, and discusses future directions for enabling and empowering families involved with ACT CPS who want to resume their parenting role and/or be engaged in a positive way with their children.

It is worth noting that Australia is a signatory to the International Convention on the Rights of the Child. As such, the Australian government must respect the rights, duties and responsibilities of parents, or where applicable the members of the extended family or community (Article 5), and they must recognise that parents, or legal guardians, have the primary responsibility for the upbringing of a child and provide assistance to them in this responsibility (Article 10).¹ In summary, children can expect that their parents will not experience undue or unnecessary interference by the state, and further, that if they are struggling they will be resourced to look after their children.

The literature review ultimately tells us that a poor family, an Indigenous family, women who experiences intimate partner violence, parents with a mental illness or a disability, a homeless family or families who experience a combination of these factors could see a child or children removed from these families ‘in case’ something happens to them. The report suggests that child protection policy and practice in Australia is imbued with the prejudice and stigmatisation of marginalised groups. Further, findings from the data which has been collected and the interviews which were undertaken indicate that this is indeed the state of affairs in the ACT. As there is mounting evidence that parents involved with child protection authorities around Australia are stigmatised, misunderstood and disempowered, the report argues that it is difficult for families to act ‘in the best interests’ of their child, and as such parents have few choices but to relinquish parental responsibility for care of the child to the state or another guardian.
2. LITERATURE REVIEW

Parenting in Australia presents significant challenges with diverse community understandings of parenting styles and concepts of what is ‘good’ and ‘bad’ parenting. This literature review begins by examining understandings in the literature of the ‘good’ and ‘bad’ parent, with a focus on the ‘mother’. With these concepts in mind, this review examines the limited but recently expanding literature on parent experiences of child protection authorities in Australia. The literature review will explore who the typical parent who comes to the attention of child protection authorities is and how they are treated, highlighting issues such as stigma and trust which impact on their ability to engage with the child protection process. It will examine the resilience factors which exist in these families. Finally, the review explores the literature which suggests ways to increase parenting capacity to whit id deemed ‘good enough’ and what contributions parents, even those with complex lives and complex problems, can make to their children’s wellbeing.

**Australian Parenting: ‘Good’ Mother ‘Bad’ Mother**

Dominant views about motherhood in contemporary Australian society project an image of the ‘good’ mother as available for school runs, homework assistance, play, emotional support, the preparation of appetising and nutritious food, and the maintenance of a hygienic home environment: she fulfils all of her family’s needs (Lindsay and Dempsey, 2009). This vision of motherhood is, indeed, a high ideal. It assumes a two parent middle class family with resources and can be challenging to achieve, particularly for non-traditional family units or families with lower incomes. While ideals of motherhood are based on the middle class nuclear family, at the 2011 Census of Population and Housing, one parent households comprised almost 21 percent of Australian families, reflecting the diversity in household and family structures in contemporary Australia (Australian Bureau of Statistics, 2012). The median income of two parent households was $960 a week compared to $618 in one parent households (Australian Bureau of Statistics, 2013).
Central to the notion of the ‘good’ mother is the provision of a loving and a nurturing environment in which the ‘good’ mother is always present for their children (LeBlanc, 1999). As LeBlanc (1999) suggests, the ideology of being a ‘good’ mother is entwined with her always being available to her children, spending time with them, guiding, supporting, encouraging and correcting them, as well as loving and caring for them physically. Similarly Wearing (1996) contends that a ‘good’ mother is responsible for the cleanliness of her children’s home environment, is unselfish, and puts the needs of her children before her own.

Constructed against this ideal of the ‘good’ mother is the vision of the ‘bad’ mother, or one who does not provide for their children in a way that reflects the values and norms of the broader society. Ladd-Taylor and Umansky’s ‘Bad’ Mothers identifies the familiar stereotypes: ‘the welfare mother, the teen mother, the career woman who has no time for her kids, the drug addict who harms the unborn, and the overprotective mother’ (1982, 2). They go on to say that millions of mothers have been deemed substandard because of race, class, age, single motherhood, sexual orientation and other factors (Ladd-Taylor and Umansky, 1998). Despite an ever evolving society and an increasing diversity in family structures, the dominant ideal family in Western societies remains the ‘nuclear’ family, with the discourse of the ‘good’ mother as one who provides a loving, clean, supportive environment and is always there for their children.

Mothers, though, and indeed fathers, increasingly struggle to fulfil these expectations. In her research on ‘intensive mothering’, Hays (1996) finds that social class is key to meeting the needs of children. Similarly, Ladd-Taylor and Umansky (1998) claim only white middle-class mothers in the United States can fit the ‘good’ mother image and that mothers must constantly guard against slipping into the ‘bad’ mother category in a culture that disagrees on the major belief systems of motherhood. Research in Australia suggests it is mothers rather than fathers who are identified as failing when children are removed and who continue to be blamed for the majority of problems in families (Hinton, 2013). Features of child abuse and neglect conjure up images of the archetypal ‘bad’ mother. Ultimately, the ‘good’ and
‘bad’ parent are contested concepts. In a multi-cultural society such as Australia consensus on a ‘good enough’ parenting standard is very difficult to achieve. This then means that for many Australian parents, idealised community attitudes and expectations have a profound impact on parenting and family life (Tucci, Mitchell and Goddard, 2005). For some Australian families, complex problems which affect their children can bring them under the scrutiny of a child protection service.

Defining the State as a ‘Good Parent’

It is important to understand the relationship between being a ‘good parent’ and the removal of children, both in Australia generally, but in the context of this report specifically in ACT CPS. The ACT Auditor General (Cooper, 2013) proposes that the state, to be a ‘good parent’ must always be able to answer three fundamental questions about the children in its care - who are they? where are they? and how are they? Over the last 15 years a number of inquiries have taken place into ACT CPS. They will not feature in this report, but of note is that ACT CPS has had similar difficulties as other jurisdictions in Australia in changing its practice and culture so that it can provide answers to these questions about children in its care (Clarke, 1998.; Vardon, 2004; Murray, 2004; Phillips, 2011; Phillips, 2012; Cooper, 2013). All these reports and inquiries into the ACT Child Protection system highlight intractable problems in its operation. Most disturbingly, the ACT Auditor General (Cooper, 2013) found that since 2009, reports of abuse in out-of-home care have increased by 53 per cent.

Families Likely to Come to the Attention of Child Protection Services

Considerable consensus has emerged on which families are most likely to be subject to intervention from child protection authorities: Aboriginal and Torres Strait Islander (ATSI) families; homeless families; those living with domestic and family violence and with mental health issues; single and young parents; and those who misuse legal or illegal substances. All are at higher risk of child removal and family breakdown (Mullender, 2001; Kantor and Little, 2003; Huntsman, 2008; Stanley, Cleaver and Hart, 2010; Sterne, Poole, Chadwick, Lawler and Dodd, 2010).
In addition to these groups, parents with disabilities, and parents of children with disabilities are identified as having a significantly increasing presence in child protection systems around Australia (Mason, 2010; Collings and Llewellyn, 2012).

ABORIGINAL AND TORRES STRAIT ISLANDER FAMILIES

In 2012, ATSI families were overrepresented in child protection systems by a factor of more than ten (Australian Institute of Health and Welfare, 2013). Like the general out-of-home care population, ATSI families experience poverty, homelessness and family violence but for many of these families this is exacerbated by the impact of colonisation and previous history with care systems (Human Rights and Equal Opportunity Commission, 1997; Atkinson, 2002). ATSI families are over-represented among those who are homeless and among those seeking housing assistance (Australian Institute of Health and Welfare, 2012; Mission Australia, 2011). ATSI young people are over-represented in the criminal justice system and in general, there is a significant disparity between ATSI and non-Aboriginal Australians in health outcomes and life expectancy (AIHW, 2013).

HOMELESS FAMILIES

Homelessness, which includes those with inadequate or unaffordable accommodation, short term housing and indeed those with no housing at all, is an issue of national significance. The 2011 Census counted 105,237 homeless people in Australia with one in 93 Australians accessing specialist homelessness services in 2012-13 (Australian Institute of Health and Welfare, 2012). Families comprised 34 per cent of those seeking help with housing. Aboriginal and Torres Strait Islander people were over-represented in this group (22%). Of the 34% of families seeking assistance, single parents comprised the biggest portion (61%) (Australian Institute of Health and Welfare, 2012).

Scholars contend that the traumas associated with homelessness can test family dynamics and put stress on parents in their attempts to ensure the wellbeing of their children (Howard, Cartright and Barajas, 2009; Dotson, 2011; David, Gelberg and Suchman, 2012). In Australia, Wesley Mission (2013) found that homelessness, and
its recurrent nature is a significant contributor to the relationship breakdown between parents and their children, and that mothers face the prospect of losing their children when they are found by authorities to be homeless. Similarly, Gibson and Johnstone (2010) note that homelessness is a consideration when determining whether neglect is or has occurred by child protection authorities. They suggested that the numbers of children living in situations of homelessness are increasingly coming to the attention of authorities and is a problem which is significant and deserves much closer analysis (Gibson and Johnston, 2010).

FAMILIES EXPERIENCING DOMESTIC OR FAMILY VIOLENCE

The most common reason for family groups seeking assistance with housing was domestic and family violence (Australian Institute of Health and Welfare, 2012). For a variety of reasons, data on children who experience violence in their lives in Australia is difficult to obtain (Richards, 2011). Douglas and Walsh (2009) argued that mothers experiencing domestic violence are extremely prominent in child protection systems. A recent study in the Australian Capital Territory by a domestic violence service found that child protection services were in the lives of 77.1% of their families, which was putting these families under more duress (Watson, 2014).

FAMILIES EXPERIENCING MENTAL HEALTH PROBLEMS

Parents with mental health problems are also more likely to come to the attention of child protection services, and this can result in the removal of children (Huntsman, 2008; Steer, Reupert, and Maybery 2011; Westad and McConnell, 2012). Estimates on the number of children living with a parent with mental health problems are somewhere close to a quarter of all Australian children (Steer et al, 2011). Many of these parents are parenting alone.
LONE PARENT FAMILIES

The ‘unmarried mother’, ‘the single parent’, ‘the supporting parent’ and the legitimacy or ‘illegitimacy’ of their children, have been the subject of ongoing child welfare concerns in Australian child protection history (Swain and Howe, 1995). Single parent families have significantly increased in representation over the past fifteen years, and further, they exist on significantly less income than two parent families in Australia (O’Donnell, Scott and Stanley, 2008). Sole parents are significantly socioeconomically disadvantaged. Socio-economic disadvantage is highly prevalent in families who come to the attention of child protection authorities in Australia (Dotson, 2011; David et al, 2012; Gibson and Johnstone, 2010; Kirkman, Keys, Turner and Bodzak, 2009).

FAMILIES EXPERIENCE SUBSTANCES MISUSE PROBLEMS

There is much literature that suggests that substance misuse by parents is associated with high rates of child abuse and neglect. The international literature proposes that families where substance use is present are more likely to be involved with the child protection system (Smith, 2003; Barth, Gibbons and Guo, 2006). Reliable estimates of the use and misuse of alcohol and other drugs among Australian parents in general and those with child protection interventions in particular are difficult to ascertain. However, the misuse of alcohol and other drugs is accepted as a major health issue in Australia that affects families with far-reaching social and economic costs. Literature suggests that exposure to parental substance abuse may lead to physical or psycho-social needs of children being neglected, resulting in these children being more likely to experience various negative impacts and come to the attention of child protection services (Lewis and Creighton, 1999; Smith and Testa, 2002; Fuller and Wells, 2003; Walsh, MacMillan and Jamieson, 2003; Scannapieco and Connell-Carrick, 2007).
FAMILIES WHERE THERE ARE DISABILITIES

Parents with disabilities are a diverse group with a range of needs (Wade, Llewellyn and Matthews, 2011). There are those who suggest that parents with disabilities are at significant risk of losing their children. Collings and Llewellyn (2012) highlight that in families where a parent has an intellectual disability, the likelihood of a child being removed from their care is higher. There is also an identified increase in parents of children with disabilities who are relinquishing their children to child protection systems. Tasmania’s then Children Commissioner, Paul Mason (2010) found that some disabled children are relinquished to the care of child protection services by parent/s who were both willing and capable to continue to care for their children if they had been provided with an appropriate level of support and had respite been available on an ongoing basis.

FAMILIES WHERE MULTIPLE FACTORS EXIST

The impact of each of these problems experienced by the families of these children can be variable, but more concern surrounds situations where multiple risk factors are present, undermining parents’ and families’ capacities to cope (Centre for Parenting and Research, 2006). McGaw, Scully and Pritchard (2010), for example, provided an analysis which examined the different risk factors between high risk and low risk families with disabilities. They found when multiple factors existed, such as where both a parent and a child live with disabilities or where there is a history of abuse or neglect, children are at higher risk of abuse or neglect. Furthermore, with these complexities additional problems can occur such as financial stress and social isolation, which contribute to family stress and pressure on parenting capacity (Westad and McConnell, 2012). Many of the problems listed above do not occur as isolated events. Homelessness, for example, is influenced by factors such as poverty, inadequate social networks, domestic and family violence, mental illness, substance misuse or significant personal events (Dotson, 2011; David et al, 2012; Gibson and Johnstone, 2010; Kirkman et al, 2009).
All of these factors are highly visible risk indicators that have emerged through a methodology that encourages child protection authorities to segment the population into groups that pose different levels of risk to their children and concentrate their interventions on those segments that are deemed to be high risk. Specifically, child protection authorities argue that parents are more likely to be placing their children in harm’s way or jeopardising their well-being if they are a party to family and domestic violence or substance misuse, or if their family is dealing with mental illness, homelessness, disability, has only one parent or where the parents are young. It therefore makes sense to concentrate limited resources on following up these groups. It is not difficult to explain why these factors feature so prominently when child protection authorities assemble their risk profile to concentrate resources on those groups most likely to be abusing or neglecting children. At the same time, it is important to question whether all parents who are apportioned a place within these high-risk segments actually do place their children at risk or whether they take action and have the social supports necessary to buffer their children from being harmed or feeling unsafe.

Parents and Children: Resilience and Strengths

The experience, thoughts and feelings of children living in families with many of the problems identified above have been found to vary considerably depending on age, protective and resilience factors, and the particular circumstances of families (Mullender, 2001; Sterne et al, 2010). Research overwhelmingly suggests that in and of themselves, substance misuse, domestic violence, mental health issues or disabilities are not necessarily good predictors of parenting capacity. In the child protection context, concerns are raised when parent’s behaviour violates certain social norms such as drug use, domestic and family violence or engaging in criminal activity (Ivec et al, 2012). Within a risk assessment framework, these may be indicators of risk. If, however, these activities do not appear to be causing harm to a child, family practitioners and researchers question whether child protection authorities should intervene in the lives of families (Ivec et al, 2012).
A significant number of studies recommend policy interventions to help families cope with multiple problems. If such interventions are not available, children may suffer, but not necessarily. It is important to recognise that even when parents may be struggling to cope, not all children living in these families will experience adverse outcomes; certainly no more than they would experience should they be removed from their families. Children can build resilience, strength and coping mechanisms to live in their family situations. This body of scholarly work underpins interventions that offer parenting training and assistance, emotional support, eliciting assistance from extended family and building support networks to increase the likelihood of better outcomes in families when multiple problems are at work (Ward and Howarth, 2006; Aunos, Feldman and Gospel, 2008; Wade et al, 2011).

Foster O’Brien and McAllister (2004) argue the resilience and the presence of protective factors of and for children, can counterbalance less than ideal family circumstances. They summarise a number of protective factors or qualities which exist within children or are externally available to them. Their age, internal factors such as intelligence, levels of self-belief, and easy-going personalities can all make a difference for children (Mullender, 2001; Foster et al, 2004; Sterne et al, 2010). Further, children who possess good problem solving and communication skills, independence, those who have external interests, good emotion regulation and relational bonds with others may thrive regardless of family problems (Foster et al, 2004). Other external factors such as friendships, consistent and reliable adults and positive affirmation can mitigate difficulties and boost resilience (Foster et al, 2004).

Research contends that priority is given by most children’s parents to ensure their children are protected. Wesley Mission (2013), for example, argue that the risks associated with homelessness prompts mothers to protect children and seek the assistance of support services to regain housing and stability as soon as they can. They highlighted that in some cases mothers had lost children as a result of homelessness. As a result, parents saw protecting the relationship with their children as critical as well as ensuring that children experienced some sense of normality (Wesley Mission, 2010). Mothers who have experienced domestic violence are
frequently held responsible for ‘failing to protect’ their children (Holt, Buckley, and Whelan 2008). However, research shows that mothers make considerable efforts to protect their children (Mullender, 2001). Similarly, Westad and McConnell (2012) argued that a parent suffering mental illness or who has a mental health diagnosis will not necessarily be a ‘bad’ parent. Scannapieco and Connell-Carrick (2007) reported that substance use in and of itself does not predict child maltreatment. Other research has also found that substance use by a parent does not necessarily mean that their children are at risk of harm (Grella, Hser and Huang, 2006). Finally, Lamont and Blomfield (2009) contend that in and of itself, disability is no predictor of parenting capacity.

In summary, research shows conflicting conclusions about the impact on children living in families where one of these factors exist. The impacts on children can be variable with risks to children sometimes increased by the presence of multiple factors (Centre for Parenting and Research, 2006). Many parents, in spite of these difficulties, meet their children’s needs, provide positive role modelling, are reliable and responsive to their children, have good support networks and can provide a home in which their children are safe and protected (Sterne et al, 2010). Regardless of these arguments, a significant number of children from these families end up in the out-of-home care system and it is important to explore the research which examines parent’s experiences of the child protection process.

Parents and the Child Protection Process

Research devoted to the way parents and family members experience child protection is limited. Most of the child protection research that has been conducted globally focuses on the risk of maltreatment to children and ways of managing child protection interventions (Harries, 2008). Concern is increasing about the treatment of parents in child protection systems. A number of recent studies have examined the experiences of parents who have been involved with statutory child protection authorities in Australia. Western Australian researchers interviewed 42 parents or family members who had experiences with the Western Australian child protection system (Harries, 2008). Ivec and her colleagues interviewed 45 Indigenous parents
or carers who were subject to child protection intervention in three separate jurisdictions in eastern Australia (Ivec et al, 2012). The Family Inclusion Network in Queensland examined the experiences of parents, child safety officers and non-Government workers with the Queensland Department for Child Safety (Family Inclusion Network, 2007). In Tasmania, two recent reports have examined the experiences of parents. Firstly, Mason (2010), the Tasmanian Children's Commissioner, examined the experiences of parents who were willing and able to look after their disabled children but who lost the right to parent due to a lack of resources and support. Most recently, Hinton (2013) released a report in Tasmania in which the views and experiences of parents and frontline workers from the child protection system were documented.

The voices and ongoing experiences of parents are largely absent in the literature, and few pathways are available to engage parents in child protection practice in Australia. There is a ‘parents are the problem’ discourse that dominates the literature and the media’s representation of parents. Media and political attention is given to a tiny proportion of extreme cases of abuse or neglect. This drives public perception that there is a large and growing number of children who need to be rescued from cruel, sadistic parents, who need permanency and should be given ‘better’ opportunities. The message to the public is that children who come to the attention of child protection services deserve ‘better opportunities’ through adoption by kin or foster parents (Griffiths, 2013). These media portrayals have shaped community attitudes and views, which in turn has legitimised the actions of state actors who intervene in the lives of these ‘at risk’ families and remove their children.
Various factors such as shame, insufficient consideration of cultural need, or negative experiences with authority shape parents’ view of child protection (Boag-Munroe and Evangelou, 2012). There is already an historical distrust of child protection agencies fuelled by the traumas experienced by the Stolen Generations, the Forgotten Australians, and most recently, the victims of Forced Adoptions. This historical distrust combined with the negative conceptions of parents as perpetrators of abuse and neglect make it difficult for parents to request support for fear of losing their children. These problems are then exacerbated by continued poor practices that fail to provide parents with fair and transparent processes.

In Western Australia, a government commissioned inquiry into the operations of the Department for Community Development found that parents, extended family members, foster carers, relative carers and other members of the public experienced difficulty in obtaining information and seeking clarification or an explanation from the Department (Ford, 2007). They reported that requesting an explanation or clarification was often met by a disdainful or disrespectful response from the Department and as such it was widely recognised as a futile and even dangerous engagement (Ford, 2007). Harries discusses the experiences of Western Australian families and the relentless hurdles that parents endure (Harries, 2008). Participants each repeatedly commented on the fact that they had to ‘jump through hoops’ and described the brick walls that they felt they hit before restoration would be considered (Harries, 2008). Ivec et al (2012) describe the dissatisfaction expressed by Indigenous parents at the unclear and confusing processes of child protection systems. Interviewees discussed child protection workers’ tendencies to change care arrangements with little or no warning or explanation, and many parents and families did not understand why they had some children removed while others remained in their care (Ivec et al, 2012). This then created great angst and emotional distress for parents that was enduring and harmful.
Parents and family members expressed anger and distress at both having their children removed, and the ongoing child protection process (Ivec et al, 2012). Thorpe and Thomson (2004) described the overwhelming loss that parents endlessly experienced, the shame which silenced them and the ongoing loss of meaning and identity in their lives. In a recent report into the experience of women living with violence and their contact with ACT child protection, parents were described as ‘feeling fearful and powerless’ (Watson, 2014). Ultimately though, parents were significantly affected by community perceptions and labelling. Further, their experiences were marked by marginalisation and stigmatisation.

**Stigmatisation and Marginalisation**

Eminent scholar, Erving Goffman (1963, 3-4) defines stigma as ‘an attribute that is deeply discrediting’ and proposes that a stigmatised person is reduced ‘from a whole and usual person to a tainted, discounted one’. Goffman describes stigma as ‘a special kind of relationship between an attribute and a stereotype’. Goffman argues that stigma is rooted in a ‘language of relationships’ (1963, 3). In Goffman’s view, stigma occurs when there is a discrepancy between the way a person is characterised by society and the features actually possessed by a person or their ‘actual social identity’.

This quote from a parent in the Tasmanian research highlights the general consensus on stigma in the literature:

> If you are a single parent your children are looked at like they are going to have behavioural problems and psychological problems just because you’re a single parent. So if you’re a single parent you are already a bad parent, you are already labelled. So you don’t want access to any of those sorts of services because you know that stigma is already attached to you, that they will automatically look at you as a bad parent (Hinton, 2013, 35).

The research reports into parental experiences of stigmatisation abound. Forde’s Inquiry into Abuse in Queensland’s Institutions (1999) highlights stigma in the terminologies which were used in early child protection practice and the ongoing
stigma associated with growing up away from their families and communities. In their discussion on varied responses to family problems Allen Consulting Group (2008) highlights that families are stigmatised even when a family is only referred to a child protection agency for support. Ivec et al (2012) found that stigmatisation occurred and was interpreted by parents and families as a communication of disrespect or as unworthiness. ‘Bad’ or ‘unfit’ parents was the label used to stigmatise parents in their study. A study by Harris and Gosnell (2012) of parents with first time experience of ACT CPS found that up to 46 percent of parents showed that they felt stigmatised by the investigative process. Other studies have found disrespect, unworthiness and stigmatisation entrenched in child protection system approaches to parents (Harries, 2008; Thomson and Thorpe, 2004; Family Inclusion Network, 2007).

Goffman (1963) furthers his ideas on stigma with his idea of ‘courtesy stigma’ where he posits that in all likelihood, stigma spreads from the stigmatised person to those around them. He further contends that when an individual ‘is related through the social structure to a stigmatized individual’, the wider society may then ‘treat both individuals in some respects as one’ (Goffman, 1963, 30). Goffman’s ideas can be applied to family members involved with child protection services. The children in these families can experience stigmatisation and can be stigmatised purely because of parental or family adversity and are required to employ a range of strategies to manage or avoid stigma (Fjone, Ytterhus and Almuik, 2009). Research has shown that some children whose parents have an intellectual disability may experience stigmatisation (Collings and Llewellyn, 2012; IASSID, 2008). Other research has found that kinship carers experienced stigmatisation and were viewed as ‘part of the problem’ by ACT CPS (Ivec et al, 2012).

Stigmatisation silences and disempowers those who might otherwise make a constructive contribution to managing risks to children. Ultimately the literature presents a picture of parents and family members who are involved with child protection authorities, and who are significantly disadvantaged, disempowered and stigmatised throughout the child protection process. Of equal concern to this
research is that those who work with parents and family members also experience a ‘stigma by association’. In the qualitative study, presented in Section 3 of this report, community workers experience stigma when attempting to support and advocate for parents involved with ACT CPS. Given the important role community workers play in the social capital of these families, further research on this idea of ‘courtesy stigma’ for community workers is warranted, particularly in relation to whether this impacts on their ability to fulfil their support and advocacy roles when working with families.

**Trust**

In addition to stigma, there is a significant lack of trust in child protection services in Australia. The Bringing Them Home (HREOC, 1997) report into the forced removal of ATSI children, the Forgotten Australians report into British and migrant children, the inquiry into the consequences of ‘Forced Adoptions’ and children removed from unmarried mothers, all provide evidence of the lifetime of difficulties experienced by those removed from their families and communities. These, and a myriad of other reports and inquiries into child protection practice in Australia, have seriously eroded public trust in child protection systems (See Appendix 1).

Definitions and understanding of trust are multiple and diverse (Braithwaite and Levi 1998). Barber (1983) characterised trust as a set of socially learned and socially confirmed expectations that people have of each other, the organisations and institutions in which they live: a relational understanding which describes a social orientation toward other people and toward society as a whole. In addition, there are a variety of traits related to trust, such as power, cooperation, information-sharing, informal agreements and having organisational autonomy. For parents and family members involved with child protection services, trust particularly impacts firstly, on whether or not they engage with services and secondly, on the way in which they engage.
In a study of the experience of Indigenous parents’ experience with ACT CPS, Ivec and colleagues (2012) found that confidentiality and trust were a source of significant distress for most parents and carers. Participants in their research shared the belief that ACT CPS did not trust ‘informal’ care networks. The 2009 Report, ‘Mothers and the child protection system’, found that a lack of trust gives rise to fears among many mothers when they come into contact with child protection authorities (Douglas and Walsh, 2009). Similarly, Tarleton and Porter (2012) found that some parents with disabilities are reluctant to seek assistance for parenting difficulties due to a fear that their children will be removed. This is occurring despite the fact that many of these families have existing social networks and supports. This lack of trust toward engaging with child protection authorities suggests that it is so deeply entrenched that parents dare not acknowledge parenting difficulties or weaknesses.

**Social Networks and Support**

Social networks are an important source of support for children and families. They are also the primary means through which child protection authorities and families come into contact. Mandatory reporting means that those who work with children or are involved in their lives are responsible for contacting child protection if they have concerns about the well-being of the child (Australian Institute of Health and Welfare, 2012). It follows, then, that children who are socially disconnected from community networks because parents live an isolated and disengaged existence will slip through the legislative net that has been set up to look out for children who may be abused or neglected (Bromfield, Gillingham and Higgins, 2007). Social capital works in other ways to connect families with child protection agencies. A not insignificant number of parents call child protection because they need help with parenting (Hinton, 2013; Mason, 2010; Ivec, 2013). Whether or not expectations of help are met varies considerably (Hinton, 2013; Mason 2010; Ivec 2013).
Parental expectations of support when requested from child protection authorities was found to be disturbing. Mason (2010), for example, found that when parents attempted to get support to raise their disabled child, they instead lost their children. Hinton (2013) found that parents were disconcerted when the support they had been expecting from child protection was not forthcoming. Hinton (2013) also found that parents were wary of the mandatory reporting requirements of organisations and of relationships between agencies and child protection services which meant they withheld important information when they were struggling in their parenting role. This then meant they were not receiving the support they needed to overcome problems in caring for their children.

Ultimately, child protection agencies did not meet the needs of parents when they approached the agencies. As Hinton (2013) found, despite an expectation of help and support from child protection authorities, parents were treated as untrustworthy and without an important role to play in their children’s lives. Importantly, Hinton (2013) highlighted the need for research into the long term outcomes for parents who have experienced the removal of their children, in particular, how they move on with their lives and how they maintain or develop the relationships they have with their children. This is a sound recommendation given the body of research that has shown that parental child contact and relationships with parents after removal are largely unsupported and that a culture of disrespect toward parents abounds in child protection practice (Forde, 1999; Thomson and Thorpe, 2004; Family Inclusion Network, 2007; Ford, 2007; Harries, 2008; Ivec et al, 2012; Mason, 2010; Harris and Gosnell, 2012; Hinton, 2013; Ivec, 2013).

Without an approach that embraces networks of support in a responsive manner, outcomes are likely to remain poor for the children in these families. Social support and social networks increase the safety of children. Garbarino and Sherman (1980, 188) hypothesise that when parents are socially isolated they miss out on the ‘nurturance and feedback’ of parental learning that social support systems can provide. This then suggests that when support networks are diminished or absent, the ‘correction’ mechanisms for poor parenting are not available, with an increased
a risk of harm to children. Addressing complex family problems to mitigate the effect of cumulative harm and chronic neglect requires a coordinated ‘whole of family’ approach with collaboration between multiple services (Bromfield, Sutherland and Parker, 2012).

Without effective coordination and collaboration, fragmented service delivery can occur which results in confusion for families and their supports and hinders providing effective assistance to families (Cleek, Wofsy, Boyd-Franklin, Mundy and Howell, 2012). Huntsman’s (2008) research found that young children and those who lack positive supportive relationships experience higher risk of negative effects from their parent’s mental health status and poorer long term outcomes. Lack of support for parents and families and high stress from multiple issues impact parenting ability and subsequently, the wellbeing of children (Wade et al, 2011).

Tarleton et al (2006) comprehensively specify what effective support can entail: clear assessment of the support needs of parents; quality parenting education and skills development, emotional support and drawing on the support of extended family and other networks within the family. Tarleton and Porter (2012) highlight that the ability to access information, to understand the concerns which may arise about their parenting, and to be able to accept and respond to support is key to engaging these families. Similarly, Wade et al (2011) highlighted that working with parental strengths to provide supportive assistance, skills development and the provision of clear and accessible information is vital for success with these families. In general, though, the research reports of parent experiences of child protection agencies suggest that parents who are subject to these interventions are typically thought of as ‘hard to reach’ and unable to respond to the needs of their children (Hinton, 2013). Displays by parents of tremendous strength and spirit in spite of great adversity is often ignored in the literature and in the context of child protection interventions (Hinton, 2013).

Given the complex nature of these families, the stigma they experience, and the lack of trust which exists between parents and child protection authorities, it is important to explore ways of giving parents and family members the best chance to look after
their own children or to have meaningful input into their children’s lives when they are in out-of-home care. Douglas and Walsh (2009, 4) suggest that giving ‘parents access to an advocate at all stages of the intervention process would help to reduce mistrust and halt the common experience of mothers being ‘railroaded’ and ‘intimidated’ by child protection workers.

Dedicated advocacy and support services for parents to negotiate the child protection process only exist in one state in Australia. In 2009, The Family Inclusion Network of Western Australia (FINWA)\(^2\) was funded to provide these services for parents. An evaluation of the service after 2 years, found that child protection workers viewed the service as ‘a valuable partner in the process providing unbiased advocacy which helps to resolve issues and re-establish engagement with DCP’ [Department for Child Protection]. A Senior Policy Development Officer quoted in the evaluation feedback described the FINWA as ‘very much a partner, valuable in the development of policy and practice not just advocacy’ (Henderson, 2012: 2). Working within a ‘culture of respectful engagement’ is proving to show substantial benefits in the early development of this agency as a conduit between a large and complex bureaucracy and vulnerable families.

**Conclusions**

Our society produces very few children with no parents or extended family, even if their care is manifestly inadequate. What it does produce are families with multi-generational histories of poverty, neglect and abuse which often leaves a legacy of mental illness and substance abuse. These cases are among the most intransigent; failed by child protection agencies. Although these parents struggle with multiple problems families and their children are not passive in response. They find ways of building resilience and effective ways of caring for and protecting each other, albeit at times ways which deviate from western parenting norms. They are often judged as a risk to their children, yet most children love their parents, and parents love their children and do not want to relinquish their parental rights. In the minimal available

\(^2\) For more information see: <http://finwa.org.au/>
research on parental experiences of child protection systems in Australia, a lack of respect, a lack of information, poor advocacy and generally no formally coordinated response to parental need were commonplace. The literature review highlights that parents risk a dangerous liaison if they are to approach child protection agencies for support. As such, they are unlikely to seek help with problems associated with parenting or support. Australian families who need help, children who cannot safely remain with their own families, and the substitute families who are prepared to offer them a home are all in need of far greater security than child protection systems in Australia are currently able to offer.
3. DATA COLLECTION PHASE ONE: QUANTITATIVE STUDY OF CPS/COMMUNITY ORGANISATION CLIENTS

Fourteen community organisations were invited to complete a one page tick-box questionnaire (see Appendix 2) on each client they had who had an active child protection case. An active case could be one of two kinds. First, a family may have contacted the service prior to the removal of a child; for example, a woman may have accessed a homelessness service after coming under scrutiny by CPS for living in a vehicle with a child. Alternatively, contact with the service may have been made post removal; for example, a woman may access a service after having her children removed following a domestic or family violence incident. Of the fourteen community organisations approached to take part in the research, five agreed to collect data. Together they provided data for 126 clients.

This section presents the quantitative data collected on these 126 clients. We look at how many clients had multiple needs and were involved with multiple agencies, and who was available to support and advocate for them. We look at clients whose families have historical involvement with child protection, their needs and service use and how many of them had children who were also in out-of-home care.

Attention is given to those clients who have children in out-of-home care compared to those who have their children at home on a supervision order. They may have different service needs. We look at the capacity of service providers to advocate on behalf of families with ACT CPS; a topic that we return to in the next section based on qualitative interviews with another set of service providers in the ACT.

The tick-box questionnaire used to collect data for 126 clients in Phase 1 was completed by staff from 5 different organisations. All organisations included services for parents involved with child protection, though their scope of work was not exclusively devoted to this group. The organisations covered different specialist aspects of community organisation involvement in child protection. One of the findings of the study is that it is common for particular clients to use multiple...
services. It is, therefore, possible that a client who we have data on from one agency is the same client who we have data on from another agency. While we cannot rule this out definitively, we have no reason to believe that this problem distorts our findings. All records that matched on sex, age, no of children, ATSI, culturally and linguistically diverse, married and having a disability were identified in the data set. These characteristics were chosen as the most objective and least subject to error. Records matching on these variables were looked at more closely to identify people who may have appeared twice among the clients seeking support. Four records were in question, meaning there may have been two clients who were represented in the sample collected by two different agencies.

The questionnaire had been developed in a pilot study in 2011 with some refinements made for this round of data collection. Information was collected over three months by organisations at the same time as they collected their standard data at client intake. Information collected was for statistical purposes only and could not be used to identify clients. It included age, sex, marital status, cultural background, work status, accommodation type, co-residency arrangements, income source, referral type, needs of clients accessing the service, and other supports available to the client, both formal and informal. Also requested was information on child protection involvement: the types of orders, whether or not criminal proceedings for abuse or neglect had occurred, and the client’s previous care experiences. The child’s care arrangements were also recorded. Finally, data were collected on the service providers; the type of services that the agencies provided and the capacity of these organisations to provide advocacy and support to clients, in addition to their primary service delivery. The questionnaire data were analysed using the Statistical Package for Social Sciences (SPSS) program.

Client Demographics

Clients using the five services who had involvement with ACT CPS varied in age from 16 to 49 years. The mean age was 32 years. Most were women (79%), most were not married (82%), and most lived in public housing (61%). The number of children identified equalled 321 and their ages ranged from unborn to 7. The average number of children was 2. The proportion of clients who identified as Aboriginal or Torres Strait Islander was high (32%), consistent with their over-representation in child protection systems right around Australia.

The majority of clients received income from Centrelink (78%) mainly as a Supporting Parent Benefit, a Newstart Allowance or a Disability Support Pension. The percentage reporting a full-time or part-time wage was 20%.

Thirty-seven percent of clients had one or more of these kinds of disability – physical (8%), intellectual (9%), emotional or behavioural (22%). Information was also collected on whether a child of the client had a disability. 23% of clients had a child with a disability. Of this group, 2% had an intellectual disability, 3% a physical disability, and 19% a disability of an emotional or behavioural kind.

The highest proportion of clients, 47%, were referred to the service provider by a government department. A further 34% were self-referred. 17% were referred by a non-government organisation.

Client Needs, Service Use and Informal Support

Service providers were given a list of 16 possible client needs and were asked to check those that were relevant to that particular client. Given that these were all cases with some involvement with child protection, it was not surprising that at the top of the list was support with children (66%). Next in descending order were counselling (35%), support with life skills (34%), support with substance misuse (31%), support with mental health issues (30%), housing (29%), support to acquire income (26%), legal advice and representation (26%) and advocacy (19%). The
remaining needs were mentioned in fewer than 13% of cases. In descending order of occurrence clients needed assistance with medical and psychiatric treatment, conflict resolution, disability, domestic and family violence, interpreter and culturally specific services.

Each client was given a total score corresponding to the number of needs they were judged to have by the service provider. The total ranged from 0 to 12 needs with an average of 3: 51% had 3 needs or less while 49% had more than 3 needs. Just over half of the services described themselves as offering one primary service (55%) to the client. Not surprisingly, the vast majority of clients (94%) were involved with other services apart from the one being contacted when this questionnaire was completed. 24% used one other service, 32% used two other services, 21% used three other services, and 17% used between 4 and 7 other services. The most commonly mentioned additional services related to child and family issues, health and legal matters. It seems reasonable to conclude that clients who are involved with child protection are high service users and usage extends across a variety of services.

The majority of clients had support of some kind, but importantly a substantial number relied on formal sources. The informal support of family was, at 46%, the largest single source of support. But it is of note that this is less than half the sample. Given that these cases involved child protection, it is interesting that at a time when family could help most, a substantial 54% did not have family to rely on. 42% looked to community organisations for support. The third most highly mentioned source of support was from friends (28%). 48% of clients had two or more sources of support whilst 11% had no support at all.

Living arrangements provided another perspective on support, indicating whether others were available in the home to provide instrumental help or call for help if it was needed. 62% of clients lived with someone other than their children. 21% lived alone.
Experiences with the Child Protection System: Present and Past

The final set of questions regarding these 126 clients related to experience with the child protection system. An extremely high 45% of clients had themselves been in care or had siblings, parents, or grandparents in care. Closer examination of how clients with a family history of removal differ other clients will be undertaken further in the report.

Details were collected on the care and protection orders for clients’ children. Care and protection orders are legal or administrative arrangements which give child protection authorities some responsibility for a child’s welfare. The level of responsibility varies with the type of order or arrangement. Care and Protection Orders are granted in the ACT usually on either an interim or final basis. Interim orders are usually granted in order to secure short-term protective arrangements for the child and are designed to allow time for independent assessment of a family’s situation and to grant time for families to address concerns. Twenty eight per cent of clients were in this situation.

Final orders, which can be for 1 or 2 years or until the child is 18 years, are used to secure more long-term arrangements for a child, and requires ACT CPS to submit an Annual Review Report to the courts and to the child’s parents for every year of the care arrangement (55% of cases).

The involvement of ACT CPS might take the form of total responsibility for the welfare of the child (for example, final orders) or responsibility for overseeing the actions of the person or authority caring for the child (supervision orders). Supervision orders covered 16% of the cases.
In addition, an Enduring Parental Responsibility (EPR) order could be granted to a third party. An EPR order transfers all of the Chief Executive’s parental responsibilities, including residency, to a nominated carer. Upon the granting of an EPR order, the Chief Executive has no further involvement in the child’s life, and the carers are responsible for making all decisions for the child. This was reported to have occurred in 3% of cases.4

The majority of parents had children who had current child protection orders. A minority of parents still had care of their children (39%) with 32% under scrutiny from child protection. For example, they may have been referred by child protection services to early intervention programs such as parenting support or education services. Those who were no longer living with a parent were most likely living with foster carers (41%) followed by kinship carers (24%).

Just under a quarter (25%) of the clients had sought legal assistance. Parents are generally allocated duty lawyers on the day of presentation to court for child protection hearings. These lawyers usually only provide immediate representation and only occasionally do parents continue with the same lawyer in future hearings.

We also asked for information as to whether or not criminal proceedings were taken against any clients for actual or alleged abuse or neglect of their child. 5 of the clients (4.0%) were charged with an offence related to their child. Of these 5, 3 were female, 1 was male, and 1 represented a couple. Four of the 5 were regarded as needing life skills. All fell into the group with a low number of needs. In other words, they were not like the majority of clients who had multiple needs being met by multiple services.

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4 In interpreting these data it is important to note that the particular types of orders do not sum to 100% because some families had multiple children on different orders. Children from the same family can be on different types of orders, varying from interim to final orders, can be on supervision orders or have multiple children living in different kinds of arrangements (that is, some with Kin and some in Foster Care).
The Relationship of a Family History of Out-of-Home Care to Other Factors

The removal of children has long-term effects. We used the data collected through our five service providers to look at the characteristics of clients who had a history of having someone in their family in care and how they differed from those without such a history. The person who was taken into care in the past could have been the client, grandparent, parent or sibling. Those clients with a family history of removal were more likely to be economically and socially disadvantaged, with a high number of needs and linked with a number of service providers. The percentages of clients from each group who were experiencing hardship are provided in Table 2.1 along with the statistical significance of the relationship. Only those relationships that were significant are presented in the tables.

Looking more closely at these results, those with a family history of spending time in out-of-home care were more likely to identify as ATSI, to have a disability, to have a child presently in care, not have employment, and therefore, to rely on Centrelink. They were more likely to have a far ranging set of needs including: legal assistance, advocacy support, interpreter services, drug and alcohol support, mental health support, medical treatment, counselling, life skills, and income/Centrelink support. They were more likely to be receiving additional services in response to family violence, drug and alcohol misuse, and health. They were more likely to be linked into special ATSI services and to legal support services. Overall, those with a family history of spending time in out-of-home care had much higher level of needs and used more services to meet those needs.
Table 2.1: Differences between clients with family history of removal and clients without family history (% of each category) in terms of demographic background, needs and service use

<table>
<thead>
<tr>
<th>Client characteristic</th>
<th>No family history of removal (col%)</th>
<th>Family history of removal (col%)</th>
<th>Chi-square (df)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal and Torres Strait Islander (ATSI)</td>
<td>20%</td>
<td>46%</td>
<td>9.239(1)**</td>
</tr>
<tr>
<td>Child currently in out-of-home care</td>
<td>48%</td>
<td>77%</td>
<td>11.33(1)***</td>
</tr>
<tr>
<td>Parent with disability</td>
<td>29%</td>
<td>47%</td>
<td>4.51 (1)*</td>
</tr>
<tr>
<td>Centrelink payments</td>
<td>71%</td>
<td>86%</td>
<td>4.037(1)*</td>
</tr>
<tr>
<td>Employed</td>
<td>26%</td>
<td>12%</td>
<td>3.740(1)†</td>
</tr>
<tr>
<td>Need legal assistance</td>
<td>17%</td>
<td>37%</td>
<td>6.109(1)**</td>
</tr>
<tr>
<td>Need advocacy</td>
<td>13%</td>
<td>26%</td>
<td>3.566(1)†</td>
</tr>
<tr>
<td>Need interpreter support</td>
<td>1%</td>
<td>16%</td>
<td>8.785(1)**</td>
</tr>
<tr>
<td>Need drug/alcohol support</td>
<td>19%</td>
<td>46%</td>
<td>10.469(1)***</td>
</tr>
<tr>
<td>Need mental health support</td>
<td>16%</td>
<td>47%</td>
<td>14.640(1)***</td>
</tr>
<tr>
<td>Need medical treatment</td>
<td>7%</td>
<td>19%</td>
<td>4.090(1)*</td>
</tr>
<tr>
<td>Need counselling</td>
<td>20%</td>
<td>53%</td>
<td>14.367(1)***</td>
</tr>
<tr>
<td>Need life skills</td>
<td>20%</td>
<td>51%</td>
<td>12.999(1)***</td>
</tr>
<tr>
<td>Need Centrelink/income support</td>
<td>20%</td>
<td>33%</td>
<td>2.747(1) †</td>
</tr>
<tr>
<td>Other service use: Family violence</td>
<td>3%</td>
<td>10%</td>
<td>3.054(1) †</td>
</tr>
<tr>
<td>Other service use: Drugs and alcohol</td>
<td>12%</td>
<td>23%</td>
<td>2.826(1) †</td>
</tr>
<tr>
<td>Other service use: Legal service</td>
<td>17%</td>
<td>33%</td>
<td>4.277(1)*</td>
</tr>
<tr>
<td>Other service use: ATSI health</td>
<td>17%</td>
<td>33%</td>
<td>4.277(1)*</td>
</tr>
<tr>
<td>High (versus low) number of needs</td>
<td>30%</td>
<td>68%</td>
<td>18.057(1)***</td>
</tr>
<tr>
<td>High (versus low) number of services used</td>
<td>30%</td>
<td>46%</td>
<td>3.075(1) †</td>
</tr>
</tbody>
</table>

† p < .10; * p < .05; ** p < .01; *** p < .001
Comparing clients with at least one child in out-of-home care with clients with children at home

Having at least one child in out-of-home care was used to distinguish clients whose children remained with them at home and those who had had a child removed. These groups were compared in terms of background characteristics, needs and service use. The results appear in Table 2.2. As observed above, clients with their own child in care were more likely to have a family history of care. Clients with at least one of their children in care were more likely to receive Centrelink payments and to have family support, and were less likely to be employed and less likely to be married.

Clients with children in out-of-home care were higher on needs for life skills, income support, drug and alcohol support, counselling, interpreter services and mental health support. In general, clients with children in out-of-home care had more needs than clients with children at home. Finally, clients with children in out-of-home care were more likely to be using services for legal advice and drug and alcohol services.
Table 2.2 Differences between clients with child at home and clients with child in out-of-home care (% of each category) in terms of demographic background, needs and service use

<table>
<thead>
<tr>
<th>Client characteristic</th>
<th>All children at home (col%)</th>
<th>Child in out-of-home care (col%)</th>
<th>Chi-square (df)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family history of child removal</td>
<td>29%</td>
<td>56%</td>
<td>8.991(1)**</td>
</tr>
<tr>
<td>Married</td>
<td>26%</td>
<td>12%</td>
<td>4.577(1) *</td>
</tr>
<tr>
<td>Centrelink payments</td>
<td>69%</td>
<td>83%</td>
<td>3.266(1) †</td>
</tr>
<tr>
<td>Employed</td>
<td>35%</td>
<td>10%</td>
<td>11.121(1)***</td>
</tr>
<tr>
<td>Has support from family</td>
<td>31%</td>
<td>56%</td>
<td>7.674(1)**</td>
</tr>
<tr>
<td>Need drug/alcohol support</td>
<td>8%</td>
<td>46%</td>
<td>19.484(1)***</td>
</tr>
<tr>
<td>Need mental health support</td>
<td>20%</td>
<td>36%</td>
<td>3.619(1) †</td>
</tr>
<tr>
<td>Need interpreter Service</td>
<td>2%</td>
<td>12%</td>
<td>3.814(1) †</td>
</tr>
<tr>
<td>Need counselling</td>
<td>22%</td>
<td>43%</td>
<td>5.488(1)*</td>
</tr>
<tr>
<td>Need life skills</td>
<td>20%</td>
<td>43%</td>
<td>6.713(1)**</td>
</tr>
<tr>
<td>Need Centrelink/income support</td>
<td>14%</td>
<td>34%</td>
<td>5.878(1) *</td>
</tr>
<tr>
<td>Other service use: Drugs and alcohol</td>
<td>4%</td>
<td>25%</td>
<td>9.144(1) **</td>
</tr>
<tr>
<td>Other service use: Legal service</td>
<td>16%</td>
<td>30%</td>
<td>2.961(1) †</td>
</tr>
<tr>
<td>High (versus low) number of needs</td>
<td>46%</td>
<td>54%</td>
<td>3.808(1) †</td>
</tr>
</tbody>
</table>

† p < .10; * p < .05; ** p < .01; *** p < .001
The Community Organisations

While most community organisations identified themselves as single service providers for most clients, some provided more services when they were needed. Clients with more needs received more kinds of support in general. There was a limit to how much assistance services could provide, defined in part by the scope of their work and by their capacities. In addition to primary service delivery, service agencies were asked if they did specific advocacy and support for the client with ACT CPS. The response was ‘to a limited degree’ in 42% of cases, and ‘not possible’ in 32% of cases. In 26% of cases, agencies considered they had good capacity to provide support and advocacy in addition to their own service delivery.

Findings and Conclusions

The information collected on 126 clients who were subject to a child protection inquiry or intervention was in keeping with expectations based on the results of the 2011 Pilot Study. Criminal action over abuse affected only a small number, five. Apart from life skills, they were not seen as having special needs.

Others in the sample seemed to have bundles of needs that were being met by bundles of service providers in the community sector. The vast majority of clients were economically disadvantaged, socially marginalised, reliant on welfare, reliant on public housing, and were unmarried. Added to poverty and single parenthood was poor mental health, lack of life skills, a need for counselling, a need to control substance misuse, a need for help with their children, and a need for legal advice. Most had been referred to the service by a government or other community sector organisation – only a third were self-referred.

Multiple needs for support and multiple services providing support were the norm, with direction and leadership as to delivery seemingly coming from somewhere else, presumably child protection in many cases, but perhaps also from institutional ‘directives’ based on service provision agreements and priorities. The situation became more extreme when clients had a family history of child removal. Clients
with a family history of child removal also were more likely to have a child in care. ATSI families were disproportionately represented among those with a family history of removal and in the sample more generally.

The findings are consistent with many other analyses examining the profile of those coming under child protection intervention. Notably absent were domestic violence cases, but this was most likely due to specialist services dealing with domestic violence not taking part in data collection. This phase of the study brings together a sample of the cases dealt with by mixed service organisations and organisations specialising in out-of-home care, crisis services, homelessness and substance misuse.

One finding is particularly striking: the high level of service coordination that must be necessary for many clients. These data do not tell us who is doing the coordination and how well it is being done. Probably, the answer is variable, but if we have learnt anything from the many child protection government inquiries that have been held around Australia (now reaching the half century mark), it is that coordination across services, in many cases, is seriously deficient. Presumably most parents attending these services hold hope for regaining custody of their child or keeping their child with them. It seems likely that a good many are fighting for the right to parent. How many are actively involved in developing a plan involving service use and building their own resources to help with parenting? Looking at the background of these parents, life circumstances will not make rearing a child easy.

Active engagement in the process of meeting the commitments and expectations of children, family, service providers and child protection authorities seems essential for parents. Do they have an advocate or mentor to help them in this process? How much control do parents have in service coordination? Is this a process that empowers and gives confidence, and builds the parenting skills that are needed to navigate a future for themselves and their children? Or do parents approach a child protection intervention like a puppet, responding to every string being pulled in the hope that they can resume their lives with their children when it is all over? These questions cannot be answered from the data we have here, but they remain
important issues for us to consider in the next section. For some parents the answer to all of these questions will be positive – they emerge from the child protection intervention stronger and more able. But for most parents, the evidence suggests that it is not the case (Thomson and Thorpe 2004, Harries, 2008, Ivec et al 2012, Hinton, 2013). In the present data set, it is worth noting that advocacy is not something that most clients (74%) had ready access to, particularly not those with a family history of removal. Consideration of the view of community workers will assist to explore some of these questions in the next section.
4. DATA COLLECTION PHASE TWO: QUALITATIVE INTERVIEW ANALYSIS

Introduction

Ten community and non-government organisations were invited to take part in interviews after Data Collection Phase 1 had been analysed, as we considered the pathways open to families wishing to contribute to the well-being of their children. Of those approached, nine organisations agreed to participate in the interviews, between them providing fifteen participants.

Four organisations that took part in Phase 1 also participated in Phase 2. The service providers involved with this research are contending with families who have an array of complex issues which impact on the personal, social, cultural and economic wellbeing of these families. All participants in this research will be regarded as ‘community workers’. They came from a range of backgrounds – management, professional social workers and advocates, to workers with minimal qualifications but extensive experience working with families with child protection involvement.

Community support programs were provided through services 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 supports to prisoners. Families carried, as described by one participant, ‘a basket of issues’. Many of the agencies identified duplication in services and resource wastage as well as gaps in service provision to particular groups involved with CPS. As identified earlier in this report, families need co-ordinated services, good information provision and the building of networks of care to get through the issues they are presented with and be viewed as ‘good enough’ parents.
This section will examine interviews conducted with community workers engaged with families with complex problems to ascertain their views on the shape of the sector: on relationships in the child protection sphere; their views on fairness and the treatment of parents and family members; and their views on stigma, trust and power. It discusses what pathways are available for parents and family members to work with the agencies involved, and whether these pathways enable community workers and CPS to empower whole families in this process. The section identifies gaps in service delivery and brings forward community workers’ views on the main barriers in child protection services to working toward good outcomes for whole families.

The analysis draws out five barriers that prevent community workers and child protection workers from providing better outcomes for the families with whom they were working. Firstly, child protection services are constantly operating in crisis, which inhibits their ability to see a family’s ‘bigger picture’. The second barrier is decision making that is viewed as unfair and inconsistent, making it difficult for community workers to build and maintain relationships of trust with families. The third barrier is the stigmatisation and marginalisation of families and their workers, and fourth is the challenge of managing relations of trust and power between CPS, community workers and families. The final barrier is challenging community understandings of child protection as ‘everybody’s business’.

The qualitative analysis concludes that community workers overwhelmingly see the parents and families that they work with as a powerless and stigmatised group. They see the group as discriminated against and as being denied recognition that, with support, they could improve their situation. Further, there are no structures in place which can resolve the conflicting viewpoints and dynamics within the relationships between CPS, families and community workers. Developing capacity and assisting the engagement between families with complex problems and child protection services presents an almighty challenge for community workers.
Analysis of Community Worker Views

Community workers who participated in the interviews for this project recognised, firstly the important work that child protection workers undertake to protect the most vulnerable members of our community. They also recognised the importance of building relationships both with ACT CPS and with other organisations with the general consensus being captured by this participant:

We have always had a good and unique working relationship with CPS ... 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.

For other organisations, the struggle of meeting the needs for complex families was evident:

... we have to fight our way with everyone, disabilities, mental health, housing, the advocate’s office, child protection ...

For the families receiving services to sort things out without assistance, prospects of coordination seemed dim:

A lot of the women we work with, their lives are chaotic, they are not able to, they aren’t strong enough to deal with this and they often don’t have the knowledge.

The importance of building relationships to meet the needs of these families was a topic of significant discussion in the interviews.

Relationships

Participants identified the strengths and weaknesses of the relationships between service providers, families and child protection services. Some participants acknowledged the significant changes in the way care and protection services operate:

Before they would just make the decision to do whatever, based on what they think should happen. Now they are much more likely to call and ask for advice on what we also think should happen.

Others recognised that ‘there are great services in Canberra’ but that ‘... just everyone is kind of shut out’. One participant, found when working with a family
that the services themselves were shut out: *I never got to talk to anyone else except CPS.* Against this variety of views, generally the interviews converged on the following perspective: that CPS created a divide and conquer mentality in order to achieve its outcomes. This meant that ACT CPS was distant from service providers and service providers were even wary of each other.

Overwhelmingly, perspectives of relationships in the interviews were negative. Some felt affronted at injustice:

*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, because we wouldn’t be game. We know that the door wouldn’t be open ever again.*

Highlighting inequality in relationships they added: *That’s not fair, and you can’t even fight back on it.* Another senior manager highlighted the plight of workers treatment by CPS:

*They are not treated with respect …. Or very very rarely.*

Relationships were not viewed as mutual:

*There is a lack of reciprocity. If they have a problem they have not a second hesitation in asking me or our organisation to solve the problem. If I have got a problem it is my problem. The lack of reciprocity in everything. We are good enough to do everything that is really really hard for them, so, on one hand they recognise it, but on the other hand they dismiss it.*

One participant recognised that often there was insufficient reciprocity in building relationships:

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

One community worker identified the simplicity in resolving these problems:

*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 recognise they have an identity and they know things.*

The difficulties in forming relationships with multiple parties is evident, and community workers reflected on the impact that this had on the fairness of the system for their clients.
Community Workers’ Perceptions of the Child Protection System

ACT CPS was perceived largely by participants as an unfair system for parents. 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.*

Many participants felt, however, that among the removals taking place, many were unnecessary. Many were 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 by this participant:

*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.*

It was recognised, however, that problems lay not only in the number of removals, but in decisions about child removal. These were not consistent with community worker views:

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

Community workers identified that sometimes inconsistencies occur because of the views taken by individual workers:

*And the children are not necessarily at risk or in any danger, and in fact sometimes the mother has actually made arrangements for what happens when she is a bit out there for a while, but if the wrong person in the system decides to question it ... wham, you are done.*

Many participants questioned the ethics of child removal in families where mental health need, disability need or general high need is present in families. This was captured by one participant:

*What we do know nationally is that a lot of mothers, when they are raising concerns about ... their own needs ... they are then punished by having their children removed. I would say 99% of our mothers are loving, caring parents who simply just don’t know what to do to look after their kid because no one has ever taken the time to tell them.*
Community workers from all of the interviews identified the lack of information and support being made available to parents involved with complex child protection cases and legal processes as a considerable source of unfairness.

They just don’t understand at all what’s going to happen and they were never given any information of the process and what was going to happen to them. They sign things without knowing what they are signing, they agree to things without understanding what they are agreeing to.

And:

... they [parents] are told what to do, how to do it without having the support and understanding of actually what is required of them and trying to make sense of what is going on.

Others suggested reporting inaccurate or incomplete information was also an issue. One participant described with much dismay a supervised contact visit where a mum brought along fruit and lollies for her children.

When the report was written up the child protection worker recorded her concern that the mother had been feeding the children lollies. There was no mention of fruit in the report.

Contact with children and permanency planning objectives attracted considerable discussion. Participants expressed concern that so many children from the families they work with are on long-term orders. Their concern was primarily that when children enter long-term care arrangements contact with family is minimal and as such they lose valuable knowledge of family, culture and their community.

As important was that community workers felt that the rights of parents and the knowledge they hold of their children’s lives is treated as insignificant. This was expressed overwhelmingly by almost all participants as totally unfair treatment of parents and family members. One participant captured this:

The current system has this real thing about it is in the best interest of the child ... but even if the kids aren’t living with you, they are still your kids, they know that you are their mother and there is an ongoing relationship ... a long term expectation of involvement [with parents] is currently not supported by the system at all.
Community workers expressed deep concern at the rights of children and parents to see each other four times a year.

*I think the permanency planning objectives are pretty bad ... anyone who can only see their children four times a year – what is that all about? If you can only see your biological mother four times a year, and if it’s a supervised visit ....*

This participant identified difficulty in getting anyone to be responsible for arranging a contact visit:

*I would contact them, they would say they would arrange it and make it happen, but it was up to the child as to whether they wanted to see mum, and then the next time it was up to the foster carers, it was always somebody else’s problem.*

This participant captured the consequences of all of these inadequacies for one mum:

*She doesn’t know what she did wrong, and we can’t help her to understand that because we haven’t been told why the baby was taken. The baby is three months old and there is just this terrible sense of hopelessness.*

Community workers, ultimately, considered that child protection authorities failed to see the capacity of parents to change, with potentially devastating long-term damage to families.

**Parents: A Capacity to Change or Never ‘Good Enough’?**

*... sometimes it is almost like they are set up to fail ...*

This statement by a community worker captures a common theme which runs through the interviews. Child protection workers were consistently viewed as failing to consider that parents had a capacity to change their circumstances. Further, community workers consider permanency planning objectives hinder parental capacity to change.

Generally, it was felt that ’good enough’ parenting was the benchmark that should be set for parents by CPS.

*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.*
The consensus of community workers was that parents are viewed by child protection authorities as ‘losers for life’, as described by one community worker. Similarly, community workers thought ACT CPS generally believe parents with problems had no capacity to improve their situations. This participant captured the general consensus of participating organisations:

*If you look at the way things are set up with CPS, they certainly have the view that people can’t change.*

And this:

*...her baby was removed, newborn from the hospital. She [mum] is in such a different space than she was then. There is no recognition of change, or of the capacity to change.*

And this:

*They just looked at what was wrong with her not what had been right, and that she might be able to recover and never looked at her capacity to change her situation ... it’s her first child.*

Some participants described the continual yearning to be a ‘good mother’:

*We have mothers who say to us, I am trying my best, I am doing everything they are telling me – you know they are actually keeping their houses so clean it’s ridiculous ... trying to be a good mother.*

Other participants recognised that the complexity and expectations were too much for some parents:

*Some of the girls I worked with – they just couldn’t even try, there is just too much going on for them. They just can’t do it ... they aren’t stupid, they know how things work, but once those children are removed until they are 18, how is that person, who has a criminal record, who lives in ACT housing and who is living on Centrelink ... how does that parent give that child a better life?*

This results in some parents disengaging from the CPS process and sometimes their children.

*Sometimes parents totally shut down when their children are removed because they feel they don’t have a hope in hell of getting their children back. People just get more and more removed or withdrawing from trying to have contact, and going more and more secret and silent when they have these negative experiences. They just shut down further and further.*
Community workers overwhelmingly expressed the view that not allowing or acknowledging changes which parents made in order to care for their children was punitive and unproductive, and made advocating and supporting a family with complex problems and child protection interventions extremely difficult. There were a few examples in the interviews where positive relationships with workers, however, made a difference to the outcomes for parents. This worker described this difference:

*Her [mother] experience with the CPS worker was of shifting goals and always – never having done enough. It is like a constant anxiety and stress which made her responses traumatic. Eventually she got a different CPS worker from the UK and her approach was so different …*

This resulted in good and unexpected positive outcomes for the family which the community worker said:

*… was because of important collaborations – she had long term supportive engagement with a service but what really made the difference was when she got a worker who … just communicated, was open to connecting with me and there was a sense of respect. The power imbalance was still there but it was reduced.*

Ultimately though, forming effective working relationships with parents and understanding them to be an integral part of their child’s life was a priority for community workers that they did not believe ACT CPS shared:

*Work can be done to explore the connections with the parents or whoever is important to that child … this doesn’t seem to be important work to care and protection services.*

Overwhelmingly, community workers saw the philosophy of ACT CPS in these terms: parents were judged as being largely unable to change and stigmatised by the child protection system, and their children were considered ‘better off’ in other families, having only minimal contact with their parents.

**Community Workers’ Views for Future Directions**

When asked what direction they thought child protection should take, community workers identified a number of programs that exist already which could be adapted to support children in the home, rather than removing them from their family.
The topic of economic and social costs of current ways of working and future directions generated much discussion:

All these things need to be weighed up. They look at programs and think they are too expensive, when in fact the current system is incredibly expensive and doesn’t have good outcomes … and not just economically, personally, and socially.

And this:

... if when they thought about removing children ... if they put the money they are going to pay carers into that person, into managing their home, their shopping and supporting them to get some skills. I think it would be much better utilised than giving it to a foster carer who has five children.

And, highlighting the well known poor futures for child in out-of-home care:

It costs a lot of money to remove children – and it’s not got good outcomes does it? We’ve seen what happens when they turn 18.

Some organisations described individual ‘packages’ for clients with particular problems. For example, clients with mental health issues were delivered services through the HASI and HARI programs. The HASI (Housing and Accommodation Support Initiative) and HARI (Housing and Recovery Initiative) programs provide supportive tenancy management for people with complex mental health issues in partnership with Mental Health ACT, community providers and clinical services.

Funding is $50,000 per year per person ... the money is almost all for service provision ... the HASI program is working really well ... the fact that they are living in their own homes means they have workers go in three or four times a week and a combination of daytime, night time and weekend support. The workers assist with housework, shopping, cooking, appointments. The outcomes seem to be good and $50,000 a year is a lot less than keeping someone in hospital.

When asked whether this could seem like a model for implementation in ACT CPS the community worker emphatically replied:

Yes – at $50,000 a year – how much does it cost to remove a child? ... they have very flexible applications of money to client need so that is what is good about those programs. Spending can be aimed at stressed times, it can be delivered in a much more flexible way. It’s definitely a good alternative to removing children.
Another viewed it this way:

*We’ve seen kids removed because a house is messy – it would have to be a lot cheaper to implement services such as this – especially given people need support when they are not well skilled in keeping their house.*

Community workers also felt the service was a way of empowering some of their very disadvantaged clients. They explained that client support is driven by a mental health worker who provides the client with all their options for support. Ultimately, the clients make their own informed choices about service delivery and are central to decision making about their lives.

Support programs over the long-term for parenting were overwhelmingly seen as in need of implementation, an idea also driven by client demand. Many community workers felt that removal of a child would have been mostly unnecessary had parents been provided with 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.*

And this:

*Most of them, with support and early intervention with parenting skills would have achieved. That is the stuff we really want to see.*

Parents with disabilities were of particular concern. In this case, it seemed a hopeless exercise:

*We have made it clear that other things must occur as well like support programs for parents with disabilities to retain their children, but none of it is going anywhere. It’s almost falling into a pit. So we are really struggling to have anything happen other than on a very ad hoc basis.*

Despite moments of despair, community workers were not reticent in putting forward their ideas for change. One community worker pointed out that money for supporting families, when a child was not truly “at risk”, could be better utilised.
They described a client they were providing support for at the time of the interview, and suggested a different use for this money:

The requirements [for the organisation] are to be present and to provide support. For $40,000 dollars though, given the baby is not really at risk, imagine what that could have done for that young woman. She could have had everything she needed, a car .. you know – things that would make a difference to her life and her opportunities.

Their analysis was based on a much deeper knowledge of the family:

“she is one of 12 kids all removed from her mum”.

Ideas were generated supporting the use of restorative practices as a way of empowering families:

The restorative justice model works in other areas like justice and mental health, if you involve the people who are involved. If you do that then you involve people in the family who are naturally involved anyway and if they want to, they can be invited into the solutions.

Finally, advocacy and support services dedicated to assisting parents and families in negotiations with the child protection process were identified by every participant as a major gap in child protection services, even though some organisations were succeeding in stretching their service delivery to assist some clients.

**Service Gaps**

Community workers identified a range of gaps in service provision to families involved with CPS: a lack of dedicated advocacy and support services to parents and family members who have children in care and gaps in service provision to marginalised clients within this cohort - ATSI families, families from culturally diverse backgrounds, and families where either the parent or the child or both have a disability.

Additionally, it is worth mentioning that a number of participants recognised significant difficulties with recent changes to the community sector funding arrangements:

*With all the cuts that have happened in the community sector in the ACT, which have been significant, there are less to refer to and less capacity of organisations to take referrals now.*
Crisis services are finding it particularly difficult to meet the needs of their clients:

*There aren’t enough agencies to send referrals through to – there aren’t enough family support services to send our clients out to as a crisis intervention service.*

The onus that is put on community workers to provide child protection support and advocacy for families, in addition to their own funded service delivery, was overwhelmingly difficult and impacted on the relationships that organisations and workers developed both with each other, and with the families they worked with:

*We often have mothers who prefer that we are the conduit of communication because they are so traumatised by their experiences and that is not necessarily respected. We struggle with that. Case conferencing is growing. So some of our work is about preparing clients for case conferencing – it is outside of the scope of our counselling work but it is needed so we try to fill it. We try and link people up with caseworkers – but that is not easy. There is a gap in advocacy for families with care and protection involvement.*

The right to advocacy and support services for clients was captured by this participant:

*If you just take these most common effects [of people’s problems] and don’t even add to that the symptomatic health and mental health and suicidality, anxiety and depression all the way up to death ... where is their capacity to advocate on their own behalf with an agency like care and protection services?*

Also identified was a gap in legal services available to parents, in particular absence of legal advice was identified at the beginning of a child protection intervention. Some community workers felt that the imbalance was caused by inadequacies in the structure of the legal system and parental access to adequate legal representation:
There is a lack of legal representation ... where that initial exposure to care and protection has been without any representation, support or legal assistance, or where a duty lawyer who knows nothing about the case or the client has represented for emergency orders. We have a lot of those cases.

And this:

We have had a couple of applications where we have had to get people legal assistance. There is a gap when people aren’t on Centrelink and have an income – then they have to find their own legal assistance.

Significant for workers was the inability for parents and family members to challenge incorrect assumptions made about them, or decisions which they felt were wrong.

One community worker described this as ‘an unwinnable battle’:

You would never get legal aid to challenge anything the department has said or the views it has. If you were to appeal against it they would go, well what is this person’s chances of winning? No one gets funded to challenge the decisions that are made. Only in child protection do they decide first, that CPS has a really good case, so we are not going to challenge it. And that is their orders by consent ... It’s the only system too, where people are guilty until they can prove their innocence ... they aren’t able to defend themselves.

And this:

The playing field is the legal arena, the department is well represented, most parents have like a smidge of anyone to help them and they are restricted in the amount of help they can get anyway. If people don’t have lawyers they are disadvantaged. The department has a huge legal team. It’s about trying to get some balance in the power.

They also questioned a ‘one-stop-shop’ approach to child protection:

One would think that in every different case, when you are dealing with human beings and families that there would be grey areas, and legislation shouldn’t be used to the letter to determine what is going to happen.

Participants identified that special needs groups such as ATSI and culturally diverse families or families where disabilities are present are particularly poorly served.

Further, they recognised gaps in specific parenting support for these groups. In the view of this community worker there was an absence of support:

... services that support people with disabilities to parent and the recognition that it is pretty much for the juvenile existence of the child ... support services that are very long term that help support the daily routine. And to assist to trouble shoot the challenging things that arise in parenting. There are no support services like this.
The use and availability of the Australian Government’s Translating and Interpreting Services (TIS) was highlighted as a significant and increasing issue for families from non-English speaking backgrounds.

* A lot of services are not funded to use the TIS. There are a number of organisations who won’t take referrals if they cannot speak English because they cannot communicate with them. And they don’t have the funding to communicate with them *

And this:

* If English is your second language and you are not involved with a service, and you don’t get a grant for legal aid, then you got nothing ... you don’t qualify for TIS and you would have to pay for that independently ... how is that equity of access, how is that fair, where is the justice in that? *

Concerningly, in one case a participant described translation occurring with the child of a mum:

* ...the son is frequently called upon to translate, which really exposes him to additional concern and misunderstanding potentially about what is being said. He is pretty good with English, but to expect that he might translate effectively for his mum – that is putting a lot on a nine year old ... * 

Participants identified gaps in services to families with more unique problems. Violence toward parents from children and teenagers was described as an embedded problem in some families and was described as ‘a very big gap’ with ‘no specialist services that work with that because it is a unique problem’. Women living either with intimate partner violence or violence from a carer were a particular challenge for agencies. Options for assisting affected clients leave violence were identified as a significant gap in service provision in the ACT. These more unique types of service need were a particular problem: *It’s like whose box? Oh not my box, not my box, not my box* ... This suggests that the capacity of services is stretched to capacity.
Service Capacity

Gaps in service provision, both specific to care and protection issues and to marginalised clients were clearly difficult and resource-consuming. Mostly, meeting this full set of needs was beyond the capacity of services to provide on top of their own service delivery.

A client with care and protection is pretty well having to go to something once a day; they need support with, courts...

And:

You are working with far too many complexities in the same zone ... it’s hard enough battling for her without battling for the custody thing as well.

This participant captured the general consensus on their organisations’ ability to provide services to parents with child protection interventions:

My opinion regarding the capacity of [workers] to provide advocacy and support for child protection issues lies somewhere between “Unable” and “Limited”.

This means that organisations were needing to prioritise and families were missing out on advocacy and support with care and protection matters:

I was doing a lot of that but I had to pull back – it was too complex.

Clearly, organisations are stretched to capacity. They identified a number of barriers to providing better outcomes for the families they were working with. These will now be reviewed.

BARRIER 1: OPERATING IN CRISIS WITHOUT EFFECTIVE CO-ORDINATED RESPONSES

Interestingly, in 2012 at the time these interviews were taking place, the ACT Pulic Advocate (Phillips, 2012) described ACT CPS as operating in a pervasive reactive culture; an environment which”tends to mirror the chaotic and complex nature of the clientele” (8). Participants in this research expressed much concern at the rapidity with which child protection processes such as removal occurred, the lack of
support for families to prevent things getting to crisis, and the stress this puts on families and organisations. They talked of having to go to the rescue:

.... we are often not brought in until the case gets to a crisis point. So we come in at the end and try and save the situation.

They talked of punishing responses:

So things happen so quickly, suddenly your kids are gone and pretty much you are going to battle to see them again, and if you put a foot wrong you will be punished by not seeing them, they will be held away from you.

Describing the situation of the parents of a child with disabilities one community worker said:

... the family has said ‘we are just not dealing with this kid any more, take him away’. And we have had to try and work hard for the child to stay with the family. And it is the same thing, it is the amount of support available, the stuff in place means that the family has reached a crisis point and there is no other option except to get the kid out of there.

In describing the difficulties incurred by the family to get to this point they said:

Nobody will act until there is a crisis – nothing happens until you get to crisis point – you have to be in serious crisis need before you get anything at all – even basics.

This participant suggested one of the barriers to dealing with relationship difficulties was in the crisis nature of the work.

When people are confronted all the time by a massive in your face crisis they don’t really know that there is anything else outside the window. So if you see them [child protection workers] as someone in crisis they are always dealing with something that is this far away from their eyes ... if you don’t let people help you to see beyond what is right there, you can’t see that you might have this option or that option or someone there and someone there.

Operating in crisis raised questions for participants about the ability of child protection workers to see the strengths and resilience and coping mechanisms that children build while living in families where complex issues exist. This participant captured these views:

I asked him how he felt about his mum and the violence, and he said ‘my mum is a good person, but everyone thinks she is bad [CPS]’. ‘She is a really good person and (father) did some really bad things to her’. And what I saw there was a clear understanding of what is going on.
And:

Sometimes children do and have, through their experiences, developed rich and caring ways to become great contributors to the community from difficult times, but it is not one or the other – its acknowledging the diversity and keeping it and getting some coordination in that.

Operating in crisis was not seen as a productive way for child protection services to operate at maximum capacity. In addition it requires significant collaboration and agency co-ordination for good outcomes for children and families, and for much of the time, this is lacking.

Participants identified a number of consequences as a result of operating in crisis mode. Further, they identified problems with communication and relationship building which resulted poor, fragmented and often duplicated service delivery.

Community workers, overwhelmingly agreed on the necessity for well-coordinated services:

It makes sense to have a coordinated response to somebody so that we are not doubling up on what people are doing.

And:

we want people to have a good web of services and nobody to fall through.

Participants felt that they could play an important role in service coordination.

Comments such as:

We are in the best place to coordinate services. We have much more contact with the parent.

This participant offered an answer as to why:

CPS has their team who do case coordination or conferencing but they are also part of an organisation that doesn’t have the same connection to the family as we do. We are often the coordinating service ... government often finds that too difficult.

Clearly, the co-ordination of services for families with complex problems requires significant time, effort and knowledge of the family and their supports.
BARRIER 2: INCONSISTENCIES AND ARBITRARINESS IN DECISION MAKING

Community workers saw themselves as having a much broader understanding of family’s lives and needs. They also considered that child protection workers’ judgements on families about abuse and neglect were very individual and subjective, resulting in inconsistent decision making and an unequal distribution of resources to families. One participant highlighted inconsistent support packages of substantial sums of money being delivered to some families, whilst other families in similar situations were losing their children:

I think that is great but why is it good for one and not good for another? ... wouldn’t you want to give this person an opportunity to succeed? And then the next day, you have someone who is going to get $40,000 worth of opportunity. And that’s great but what about her. There is no consistency in what they do.

Inconsistency was a recurring theme:

I certainly see very little in the way of the criteria of accountability. Decisions seem to be made very much on a personality by personality ad hoc kind of basis

This participant summed up the general consensus on consistency:

The hardest thing is there is no way to predict what outcome you are going to get.

Participants also identified shifting threshold levels for assessing risk: ‘sometimes it is higher, sometimes it is lower’. Community workers discussed the removal of children from families as often inconsistent:

I have seen the removal of children that I don’t think should ever have happened. I have seen children staying with their parents that I don’t think should ever have happened.

This worker attributed ‘subjectivity and a lack of a consistent approach across the board’ as reasons for these inconsistent practices. Ultimately, unfair, non-transparent decision-making resulted in the greatest angst among community workers in this research. They were deeply affected by what they saw as an arbitrary system for families. It is this arbitrariness that creates a problem of
inconsistency. If child protection authorities are going to be responsive to the needs of families, they are bound to adopt different responses. The problem lies when these differences do not make sense to people. Failure to explain or account for differences in responses produces fear and suspicion in community workers.

BARRIER 3: STIGMATISATION AND MARGINALISATION

Stigma is something that permeated the interviews twofold. Firstly, participants overwhelmingly acknowledged that most of their clients were stigmatised, particularly clients with substance misuse and those with disabilities and families living with violence. This participant highlighted, not just stigma but:

*It is multi-layered stigmatisation depending on the family that you are working with and how complex their needs are. Our families in particular, are stigmatised in relation to violence ... it makes you one of “those” people. One of those who people say to why don’t you leave ... why do you stay, why do you put up with it, why aren’t you protecting your children ....*

One community worker identified a cultural history of stigma with people with disabilities:

*... the cultural presumptions about disabilities and about women with disabilities particularly are very profound. They are very strong and extremely demeaning.*

This community worker also identified that stigma and assumptions that mothers with disability are unable to parent:

*We have had some mothers where it is just an assumption on the part of the midwives that, oh my god she’s got a disability so she is not going to be able to manage, so they get reported to CPS before the baby even arrives.*

Similarly a community worker in the drug and alcohol sector:

*Getting rid of the stigma with our clients (drug dependency) is a huge thing and looking at it as a disease – it’s not just a moral issue, it is something that needs addressing.*
One community worker described variable responses to a parent’s treatment by ACT CPS said:

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

One participant described a more universal level of stigmatisation:

*... assumptions that all women experience violence the same way and therefore their children must be affected in this way, when in fact every single individual person has unique strategies and abilities to put in place protective mechanisms for their kids, but there tends to be a much more global stigmatisation that no women living in violence can possibly keep their children safe.*

The second predominant concern for community workers was that they felt ‘courtesy stigma’ or stigma by association very much existed for them when working with families. Workers described repeatedly how child protection workers considered them as not holding the interests of the child as paramount in their work.

This community worker captured the general consensus of interviewees:

*... we are often accused implicitly of putting the needs of the client over the children .... we never ever do that. 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.*

This from another community worker:

*Who is the client - the people in front of us or care and protection? We had to make clear that we will work with the family, we are happy to work with the family, but we are not here to monitor them and then to report back to you. We are mandated to report if we have concerns about a child at risk and you have to trust that we uphold that.*

And this:

*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.*
They also made clear that putting the needs of the children first, did not mean that the rights of their clients were of no concern:

*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. We have a very strict policy. So we don’t put the needs of the client above the needs of the children ever, but we also still hold the needs of the parent as important.*

And this:

*The parent is a client by extension – doesn’t that make it important too?*

Finally, stigma was recognised for children living with parents with mental health issues, who use or misuse substances, children living with violence and children whose parents have a disability. Ultimately, community workers felt that all forms of stigma impacted on developing relationships and trust for everyone.

**BARRIER 4: TRUST, POWER AND CASE CONFERENCING**

Clearly, community workers worked very hard on developing trust with families. Families were described as suspicious and distrustful when it came to child protection authorities. As described by one community worker: *... there is a real sense that just about everybody will dob you in.*

Organisations and their workers were clearly central to developing trust with families and assisting the process with governments:

*We have also had many many mothers and others that we have advocated for over the years who have made it quite clear to us that we are the only people they can trust. It doesn’t matter whether its care and protection or if it is another matter, we often become the only person they can trust.*

And:

*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.*
They described challenges building trust with families:

*Sometimes the person initially sees us as part of the system so we have to go through that process of making it clear that we are not, we are very much outside of that, we are independent and we don’t have any relationship with care and protection at all.*

They described the consequences when trust was breached. A community worker, describing the experience of what they perceived as the unnecessary removal of a child from a family for one week said:

*There was nothing wrong, it is as wrong as it has ever been and actually there is a lot more right than it has ever been, but their actions – six solid months of work, of building relationships and gaining trust with this family have been ruined by you. Can you see that? No.*

Ultimately, challenges of trust were perceived by most of the participants as a much bigger problem for workers in ACT CPS. In the words of one participant:

*In terms of trust - I would think that it is child protection that has the problem with that.*

Power and power imbalance featured prominently in the interviews. It is clear that engagement between organisations and child protection services is fraught, with transparency, honesty and integrity questioned. This participant expressed the sentiment of many of the community workers, highlighting an almost abusive work environment where tensions were high and communication low:

*We feel like we are quite powerless, so you can imagine how parents feel to go into a meeting with CPS, 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.*

One participant saw poor communication as a way of CPS workers maintaining power:

*Well that way they keep that position of power over us too don’t they? They don’t have to tell us why, they don’t have to tell the mum.*

And another:

*To maintain power they often think they are a lot better than us, they know it all ...*
Case conferencing is increasingly being used in child protection practice to promote efficiency and an effective way for sharing information with all who are involved with a family. Community worker views on case conferencing, however, were mostly a negative portrayal of power imbalance, a lack of true independence and generally, a difficult and disempowering experience for parents and community workers alike.

A participant captures this:

... case conferences for clients are highly traumatic, and for everyone. It is like sitting so uncomfortably, watching them [parents] be spoken about by support services, in a very objective, sometimes like they are ‘not even there’ way.

And this:

... people feeling like ‘oh god I’ve got to put my shoulder pads in’ – you know that’s awful.

And this:

They are run by CPS for CPS and there are times when I have been there that clients feel the only support in the room is the community worker because we are not there in opposition to the client or objectifying them.

For some community workers it forced them to change the way they personally practiced their work and resulted in reduced response to client need. Describing how she went to support a distressed mother in a meeting she said:

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’... I felt shamed ... I went into a very professional, pragmatic, authoritative mode. I didn’t respond the next time she broke down crying ...

Others described their expertise as devalued:

CPS certainly see themselves as the expert in relation to a lot of things. We’ve had CPS workers think they are the experts in domestic violence for example, but we can see from what they are saying and what they are doing they are far from that. But they can’t recognise the expertise [outside].
Others found it difficult with the follow up processes and actioning from case conferencing:

*I have often waited for feedback of what I have to action ... I was told that a worker will be in contact with what I need to do – I have never received that contact.*

Case conferencing generated discussion on power:

*When you are in a big case conference, you might have four CPS workers, and a chairperson and three or four other people and then mum ... CPS is always the primary worker. They are the government body that have power over every single person sitting at that table.*

Many participants discussed the case conferencing component of child protection services. Questions were raised on the independence of the Independent Chairperson who convened case conferencing on behalf of ACT CPS:

*... the independent person is from the Office from Care and Protection ... they say they are very independent ... but they work for the department and for the government ...*

And this

*they do have an independent chair that is very linked in with CPS. I’m not sure how independent that really is, and they added: the chair is in a position of tremendous power.*

They suggested that in order to get a better balance in power...

*... it needs to be someone who understands the law and child protection stuff, but they should be totally independent.*

Community workers clearly perceived case conferencing as unjust and adversarial and one which fails to recognise nor effectively provide for the needs of parents and families and their supports.

**BARRIER 5: CHALLENGING COMMUNITY PERCEPTIONS: CHILD PROTECTION AS ‘EVERYBODY’S BUSINESS’**

Many participants observed that a child protection concern can happen to anyone in the community with devastating consequences. They raised concern about the level of community awareness of the way the child protection system truly works and the
impact it has on children and their families. One worker, reflecting on a conversation with her management body over the removal of a child, captured the general consensus on community perception:

*I say you know, this is someone who lived independently, she had a job, she got pregnant, the house she was living in got sold and so she was homeless. She got really stressed, and then she had the baby and she had nowhere to live, so you know, you would be pretty stressed, when you have been independent ... how could that happen? It could happen to anyone ... and anyone I tell says, no that can’t be right, that poor woman.*

One participant felt that the community, at times, keeps at arms length:

*CPS sometimes work in a place where, when they do engage in the community, some still think ultimately it is their responsibility – rather than being everybody’s business.*

Another participant considered that despite the fact that the work of protecting children was extremely important work, there was little community:

*Even though it is great that there is somebody keeping an eye on that pointy end, but how does it not be a silo?*

Another participant called for a broader understanding in the community:

*It 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 ... *

Some participants recognised that there is an embedded culture in child protection services which influences community responses:

*bad parents need punishing and it needs to be a punitive response ... *

Another participant identified that it appears that the community and even CPS do not understand their true vision. They ask:

*What is the vision and purpose of CPS? It’s called Care and Protection Services, but what does Care and Protection mean? And what is the vision about that? And how does CPS work on safety ... what is the bigger meaning of what safety, wellbeing and thriving is about for children?*
Another participant’s view lay much more in increasing community responsibility:

*I think there is a lot of everything is someone else’s responsibility. From a community perspective they are happy to report people, there is more of a willingness to report on people where there are child at risk concerns, but I don’t see any willingness for those people to then say to that person, or engage with that family in a supportive way, or a way that is going to make a difference, because we have such a narrow view of what is normal, anything outside of that is treated as an aberration or as the ‘other’ ... So the community when they see someone in need just don’t do it.*

Finally, community workers identified positive aspects of relationship building and networking and acknowledged the steps being taken by ACT CPS to bridge these gaps:

*I think the more CPS workers can be out and about and talking to services the better. Previously there have been bus tours – where they go to services or sitting with community workers on a bus – great initiative. The more that they are visible the more relationships can develop.*

**Conclusions**

From the interviews, it is clear that agencies see their clients experiencing a power imbalance, stigmatisation which results in discrimination, a lack of recognition that parents can improve their situation and too few services to assist and empower them to do so. Exacerbating this is a gap in dedicated service provision to assist parents who have their children removed understand and navigate a complex statutory system. The participants also highlighted gaps in services to Aboriginal and Torres Strait Islander families, families from other cultures and services to those with disabilities in relation to what CPS requires of the family.

Community workers emphasised a lack of trust between families and child protection workers, between community workers and child protection workers, and importantly how this lack of trust can affect the relationships between workers and their clients. The statutory, top down approach means there is an imbalance of power between CPS, agencies and families which is hampering the work of community organisations and resulting in families not being assisted in ideal ways. Structural and organisational changes aimed at reducing service delivery ‘silos’ and promoting integrated responses to the needs of individuals and families are required.
With rates of children in care rising and an ever-increasing demand on services, clearly meeting the needs of and assisting families and their networks is proving a difficult task. Yet it is a vital component of assisting these families to better protect their children. The number of parents who incur legal punishment for harming their children is very small and the figures for actual harm of children are also quite small. In addition, child protection agencies around Australia have a poor history of protecting the children they remove from what are deemed ‘unsafe families’. Finally, in a welfare democracy such as Australia the state should only be intervening in the private life of a family when a child has been harmed or is at imminent risk of being harmed. Given these three points, it is time to reconceptualise the way the state intervenes in the lives of families where ‘actual harm’ has not occurred. This research alone, in this small jurisdiction where just over 500 children are in care, identifies over 120 families where the state is sitting at their kitchen tables with some kind of statutory legal intervention in place. Clearly the community workers in this research recognise much of this as a major issue, whilst they are operating with fragmented and duplicated service delivery resulting in the waste of their valuable resources.

The final chapter will examine alternative ways to assist community organisations help families in these complex and difficult environments. Families have good services available to them; services who have well-trained and highly professional staff, and which are innovative and resourceful. But community workers in this research also talk about an immeasurable power imbalance between child protection authorities, services and families, which inhibit their ability to provide support services. As such, they see themselves as gatekeepers for families to protect them from government harassment and injustice. At the same time they see themselves treading a fine line to make sure they do not jeopardise their ability to constructively work with families toward better futures.
5. SUMMARY AND FUTURE DIRECTIONS

Families in Australia come from a range of diverse cultures, and as such, parenting standards in Australia do not attract a general consensus. Many Australian families face an array of complex problems: poverty, homelessness, mental health problems, substance misuse, domestic and family violence or disability; either in isolation or in combination. Many suffer social isolation and low levels of social capital and many come under the watchful eye of Australian child protection authorities as high risk segments of the population. This is despite the fact that the literature tells us that children and families living in adverse circumstances often have strong resilience and coping mechanisms. Children are not necessarily at risk in these adverse circumstances and parents are not necessarily ‘bad’ parents. Yet they are far more likely to be the subject of a statutory child protection intervention.

When a parent enters a child protection process their experiences are extremely negative. The literature shows that parents experience unfair, non-transparent and unsupported processes where they are given inadequate or virtually no information. They are not treated respectfully nor are they empowered, they are marginalised and stigmatised and there is little to no trust in the child protection system. Essentially, it is considered a dangerous liaison even to approach a child protection authority for help.

The researchers who undertook the interviews with community workers, time and time again, heard stories which told of injustice, degradation, power imbalance and of trust and its betrayal. To provide some context to the reader of the types of stories we heard, we decided to write a fictional case study as close to the average story as we could get. The case study was shared with relevant participants and it was unanimously agreed that this resonates with many of the experiences they have observed and been involved with. One participant captured this agreement: ‘gee, you could be talking about any one of our families involved with CPS’.
Family Composition: Mum, Dad and Children ages 5, 7 and 9.

Issues: Domestic and family violence, homelessness, mental health issues, substance misuse

Child Protection Services visited the home of this family following a report of violence which was being witnessed by the children. Following investigation a meeting was held and the mother was told that she was failing to protect her children by remaining in a violent relationship. She was given numbers for domestic and family violence support services with an ultimatum – ‘do something or we will take your kids away’. The mum left the relationship to take up an offer of a bed for her and her children in a women’s refuge.

This is hard for mum. She has been with her husband for a long time, and overall she considers him a good husband and good father and loves him deeply. Suddenly she faces the burden of parenting her children by herself, of thinking about where they are going to live, of attending to a different set of financial needs and of many other things which are new and scary and isolating. She can’t reconcile her relationship in any way because the children will be removed. She is grief stricken, scared and traumatised.

But child protection authorities persist. You must attend parenting classes, you must attend counselling services, you must stay at the refuge and you must not see your partner. Mum is feeling burdened to the point where she must escape. A beer? A wine? A joint? Maybe just an over-the-counter medicine which will help just a bit. Just once. But watch out - child protection has got wind of this. So now drug and alcohol problems are added to her list of inadequacies.

All she is trying to do is cope with this whirlwind of trauma and turmoil. She rings one place and gets told one thing. She rings another and gets told something different. No-one is talking to anyone else and few are listening. The pressure is relentless. More appointments, parenting assessments, psychological assessments, urinalysis, drug and alcohol services, supervision orders, courts: mum is feeling ashamed and overwhelmed and now the children are reacting. They want to see their dad. They love their dad. He doesn’t hurt them. They don’t want to see mum hurting. They miss their friends. They miss their grandma - they can’t see her in case dad is there. They miss their pet because the refuge couldn’t let them bring it. They miss playing sport. They miss their schools. They miss their bedrooms, their possessions. They grieve the sudden loss of everything stable in their lives. But they don’t blame mum and dad. They love their parents and their parents love them. They want their parents to be helped. They don’t want to live somewhere else.

But the children are damaged and it’s all Mum’s fault. That violent incident and her failure to protect has damaged them for life. It is in their best interest to be taken into care – clearly Mum can’t get her life together... CPS call an emergency meeting. The worker tells child protection that they can help mum, they can assist her with housing, and Centrelink and counselling and support and they can help the children and get them counselling and get them into school. Mum comes to the meeting – she is looking pretty terrible this morning, she hasn’t slept much, she is stressed and vulnerable. She doesn’t feel supported and she doesn’t have a voice.

The emergency meeting happens: they talk about her but not to her, they decide what should happen to her, to the children. They don’t ask for her contributions yet insist on her agreement. She is feeling very disempowered. They know nothing about her private life, her friends, her networks, her strengths and abilities and nothing of her wishes and dreams for her children. And they don’t want to know. They have a job to do and are only ‘working in the best interest of the children’ after all. But they know nothing of the children’s lives, their networks, their resilience factors and their strengths and weaknesses and they take no time to find out. They have no time. That can come later. But it never does.

The worker is satisfied that there is a workable plan even though they did not think the process was very good and they think that mum was treated pretty badly. Don’t rock the boat though – they might take the children. They give the family a house, they enrol the kids in school, they make sure they have food and they give mum a number to call if she needs to talk to someone. And they rush off to the next crisis unfolding, the next family whose children are deemed at risk. Then the phone rings. It is 3.45pm and mum is hysterical. She went to school to pick the children up and they were gone. Child protection had taken their babies away ... and nobody knew this was going to happen? All those meetings, all those people and nobody knew. Where are my kids? We can’t tell you that. What have you told them? No-one will ever know..
We pose the question: does this case call for a statutory child protection system response or a response by the community and networks of this family? Most would agree that this mum and her children should be supported within their own networks and community. The reality for those working with these families, however, is that these children are perceived to be at risk of harm from parents who experience problems with mental health, substance misuse, disabilities, cultural diversity, and homelessness with some families experiencing multiple issues. Essentially they perceive most children are removed because they fit into a particular family profile of being cared for by ‘not good enough’ parents.

In Section 2 we analysed the Quantitative Data Collection Phase 1. This data collection identified that first, ATSI families are overrepresented. Second, that the majority of clients who accessed community organisations with child protection interventions were women, socio-economically disadvantaged, socially marginalised, were reliant on welfare, lived in public housing, and were not married. To have multiple support needs and access multiple services for assistance was the norm in the data collection. When combined with a history of removal in the family by a grandparent, parent or sibling, needs and service use rose considerably. All of this, then, equates to the need for good collaboration and coordination between government, community organisations, families and their supports. The qualitative data analysis allows us to consider these aspects in more detail.

Section three analysed interviews with fifteen community workers who occupied a range of positions and provided a range of services which required significant expertise to address the complexities existing in these families. Relationships between community workers, families and child protection services proved difficult and impacted on the ability of community workers to effectively work with families. Community workers perceived the child protection system as failing to provide fair process for families. They did not understand why children were removed in some cases and not in others. In their eyes, the decisions were non-transparent, and in many cases, arbitrary. Community workers identified various gaps in services to parents and other marginalised groups such as ATSI, people with disabilities and
those families from culturally diverse backgrounds. Further, the analysis examined the capacity of the community workers to provide advocacy and support to family. Community workers and the organisations they work for are clearly stretched to capacity when trying to support and advocate for families with child protection interventions. They identified 5 barriers to providing better outcomes for the families they were working with: (1) child protection services are constantly operating in crisis; (2) decision making by ACT CPS is unfair and inconsistent to the point of seeming arbitrary; (3) stigmatisation and marginalisation by ACT CPS is experienced both by families and their workers; (4) betrayal of trust and power imbalance occurs between CPS, community workers and families; and (5) the community is unable to understand the notion of child protection as ‘everybody’s business’.

One significant finding that opens up debate is that concerning the timeframes, reasonableness and fairness afforded to parents dealing with ACT CPS. This is particularly important, given the number of issues that they are dealing with, and on which they must show improvement if they are to have contact with their child, keep care of their child, or have their child restored to their care. The data collected is minimal, almost clinical, through our tick box questionnaire. Yet the description of clients communicates lives that are full of stress: economic, social, personal, and interpersonal. Added to this daily stress, is the traumatic life event of a child protection intervention to possibly remove a child, with multiple agencies teaming up to try to change a client to help avoid this outcome.

Assume for a moment that there is good will on the part of all parties. Assume that parents’ needs are real and they want to be a ‘good enough’ parent, and that parents are motivated by the desire to have their child in their care. Assume that child protection workers and service providers are dedicated to looking after the best interests of children and want the same for their clients, but have serious concerns that the current situation does not achieve this. Even under these highly empathic circumstances where everyone is genuinely concerned for the wellbeing of the other, the stress and pressure to perform must be overwhelming. Is it fair and
reasonable to expect parents to meet the standards of the child protection authority in the time allocated? How are time lines developed and how are milestones monitored and adapted to context? Surely with multiple needs and multiple pressures, hands-on live-in assistance and support over a significant period of time is a reasonable option and a certain level of responsiveness to circumstances and events is required.

The problems with ACT CPS are broad and entrenched: as evidenced by the Clark, Vardon, Murray, Phillips and Cooper reports into ACT CPS over the last 10 years. The researchers are aware of, and acknowledge the ongoing work that ACT CPS are undertaking to restructure out-of-home care service provision in the ACT, particularly the recently developed *WORKING TOGETHER FOR KIDS: A guide for parents and family members working with Care and Protection Services in the ACT* filling a much needed gap in information provision for parents. However, evidence throughout this research suggests that without examining the structures which support better ways to have relationships it will be difficult to achieve better outcomes overall.

The problem is not in the Children and Young Peoples Act (2008) which guides the way ACT CPS operates and it is not that child protection workers are seen as inherently bad. It is not in the lack of willingness and desire by everybody for better outcomes for children and their families. There are examples of positive personal relationships existing between parents and child protection workers, community workers and child protection workers; parents and carers. These are documented in research on parents in the ACT (Harris and Gosnell, 2012; Ivec et al, 2012). We also heard such accounts. Mostly, however, we heard of poor relationships and broken communication. The problem is that there is no conceptualised way to juggle the complex dynamics between all stakeholders.

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This comes back to the community workers’ ideas of the greater use of in-home support services such as those described in the interviews: the HASI and HARI programs and the creation of dedicated parent support and advocacy services, assigned to each parent to optimise the usefulness of service input and assist parents in taking responsibility for their own lives and those of their children. Cost immediately enters the discussion at this point. Who will pay? The answer lies in cost effectiveness. The empirical question is whether in-home support or dedicated advocacy and support services at the time of an initial child protection intervention prevents future costs of both an economic and social kind that come about through repeat child protection interventions, out-of-home care expenses and long-term poor outcomes for children.

We identified throughout the data collection phases two major areas which require further research. Firstly, there is clearly an historical relationship between families and care systems which have resulted in a gross distrust of child protection systems by the community. The level of families involved previously in care systems clearly indicates a transfer of disadvantage and trauma that is either not recognised, is misunderstood or is not factored into statutory interventions or service delivery. There is an urgent necessity to undertake research to explore whether there is an entrenched transfer of trauma and socio-economic disadvantage in families where generations of children have been removed.

Second, the level of stigmatisation the workers felt when advocating for parents and family members, specifically through the case conferencing process, but also much more broadly in their interactions with child protection workers was of major concern. The idea that community workers experience a ‘courtesy stigma’ or stigma by association deserves exploration. This was a very unexpected finding but was of great significance. Overwhelmingly, it was an aspect for community workers which devalued their expertise and had an enormous influence on their ability to support and advocate for their clients. As such there is an imperative to further research the way in which the child protection authorities, community workers and parents and families interact.
Conceptualising a way to have complex relationships where the power balance is more even is necessary. We accept that there will always be a difference in power, but such differences should not prevent fair process, such as ensuring parents are provided with dedicated information, support and resources. It is necessary, and indeed possible to have a more nuanced understanding of ways to balance the different dynamics in relationships between different groups: child protection workers, foster carers, kinship carers, parents and family members, and community organisations. Parents who have involvement with ACT CPS suffer true marginalisation. They have no dedicated service to assist them, and the community workers have real constraints on their ability to optimally support parents. It is little wonder there are so many children staying in care longer. Parents cannot fight for their rights in the system and have no choice but to, effectively, relinquish their right to parent.

Overall, when we examine the two phases of data collection, and we add to that the consideration that ACT CPS has been consistently found to be wanting as a ‘good parent’ to the children in its care, a new relational and restorative focus, which holds at its centre the international obligations of governments to comply with the International Covenant of the Rights of the Child is required. Parents must be supported in their role, particularly when past harm of child removal policies has been inflicted and children and families are living in the most complex of circumstances. They must be resourced to effectively parent. A relational system of governance must be found to make the best use of all the skills available within family networks, both to ensure the safety and wellbeing of children and that child protection services can deliver what is truly in ‘the best interests of the child’.
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## APPENDIX 1: MAJOR AUSTRALIAN CHILD PROTECTION INQUIRIES

<table>
<thead>
<tr>
<th>STATE</th>
<th>INQUIRY</th>
</tr>
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| **National** | Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families (Sydney: Human Rights and Equal Opportunity Commission [HREOC], 1997);  
Australian Senate Community Affairs References Committee [SCARC] Lost Innocents: Righting the Record Report on Child Migration (Canberra: Australian Senate Community Affairs References Committee, 2001);  
Australian Senate Community Affairs References Committee [SCARC] Forgotten Australians: A Report on Australians Who Experienced Institutional or Out-of-Home Care as Children (Canberra: Australian Senate Community Affairs References Committee [SCARC], 2004). |
<table>
<thead>
<tr>
<th>STATE</th>
<th>INQUIRY</th>
</tr>
</thead>
</table>
# APPENDIX 2: DATA COLLECTION FORM

## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Aboriginal/Torres Strait Islander</th>
<th>Australian</th>
<th>Culturally and Linguistically Diverse</th>
<th>Married</th>
<th>Single</th>
<th>Age:</th>
<th>No of Children:</th>
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</thead>
</table>

## Accommodation Type

<table>
<thead>
<tr>
<th>Own Home</th>
<th>Private Rental</th>
<th>Public Housing</th>
<th>Refugee/Supported Accommodation</th>
<th>Homeless</th>
<th>Other</th>
</tr>
</thead>
</table>

## Resides With

<table>
<thead>
<tr>
<th>Parents</th>
<th>Spouse</th>
<th>Children</th>
<th>Alone</th>
<th>Other Family</th>
<th>Other</th>
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</thead>
</table>

## Income

<table>
<thead>
<tr>
<th>Full Time Wage</th>
<th>Part Time Wage</th>
<th>Newstart Allowance</th>
<th>Disability Pension</th>
<th>Supporting Parent Pension</th>
<th>Austudy</th>
<th>Abstudy</th>
<th>Youth Allowance</th>
<th>No Income</th>
</tr>
</thead>
</table>

## Client Needs

<table>
<thead>
<tr>
<th>Housing</th>
<th>Life Skills</th>
<th>Centrelink/Income Support</th>
<th>Medical Treatment</th>
<th>Psychiatric Treatment</th>
<th>Counselling</th>
<th>Disability Support</th>
<th>Support with Children</th>
<th>Legal Assistance</th>
<th>Culturally Specific Services</th>
<th>Interpreter Service</th>
<th>Mental Health Support</th>
<th>Drug and Alcohol Support</th>
<th>Conflict Resolution</th>
<th>Family Violence Support</th>
<th>Advocacy</th>
</tr>
</thead>
</table>

## Referral Source

<table>
<thead>
<tr>
<th>Self</th>
<th>Health Centre/Doctor</th>
<th>Hospital</th>
<th>Family</th>
<th>Friend</th>
<th>Police/Court</th>
<th>Government Agency</th>
<th>Non-Government Organisation</th>
<th>Other</th>
</tr>
</thead>
</table>

## Child/Ren In

<table>
<thead>
<tr>
<th>Foster Care</th>
<th>Relative/Kinship Care</th>
<th>Residential Care</th>
<th>At home</th>
<th>Care in another State</th>
<th>Does child/ren have a disability?</th>
<th>Physical Intellectual Other</th>
</tr>
</thead>
</table>

## Does this Person Have a Disability?

<table>
<thead>
<tr>
<th>Physical</th>
<th>Intellectual</th>
<th>Other</th>
</tr>
</thead>
</table>

## Identified Supports

<table>
<thead>
<tr>
<th>Family</th>
<th>Friends</th>
<th>Church</th>
<th>Non-Government Organisation</th>
<th>Doctor</th>
<th>Counsellor</th>
<th>Other</th>
</tr>
</thead>
</table>

## Other Caregiver Information

<table>
<thead>
<tr>
<th>Children cared for by:</th>
<th>Grandmother</th>
<th>Grandfather</th>
<th>Aunty</th>
<th>Uncle</th>
<th>Other Relative</th>
</tr>
</thead>
</table>

## Other Agency Involvement

<table>
<thead>
<tr>
<th>Drug &amp; Alcohol Services</th>
<th>Mental Health Services</th>
<th>Child/Family Service</th>
<th>Aboriginal/Torres Strait Islander</th>
<th>Health Service</th>
<th>Other Aboriginal/Torres Strait Islander Service</th>
<th>Legal Service</th>
<th>Child Protection Services</th>
<th>Intensive Family Support</th>
<th>Family Violence Services</th>
<th>Disability Services</th>
<th>Other</th>
</tr>
</thead>
</table>

## Previous Care Experience

<table>
<thead>
<tr>
<th>Did/does this person:</th>
<th>Grow up in care</th>
<th>Spend time in care as a child</th>
<th>One or both parents in care</th>
<th>One or both Grandparents in care</th>
<th>Have Siblings in Care</th>
</tr>
</thead>
</table>

## About Your Service

<table>
<thead>
<tr>
<th>Do you provide services for:</th>
<th>Women</th>
<th>Men</th>
<th>Aboriginal/Torres Strait Islanders</th>
<th>Children</th>
<th>Multi-cultural/Migrant/Refugee</th>
<th>Drug and Alcohol</th>
<th>Domestic/Family Violence</th>
<th>Homelessness</th>
<th>Mental Health</th>
<th>Legal</th>
<th>Crisis</th>
<th>Disability</th>
<th>Other</th>
</tr>
</thead>
</table>

## Child Protection Information

<table>
<thead>
<tr>
<th>Orders:</th>
<th>No Order</th>
<th>Guardianship Order</th>
<th>Third Party Order</th>
<th>Temporary Order</th>
<th>Supervisory Order</th>
<th>Final Order</th>
<th>Enduring Parental Responsibility</th>
</tr>
</thead>
</table>

Are there previous or pending criminal proceedings relating to neglect or abuse of the concerned child/ren?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

What is the capacity of your organisation’s workers to provide clients with advocacy and support for child protection issues in addition to your primary service delivery?

<table>
<thead>
<tr>
<th>Good</th>
<th>Limited</th>
<th>Unable</th>
</tr>
</thead>
</table>

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Submission 81 - Attachment 6
Notes
Rejoinder: A Responsive Approach to Child Protection

Nathan Harris, Valerie Braithwaite and Mary Ivec

Our article was intended to question the “regulatory” assumptions, whether acknowledged or unacknowledged, that underpin the operation of current child protection systems. Approaching child protection as a form of regulation is in itself a fairly uncommon approach, and orienting the debate around the unique questions that this perspective might ask is important in its own right. We hoped to elicit new thinking about the principles that governments and other actors might want to endorse to engage in a more fundamental debate about the aims and justifications of intervening in the lives of families. In doing so, we very partially outlined elements of responsive regulation theory (Ayres & Braithwaite, 1999; Braithwaite, 2002), which has guided our own recent thinking in this area. The invitation to write a rejoinder presents an opportunity to outline some elements of what we think might be key to a responsive regulation approach. Many of the points made by other contributors to the special edition resonate with these ideas, and some of the concerns might also be addressed through providing further detail.

RESPONSIVE VERSUS FORMALISTIC APPROACHES

Ian Ayres’s and John Braithwaite’s (1992) theory of responsive regulation (see also Braithwaite, 2002) was originally developed in a very different context from child protection. It argues that authorities will be more successful in regulating behaviour if they respond in a highly flexible way to the actions of those they are trying to regulate, while prioritising the use of dialogue and persuasion to solve whatever concerns have arisen. This approach contrasts with what Ayres and Braithwaite (1992) describe as “formalistic” approaches, which determine how to respond to cases based upon the category or seriousness into which a problem falls. The theory argues that more coercive forms of intervention will sometimes be necessary but that agencies will be more effective if they employ these only after they have attempted dialogue and negotiation first.

Responsive regulation is typically implemented through a regulatory pyramid that entails gradual escalation or de-escalation of regulatory interventions in response to non-compliance or cooperation (see Figure 1). At the bottom of the pyramid are education and support and a setting of ground rules that make it clear that the child protection agency will intervene should parents be unable or unwilling to use the support available

Rejoinder
to care satisfactorily for the child. As cases move up the regulatory pyramid, interventions are directed at protecting the child through increasingly coercive means. While the bottom of the pyramid is principally about empowering families and their communities, there are increasing costs and increasing levels of coercion as cases are escalated up the pyramid. The assumption is that most families would like to solve problems that they have and so intervention at the bottom of the pyramid is all that is necessary. If not, the disincentives of increasingly coercive intervention exert pressure to move down the pyramid and behave more cooperatively. It is also hypothesised that “enabling” as opposed to “disabling” regulatory strategies will prove the most effective for both protecting and enhancing the lives of children.

**INCREASING POLICY EMPHASIS ON EARLY INTERVENTION AND DIVERSION**

The theory of responsive regulation has already received some attention in the context of child protection. A special issue of the *Journal of Sociology and Social Welfare* edited by Paul Adams (2004) contains an important collection of articles that explore the potential value of responsive regulation to social work. In the local policy context, a report commissioned by the Victorian government to guide the reform of child protection in that state also drew extensively on responsive regulation (Allan Consulting Group, 2003). As noted in Dorothy Scott’s contribution to this issue (Scott, this issue), Victoria has subsequently implemented a number of programs to expand both universal and targeted services that assist parents. They have also expanded the range of options for diverting parents from the child protection system through services provided by the non-government sector, including the diversion of Aboriginal families through family group conferencing.

Indeed, general support for earlier, diversionary and non-statutory intervention with families has grown amongst policymakers, as is evidenced by recent government and non-government initiatives. In the UK, this trend has been in evidence for some time with the *Every child matters* (Chief Secretary to the Treasury, 2003) report and now the *Reaching out: Think family report* (Social Exclusion Task Force, 2007). In Australia, we have recently seen the publication of the Australian Research Alliance for Children and Youth (ARACY) commissioned report *Inverting the pyramid: Enhancing systems for protecting children* (Allen Consulting Group, 2009) and the recent *Protecting children is everyone’s business: National framework for protecting Australia’s children 2009–2020* (Council of Australian Governments, 2009). A related, but in some respects more ambitious, idea is that child protection should be addressed through a public health model (Scott, 2006, this issue); that the wellbeing of children should be evaluated using population level statistics that show how well children in our society are doing on a range of criteria that measure underlying wellbeing; and that initiatives should focus on increasing the proportion of the population that does well on these criteria. This would represent a significant shift towards dealing with the underlying causes of problems that lead to child protection concerns.

These approaches are consistent with responsive regulation to the degree that they promote a system-wide approach in which families experiencing problems are initially funnelled towards services that assist them to solve their problems themselves or with some support but that if problems continue, there is an increasing chance of the statutory system stepping in. However, an increased emphasis on early intervention and diversion only partially describes
what we would understand as a responsive regulatory approach, which we see as providing principles for how individual cases would be managed. While we are strong supporters of a redirection of resources into programs that address the underlying causes of concerns, we see responsive regulation as most important for defining what we do when these have failed—for circumstances where active regulation is required. Even when societies provide multiple opportunities for parents and/or children to receive help, some will fail to find it, accept it or benefit from it. It is when the primary and secondary support systems have failed that formal regulation, with the potential for coercive action, becomes important to ensure the safety and wellbeing of children.

RESPONSIVENESS WITHIN THE CONTEXT OF STATUTORY INTERVENTION

This is where the regulatory pyramid assists in applying principles for how the community might intervene more effectively as it seeks to navigate the inherent tensions between caring and controlling, as well as the challenge of interweaving informal and formal support for families (Burford & Adams, 1994). The regulatory pyramid takes as its starting point the presumption that parents will work with an authority to address concerns for their children and that initial intervention should be based on negotiating what the problems are and what might solve them. Escalation up the pyramid occurs if this is unsuccessful in improving the safety or wellbeing of the children. Further escalation up the pyramid should occur if intervention at the next level also proves unsuccessful. Equally, authorities should seek to deescalate down the pyramid whenever this is possible. An important consequence is that decisions about where on the pyramid a family is regulated are made retrospectively, based on the family’s response to the concerns that have been raised, rather than made prospectively on the basis of seriousness of the concerns.

Rob Neff (2004) and Adams and Chandler (2004) have suggested that when the regulatory pyramid is applied to the child protection context, escalation up the pyramid brings about changes in how decisions are made rather than what decisions are made. At the bottom of the pyramid, the emphasis is on families and their immediate communities having the power to make decisions. At the top of the pyramid, we are removing their power to make decisions and we are placing those decisions in the hands of the court. What is decided as being the best way to promote the wellbeing of children may not differ at different levels of the pyramid. As Adams and Chandler (2004) state:

Forexample, a decision to remove a child permanently from the care of their parents, through guardianship or other mechanisms, could be an outcome arrived at even at the base of the regulatory pyramid. That is, it could be part of a plan developed by the extended family... (p. 100)

While empowering families is emphasised at the bottom, at the top, it becomes increasingly coercive because decisions are imposed on families and they have fewer opportunities to contribute to what is decided.

As is pointed out by Paul Delfabbro (this issue), it would be insufficient to develop a regulatory model that relied solely on self-regulation and goodwill because there are some families whose children are not being cared for adequately and who won’t cooperate. It is important that the community is able to intervene swiftly where the safety of children is compromised. It also needs the authority to intervene decisively to secure the ongoing wellbeing of children after it has exhausted efforts to empower parents to do so. The regulatory pyramid facilitates these requirements, but also maximises the opportunity for interventions to occur through building the capacity of parents and those close to them. One reason that this is a critical goal is that very high numbers of families are investigated each year (Australian Institute of Health and Welfare, 2009). In most cases, this involves low levels of intrusiveness, but these low levels can be perceived as highly threatening and unfair (Farmer & Owen, 1995; Baistow & Hetherington, 1998; Klease, 2008). Many of the families investigated will not require (or even be offered) intervention, yet maintaining trust and being able to facilitate support from universal or secondary services is critical. A second reason is that many families with serious and multiple problems will be willing to work with services
to solve or manage their problems, and there is no reason not to work in the most empowering, inclusive and respectful ways possible with even the most difficult cases. Experience as well as theory suggest that some individuals who are not inclined to engage with authorities do so because of the awareness that more coercive interventions might otherwise be employed (Adams & Chandler, 2004; Braithwaite, 2002; Braithwaite, Murphy & Reinhart, 2007). Finally, working through the options provided by a regulatory pyramid increases perceptions of legitimacy and procedural justice if court orders are ultimately required.

**FAMILY GROUP CONFERENCING AND COMMUNITY CAPACITY BUILDING**

Implementing responsive regulation in child protection requires significant change, not least because child protection systems have limited decision-making options available to form a regulatory pyramid. In cases where concerns are serious or families prove difficult to work with, the primary option in most English speaking child protection systems is to seek orders. One of the more important developments in child protection systems for building a more responsive approach is the family group conference (Marsh & Crow, 1998; Connelly, 1994, 2006; Pennell & Burford, 2000; Merkel-Hougouin, Nixon & Burford, 2003). These were first used in New Zealand, where they are the central decision-making process within the child protection system, but have been implemented in a much more limited and ad hoc manner in countries such as Australia (Harris, 2007, 2008) and the United Kingdom (Brown, 2003).

What is significant about family group conferences is the degree to which they empower families (Adams & Chandler, 2004; Burford & Adams, 2004; Pennell, 2004). Although decisions are made with advice from professionals and these decisions must satisfy the concerns of statutory agencies, the family and their immediate community play the central role in identifying how they can address concerns and the best way to implement solutions. This is significant because conferences are often convened where court orders would otherwise have been sought. The underlying philosophy that led to the introduction of conferencing is that nuclear families and their immediate communities, such as extended family and friends, have a right to be involved in making decisions about their children and that empowering this extended community to solve problems is more likely to result in better outcomes for children. A key reason for this is that family group conferences provide the opportunity to harness and protect the important relationships that children have with family members and extended networks, which Gale Burford and Judy Cashmore discuss in this issue as being so important to the success of interventions. Research suggests that family group conferences can be effective in both empowering families and increasing the safety of children and other family members (Marsh & Crow, 1998; Merkel-Hougouin, Nixon & Burford, 2003; Pennell & Burford, 2000; Sundell & Vinnerljung 2004; Pennell, 2006).

Conferencing, and responsive regulation more broadly, signal a shift away from an approach that relies on professionals to collect, scan and interpret information derived through investigative model and then apply the correct interventions to “clients”. The confidentiality crisis highlighted by Nigel Parton (this issue) shows how important the role of trust is for children and parents. Although both groups may need and want help, they may be wary of coming forward for fear that they will be worse off with the loss of control that occurs as a result of statutory intervention. In order to gain the trust of children and parents, it is important that they know they will be given a significant say in how to solve their problems—that things won’t simply be done against their wishes. This is all the more important when the benefits of intervention are often uncertain and, in some cases, intervention is detrimental to children, as is pointed out by Maria Harries (this issue). Conferences can be understood as regulated self-regulation in which families and their communities play the principal role in working out how to solve problems but with feedback and a degree of overview from the broader community, including professionals.

**TOWARDS A RESPONSIVE MODEL**

In this rejoinder we have briefly described the theory of responsive regulation and highlighted some
of the ways it applies to child protection practice, but are far short of describing a new model. The responsive pyramid and family group conferencing offer practical initiatives for making child protection systems more responsive. They enable much greater involvement of immediate and extended communities in making decisions and helping families overcome problems. They also provide the opportunity for much greater openness in the decisions that are made and, in doing so, enhance the quality of procedural justice. However, there are significant challenges to transforming current practices. Research shows that current investigatory practices often alienate and anger families, which undermines the potential for the kinds of engagement envisaged at the bottom of the pyramid. Mandatory reporting and risk assessment also pose difficulties for how to more successfully involve families and communities in problem resolution.

It seems to us that moving forward requires an ongoing conversation about the principles underlying child protection systems. Karen Healy’s paper in this issue warns against getting sidetracked on clarity if that means narrowing the range of functions that government “units” are accountable for. Clarity, as Healy points out, should mean engaging with complexity. A broader debate about what can be achieved and how this can best be achieved is required. Marie Connolly (this issue) illustrates such complexity through drawing attention to domestic violence cases. Here, a “child protection” approach, which is focused primarily on the child, is not necessarily the most productive. We think it is time for a more fundamental debate that acknowledges the very real limits of coercive intervention, recognises the capacities that families and communities have and identifies the most productive ways to help children.

REFERENCES


Parton, N. (this issue). How child centred are our child protection systems and how child centred do we want our child protection regulatory principles to be? Communities, Children and Families Australia.


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From the Perspective of Parents: Interviews Following a Child Protection Investigation

Preliminary Findings

Nathan Harris and Linda Gosnell

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From the Perspective of Parents: Interviews Following a Child Protection Investigation

Preliminary Findings

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1. BACKGROUND AND OVERVIEW

This report is based on interviews with 156 parents who had been investigated by a statutory child protection agency following notifications that concerned 219 children. The aim was to understand how parents perceived the investigation, how they felt about what had happened, and how they had responded to it. Parents were recruited into the study if they had experienced face-to-face contact with child protection workers because the statutory agency had deemed the risk to their children significant enough to warrant an investigation. Particular emphasis was placed on parents who had experienced this kind of investigation for the first time (as parents), so that the interviews captured the experience with a child protection authority unclouded by past incidents. Questions focused on perceptions of what child protection workers did and how they went about it, what parents thought about the report that instigated the investigation, the response of parents' social networks, feelings about being a parent, and expectations of the future. Items on the emotions of parents that require scaling and analysis in order to facilitate meaningful interpretation are not included in this preliminary report.

This study took place as one component of a Australian Research Council funded Linkage Project titled Community Capacity Building in Child Protection through Responsive Regulation. Three universities collaborated on this project: The Australian National University, the University of South Australia, and the Australian Catholic University. The Linkage partner was the ACT Community Services Directorate. The broader focus of this Linkage Project, which was addressed through a number of separate studies, is whether the theory of responsive regulation (Ayres and Braithwaite 1992; J. Braithwaite 2002) could be applied to child protection practice to address systemic problems experienced by agencies in Australia and beyond.

This study contributes to the broader project by providing an insight into the regulatory encounter from the perspective of those who are usually the object of regulation: parents. Responsive regulation assumes that individuals vary in the attitudes (postures) that they hold towards authorities (V. Braithwaite 2003) and that these postures along with their willingness and ability to respond to requests by authorities depends upon their perceptions of how authorities have treated them (Tyler 1990). The ability of child protection systems to build capacity in local communities depends upon the degree to which they are able to engender feelings of hope and empowerment within these communities (V. Braithwaite 2004). This study will use interviews with parents who have recently been subjected to a child protection intervention to understand how variations in these encounters impact upon outcomes.

2. PROJECT DESCRIPTION

2.1 Methodology

Interviews with parents or guardians were sought following investigation. Cases were identified by the ACT governments Community Services Directorate, which has responsibility for child protection. Cases in which the investigation had recently been completed, and which met selection criteria as detailed below, were identified periodically. Staff in the Directorate sent parents a letter from the research team at the Australian National University (ANU) that described the study and asked for permission for the researchers to contact them. Parents were able to contact the ANU researchers directly through a toll free number, but staff in the Directorate would also follow up the letter with a telephone call to parents approximately one week after the letter was sent.
Once in touch with parents the ANU researchers explained the study to them and sought consent to conduct an interview. If this was forthcoming arrangements were made to interview the parent at their home, in the researchers' offices, or at another location that the parent felt comfortable with.

Only one parent in each family was interviewed. In cases where parents had separated it was the parent judged as having primary custody of the children who was contacted. Otherwise, it was left to the couple to decide who would take part in the interview. It should be noted that while the respondents are often referred to as parents in this report, and that the vast majority of cases are parents, a small number of other guardians were included in the sample, including one great grandmother, one aunt, one brother and one sister.

### 2.2 Participants

The selection of parents for interviewing was based on the aim of talking with parents who had been the subject of a child protection investigation for the first time. Given the considerable range of cases that come to the attention of child protection agencies a second criteria was to only interview parents where the concerns were sufficient to warrant an investigation that involved face-to-face contact with the parents. It was important that parents were aware that they had been investigated and that they had some direct contact with child protection authorities.

An additional factor that affected sample selection was the introduction of a 'differential response' model at the same time that this study was starting. Differential response meant that the child protection agency could conduct an Assessment and Support intervention as an alternative to an Appraisal, the term used in the ACT for a full child protection investigation. Assessment and Support interventions which are used in cases where risk is assessed as lower, are not oriented towards collecting evidence in order to substantiate concerns, and are voluntary. While the decision is made at the outset of a case to instigate an Assessment and Support response through an Initial Safety Visit, it is also possible for cases to be reclassified as requiring a full investigation. It was also apparent that Assessment and Support cases could remain open for extended periods and lead to further work with the families involved. It was decided to include Assessment and Support cases, but only where the outcome of the assessment was “Further Involvement Recommended”.

The criteria for selection can be summarised as:

1. Parent/s were deemed eligible if they had experienced either a full investigation, or an 'Assessment and Support' intervention that resulted in some form of follow-up.
2. Parent/s were excluded if the agencies' records indicated that a full investigation involving the parents had previously been completed, or if a previous Assessment and Support intervention had resulted in follow-up.

Only parents who were over 18 were interviewed. There was also agreement that there were a number of specific conditions in which the Department could exclude cases. These were if the allegation concerned an unborn child, if there had been a death, or if a 'Special Appraisal' was conducted because the allegations concerned a high profile figure, a member of the Armed Services, or an employee of the Department.
2.3 Description of Sample in Terms of Social-Demographic Variables

Demographic data reveals a diverse range of backgrounds (see Table 1).

- A majority of the respondents who were interviewed were female (87%).
- The median age of respondents was 36, with the youngest being 18 and the oldest 66.
- Forty-one percent of the parents were married or living in de facto relationships but another 28 percent had never been married and 29 percent were now divorced or separated.
- Eight percent of the parents identified themselves as Aboriginal or Torres Strait Islander. Once their partners’ background were taken into account it is likely that a higher percentage of the children would have Aboriginal or Torres Strait Islander heritage.
- Educational backgrounds across the group were diverse with a year 10 certificate being the highest qualification for 27 percent of participants, while 19 percent of participants had completed tertiary education.
- Forty-seven percent were in full or part-time work, while another 38 percent were at home. Only 6 percent described themselves as unemployed. Household incomes are spread across the income ranges between $5000 (3%) to those on more than $200,000 (4%).

Table 1: Summary Description of Responses to Survey Questions

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>21</td>
<td>14%</td>
</tr>
<tr>
<td>Female</td>
<td>135</td>
<td>87%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 - 19 years</td>
<td>9</td>
<td>6%</td>
</tr>
<tr>
<td>21 - 24 years</td>
<td>18</td>
<td>12%</td>
</tr>
<tr>
<td>25 - 29 years</td>
<td>18</td>
<td>12%</td>
</tr>
<tr>
<td>30 - 34 years</td>
<td>19</td>
<td>13%</td>
</tr>
<tr>
<td>35 - 39 years</td>
<td>32</td>
<td>22%</td>
</tr>
<tr>
<td>40 - 44 years</td>
<td>32</td>
<td>22%</td>
</tr>
<tr>
<td>45 - 49 years</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td>50 - 54 years</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>55 - 59 years</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>60 + years</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Now married (Inc. de facto)</td>
<td>64</td>
<td>41%</td>
</tr>
<tr>
<td>Never married</td>
<td>43</td>
<td>28%</td>
</tr>
<tr>
<td>Widowed</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Divorced or separated</td>
<td>45</td>
<td>29%</td>
</tr>
<tr>
<td>Aboriginal or Torres Strait Islander heritage?</td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-----------</td>
<td>---------</td>
</tr>
<tr>
<td>Aboriginal or Trees Strait Islander</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td>Not Aboriginal</td>
<td>144</td>
<td>92%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of children</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>1</td>
<td>46</td>
<td>29%</td>
</tr>
<tr>
<td>2</td>
<td>44</td>
<td>28%</td>
</tr>
<tr>
<td>3</td>
<td>41</td>
<td>26%</td>
</tr>
<tr>
<td>4</td>
<td>17</td>
<td>11%</td>
</tr>
<tr>
<td>5</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>6</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highest qualification attained</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No formal schooling</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Primary school</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Junior Secondary/ Intermediate/ Form 4/ Year 10</td>
<td>42</td>
<td>27%</td>
</tr>
<tr>
<td>Senior Secondary/ Leaving/ Form 6/ Year 12</td>
<td>19</td>
<td>12%</td>
</tr>
<tr>
<td>Certificate (Level I, II, III or IV)</td>
<td>28</td>
<td>18%</td>
</tr>
<tr>
<td>Trade Certificate or Nursing Diploma</td>
<td>9</td>
<td>6%</td>
</tr>
<tr>
<td>Diploma or Advanced Diploma</td>
<td>21</td>
<td>13%</td>
</tr>
<tr>
<td>Bachelor Degree</td>
<td>19</td>
<td>12%</td>
</tr>
<tr>
<td>Graduate certificate or Graduate Diploma</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Post-Graduate Degree (Masters or PhD)</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Not applicable / Still at school</td>
<td>1</td>
<td>1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work situation during the last 6 months?</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working full-time for pay</td>
<td>50</td>
<td>32%</td>
</tr>
<tr>
<td>Working part-time for pay</td>
<td>24</td>
<td>15%</td>
</tr>
<tr>
<td>Unemployed and looking for work</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Unemployed and not looking for work</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Retired from paid work</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>A full-time school or university student</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Home duties</td>
<td>60</td>
<td>38%</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approximate household income²</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>None - $5,000</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>$10,000 - $15,000</td>
<td>23</td>
<td>15%</td>
</tr>
<tr>
<td>$20,000 - $25,000</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td>$30,000 - $35,000</td>
<td>14</td>
<td>9%</td>
</tr>
<tr>
<td>$40,000 - $45,000</td>
<td>10</td>
<td>6%</td>
</tr>
<tr>
<td>$50,000 - $60,000</td>
<td>20</td>
<td>13%</td>
</tr>
<tr>
<td>$70,000 - $80,000</td>
<td>8</td>
<td>5%</td>
</tr>
<tr>
<td>$90,000 - $100,000</td>
<td>19</td>
<td>12%</td>
</tr>
<tr>
<td>$150,000 - $200,000</td>
<td>11</td>
<td>7%</td>
</tr>
<tr>
<td>More than $200,000</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>27</td>
<td>17%</td>
</tr>
</tbody>
</table>

1. In seven cases participants did not provide their age. 2. In one case a participant did not respond to the income question.
While it is clear that participants come from a range of social-economic backgrounds and that some households have high incomes, a closer look at the estimated income data also suggests high levels of relative poverty. This can be illustrated by estimating the number of parents who are below the poverty line. It is important to note that this is only an estimate because poverty lines are based on a number of assumptions and have their own limitations (Saunders 1995). An estimate of the relative poverty line for each family was based on the September Quarter of 2010 update of the Henderson Poverty Line published by the Melbourne Institute of Applied Economic and Social Research (2010), which takes into account whether the household consists of a single parent or a couple and how many children are in that household. Of the 127 participants who provided an estimate of their household income, 42, or 33% of those who provided an income estimate, were below the relative poverty line. Table 2 shows that the households most likely to be living below this relative poverty line are those that are headed by a single adult with more than one child.

Table 2: Number of Household Below the Henderson Poverty Line by Marital Status and Number of Children*

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Couple or Single Parent household</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Couple (n = 53)</td>
</tr>
<tr>
<td></td>
<td>Below Relative Poverty Line</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>0</td>
</tr>
</tbody>
</table>

* These numbers are estimates based on the updated Henderson Poverty Line for the September Quarter of 2010 (Melbourne Institute of Applied Economic and Social Research 2010). These estimates excluded housing costs but assume the head of the household is in the workforce. Estimates for families with more than 4 children were calculated, with assistance from the Melbourne Institute of Applied Economic and Social Research, using the implicit equivalence scale.

2.4 Description of Sample in Terms of Characteristics of the Cases as Extracted from the Qualitative Data.

Interviews with participants included both quantitative and qualitative questions. Within the qualitative component of the interviews most participants talked about the circumstances surrounding the report that were not asked about in the quantitative items. For this report the qualitative data have been coded to provide insight into the nature of the cases that were included in the sample.
2.4.1 Abuse and Neglect Categories

From participants’ perceptions of the concerns expressed by child protection workers each case was categorised by the researchers according to the standard abuse and neglect categories: physical abuse, sexual abuse, emotional abuse and neglect. Table 3 shows that the largest number of investigations in the sample concerned allegations of neglect, followed in decreasing order by physical abuse, sexual abuse and emotional abuse. If these proportions are compared to the numbers of substantiated concerns reported for the ACT in 2009-10 (Australian Institute of Health and Welfare 2011) it suggests that this sample includes an over-representation of cases involving physical (25% compared to 14%) and sexual (12.8% compared to 6.5%) abuse and a much lower percentage of emotional abuse (9.6% compared to 45%) compared to the population of cases in which abuse or neglect is substantiated. The percentage cases categorised as neglect in this study was 45.5 (compared to 34.4%).

It is important to note that the figures from Australian Institute of Health and Welfare are not directly comparable to the numbers in this study, which includes cases that weren’t substantiated but also excluded those cases where it was known that the family had already been investigated (see section 2.2).

In 10 of the cases it was not possible to classify the case because the parent did not divulge the alleged abuse of the investigation.

Table 3: Abuse and Neglect Categories

<table>
<thead>
<tr>
<th>Abuse Types</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>39</td>
<td>25.0%</td>
</tr>
<tr>
<td>Sexual</td>
<td>20</td>
<td>12.8%</td>
</tr>
<tr>
<td>Emotional</td>
<td>15</td>
<td>9.6%</td>
</tr>
<tr>
<td>Neglect</td>
<td>71</td>
<td>45.5%</td>
</tr>
<tr>
<td>Unknown</td>
<td>10</td>
<td>6.4%</td>
</tr>
</tbody>
</table>

2.4.2 Types of Cases

Beyond the categories of abuse and neglect, it becomes clear that the characteristics of cases also differed depending upon the underlying reason for the investigation. In the majority of cases the investigation was instigated by an allegation of abuse by the parent who had primary custody of the child, and in another eight percent of cases the alleged abuse was by someone else, sometimes the child's other parent. However, in almost 20 percent of cases the underlying concerns seemed to be the behaviour of the child. Often these cases involved teenagers.

Finally, there were smaller groupings where the initial reason for investigation appeared to be that a parent was struggling to cope and needed assistance, where assistance was sought by a parent, or where child protection had some other reason to monitor the situation.

Table 4: Types of Cases

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alleged Abuse by parent or partner</td>
<td>102</td>
<td>65.4%</td>
</tr>
<tr>
<td>Alleged Abuse by other party</td>
<td>13</td>
<td>8.3%</td>
</tr>
<tr>
<td>Behaviour of child</td>
<td>30</td>
<td>19.2%</td>
</tr>
<tr>
<td>Non-Coping Parent</td>
<td>5</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

1 Table 2.7 on page 26.
FROM THE PERSPECTIVE OF PARENTS: INTERVIEWS FOLLOWING A CHILD PROTECTION INVESTIGATION

<table>
<thead>
<tr>
<th>Assistance sought by parent</th>
<th>4</th>
<th>2.6%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring of situation</td>
<td>2</td>
<td>1.3%</td>
</tr>
</tbody>
</table>
2.4.3 Ages of the Children

Based on the qualitative data it was possible to identify the ages of children in the cases investigated. The figure derived from this method may not match official data because a judgement was required about which children in each household were the subjects of an investigation. In some cases, particularly of physical or sexual assault, allegations would only concern one of the children in the family. Table 5 shows the number of families in which children of each age group were investigated. Twenty-six of the investigations concerned allegations of abuse or neglect in which babies were concerned, 89 in which children were concerned and 64 in which teenagers were concerned.

Table 5: Prevalence of Age Groups that were Investigated

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of investigations that concerned babies (&lt; 1 yr old)</td>
<td>26</td>
</tr>
<tr>
<td>Number of investigations that concerned children (2-12)</td>
<td>89</td>
</tr>
<tr>
<td>Number of investigations that concerned teenagers (13-17)</td>
<td>64</td>
</tr>
</tbody>
</table>

2.4.3 Interviewees

Interviews were conducted following a letter sent to parents by the statutory agency. In those cases where both parents lived together interviews were conducted with whichever parent was available. In some cases both parents were present and contributed to the discussion but only one parent in each case completed the quantitative questions. In cases where parents lived separately the letter was sent to the parent who was deemed by the statutory agency as having primary guardianship. The vast majority of interviewees were mothers, with approximately 11 percent of the interviews with fathers, and in a small number of cases interviews were conducted with other relatives who the children were living with.

Table 6: Who was interviewed

<table>
<thead>
<tr>
<th>Interviewees</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>135</td>
<td>86.5%</td>
</tr>
<tr>
<td>Father</td>
<td>17</td>
<td>10.9%</td>
</tr>
<tr>
<td>Great grandmother</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Aunt</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Brother</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Sister</td>
<td>1</td>
<td>0.6%</td>
</tr>
</tbody>
</table>
3. HEADLINE RESULTS

3.1 The Investigation

3.1.1 Perceptions of what Happens in Investigations

Participants were read statements that represented various things that might have occurred in the initial meeting with child protection workers. Participants were asked to indicate to what degree they felt that they occurred by choosing one of five response categories on a scale that went from 'Not at all' to 'Very Much'.

The questions in this section might be summarised as exploring a number of themes. One is the degree to which child protection workers involved parents in identifying any problems they were encountering as well as solutions to these problems. There were a range of responses on these items, but the frequencies show that a majority of parents felt that this didn't happen at all or at most only moderately.

A second group of questions show that in these early meetings few parents had access to services organised for them, that even fewer felt pressured to access a service (though a significant minority clearly did), and that in most cases workers did not check if they had accessed services.

Parents were split in terms of how investigative they found the process. This was evident in the spread of responses to questions asking about what the degree child protection workers had investigated their children's lives, whether they carefully recorded what was said, and whether workers were focused on finding out whether the allegations were true or not. The majority of parents reported that workers didn't challenge the way they looked after their children or become confrontational (though again, a significant minority felt that they had). It was apparent that parents were fairly even in the degree to which they felt that the process was focused on providing help or being focused on investigation.

### Table 7: What Does Child Protection do From the Perspective of Parents

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what degree did the child protection worker(s) involve you in deciding what would be the best approach they could take?</td>
<td>29%</td>
<td>21%</td>
<td>15%</td>
<td>21%</td>
<td>13%</td>
</tr>
<tr>
<td>To what degree did the child protection worker(s) ask you about what things worked well in your family?</td>
<td>40%</td>
<td>22%</td>
<td>17%</td>
<td>13%</td>
<td>8%</td>
</tr>
<tr>
<td>To what degree did the child protection worker(s) ask you about people, such as friends, family, the family doctors, or other people, who might support you?</td>
<td>26%</td>
<td>17%</td>
<td>23%</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>To what degree did the child protection worker(s) support you by talking with you about any problems you were experiencing?</td>
<td>17%</td>
<td>30%</td>
<td>16%</td>
<td>21%</td>
<td>16%</td>
</tr>
<tr>
<td>To what degree did the child protection worker(s) seek your opinion on what they could do to help you?</td>
<td>28%</td>
<td>17%</td>
<td>29%</td>
<td>13%</td>
<td>14%</td>
</tr>
</tbody>
</table>
To what degree did the child protection worker(s) organise for you to access services or programs that would be helpful to you?  

<table>
<thead>
<tr>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>42%</td>
<td>26%</td>
<td>12%</td>
<td>13%</td>
<td>8%</td>
</tr>
</tbody>
</table>

To what degree did the child protection worker(s) put pressure on you to access a service or assessment that you didn’t want to attend?  

<table>
<thead>
<tr>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>72%</td>
<td>6%</td>
<td>5%</td>
<td>8%</td>
<td>9%</td>
</tr>
</tbody>
</table>

To what degree did the child protection worker(s) follow up and check that you had accessed services?  

<table>
<thead>
<tr>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>66%</td>
<td>13%</td>
<td>7%</td>
<td>8%</td>
<td>6%</td>
</tr>
</tbody>
</table>

To what degree did the child protection worker(s) try to find out whether the report that had been made was true?  

<table>
<thead>
<tr>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%</td>
<td>16%</td>
<td>19%</td>
<td>18%</td>
<td>17%</td>
</tr>
</tbody>
</table>

To what degree did the child protection worker(s) investigate your child’s/children’s lives - for example, by asking lots of questions, wanting to see the children, see where you lived?  

<table>
<thead>
<tr>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>12%</td>
<td>20%</td>
<td>24%</td>
<td>21%</td>
<td>24%</td>
</tr>
</tbody>
</table>

To what degree did the child protection worker(s) carefully record what was said?  

<table>
<thead>
<tr>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>21%</td>
<td>14%</td>
<td>22%</td>
<td>24%</td>
<td>18%</td>
</tr>
</tbody>
</table>

To what degree did the child protection worker(s) challenge you about how you were looking after your child/children?  

<table>
<thead>
<tr>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>51%</td>
<td>13%</td>
<td>11%</td>
<td>14%</td>
<td>11%</td>
</tr>
</tbody>
</table>

To what degree did the child protection worker(s) become confrontational?  

<table>
<thead>
<tr>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>65%</td>
<td>10%</td>
<td>8%</td>
<td>8%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Do you think that child protection services were focused on helping?  

<table>
<thead>
<tr>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>15%</td>
<td>12%</td>
<td>31%</td>
<td>17%</td>
<td>26%</td>
</tr>
</tbody>
</table>

Do you think that child protection services were focused on investigating?  

<table>
<thead>
<tr>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>16%</td>
<td>14%</td>
<td>20%</td>
<td>23%</td>
<td>27%</td>
</tr>
</tbody>
</table>

### 3.1.2 Procedural Justice

The majority of participants felt that child protection workers were respectful; that they clearly explained what they were doing, what the concerns were and what they wanted parents to do; gave parents a chance to explain things from their perspective and weren't biased. However, it is also apparent that on each of these issues between 19 and 32 percent of parents didn't agree with the majority (choosing responses on the negative side of the scales).

The areas in which child protection was perceived by more parents as less fair was in the degree to which parents had control over the way the issues were handled and whether they would be able to have a mistake corrected if one was made by child protection workers.

Parents were fairly evenly split in the degree to which they felt that child protection workers had done what they said they would do, with 44% on the side of the scale indicating they thought that workers had and 43% on the side of the scale indicating that they hadn't.

### Table 8: Perceptions of Procedural Justice

<table>
<thead>
<tr>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you feel that the child protection workers were respectful towards you?</td>
<td>13%</td>
<td>6%</td>
<td>18%</td>
<td>24%</td>
</tr>
<tr>
<td>Did you feel that the child protection worker explained what they were doing clearly to you?</td>
<td>12%</td>
<td>17%</td>
<td>21%</td>
<td>18%</td>
</tr>
</tbody>
</table>
3.1.3 Reintegration

On most of the items measuring reintegration it was clear that a majority of participants felt that they were respected, that workers were accepting of them as a parent, did not make them feel as though they were someone who wouldn't look after their children properly, that they were critical or judgmental of them or that they didn't love their children. The area in which parent felt least reintegrated was on whether they might be judged forever and whether they would be allowed to put the allegations behind them.

As in previous sections there is a significant minority who have the opposite view to the majority of respondents. Between 23 and 46 percent of parents' responses across these items were on the side of the scale that indicated that they felt stigmatised by the process.

Table 9: Perceptions of Reintegration

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you feel that the child protection worker(s) had respect for you as a parent?</td>
<td>16%</td>
<td>11%</td>
<td>22%</td>
<td>22%</td>
<td>29%</td>
</tr>
<tr>
<td>Did you feel that the child protection workers thought of you as someone who wasn't going to look after your children properly?</td>
<td>51%</td>
<td>16%</td>
<td>10%</td>
<td>9%</td>
<td>14%</td>
</tr>
<tr>
<td>Did you feel that you were going to be judged forever because of the report?</td>
<td>29%</td>
<td>16%</td>
<td>9%</td>
<td>13%</td>
<td>33%</td>
</tr>
<tr>
<td>Did you feel that the child protection worker(s) was accepting of you as a parent?</td>
<td>15%</td>
<td>10%</td>
<td>22%</td>
<td>25%</td>
<td>28%</td>
</tr>
<tr>
<td>Did you feel that you would be allowed to put the allegations behind you once they had made sure your child/children was safe?</td>
<td>28%</td>
<td>15%</td>
<td>15%</td>
<td>20%</td>
<td>23%</td>
</tr>
<tr>
<td>Did you sense that the child protection worker(s) was critical or judgmental of you?</td>
<td>51%</td>
<td>13%</td>
<td>9%</td>
<td>10%</td>
<td>17%</td>
</tr>
<tr>
<td>Did you feel that you were treated as though you didn't love your child/children?</td>
<td>60%</td>
<td>9%</td>
<td>8%</td>
<td>7%</td>
<td>15%</td>
</tr>
</tbody>
</table>
3.1.4 Relationship between Parents and Workers

Parents were asked how many different child protection workers had been their “primary” worker. Sixty-three percent of parents reported having just one primary worker, while the remaining 37 percent had two or more.

Parents were then asked to identify the first of these workers who had played a substantial role in their case, and were asked about their relationship with that worker. A majority of parents felt that the child protection worker had been professional and nearly as many felt that the worker had treated their child appropriately. While less parents reported that they personally liked their worker, it remained the case that a majority did.

Table 10: Parents’ Perceptions of their Child Protection Worker

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you feel that this worker(s) was professional?</td>
<td>7%</td>
<td>5%</td>
<td>14%</td>
<td>23%</td>
<td>51%</td>
</tr>
<tr>
<td>Did you personally like this worker?</td>
<td>16%</td>
<td>10%</td>
<td>18%</td>
<td>27%</td>
<td>29%</td>
</tr>
<tr>
<td>Did you feel that this worker treated your child/children appropriately?</td>
<td>6%</td>
<td>10%</td>
<td>16%</td>
<td>23%</td>
<td>45%</td>
</tr>
</tbody>
</table>

3.1.5 Parents’ Postures towards the Child Protection Agency

Parents’ relationship with the child protection agency was measured through a number of questions that explored postures towards the agency. A very clear split between respondents is apparent on items that measure attitudes that child protection does a worthwhile job, that parents need to go along with whatever child protection services want, and feeling that child protection has the wrong approach. On each of these items a significant percentage of participants chose not at all while a similar proportion chose very much.

In contrast, only a minority of parents were inclined to dismiss what child protection thought and only two percent of parents said that they would try to manipulate child protection into doing what they wanted them to do.

Table 11: Parents’ Postures towards the Child Protection Agency

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel positive towards child protection services because you think they do a worthwhile job?</td>
<td>23%</td>
<td>8%</td>
<td>31%</td>
<td>14%</td>
<td>25%</td>
</tr>
<tr>
<td>Do you feel that you need to go along with whatever child protection services want?</td>
<td>31%</td>
<td>12%</td>
<td>17%</td>
<td>15%</td>
<td>25%</td>
</tr>
<tr>
<td>Do you feel that child protection services have the wrong approach?</td>
<td>25%</td>
<td>21%</td>
<td>21%</td>
<td>9%</td>
<td>23%</td>
</tr>
<tr>
<td>Are you inclined to say that you do not care what child protection services think?</td>
<td>64%</td>
<td>13%</td>
<td>11%</td>
<td>3%</td>
<td>9%</td>
</tr>
<tr>
<td>Do you try to manipulate child protection into doing what you want them to do?</td>
<td>91%</td>
<td>6%</td>
<td>1%</td>
<td>0%</td>
<td>2%</td>
</tr>
</tbody>
</table>
3.1.6 Intentions to Comply with Child Protections Directions

While parents expressed a number of different postures towards intervention by the child protection agency, the vast majority of parents indicated to researchers that they intended to do what child protection workers asked of them. Only three percent, or 5 out of 156 parents, suggested that they wouldn't comply at all. Fifty-seven percent of parents indicated that they would comply very much and the top three categories comprise 96 percent of all participants. This suggests that very few parents don't intend to do what child protection requests of them.

Table 12: Intentions to Comply

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultimately, will you do what child protection have asked you to do?</td>
<td>3%</td>
<td>1%</td>
<td>16%</td>
<td>23%</td>
<td>57%</td>
</tr>
</tbody>
</table>

3.1.7 Initial Reactions to the Investigation

The initial response of many parents to investigation was to feel intimidated by the process, to feel powerless and to be fearful of what child protection might do. However, these feelings were not universal, with 21-22% of parents reporting that they didn't experience these feelings at all. Relatively low levels of feelings of trust accompanied this initial encounter for many parents, but the vast majority said that they sought to cooperate with the child protection as much as they could.

Table 13: Initial Reactions to the Investigation

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you feel intimidated by the process?</td>
<td>22%</td>
<td>19%</td>
<td>12%</td>
<td>13%</td>
<td>33%</td>
</tr>
<tr>
<td>Did you feel powerless?</td>
<td>21%</td>
<td>17%</td>
<td>10%</td>
<td>13%</td>
<td>40%</td>
</tr>
<tr>
<td>Were you fearful of what child protection might do?</td>
<td>22%</td>
<td>10%</td>
<td>8%</td>
<td>10%</td>
<td>50%</td>
</tr>
<tr>
<td>When child protection first came to see you, did you feel that you could place your trust in them?</td>
<td>39%</td>
<td>17%</td>
<td>17%</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>When child protection first came to see you, did you cooperate with them as much as you could?</td>
<td>2%</td>
<td>3%</td>
<td>5%</td>
<td>13%</td>
<td>77%</td>
</tr>
</tbody>
</table>
3.2 The Notification and Alleged Abuse or Neglect

3.2.1 Knowledge about the Notification

As might have been expected the majority of notifications were made by someone other than the parent. Nevertheless it is significant that in 14 percent of cases it is the parent or someone on their behalf that makes the notification in order to seek assistance.

Despite the fact most reports were made by someone else, and that there are strong confidentiality provisions around reporting, 83 percent of parents said that they knew who made the report.

Table 14: The Notification

<table>
<thead>
<tr>
<th>Did you make the report to child protection yourself, or did someone make it on your behalf?</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you make the report to child protection yourself, or did someone make it on your behalf?</td>
<td>86%</td>
<td>14%</td>
</tr>
<tr>
<td>Do you know who made the report?</td>
<td>17%</td>
<td>83%</td>
</tr>
</tbody>
</table>

3.2.2 Feelings about the Notification

Parents' reactions show a significant division in how positive participants felt about the notification. A large proportion of the respondents clustered at either end of the scale. This is particularly evident in parents' responses to whether it was right for the report to have been made and whether parents would accept support from the reporter.

Table 15: Feelings about the Notification

<table>
<thead>
<tr>
<th>Do you think that reporting their concerns to the child protection services was the right thing for them to do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
</tr>
<tr>
<td>29%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you feel angry towards the person who made the report?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
</tr>
<tr>
<td>55%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If it was offered, would you accept support from the person who made the report?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
</tr>
<tr>
<td>29%</td>
</tr>
</tbody>
</table>

3.2.3 Knowledge about the Investigation and its Outcome

Use of a 'differential response' model by the statutory agency, in which child protection workers can use one of two procedures to investigate a case based on an initial assessments of risk, means that participants could have received either an Appraisal (a formal investigation) or Assessment and Support. However, when participants were asked whether they had received a formal Appraisal 66 percent did not know. While a lack of familiarity with these term may have affected the response of participants, it was clear in our interviews that many participants were not clear about the procedures.
Table 16: Knowledge about the Investigation

<table>
<thead>
<tr>
<th>Did they conduct a formal appraisal?</th>
<th>No</th>
<th>Yes</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13%</td>
<td>21%</td>
<td>66%</td>
</tr>
</tbody>
</table>

When parents were asked if child protection had informed them whether it had been decided that their child was at risk of harm 13 percent said that child protection had informed them that their child was at risk, while 46 percent said that child protection had decided there was no risk of harm. Forty-one percent said that they hadn't been told anything. This may have been because these parents had received Assessment and Support rather than a full investigation, but this was not clear to participants.

Table 17: Knowledge about the Decision

<table>
<thead>
<tr>
<th>Have child protection informed you whether they decided that:</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) your child/children was/were at risk of harm...............</td>
<td>18</td>
<td>13%</td>
</tr>
<tr>
<td>b) your child/children was/were not at risk of harm...........</td>
<td>62</td>
<td>46%</td>
</tr>
<tr>
<td>c) didn't tell you anything......................................</td>
<td>56</td>
<td>41%</td>
</tr>
</tbody>
</table>

3.2.4 Acceptance that there is a Problem

The 18 parents who indicated that they had been informed that their child was at risk were asked if they accepted this judgement. The majority agreed with child protection agency's assessment, with only two parents indicating 'not at all'.

It was important to understand whether parents in the study accepted that there was some basis for concern about their children. All parents in the sample were asked whether there had been some instances where the situation was not ideal for their children. The response to this question illustrates the strong differences in the views of parents. Thirty percent of the parents agreed 'very much', while another 40 percent agreed to some extent. However, it was also clear that 30 percent of the sample didn't think there had been any situations in which there was cause for concern.

Table 18: Acceptance of the Decision or the Existence of a Problem

<table>
<thead>
<tr>
<th>Do you accept child protection's opinion that there was a problem?</th>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11%</td>
<td>6%</td>
<td>17%</td>
<td>6%</td>
<td>61%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Forgetting about what child protection decided, do you think there have been some instances where the situation was not ideal for your children?</th>
<th>30%</th>
<th>12%</th>
<th>15%</th>
<th>13%</th>
<th>30%</th>
</tr>
</thead>
</table>

1. 18 parents responded to this question because only 18 had been informed that their child was at risk.

The questions in Sections 3.2.5 and 3.2.6 were answered by the 127 participants who accepted, at least to some degree, the child protection agency's assessment that their children were at risk or believed that there had been some instances where the situation was not ideal for their children.
3.2.5 Perceptions of Responsibility

A majority of parents felt that the incident or situation that child protection had investigated could have had a negative impact on their children, and rejected the suggestion that the situation was excusable. While accepting the seriousness of the situation most parents felt that it occurred due to factors that were beyond their control, that they weren't responsible for the situation, that the incident or situation had been a mistake rather than intentional, and that the situation was not typical of their parenting. On each of these scales there was a range of responses, but much greater differences in parents' perceptions occurred on questions of whether others were responsible, whether the child protection agency was a bigger problem than the situation itself, and whether the situation had been a mistake or intentional.

Table 19: Perceptions of Responsibility for the Incident/Situation*

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>The incident/situation could have had a negative impact on my child?</td>
<td>9%</td>
<td>7%</td>
<td>12%</td>
<td>26%</td>
<td>46%</td>
</tr>
<tr>
<td>The incident/situation was excusable because of circumstances at the time?</td>
<td>42%</td>
<td>13%</td>
<td>17%</td>
<td>12%</td>
<td>16%</td>
</tr>
<tr>
<td>The incident/situation occurred because of factors that were beyond my control?</td>
<td>6%</td>
<td>8%</td>
<td>11%</td>
<td>22%</td>
<td>52%</td>
</tr>
<tr>
<td>I feel that I was responsible for the incident/situation occurring?</td>
<td>40%</td>
<td>11%</td>
<td>17%</td>
<td>15%</td>
<td>17%</td>
</tr>
<tr>
<td>I feel that someone else was responsible for the incident/situation occurring?</td>
<td>33%</td>
<td>6%</td>
<td>13%</td>
<td>18%</td>
<td>31%</td>
</tr>
<tr>
<td>The incident/situation was a mistake, rather than intentional?</td>
<td>25%</td>
<td>7%</td>
<td>15%</td>
<td>15%</td>
<td>39%</td>
</tr>
<tr>
<td>The incident/situation isn't typical of the way I parent?</td>
<td>11%</td>
<td>5%</td>
<td>5%</td>
<td>10%</td>
<td>69%</td>
</tr>
<tr>
<td>Child protection were a bigger problem than the incident/situation that they were concerned about?</td>
<td>41%</td>
<td>9%</td>
<td>12%</td>
<td>10%</td>
<td>29%</td>
</tr>
</tbody>
</table>

* Answered by 127 respondents.

3.2.6 Contributing Circumstances

When asked about circumstances that had contributed to the situation or incident that hadn't been ideal for their children, parents identified 'stress or other mental health problems' in more than half of the cases. Relationship problems or domestic violence were next highest, with 40% of participants selecting the top 2 categories, but many parents also reported health problems (28%), financial difficulties (22%), and housing (20%). Drug or alcohol problems were the least highly selected (17%).

When the contributing circumstances that were of greatest significance for each respondent were combined, nearly sixty percent of the parents indicated that either financial problems, health problems, mental health issues, relationship problems, alcohol or drugs problems, or housing had contributed 'very much' to the problems their children had encountered. Only nine percent of parents didn't think that any of these factors had contributed towards the situation or incident.
### Table 20: Circumstances that contributed towards the Incident/Situation

<table>
<thead>
<tr>
<th>Situation</th>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did financial problems contribute to the situation or incident</td>
<td>61%</td>
<td>6</td>
<td>12</td>
<td>5</td>
<td>17%</td>
</tr>
<tr>
<td>Did health problems contribute to the situation or incident</td>
<td>64%</td>
<td>5</td>
<td>3</td>
<td>8</td>
<td>20%</td>
</tr>
<tr>
<td>Did stress or other mental health problems contribute to the situation</td>
<td>20%</td>
<td>5</td>
<td>14</td>
<td>24</td>
<td>38%</td>
</tr>
<tr>
<td>Did relationship problems or domestic violence contribute to the situation</td>
<td>45%</td>
<td>7</td>
<td>8</td>
<td>13</td>
<td>27%</td>
</tr>
<tr>
<td>Did dependency on alcohol or drugs contribute to the situation</td>
<td>72%</td>
<td>6</td>
<td>6</td>
<td>4</td>
<td>13%</td>
</tr>
<tr>
<td>Did housing contribute to the situation</td>
<td>69%</td>
<td>6</td>
<td>6</td>
<td>2</td>
<td>18%</td>
</tr>
</tbody>
</table>

**Greatest contributing circumstance for each participant**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>9%</td>
<td>6</td>
<td>10</td>
<td>16</td>
<td>59%</td>
</tr>
</tbody>
</table>

*Answered by 127 respondents.*
3.3 Knowledge and Reactions of Social Networks

3.3.1 Others’ Knowledge of the Report

Ninety-five percent of participants reported that others knew about the child protection notification. When parents were asked to identify the groups of people who knew, it was evident that in a majority of cases knowledge of the report was widespread in parents’ social circles. Immediate family knew most often, followed by friends, then schools or child care services. Health professionals were often also aware, as were extended family. Neighbours and acquaintances were the least likely to know, though just over one quarter knew about the report.

Table 21: Did Others Know about the Report

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do any other people, such as your family, friends, mothers groups, school teachers, etc, know about the child protection report?</td>
<td>5%</td>
<td>95%</td>
</tr>
</tbody>
</table>

If so,

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did immediate family (parents, siblings) know about the report?</td>
<td>7%</td>
<td>93%</td>
</tr>
<tr>
<td>Did extended family know about the report?</td>
<td>44%</td>
<td>56%</td>
</tr>
<tr>
<td>Did friends know about the report?</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>Did school/day care/other child services know about the report?</td>
<td>25%</td>
<td>75%</td>
</tr>
<tr>
<td>Did neighbours or acquaintances know about the report?</td>
<td>73%</td>
<td>27%</td>
</tr>
<tr>
<td>Did health professionals know about the report?</td>
<td>37%</td>
<td>63%</td>
</tr>
</tbody>
</table>

3.3.2 Others’ Perceptions of the Report

When asked about others’ reactions to the report parents' answers mirrored the divergent responses they gave when asked about their own reactions. In every category, responses tended to cluster at either end of the scale. A significant proportion of parents felt that others didn't think there was a problem at all, while another significant proportion of parents reported that others did think there was a problem. There were not large differences in the pattern of responses across the different social groups. However, immediate family were perceived as most likely to think that there was a problem that needed to be addressed, while extended family were perceived as the least likely to think there was a problem.

Table 22: Did Others Perceive that there was a Problem

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did immediate family (parents, siblings) think there was a problem that needed to be addressed?</td>
<td>43%</td>
<td>5%</td>
<td>13%</td>
<td>9%</td>
<td>29%</td>
</tr>
<tr>
<td>Did extended family think there was a problem that needed to be addressed?</td>
<td>54%</td>
<td>4%</td>
<td>10%</td>
<td>12%</td>
<td>20%</td>
</tr>
<tr>
<td>Did friends think there was a problem that needed to be addressed?</td>
<td>46%</td>
<td>8%</td>
<td>8%</td>
<td>12%</td>
<td>25%</td>
</tr>
</tbody>
</table>
FROM THE PERSPECTIVE OF PARENTS: INTERVIEWS FOLLOWING A CHILD PROTECTION INVESTIGATION

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did school/day care/other child services think there was a problem that</td>
<td>31%</td>
<td>12%</td>
<td>18%</td>
<td>15%</td>
<td>24%</td>
</tr>
<tr>
<td>needed to be addressed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did neighbours or acquaintances think there was a problem that</td>
<td>50%</td>
<td>8%</td>
<td>8%</td>
<td>8%</td>
<td>25%</td>
</tr>
<tr>
<td>needed to be addressed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did health professionals think there was a problem that needed to be</td>
<td>38%</td>
<td>6%</td>
<td>18%</td>
<td>11%</td>
<td>27%</td>
</tr>
<tr>
<td>addressed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.3.3 Disapproval of the Parent by Others

Parents were asked whether each of the groups would be disapproving of them because of the concerns. Overall, the perception of disapproval was extremely low. Immediate family were amongst the most disapproving, but even then only four percent of parents thought their immediate family was very disapproving, and 87 percent responded that their immediate family weren't disapproving at all. Of all the groups, schools or other childcare facilities were perceived as the most disapproving. Twenty-three percent of parents perceived that schools had been disapproving of them to some degree.

Compared to the low levels of disapproval amongst immediate social networks, parents felt that there would be much greater disapproval by society in general. Thirty-nine percent of parents responded with 'very much' or the category just below that, and only 33 percent thought that society would not be disapproving at all.

Table 23: Were Others Disapproving

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were immediate family (parents, siblings) disapproving of you because of</td>
<td>87%</td>
<td>6%</td>
<td>1%</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>the child protection concerns?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were extended family disapproving of you because of the child protection</td>
<td>84%</td>
<td>5%</td>
<td>6%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>concerns?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were friends disapproving of you because of the child protection</td>
<td>89%</td>
<td>9%</td>
<td>2%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>concerns?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were school/day care/other child services disapproving of you because of</td>
<td>76%</td>
<td>13%</td>
<td>2%</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>the child protection concerns?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were neighbours or acquaintances disapproving of you because of the</td>
<td>89%</td>
<td>0%</td>
<td>3%</td>
<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td>child protection concerns?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were health professionals disapproving of you because of the child</td>
<td>89%</td>
<td>6%</td>
<td>5%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>protection concerns?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you think that society in general would be disapproving?</td>
<td>33%</td>
<td>9%</td>
<td>19%</td>
<td>17%</td>
<td>22%</td>
</tr>
</tbody>
</table>
3.4 Outcomes

3.4.1 Parents' Feelings about the Effects of the Investigation

The majority of parents were sceptical about the benefits of investigation, though a significant minority felt that it had a positive impact. More than fifty percent said that intervention hadn't helped them or their child at all. The remaining parents felt that intervention had helped them to varying degrees with only 12 percent feeling that it had helped their children very much. Fewer parents felt that the intervention had a positive impact on their relationship with their child(ren), with 65 percent saying it had no positive affect at all. Forty-four percent of parents felt that the experience had made them less trusting of child protection, 29 percent reported that it had made them more trusting, while 28 percent selected the mid point of the scale, suggesting that the amount of trust hadn't changed.

Table 24: Response to the Process

<table>
<thead>
<tr>
<th>(bottom 2 categories)</th>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you think that child protection services have helped your child/children?</td>
<td>54%</td>
<td>11%</td>
<td>12%</td>
<td>11%</td>
<td>12%</td>
</tr>
<tr>
<td>Do you think that child protection services have helped you?</td>
<td>51%</td>
<td>12%</td>
<td>13%</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>Has action by child protection services improved your relationship with your child/children?</td>
<td>65%</td>
<td>10%</td>
<td>10%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Ultimately, will you do what child protection have asked you to do?</td>
<td>3%</td>
<td>1%</td>
<td>16%</td>
<td>23%</td>
<td>57%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(top 2 categories)</th>
<th>Less trust</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>More trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a result of your experience do you have less trust or more trust in child protection services?</td>
<td>30%</td>
<td>14%</td>
<td>28%</td>
<td>11%</td>
<td>18%</td>
</tr>
</tbody>
</table>

3.4.2 Feelings about the Future

Parents were generally optimistic about the future, with 75-80 percent feeling positive about the future in general and about their children’s future in particular (top 2 response categories). Though it is significant that 9 percent of parents felt quite negative about their children's future (bottom 2 categories) and another 12 percent were unsure.

A similar proportion of parents felt that they had people who they could call on for help, but it is also clear that a significant number felt that they did not have all the support that they needed. Parents were also more hesitant about the degree to which they felt in control of their lives and significant numbers didn't feel that the concerns that had been identified by the child protection agency had been solved. One thing that the vast majority of parents did feel sure of was that they had a good relationship with their children.
Table 25: Feelings about the Future

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel positive about the future?</td>
<td>4%</td>
<td>4%</td>
<td>15%</td>
<td>25%</td>
<td>52%</td>
</tr>
<tr>
<td>Do you feel positive about your child's future?</td>
<td>5%</td>
<td>4%</td>
<td>12%</td>
<td>27%</td>
<td>53%</td>
</tr>
<tr>
<td>If things did get difficult, are there people who you can call on for help?</td>
<td>3%</td>
<td>6%</td>
<td>13%</td>
<td>19%</td>
<td>58%</td>
</tr>
<tr>
<td>Do you feel that you now have all the support that you need?</td>
<td>18%</td>
<td>8%</td>
<td>19%</td>
<td>21%</td>
<td>33%</td>
</tr>
<tr>
<td>Do you feel in control of your life?</td>
<td>9%</td>
<td>9%</td>
<td>21%</td>
<td>33%</td>
<td>29%</td>
</tr>
<tr>
<td>Do you feel that the concerns identified by child protection services have now been solved?</td>
<td>24%</td>
<td>9%</td>
<td>11%</td>
<td>14%</td>
<td>42%</td>
</tr>
<tr>
<td>Do you have a good relationship with your child/children?</td>
<td>1%</td>
<td>2%</td>
<td>6%</td>
<td>18%</td>
<td>73%</td>
</tr>
</tbody>
</table>

3.4.3 Parenting Self-Efficacy

Parents were asked to answer a number of questions about their confidence in parenting their children. High proportions of parents were confident that their children knew that they loved them and that they were able to provide a safe environment for their children. Greater variability is observed on questions concerning discipline, their child's learning, overcoming problems, and parents' acceptance of themselves as a good parent who is able to handle the pressures and expectations of parenthood.

Table 26: Parenting Self-Efficacy

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>I find it easy to comfort my child/children?</td>
<td>2%</td>
<td>3%</td>
<td>13%</td>
<td>26%</td>
<td>55%</td>
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<td>My child/children knows that I love them?</td>
<td>0%</td>
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<td>3%</td>
<td>8%</td>
<td>88%</td>
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<tr>
<td>I think I can (will be able to) solve any problems that might come up involving discipline with my child/children?</td>
<td>7%</td>
<td>4%</td>
<td>24%</td>
<td>27%</td>
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<td>I think I am (will be) able to guide my child/children so that they behave appropriately</td>
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<td>19%</td>
<td>32%</td>
<td>43%</td>
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<tr>
<td>I feel that I know enough about my child's/children's needs to help them as they learn and grow</td>
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<td>4%</td>
<td>6%</td>
<td>31%</td>
<td>57%</td>
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<td>I'm good at finding interesting and stimulating things for my child/children to do?</td>
<td>3%</td>
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<tr>
<td>I am confident that I can provide a safe environment for my child/children to grow up in?</td>
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I know that I would be able to react quickly to protect my child/children if they were in danger

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<td>I know that I would</td>
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If my child/children is being difficult I can usually find a way of solving the situation?

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<td>If my child/children</td>
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<td>36%</td>
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Even if my child/children is having a difficult day I can usually find a way of getting through without it getting on top of me?

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| sually find a way o
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| n top of me?        |
|                      | 3%         | 5%| 21%| 33%| 38%       |

I manage the pressures of parenting as well as other parent’s do?

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<td>I manage the</td>
<td>1%</td>
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I know that I am a good parent?

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<td>3%</td>
<td>6%</td>
<td>31%</td>
<td>60%</td>
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I find it difficult to cope with others expectations of me as a parent?

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<td>I find it difficult</td>
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<td>to cope with others</td>
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3.4.4 Feeling of Empowerment

Parents in the research generally expressed a strong need for control over the way in which their child was looked after, but significant numbers of parents felt that they were unable to look after their child as they wanted to due to their own circumstances as well as the nature of society. In general, parents in the project did not feel that government policies empowered them to look after their children in the way that they would like.

Table 27: Parent's Feelings of Empowerment

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<td>I feel that I need</td>
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<td>12%</td>
<td>26%</td>
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<td>to be in control of</td>
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<td>how my child/children is/are being looked after</td>
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Because of my own circumstances, I don’t feel able to parent my child/children as I would like to?

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<tr>
<td>Because of my own</td>
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The way that society is means that it is difficult to look after my child/children as I would like to?

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Regardless of what I want, there are other factors which determine what happens in my children’s lives?

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Governments and other organisations have policies which make it easier for me to look after my children in the way that I would like to?

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4. REFERENCES


Out-of-Home Care (OOHC) Standards Submission

Mary Ivec and Valerie Braithwaite
Australian National University

The “Community Capacity Building in Child Protection Project” from the Regulatory Institutions Network (RegNet) appreciates the opportunity to provide input into the out-of-home care standards (OOHC) consultation process. Our contribution to the OOHC national standards conversation is based upon the theoretical model of responsive regulation, applied to a variety of regulatory contexts across social service care domains including hospitals and aged care facilities. We also draw upon findings from the research we are currently conducting on child protection (see http://ccb.anu.edu.au/ for description of projects and research papers).

The submission is organized into 3 sections: First we briefly contextualise our submission in what is known about out-of-home care for children: the outcomes and the challenges facing the sector that are likely to continue into the foreseeable future. Practical constraints must be recognized in setting up a standards regime. Principles for guiding the development of a standards regime are addressed in Section 2. The primary focus is on the child. Successful implementation of the standards, however, depends on understanding the needs of other actors in the regulatory space. A central part of the philosophy of a responsive regulatory approach is to enable regulation to be shaped in a bottom up fashion so that it is meaningful and resonates with the experiences of those in the sector. To this end, Section 2 briefly refers to the needs of 5 groups other than the child in care: carers, natural parents, voluntary support groups and service providers, government inspectors, and the public. A sizeable literature provides evidence of these needs.1 FaHCSIA’s consultation process currently underway will provide a set of submissions that will provide further up-to-the-minute information that can be included in a needs-based stakeholder framework for developing and enforcing standards. Finally, Section 3 describes a responsive regulatory approach that allows for both enforcement of minimum standards and strengths based regulation to foster continuous improvement in the sector.

1 This extensive literature is not surveyed systematically here.
Section 1: What is known about out-of-home care – outcomes and challenges

1.1 Outcomes

A number of government inquiries over the years have identified significant and entrenched problems with OOHC systems and resultant negative outcomes for those who have experienced out-of-home care (Wood 2008, Mullighan 2008, Vardon 2005, Senate Committee 2004, Crime & Misconduct Commission 2004, Forde 1999, HREOC 1997). A significant academic literature base confirms these findings. McDonald (1996) reviewed findings of 29 studies published between 1960 and 1992 on the impact of childhood out-of-home (foster and group homes) care on adults' self-sufficiency, adjustment, family and social support, and personal well-being. The results indicate childhood out-of-home care was associated with (a) poorer school performance; (b) higher rates of school dropout, homelessness, arrest, and chemical dependency; (c) poorer mental and physical health; and (d) lower marriage rates. Children raised in OOHC systems also have been found to have less community involvement (Buehler, Orme, Post & Patterson 2000) and are more likely to be juvenile delinquents, teen mothers, and unemployed (Doyle 2007). The level of physical and sexual abuse of children in out-of-home care has been another problem addressed through government inquiries (Mullighan 2008). The evidence suggests that home-based foster care is no protection against these problems. Children in home-based foster care experienced high rates of mental illness including suicidal ideation and displayed behavioural problems associated with poor socialization experiences (Dozier, Albus, Fisher & Sepulveda 2002; Sawyer, Carbone, Searles, & Robinson, 2007; Tarren-Sweeney & Hazell 2006).

Transition to independence and adulthood is made difficult for those brought up in out-of-home care arrangements. They often have little in the way of financial resources, poor access to health care, few personal and family connections and little if any support from the foster care system (Lopez & Allen 2007). Other sources report that even when entering, or in out-of-home care, children and young people generally do not receive, as a matter of priority, the medical, dental and allied health assessments and treatments they should receive (Wood 2008).
A fundamental problem in interpreting these findings is the question of causation. Do children come into the OOHC system displaying deficits in their capacity to perform tasks and cope with institutional expectations? Or does the OOHC system have a negative impact in and of itself, adding to the burdens of children who were vulnerable in the first place. Current evidence suggests that both explanations may hold some validity. Children taken into care are disadvantaged by their early life experiences and in some cases, carry them through their years in out-of-home care and into adulthood (Dozier, Albus, Fisher & Sepulveda 2002; Berridge 2007; Rishel 2007). There is also evidence that the experience of being in out-of-home care inflicts its own set of problems on children, particularly in the area of autonomy and learning to make decisions for oneself (Dozier, Albus, Fisher & Sepulveda 2002).

It is the effects of poverty and associated disadvantage on children’s lives (Connell, Bergeron, Katz, Saunders & Kraemer Tebes 2007; Attree 2004) including long term, severe and concentrated poverty on a parent’s morale (Wilson & Homer 2005) that is an integral part of the identification of child neglect (Harris & Hackett 2008). Parental socio-economic background has been shown to dramatically increase the risk of entry into out-of-home care (Bebbington & Miles 1989; Franzen, Vinnerljung & Hjern 2008). The 2008 Swedish study used data with over 1.5 million Swedish children and young people and found one in seven children were placed in care before their seventh birthday if their mothers had received only basic education, were unemployed and received social assistance during three consecutive years. This compared with fewer than one in 2,000 children who entered care if they were from two-parent families whose mothers were educated to post secondary level and had not received social assistance for three consecutive years. The 1989 English study reported odds of one in ten children entering care if children had a mixed background, lived in single adult families that received welfare benefits and rented a home with fewer rooms than household members. This compared with one in 7,000 odds of placement if a child came from a white, two parent family, with three or fewer children, who owned a home with more rooms than family members and who did not receive welfare benefits (Bebbington & Miles 1989).
1.2 Challenges

The negative events associated with the placement of children in institutional care in the past (Australian Government Department of Senate Community Affairs Committee 2004) and preference for family-based foster care contributed to the scaling back of residential care facilities in the 1980s and 1990s, and consequently an increased reliance on foster care (Barber & Delfabbro 2004). The move from institutional to home-based care has been heralded as a better approach to ensuring children’s safety and promoting their development and well-being. Home based care certainly has the potential to meet the individual developmental needs of children as described below. That said, it is not without its problems.

There are growing numbers of children in out-of-home care, in Australia and internationally (AIHW 2010; Association of Children's Welfare Agencies 1998; Australian Foster Care Association; Barber & Delfabbro 2004; Cuddeback 2004; O'Brien 2001; Wood 2008). Children are in care for longer periods of time and with increasingly complex needs at a cost per child which continues to rise (Wood 2008). While the demand for placements has been rising, there are decreasing numbers of foster care placements available (Broad 2001; Brown, Cohon and Wheeler 2002; Dubowitz, Feigelman, Harrington, Starr Jr, Zuravin & Sawyer 1994; Leos-Urbel, Bess & Geen 2002; McHugh 2002; O'Brien 2001; Siminski, Chalmers & McHugh 2005). The need continues for a greater number and range of different placement options for children and young people with complex needs who are unable to live at home (Wood 2008). The need is particularly acute in relation to Indigenous children who are disproportionately represented in the out-of-home care sector (Tilbury 2008; Valentine & Gray 2006; Zhou & Chilvers 2008).

Further challenges to the provision of care for children who cannot, for a variety of reasons, live with their parents relate to the quality of care. Stukes Chipungu & Bent-Goodley (2004) present ongoing organizational impediments that complicate the efforts of foster parents to care for the children. These impediments include:

1) agencies that are supposed to be accessible to foster parents often have difficulty providing adequate and appropriate services;
2) foster families finding the experience overwhelming and frustrating, causing many to leave foster parenting within their first year; and
3) organizational problems of case workers such as high workloads, high staff turnover, and data limitations that compromise efforts to adequately serve and monitor families.

The Productivity Commission Report (2010) into the Contribution of the Not-For-Profit Sector provides insight into another impediment to providing quality out-of-home care. As the stresses are felt throughout the system, there may be risk aversion, restricting willingness to innovate. Anecdotally, there is a growing concern in some not-for-profit organizations about exposure to risk, which can limit willingness to try new approaches including in child protection (p. 242). Social innovation requires collaborative approaches between government and the not-for-profit sector particularly in relation to intractable or ‘wicked’ social problems (Productivity Commission 2010b p.xxiii), a term which has been applied to child protection (Allen Consulting Group 2008). The Productivity Commission has identified that at present, ‘there is too much of a command and control’ element to the relationship (ibid p. xxv). A command-and-control structure has the regulator calling the shots and exerting power to elicit action, while regulatees do what is expected to avoid punishment (Braithwaite, V. 2009, p.44). Cultivating responsive regulation marks a departure from a command-and-control style (Braithwaite, V. 2009) and requires regulators to master the art of listening (Fromm cited in Braithwaite, V. 2009 p. 43) to the regulatory community. Section 3 outlines the development of a service charter to assist in building a more equal partnership between providers in the OOHC system and the government.

Section 2: Rights and needs of children in care and other stakeholders

2.1 Rights of children

The objective of out-of-home care is to provide safety for children and young people on the basis that they have been deemed as “not able to live at home.” There is also an expectation that children who cannot live at home should have the same rights as
those who do. These rights as set out in the United Nations Conventions on the Rights of the Child are organized around 4 guiding principles that provide a useful structure for developing outcome standards: non-discrimination, best interests, survival and development, and participation. Non-discrimination is important in reminding us that children in care should not be treated differently – or have more limited opportunities than children not in care. Best interests is the principle that is most often discussed in child protection circles and reminds us to consider what is best for the child as opposed to parents or the legal system or child protection workers or support services. Survival and development relate to protection for the child from abuse and neglect as well as opportunity to develop cognitively, socially and emotionally as do other children not in care. Finally, participation is a reminder that any evaluation of out-of-home care must seriously consider the voice of the child. As Bessell and Gal (2009) conclude in their paper on the rights and needs of children in care, they should not be viewed as “vulnerable, needy and incompetent” but rather as “bearers of rights who have competencies, legitimate views and experiences” (p. 295-6) who are partners in decision making on child protection matters. This gives rise to the fundamental principle in developing a set of outcome standards for OOHC:

\[\text{Outcome Standard Principle 1: Children be asked their opinion about the quality of care and the degree to which they believe the system of care is acting in their best interests, promoting their safety and development, and looking after them in a non-discriminatory way.}\]

\[\text{2.2 Children's needs: the role of process as well as outcome}\]

Needs and outcomes are not directly linked. A focus on outcomes for children, for example, reaching a set of developmental milestones in terms of educational attainment, social engagement and emotional and physical well-being may crowd out processes that are critical to the resilience of children who spend time in out of home care. Of particular importance for children are the processes of developing attachments to significant others (of being loved and giving love) and of recovery from the abuse and neglect of their earlier lives.

Matthew Liao (2006) has argued that children both have the right to be loved and the
need to be loved. Liao draws on Mia Pringle to explain parental love as valuing the child for the child’s sake:

The basic and all-pervasive feature of parental love is that the child is valued unconditionally and for his own sake, irrespective of his sex, appearance, abilities or personality; that this love is given without expectation of or demand for gratitude . . . Parents communicate this unconditional affection through all their relations with him: from physical care and handling to responding to his first smile and sounds; from protecting him from, and then gradually initiating him into, the social world; and from restraining to eventually punishing him for going beyond the limits they have set for acceptable behavior (p.422).

The claim that children need to be loved in this way is an empirical claim. Scientific research has compared groups where this kind of love is present and where it is absent, and documented developmental delays of a cognitive, social and emotional kind where parental love is absent. Controlled experiments with animals have further substantiated the claim that negative consequences follow from the absence of love in infancy. More recent studies in neuroscience have linked maternal deprivation in animals with the dysregulation of neurotransmitter systems which can adversely affect normal growth and development (Liao 2006).

This substantial body of research that has accumulated over the past 80 years points to the primary need of children that should be reflected in evaluation standards:

Outcome (Process) Standard Principle 2: In out-of-home care there must be evidence that the child feels loved and is being given messages that he/she is a good human being who deserves love.

Gal (2006) has argued that children’s rights and needs are connected and has proposed a model in which children who are in out of home care and have suffered abuse should be given opportunity for recovery. Part of the recovery process according to Gal is to empower children and make space for apology and reparation,

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2 Liao summarizes the findings with children as follows: “Children who did not receive love but only adequate care became ill more frequently; their learning capacities deteriorated significantly; they became increasingly interested in their environment; they failed to thrive physically by failing to gain weight or height or both; they suffered insomnia; they were constantly depressed; and they eventually developed severe learning disabilities” p.422
guarantee procedural justice in the form of respect, consistency and impartiality, provide social support in the form of acknowledgment of harm and provide protection in accord with the developmental capacities of the child.

Outcome (Process) Standard Principle 3: Out-of-home care must provide opportunity for recovery for children who have been subject to abuse.

These two standards are emphasized because of their fundamental importance. This is not to downplay the importance of outcomes that more directly flow from needs analyses. Maslow’s hierarchy of needs provide threshold standards for out-of-home care.

Outcome Standard Principle 4: There should be evidence that a child’s basic needs are being satisfied in their out-of-home care placement: specifically that the child is (a) being physically cared for; (b) has a home that provides safety and security; (c) has a sense of belonging at home and has knowledge of and confidence in a community circle of care that surrounds him or her; (d) has a sense of self esteem (a sense of efficacy, achievement, recognition); and (e) is developing his/her potential and expresses his/her individuality.

Outcome standards should be designed such that they respect the rights of children and address the objective of satisfactorily meeting children’s needs. This can only be achieved in a practical sense if the outcome standards take account of and are responsive to the context in which they are to be applied. This context or regulatory space is occupied by a number of key actors all of whom affect the well-being of the child. These actors are: (a) carers; (b) natural parents; (c) voluntary support groups and service providers outside government; (d) government inspectors; and (f) the public. National standards have to be responsive to the needs of each of these groups.

2.2 Carers’ needs

Considerable literature exists which documents the difficulties that carers in the OOHC system face (Smyth & Eardley 2008, Elarde & Tilbury 2004). As children in care show behaviour patterns that are difficult to manage and that are related to highly complex needs, carers can struggle to know what to do to provide love and support to
the child. In particular they call for quality training and back-up support (SPRC 2004). This support may be in the form of respite, or advisory services, or support to help them maintain their own psychological and physical health (Golding 2004). It is important for carers to feel that they are doing their job well, that they are meeting responsibilities in other areas of their lives, and that they have a sense of being in control of their lives (Braithwaite 1990).

Carers who are grandparents face added stresses as the care for their grandchildren does not change the fact that they are often highly concerned for their adult children (Ivec, Braithwaite & Harris 2009; McHugh 2009). Similar experiences of multiple or sometimes divided loyalties exist for kinship carers (Elarde & Tilbury 2007).

These factors do not nor should they be translated into outcomes. They are important in so far as they reflect the limitations on the capacity of carers to keep providing care. Caregiver attributes and attitudes impact on the experience of the child in foster care, the quality of care, and the ability of the carer to meet the child’s needs (Tomison 2001). Therefore,

*Design Principle 1: If the outcome standards place further strain on already stressed carers, carer breakdown could mean worse rather than better outcomes for children.*

With this in mind, it is also important that out-of-home care standards are meaningful and practicable such that carers read them and say: “That’s what a good carer does anyway.” In other words,

*Design Principle 2: The outcomes should be embedded in the daily practices of the best carers and not be add-ons that increase workload and stress for the child or carer.*

### 2.3 Natural parents’ needs

While some parents may not be able to care for their children, it does not mean they no longer care about their children (Kroll & Taylor 2003). Many parents recognise the gaps in the care they are able to provide for their children and either turn to child
protection services for help or understand why child protection services may have needed to become involved (Ivec, Braithwaite & Harris 2009; Harries 2008). Mental illness, drug and alcohol misuse and domestic violence are the most common reasons for children entering care. Stigma and labelling associated with these factors often result in shame and isolation for parents:

\[ \text{Can you imagine the shame? How do you ever tell anyone they took your kids away? You don't. You just look at the pavement for the rest of your life (Harries 2008, p.24).} \]

Research by Deren (1986), Davis (1990) and Kelley (1992) with substance abusing parents reported feelings of guilt, anguish, inadequacy as parents, and concern for the future of their children (see also Colten 1992; Grossman & Schottenfeld 1992; Levy & Rutter 1992). This continues when children enter into out-of-home care. Indeed, Colten (1980) observes that concern for the well-being of their children is frequently identified as a primary source of motivation for these women to seek treatment. Adults who use substances (especially women) have often been stigmatised and community attitudes towards mothers who use substances have been judgemental, punitive, and rejecting. Yet, as researchers such as Baker & Carlson (1999) and Kroll (2003) note, substance-abusing parents are not necessarily bad parents, can prove to be ‘good mothers’ when provided with knowledge and skills Lief (1985), and can be particularly motivated towards positive change and abstinence with pregnancy (Pajulo, Savonlahti, Sourander, Ahlqvist, Helenius & Piha 2001).

Research suggests that positive outcomes for parents suffering from addiction depend on the inclusion of carers and biological family in intervention programs (McLung 2007). From the perspective of the child, making sense of their relationship with their natural parent also seems to be an important milestone in recovery. Therefore, we propose:

\[ \text{Design Principle 3: Outcome standards should not disadvantage out-of-home care providers who enable children in out-of-home care to be participants (if the child wishes) in recovery programs for their biological family.} \]
2.4 Needs of voluntary support groups (informal care networks) and service providers outside government

Voluntary support groups or informal care networks provide backup and feedback for children in care, their carers and natural parents as do service providers (Rodrigo, Martin, Maiquez & Rodriguez 2007; Manji, Maita & Palmer 2005; Lyons, Henly & Schuerman 2005; Moncrieff, Cochran & Brassard 1979; Brofenbrenner 1979). Their support is vital to the operation of the child protection system (Budde & Schene 2004; McHugh 2009). Furthermore, there appear to be too few resources to meet the demands made on these groups and services (Jack & Jordan 1999). At the same time, mandatory reporting of child abuse and neglect is reputed to have altered the ways in which these groups function, not always to the benefit of children and their families.

Voluntary support groups and service providers are conscious of their reporting requirements and obligations under the law and are mindful of minimizing their risks in an environment in which blame is readily allocated and shifted from one sector to another. Therefore:

*Design Principle 4: Outcome standards need to be designed and enforced in such a way as to neither discourage nor burden informal care networks (non-government groups) who are providing a circle of care around children, their carers and their natural parents.*

2.5 The needs of government inspectors

Regulators need to keep children from harm. They do so through ensuring that care providers comply with minimum requirements and more importantly reach beyond these standards as their competence increases. Regulatory success depends in part on how standards are formulated and enforced. Ideally, standards will be:

(a) considered desirable by all stakeholders, most importantly by children in out-of-home care;
(b) concise and clear, avoiding complexity;
(c) practicable;

3 These principles are aligned with the development of standards in many other regulatory contexts but for purposes of this submission they have been taken from Braithwaite, Makkai and Braithwaite’s (2007) work on the regulation of aged care.
(d) monitored against a standards’ protocol;
(e) monitored with inspectors offering training support;
(f) discussed with the child’s circle of care along with compliance with the standards;
(g) evaluated within a continuous improvement framework.

Those with responsibility for ensuring that standards are met have the dual tasks of ensuring capacity to care is not lost (that is, carers don’t desert the system in large numbers) while lifting the quality of care provided to children in out-of-home care. In order to meet their responsibilities, inspectors need support from the community and they need to feel capable and authoritative to engage with dialogue (sometimes critical dialogue) with other stakeholders. High levels of consensus around the desirability of the standards helps in this regard (a above), and that consensus is strengthened by educational programs (e above), discussions about shortcomings and differences of opinion (f above), and shared goal setting (g above). The confidence of inspectors and the shared understanding of the standards are not helped by complexity (b above) and by having standards that can’t reasonably be implemented (that is, c above, not practicable). Similarly, the task of inspectors is made difficult without a protocol that can be shared in a transparent and accountable way with all the stakeholders and a child’s care circle, and used as a basis for forming an action plan for improvement before the next inspection round (d above).

2.6 The needs of the public

The public expects the government to put in place a system that protects children. The moral outrage that is unleashed when government agencies fail to provide such protection is an indicator of how important successful regulatory outcomes are in this field. At the same time, the public needs to know that taxpayers’ money is spent wisely. Expenditure on the OOHC system across the country has been estimated at $2-$5 billion per year (Access Economics 2007). The public needs to be assured of value for money. Accountability and transparency in the implementation and monitoring of outcome standards is therefore in the public interest. Furthermore, as part of this accountability, the public needs to be assured that the mistakes of the past are not repeated (Apology to Stolen Generations and Forgotten Australians). The
effectiveness of the outcome standards program needs to be routinely evaluated to ensure that it is having the desired impact of not only improving the quality of care for children but improving their life prospects in terms of overall happiness and well-being.

Section 3: A responsive regulatory approach to implementation

Regulators share the objective of wanting to change the way things are done so that they conform with a conception of best possible outcomes. Regulators who have the backing of government often have coercive powers to force change upon a population or community, in this case, out-of-home care providers. For this reason, even the mention of regulators is threatening to the public. Yet, if compliance with standards is voluntary and is not backed by the government’s capacity to coerce, it is often the case that nothing much changes and standards in out-of-home care will not improve. This does not mean that the coercive powers of government need to be always in use however. Nor does it prevent government from formally introducing a regime of positive sanctions, a regulatory model that is strengths-based to accompany the more commonly encountered enforcement (negative sanction) model. An approach that allows regulators to have a number of regulatory options at their disposal but that at the same time regulates regulators to not over-use powers of intervention and coercion is responsive regulation.

Responsive regulation means that a regulator must use the enforcement pyramid in the following manner:

- Be responsive to the conduct of those being regulated in deciding whether a more or less intrusive intervention should be used to gain compliance
- Use only as much force as is required to elicit the desired outcome
- Set out a series of options that might be used to win compliance sequenced from the least intrusive at the bottom to the most intrusive at the top (for example withdrawal of financial capital or de-registration)
• Make people aware that coercion will be used, but that most are expected to comply with education and persuasion because the regulatory system has the support of the democracy/community

• Be prepared to escalate the level of intrusiveness up the pyramid until the intervention elicits the desired response

• Be prepared to de-escalate down the pyramid once cooperation is forthcoming

In practice this plays out as follows. A carer may not be allowing a child in care to see his/her natural parents for fear that the child will slip backwards and become anxious and depressed. The child and the caseworker may not believe the fear is well grounded. If an inspector concluded the care provider was in breach of the standard, the first step would involve discussion, reading up on the evidence, perhaps even seeking expert opinion. If the carer was resistant, the inspector might escalate things to the next level of intervention. Others might be brought into the discussion in a restorative justice style conference. At the minimum, the child’s care circle would be involved with the child. Through deliberation and perhaps several meetings the hope would be that the carer and the child in care would find a way of resolving their differences and engagement with the natural parents would be possible. If resolution did not occur at this level, however, the inspector would not give up. A higher level of intervention would be put into effect. This might mean that the natural parents were invited to be part of the circle of care and at this level some agreement could be reached that was acceptable to all parties. Hopefully sanctions would not be necessary, particularly when it became clear that the person most likely to be hurt by escalation was the child.

While the enforcement pyramid represents a suite of options that the regulator will use to force compliance, equally visible is a suite of options associated with a strengths-based pyramid (Figure 1).
An enforcement pyramid and a strengths-based pyramid can be used in conjunction with each other. For instance, in the case of the child in care who was being denied opportunity to engage with his/her natural parents, the enforcement pyramid was used by the regulator to increase the carer’s willingness to respond to the needs of the child. At the same time, the carer may have done a superb job in building a circle of care around the child. A strengths-based pyramid would enable the regulator to acknowledge how good a job the carer had done in this respect, through informal praise or even nominating the carer for commendation at a ceremony dedicated to acknowledging the contribution of out-of-home carers. A regulatory system that enables the official acknowledgement of strengths as well as of weaknesses provides the right mix of incentives to ensure that negativity does not demoralize carers and drive them out of the system. Furthermore, a strengths based pyramid provides a basis for continuous improvement in standards, raising the bar for everyone through pointing to outstanding achievement and showcasing successful models that others can follow.
Responsive regulation is therefore a practice that allows for the enforcement of a new set of outcome standards with sensitivity to the complexity that their introduction will bring to the child protection system. It welcomes the voice of dissidents and allows for deliberation on whether or not the standards address shared community goals. At the same time, responsive regulation offers a way of making progress in enforcing and lifting those standards on which there is agreement.

### 3.1 Third Party Engagement

The introduction of outcome standards for out of home care relies on the cooperation of a variety of stakeholders outside government. Regardless of whether government monitors performance directly, or hands responsibility over to a non-government organization, a critical factor in the workability of a newly introduced regulatory regime is the degree to which providers in the OOHC system trust the government. The Productivity Commission suggests that such trust may be lacking in the sector (Research in progress will provide a more direct answer to this question in June 2010).

Public criticism and implied shortcomings of their operations is not something new to child protection authorities alone. Regular public inquiries only too frequently outline systemic failures which undermine public confidence. Service charters are one way in which the public holds authorities to account. Service charters also inform the public of how they can expect to be treated by authorities. Outreach to the public in this way communicates authorities’ commitment to meaningful engagement with the public: building of a shared understanding of authorities’ intent; undertaking to help regulatees meet their obligations; and resolving disputes in a timely and transparent manner (Braithwaite, V. 2009). Treating people with respect and understanding the position of others will serve to win public trust. Prioritising the building of partnerships between child protection authorities and the public requires the putting into practice articulated and agreed standards for the authorities – not just for those being regulated.
These conditions of engagement, these minimum standards for transactions between authorities and a public which on the whole would agree with the regulators objective of needing to keep children safe from harm and abuse would go some way in communicating the importance of building mutual respect, trust and co-operation which could lead to a true operationalising of ‘child protection being everybody’s business.’ A possible service charter for regulators of OOHC could look something like this:

- We will listen to you about any concerns and ideas you have
- We will be respectful in our dealings with you
- We will seek clarification and information from you about unknown factors
- We will provide you with accurate and reliable information
- We will respond to you in your preferred method of communication – phone, in writing or face to face
- We will seek advise and plan services with you
- We will negotiate over issues of possible conflict
- We will recognise you as partners in care

A substantial regulatory literature demonstrates that by building positive social relationships with the regulatory community, regulators are in a better position to influence, persuade and ultimately improve compliance in the regulatory context (Bardarch & Kagan 1982; Braithwaite, J. 1985; Tyler 1990; Ayres & Braithwaite 1992). Procedural justice which is at the core of service charters is known to build the legitimacy of authorities (Tyler 1997, 2001) and improve cooperation or voluntary compliance. Voluntary compliance has the advantage of costing less than does the application of sanctions (Alford & Speed 2006). In order to ensure the successful introduction of outcome standards for the OOHC system, the following design principle is recommended.

**Design Principle 5: A service charter be introduced for OOHC providers so that they have assurances that their engagement with government on OOHC standards will be respectful and constructive furthering the best interest of the child.**
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“Resetting the Relationship” in Indigenous Child Protection: Public Hope and Private Reality

MARY IVEC, VALERIE BRAITHWAITE, and NATHAN HARRIS

A qualitative study explored the private realities of forty-five Australian Indigenous parents and carers who had experiences with child protection authorities. Interviews focused on the nature of the relationship between parents and authorities, how these regulatory encounters served to enlist or dissolve cooperation, and how child-focused outcomes could be delivered. The descriptions of encounters with authorities challenged the public hope for reconciliation between government and Indigenous Australians through reports of procedural injustice, failure by the authority to communicate and demonstrate soundness of purpose, and through lack of interest in identity affirmation and relationship building. In spite of these perceptions of integrity failings in how child protection authorities have operated, a positive role was acknowledged for authorities’ future involvement, albeit with different strategies from those currently experienced. How this progression might be facilitated by principles of restorative justice and responsive regulation is discussed.

INTRODUCTION

In view of the inadequate provision as regards housing, food and care of the children of . . . , on the Aboriginal reserve at . . . , would you kindly charge the children as neglected and commit them to the care of this Board.

—Letter from Aboriginal Welfare Board to Police Sergeant at a mid-Western town in New South Wales, 1958. (Read 1981, 3)

The removal of children from their families, white or black, is a regulatory activity of the state. The justification is one that, on the face of it, would meet with few objections: all children have the right to feel safe and be protected, and they should be given every opportunity to grow into healthy,
independent, and happy adults. Such was the acceptability of this position that for some fifty years, Australian state governments passed laws that enabled inspectors to forcibly remove Aboriginal children from their parents and families and place them in children’s homes. Many of these children, taken in the most frightening of circumstances, never saw their families again. Complete separation from family and race was considered necessary if Aboriginal children were to learn to assimilate into white Australian society.

These children became known as the “Stolen Generations.” The policy of assimilation failed miserably, leaving in its wake an Indigenous population that felt betrayed and dislocated, and generations of Indigenous children who grew up in overcrowded institutions where abuse, exploitation, racial discrimination, and neglect were rife (Read 1981). The removal of children from Aboriginal parents ceased being government policy in the 1970s (Australia. Human Rights and Equal Opportunity Commission 1997). It took considerably longer before governments acknowledged that their policies had caused immeasurable harm to generations of Aborigines.

In April 1997, Australia’s Human Rights and Equal Opportunity Commission documented the forced separation of Aboriginal children from their families and its devastating consequences in their Bringing Them Home report. Fifty-four recommendations were made, one being reparation for gross violations of human rights. The first of five principles guiding the reparation measures was an acknowledgement and apology to individuals, families, communities, and descendants of those forcibly removed as children. Almost eleven years later, in February 2008, a formal apology was issued by the Australian government for what was acknowledged as the wrongful removal of children.

The National Apology had bipartisan support and hopes were high for “resetting the relationship” between Indigenous and white Australians. The then-prime minister described the apology as “a starting point for reconciliation and the beginning of a bridge of respect between Indigenous and non-Indigenous Australians” (Prime Minister of Australia 2009, 1). Public hope was invoked in relation to reconciliation. The apology signaled “a new page in Australia’s history” and opportunity for “moving forward with confidence to the future” (Australia. House of Representatives 2008, 167). In the foreword to a new 2007 edition of Read’s seminal Stolen Generations document, the New South Wales minister for Aboriginal Affairs described past practices as “one of the most shameful episodes in our nation’s history” (Lynch, cited in Read 2007, 1). It seemed that the lessons learnt from the experiences of the Stolen Generations would be remembered and would take policy in new directions.

The private reality for Indigenous parents and carers with children in the child protection and criminal justice systems, however, did not augur well for such a rosy future. The percentage of children on care and protection orders remained proportionally higher for Indigenous than non-Indigenous children. Indigenous children made up 4.5 percent of the Australian population
aged 0 to 15 years (Australian Bureau of Statistics 2008), yet they accounted for 29 percent of all children in out-of-home care. Reasons given for removal by child protection authorities were abuse and neglect, often associated with poverty, substance abuse, and homelessness. All of these conditions disproportionately affect Indigenous Australians (Australia. Productivity Commission 2009a, 2009b; Australian Institute of Health and Welfare 2009a, 2009b).

Reports dealing with Aboriginal services emphasize poor outcomes in all areas of human services more broadly (Baldry, Green, and Thorpe 2006). Indigenous juvenile justice and adult incarceration rates remain disproportionately high, with the current generation of detained Indigenous juveniles being characterized as “the new removals” (Cunneen and White 2007; Muncie and Goldson 2006; O’Connor and Cameron 2002; O’Connor 1994). The statistics suggest that Aboriginal families continue to be torn apart, albeit through different institutional means, in response to children being assessed as abused, neglected, uncontrollable, or at risk.

Much research has sought to understand how discrimination permeates institutional practices and how patterns of oppression and victimization continue in dealings with Indigenous populations in post-colonial societies (see Cunneen 2008, 2005; Cunneen and Libesman 2000; Tuhiwai Smith 1999). The value of these contributions is not in dispute. Indeed, the findings of this research lend support to the view that institutions perpetuate past injustices in spite of shared hopes of doing better. This article, however, takes a different approach to address a related question: What can be done in a regulatory sense to contribute to resetting the relationship? Can regulatory scholarship provide a useful lens for identifying weaknesses in child protection systems that stand in the way of building more cooperative and mutually respectful relations between Indigenous Australian families and child protection authorities?

VIEWING THE PROBLEM THROUGH A REGULATORY LENS

Child protection straddles two worlds, that of social work and that of law enforcement. A social work approach emphasizes empowerment and strengths-based learning with families who are lacking capacity or know-how to care for children (Burford and Adams 2004). The practice is one of trust-building, support, and assistance. An enforcement approach emphasizes the administration of the law, collecting evidence, and applying rules consistently with the intention of delivering “just outcomes” (Harris 2011; Harris and Wood 2008). The practice is that children at risk can be removed from dangerous situations without the consent of parents or families. The regulatory tensions that arise are immediately apparent: Is the purpose to help families or remove children? How does one respect families, and at the same time break them up when a child is assessed as being at risk? How can one be sure that through providing resources, risks to children will be reduced, and children will receive better care? These dilemmas give rise to a
regulatory problem that is common across most regulatory agencies—finding the right balance between a soft, supportive approach and a tough, interventionist approach. The former has placed child protection agencies in the firing line when faced with child deaths. The latter creates alarm when children are removed from families that are capable of and committed to providing quality care, yet fail to score adequately on risk assessment criteria.

Child protection agencies internationally are struggling to resolve these tensions in how they operate (Braithwaite, Harris, and Ivec 2009; Adams 2004). Not surprisingly, they also struggle to elicit community support and confidence (Lonne et al. 2008; Adams and Chandler 2004; Neff 2004). One way of interpreting their difficulties is that child protection authorities are experiencing an integrity crisis. Integrity refers to authenticity (Selznick 1992), that is, to the public's seeing child protection authorities performing their functions with commitment to children’s well-being, respect for children, families and communities, and fairness, while being at all times responsive and willing to try to fix problems in the system (Braithwaite 2009). Integrity demands that a regulatory agency build connections between its goals and objectives, and that these goals and objectives are pursued in ways that are sound and fair and that respond to community needs (Braithwaite 2003). Integrity is much broader in its scope than procedural justice (Tyler 1990), but the concepts are related. Procedural justice is part, but not all, of integrity. Integrity is not possible without procedural justice.

Tyler (2001, 1997, 1990) has made the case for why procedural justice is so important in regulatory contexts. His research has shown that when people perceive authority acting in procedurally unfair ways, they are likely to see that authority as less legitimate, to trust it less, and withdraw cooperation. Procedural injustice might be expected to undermine cooperation of carers and parents in the Indigenous child protection context.

The concept of integrity takes this analysis further to include the attainment of the authority’s objectives, in this case, acting in ways that keep children safe and building families’ capacity to provide quality care for their children in the future. Given the experiences of the Stolen Generations and its aftermath, it is likely that any grievance Indigenous families have with child protection extends beyond procedures and processes. Lack of clarity in the stated aims of child protection systems has been well documented in Australia (Braithwaite, Harris, and Ivec 2009; Ford 2007; Allen Consulting Group Victorian Review 2003). Workers, families, and communities struggle with the tension between child protection authorities as entry points to access government support services and as regulators with powers to intervene and remove children if they are considered at risk. Ambiguity around an authority’s purpose is likely to rebound negatively on Indigenous communities, more so than others because they are marginalized from conversations about regulatory priorities.
The National Apology gave way to public hope that from all sides good will could be harnessed. But actioning this hope in areas as sensitive as child protection is no small task. A colonized history (some would argue “continuous colonization”) has left Indigenous people knowing all too well the heavy hand of regulation in their lives, through regulating spaces of where they will live, and through regulating identities, including dictating what language they will speak and what customs they will follow (Haebich 2000; Tuhiwai Smith 1999). If grievance over processes and disillusionment over purposes are sufficiently entrenched, it is possible that the trust relationship of parents and carers with authorities is so irreversibly destroyed that parents and carers hold no hope for a better future. Loss of hope has been linked with dismissive defiance, a form of defiance intent on destroying rather than reforming institutions (Braithwaite 2009). If Indigenous families are of the view that there is no relationship with child protection authorities worth resetting, the path forward will be difficult.

THE PROMISE OF RESTORATIVE JUSTICE AND RESPONSIVE REGULATION

One approach that might prove useful in working through some of these tensions with Indigenous Australians is restorative justice and responsive regulation (Burford and Adams 2004; Braithwaite 2002). Both give rise to institutional arrangements that prioritize the importance of relationship-building and repair. First, an understanding of the situation is sought through dialogue with all parties. In planning a way forward, access to services and resources are offered to encourage and assist in reaching compliance goals. Only when families fail to put their best foot forward to solve their problems do child protection authorities exert more pressure and consider interventions with the intent of enforcing compliance. Such interventions are designed to intrude incrementally as small steps up a regulatory pyramid. As pressure is increased with each intervention, parents lose a degree of freedom to decide what is best for their child. Both parents and agencies find that it is in their interests to work together at the bottom of the pyramid: Parents have much greater say and freedom, while agencies find it easier to identify and implement successful solutions.

At the lower levels of a regulatory enforcement pyramid might be regular meetings with a caseworker. The next step might involve bringing in other parties to either moderate the behavior of the parent or provide care and protection for the child. Such interventions would not necessarily be state-led or top-down, though the state and others may have a role in ensuring nonarbitrary use of power in accord with the rule of law. A restorative justice conference might be held—or several might be held in the course of dealing with a particular family—in which people who care about the child and the parents work together to build capacity around the family. A restorative justice meeting would aim to provide a circle of safety around the child at risk of harm and, at the same time, support parents who wish to gain the capacity...
to care for their child. Only when hope of restoring capacity had been
exhausted would the state intervene to arrange alternative care for the child.
At all stages, procedural fairness is adhered to. The processes are signaled and
explained in advance. While the idea of responsiveness means that context is
taken into account, and people will be treated in different ways depending on
the context, treatment is not arbitrary. Authorities are always held to account
for how they proceed and for explaining next steps to parents and families.

Responsive regulation and restorative justice bring regulators, regulated
communities, and civil society together to share responsibility for solving
serious social problems like the care of children (Adams and Chandler 2004;
Braithwaite 2004, 2002; Burford and Adams 2004; Pennell 2004). It is implicit
in the approach that all parties are motivated to understand each other’s
situation or can be motivated to talk to each other and work toward an
agreed-upon solution. When given opportunity to participate, the underlying
assumption is that each person can do so constructively. The hope for restor-
ative justice and responsive regulation would be as empowering regulatory
mechanisms that create space for dissent and understanding from authorities
while protecting the interests of children. If evidence can be found that child
protection authorities are accepted in principle, even if not in practice, by
Indigenous communities, regulatory interventions that promote empower-
ment and seek to build cooperation may be viable options. This would be a
small but significant step forward along the path of resetting relationships
with Indigenous Australians. Restorative justice and responsive regulation,
while regulating parents and carers to provide security for children, provide
authorities with ways to learn about and respect culture, change unfair
processes and clarify purposes to build shared community expectations, and
empower families to own and develop their own solutions.

RESEARCH OBJECTIVES

The objectives of this article are twofold: First, it teases apart the experiences
of parents and carers in terms of (a) the procedural fairness of their encoun-
ters with child protection authorities; (b) the soundness of purpose observed
in authorities’ operations; and (c) the success of authorities in empowering
parents and carers to do better, affirming them in efforts to improve parent-
ing skills and play a responsible role in their children’s future. Second, this
article uses the experiences of carers and parents to address the question of
whether or not they were interested in reform to child protection practices.
Or had parents and carers become so disengaged from and disillusioned with
the system that they would not want any further interaction—good or bad?
Restorative justice and responsive regulation are ideally suited to dealing
with the anger and resistance to authority that accompanies procedural
unfairness and the pursuit of unsound goals. Bringing parties to the table in
the first place, however, requires some hope for better relations with child
protection authorities in the future.

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METHODOLOGY OF STUDY

In 2008, in-depth interviews were conducted with forty-five Australian Indigenous parents and carers from Canberra, New South Wales, and Queensland as part of a study on “Building Capacity in Indigenous Child Protection.” Thirty-seven were female and eight were male. Those interviewed were asked to tell their story. They were asked to describe how they were treated by child protection, whether they were helped, and had they thought that changes could be made to make the system work better. The focus of the study was on the perspective of Indigenous parents and carers, in keeping with the notion that how people interpreted and made sense of what was happening to them shaped their future behavior (Lewin 1951). There were no records accessible to the researchers detailing events as perceived by child protection workers. So the study does not seek to contest accounts of events. Interviews were conducted between March and December 2008. The semistructured interviews averaged one hour.

To understand the responses of those interviewed, it is necessary to understand parenting practices in an Indigenous context. Parenting responsibilities are assumed not only by parents, but also by other family members in a child’s kinship network such as siblings, aunts, uncles, and grandparents. Other family members assume critical roles from a child protection context, roles such as disciplining and supervising children. On this basis, kinship carers, not just biological parents, were included in the study. The criterion for inclusion was that the parent or carer had had direct experience with a child protection authority. The sample comprised twenty-six biological parents and nineteen carers. In total those interviewed were caring for approximately one hundred and forty-eight children.

Of the twenty-six biological parents, twenty-one had had children removed from their care involuntarily. For twelve of the parents interviewed, children had been returned after a period of time. For nine parents, the return of children had not occurred.

Of the nineteen carers who took part in the study, eleven were grandparents. Only four of the nineteen carers were not related to the children being cared for. Two of the four nonrelated carers were not Indigenous, but they were accepted by the children’s parents, extended family, and community as suitable and appropriate to provide care.

The majority of participants (thirty-six of the forty-five) referred to experiences with authorities that had taken place since 2000; twenty-six spoke of experiences in 2005 or after. Three participants identified their experiences with authorities as predating 2000, including a mother who had had five children in care for the past fourteen years. In the case of six participants, a time frame of involvement with authorities was unable to be clearly determined from their stories.

Backgrounds of participants were diverse. Almost half were in paid work, and while not directly asked about their qualifications, six interviewees...
referred to study, including postgraduate study, being undertaken. Domestic violence, alcohol, and drug use were mentioned in about one-half of the interviews. Incarceration of parents was an issue in twelve cases.

In order to find an adequate number of parents and carers to interview, a “snowball” technique was used. Contact was made with local Indigenous Elders, Indigenous community-based organizations, Indigenous liaison officers in mainstream organizations, and various other mainstream service providers to discuss the study and to ascertain interest in and support for promoting the study through different Indigenous networks. Posters, fliers, Indigenous e-mail networks, and Indigenous media promoting the study attracted a small number of participants. Most participants were enrolled in the study through “word-of-mouth.” Extensive notes were taken at all interviews and then transcribed. As the content of these interviews was anticipated as being potentially distressing for parents and carers, participants were invited to bring along a trusted companion to accompany them at the interview if they so wished.

LIMITATIONS OF THE STUDY

All participants who came forward to be interviewed had experiences with child protection authorities. Most were relying on memories of past events that were not verifiable through other sources. The justification for relying on these data is that perceptions and attitudes that have endured over time are likely to have special significance and will shape future behavior. We acknowledge that in telling and retelling over time, stories may undergo change.

The use of a snowballing technique to attract participants may draw the criticism that the sample is biased toward those with an unhappy history with authority and who want to share it. With no basis for comparison, it is difficult to say whether this is the case or not. But even if the sample is biased in this way, the views of this segment of the population matter. If those interviewed for this study are among the more challenging child protection cases, understanding more fully their sources of grievance may provide insight into how such cases might be handled in a more effective manner.

MAIN FINDINGS

ANGER FROM THE PAST

While not directly questioned about experiences of transgenerational removal, it is significant that approximately half of those interviewed referred to the “Stolen Generations” and historical encounters with authorities as part of their own family history. Three parents told of three generations of
removals. Contemporary child protection authorities may or may not be surprised that they were perceived by a significant proportion of respondents as an extension of the historical authorities who were responsible for the coercive removal of children from Aboriginal families and communities (Australia. House of Representatives 2008; Australia. Human Rights and Equal Opportunity Commission 1997). The following quotes illustrate this expression of historical experience well:

[Child Protection] are a threat to our freedom; we’re fearful of [CP]; the police take the adults away, welfare take the kids away. How do you gain respect for an authority which was responsible for Stolen Generations. (Interviewee 18)

They used to be the Aborigines Protection Board, then the Aboriginal Welfare Board and now [CP]. The attitudes are the same. (Interviewee 20)

We have reconciliation but these same old things keep going on. There’s nothing good from them fellas [CP]. Every time they come they’re making threats. (Interviewee 38)

For eighteen of the parents and carers interviewed, the history and experience of coercive child removal remained a real and ongoing threat in the present day despite government intention for reparation and despite commitment to authorities’ mission of keeping children protected from danger.

ANGER ABOUT THE PRESENT

The significant number of participants who still felt affected by experiences of the Stolen Generations gave rise to a sense of continuity between past and present in participants’ contemporary stories. Anger about the way child protection authorities went about their job, about perceived injustice, and about lack of respect were the predominant feelings in these stories, as in the stories of the Stolen Generations. The themes that emerged in the narratives told by parents and carers revolved around issues of procedural justice and respect, the soundness of purpose of the authorities, and the construction of social identities that strengthen future caregiving capacities in Indigenous communities.

PROCEDURAL JUSTICE AND RESPECT

A clear theme in the interviews was a perception by the majority of not being treated fairly by child protection. The way in which respondents talked about their unhappiness resonated strongly with Tyler’s (1990) theory of procedural justice. Tyler (2008) identifies a number of dimensions that characterize the way in which procedural justice is engendered, including processes that communicate respect and trustworthiness to those being regulated, and neutrality or impartiality in the decision-making process.
Of Tyler’s dimensions, concern over the expression of respect was most prominent in these interviews and underpinned a number of participants’ grievances. Indeed, many participants explicitly addressed respect. While as many as a third of participants identified instances in which practice was respectful, or where workers “had a bit of a laugh and a joke ... friendly [who] didn’t think you were lying,” the overwhelming response was a perception of disrespect. For example, participants often made statements in the interviews such as “They come to the house with an attitude. They don’t have a good attitude—talking down to you” (Interviewee 39); from another participant, the following statement was made: “I hate how they talk to you. They don’t listen, they talk down to you” (Interviewee 42).

Disrespect was also at the core of participants’ feeling discriminated against, child protection workers not trusting parents or carers, and, perhaps most intensely, in feelings of being stigmatized by child protection agencies. Stigmatizing shaming (Ahmed et al. 2001; Braithwaite 1989), where disapproval is focused on shaming of the person rather than his or her behavior, has a powerful influence on the individual’s sense of status and belonging. Each of these forms of disrespect that were evident in the interviews will be addressed below.

**Discrimination through Race and Age**

Child protection authorities were often seen as looking down on and lacking appreciation of Aboriginal culture and norms for raising children. One stated, “Nothing about our Indigenous heritage was ever asked” (Interviewee 17), while another commented that critical differences in parenting practices were ignored: “I am an Indigenous girl—we have different ways of looking after our children—they don’t know how we act” (Interviewee 11).

Overtones of racial discrimination were also evident in comments suggesting that authorities were demanding old-style assimilation: “They just want to make us black people like white people” (Interviewee 11). For another, not being white meant being singled out for intervention: “Aboriginal women like my daughter—I believe they get targeted” (Interviewee 38, Grandmother).

Statutory child protection agencies have taken steps to address issues of misunderstanding between child protection workers and Indigenous families, and redress discrimination when it occurs. Special Indigenous Units have been set up with Indigenous officers who can build trust with families through shared understanding and empathy, and in the process improve prospects of cooperation with authority (Australia. Queensland. Crime and Misconduct Commission 2004). Their prospects for improving understanding between white and Aboriginal Australians, however, may be limited. According to one interviewee, “I asked for the Aboriginal Liaison worker, I was told ‘no, she’s related to you.’ I told them, ‘she’s related to the whole (area) ’” (Interviewee 23).
For some participants the basis of discrimination was not whether families were black or white. Indeed, the age of the parent was mentioned five times as a discriminatory factor. Young parents were seen as being judged prematurely as unworthy of keeping their child: “Young mums don’t get a chance. I feel like they still look at me like I’ve got drug and alcohol problems” (Interviewee 8).

Untrustworthiness

A perceived lack of respect was in many instances based on the perception that workers had treated parents or carers as if they were untrustworthy, “as part of the problem” (Interviewee 27). As research into child protection has shown, the assessment process that is at the heart of child protection practice tends to be highly investigative. As questions are asked, doubts are communicated about whether parents can be trusted (Harris, forthcoming). In the words of one interviewee, “They put us on show, putting us to shame, putting us on the spot” (Interviewee 28).

Another interviewee saw untrustworthiness playing out in a less personalized way, but one that was equally damaging for parents. Lack of trust by authorities in parents, children, and carers resulted in standard practices that created social distance between parties and prevented communication:

Carers and parents are kept separate. [They’re] not meant to interact . . . [you] should be able to go out to a neutral place so that the kids can see the carers and parents together—for parents to see the carers. We know nothing about the carers and we want to know about the carers. (Interviewee 1)

Stigmatization

A recurring theme in how parents and carers described their treatment by child protection officers was stigmatization. The overarching perception of those interviewed was that authorities held out little hope that satisfactory care could be provided for children by their biological parents—an attitude of “once a bad parent always a bad parent” seemed to prevail.

Stigmatization occurred when parents and carers interpreted child protection authorities as communicating unworthiness—unworthiness of the whole person, not just disapproval of a practice. “Bad” or “unfit parent” was the stigmatizing label that emerged in thirty-three interviews: “The bottom line is that they see her as a bad parent” (Interviewee 38, Grandmother).

In addition, thirty-three of the forty-five people interviewed held out little hope of ever gaining approval from child protection authorities. Parents perceived that any efforts they made to reintegrate—to be accepted as “good parents” were ignored:

I realize I stuffed up but I’ve made positive changes . . . I’ve made mistakes but don’t punish me for the rest of my life . . . I was told “if you get a job, do a
parenting course, stay away from the ex[partner]’... has any of it helped? Nope. So many groups I’ve done. (Interviewee 1)

Perceptions of being treated as untrustworthy or in a stigmatizing or disrespectful way may be a reflection of overbureaucratization or of an uncaring and alienated workforce fatigued by overly demanding clients and impossible workloads (Fleming and Grabosky 2009). While not refuting either interpretation, data collected recently from government child protection workers suggest that they do not see their own actions in such ways and that such actions would be antithetical to their professional values (McArthur and Conroy 2009). There remains a question of how these different worldviews, one from government workers, the other from a select sample of Indigenous Australians, can be reconciled.

One possibility is that the social and cultural distance between professionals and government, on the one hand, and Indigenous families, on the other, has become so great that these groups are unable to connect in a meaningful and respectful manner. Perhaps child protection officers genuinely cannot see how to achieve better outcomes through building strategic relationships with those being regulated, even though success has been achieved in other fields (see Heimer and Staffen 1995 for an account of parental support in neonatal care units). In part the fault may lie not so much with individual professionals, but rather with a bureaucratic structure that cannot meet the needs that exist among Indigenous groups. It should never be assumed that as institutions evolve, they do so in ways that are inclusive of the demands of all segments of the population; they may evolve to meet one set of political demands, leaving a large proportion of the relevant population behind. Exclusion then leads to this population disengaging from the authority’s domain of influence, sowing seeds for further and more widespread defiance and noncompliance that can swamp the enforcement capacities of the authority (Kennedy 1997; Kleiman 1993; Pontell 1978).

SOUNDNESS OF PURPOSE OF AUTHORITIES

A second theme running through the interviews was questioning of the purpose of actions that were taken by child protection systems. Unlike the criticisms directed at the injustice of procedures or the processes for getting things done, this theme expressed confusion as to what the goals of child protection were and questioning whether their methods led to positive outcomes.

Where Is the Help?

Much confusion centered on the belief that authorities should be supportive and able to help parents keep their children: “They’re meant to keep families together, not to rip families apart” (Interviewee 25). Another questioned the
authorities’ priorities: “Why don’t they help people who want to be a family, help them work together, work out their issues and be positive not negative about the family” (Interviewee 11). This expectation of keeping families together was central to the stories of participants: two-thirds sought help, having recognized gaps in the care they or their family provided.

Half of those recognizing gaps were parents. As one stated, “I called them in good faith, I needed help, I believed I was wise enough to recognize that I needed help” (Interviewee 3). Parents either initiated contact or recognized that contact with authorities by another party was justified because of issues that may have compromised children’s safety.

Carers, too, looked to child protection authorities for support. Grandparents, in particular, were clearly concerned to do what they could to provide a better life for their grandchildren but also for their biological children. Grandparents were not walking away from their responsibilities, but they expected help from the authorities: “[Child Protection could ask] if you needed help with respite. Everyone needs time away from the kids, even your own kids. The kids are there because of problems, otherwise [they] wouldn’t be there” (Interviewee 15, Grandmother).

Another interviewee echoed these sentiments: “They say kinship care is best but they give us no support. If they listen to us—we know what we need—especially in the first few months, you need support” (Interviewee 27).

Such help, however, rarely was forthcoming: “I was offered services, but they didn’t come through—lots of promises but no action” (Interviewee 2). There were exceptions, albeit rare. In three cases, interviewees expressed mixed feelings about the help received, and in one case a father who had moved from interstate shared a positive story. His sister suggested he ask child protection authorities for help for himself and his children, who were homeless. The child protection authority helped without being involved in an investigation: “[CP] helped us out immensely, got us on the housing waiting list,... they advocated on our behalf to get a house ... gave us hampers, toys and tucker, linked us in with support” (Interviewee 21).

The Importance of Family Bonds

Participants believed that child protection authorities should understand the importance of relational bonds, even if they saw them as damaging in some way for the child. They perceived little evidence of such understanding. Moreover, parents questioned whether what the child protection authority was doing for children was desirable, that is, whether workers were acting in accord with socially shared values, norms, and beliefs on best practice for children. Two aspects of failure to appreciate the importance of relational bonds emerged in the interviews: (1) failure by authorities to acknowledge familial bonds; and (2) failure by authorities to identify and harness existing caring partnerships with others.
Defined broadly, attachment is the long-lasting emotional bond that infants typically develop toward their principal caregivers and that is integral to a child’s development (Bowlby 1969). In this study those interviewed believed that attachments to family more broadly were important, consistent with parenting within Indigenous communities. What was seen as authorities’ dismissiveness of the bonds children have not only to parents, but also to other family members, generated distress and anger toward child protection agencies:

I was given a DVD of (child) at his first day at school—he was bawling his eyes out—I just wanted to be there and comfort him. [CP] said they couldn’t see how it was beneficial for me to be there for him at his first day at school. Their idea of my contribution was to get him a drink bottle and a lunch box. (Interviewee 1)

Carers often recognized the attachment between the children they were caring for and the children’s attachment to their biological parents and siblings, even if the authorities did not:

We’ve asked for counseling for the older one—her heart’s broken about her Mum. She’s very vulnerable but [CP] won’t organize counseling. We’re really worried about her. She’s desperate to be with her mother and to have a relationship with her. (Interviewee 16, Carer)

Another recounted,

[The caseworker] doesn’t see those children crying and cuddling each other when they have to leave—the escort person sees it, they just cling to each other. I have a recliner chair, they sit there with their arms around each other. I’ve never known a caseworker or social worker to be here when the children are with each other. (Interviewee 20, Grandmother caring for two of her four grandchildren)

Carers spoke of their own efforts to provide children in their care with opportunities for contact with birth parents. This included contacts that were “secretly arranged outside the department. It was really important that this father who had shown an interest have some contact” (Interviewee 44). Grandparents, in particular, regarded it as important to keep families working together to sort out their problems. While welcoming contact with authorities to share their concern for a child or young person, disappointment was expressed when problems were taken out of their hands: “We offered to sort it out ourselves . . . sit down, have a cup of tea, and they said, ‘no, we’re the workers’ ” (Interviewee 14, Grandmother).

While not discounting the complexity of these situations, parents and carers believed that authorities failed to acknowledge parent-child attachment, and they lacked interest in or willingness to enter into copartnering arrangements with informal networks. The perceptions of parents and carers that child protection authorities were unable to be responsive, not merely to
the needs of families, but more importantly to the efforts of families to build their capacity to care, is a disturbing finding.

**Good Outcomes for Children?**

Finally, parents and carers were not convinced of the ability of child protection systems to deliver on the most fundamental of aims: to achieve better outcomes for children. Participants spoke of negative outcomes for children and young people not because child protection authorities wanted to harm children but because things got “bogged down,” and the authorities were unable to keep on top of what needed to be done. Those interviewed reported having to consistently advocate for educational, health, and other services to be provided to their children in out-of-home care. Highly formalized, process-oriented regulation meant that parents, grandparents, and carers had to seek permission from authorities before undertaking what would normally be understood as appropriate action.

When I took my grandson to the doctor the Department said “you took him to the Doctor’s without our permission. You have no right to take him to the Doctor.” [When I challenged them] I was told, “Lose your attitude. Don’t you make demands on me” by the caseworker. (Interviewee 27)

Parents felt that their children’s educational outcomes were poorer because young people were not attending school while in the care of authorities as illustrated by the following comment: “[One son, aged nine] missed a year of school in [foster care]... [Other son, aged ten] had no schooling during this time” (Interviewee 28, Parent referring to children’s foster placements).

Parents and carers commonly saw the child protection system as inflicting its own harm on children in its care. One interviewee described a path from child protection “to juvenile justice to adult corrections—that’s the training” (Interviewee 13). Another recounted a more personal version of this story:

[Child Protection] let the young teenagers go into hostels. They went to ruin since being under [CP]. I haven’t seen them so bad. They’ve been in more danger since they’ve been under [CP]. [I’m] writing a letter to the Ombudsman. They’re in juvenile detention now—got into trouble with ice and stuff. (Interviewee 7)

**CONSTRUCTING SOCIAL IDENTITIES: AFFIRMING AND EMPOWERING INDIVIDUALS?**

An important function of regulatory authorities—and one that is known to improve their effectiveness in eliciting future compliance—is praise (Braithwaite 2002; Makkai and Braithwaite 1993). Praise by an authority
strengthens both willingness to meet social expectations and belief in self that one is capable of doing what is required, in this case good parenting. Perceptions of self-efficacy build capacity and compliance (Jenkins 1994). Equally important is a shared understanding of what good parenting means and commitment from parents, families, and child protection workers to work together to continuously improve performance until agreed goals are reached.

In this study there was little evidence that child protection systems had been effective in building a shared understanding of parenting goals or self-efficacy in capacity to attain those goals. Indeed there was considerable evidence that bureaucratic decision-making processes had lost sight of the person, inducing a state of alienation, if not helplessness, in families.

For individuals trying to improve their situation, context presents constraints and opportunities. The accounts of interviewees suggested that child protection workers tended not to engage with the constraints and opportunities presenting themselves in Indigenous families. Child protection authorities projected indifference to context and were intent on rigidly applying rules. Bureaucracies might defend this behavior as a way of ensuring that their officers are not arbitrary in their decision making or inconsistent in their record keeping. Parents and carers, however, deeply resented what they interpreted as lack of empathy and dominance and control. The absence of an attempt to engage with individuals and understand their circumstances was considered unacceptable:

They [CP] should talk it through. Not say, “We’re going to do this and this is our job.” They talk about themselves, not listen to parents; [they just] listen to themselves, their job’s inside their mind. They only understand what they have to do, not understand what the human being inside the parent wants. Do they have children of their own? Do they know how it feels? I bet they don’t. It’s like they’ve got no heart. They rub their heart out. (Interview 11)

In many cases, participants felt that decisions were a consequence of applying formal rules that were destructive of hope to rebuild families. For example, a number of mothers found themselves in an unenviable dilemma. They had left their family home to escape domestic violence, but then they found that they were not eligible for housing, because their children were not living with them, and that child protection would not allow them to have their children, because they had no housing.

I had to throw my housing in when I came here [detox center] . . . [The Department of] Housing wouldn’t hold it. I’ll have to apply for housing again. I put myself in rehab. There’s a family program here—I could have brought my kids here—I was given no option to bring my kids here. I have to go back to court to get them back. Get some secure housing . . . (Interviewee 25)

The capacity for child protection to exacerbate the difficulties people were having was significant. Parents and carers referred to having to “gather the
debris” (Interviewee 4) following child protection intervention. Others spoke of having their “life... turned completely upside down” (Interviewee 29), having “a great job—lost it,... [leaving their] whole life wrecked” (Interviewee 13). Indeed, with the exception of one interviewee, it is reasonable to conclude that encounters with authorities were routinely described in the following way: “They walk in and leave your life in pieces... turn your life upside down... they fight you in court then leave you and say ‘go and see your psychiatrist’ ” (Interviewee 1).

COMMITMENT AND HOPE FOR A BETTER FUTURE

Given the significant complaints that participants had and the historical context, it was striking to find hope for positive engagement between child protection systems and Aboriginal families, albeit tempered by the insistence of respondents that intervention occur through cooperation with them.

Most important for a regulatory system is acknowledgement by those whom it seeks to regulate that it has a valid role. The data showed that two-thirds of interviewees directly referred to the need for child protection authorities to keep children safe and an expectation that this responsibility lies with government when all else fails:

When there is child abuse something has to be done, who else can intervene, intervention must come from the state. (Interviewee 32)

[Child Protection is] needed in society, yes, just like the police, it’s just the process that needs to change. (Interviewee 6)

Those interviewed were resistant of authority, not dismissive. They wanted to change the system to make it fairer and more effective. They did not want to do away with it altogether.

Parents also talked of the possibility of child protection systems one day working with Indigenous parents rather than against them. Indeed, the issue of partnerships involving formal and informal care networks is one that received a sympathetic hearing from respondents, even though they interpreted the authorities as lacking interest. Forty percent of respondents mentioned the possibility of “partnering” with authorities, even bringing in “third party regulators” to keep children safe: “Instead of taking the kids, put the carer in the house or take the family and put them in a house with a carer” (Interviewee 2).

Finally, it was significant to find that many of these parents had hope in themselves and in their families. While accepting that they had problems, many of the parents and carers had faith that they and their extended families had the capacity to do well if given the support they wanted: “I knew I was a good person. I knew I was a good mother. I had an open mind and I wanted to strive to improve” (Interviewee 4).
Interviews with forty-five parents and carers of Indigenous children placed in care revealed indignation over the historical removal of children from their families and despair at how present practices perpetuated injustices of the past. They reported disrespectful procedures that were discriminatory and stigmatizing, and that communicated to parents and carers that they were untrustworthy without an important social role to play in the lives of children. Interviewees challenged the ways in which authorities claimed they were protecting children, the soundness of purpose in the interventions they initiated, and their follow-through. Interviewees also challenged the failure of authorities to be responsive to individuals as human beings and to be responsive to the cultural context in which they were exercising their power. Together these findings reflect perceptions of integrity failings in government that can be expected to undermine cooperation with authorities (Braithwaite 2009).

Integrity failings, real or perceived, need to be addressed within the regulatory context, but the regulatory agenda cannot be abandoned while this happens. In this respect, the data presented in this article are supportive of a responsive regulatory approach. There is need to enforce as well as persuade. On the basis of the forty-five interviews conducted in this study, a positive sign for future progress emerged through interviewees expressing hope for finding better ways of protecting children in the future. Importantly, at least some of those interviewed were ready to constructively engage with authorities to improve current practices. Not one of those interviewed expressed the view that child protection lacked legitimacy as an authority set up to protect children from harm. Generally, interviewees recognized the dangers facing the children once in their care.

There was, however, confusion and discontent about less abstract outcomes, purposes and goals. The perceived failures of the state to care adequately for children and Stolen Generations more broadly, and the tension between helping families to care versus removing children to ensure their safety, emerged as major obstacles to reforming child protection systems. In these data, there are warnings that applying a standard responsive regulatory approach is not going to be sufficient for delivering cooperative outcomes with Indigenous communities. There appears to be too little agreement or shared understanding about regulatory goals to give authorities confidence to escalate up the regulatory pyramid. Such lack of confidence is likely to be fuelled by the criticisms and resistance of parents and carers. Responsive regulation requires regulators to have clarity of communication and emotional intelligence to withstand difficult behaviour on the part of those being regulated. On the basis of the interviews conducted for this study, the settings are not yet right for reasonableness and emotional intelligence in regulatory encounters to triumph.

It is in this respect that restorative justice assumes a crucial role within a responsive regulatory framework, one that is even more important than that
foreshadowed in the introduction. Restorative justice is a tool for empowering marginalized voices and creating opportunity for authorities to understand and change practices that may do more harm than good. Restorative justice can be thought of as the entry point to building acceptance of an enforcement regulatory system through creating better understanding between authorities and Indigenous families around purpose and grievance. The anger, frustration, and historical injustice expressed in the interviews suggested that much more collective and individual healing of the kind that can be made possible through restorative justice is required before cooperation might reasonably be expected. The central idea of restorative justice is to talk through the harm and use the strengths of individuals in the group, including the perpetrator(s) of the harm, to make amends (Adams and Chandler 2004; Burford and Adams 2004; Pennell 2004; Braithwaite 2002). The approach does not walk away or hide hurts—be they abuse of a child, stigmatization of parents, or humiliation of family. All these harms can be addressed with the cooperation of those in the restorative justice circle.

In theory, a restorative justice circle can be convened at the request of families without involvement of child protection authorities if there is no evidence of child abuse or neglect, that is, if the law has not been broken. This is an important point for authorities always wary of involvement in resource intensive activity. A restorative circle can build support for Indigenous children and parents and prevent escalation of poor parenting to the point where it is identifiable as abuse and neglect. That said, when the law has been broken—when there is evidence that a child has been neglected or abused, the starting point also should be a restorative justice circle or conference. Court proceedings inadvertently switch the focus to the parent, and when the story captures the media attention, the switch is complete with preoccupation with stripping that parent of rights and privileges because of what she/he has done. A restorative justice approach keeps the focus on restoring well-being to the child, giving everyone a chance to agree that things can be done to give the child a better future, and that everyone in the circle can contribute in a constructive way to making that future a reality.

The argument for making the restorative process so central within a responsive regulatory framework, regardless of the seriousness of the problem, is empowerment of the Indigenous family and its support network. Empowerment is a forerunner of parents’ and families’ accepting responsibility. Equally important is a clearly articulated and agreed plan to ensure the child’s safety—who will do what and when will it be done. The command and control imperative of some regulators for “assessment compliance” (Harris, forthcoming) and telling people what must be done takes a backseat to listening, understanding the family’s problems, and allowing families to develop their own solution to ensure the safety of the child. At the level of restorative conferencing, the child protection authorities are on a par with other participants: they do not dominate or dictate the agenda, although they are expected to meet their responsibilities of clarifying standards and insisting that they be met.
If the restorative justice space fails to provide a net of support around the child and parents, a responsive regulatory approach would ratchet up the authority’s intrusiveness. Responsive regulation recognizes the multiple levers that can act on individuals to ensure they meet regulatory standards, but the priority is to use the minimum force required within the law to elicit compliance. With this in mind, a third-party nongovernment agency, for instance, might be asked to increase its involvement in managing the case, and others may be required to work more intensively with the family. If the child was in danger, the child might be temporarily removed. Ideally, this would be done with the permission of the parents. The restorative conference would have set out a plan for ensuring the child’s safety, and when the plan proved unsustainable, parents would understand that the child would be safer in another’s custody until a new plan could be worked out and implemented. Another restorative justice conference of the care network would be called to revise or strengthen earlier decisions.

If progress toward creating security for the child could not be made through the help of an agency, deterrent measures through the court system might be initiated. The court would determine the nature of the contact between parent and child. If all else failed, the state would assume custody of the child. Again, restorative justice conferencing would be used to discuss the problem and implications. This time, it would be a more formal gathering presumably given the involvement of the court in the case. These graduated steps of coerciveness would not be a surprise to any participants in the restorative justice circles. The important feature of this process is that it commits to working with parents and families in a manner that empowers, values their point of view, and seeks to persuade and encourage change in a respectful and collaborative manner. Should this process break down, the authority ratchets up its control and assumes greater decision-making power—an outcome foreshadowed, expected, and agreed to as the appropriate course of action at the outset.

CONCLUSION

Helping parents become good parents has long-term benefits for a society, benefits that extend beyond the family—investing in parenting programs is much like investing in education. These data affirm that the well-being of children is of concern to parents who have lost their children, to carers who have become surrogate parents, and to child protection authorities that regulate both parents and carers. For this reason, harnessing the caring response within parents and families, and coordinating caring networks, should not be as difficult as it has become. This article recommends reform that enables a bottom-up approach to goal setting (restorative justice) and a top-down approach to ensuring shared and agreed goals are achieved by all parties (responsive regulation).
If the process is managed properly and the goals shared and articulated, a more emotionally intelligent approach to child protection should be available to all. Parents who engage positively in ensuring a safe future for their children may not choose to commit to being their child’s primary guardian. They may elect to give up their parental rights permanently—or temporarily. This is not necessarily a bad outcome. Through restorative processes, a journey of transition in parenting occurs, coparenting may be an option, adopting children yet another. Undoubtedly the journey will be difficult for families, with fear, sorrow, and shame. But on offer through a restorative justice/responsive regulatory approach are the benefits of honesty, genuine and useful support, and a shared understanding of circumstances. Such benefits seem to be sadly lacking for the Indigenous families interviewed in this study and historically for generations of Indigenous Australians.

NOTES

1. The rate of Indigenous children in out-of-home care was almost nine times the rate of non-Indigenous children, 41.3/1,000 Indigenous children compared to 4.6/1000 for non-Indigenous children (Australian Institute of Health and Welfare 2009a).
2. It is sometimes assumed that social workers and law enforcement officers rescue children. We don’t dispute this contribution. But it should be acknowledged that children may fear these people. Having Indigenous children fear officers constitutes abuse of power, as does fear of harm from parents.
3. Two of the forty-five carers identified as non-Indigenous were caring for Indigenous children. On the basis of their close involvement with and acceptance by the children’s Indigenous communities’ the carers were accepted as part of the study. Both were heavily involved in Indigenous welfare and cultural activities and played facilitating roles between the children they cared for and their parents and families in order for an ongoing relationship to be maintained.

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A necessary engagement

An international review of parent and family engagement in child protection

Mary Ivec
Social Action and Research Centre
Anglicare Tasmania
A necessary engagement: an international review of parent and family engagement in child protection
Mary Ivec

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As a child I was conscious of the disdain many people showed to my mother because of the way she treated my father ... and because she did not properly care for me ... Now as an adult, I read the same disdain for her in the many reviews of the film... This pains me deeply. Very often the hostility presents as a concern for her victims, me primarily. The concern is I think sincere, but it is pernicious because it suggests that my mother was such a bad mother and wife that she was not deserving of my father’s love and kindness or even the love of her son. Such concern is no kindness to a child on behalf of whom it is expressed, because it can never be a kindness to a child to undermine its love for its parents by suggesting its parents are not deserving of its love. No one is undeserving of love, not because everyone really is deserving of it, but, because unlike admiration or esteem, love, deeper than both, has nothing to do with merit or desert.

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The posters of parent advocates from the Child Welfare Organising Project and Bridge Builders in The Bronx, the Seaman's Society for Children and Families in Staten Island, and Children's Village in Manhattan are reproduced with the permission of the Child Welfare Organising Project (New York).

The report's author, Mary Ivec, dedicated this report to Emma, and to all those parents who struggled to be heard.
Acronyms

AIFS  Australian Institute of Family Studies
ATSI  Aboriginal and Torres Strait Islander
CRoC  Convention on the Rights of the Child, also referred to as ‘the Convention’
CRP  Citizen Review Panel
FGC  Family Group Conferencing
FGDM  Family Group Decision Making
NGO  Non Government Organisation
SWR  Social Work Reclaimed

Glossary

The terms child welfare services, child protective services and child protection services are used interchangeably in this report. They are used to describe statutory interventions.

Multisystemic therapy is an intensive family- and community-based treatment program. It focusses on addressing all the environmental factors that affect young offenders, such as their homes and families, schools, neighbourhoods and peer groups.

The term parent peer is used in this report. In various contexts parent peers are also referred to as: consumers, advocates, parent partners, alumni, activists, mentors, coaches, buddies, leaders, veterans, peer advocates or advisors.

Wraparound services are holistic services developed by a team convened to address the needs of the child and family. The team consists of family members (including the child), community partners and professionals. Wraparound services have two goals: independence from formal professional supports and services, and to keep children out of institutional care and in care with families.
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This report provides a review of international and national models of engagement, support and advocacy for parents who have contact with child protection systems. How statutory child protection systems engage with parents ultimately affects the outcomes for children, including safety, permanency and wellbeing. While social work practices that emphasise people’s self-determination and strengths are recognised as fundamental to eliciting change in parents when care standards have faltered, there is widespread acknowledgment of the struggle child protection authorities have to meaningfully engage parents and families.

The experiences of those who historically have been at the receiving end of child protection interventions and practices have gained public awareness through actions such as government apologies for past system failures and Senate Inquiries. Contemporary child protection systems continue to labour under regular public criticism. Research findings show that parents’ experience of their engagement with child protection is often still disapproving, degrading and exclusionary.

Moving child protection practices away from stigmatisation and towards reintegration is shown to be possible and achievable through a number of models and practices which enable parents and families to take responsibility, heal through repairing relationships and build commitment to better futures for their children.

This review found that strategies for parent and family engagement were diverse and evident in prevention, early intervention and tertiary intervention initiatives. Proven or promising practices included home visiting programs; nurse-family partnerships; community-based models offering educative and supportive ways for diverting children and parents away from child protection systems; family group conferencing in various forms; birth parent-foster parent partnership programs which strengthened these alliances; visitation coaching for parents with children in care; and family reunification programs. These strategies covered all aspects of child protection intervention — from screening and assessment through case-planning and decision-making, to service delivery, case review and case closure.

Models of engagement were used at a community level as well as at a case management level. Consumer-led or peer initiatives included writing personal stories for a national newsletter and parent peers and mentors assisting other parents whose children
were at risk of removal or had been removed to state care. Parent forums provided input to policy development, service design and evaluation. In this, as in other contexts, the use of peers has been found to break down some of the stigma attached to seeking help from professionals.

Service initiatives targeted parents with special needs which had brought them to the attention of authorities, such as drug and alcohol misuse. Family drug treatment courts have been highly effective in engaging with parents with substance abuse issues. Both parents and service providers are kept accountable by an approach which offers high support and high control in order to achieve safety and permanence for children. Other services targeted fathers, young people leaving care and parents of diverse cultural and linguistic backgrounds.

Cultural differences gave rise to special community-state partnerships such as those trialled with Indigenous communities (Hollow Water, Manitoba, Canada and the Family Responsibilities Commission in Queensland). These programs aim to bring the authority for decision-making back to the community while also having the backing of formal state legal and child protection systems.

Strategies and approaches which emphasised engagement with parents articulated a shared value base. They displayed a strong commitment to keeping families together and ensuring that children were safe at home with parents who knew how to best look after them.

The proposed classification for parental engagement in child protection is one that can bring together the social work (support) and child protection (control) systems. Support and control are the basic dimensions for a responsive regulatory and restorative justice approach. Such an approach promotes reintegration processes throughout the child protection continuum that can build on strengths, while being clear on expectations and sanctions if behaviour change is not forthcoming. The examples in this paper are compiled from national and international practice and literature and show a promising and hopeful restorative imagination and aspects of a responsive regulatory approach in some child protection jurisdictions.

Restorative practices embrace dialogue, active responsibility, healing, building relationships, building human capabilities and prevention of future injustice (Braithwaite, J 2011). In a child protection context, restorative approaches acknowledge harm done, restore safety to the child, restore confidence to the parent, heal damaged relationships and offer hope for the future. John Braithwaite has outlined the principles which guide responsive regulation (2011). Reviewing these in light of what is seen in the literature generally in terms of restorative justice philosophy, the key principles which guide effective parent and family engagement can be defined as:

- think in context (be it the family, the community or the wider system) and do not impose a preconceived theory;
- listen actively by engaging all stakeholders; be clear on what is to be expected; be outcome focused and problem-solving; build commitment by having families find their own motivations to improve; communicate staying power and belief that change is possible;
- engage fairly and respectfully including with dissenting voices, whose experiences can often lead to improved ways of operating;
- embrace systemic approaches — multiple decision-makers and problem-solvers (networked governance) make better decisions than sole decision-makers removed from the front lines. Community collaborations with a coalition of key and diverse partners can assist at a family or a systems level;
- be collaborative in capacity building — shared responsibility requires shared decision-making. The key to the success of many of the models of engagement is to think through all major decisions and to bring the authority for decision-making as close to the family as possible; and
- learn, evaluate and share what is learnt.

The models and practices identified in this review cultivate restorative spaces in families, communities and systems, and enable restorative conversations that in turn help build engagement. Bad habits of past child protection practices can be unlearnt. Risk-averse and highly bureaucratised child protection practices can be challenged. More natural forms of human engagement based on respect and trust can trump directives and threats, which have been unequivocally shown to be counterproductive to the long-term interest of children and their families and communities.
Most professionals involved with the child protection system understand the bond, sometimes good, sometimes bad, that children have with their families. Families cannot be written out of existence. But writing them into a child’s history in a way that safeguards a child’s safety in the eyes of the broader community is a more challenging task. This report provides a review of models of engagement, support and advocacy for parents who have contact with child protection systems. It brings together a national and international review of literature, organisations and individuals who are leading the way in parental and family engagement in child protection systems. The focus of the report is to identify actual practice models where good engagement takes place, is sustained and achieves positive outcomes for children and families. Actively seeking out and speaking with those who are solidly engaged with parents and families affected by statutory child protection authorities unearthed a wealth of information.

Internationally, child protection practice is being radically redesigned and transformed. Child protection systems in many countries are actively engaging with parents and families. Programs connect birth parents to foster parents. Birth parents who themselves have experienced child protection intervention work as peers, mentors and advocates alongside other parents in the child protection system. In this way, parents affected by state intervention are reclaiming their power as parents, as citizens and as active agents of change within child protection institutions. These changes are most notable in the United States of America, which leads the world in terms of researching and applying research to practice models of parental engagement in child welfare, but service models and interventions in New Zealand, the United Kingdom and Europe are also providing evidence of inspiring leadership and activism in reducing the number of children entering care and improving rates of reunification. Embryonic attempts towards parental engagement are also being made in Australia and are identified in the report.

This report offers an initial scoping study, a necessary first step to identify practice models which are effectively engaging parents in child protection. In particular the report examines international and emerging national models and interventions that:

- support parents to address the underlying risk factors and meet the conditions imposed by child protection to promote reunification;
- facilitate a continuing positive relationship between parents and their children living in out-of-home care, whether or not they are eventually returned;
- address issues of parental grief and loss and the trauma of removal;
support partnerships with parents and provide opportunities for them to participate in decision-making (for example through family group conferencing (FGC));

- provide advocacy and representation for parents, including consumer-led initiatives;

- promote collaborative working with adult-focused services (for example mental health and alcohol and other drug services) to address complex needs; and

- use consumer engagement initiatives.

While a strong commitment to parental engagement in child protection is evident in the practice examples provided, the reality is that most child protection systems across the western world do poorly in this regard. Public inquiries in Australia have identified that child protection processes leave parents feeling unsupported, marginalised and confused, with little knowledge of their rights or support to promote the chances of reunification. This report identifies initiatives that have gone against that trend and have successfully built parental and family engagement in the child protection field.

What emerges is an array of strategies that provide support for parents, opportunities for learning and skills development, advocacy and peer support based initiatives, from informal neighbourhood programs to more formally organised structures such as family drug treatment courts. Path-breaking models were identified where foster care agencies employed birth parents who had successfully navigated the system to work with foster parents and other birth families to facilitate positive connections, regardless of whether children stayed in foster care or were reunited with birth families. These recently developed models confidently strive for win-win solutions. Restoring safety to children, restoring parental morale and restoring authority and power to parents and families are not seen as incompatible goals. Indeed, the premise is that all parties need to be actively involved in decision-making processes for successful outcomes.

Many of the initiatives described in this report are, by virtue of their genuine engagement and shared decision-making with parents, promoted as empowerment models. But they are not empowerment at the expense of the child. The empowerment of parents advances the wellbeing of children. Consumer-led initiatives are an excellent example of empowerment models in child protection, where parents who have transformed their lives have become parent advocates, mentors, peers and activists. In turn, these advocates and mentors become an established part of child protection and foster care systems and the way child protection business is done.

In Australia consumer-led initiatives are in their infancy in child protection, although this is not the case in the fields of mental health, disability or Indigenous services. Mental health services, like child protection services, are regulated by legislation and have involuntary components to their interventions, such as seclusion and restraint practices. Consumer input and consultation is now an accepted part of reviewing seclusion and restraint practices in the mental health field. The idea that statutory services need not consider client engagement is therefore challenged in public sector management and in the regulatory literature (Alford & O’Flynn 2012).

Drivers of change in the international arena have come from various quarters. Individual practitioners, small teams, child welfare departments partnering with university research centres and local service providers, schools of social work and law faculties all have played a part. So too has litigation or the threat of litigation been a catalyst for system reform. Litigation has been led by national child advocacy and civil liberties groups but also by individuals willing and able to challenge the decisions of statutory authorities. Various reviews into child protection practices also focused public attention on particular problems within the system — for example, the Race Equity Review in Michigan (Center for the Study of Social Policy 2009). Major reviews and evaluations in the USA identified themes which are common criticisms of child protection systems across the English speaking world: over-representation of minorities; a gap between service philosophy and practice; lack of accountability; and lack of belief that families could keep their children safe.

The programs and practice models that have been identified as part of this review would best be described as offering ‘islands of civility’ (Kaldor 2007) in the child protection world, which has been shown historically to have caused great damage to those it sought to protect. These promising practices and models have the potential to flourish into organised and embedded ‘institutions of hope’ (Braithwaite, V 2004) within child protection systems. There are certainly many lessons for Australia. Through the examples identified in this report, features can be drawn out to form a classification of effective approaches to better
engage parents involved in the child protection system.

The work undertaken to date by Anglicare Tasmania on consumer engagement in the delivery of alcohol and other drug services (Hinton 2010) and models for consumer participation and advocacy in mental health services (Hinton 2009) are valuable companions to this report when considering possibilities for improving parental engagement in child protection. The mental health consumer movement has succeeded in including consumer participation as a routine part of service delivery and evaluation, policy and planning. In Australia, child protection, like mental health, remains a state and territory responsibility. Yet both mental health and child protection now have national policy frameworks. A vision for transforming child protection systems can be informed by the work of the mental health consumer movement and the disability movement. In fact collaborations and coalitions between the sectors could open up new possibilities — such as parent peer workers in child protection. Just as mental health peer workers are helping in addressing workforce issues in that sector, so too the development of parent peers could stem the tide of departures in the child protection workforce.

The role of resistance in this work cannot go unnoticed. Identified in this report are examples of activities initiated by those who made a ‘decision to resist’ institutional practices which were experienced as oppressive, dehumanising, disempowering and humiliating (Falzon 2012) by typically poor and minority group families and their children, sometimes over generations. These acts of resistance taken by parents in solidarity with concerned professionals against child protection systems speak to the power of the State (Falzon 2012) across various parts of the globe. Parents and families are finding their voices (Tobis 2013), speaking their truth to power and claiming a space (Falzon 2012) where no space had existed for their stories. By speaking the truth to each other and to those privileged to stand in solidarity with them, examples of the real power for social change is coming from the people who achieve it on the ground.

### 2.1 Background and rationale for the research

Government inquiries into child protection in Australia have identified the need for child protection agencies to actively engage families and children in decision-making processes when child safety issues exist (Parliament of Tasmania 2011). The research literature stresses that meaningful family engagement is the foundation of good casework practice that promotes safety, permanency and wellbeing of children and families in child protection (Marcenko et al. 2010). While there is a substantial literature on the importance of engagement, pathways for engagement are less well established. Questions surround the practitioner skills necessary for engagement. Rituals and routines from the past often impede effective engagement with statutory clients. The focus of this report is to identify actual practice models where good engagement takes place, is sustained and achieves positive outcomes for children and families.

This review does not ignore the concerns of children, but it is focussed on parental engagement strategies. Each program has explicitly identified the goal of child safety. This review looked at efforts to change and engage with the adults and systems around the child in order to provide for children’s safety. It is noteworthy, however, that effective evidence-based interventions that do target children and young people in the child protection system stress the importance of including birth parents in the process through interventions such as ‘wraparound’ (See Glossary). (For an excellent resource on the topic of engaging young people in child protection, see Schmied & Tully 2009.)

The fact that practice often leads research (Braithwaite, J 2002) means that this environmental scan of what is happening in the practice world will yield information yet to be the subject of research attention. Where activities have had positive evaluations, these have been mentioned and links to relevant websites provided. While this research has drawn on interviews, scholarly literature, previous reports from existing work on parental engagement, internet databases and clearinghouses, the report cannot claim to be an exhaustive list of activities, programs or policies worldwide.
2.2 Methodology

The programs and initiatives cited in this report were identified through internet searches, direct contact with practitioners and literature reviews.

The project included identifying service models, interventions, strategic approaches and policy frameworks nationally and internationally. These were identified through internet searches of clearinghouses and databases, desktop research, literature reviews and direct contact with practitioners. While the compilation of programs is not exhaustive, the search to identify them has been extensive.

Email and phone contact with several key informants yielded very positive responses and an interest in maintaining contact into the future. It was noteworthy how important networks are for exchanging information and experiences in this newly emerging field of practice.

Over 100 programs, approaches and interventions were identified as examples of how to engage parents in the child protection process. These programs were classified according to who, or what, the interventions aimed to change. The programs were also classified to reflect the level of intrusiveness into family life the intervention represented. The least intrusive interventions included those generally provided while children were still at home. In contrast the highly intrusive levels of interventions reconfigured the way formal regulators operated once children were removed or were in the process of being removed.

2.3 Defining engagement and user participation

User involvement can encompass many activities from participation in decision making and representation in policy forums, through to consultation and information giving, paid employment and peer-led services, delivering education and training, self-help and mutual support groups and involvement in individual treatment decisions. It can be seen as a democratic right and an ethical requirement.

(Hinton 2010, p.13)

The engagement of parents in child protection can be thought of in many ways. Early intervention, prevention, intervention or multilevel approaches all aim to engage parents. Engagement will no doubt be easier if a service or program is voluntarily sought out by parents. Once participation is involuntary, engagement becomes more elusive with drop-out rates especially high (Rooney 2009). Parenting classes, court mandated treatment and reunification services are just a few of the activities that can be involuntary, in which parents need to participate to show their ability to safely care for their children. Without this assessment compliance (Harris 2012) and successful completion of programs and treatment, reunification is threatened. Parents’ willingness and ability to comply with authorities and their recommendations will depend on a range of factors, from caseworker relationships to practical considerations such as transport.

Strategies for improving birth parent engagement (e.g. early outreach and frequent contact), including reducing institutional mistrust through a supportive atmosphere where goals are clear and established and removing logistical barriers (e.g. transportation and child care), can be utilised to increase birth parent participation in the child welfare system.

(Corwin 2012, p.23)

The difficulties in engaging parents are further complicated when parents are fathers, come from a minority cultural background, have a mental illness, have a drug or alcohol problem, have a disability, are incarcerated, are young or may themselves have experienced growing up in care (Child and Family Social Work Journal 2012). Effective approaches to practice when working with parents where these characteristics and issues are present will be discussed in more detail later in this report.

A well known framework used to examine different levels of citizen participation is Arnstein’s Ladder. This graphically portrays who has power and control in decision-making. Eight levels of participation are identified from ‘non-participation’ (manipulation and therapy) through ‘tokenism’ (informing, consultation and placation) to ‘citizen power’ (partnership, delegated power and citizen control) (Arnstein 1969). While a simplified classification, Arnstein’s work is still considered to retain considerable contemporary relevance (Cornwall 2008). However, when contextualised, these levels of participation become more ambiguous (Cornwall 2008).

The reality for parents engaging with child protection services is that they generally experience ‘bottom of the ladder’ levels of participation. For example, it might be argued...
that the special Indigenous Units in Australian child protection services have power to represent the interests of Indigenous children. In practice, Indigenous Units within child protection systems and grassroots Aboriginal-controlled childcare organisations have had little voice or influence in reducing the numbers of Indigenous children in out-of-home care (Ivec et al. 2012).

In the child protection context, working in partnership with parents and families may be the aspirational policy position, but when applied in Arnstein’s model, partnership would require power to be redistributed through negotiation between parents and authorities, allowing for shared planning, decision-making responsibilities and going ‘from involvement to influence’ (Cornwall 2008).

Being involved in a process is not equivalent to having a voice. Voice needs to be nurtured. People need to feel able to express themselves without fear of reprisals or the expectation of not being listened to or taken seriously... Translating voices into influence requires more than simply effective ways of capturing what people want to say; it involves efforts ‘from above’ and ‘from below’ (Gaventa and Robinson 1998). From within the authorities, responsiveness is contingent on wider institutional changes and the political will to convert professed commitment to participation into tangible action. And ‘from below’, strategies are needed to build and support collectivities that can continue to exert pressure for change.

(Houtzager & Pattenden 1999, cited in Cornwall 2008, p.278)

What this report does show is that activities exist which are bottom up, top-down and ‘side-out’ (Braithwaite, J 2011). This report uses Arnstein’s model as a tool for evaluating interventions. What is the aspiration? What happens in practice? The examples provided in this report may serve to cultivate possibilities yet untested in child protection and ways of ensuring that aspirations for empowerment are realised in practice.

### 2.4 Limitations of this report

Continuous government reviews, inquiries and reforms are the norm in child protection systems internationally. Pilot projects and new initiatives develop in response. These projects have varying lifespans, are often time limited and despite showing promising evaluations may not secure continued funding. Many have run on the sheer commitment of those who have been affected in some way by child protection intervention. Examples that have been sourced include promising interventions in hibernation awaiting funding opportunities, but considered to be positive developments in the field. The stop-start nature of these projects makes it difficult to comprehensively capture activities in the field and means that many small projects may never see formal evaluations surface in the public domain. For this reason, cost-benefit evaluations are rare. There is no definitive set of programs identified in this report as ‘certain to work in a cost-effective manner’. In addition, it is worth noting that other experimental models and approaches could undoubtedly be found if time permitted. (For a review of the evidence of the cost-effectiveness of interventions in children’s services see Stevens et al. 2010.)
Changing patterns of policy responses and emerging orientations in child protection systems in ten countries have been comprehensively analysed by Gilbert (1997) and Gilbert et al. (2011). Two broad policy approaches to abuse and neglect identified in Gilbert’s earlier work described statutory responses as either child protection or family service oriented. His more recent analysis captures the emergence of a child-focused orientation. Instead of limiting its concern to harm and abuse, the state now assumes concern for the child’s overall development and wellbeing.

While different countries were seen as leaning towards child protection or family service oriented child protection systems, a blending of orientations across countries is now more evident, according to Gilbert et al. (2011). Child protection policy and practice is aiming to maximise family support within child protection-focused systems and to make stronger efforts to address child safety concerns in family service-oriented systems (Gilbert et al. 2011).

While child protection systems across Australia fall under the jurisdiction of state governments, the National Framework for Protecting Australia’s Children 2009-2020 provides an overarching policy response promoting the safety and wellbeing of children and the reduction of child abuse and neglect nationally (Council of Australian Governments 2009). The framework, along with many state government reforms, focuses on early intervention and prevention approaches to enhance child and family wellbeing. A ‘whole of community’ approach that promotes child protection as ‘everyone’s responsibility’ is advocated. In addition, ‘child friendly’, ‘child safe’ and ‘child-focused’ policies have become part of the wider social policy landscape. In Australia, this is
evidenced in initiatives relating to public health (DoHA 2012), childcare and education (DEEWR 2012), crime prevention and justice including family violence (FaHCSIA 2012b) and juvenile sex offenders, drug and alcohol and other adult-focused services (Ministerial Council on Drug Strategy 2011), Indigenous health and social services (FaHCSIA 2012c; Australian Government 2013), employment and income security (FaHCSIA 2012c) and family law and family relationships services (FaHCSIA 2013b).1

Another important focus of child protection policy in Australia relates to Indigenous children. Just as racial and ethnic disproportionality continues to feature across child protection systems in Anglo-American, Nordic and European systems (Gilbert et al. 2011, p. 250), Indigenous children remain significantly overrepresented in Australian child protection systems (Australian Institute of Family Studies 2012). Historical removals of Indigenous populations also continue to impact on contemporary child protection systems (Ivec et al. 2012) with policy responses aimed at curbing racial over-representation still floundering (Gilbert et al. 2011).

As well as attempts to address the issue of over-representation of Indigenous children in the child protection system, the National Framework commits to trialling alternative child protection models for Indigenous communities. In order to do this, the Commonwealth has cut across normal state powers and legislated in some instances for particularly controversial child protection policies relating to Indigenous Australians living in rural-remote communities. These policies have included the Northern Territory Emergency Response (FaHCSIA 2012a), Stronger Futures (Australian Government 2013), the Family Responsibilities Commission and the Cape York Trials in Queensland (FaHCSIA 2012a), and actions taken in Anangu Pitjantjatjara Yankunytjatjara (APY) lands in South Australia (Macklin 2012) and in the Kimberley in Western Australia (Macklin 2011). Both opposition to and support for these models can be found in community and government circles. It is too early to report whether these initiatives will result in improved outcomes for children and families.

The National Framework for Protecting Australia’s Children aims for a more integrated response to the separate efforts of family support and child protection services, which are currently seen as failing many children and young people (Council of Australian Governments 2009). What may be helpful when considering a more unified approach is to consider how best to protect children while preserving and supporting families. This position is usually presented as a children’s versus parents’ rights issue, but according to a number of leading social work practitioners and researchers (Pennell et al. 2011) the two are not irreconcilable. Ethically, claim Pennell and her colleagues, ‘family engagement is a way to uphold both child and family rights’ (Pennell et al. 2011, p.9). Secondly, while policy intent on engagement with families is evident, a specific focus on how this engagement could be strengthened at an operational level is lacking. In Arnstein’s terms, aspirations are higher up the ladder, practice is at the bottom.

Future efforts in national child protection policy development may well be guided by national mental health policy, where engagement with service users is more directly addressed. For example, the Fourth National Mental Health Plan outlines consumer experiences of engagement with mental health services (including those from culturally and linguistically diverse backgrounds) as being improved through service development that supports advocacy and enables self-determination to the greatest extent possible (Australian Health Ministers 2008). While the child protection policy domain rightly positions a ‘united approach’ as being integral to children’s safety, it is the legislative framework that binds authorities to work within a child protection and family support framework.

The next section will examine some of these legislative frameworks in Australia and internationally.

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1 Policies linking child protection to income management of families on Centrelink remain highly controversial, reactive, and many argue they are discriminatory and reflect past colonising policies (see for example, Hunter et al. 2012).
Child protection legislative frameworks: Australia and overseas

4.1 Child protection legislation internationally

Legislation aims to protect children from abuse and sets out the legal foundations for and overarching goals of child protection systems. These legally defined activities guide child safety reporting requirements, the roles and responsibilities of child protection professionals, and their decision-making. Legislation defines the parameters for state intervention in the lives of families as well as setting out expectations of care by parents.

Legislation varies between countries and within countries. In Australia each state and territory has its own laws, similar to Canada with its provincial legislation. In the US national legal standards apply, but state and local variation in how these are applied is significant (Duerr Berrick 2011). County and municipal jurisdictions in England administer centrally determined laws. Denmark and Germany have integrated their child welfare legislation into broader social service laws while other Nordic countries have a specific Child Welfare Act that is administered across hundreds of municipalities by local authorities. Across the Western world, public and political pressures, usually media driven, have influenced child protection legislation (Gilbert et al. 2011). This in turn has given rise to expanding systems, which undertake an ever-increasing role in the social surveillance of families (Gilbert et al. 2011).

The UN Convention on the Rights of the Child provides the international legal framework that outlines the obligations of governments to children and families. Most countries that are signatories aim to align their national legislation accordingly. The Convention’s guiding principle of ‘the best interests of the child’ is now entrenched in child protection legislation in Australia and internationally. The Convention also outlines the obligations of government to assist and protect the functioning of the family so that it can carry out its responsibilities. When family functioning is called into question, Article 9 allows for the separation of a child from its parents by competent authorities. Interested parties (which would include parents) are, however, ‘to be given an opportunity to participate in these proceedings and make their views known’. The dual objectives of assisting the functioning of the family and protecting the child, as set out in the Convention is often described as a tension between two competing approaches — care and control — when set out in legislation (Parkinson 2003; Gilbert et al. 2011). How this ‘elusive balance between care and control’ is interpreted and prioritised at thecoalface is very much dependent on the local authorities and child protection workers (Skivenes 2011).

The extent to which child protection laws give parents an opportunity for engagement, or marginalise them, varies.

Going further afield to countries outside Australia, contributors to Gilbert et al. (2011) describe in considerable detail the legislative reforms and analysis across Anglo-American, Nordic and Continental systems. Of the 10 countries examined, Denmark is the only country that does not have a specific Children’s Act — instead a broad spectrum Consolidation Act on Social Services covers children and young people in need of support (Hestbaek 2011). Ironically, it is the USA, not a signatory to the UN Convention, which has legislated for some of the most innovative family engagement strategies, including peer mentoring. It has also provided demonstration grants for courts that show innovative practice to increase family engagement.
In 2001 Denmark included measures designed to increase the involvement of parents through the allocation of a ‘support person’ to help the parent cope with a child’s placement (Hestbaek 2011). In 2006 Foster Care Reform followed, and promoted an increased involvement of and partnership with families and children, including a family’s personal networks (network care) and kinship care.

However, in spite of these promising legislative initiatives, commentators express caution about the achievements. For example, the broader context of legislative reform in Denmark has seen considerable increase in the power of the state over parents with children in care. Hestbaek warns that the reform measures to increase parental involvement, depending on how local authorities interpret and implement amendments, might actually result in further exclusion of biological parents (2011, p.139).

And although the USA has shown a decline in the number of children in out-of-home care, from 8 per 1000 children in 1997 to 6 per 1000 in 2007, this data should be used with caution according to Gilbert et al. (2011). Gilbert and his colleagues are pessimistic that ‘none of the countries describe systems that overall are able to ensure the present or future well-being of children at risk’ (Gilbert et al. 2011, p.251).

A final example, and one of a very different approach, is that of Belgium. Belgium has adopted a highly therapeutic approach to child protection that contrasts to traditional systems we know. The Belgium system is based on the idea that parents with problems or people who have abused or neglected their children should be able to voluntarily seek help. Pathways into child welfare services are mainly through the health system and a high number are self-referred. Multidisciplinary teams working through Confidential Centres for Child Abuse and Neglect (or Confidential Doctors Centres) receive reports that either come from other professionals or parents (self-reports). Expert professionals at the Centres provide a range of interventions including assessment, counselling, child and family therapy, and residential accommodation in hospital if necessary.

While assessments take place, their goal is to gain insight into the best way to help the child and their family. Coercive interventions only occur if the family is deemed to have no capacity to care for their children. This model aims to have parents take responsibility for the problem — ‘to name and face the problem’ and for care to be provided in a re-integrative way (Clara et al. 1982). The Confidential Centre approach ‘combines an interventionist with an empowering approach’ (Desair & Adriaenssens 2011, p.214). Child safety is paramount, care is voluntary and provided in collaboration and dialogue with a wider care network. The care response is framed by restoring relationships between child and parent and by safe parenting (Desair & Adriaenssens 2011).

### 4.2 Child protection legislation in Australia

Appendix A sets out child protection legislation across the eight Australian jurisdictions and the corresponding intent and mechanisms for engagement of parents. All jurisdictions except South Australia and the Northern Territory have legislative requirements to provide information and explanation to parents. Queensland is the only state that has a legislative requirement that the preferred practice for child protection services is to have parents’ agreement to intervention, and to work with the child and parents. Participation in decision-making by families and communities is promoted when Aboriginal and Torres Strait Islander children are the subjects of interventions in all jurisdictions. All Australian jurisdictions have explicit legislative provisions relating to Aboriginal and Torres Strait Islander children. (Similarly, legislation in New Zealand, Canada and the USA provides for engagement with Maori, First Nations and Native American populations.)

Victoria, Queensland and Western Australia are the only states where decision-making principles specifically include a child’s parents. The ‘best interest’ principle is universally applied, as is ‘care and protection’.

‘Prevention’ as a legislative principle is only articulated in the Victorian Children, Youth and Families Act 2005.

Various mechanisms for engagement are identified in the legislation. These include family group conferencing (FGC) in Tasmania and the Australian Capital Territory; family group meetings in Queensland and South Australia; alternative dispute resolution in New South Wales and Victoria; mediation in the Northern Territory; and in Western Australia, court ordered pre-hearing conferences. Some approaches are specifically for Aboriginal families, such as the vague ‘open and flexible arrangements for consultation with a recognised Aboriginal organisation’ in Tasmania and South Australia, and the requirement that the Western Australian statutory authority consult with Aboriginal agencies or an Aboriginal person or a Torres Strait islander who... has relevant knowledge of the child, the child’s family, or the child’s community’ (Children and...
Community Services Act 2003). The inclusion of an Aboriginal Placement Principle, cultural connection planning, Aboriginal representation and consultations with Aboriginal organisations when placing children are just a few examples of the processes for engagement provided for under legislation.

Across the country, all child protection legislation recommends some level of engagement of parents when child protection concerns exist. As has been shown, legislative instruments across Australia do vary in their level of intent and mechanisms available when it comes to parental engagement. There are also examples of legislation which outline how authorities are required to interact with parents, and therefore strengthen parent engagement. Two examples of this are Queensland, which mandates that the powers under the Act be exercised in a way that is ‘open, fair and respectful of the rights of people affected by the exercise of the power’ (Child Protection Act 1999; s.5D-(1) (a)), and Victoria, which mandates fair and transparent decision-making (Children, Youth and Families Act 2005).

There are many examples of legislative intent for collaboration with families and joint decision-making with statutory authorities. However, the extent to which authorities collaborate and meaningfully engage with parents remains wanting. The sheer number of government-led inquiries into child protection is evidence that much could be improved.

For an overview of examples of international legislation with reference to intent for family engagement, mechanisms for engagement and use of collaborative processes, see Appendix B.
This section examines various approaches, program models and strategies that positively engage birth parents in the child protection system. The following section presents a framework for organising the range of programs and approaches to parental engagement in child protection and a description of the rich and varied approaches that are already underway nationally and in Australia.

Key organising themes for this work have been identified and are represented in the diagram below.

### 5.1 The pyramid of parent engagement programs

The diagram below enables us to see where targets of change lie and what interventions are used nationally and internationally. Using a pyramid to understand parental engagement reflects the opportunities for parental involvement at each level of the system. The model is based on the regulatory pyramid (Ayres & Braithwaite 1992) and responsive regulation theory. The regulatory pyramid depicts six layers of activities. Escalation up the pyramid increases statutory and court involvement, cost and coercion. This is discussed in further detail below and in section 5.2.

The categories in the pyramid of parent engagement initiatives have been defined by the goals of the strategy, program, or legislation, that is, who, or what, is the target of change. The various layers are not exclusive; in practice, the borders are blurred and a mix of possibilities exists. The programs and approaches identified as part of this review are summarised and grouped according to these categories in Appendix C.

The pyramid pictures a classification of the various actors who have a responsibility for securing child safety and wellbeing. These layers make up the informal and formal care system around the child. Starting from the base of the pyramid we have:

- parents;
- family;

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2 See Australian College for Child and Family Protection Practitioners (2009) for a detailed discussion on a responsive regulation approach to child protection.
• collective parent consumers/service users;
• birth parents and their children's foster carers;
• statutory authorities; and
• the courts and legal system.

There are a myriad of interventions aimed at these actors. For example, a program may aim to develop the skills of a parent, or to change the way in which a family engages with a parent and child, or the way in which foster parents and birth parents interact, or the ways in which the courts make decisions to remove a child. Interventions at each of these levels seek to influence, strengthen the functioning of and build capacity in the various actors to better serve the interests of the child.

Programs or initiatives targeted at individual parents, broader family networks and even parents who are already dealing with child protection services (parent consumers) can operate independently of the formal care system. Professionals can address child safety concerns outside the statutory system across various sectors. Education, health, childcare or family support services, or even other statutory services such as the police, could be called upon to take action to resolve issues of concern. Current practices of mechanically reporting any concerns to child protection services have over-burdened systems internationally, alienated a large section of human services professionals and shown little evidence of improving children's safety (Ivec et al. 2011).

5.2 Program examples

Corresponding to the six layers of actors are various parent engagement programs and interventions described in the following sections of the report. These strategies and interventions vary greatly in how intrusive they are. Less intrusive interventions affect individuals; more intrusive interventions affect how authorities, including the courts, operate.

Less intrusive interventions are seen at the base of the pyramid. Here parents, families and groups of affected parents are able to access different forms of help such as home visiting, family group conferencing and peer support. These interventions are typically provided while the child is still at home (but could also be utilised once children have been removed to care). More intrusive interventions occur in the top three levels of the pyramid when children are removed from their parents through the legal system.

Figure 1. The pyramid of parent engagement initiatives
5.3 Drivers or ‘who delivers’ the programs

The drivers, or deliverers, of these interventions vary.

In Australia non-government organisations (NGOs) and other government services typically provide a range of mainstream family support interventions. This area has seen growth in NGO providers, funded both through government initiatives and their own resources. Parent consumer groups and parent-led initiatives have become particularly strong in the United States over the past twenty years (Tobis 2013). On a broader level, Indigenous communities are actively taking the lead on solution finding for issues of abuse in their communities. Statutory child protection systems, courts and legal systems have also been identified as actors in the pyramid who are driving their own reforms.

5.4 Key operating principles

Key operating principles repeatedly surface at each and every level of this work and are essential ingredients in the engagement of parents. These are:

- participation and inclusion in processes even if decisions are not in their favour;
- effective communication, listening;
- respecting rights (including cultural);
- shared decision-making for solutions; and
- sustained support and time to change.

Figure 2. The pyramid of parent engagement initiatives and who delivers or drives them

Who delivers/drives

- Court/legal system
- Statutory authorities and the community (in partnership)
- NGOs including foster care NGOs
- Parent consumers/service users
- NGOs
- NGOs and government services (e.g. health services)
Overview of generic practices to increase parental engagement

Underlying the program examples and the work of those driving the change are a set of generic practices and frameworks known to be effective in increasing parental engagement in child protection across the levels of intervention. For example, they can be incorporated into programs to help parents care for their infants, or into programs to give parents better representation in the courtroom.

These approaches and frameworks comprise relationship-based, strengths-based and solution-focused practice and include case management, Signs of Safety framework, motivational interventions, family group conferencing and family decision-making, systems of care (including family group decision-making and child-family teams), differential response, concrete assistance, social learning models and respite.

Often promoted as service philosophies, strengths- and relationship-based practice is designed to better engage and empower parents. Social learning models are seen as highly effective and form the basis of many parenting interventions focused on improving parenting capacity and family functioning in order to ensure child safety and wellbeing (Schmied & Tully 2009). Other proven and evidence-supported approaches to parental engagement include motivational interventions, case management, shared decision-making approaches such as FGC and its variations, the signs of safety framework (discussed below) and practical assistance. Collaborative helping and solution-focused practice are also identified as strategies that reflect family engagement (Kemp et al. 2009; Madsen 2009). These approaches work together in a dynamic way. For example, FGC is just as relevant at reunification as it is when the decision to remove a child is being made.

Descriptions of ten approaches are outlined below.
6.1 Case management

Case management evolved in the United States in the 1970s as a response to the need for coordination across a range of health and welfare services for clients. There are a range of case management models, but they all share a common focus on making service delivery integrated, client-centred, coordinated, goal oriented, accountable, flexible, sequenced, cost-effective, sustained and comprehensive’ (FFTA 2008, p. 163). Research has compared different types of case management and has generally shown that service access improves through case management. Intensive case management is seen as more effective than regular case management. Intensive case management is an example of a comprehensive intervention that targets multiple systems in a client’s life (FFTA 2008).

6.2 Signs of Safety

The Signs of Safety framework is an approach to doing the core child protection work of assessing risk and planning for children’s safety in a way that gathers both professional and family views about concerns, existing strengths and safety. It focuses on how workers can build partnerships with parents and children in situations of suspected or substantiated abuse (Edwards n.d.). The three core principles of the Signs of Safety Framework are: building constructive working relationships between professions and family members and between professionals; thinking critically and adopting a position of inquiry; and building frameworks based on the knowledge of frontline practitioners (Turnell 2010).

The Signs of Safety assessment and planning map has had some Australian and more overseas uptake, with at least 11 countries utilising the framework. A research meta-analysis of the Signs of Safety approach was undertaken which found that the approach appeared to offer workers a specific set of skills for engaging with clients, assisted with exploring problems and with solution building where safety concerns existed, and consistently enhanced worker capacity to involve clients in casework (Wheeler & Hogg 2011).

6.3 Collaborative helping

Collaborative helping (Madsen 2009) provides a framework for family-centred practice which combines a number of generic engagement building approaches, including signs of safety, solution-focused therapy and motivational interviewing. The basis of this approach is the idea of the clinician and client working together in joint exploration to elicit client strengths and wisdom to build their preferred life, with the active support of their local communities to enact the desired change (Madsen 2009).

6.4 Motivational Interventions

Motivational interventions combine brief interventions (short sessions of feedback and information) with motivational interviewing (a directive, patient-centred counselling technique that builds motivation by helping patients clarify and resolve their ambivalence about behaviour change). Motivational interventions emphasise the creation of a constructive, empathetic relationship between worker and client by helping individuals to self-evaluate their behaviour (Forrester et al. 2008; Miller & Rollnick 2002). As a model for supporting behaviour change, motivational interviewing has shown positive results in working with parents with substance abuse issues who are in contact with child protection systems (Child Welfare Information Gateway 2010a).

6.5 Family group conferencing (FGC) (and family group decision making)

Conferencing and other group processes and practices are utilised throughout the world to engage and involve families in the child protection process. The umbrella term covers various models each with their distinct characteristics and variations. The goal is to maximise a family’s involvement in the decisions that affect them by moving away from professionally driven decisions. The degree to which the family is empowered to solve its own problems is the distinguishing feature of this model (American Humane Association 2010). (A discussion of FGC can be found in section 8.1.)

6.6 Systems of care

Systems of care refer to frameworks for guiding processes and activities through collaborative efforts of multiple systems (both formal and informal) designed to meet the needs of children and families (Semanchin Jones &
LaLiberte 2010; Child Welfare Information Gateway 2008). The approach emphasises parents’ role as partners and includes child-family teams and family group decision-making interventions. A comprehensive review of academic literature on systems of care was undertaken by the University of Minnesota’s Center for Advanced Studies in Child Welfare. Evaluations of systems of care have indicated significant positive outcomes at the systems level in some areas, while developmental and child wellbeing outcomes are more recently beginning to show promise (Child Welfare Information Gateway 2008; Semanchin Jones & LaLiberte 2010).

6.7 Differential response

Differential response was developed as an alternative to traditional investigative responses by child protection authorities and in recognition that not every case referred to authorities need be perceived in the context of a potentially serious case of child abuse (Gilbert et al. 2011). The strategy aims for a non-adversarial approach to parents reported for child abuse and neglect, inviting families’ voluntary cooperation with services without the heavy hand of the state (Kaplan & Merkel-Holguin 2008). Operating in the USA, Canada and Australia, the response allows for referrals to be made to outside support agencies by statutory child welfare services. This response is seen as a way of better engaging and supporting families while still allowing for the traditional response of investigation if deemed necessary (Dumbrill 2006). However, evaluation of differential response has found that success in engaging families cannot be solely attributed to this approach, and that the calibre of practice leader and practitioners also contributed to positive outcomes in study sites (Alexander 2010).

6.8 Concrete assistance

Families often view concrete services and practical assistance as helpful. Developing mutually agreed plans accompanied by the quick delivery of practical assistance is considered a key element of family engagement (National Resource Center for Permanency and Family Connection 2009). The concrete help that is most predictive of reunification includes financial stability, childcare, housing assistance, and educational and vocational attainment (Berry et al. 2007).

6.9 Social learning models

Based on the work of Bandura and Herbert, social learning theory and behaviourally-based interventions have been applied to family-based practice for almost half a century. Principles include observational modelling, rehearsal, self-management, and cognitive self-control. Social learning theory is one of the most influential of the theories that relate to the links between parent-child relationships and child outcomes (O’Connor & Scott 2007). Social learning models that guide work with families have been established as the most effective set of interventions with children, young people and their families where a number of life difficulties present themselves (McCafferty 2012). Social Work Reclaimed (see section 11.2) and The Incredible Years (see Appendix C) parenting programs are based on social learning principles.

6.10 Respite

Respite, while not a program, provides parents and anyone caring for a child the opportunity to take a break from parenting for a short time through the provision of an alternative caregiver. Respite has been shown to decrease stress and lead to fewer out-of-home placements; however there can be limited knowledge of what respite services are available (FFTA 2008).
This section examines programs that focus on individual parents. Parents are responsible for the system of care around the child. Programs that have been shown to assist parents include early intervention, prevention and education, early outreach and home visiting, nurse-family partnerships, intensive family support and multidimensional support. These programs target parents as the actor requiring change.

Programs were also identified for parents with certain characteristics and special needs: young parents, parents with disabilities, culturally diverse and Indigenous parents or where at-risk behaviours such as drug and alcohol use existed.

An overview of six programs for parents follows.

## 7.1 Programs

### Prevention and education

The term ‘parenting programs’ is an umbrella term used to describe all forms of parenting interventions, including parent education, parent training and parenting support (Schmied & Tully 2009). These programs are usually focused, short term interventions aimed at helping parents improve their relationship with their child (for example, through Parent-Child Interaction Interventions) and preventing or treating a range of problems including emotional and behavioural problems (Barlow & Parsons 2003). Parenting programs are based on the premise that interventions promoting caring, consistent and positive parenting are central to creating safe and supportive environments for children (Sanders & Cann 2002). When parents lack necessary child-rearing skills, social supports and knowledge of child development, the risk of child maltreatment is heightened (Tomison 1998). Parenting programs serve an educative role that often focuses on child development, assist parents in developing parenting skills and normalise the challenges and difficulties inherent in parenting (Sanders et al. 2000). Parenting programs can be offered in various settings including clinics, community-based settings and in the home, on a one-on-one basis or in groups (Mildon & Polimeni 2012). A number of parenting programs have been positively evaluated including The Incredible Years and Newpin. The various parenting support programs are described more fully in Appendix C.
Early intervention programs

A number of programs exist worldwide with accompanying manuals that have been evaluated and are proving effective in engaging families where a risk of child abuse and neglect exists. Examples include Newpin, Safecare and the Parent Support Outreach Program (PSOP). Evaluations of such programs have found the family group conference/family welfare conference model most effective in early intervention but under-used in child protection and alternative care cases (Doolan 2006; Merkel-Holguin et al 2003).

Early, responsive and structured outreach is also vitally important in supporting the development of a working alliance and helping engage families in child protection systems (Kemp et al. 2009). Initial contacts that are active and persistent provide key opportunities for caseworkers to acknowledge, validate and respond to parents’ complicated feelings as involuntary clients, to acknowledge and explore cultural differences, to identify needs that parents see as most pressing, and to work with expectable reactivity and resistance (Kemp et al. 2009).

Home visiting programs

Home visiting refers to the manner in which various services, programs, supports or interventions are delivered, the common feature being they are delivered by a person visiting the home (Mildon & Polimeni 2012). Great variation exists in content, processes used to deliver content and the length and intensity of service in home visiting programs (Mildon & Polimeni 2012). A meta-analysis conducted by Sweet and Appelbaum (2004) indicated that most programs are not rigorously evaluated. Those programs that have been evaluated indicate that parent education and child development are typically the primary goals of home visiting programs, and that the frequency of and potential for abuse was reduced in families who received home visiting (Mildon & Polimeni 2012).

Nurse-family partnerships

A specific type of home visiting program is the nurse-family partnership model, first developed in the United States by David Olds and colleagues. The nurse-family partnership model links low-income first-time mothers with registered nurses to ensure mothers receive professional and empowering support throughout their pregnancy and the first two years of their baby’s life (Nurse Family Partnership 2011).

Subsequent nurse home visiting programs have been adapted with features of the original program altered, resulting in mixed evaluations of programs in Australia and overseas. The original Nurse-Family Partnership Program has, however, had strong positive evaluations, including longitudinal favourable results which include the improvement of parental care of the child and the improvement of maternal life course (Olds 2006). The Olds Nurse-Family Partnership Program is grounded in theories of human ecology (Bronfenbrenner 1979), self-efficacy (Bandura 1977) and human attachment (Bowlby 1969). When combined, these theories emphasise the importance of families’ social context and individuals’ beliefs, motivations, emotions, and internal representations of their experience in explaining the development of behaviour (Olds 2006). The importance of maintaining the integrity of the program design has been shown as a critical factor in producing positive outcomes for children and mothers.

Intensive family support

In Australia, intensive family support services are defined as those services which aim to prevent imminent separation of children from their primary caregivers because of child protection concerns, and those services which aim to reunify families where separation has already occurred (AIHW 2013).

Features of intensive family support programs are increased access to therapists (up to 24 hours a day, seven days a week) and services, financial support and home-based, residential, community-based or outpatient treatment where mental health or drug and alcohol issues exist. Intensive family support treatments and services have been identified as part of comprehensive interventions and multisystemic therapy,3 resulting in positive outcomes for families including improved family functioning (FFTA 2008). Shared Family Care, Option 2, Valuing Parents and Peer Mentor programs described in Appendix C are a few examples of intensive family support programs.

3 Multisystemic therapy is an intensive family- and community-based therapy which focuses on addressing all the systems that impact on an individual (homes, families, communities, networks and services). MST combines cognitive behavioural therapy, behavior management, family therapy and community psychology.
Practical and multi-dimensional support

The complex and multidimensional nature of child abuse and neglect requires a multidimensional response in terms of supports and services (Tomison & Wise 1999). Providing concrete services that meet immediate needs for food, housing, childcare, transportation and other costs helps communicate to families a sincere desire to help and plays a critical role in engaging families (Child Welfare Information Gateway 2010b). If parents are preoccupied by immediate needs, they are likely to be less motivated to participate in treatment services. Conversely, early offers of relevant services have been shown to predict successful helping relationships which in turn support engagement and retention in other services (Kemp et al. 2009).

7.2 Specific groups

Parents with particular characteristics are often considered ‘at-risk’ groups when it comes to providing safety for their children. Young mothers, pregnant women with substance abuse histories, and parents with a disability are vulnerable to negative stereotypes and represent particular challenges for effective engagement (Robertson & Haight 2012; Tarleton & Porter 2012). Parents from Indigenous and culturally and linguistically diverse backgrounds and fathers are also identified as groups with whom child protection authorities have traditionally not engaged well (Ivec et al. 2012; Maxwell et al. 2012; Scourfield 2006; Edwards 2009).

Fathers

Historically, child protection agencies have not been effective in involving fathers in the family work that is needed to achieve safety, permanency and wellbeing for children in care (Maxwell et al. 2012). Multilevel interventions which aim to better engage fathers in the child welfare system have been identified by Gordon et al. (2012).

In the US a five-year federally funded program, the National Quality Improvement Centre on Non-Resident Fathers and the Child Welfare System, aimed to promote knowledge development on engaging non-resident fathers of children in the child protection system. The impact of such engagement on child safety and outcomes has been documented by the American Humane Association (2011) in the publication Bringing Back the Dads: Changing Practices in Child Welfare Systems and resulted in the Indiana Department of Child Services introducing service standards for contracted organisations to actively engage with fathers (Indiana DCS 2012). Other examples of programs which are aimed at better engaging fathers include Lifetime Dads, Fathers-In-Training (FIT), Engaging Fathers Project and Divine Alternatives for Dads Services. These are described in Appendix C.

Studies show that foster care time can be reduced when father engagement occurs (Coakley 2008) and child wellbeing, developmental and educational outcomes may improve (Malm et al. 2006). However, the studies also reveal that there are also barriers to engagement. Barriers include workers who lack training and skill to work with fathers (Huebner et al. 2008) and courts which can be tough on fathers (O’Donnell et al. 2005).

Parents or children with disabilities

Disability of a child or of a parent increases the chances of families coming into contact with the child protection system (Stalker & McArthur 2010; Tarleton 2008; Lamont & Bromfield 2009). In Australia, the work of Gwynyth Llewellyn has highlighted the needs of parents with a disability involved in the child protection system (Renwick 2012). The main issues identified relate to the increased involvement of parents with intellectual disability in care and protection proceedings, the prejudicial treatment of these parents by child protection agencies and the legal system, and the lack of specialist support and advocacy services.

The US National Council on Disability have been active lobbyists for the rights of parents with disabilities, particularly in relation to the activities of child protection systems. Their report to the President argues that there are unacceptably high levels of removal of children to state care as a result of diverse parental disabilities, including physical, development and intellectual disability. The NCDA argues that poverty, close scrutiny by service providers, biased assumptions by caseworkers, and the lack of appropriate family services all put these parents at relatively high risk of child welfare involvement (NCD 2012).

UK studies have documented the use of advocates for parents with disabilities involved in child protection. Advocates were found
to improve parents’ experience with the child protection system; parents felt they were treated with more respect by statutory workers; they understood the process more, including the issues regarding their parenting; parents felt empowered, that their voices were heard; advocates could challenge professional practice, especially where poor practice existed; and parents felt emotionally supported (Tarleton 2008). Advocacy groups have called for standardised removal protocols to be introduced and for grief and trauma counselling for the relinquishing parents.

The National Council on Disability Report (2012, p. 271) identified a small number of programs delivering promising practices in supporting parents with intellectual or psychiatric disabilities to prevent the loss of their children into care. These were Through the Looking Glass, Thresholds Mothers’ Project, Invisible Children’s Project, Family Initiatives at Employment Options, Positive Parenting Resource Centre and Ashbury House. Some are small, stand-alone programs while others are part of larger disability organisations. Collectively, these programs are described as showing promise, long-term sustainable impact, and the potential for replication (NCD 2012).

In the UK, the Valuing Parents Support Service provides counselling and advocacy services to parents. In Australia, the initiative Healthy Start: A national strategy for children of parents with learning difficulties offers an on-line community of practice for practitioners, policy makers and parent peers for discussion and sharing expertise on how to best support parents with learning difficulties and their children, including in child protection (Parenting Research Centre & University of Sydney 2010). The on-line resource also includes key research articles on parental intellectual disability and child protection. The Healthy Start team also run face-to-face knowledge exchange forums and workshops, webinars, and consult on ways to embed best practice approaches for working with these families. Healthy Start was positively evaluated in 2008 (McConnell et al.)

In New South Wales, CareWest and Northcott Intensive Family Support Service and in Western Australia, Wanslea Family Services provide short-term intensive support services where children have a disability.

Culturally diverse groups and Indigenous populations

There is limited research regarding cultural issues within statutory child protection services in Australia (Kaur 2012) and around the world. Key messages which have emerged from the small number of studies identified by Kaur indicate the need for community education, in multiple languages, on the statutory role of child protection authorities in Australia; community awareness-raising programs relating to family violence, supervision and disciplining of children; cultural competency training for caseworkers; and further research to build understanding of the needs of children from refugee and culturally diverse backgrounds in out-of-home care (Kaur 2012).

A recent review of the effectiveness of parenting support for Indigenous families found that effective programs included:

- The use of cultural consultants in conjunction with professional staff;
- The necessity of long-term rather than short term programs;
- A focus on the needs of parents as well as children;
- A supportive strengths-based approach to families; and
- The use of structured early intervention programs while maintaining flexibility.

The review also found that adapting ‘mainstream’ programs (programs not specifically developed for Indigenous Australians) without community involvement or consultation did not work (Mildon & Polimeni 2012).

The historical experiences in Australia and overseas of Indigenous and First Nation peoples with state child welfare authorities remain a major stumbling block in contemporary engagement.

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4 Healthy Start is an initiative of the Australian Supported Parenting Consortium, a collaboration between the Parenting Research Centre and the Australian Family and Disability Studies Research Collaboration. It is funded by the Australian Government Department of Families and Housing, Community Services and Indigenous Affairs.
7.3 Research on programs working with parents

The range of programs that work with parents is large, making the sharing of best practice knowledge challenging. A role has emerged for clearing houses which promote information sharing. Examples include the California Evidence-Based Clearinghouse for Child Welfare (CEBC), which provides child welfare professionals with easy access to the research evidence for programs being used or marketed in California. In Europe, Eurochild publishes a ‘compendium of inspiring practices’ including those focused on early intervention and prevention in family support work (Eurochild 2012). Eurochild is a network of 116 member organisations across 35 European countries all of which aim to improve the quality of life of children and young people.
This section describes interventions targeted at the broader family.

Interventions targeted at extended families are believed to be critical in building resilience in children and young people and preventing abuse and neglect (DePanfilis 2006). The broadening of the support base to a wider network of care can help other possibilities emerge in terms of problem-solving and addressing child safety concerns.

Programs targeting individual parents and their extended families are generally delivered by NGOs or mainstream health organisations (as is the case with home nurse visiting).

Several approaches were supported in the literature that are directed at the family group and broader family and care network as targets of change. These were FGC, the Eigen Kracht Conference and kinship/network care interventions. These three approaches are described with a particular focus on the effectiveness of family group conferencing.

8.1 Family group conferencing (FGC)

The family group conference is a process in which parents, family members, community members and others work with the child welfare agency to create a plan for a vulnerable child or youth. In family group conferencing processes a trained, independent coordinator facilitates the conference. The processes ‘position the family group to lead decision-making and the statutory authorities agree to support family group plans that adequately address agency concerns’ (American Humane Association 2010, p.1).

Over 30 countries utilise some form of FGC (Doolan 2010). FGC started in New Zealand in 1989, where by law such conferences must be convened when a child is in need of care and protection. Interestingly, the primary driving force for legislative change was political rather than evidence-based, following an inquiry into the over-representation of Maori children in the welfare system and the failure of the statutory and legal systems to acknowledge kinship and community support networks around a child (Merkel-Holguin et al. 2003). Few countries have mandated FGC by law; rather it is a procedure which child protection systems can choose to adopt (Edwards & Sagatun-Edwards 2007).

A comprehensive analysis of Australia’s use of FGC by Harris (2008) showed that 15 years after it was first trialled (1992) FGC was still not part of mainstream child protection practice, despite legislative provision in many states and territories and empirical support for efficacy of the approach. This is still true in 2013.

5 Also referred to as family group decision-making (FGDM).
While the practice is spreading internationally, it remains a marginalised practice unless mandated by law (Merkel-Holguín et al. 2003). In terms of family engagement models in child protection, FGC is the most researched, not surprising given the breadth of international take-up of the process.

Themes and key messages which emerge from studies into FGC (despite variations in policy and legal contexts and how FGC is applied) show that family groups want to be involved in finding solutions when child safety concerns exist. Birth families can take part safely, make plans and commit resources when children need help, and all cultures respond to and like the process (Doolan 2006). While multiple studies indicate increased safety for children and no compromise to safety, professionals often cite concerns about safety as reasons for why they are hesitant to embrace family-centred decision-making (Doolan 2006). This hesitation, argues Doolan, seems to be rooted in pervasive belief systems about the ‘dysfunctionality’ of families and blame for abuse being generalised across the whole family, without consideration being given to the significant harm that can arise through professional intervention (Doolan 2006).

Outcomes of FGC have been an increase in the engagement of fathers, in the past often rendered invisible and considered a liability and a threat in the child protection system (Schmid 2006). Studies have also shown an increased use of placements with a child’s kin rather than with strangers, faster return to kin placements from stranger placements, and faster return to biological parents. Important patterns emerging are that agencies are building more trust in family and cultural networks in communities and that engaging family groups earlier in the process of investigating child abuse or neglect allegations has the effect of calming the legal process and enabling less formalised approaches to problem resolution (Burford et al. 2008 ongoing).

8.2 Eigen Kracht Conference (Netherlands)

In 2011 the Netherlands Parliament, with cross-party support, amended the Child Protection Act to grant parents or guardians of a child the right to make their own plan regarding how to care for a child of concern in collaboration with family and other involved friends. The right to construct a collaborative plan for a child therefore comes as a first recourse before the state and courts are permitted to intervene (Wachtel 2011). Eigen Kracht Centrale, a non-profit organisation, introduced FGC in 2001 to the Netherlands. Eigen Kracht has led efforts on law reform and trained over 500 paid part-time coordinators who have facilitated over 4,000 conferences in the Netherlands. Eigen Kracht conference coordinators are not social work professionals, but people in the community who hold jobs in a range of sectors but have skills (following three days of training) and interest in conducting conferences. These coordinators are independent and impartial but care is taken to match the coordinator to the culture and language of the family concerned. A conference co-ordinator only undertakes one conference at a time because of the time taken to organise. The conference itself contains three parts. First, the child welfare professionals (including social workers and court officials) present an outline of the problem, legal constraints, availability of resources and any other relevant information that might be useful to the family. In the second part the professionals leave the room, and the families and supporters meet privately to make a plan. In the final phase, the professionals return and the family presents the plan. If the plan is safe for the child it will be accepted. FGC is seen as a mechanism to democratise help and welfare.

8.3 Kinship/network care

‘Family engagement is the foundation from which change occurs’. These activities go beyond the immediate family to include in their focus the engagement extended family and the family’s ‘natural support systems’ (Child Welfare Information Gateway 2010b, p.2). Research has found that broad-based involvement that incorporates informal networks and community representatives creates a web of support that promotes safety, increases options for families and provides links to needed and various services (Child Welfare Information Gateway 2010b). Innovative ways of finding and engaging extended family have emerged in some jurisdictions. Family search, also known as family finding or family locator services, are intensive search methods aimed to find family members and other adults who would like to step in and care for children and youth in foster care who lack permanency (Malm & Allen 2011; CDF 2011). Family finding is discussed in more detail in Section 10.
Programs focussed on collective ‘parent consumers’

This section describes interventions aimed at collective ‘parent consumers’. The engagement of people utilising services as peer workers, peer mentors or as leaders of initiatives is now standard practice in mental health, disability, Indigenous, drug and alcohol and family violence service domains. Peers are mobilised and reach out to help others in similar circumstances. Peer support is highly effective when trying to engage people who may resist or refuse the help of professionals. Less stigma, less distance socially and the absence of a power differential exist when someone has a shared human experience and story. Peers can be advocates for change as well as helpers. Parent advocates often engage in social action to voice their resistance to ‘the system’ and to push for change.

A number of different names are used to refer to parents who have themselves traversed the child welfare system and reunified with their child(ren) and are now working alongside other parents involved in the child welfare system. The parent ‘consumer’, ‘advocate’, ‘partner’, ‘alumni’, ‘peer’, ‘activist’, ‘mentor’, ‘coach’, ‘buddy’, ‘leader’, ‘veteran’, ‘peer advocate’ or ‘advisor’, can undertake multiple roles. This research refers to parents taking on these roles as ‘parent peers’.

At a casework level, parent peers accompany parents to court hearings and agency meetings, help access services and encourage parents to advocate for themselves. At a systems level, birth parent advisory programs utilise birth parents as advisors to help inform and shape agency policy, develop programs and services for parents in the child welfare system and play a role in decision-making about program planning (Corwin 2012, p.20).

Having access to a parent partner provides a place where parents, even in the midst of turmoil, can connect with another parent... the moment a child is removed from the home, someone who is there right away (Boyd Rauber 2009, p.149).

The first-hand knowledge that parent peers bring to parents involved in child protection can assist with increasing parental engagement, decrease parental distrust in the system, alleviate stressors between parents and child welfare, and reduce staff burnout (Corwin 2012, p.17). Parent peers bring to birth parents a far more equal relationship than that experienced by birth parents dealing with professionals. They are ‘experts by experience’, and avoid the risk that professionals face of being seen as dominating and stigmatising (Braithwaite, J 2002). Corwin (2012) identifies the importance of agencies employing parent peers to carefully assess staff readiness to build positive partnerships with parents in an...
accepting, inclusive, respectful and valuing way, particularly as negative views about parents by mental health professionals have been identified.

In the USA, federal attention to birth parent and family engagement is prioritised in child welfare legislation, requiring time-limited family reunification services to include peer mentoring and support groups for parents.

Following are four key approaches aimed at collective ‘parent consumers’. These are Peer Support, Birth Parent Advisors, Parent/Consumer-led and targeted advocacy strategies, such as the development of a Parents’ Bill of Rights.

9.1 Peer support programs

A number of peer partner programs were identified as part of this review and include the Parent Partners Program, the Parent Advocacy Program, Powerful Families and Circle of Parents. These and other peer programs including Parents Anonymous are described in Appendix C. Parent peers aim to promote the parents’ perspective in child welfare systems, develop working relationships between social workers and parents, engage parents in services quickly, build knowledge and respect between parents and workers and allow parents to become informed consumers of child welfare services (Marcenko et al. 2010). Online engagement with other parent consumers through online cafes, forums and Facebook are already in existence and will no doubt continue to grow.

CASE STUDY: FAMILY BY FAMILY

...families are the enablers of change: they connect and build relationships with other families in a way that professionals can’t.

(Community Matters 2012)

*Family by Family* is a South Australian initiative undertaken by the Australian Centre for Social Innovation and aims to respond to the numbers of families requiring crisis services, including child protection services (Community Matters 2012). It does so by linking ‘sharing families’ who have been through difficulties in the past with ‘seeking families’ who want something to be different in their lives. The sharing families are the key support offered to seeking families.

The families pair up and do activities together for up to 30 weeks. The activities include a two-day training camp designed to develop their skills in sharing strengths, ideas and resources with other families. Coaching is a main feature of the program — for groups, children and families — to support the work of the sharing family.

Each set of families has a coach who conducts three joint coaching sessions over the course of the link-up, to support the work of the sharing family. Family coaches are not employed on the basis of formal qualifications in human services but for their capacity to engage with and support families. Family coaches are involved with:

- recruitment of families;
- training and support of sharing families;
- supporting the establishment of link-ups;
- conducting joint coaching sessions;
- supporting the collection of information, including family profiles and evaluation questionnaires;
- organising events; and
- liaison with local services.

Kids’ Coaches are also provided. Kids’ Coaches are adults who work with children during events. The Kids’ Coach role includes:

- development of processes and materials to support children’s roles within Family by Family;
- support for families about how to support and engage children in Family by Family;
- some direct assistance to seeking families about issues they may face with their children; and
- direct engagement with children during training, coaching and events.
9.2 Birth parent advisors

The opinions, experiences and understanding provided by birth parent advisors can be invaluable with regard to informing how services are delivered, what methods and programs are most effective for working with other birth parents and how agencies and parents in child welfare interact with one another (Corwin 2012, p.20).

Birth parent advisors are people who have themselves traversed the child welfare system. Where birth parent partners provide guidance and support to other parents in the child welfare system, birth parent advisors work at a systems advocacy level. They can help organisations make decisions about program planning, policy, training and advocacy (Corwin 2012, p.5).

Several birth parent advisory programs have demonstrated their ability to shape child welfare agency policy and develop programs and services for parents in the child welfare system (Corwin 2012). These are detailed in Appendix C and include Catalyst for Kids, Child Welfare Organizing Project and the Texas Parent Collaboration Group. The history of birth parents organising themselves to transform New York City's child welfare system and end its over-reliance on foster care has also been documented (Tobis 2013).

9.3 Parent consumer-led initiatives

Parents and families can be part of the solution when it comes to child safety and prevention of abuse and neglect... By including parents and families in the child protection process, we believe we will see improved relationships between parents, extended family members, carers and child protection authorities. Most importantly, we expect to see improved outcomes for children in care or at risk of entering care. (Emeritus Professor Rosamund Thorpe, quoted in FINA 2011)

Consumer-led initiatives in child protection in Australia are still in their infancy. The only group representing the voice of parents in the child protection system is the Family Inclusion Network Australia (FINA). FINA believes that 'parents and families have a central and essential role to play in the child protection process when children are at risk of being removed or have been removed' (FINA 2011). FINA is the umbrella organisation and support network for individual Family Inclusion Networks in different jurisdictions in Australia.

The name Family Inclusion Network (FIN) was coined by Professor Rosamund Thorpe in Townsville, Queensland in 2006 (FIN 2013). Thorpe, a social work academic, leads a community development initiative which engages with parents and extended family members who have been affected by child protection intervention in their lives. Parents and extended family members work as equals with a small group of professionals. The FIN group in Townsville has regular morning teas for social support, fundraising activities, undertakes community action in the form of members making submissions to government inquiries, and offers assistance to people attending the Children's Court where care and protection matters are heard. Since 2004 other FINs have been established in Australia.

To date, FIN Western Australia is the only FIN with any government funding to provide support for parents. Other state and territory FINs operate according to their limited resources and capacity. Their services provide varying levels of voluntary assistance to limited numbers of parents and family members. FIN services include support groups, casework, advocacy, court support, education and awareness raising with a range of organisations and services (FIN 2011).

9.4 Bills of Rights and Service Charters

A Bill of Rights is a statement of the specific rights and freedoms of a group of people. As an advocacy tool it has particular potency due to historical and legal connotations.

The development of parental Bills of Rights and Service Charters for parents dealing with child protection systems have been led by those who themselves have been affected by statutory intervention. These charters are designed to affect multilevel change — for parents and families to become aware of their rights and responsibilities when they interact with child welfare authorities and as a yardstick by which the actions of authorities can be judged. Three US-based bills or charters are identified below. The development of an Australian charter by Hamilton (forthcoming) is also discussed in this section.
Most government departments or agencies have service charters, often formulated with all relevant stakeholders having input. They are a common way for agencies to inform the public how they can expect to be treated and are a form of outreach to the public, communicating commitment to meaningful engagement and more equal partnering between government and citizens. Service charters build a shared understanding of intent and hold organisations to account. While child protection authorities are developing service charters, these generally focus on the child and children in care. The absence of parents in these charters has led to consumers mobilising to develop their own charters and Bills of Rights.

The Parents’ Bill of Rights

In 2009 the US based National Coalition for Parent Advocacy in Child Protective Services drafted the first known Parents’ Bill of Rights. It describes the basic protection for all parents who become involved with the child welfare system (NCPACPS 2009). The National Coalition focuses on mobilising parents and advocacy organisations to create positive public policy and program changes that prevent removal of children from their families by child protective services, to strengthen and ensure the rights of families whose children have been removed, and return children to their families’ (Rise 2010).

1. Every parent has the right to culturally and linguistically appropriate education, housing, health and mental health, food and nutrition, financial, and parenting support needed to raise their children.

2. Every parent has the right to get help when they ask for it, including immediate access to neighbourhood and community support such as child care, health and mental health care, access to substance abuse programs, in-home services, that help them prevent removal of their children from their home.

3. Every parent whose child is involved in the child welfare system has the right to receive support and help from a parent advocate (who has been involved in child protective services) to successfully navigate the system and advocate for their family.

4. Every parent has the right to know why they are being investigated by the child protection system and the outcome of any investigation; to be provided with a clear and immediate explanation of every step of the child protection process, and their rights from the very beginning (including their right not to let the caseworker in when they knock on the door if they do not have a warrant), and to receive information on available assistance and help parents advocate for themselves and their family.

5. Every parent has the right to an emergency hearing no later than 24 hours following their child’s removal from their home.

6. Every parent has the right to fair treatment including due process protections (including the right to be present and bring witnesses to all proceedings, have an attorney, appeal agency decisions, and make complaints or raise concerns); equal treatment without regard to race, ethnicity, gender, disability, age, religion, economic status, family composition, or sexual orientation; access to immediate, affordable, high quality, competent, knowledgeable, and assertive legal representation, from the report through the investigation, court and “reunification” stages.

7. Every parent who is being investigated by child protective services has the right to be considered “innocent until proven guilty,” not to be judged guilty by association, and not to be considered neglectful or abusive solely because they or their child has a disability or mental health need.

8. Every parent has the right to speak for themselves and to be respectfully heard at every step of the child protective service processes.

6 See Parents Anonymous and National Coalition in Appendix C for more detail.
9. Every parent has the right to have fair and reasonable expectations with regard to the child welfare system; to have these expectations developed with, shared in writing with, and clearly explained to the parents in a manner they can understand, and receive the support needed to meet those expectations.

10. Every parent whose child is involved in the child welfare system has the right to privacy (including keeping their records confidential unless they provide written parental consent), to access their own child and family records at any time at no cost, and to have their names expunged from any child protective services agency/central registry if there are no findings and/or after a reasonable amount of time after they have met all agency expectations.

11. Every parent whose child is involved in the child welfare system has the right to convene a meeting within a reasonable amount of time (no later than a week) with the agency and interested parties.

12. Every parent has the right to have their child/ren expeditiously placed with a family member or close family friend, identified in consultation with the parent, and have no “unreasonable” barriers placed in the way of having the child/ren placed with that family member or close family friend.

13. Every parent whose child is involved in the child welfare system has the right to make decisions about their child’s education, health, mental health, religious education; be informed about the progress their child is making with regard to education, health and development, and about the people and/or services involved with their child; and accompany their child to school and medical visits, even while their child is in care.

14. Every parent has the right to exercise their First Amendment rights, including the right to free exercise of religion, freedom of speech, and freedom of association, without being penalized by the child welfare system.

15. Every parent has the right to see and communicate with their child every day while their child is in care, at times and locations that are convenient to the parent and at no cost to the parent.

Source: National Coalition for Parent Advocacy in Child Protective Services 2009
The National Coalition’s aim is to have the Bill of Rights incorporated into state and federal laws to improve the US child protection system. The Coalition reports that to date, some of these rights are enshrined in federal child welfare legislation and are therefore required in every state. In some states (but not all) other rights may be upheld as standard practice. However, the National Coalition promotes all of these rights are promoted in its pursuit of positive outcomes for families involved in the child welfare system (NCPACPS 2009). As this document is not yet a part of federal and state law, the Coalition describes it as a work in progress, with comments invited from parents, advocates and child welfare agencies.

The Parents’ Charter of Rights

A Charter is a variation on a Bill of Rights. A Parents’ Charter of Rights has been developed in the US by the organisation Rise. Rise trains parents to write about their experiences with the child protection system in order to support them and parent advocacy. The stories are used to guide child welfare workers and policy makers to become more responsive to families and communities (Rise 2011, p.3). Rise used the collection of parent stories to identify key concerns and develop a Charter of Rights. Having developed this Charter, Rise has gone on to develop a plan for parent advocacy and family-centred child welfare reform (Rise 2010).

As a parent investigated by the child welfare system:

1. I HAVE THE RIGHT TO not lose my child because I am poor.
2. I HAVE THE RIGHT TO services that will support me in raising my child at home.
3. I HAVE THE RIGHT TO speak for myself and be heard at every step of the child protective service process.
4. I HAVE THE RIGHT TO be informed of my rights.
5. I HAVE THE RIGHT TO a meaningful and fair hearing before my parental rights are limited in any way.
6. I HAVE THE RIGHT TO quality legal representation.
7. I HAVE THE RIGHT TO support from someone who has been in my shoes.
8. I HAVE THE RIGHT TO have my child quickly placed with someone I trust.
9. I HAVE THE RIGHT TO frequent meaningful contact with my child.
10. I HAVE THE RIGHT TO make decisions about my child’s life in care.
11. I HAVE THE RIGHT TO privacy.
12. I HAVE THE RIGHT TO fair treatment regardless of my race, culture, gender or religion.
13. I HAVE THE RIGHT TO services that will support me in reunifying with my child.
15. I HAVE THE RIGHT TO meaningful participation in developing the child welfare policies that affect my family and community.

Source: Rise: From Rights to Reality 2010
Charter of rights for children of incarcerated parents

A Bill of Rights for children of incarcerated parents was developed in 2003 by San Francisco Children of Incarcerated Parents (SFCIPP), a coalition of social service providers, representatives of government bodies, advocates and others who work with or are concerned about children of incarcerated parents and their families (SFCIPP 2013). The aim of the group is to develop more responsive policies and practices when it comes to children with incarcerated parents.

While the Charter of Rights for children of incarcerated parents is child-focused, essential to it is the recognition of the vital role of parents in the lives of their children, in spite of their incarceration.

The Charter provides a useful overview of the rights of children and has been a useful tool for SFCIPP to highlight the absence of policies and services to support them.

1. I have the right TO BE KEPT SAFE AND INFORMED AT THE TIME OF MY PARENT’S ARREST.

2. I have the right TO BE HEARD WHEN DECISIONS ARE MADE ABOUT ME.

3. I have the right TO BE CONSIDERED WHEN DECISIONS ARE MADE ABOUT MY PARENT.

4. I have the right TO BE WELL CARED FOR IN MY PARENT’S ABSENCE.

5. I have the right TO SPEAK WITH, SEE AND TOUCH MY PARENT.

6. I have the right TO SUPPORT AS I FACE MY PARENT’S INCARCERATION.

7. I have the right NOT TO BE JUDGED, BLAMED OR LABELLED because my parent is incarcerated.

8. I have the right TO A LIFELONG RELATIONSHIP WITH MY PARENT.

Source: San Francisco Children of Incarcerated Parents 2013
Service charter developments in Australia

While child protection authorities across Australia have developed Charters of Rights specifically for children and young people in out-of-home care these do not address the needs of parents or families (FACS 2012a; FACS 2012b). The Community Capacity Building in Child Protection Research Program at the Australian National University has recently developed a child protection service charter which addresses not only the rights of parents but also their responsibilities in their dealings with child protection authorities (Hamilton forthcoming). This charter has been developed in consultation with parents affected by child protection intervention and service providers who have clients with child protection issues, and has been informed by the research undertaken by the ANU team.

The usefulness of a Charter of Rights for Australian parents who are incarcerated is apparent. On any given day in Australia, approximately 38,000 children have a parent in prison (Quilty 2005; Flynn 2011). It is not known how many of these children are subject to child protection orders, but it is known that in Victoria, for example, there is ‘no coordinated response by the child protection and justice systems to managing these children’s situations’ (Sheehan 2010; Flynn 2011). The problems experienced by these children are also well documented: isolation, behavioural difficulties at school, anxiety, insecurity, withdrawal, anger and mental health concerns (Flynn 2011). Despite these concerns and the growing nature of the problem, these children remain largely invisible, and do not feature as a priority for government policy and statutory welfare bodies (Flynn 2011).
Programs focussed on the foster carer/birth parent relationship

Formal systems of care kick in once children have been removed from their parents. There are a range of activities and initiatives to promote parent engagement which are targeted at foster carers and birth parents whose children have been removed. Building connections and relationships between birth parents and foster parents regardless of whether children are reunified or stay in care can increase family connectedness, reduce childhood trauma, expedite permanency and increase the likelihood of reunification (Corwin 2012).

This section describes five important types of programs that can positively influence the way birth parents and foster parents connect: relinquishing counselling, handling child removal, family finding, visitation counselling and family reunification. Many of these programs also use peer support, that is, other parents who have experience with child welfare authorities.

Practices included in the programs that engage and connect birth parents with foster parents include:

- **Ice-breaker meetings.** An ice-breaker meeting is ‘a facilitated, child-focused meeting held shortly after a child is placed or replaced in out-of-home care to provide an opportunity for birth parents and foster parents (or other caregivers) to meet each other and to share information about the needs of the child’ (NRCPFC 2008). These are connections at the time of initial placement with foster carers to promote easier adjustments for children and help form relationships of mutual respect, tempering often painful experiences of out-of-home placement (NRCPFC 2009).

- **Visit coaching.** (For a description of visit coaching, see 10.4 below.) Visit coaching is not the same as supervised visits. It uses a visit coach to actively support parents to meet their child’s needs and capitalise on their family’s strengths (Beyer 2008). Visit coaching improves quality of parent contact and visitation with children in out-of-home care. Empowerment, empathy, responsiveness and active parenting are the four visit coaching principles (NRCPFC 2009).

- **Birth parent mentors and peers** employed by foster care agencies to help engage parents whose children are entering the foster care system (Marcenko et al. 2010).

Most of the interventions at this level were identified in the USA and are delivered by NGOs, where an active foster care NGO sector promotes engagement with birth parents as good practice.
Australian searches failed to identify any examples of programs that specifically addressed birth parent engagement with foster parents or visitation coaching when children were at risk of being removed or in care.

Family reunification initiatives have been included in this section. While reunification is generally seen to be a goal of child protection intervention, not all Departments in Australia appear to keep reunification data (Dalton 2013).

### 10.1 Relinquishing counselling

Relinquishing counselling is now recognised as an important part of the process of adoptions. Long term psychological consequences for birth parents can include unresolved grief, isolation, difficulty with future relationships, and trauma (Wiley 2005). Within the programs identified in this review, counselling to address issues of parental grief and loss and the trauma of removal featured as an important component of emotional support for parents who had lost their children into state welfare systems. Legislative changes in the USA have encouraged expedited permanency for children, meaning less time for parents to prove their ability to look after their children before losing their parental rights. It has been identified that in order to comply with this legislation without unnecessarily separating families, the child welfare system, along with communities and other public agencies, must offer parents the support and education they need to either become adequate parents or make the decision to relinquish their parental rights (Barth & Price 1999).

### 10.2 Handling child removals

...removing a child from parental care is a significant societal event, a crisis for the child and the family. The decision to remove and the details surrounding removal deserve a heightened level of societal oversight. Just because these situations are confidential and removed from public scrutiny does not make them less significant to the child, the family, and the community.

(Edwards & Sagatun-Edwards 2007)

Whether children are removed from their families on a voluntary or involuntary basis, the moment is seared in everyone's memory. 'It is the worst thing that could happen to any parent’ (G. Levine [former Senior Magistrate of the Victorian Children's Court] 2012, pers. comm. 23 November 2012). There is a paucity of research literature, policy or practice protocols on how the actual removal of children can best be handled. What has been identified comes from legal practice literature and joint response protocols (Edwards & Sagatun-Edwards 2007; Chill 2004; Pence & Wilson 1992) (see for example State Government of Victoria 2012). These protocols in turn produce the best results for children when multiple decision-makers and problem-solvers work together to meet the child’s needs (Edwards & Sagatun-Edwards 2007, p.3). An examination of practice and legal issues in the emergency protection of children through removal found no practice guidance specific to the separation of a parent and child at birth (Freel 2010). While the topic of workers’ occupational health and safety is examined in the literature and in public inquiries into child protection, the circumstances precipitating those reactions seem to be less subject to examination.

The Victorian Department of Human Services Child Protection Practice Manual outlines procedures for the first visit/interview with parents and child(ren) regarding allegations of harm or likely harm and for the possible removal of a child (DHS 2012). The importance of family engagement is stressed, as are considerations for good practice when undertaking a first visit. Inquiries about child removal practice protocols abroad confirmed no specific protocols as such, but the systemic approaches taken to intervention reinforced respectful practice which includes honesty, directness and empathy — all of which are needed when a child has to be separated from their family (Goodman, pers. comm. 25 November 2012). The Virginia Department of Social Services identifies emergency removal as a critical decision point for a family partnership meeting. This meeting must be convened before the court hearing in cases where removal has occurred (Virginia Department of Social Services 2010).
10.3 Family Finding

*Family Finding or Family Search and Engagement* is an intensive search method to find family members and other adults who would like to step in and care for children and youth in foster care who lack permanency (CDF 2010). A review of family finding programs reported that despite showing promising outcomes for young people and their families, some challenges in implementing family finding programs exist. These include:

- **Administrative and bureaucratic barriers**: policies focus on safety to the exclusion of permanency and stability goals. Agencies are prevented from moving forward with family finding because of concerns that safety will be jeopardised if children have contact with families of origin;
- **Resistance from staff**: case workers often view family finding as an additional burden alongside high caseloads and tight timeframes;
- **Lack of training, practice and expertise**: professionals working with family finding must be trained in more than just search techniques. Staff must have the ability to build strong relationships with the child, successfully engage the family and adults, and counsel the child in grief and loss in order to help them cope with their past experience and accept the reality that they deserve a permanent family;
- **Insufficient follow up**: once the families are engaged;
- **Lack of appropriate services**: many agencies are unable to provide the supportive wraparound services that are critical to appropriately supporting these children and families; and
- **Misconceptions**: at different levels of the child welfare system there are misconceptions that can impair the successful implementation of family findings. The review reported that judges and service staff often hold negative perceptions of parents which they extend to the rest of the child’s family and believe that children would be better off in an unrelated adoptive family. Courts also may not perceive non-legal solutions, such as permanent life-long connections, as an appropriate solution. Some also believe that children must be stable in placement or treatment before considering family connections, as opposed to seeing connections as an aid to stability. Lastly, and most unfortunately, some professionals view older youth in foster care as ‘unadoptable’ (CDF 2010).

10.4 Visitation coaching

Despite their importance, contact visits between parents and their children in out-of-home care have rarely been described as satisfactory. The psychological impact of these visits on parents has recently been examined by Salveron (2012), who highlights the:

> importation of preparation, understanding, communication and helping parents to comprehend the importance of their role as parents and teaching them more positive and constructive ways of parenting and relating to their children. Furthermore, helping parents to understand the aims of contact, provision of constructive feedback, clear expectations of contact and access visits, activities that help build the parent, empower the parent, and educate the parent all contribute to assisting them understand the child protection system and process, engage with support services and make lifestyle changes for their children. (Salveron 2012, pp. 209-210)

Contact visits have been described as a service underutilised by child welfare agencies, one that could provide for safe reunification, or family participation in planning another permanent home (Beyer 2004). While research shows visitation as being a way to return home and shorten foster care placement, most visits are rarely more than an encounter in an office, and range in frequency. Visit coaching encourages parents to prepare for children’s feelings and behaviours in visits, to take charge of the visits and plan for them. The coach also assists parents to cope with their feelings and encourages communication to facilitate co-parenting between birth parent and foster parents (Beyer 2008; Williams & Beyer, 2009). The four principles of visit coaching established by Beyer are empowerment, empathy, responsiveness and active parenting. Visit coaching begins with reaching agreement with the family about the child’s needs to be met in visits, connected to the risks that brought the child into care. A visit coaching manual has been developed by Beyer which describes how to help families take charge of visits, involve foster families and kin in visits, build attachment between infants and their families, involve teenagers
in visits, and improve visits as parents return from prison or treatment. The manual also includes a visit module for parenting classes (Beyer 2004).

US child welfare agencies have reported that coached visits are an exciting innovation and can be more effective than supervised visits (Beyer 2004). Visit coaching and support aims to directly address the issues that brought the child into care, build on family strengths and guide improved parenting. It is described as a practice that can help families to make significant changes within short time frames (Beyer 2004). Best practices around visitation while children are in foster care, including what factors support and challenge visitation, have been documented by Partners for our Children (2011).

### 10.5 Family reunification

A number of parent engagement programs identified family reunification as a goal. Some of these programs also supported families once reunification occurred through the involvement of parent peer workers, mentors and foster carers.

- **Bridging the Gap**: aims to build relationships and communication between birth and foster families. The goal of this work is to support family reunification or another permanency plan. The program includes the use of icebreaker meetings and visit coaching. Work can include other family members involved in the child's life, such as members of the extended family of origin, other relatives who are caregivers and adoptive parents.

- **Co-Parenting Program**: a 12-week shared parenting course for birth parents and foster parents. It aims to create collaborative partnerships to parent the children who are in care.

- **Parent Partner**: links parents who are currently in the child welfare system, and have had a child removed, with parent mentors who have had previous involvement with the child welfare system and have been reunified with their child for at least a year (CPPC 2013). An outcome study indicated that reunification may be more likely for children whose parents were supported by Parent Partners, with approximately 60% of children with a Parent Partner reunified with their parents within 12 months of removal, compared to 26% of children whose parents were not (Anthony et al. 2009).

- **Intensive Reunification Program**: an intensive program for parents whose primary case plan goal is reunification. The program incorporates a twice-weekly support group for birth parents and weekly visits between the child and birth parents at the parent's home. Foster parents are required to spend time with birth parents to model positive parenting behaviours, allow time for skill transfer, allow time for birth-parent self-evaluation, and impart community resource information. A tenet of the program is that experiential parent training increases child safety, and its central tenet is to provide multiple opportunities for parents and their children to spend time together (Berry et al. 2007). A comparative evaluation after one year found reunification rates double that of comparable cases receiving conventional reunification services (McCauley & Berry n.d.).
This US body, in addition to working to provide appropriate support to families relinquishing children and supporting reunification, has also undertaken significant research on implementing evidence-based practice in treatment foster care. Treatment foster care provides children who would otherwise be placed in institutional settings with a combination of traditional foster care and residential treatment centers with active and structured, individualized and clinically effective intensive treatment (FFTA 2004).

The FFTA has identified parent engagement and support as critical for successful child outcomes (FFTA 2008; FFTA 2012). In order to support and engage birth parents with foster parents and to help birth parents deal effectively with the child welfare system, the FFTA has established the following seven programs. One is respite (discussed in section 6.10). The others are:

**Parent engagement and self-advocacy:** interventions which aim to teach birth parents, foster parents and child welfare workers how to work together to advocate for the health and wellbeing of children in care (FFTA 2008).

**Parent mentoring program:** a program (based on a manual) through which trained foster parents mentor birth parents on issues related to why their children came into care (FFTA 2008).

**Shared family care:** a parent and their children are placed in a community home with a trained host family who offer support and mentorship.

**Building a bridge:** a foster parent training program that recognises that positive connections between birth and foster parents are essential and can improve care for the child as parents exchange information (Corwin 2012).

**Birth-family — foster-family connections project:** a relational approach that aims to ‘create supportive connections among birth families, foster families, children and the child welfare system’ (Corwin 2012).
This section discusses programs that aim to make positive reforms of the structures and systems delivering statutory child protection services. It describes five cases where statutory agencies in Canada, UK, USA and Australia are initiating changes. How multiple agencies work together to respond to families through ‘joint responses’ is also addressed.

Child protection systems are often described, by government inquiries, NGOs and political parties, as being in crisis and failing (Parliament of South Australia 2009; Parliament of Tasmania 2011). This is reinforced by media headlines such as ‘Aboriginal child protection system in crisis’ (Jolley 2012), ‘Child protection inquiry hears foster care system is in crisis as volunteers opt out’ (Madigan 2012) and ‘Parliamentary report finds SA child protection system in crisis’ (Novak 2009). The number of children in care continues to grow, as does the demand for more resources, and poor outcomes for children who have been removed fuels anger and dissatisfaction with authorities, particularly by Indigenous communities.

Despite the national and international focus on the problems of child protection systems, with high profile examples of child deaths and the failings of professionals and systems, good news stories do exist. This section describes system-led and structural changes, seeing child protection working directly with parents in the best interests of the child. Here the system acknowledges it can do better and has seen itself as the target of change. System-wide changes such as the UK’s Social Work Reclaimed model (see section 11.2) are heralded as best practice in child protection (Munro 2011). Integrating child protection and family support is at the heart of this model with a strong focus on parental engagement. Another UK program, Volunteers in Child Protection (CSV 2013), won the National Charity Award in 2010 (Civil Society 2011).

A system-driven response comes from the organisation’s desire to build new relationships and to do things differently. Leadership is critical. Around the world, senior child protection workers, usually social workers, have led the change within the system with outside political support, leadership and commitment...
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11.1 Hollow Water Community Holistic Circle Healing (Manitoba, Canada)

The Hollow Water community is a well-known example of a community taking responsibility for family violence and widespread child sexual abuse by conducting community holistic circles of healing (CHCH), while also working with formal child protection and justice systems. These ‘restorative justice rituals can be a lever for triggering prevention of the most systemic and difficult-to-solve crimes in contemporary societies’ (Braithwaite, J 2002).

This example has been included in this section, which looks at programs aimed at statutory authorities, because it required a new negotiated relationship with all the agencies that had a stake in dealing with sexual abuse cases, including child protection workers, the police, the crown attorney and judges as well as community members and community agencies.

This model includes representatives of Child and Family Services and the police as well as representatives of the CHCH in investigating the crime. If it is determined that abuse has taken place the abuser is charged and given a choice of pleading guilty and participating in a healing process based on the cultural traditions of the Anishnaabe people, or going through the mainstream courts (Bushie 1999).

A cost benefit analysis undertaken in 2001 showed substantial cost savings and improved signs of health and wellness of children, more people completing their education, better parenting skills, the empowerment of community and individuals, broadening of community resources, an increase in community responsibility to issues, an increased sense of safety, a return to traditional ceremony and a decrease in overall violence (Native Counselling Services of Alberta 2001). Through prevention, community training and intervention, the healing circles program has caused a decrease in the amount and type of services the community has required from outside sources. In addition, there was every indication that these cost savings would increase exponentially into the future (Native Counselling Services of Alberta 2001).
11.2 Social Work Reclaimed (UK)

*Social Work Reclaimed* (SWR) is a well-known model developed in the UK which has gained an international reputation for child and family statutory social work. The starting point for SWR is that social work and child protection systems should be highly effective in keeping children safely with their families. SWR began in the borough of Hackney but has now been adopted by 16 other UK councils (Rix 2011).

SWR is a values-based practice model that restores a family focus within statutory social work. SWR is based on partnership with parents; risk being managed together proactively (based on the belief that you need to share the risks with others); the belief in families and that they want to do the best for their children; privileging direct work; and collaborative and respectful practice. Staff learn systemic approaches to child protection practice— that is, to look at all the key relationships in a child's life and how they can be improved to create the best outcome for the child. The SWR approach restores safety to children, relationships between children and parents and parenting morale, empowering and helping families to change. It also gives hope and energy for change to occur.

The first evaluation of SWR, conducted by the London School of Economics, described it as a best practice design (Munro 2011). Some of the key successes of SWR are:

- Reduction in numbers of children going into care by 40% in five years (numbers reduced within weeks of SWR being trialled);
- Reduction in time taken to conclude care proceedings by 30%;
- Reduction by 50% of staff sickness levels;
- Positive outcome measures for families;
- Openness and support for staff;
- Reduction in the bureaucratic burden of current practice;
- Better consistency and continuity of care;
- Better risk decision-making;
- Reflective practice encouraged and enabled; and
- A new skills mix bringing new perspectives into child protection practice (Goodman & Trowler 2012).

Key to the success of SWR is to think through all key decisions and to bring the authority for decision-making as close to the family as possible (Goodman & Trowler 2011). Substantial cost savings have also been identified as part of the review.

11.3 Practice First (New South Wales, Australia)

Based on the Social Work Reclaimed model, a pilot *Practice First NSW* is being undertaken in selected districts in NSW by child protection officers (based on the research of Alexander 2010). The aim of the pilot is to help workers value the relationship with birth parents and build better relationships with them. Initial results are proving promising with a significant reduction of children being removed to out-of-home care (McMaster 2012).

11.4 Family Responsibilities Commission (Queensland, Australia)

Historically child protection agencies have had uneasy relationships with Indigenous communities (Ivec et al. 2012). Past policies of forced removal of children from their parents and communities have left a legacy of trauma and distrust of the authorities. These past harms have been publicly acknowledged through national apologies and undertakings to forge a new kind of relationship. Examples of statutory child protection authorities partnering with communities can be seen in several Aboriginal and First Nations Communities. Facilitated through legislation (for example Queensland's *Family Responsibility Commission Act 2008*; Canada’s *Child and Family Services Act 1998*), the fundamental premise is that communities have the ability to play a key role in keeping children safe and improving the child protection system.

By setting up these committees and commission arrangements, statutory authorities aim to rebuild relationships with communities, harness local knowledge, shift their focus to prevention...
and early intervention with troubled families, involve extended families in solutions to family problems, and have communities work to restore the traditional role of elders (Standing Committee on Social Programs 2010). An evaluation of the implementation of the Family Responsibilities Commission has described the model as a responsive regulatory model (FaCHSIA 2010).

11.5 Citizen Review Panels (USA)

Citizen Review Panels (CRPs) for child protective services are groups of citizen-volunteers who evaluate and make recommendations to local and state child protection systems on how to strengthen their services (Jones & Royse 2008). The volunteer members are people who are broadly representative of the community and include individuals with expertise in the prevention and treatment of child abuse and neglect (Jones 2011). The CRPs have a broad mandate including the review of practices, policies and procedures of child protection systems and engaging in public outreach. For example, in 2011 the Minnesota CRP identified the need to improve methods of involving non-custodial fathers in child protection cases. Panel recommendations must be responded to by state welfare agencies in writing within six months.

CRPs have been federally mandated since 1996. Citizen participation in child welfare is seen to be important as it promotes accountability and moves the community towards “community based” protection of children (Jones 2011). Where successful, CRPs have been given access to information, consulted early in the policy development process, given feedback about their recommendations, provided with staff and logistical support and made part of a thoughtful, strategic exercise (Jones 2011).

11.6 Joint response protocols

In emergency situations where children are identified to be at risk, one effective practice is to have a joint response (Edwards & Sagatun-Edwards 2007). A joint response refers to the practice where two or more agencies agree on a procedure whereby one agency notifies another whose assistance is necessary to resolve the problems detected by the first agency. In child protection cases, joint response refers to law enforcement working with child protection to address the needs of the entire family.

In Santa Clara County California, joint response protocols are used regularly and have reduced the necessity of removing a child from the family by over 50 per cent (Edwards & Sagatun-Edwards 2007). These protocols include expanding the use of group decision-making models and including family members to make better decisions where child protection concerns exist.

A series of decision-making models as part of joint response initiatives have been described by Edwards and Sagatun-Edwards (2007). These include team decision-making, wraparound services, family group conferencing and court-based child protection mediation. Emancipation conferences and Family Finding practices (discussed in Section 10.3) are also part of these decision-making processes (Braithwaite, J 2004).

Several conclusions are reached by Edwards and Sagatun-Edwards in relation to group decision-making, including:

• group decisions in child protection cases produce better results than decisions made by one person;

• groups that include family members and community participants produce better decisions than those made exclusively by professionals;

• at different points of a child protection case, different decision-making models will better serve the needs of the children and family members; and

• child protection systems will produce the best results for children and families if they have a spectrum of decision-making models available to them.

The decision-making models identified by Edwards and Sagatun-Edwards are briefly described below:

8 Emancipation conferences are group conferences designed to support youth who are approaching independent living after having been in care. The conferences include personal goal-setting, group decision-making, strength building and group support for the ‘independent living plan’. (See Braithwaite, J 2004 for a description and example of an emancipation conference.)
Team decision-making

Team decision-making is a facilitated process which aims for consensus decision-making by child welfare workers, their supervisors, the child’s parents, other family members, community members and service providers. It enables the assigned social workers to make informed decisions about the removal of children with the consensus of the other meeting participants. Team decision-making evaluation results have found most social workers find the process useful, although it can be time-consuming. Benefits include improving relationships with clients, higher quality decisions, better placements, and increased family participation and buy-in.

Child protection mediation

Mediation is an alternative to court processes. It is a way to resolve legal, social, and factual disputes. In child protection cases, it is ‘a process in which specially trained neutral professionals facilitate the resolution of child abuse and neglect issues by bringing together, in a confidential setting, the family, social workers, attorneys, and others involved in a case’ (Edwards 2004, p. 62). Child protection mediation first began in California in the 1980s, and has expanded greatly since. The California legislature recognised early that the traditional court process and the adversarial system is ill-suited for child protection cases (Edwards & Sagatun-Edwards 2007). The legislature felt that families are better served when they have a hand in resolving the dispute and establishing the service plan. Parents are more likely to follow these service plans and so resolutions reached in mediation last longer. Participants remark that the mediation process helps improve relationships between all parties, and in particular between the parents and the social worker’ (Edwards et al, cited in Edwards & Sagatun Edwards 2007, p. 7).

(For an extensive review of mediation and conferencing in child protection disputes see Schepard (ed.) 2009.)

Wraparound services

Wraparound services are ‘a unique approach to providing services to a child and family facing multiple adversities’ (Edwards & Sagatun-Edwards 2007, p.7). They are developed by a team who are convened to address the needs of the child and family. The team consists of members of the family (including the child), community partners and professionals. Edwards & Sagatun Edwards (2007) describe wraparound services as having two goals and ten principles. The two goals are independence from formal professional supports and services, and keeping children out of institutional care and in care with families. The ten principles of the wraparound process are: eliciting and prioritising family and child perspectives and choice; working as a team; seeking out and encouraging natural supports; collaboration; service and support strategies are community-based; the wraparound process is culturally competent; strategies, supports and services are individualised; strengths-based; persistence; and outcome-based (Edwards & Sagatun Edwards 2007, pp 7-8). Youth and family-centred services are provided in their community and are focussed on the individual strengths and developmental needs of the young person and family. Wraparound has been evaluated nationally in the USA and with therapeutic foster care intervention has demonstrated effectiveness with foster children (Edwards & Sagatun-Edwards 2007).
Programs focussed on the court and legal system

This section describes initiatives designed to enhance legal processes for parents in child protection cases. These initiatives are developed by the legal system itself. They seek to reform how it does business with parents who have child protection issues. These initiatives include therapeutic, non-adversarial approaches such as family drug treatment courts and programs that include advocacy and enhanced legal representation for parents involved with child welfare authorities, including parent advocacy services. They also include legislative initiatives such as the prioritisation of birth parent and family engagement in US child welfare legislation. In the USA innovative court programs designed to engage more positively with parents are both encouraged through legislation and rewarded through demonstration grants.

12.1 Therapeutic jurisprudence

Therapeutic jurisprudence is the ‘study of the role of the law as a therapeutic agent’ (Wexler 1999). It focuses on the law’s impact on emotional life and on psychological wellbeing (Wexler 1999). Weinstein’s analysis of child custody disputes is an example of a legal procedure which bears resemblance to child welfare cases looked at through the lens of therapeutic jurisprudence. The adversarial process in a child custody context can be both traumatic for the child and damaging to the relationship of the parents who, despite their divorce, need to have some relationship in the future for the sake of the child. This analysis exposes how the adversarial process encourages inflicting of harm on the other party, presenting a case of a ‘bad parent’ — similar to proceedings in child protection proceedings. Therapeutic jurisprudence focuses on less damaging ways of resolving these issues (Weinstein 1997).

An example of a therapeutic jurisprudence approach to child welfare was Geraldton, WA’s Family Care Program, which used therapeutic court processes to promote family healing and wellbeing. Rather than an adversarial approach, a team worked collaboratively with families to promote the strength and skills of parents. Parents were involved in identifying problems and working out solutions. Judges and case officers used behavioural contracts, individually tailored rehabilitation programs and positive interactions to support family strengths (King & Tatasciore 2006). This program appears to have been discontinued.
12.2 Enhanced legal services for parents (USA)

Enhanced legal representation for parents who face court proceedings relating to child welfare concerns is critical to parental engagement in this stage of the process. Legal advocates reason as follows: “The defining characteristic of the child protection movement is its anti-parent stance. Parents have been cast as the enemy of children while the state becomes the child’s greatest saviour and protector” (Guggenheim 2006). While a number of law schools have child advocacy clinical programs, a much smaller number devote their efforts to representing parents. The work of Vivek Sankaran, at the University of Michigan Law School, provides an overview of enhanced legal representation programs. Sankaran identifies promising practices in the Parent Representation Programs in Washington State Office of Public Defence, the Center for Family Representation and the Detroit Center for Family Advocacy. The National Project to Improve Representation for Parents Involved in the Child Welfare System also contribute to enhancing the legal position of child welfare affected parents. More will be said about these initiatives in section 12.3 below.

Several programs were identified that might be described as providing legal advocacy services. These provide a team response to families: legal advocacy, social work services and parent peer support to low-income families to prevent the unnecessary placement and prolonged stay of children in foster care. These include the Detroit Center for Family Advocacy, the Family Defence Center in Chicago and the Brooklyn Family Defence Project. More detailed descriptions of these and other legal programs are found in Appendix C.

12.3 Court-based demonstration projects (USA)

The American Bar Association (ABA) takes leadership in helping court improvement projects through dissemination of professional resources to educate and assist lawyers representing parents against child welfare authorities (Redleaf et al. 2012). The ABA takes the view that:

\[
\text{Quality representation and due process for all parties in the child welfare system are essential but not always achieved. Poor parent representation exacts huge costs.}
\]

...for families and the state. Families can be unnecessarily separated for extended periods of time, if not permanently. The state has to provide foster care support payments, caseworker and court time, and resources to children and families, who may not have needed to be separated in the first place, or who could have been reunited sooner and more safely, had the parents had an effective voice in the process. (ABA Center on Children and the Law 2009)

The ABA is also a lead partner in the National Project to Improve Representation for Parents Involved in the Child Welfare System. This project aims to meaningfully engage parents in their own child welfare cases. It does this by providing resources to improve parent representation and by supporting system-wide reforms to improve advocacy in the child welfare system by parents and their lawyers (ABA Center on Children and the Law 2010). A number of parent representation models exist across the country, several of which are in partnerships with law schools providing clinics to lawyers wanting to work in this field (ABA Center on Children and the Law 2009). The Parents Representation Program also engages in community education and awareness-raising through national days such as the National Reunification Day. This day celebrates families and communities coming together while raising awareness about the importance of family reunification to children in foster care.

12.4 Family Drug Treatment Courts

Family Drug Treatment Courts (FDTC) focus on directly engaging with parents and addressing shortfalls in the wider service system that impact on families involved with child protection.

Parental characteristics of children in out-of-home care in 2007 in Australia show parental substance abuse at 69.4 per cent (Scott 2012). This figure is consistent with UK and USA figures where between 60 and 80 per cent of substantiated cases of child abuse and neglect cases involve substance abuse by the parent or guardian (Young et al. 2007).

Magistrate Greg Levine, former head of the Victorian Children’s Court, has provided a strong case for the development of Australia’s first FDTC, describing them as ‘non-adversarial, therapeutic processes for social justice outcomes’ in order to better serve the children of families struggling with substance abuse in Australia.
Family Drug Treatment Courts offer a proven structure and set of processes for interrupting the intergenerational harm caused by substance abuse and for giving parents the very best chance to rehabilitate and be reunited with their children. (Levine 2012, p.5)

The FDTC was adapted from the Criminal Drug Court model and commenced in the USA in the early 1990s to respond to growing parental drug and alcohol abuse where child welfare was also a concern. Substance abuse often intersects with other problems such as family violence, inadequate housing, poverty and mental illness. Reunification rates are low for children removed from parents in these circumstances. These children stay longer in foster care, they often have unstable placements and the costs psychologically and financially over the long term for young people, their families and the wider community are high (Levine 2012). Orders made through the traditional courts have had little success in improving poor outcomes for children and parents as no adequate follow up processes exist (Levine 2013).

FDTCs address not only an individual’s drug and alcohol issues but also the institutional and programmatic barriers and multiple systems factors that interfere with family reunification. These have been identified in child protection reviews and include: poor training and supervision; poor communication between different professionals; tensions created by difference in ideologies, practices and objectives; and fragmented services which also impact on parents’ ability to navigate their way around the system (Levine 2012). The court is also able to hold service providers accountable should promised services not be delivered to FDTC parents (Levine 2012).

In this model, parents work intensively with the judicial officer and the FDTC team. Key features of FDTCs are a non-adversarial, specialist problem-solving approach where a judge or magistrate plays a central role in monitoring and motivating parents. This is achieved by building an ongoing and strong relationship with the family through weekly, bi-weekly or monthly contact. This frequency of contact fosters relationship building and connection along with compliance with orders. Other features include a court-based multidisciplinary team to manage rehabilitation and family reunification; a 12-month time-line for decision-making regarding family reunification or permanent placement outside the home and closely monitored rehabilitation that keeps parents focused on recovery and improved parenting. A holistic approach to family needs is adopted by the multidisciplinary team.

Being treated with respect by the Judge and empowered to actively engage in their own recovery is cited by some parents as being critical to their success in the program. (Marlowe & Carey 2012, p.13)

Marlowe and Carey (2012) provide a summary of methodologically acceptable evaluations of family drug courts (FDCs) in eight US states and London which included cost effectiveness analysis. They conclude that there is ‘convincing evidence that FDCs produce clinically meaningful benefits and better outcomes than traditional family reunification services for substance-abusing parents’ (p. 7). Compared to comparison groups, FDC participant treatment completion rates were 20 to 30 per cent higher, family reunification rates 20 to 40 per cent higher and children spent significantly less time in out-of-home care. In fact ‘parents with extensive criminal histories, inadequate housing and a greater risk for family violence were more likely to complete FDC than those without these risk factors’ (p. 6).

Average net cost savings from the FDTCs ranged from approximately $5,000 to $13,000 per family, and the total taxpayer cost savings increased approximately tenfold over five years. The largest cost savings were realised in child protection systems as a result of reduced use of foster care (Marlowe & Carey 2012).

12.5. Trauma-informed courts

Trauma-informed courts aim to recognise and respond to the impact of traumatic stress on the children and families who come before them. For example, a trauma-informed intervention recognises the high rates of exposure to trauma by alcohol and drug involved populations (Cohen & Hien 2006). A recent study by Powell examined outcomes of a trauma-informed family drug court where a trauma treatment component was included in an Arizona family drug court. Cognitive Behaviour Therapy based trauma interventions were used with results showing a higher rate of reunification with children. Although cautioning against a causal relationship, the research concluded that assessing for trauma and adding a trauma treatment component may improve participant outcomes (Powell et al. 2012).
Conclusion

There is a broad range of interventions in existence which engage parents and families in the child protection system nationally and internationally. This review identified over 100 programs, approaches and interventions which effectively engage parents in the child protection process, from initial contact with statutory authorities through to court proceedings.

These programs varied in terms of how intrusive the intervention was, from individuals on the verge of contact with the system to the heart of the system itself. The three least intrusive interventions included those that are generally provided while children are still living with their parents. Often these were delivered, or initiated by the more informal networks around a child, such as NGOs. In contrast the highly intrusive levels of interventions were based on more formal regulators and how the system exerted its influence and control once children are about to be or are removed.

The programs varied in terms of which particular actors or relationships were the target of change being sought by the interventions and programs. These ranged from individual parents, through families, collective parent consumers, the foster carer/birth parent relationship, statutory authorities and ultimately, the court and legal system.

Each of these actors has a role to play when it comes to keeping children safe and government needs these numerous actors to each play their part in getting the job done. Given the multitude of stakeholders and extensive flows of information, no one actor possesses all the knowledge and influence necessary to implement change. When events are steered through a web of linked actors across many organisations, the term ‘networked governance’ becomes appropriate. This concept has been applied to the health sector (Healy 2011) and its applicability to child protection is just as relevant (Harris & Wood 2008).

The rationale behind this report was based on findings from government inquiries into child protection that active engagement of families in decision-making processes is needed. Currently in Australia the child protection field of activity and decision-making is dominated by government. While many programs are delivered through NGOs, government controls the purse strings. Professionals dominate the statutory child protection workforce and legal processes. For policy aspirations to become tangible,
that is, for child protection to be everyone’s business, a shift is needed. To make operational much of the legislative intention of parental and community engagement, especially for Indigenous Australians, far greater engagement of families and communities is needed.

Through the activities and programs identified, a number of possibilities and regulatory strategies are shown to exist that enable the many actors to play a more equal part in child protection. Moving from our current model that is dominated by government and professionals to one where children, parents and other stakeholders are more engaged has been shown to be possible through the programs and activities identified as part of this review. It is through a process of principled engagement with parents, families and their children in the present day that we may avoid a future where these children and families are next in line to hear:

*Sorry — that as children you were taken from your families... We look back with shame... For these failures to offer proper care to the powerless, the voiceless and the most vulnerable, we say sorry. We reflect too today on the families who were ripped apart simply because they had fallen on hard times. Hard times brought about by illness, by death and by poverty... Our purpose today... is to begin to put right a very great wrong... governments must continue to commit to the systematic auditing, inspection and quality assurance of the child protection services they administer today. Some 28,000–30,000 children are currently in the care of State and Territory Governments around Australia. Governments must put in place every protection possible to reduce the risk of mistreatment in the future... to lift its game in doing whatever practicably can be done to provide for the proper protection of little ones, of children. Let us now go forward together... as equal, as valued and as precious members of this one great family that we call Australia.*

Kevin Rudd, *Apology to the Forgotten Australians and Former Child Migrants* (Prime Minister of Australia 2009)
AIHW — see Australian Institute of Health and Welfare


Australian College for Child and Family Protection Practitioners 2009, Communities, Children and Families Australia, Vol. 4, No. 1, October 2009, Dickson, ACT.


Boyd Rauber, D 2009, 'From the courthouse to the statehouse: parents as partners in child welfare', *ABA Child Law Practice*, vol. 28, no. 10, pp. 149-156.


CDF — see Children's Defense Fund.

CEBC — see The California Evidence-Based Clearinghouse for Child Welfare


Civil Society UK 2011, *Charity award-winning CSV project has grown five-fold since it won*, viewed 27 May 2013, <http://www.civilsociety.co.uk/charityawards/event_highlights/news_from_the_night/content/9985/charity_award-winning_csv_project_has_grown_five-fold_since_it_won>.


CPPC — see Community Partnerships for Protecting Children.

CSV — see Community Service Volunteers.


DEEWR — see Department of Education, Employment and Workplace Relations.


DHS — see Department of Human Services

DoHA — see Department of Health and Ageing.

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EMCDDA — see European Monitoring Centre for Drugs and Drug Addiction.


FACS — see Department of Family and Community Services.

FaHCSIA — see Department of Families, Housing, Community Services and Indigenous Affairs.


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Appendix A:
Child protection legislation in Australia

Tasmania

Current legislation: *Children, Young Persons and their Families Act 1997* (Tas)

Examples of intent of legislation for family engagement:
- S9 Principles relating to dealing with Aboriginal children
- S51 Right of other interested persons to be heard
- S77D Notification to child and his or her parents
- S110A Department may provide support.

Mechanism for engagement:
- S9 Open and flexible arrangement for consultation with a recognised Aboriginal organisation
- S32 Family Group Conferencing.

Main principles:
- Best interests
- Protection focus
- Aboriginal and Torres Strait Islander children.

Australian Capital Territory

Current legislation: *Children and Young People Act 2008* (ACT)

Examples of intent of legislation for family engagement:
- S22 Director-General's functions (1)(a) 'providing, or assisting in providing, services directed to strengthening and supporting families...'; & (c) 'providing, or assisting in providing, information to parents ... about the operation of this Act'
- S350 Care and Protection principles (1)(b) 'priority must be given to supporting the child's or young person's parents and other family members to provide for the wellbeing, care and protection of the child or young person'
- S351 Helping families understand care and protection procedures
- S457 Care plans—who must be consulted
- S482 Enduring parental responsibility provision.

Mechanism for engagement:
- Family Group Conferencing
- S482 Enduring parental responsibility provision (1)(g) ‘the court has given any Aboriginal or Torres Strait Islander person or organisation that has provided ongoing support services to the child or young person and his or her family a reasonable opportunity to provide a written report about the making of the proposed provision’.

Main principles:
- Best interests
- Aboriginal and Torres Strait Islander children and young people
- Care and protection focus.
New South Wales

Current legislation: *Children and Young Persons (Care and Protection) Act 1998* (NSW)

Examples of intent of legislation for family engagement:

- S12 Aboriginal and Torres Strait Islander participation in decision making
- S21 Request for assistance by parent of child or young person or by funded non-government agency
- S51 Duty of Director-General to give information to certain persons
- S163 Parents' right to information concerning progress and development of their children.

Mechanism for engagement:

- S12 Aboriginal and Torres Strait Islander participation in decision making 'are to be given the opportunity, by means approved by the Minister, to participate in decisions'
- S37 Alternative dispute resolution
- S65 Dispute Resolution Conference
- S114 Alternative dispute resolution.

Main principles:

- Best interest
- Safety, welfare and wellbeing
- Care and protection focus
- Aboriginal and Torres Strait Islander children and young people.

Victoria

Current legislation: *Children, Youth and Families Act 2005* (Vic)

Examples of intent of legislation for family engagement:

- S11 Decision Making Principles
- S12 Additional decision-making principles (ATSI)
- S178 Responsibility of Secretary to provide information to parents.

Mechanism for engagement:

- S217 Referral of application to dispute resolution conference.

Main principles:

- Best interest of the child
- Prevention & protection focus
- Aboriginal and Torres Strait Islander children.

Queensland

Current legislation: *Child Protection Act 1999* (Qld)

Examples of intent of legislation for family engagement:

- S5C Additional principles for Aboriginal or Torres Strait Islander children
- S5D Principles about exercising powers and making decisions
- S15 Child’s parents and long-term guardians to be told about allegation of harm and outcome of investigation
- S20 Officer’s obligations on taking child into custody (2)(a) ‘take reasonable steps to tell at least one parent’
• S32 Explanation of temporary assessment orders (1)(a) ’give a copy of the order… to at least 1 of the child’s parents’
• Part 3B Division 2 Preference for intervention with parents’ agreement
• Part 3A Division 2 Family group meetings
• Part 3A Division 5 Periodically reviewing the case plan S51W Who may participate
• S106 Court to ensure parties understand proceeding.

Mechanism for engagement:
• Family group meetings.

Main principles:
• Safety, wellbeing and best interests
• Protection focus
• Supporting children’s family
• Aboriginal and Torres Strait Islander children.

South Australia

Current legislation: Children’s Protection Act 1993 (SA)

Examples of intent of legislation for family engagement:
• S3 Objects of Act (d) ‘…to accord a high priority to supporting and assisting the family to carry out its responsibilities to children’
• S5 Provisions relating to dealing with Aboriginal or Torres Strait Islander children.

Mechanism for engagement:
• Consultation with Aboriginal recognised entity.

Main principles:
• Child’s wellbeing and best interests
• Aboriginal and Torres Strait Islander children.

Western Australia

Current legislation: Children and Community Services Act 2004 (WA)

Examples of intent of legislation for family engagement:
• S9 Principles to be observed (j) ‘the principle that a child’s parents … should be given an opportunity and assistance to participate in decision-making processes’
• S13 Principle of self-determination (ATSI)
• S14 Principle of community participation (ATSI)
• S81 Consultation before placement of Aboriginal or Torres Strait Islander child.

Mechanism for engagement:
• S136 Court may order pre-hearing conference.

Main principles:
• Best interest
• Protection focus
• Aboriginal and Torres Strait Islander children.
Northern Territory

**Current legislation:** Care and Protection of Children Act 2007 (NT)

**Examples of intent of legislation for family engagement:**
- S7 Responsibility of Territory Government ‘supporting families in fulfilling their role in relation to children’
- S12 Aboriginal children (2) ‘In particular, a kinship group, representative organisation or community of Aboriginal people nominated by an Aboriginal child’s family should be able to participate in the making of a decision involving the child’.

**Mechanism for engagement:**
- S49 Mediation Conference.

**Main principles:**
- Promote wellbeing of children
- Best interest
- Protection focus
- Aboriginal and Torres Strait Islander children.
Appendix B:  
International child welfare legislation

Examples of international legislation: showing legislative intent for family engagement, mechanisms for engagement and the use of collaborative processes in child protection interventions.

<table>
<thead>
<tr>
<th>Country</th>
<th>Legislation</th>
<th>Who provides/administers child protection services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>Child Protection Act 1965</td>
<td>Confidential Doctor Centres</td>
</tr>
</tbody>
</table>

**Description**

Belgium is a country which has taken a therapeutic, rather than a legislative response to child welfare issues.

- The Minister of Justice has decreed that everyone has a moral rather than legal obligation to report cases of child abuse and neglect to the Confidential Doctors.
- Juvenile Protection Agencies legislated to act if a child is maltreated, but only if all parties agree to the intervention.
- Very limited use of FGC despite enthusiasm of welfare workers (Van der Auwaeraert 2011).
- Voluntary measures: hearing with the family; informing; counselling; warning + compulsory measures: certain acts are subject to court permissions (e.g. travel permission); removing the child from the family; suspending parental authority (EIGE 1965).

<table>
<thead>
<tr>
<th>Country</th>
<th>Legislation</th>
<th>Who provides/administers child protection services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>Each province and territory has its own child welfare legislation.</td>
<td>Local authorities and non-government organisations / mandated agencies</td>
</tr>
</tbody>
</table>

**Description**

Legislation in each province and territory has common characteristics:

- The best interests of the child must be considered when a child is found to be in need of protection;
- The parent’s primary responsibility for child-rearing is respected;
- It is acknowledged that continuity of care and stability are important for children;
- The views of children are important in making decisions that affect their futures;
- Cultural heritage should be respected, especially for Aboriginal children; and
- It is the public’s duty to report suspected harm, abuse and neglect of children (Standing Committee on Social Programs 2010).

Child and Family Services Act (Northwest Territories) seen as differing from other jurisdictions in that it encourages prevention and family support interventions.
<table>
<thead>
<tr>
<th>Country</th>
<th>Legislation</th>
<th>Who provides/administers child protection services</th>
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</thead>
<tbody>
<tr>
<td><strong>Canada</strong></td>
<td>Examples of collaborative processes:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Family Group Conference (New Brunswick);</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mediation (New Brunswick, Nova Scotia, Nunavut &amp; Northwest Territories);</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mediation for Plan of Care (Alberta, Prince Edward Island, Saskatchewan);</td>
<td></td>
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<tr>
<td></td>
<td>and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Court adjournment &amp; Aboriginal dispute resolution (Ontario).</td>
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<tr>
<th>Country</th>
<th>Legislation</th>
<th>Who provides/administers child protection services</th>
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</thead>
<tbody>
<tr>
<td><strong>Denmark</strong></td>
<td>No specific Children’s Act but a broad Consolidation Act on Social Services. State legislation applies in 98 local municipalities.</td>
<td>Network care and kinship care to be used as a first option to out-of-home care. However, power to keep children in care against parents’ will has been strengthened.</td>
</tr>
<tr>
<td></td>
<td><strong>Description</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Family engagement strategies such as Multi Systemic Therapy, Multidimensional Foster Care, Parent Management Training.</td>
<td></td>
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<tr>
<td></td>
<td>• Evidence of FGC in use but not legislated.</td>
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</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>Legislation</th>
<th>Who provides/administers child protection services</th>
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</thead>
<tbody>
<tr>
<td><strong>Finland</strong></td>
<td>Child Welfare Act 2007</td>
<td>Services provided by local authorities or NGOs.</td>
</tr>
<tr>
<td></td>
<td><strong>Description</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evidence of FGC in use but not legislated.</td>
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<tr>
<th>Country</th>
<th>Legislation</th>
<th>Who provides/administers child protection services</th>
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</thead>
<tbody>
<tr>
<td><strong>Germany</strong></td>
<td>Child Protection Act 2005</td>
<td>The Federal Republic of Germany has 16 Federal States. Child abuse and neglect covered directly or indirectly in the constitution, civil law, social law and criminal law.</td>
</tr>
<tr>
<td></td>
<td><strong>Description</strong></td>
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<tr>
<td></td>
<td>Evidence of FGC in use but not legislated (Straub 2012).</td>
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<tr>
<td>Country</td>
<td>Legislation</td>
<td>Who provides/administers child protection services</td>
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</tbody>
</table>
| **Netherlands** | Youth Care Act 2001  
Child Protection Act 2011 | Basic child welfare provisions at municipal level.  
Child protection concerns elevated to a provincial level to Youth Care Agency which in turn can escalate to the Child Protection Board, which operates at a national level. |

**Description**
- Confidential Doctors Agency (very similar to the Confidential Doctor Centres in Belgium).
- FGC legislated in 2011.

<table>
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<tr>
<th>Country</th>
<th>Legislation</th>
<th>Who provides/administers child protection services</th>
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</thead>
</table>

**Description**
- Evidence of FGC in use but not legislated.
- Use of empowerment approaches such as family conferences, parent management training and multi-system therapy being promoted but implementation hard to gauge.
- In-home services must be tried or it must be proven that in-home services will not be useful.

<table>
<thead>
<tr>
<th>Country</th>
<th>Legislation</th>
<th>Who provides/administers child protection services</th>
</tr>
</thead>
</table>
| **Sweden** | Social Service Act 1982  
Children and Parental Code 1983 | Local services authorities have legislated responsibility for child welfare. |

**Description**
- Local service authorities required to work in partnership with families to support children's personal, psychosocial and social development (Cocozza & Hort 2011).
- Child protection deliberately integrated into a system of general municipal family welfare services (Cocozza & Hort 2011).
- Evidence of FGC in use but not legislated.
<table>
<thead>
<tr>
<th>Country</th>
<th>Legislation</th>
<th>Who provides/administers child protection services</th>
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</thead>
<tbody>
<tr>
<td><strong>United Kingdom</strong></td>
<td>Children Act 1989</td>
<td>Central legal framework. Child protection services provided by local authorities (Councils).</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td></td>
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<tr>
<td></td>
<td>• A Family Group Conference can be undertaken when significant harm or its likelihood is not suspected.</td>
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<tr>
<td></td>
<td>• FGC found to be unevenly used (Parton &amp; Berridge, cited in Gilbert et al. 2011, p.70).</td>
<td></td>
</tr>
<tr>
<td><strong>United States of America</strong></td>
<td>Federal</td>
<td>Within federal legislation and minimum standards, local variations exist across states, districts and territories. (Duer Berrick, cited in Gilbert et al. 2011, p.17)</td>
</tr>
<tr>
<td><strong>Description</strong></td>
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<tr>
<td></td>
<td>Some examples of an engagement and collaboration approach are:</td>
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<tr>
<td></td>
<td><strong>Fostering Connections to Success and Increasing Adoptions Act 2008</strong></td>
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<td></td>
<td>Legislative intent for family engagement: emphasises children's rights to stay connected to their families and relatives and to avoid or exit state care where possible, involving the extended family in decision making and as relative care givers (Pennell et al. 2011).</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Child and Family Services Improvement and Innovation Act 2011</strong></td>
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<tr>
<td></td>
<td>Mechanism for engagement: Extension of Child and Family Services Programs (Sections 102, 104):</td>
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<td></td>
<td><strong>Section 102:</strong></td>
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<tr>
<td></td>
<td>(1) peer-to-peer mentoring and support groups for parents and primary caregivers, and</td>
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<td></td>
<td>(2) services and activities designed to facilitate access to and visitation of children by parents and siblings.</td>
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<tr>
<td></td>
<td><strong>Section 104:</strong></td>
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<tr>
<td></td>
<td>court improvement program — grants to the highest state courts to serve the purpose of increasing and improving engagement of the entire family in court processes relating to child welfare, family preservation, family reunification, and adoption.</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>Legislation</td>
<td>Who provides/administers child protection services</td>
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<tr>
<td><strong>United States of America</strong></td>
<td><strong>Child Welfare Demonstration Projects (Section 201)</strong></td>
<td></td>
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<tr>
<td><strong>continued</strong></td>
<td><strong>Section 201:</strong></td>
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<tr>
<td></td>
<td>Defines a long-term therapeutic family treatment centre as a state-licensed or state-certified program that:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) enables parents and their children to live together in a safe environment for at least six months; and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) provides substance abuse treatment services, children's early intervention services, family counselling, medical care, and related services.</td>
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</tr>
<tr>
<td></td>
<td>Treats as a state any Indian tribe, tribal organization, or tribal consortium operating a program under SSA title IV part E.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Use of collaborative processes demonstrated in Family Group Decision Making (modified from New Zealand).</td>
<td></td>
</tr>
</tbody>
</table>

Source: adapted from Gilbert, Parton & Skivenes (eds) 2011.
Appendix C:
Programs reviewed for the research

The following program descriptions come from a range of sources. The descriptions draw heavily on the services’ own websites.

The phrase ‘promising practice’ and ‘emerging practice’ is used to describe a number of programs. These descriptions have been given by the California Evidence-Based Clearinghouse for Child Welfare. With slight adjustment to incorporate child welfare language, the Clearinghouse has adopted the Institute of Medicine’s definition for ‘evidence-based practice’ as a combination of the following three factors: ‘best research evidence, best clinical experience, and consistent with family/client values’ (Institute of Medicine 2001, cited in CEBC 2013). Where relevant the description has also adopted the conclusion of the Foster Family-based Treatment Association which describes emerging practices in its Practice Wisdom Guide (FFTA n.d.).

The programs in the appendix are categorised by who, or what, is the target of change for the initiative. They may, where relevant, be discussed under other categories in the report.

Programs focussed on individual parents

<table>
<thead>
<tr>
<th>Country</th>
<th>Australia, Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Mirror Families</td>
</tr>
<tr>
<td>Description</td>
<td>A child centred intervention program. Its focus is creating and extending community connections for families where a parent has, or is recovering from, a substance abuse problem. Aims to support and maintain the development of extended families’ for families where parents have substance problems. Community development approach; train the trainer.</td>
</tr>
<tr>
<td>Activities</td>
<td>Provides ongoing support, both formal and informal, for vulnerable families. This support is achieved through the promotion of kinship, social and community networks.</td>
</tr>
<tr>
<td>Information &amp; contact details</td>
<td>Odyssey House, ph: (03) 9420 7680   <a href="http://www.odyssey.org.au">www.odyssey.org.au</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>Australia, Tasmania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>New Directions for Parents Program</td>
</tr>
<tr>
<td>Description</td>
<td>The program offers support to families who are in contact with Child Protection Services, or are considered ‘at risk’ of current notification. The program is a case management-based outreach program. Staff work with clients to identify issues, and assisting them to develop skills.</td>
</tr>
<tr>
<td>Activities</td>
<td>Families are offered intensive assistance with in-home support (including establishing routines), managing child behaviour problems, communication issues, liaison with schools and departments, dietary issues, parenting skills, advocacy, referral and support.</td>
</tr>
<tr>
<td>Information &amp; contact details</td>
<td>Centacare Tasmania Family Services offers a range of programs to support families involved with child protection authorities. See ‘Family Services’ at <a href="http://centacaretas.org.au">http://centacaretas.org.au</a></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Country</td>
<td>Australia (NSW, Tasmania, ACT, Vic &amp; WA)</td>
</tr>
<tr>
<td>Program Name</td>
<td><strong>Newpin (New Parent and Infant Network)</strong></td>
</tr>
<tr>
<td>Description</td>
<td>A preventative, therapeutic program that works intensively with families facing potential or actual child protection issues. Aims to enhance parent-child relationships. Created in response to the needs of new mothers experiencing issues such as isolation, mental illness, family violence, social disadvantage, low self-esteem and for those who were at risk of physically or emotionally harming their child or children. Former users of the program in Australia are also being employed by NEWPIN.</td>
</tr>
<tr>
<td>Activities</td>
<td>Work with both the parent and the child or children; Focus on emotional development and well-being as an essential foundation for learning and change; Address issues of child safety and well-being during the parent's learning, healing and personal development processes. Intensive early intervention and parent education program.</td>
</tr>
</tbody>
</table>
| Evaluation                    | Newpin has been the subject of considerable formal scrutiny across the two decades of its operation, with three formal external evaluations having been conducted in the United Kingdom and two completed in Australia.  
| Information                   | Newpin Australia http://www.newpin.org.au/                                                                                                                                                         |
| Name                          | **Parent-Child Interaction Therapy (PCIT)**                                                                                                                                                         |
| Description                   | Teaches positive parenting through child-directed and parent-directed interactions (Corwin 2012). In order to establish a nurturing and secure relationship with the child, these interventions engage parents with their child in a play situation with the goal of strengthening the parent-child relationship (University of Florida 2012). Parents are taught through description, modelling and role-playing, and are coached by therapists. |
| Activities                    | 5-6 coached parent-child sessions delivered weekly. Based on developmental theory. Not time limited. Treatment is tailored to individuals based on observations of parent-child interactions. Parents are taught to increase praise and enthusiasm, avoid negative behaviours, ignore minor misbehaviours and reinforce discipline selectively and consistently (Corwin 2012). |
| Evaluation                    | Promising Practice. A randomised trial was conducted to test the efficacy and sufficiency of PCIT in preventing re-reports of physical abuse. At a two-year follow-up, 19% of parents assigned to PCIT had a re-report for physical abuse compared with 49% of parents assigned to the standard community group. Where PCIT was combined with motivational interviewing retention was significantly higher especially among low- to moderately-motivated parents. |

An international review of parent and family engagement in child protection
### United States

<table>
<thead>
<tr>
<th>Country</th>
<th>USA</th>
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<table>
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<tr>
<th>Name</th>
<th>SafeCare</th>
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<table>
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<tr>
<th>Description</th>
<th>SafeCare is an evidence-based training program for parents with children aged 0–5 where the parents are at-risk of, or have been reported for, child maltreatment.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Activities</th>
<th>Parents receive weekly home visits. Staff support them to improve their skills in range of areas, including home safety, health care and parent-child interaction.</th>
</tr>
</thead>
</table>

| Evaluation | A 10-year large (n=2200) randomised comparative outcome trial of SafeCare in Oklahoma reported that SafeCare reduced child welfare reports for neglect and abuse by about 26% compared to the same in-home services without SafeCare (among the same target population).  
See http://www.childwelfare.gov/preventing/programs/types/safe_care.cfm  
|------------|----------------------------------------------------------------------------------------------------------------------------------|

| Information & contact details | Georgia State University email: safecareinfo@gsu.edu  
Georgia State University 2013, National SafeCare Training and Research Centre http://publichealth.gsu.edu/968.html |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------|

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<tr>
<th>Country</th>
<th>USA</th>
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<table>
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<tr>
<th>Name</th>
<th>Cherish the Family (CTF)</th>
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<tr>
<th>Description</th>
<th>CTF targets families with young children (0-3) who have been affected by substance use or HIV/AIDS and are referred by child welfare services. Focuses on promoting family reunification and involves collaboration with multiple community-based providers. Links families to community supports, services, treatment, job training and support. The Circle of Parents program is utilised to help parents form social support networks. Groups are led by parents and other caregivers.</th>
</tr>
</thead>
</table>

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<thead>
<tr>
<th>Activities</th>
<th>FCI provides a range of family support and educational services in collaboration local, state, and federal partners. Direct services offered include: Medicaid enrolment assistance, educational programs, help to access other service providers, including health care and child care.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>The project is evaluated locally by the University of Miami, Miller School of Medicine. The Florida Ounce of Prevention Fund is designing a data management system to collect and analyse the project's outcome data.</th>
</tr>
</thead>
</table>

| Useful link | Family Central Inc  
http://www.familycentral.org/ |
|-------------|----------------------------------------------------------------------------------------------------------------------------------|

<table>
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<tr>
<th>Country</th>
<th>USA</th>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Abandoned Infant Assistance — Family Outpatient Program</th>
</tr>
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<thead>
<tr>
<th>Description</th>
<th>Works with families with children residing in the home who have been prenatally exposed to substances or when voluntary or involuntary risk of abandonment exists due to the presence of drug use in the family. Program targets mothers and their children ages 0–5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities</td>
<td>Works to strengthen parent-child attachment, focussing on bonding and attachment between mother and child. Parenting groups provide parents with opportunities to share experiences and learn about children's social-emotional development. Provides trauma-informed services for mothers and an on-site therapeutic centre for children offering educational, developmental and therapeutic services. Mothers participate in 4.5 hours of programming a week: two hours in a trauma-focused group, one hour of a parent/child interaction and a 1.5 hour group parenting class aimed at developing healthy parenting skills and provide information about childhood development.</td>
</tr>
<tr>
<td>Useful link</td>
<td>Abandoned Infants Assistance National Resource Centre 2012 Change Agents — Family Outpatient Program <a href="http://aia.berkeley.edu/change-agents-family-outpatient-program/">http://aia.berkeley.edu/change-agents-family-outpatient-program/</a></td>
</tr>
</tbody>
</table>

| Country | USA |
| Name | Parent Support Outreach program |
| Description | An early intervention family support program working with families with young children (under 10) who are at risk of child maltreatment. The program is voluntary. |
| Activities | Services have a significant focus on ensuring families’ basic needs are met. Families are asked to participate in a strengths and needs assessment that is used to help the family and agency determine an appropriate service plan. (The service describes itself as largely consumer driven.) |

| Country | USA |
| Name | The Incredible Years |
| Description | The Incredible Years is a series of programs focused on strengthening parent’s skills (such as monitoring, positive discipline, confidence) and fostering parents’ involvement in their children's school experiences. The goal of this is to promote children's academic, social and emotional competencies and reduce conduct problems. |
| Activities | The Incredible Years works with the parents of young children with behaviour problems. This parent training teaches key behavioural management techniques to parents using films of parent-child interactions. The program is delivered in a group format by a trained clinician over 12 two-hour sessions. If reunification is a goal, birth parents and case worker or birth parents and foster parents can attend an Incredible Years group together. Otherwise, work with the birth and foster parents can be done in parallel. |
| Evaluation | Extensive, considered best practice. Incredible Years has strong research evidence indicating that it leads to improvement in parenting skills. |

| Country | USA, Louisiana |
| Name | Nurturing Parenting Program |
| Description | These are parenting education programs designed for families referred by Social Services/Mental Health because children are perceived to be at risk. The program addresses abusive and neglecting parent-child interactions. In learning re-parenting, parents increase their understanding of the abuse and neglect they experienced as children and how these parenting beliefs and patterns are affecting their relationships with their children. |
### United Kingdom

<table>
<thead>
<tr>
<th>Country</th>
<th>United Kingdom, Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Neath Port Talbot Family Action Support Team</td>
</tr>
<tr>
<td>Description</td>
<td>Aims to prevent family breakdown and promote the reunification of families. It does this by working with parents to support them to achieve acceptable standards of care for their children.</td>
</tr>
<tr>
<td>Activities</td>
<td>Approach is flexible to suit individual need, including: social network interventions and social learning theory; behaviour theories; solution- focused brief therapy.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Yes — see useful links</td>
</tr>
</tbody>
</table>

### Option 2

<table>
<thead>
<tr>
<th>Country</th>
<th>UK, USA, Australia</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td>Family-Nurse partnerships</td>
</tr>
<tr>
<td>Description</td>
<td>A program for vulnerable, first time, young parents based on David Olds’ Nurse Family Partnership, developed and practiced in the United States.</td>
</tr>
<tr>
<td>Activities</td>
<td>FNP nurses visit parents at home and from early pregnancy until the child is two years old.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Extensive. Results include better antenatal health, better school readiness and better connection to social networks and employment.</td>
</tr>
</tbody>
</table>
### Europe

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<thead>
<tr>
<th>Country</th>
<th>Netherlands, Belgium &amp; parts of Germany</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>The Confidential Doctor Service</td>
</tr>
<tr>
<td>Description</td>
<td>These services provide ‘an alternative and therapeutic approach to dealing with child protection'. They are ‘based on the belief that parents with difficulties, or those who have abused or neglected their children, should be able to come of their own free will to an agency which they can be confident will give them help without the risk of being judged or prosecuted’. Their goal is to help parents acknowledge their behaviour and take responsibility for not harming their children in the future. They emphasise supporting the non-abusing parents’ capacity to protect the child. Families are followed up over a considerable period of time.</td>
</tr>
<tr>
<td>In Belgium these centres are in hospital settings and are staffed by multidisciplinary teams of social workers, psychologists, nurses, speech therapists and health visitors, led by a consultant psychiatrist. The centres also provide support, counselling, training, information and research to child welfare professionals. There are a high number of self-referrals to the confidential doctor service (more than 30% of cases). Incidence of re-abuse has been found to be low.</td>
<td></td>
</tr>
<tr>
<td>Adapted from <em>It’s everyone’s job to make sure “I’m alright” Literature Review</em>, Scottish Executive 2003, pp. 74-5</td>
<td></td>
</tr>
<tr>
<td>Activities</td>
<td>Services offered at the centres include crisis intervention; counselling; child and family therapy; and residential accommodation in the hospital.</td>
</tr>
</tbody>
</table>

### Programs for fathers

#### United States

<table>
<thead>
<tr>
<th>Country</th>
<th>USA</th>
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<tbody>
<tr>
<td>Name</td>
<td>Engaging Fathers Project</td>
</tr>
<tr>
<td>Description</td>
<td>Fatherhood classes for non-resident fathers whose children have been removed from their homes. Indiana Department of Child Services (DCS) locates and recruits non-resident fathers of children in the child welfare system to participate in fatherhood classes. The goal was to increase fathers’ involvement with their children and the child welfare system.</td>
</tr>
<tr>
<td>Activities</td>
<td>The fatherhood classes met for 20 weeks and used a curriculum to support fathers in engaging their children. The curriculum covers navigating the child welfare system, supporting children and workforce issues.</td>
</tr>
</tbody>
</table>
| Useful links | Indiana Department of Child Services  
Email: Melinda.Wright@dcs.IN.gov  

<table>
<thead>
<tr>
<th>Country</th>
<th>USA, Washington State</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td>Divine Alternatives for Dads (DADS)</td>
</tr>
<tr>
<td>Description</td>
<td>Assists fathers with the resources they need to engage with child welfare systems and be effective parents.</td>
</tr>
<tr>
<td>Activities</td>
<td>Provides assistance to fathers with visitation, reunification, parenting plans, child support, case management, parenting education and crisis intervention. Many fathers have been incarcerated or struggle with addiction and transitioning back into their communities and are helped with employment.</td>
</tr>
</tbody>
</table>
Information | http://www.aboutdads.org
---|---
Country | USA, Virginia
Name | Fathers-In-Training
Description | A strengths-based education and support program to support men to develop their skills in parenting and relationships.
Activities | Provides critical services in terms of engaging fathers with child welfare systems. 18 week education and support program. Individualised plans developed for each father, focusing on developing support systems, building communication skills, enhancing parenting skills, anger management and conflict resolution.

Country | USA, Iowa
Name | Lifetime Dads
Description | Education and skills based program that provides support and health and safety information to fathers.
Activities | Led by fathers who have completed the program (‘alumni’). A 15 week voluntary course that provides information and supports fathers to learn new skills. Focuses on five key topics: the importance of support systems, communication, parenting skills, anger management and conflict resolution.

Programs for parents dealing with disability

Australia

Country | Australia
Name | Healthy Start
Description | A national capacity building strategy which aims to improve health and wellbeing outcomes for children whose parents have learning difficulties.
Activities | Works with practitioners, managers, researchers and policy makers to exchange information, resources and expertise about how best to support parents with learning difficulties and their children, including when child protection concerns exist. Individuals and organisations are provided with best-practice information, summaries of latest research and evidence-based programs; knowledge exchange with other professionals at events, workshops, or via an online Practice Network; other activities include face-to-face forums, discussions and leadership development opportunities.
Information & contact details | http://www.healthystart.net.au and http://www.parentingrc.org.au
Olivia Clayton, Parenting Resource Centre
Email: oclayton@parentingrc.org.au

Country | Australia, New South Wales
Name | Northcott Intensive Family Support Services (Nepean)
Description | Intensive, focussed, in-home support service to families with child or young person with a diagnosed disability. The service is for families where there is a risk of out-of-home placement or family breakdown.
Activities | Practical assistance, counselling, support to develop behavioural strategies, out of hours telephone support.
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<tr>
<th>Country</th>
<th>Australia, Western Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td>Wanslea Family Services</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Provide short-term intensive support services where children have a disability</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>Provide in home care where a parent or child has a disability; My Time program which offers weekly crèche so and parents and carers can meet and socialise for mutual support; parent coaching, training &amp; education.</td>
</tr>
<tr>
<td><strong>Information &amp; contact details</strong></td>
<td>Parenting Research Centre 2011, ‘Ashley Odgers.avi’, youtube <a href="http://www.youtube.com/watch?v=rzDnO1ww0Tg">http://www.youtube.com/watch?v=rzDnO1ww0Tg</a></td>
</tr>
</tbody>
</table>

**United States**

<table>
<thead>
<tr>
<th>Country</th>
<th>USA, California</th>
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</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td>Through the Looking Glass</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>A research and training centre which also provides services for families in which a child, parent, or grandparent has a disability.</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>Offers home-based infant mental health care, family support, case management, early intervention or developmental services, disability resources; legal expertise and developed parent-to-parent networks for parents with disabilities. Undertakes alternative assessments when parents with disabilities are involved with child protective services. In 2004, TLG established the Legal Program for Parents with Disabilities. TLG’s services to parents with intellectual disabilities and their children have achieved a significantly lower rate of out-of-home placement of children of parents with intellectual disabilities since 1990 (2-7%), compared with the rate nationally 40-80%.</td>
</tr>
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<tr>
<th>Country</th>
<th>USA, Chicago, Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td>Threshold Mothers</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>A service for parents with psychiatric disabilities and their families where children are aged zero to five. Also offers a teen parenting program, a therapeutic nursery and a service for mothers who are homeless or at risk of homelessness.</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>The program teaches independent living and parenting skills. The project’s overarching goal is ‘maintaining the bond between child and parent, even if the parent does not have custody.’ Children are very rarely removed from parents by child welfare while they are receiving supports from Thresholds services for parents (National Council on Disability 2012). Also provides a social support network for parents.</td>
</tr>
</tbody>
</table>

| **Country** | USA, New York |
| **Name** | Invisible Children’s Project |
| **Description** | Service for parents with psychiatric disabilities. The service works across agencies to integrate essential services for parents with a psychiatric disability, to increase their ability to parent and assist them in creating a safe and nurturing environment for their children. |
| **Activities** | Supports parents with psychiatric disabilities in their parenting efforts and to keep the family together. Critical program components include family case management with 24-hour emergency services; affordable housing and financial assistance; respite care for parents; planning for parental hospitalization so children are not placed in foster care; advocacy on behalf of the child with schools, social services, and the courts; parent skills training; support groups for parents; vocational training; and supported education services (e.g., classes and mentoring). |
| **Evaluation** | In an evaluation conducted by the New York Psychiatric Institute, more than 90 % of the families served by ICP rated the overall quality of service as good or excellent and would recommend it to a friend. The data demonstrated that the program is particularly effective in helping consumers obtain better housing and improve their parenting skills. Recent internal program evaluations reveal a notable decrease in parental hospitalization and an increase in the ability of participants to hold a job and get off public assistance. The evaluation also noted the decline in the number of children placed in foster care as a result of the project. *ICP* is a nationally recognized, award-winning program that the National Mental Health Association is helping to replicate nationwide. |

| **Country** | USA, Marlborough, Massachusetts |
| **Name** | Family Options |
| **Description** | Initiatives run by Employment Options Inc. Offer support services to parents with a psychiatric disability where children may or may not be living with them. Referrals come from both the child- and adult-focused service sectors, with the majority from child welfare. |
| **Activities** | Advocacy, legal advice and assistance, parenting recovery and skill building, rebuilding relationships with their children; visitation support for parents who do not have custody of their children to plan visits. Staff also provide supervised visitation and transportation to these visits; parent peer support group; staff facilitate contact and communication between parents and attorneys, in support of the parents' efforts to gain visitation and custodial care; liaison with community; staff and parents work together to facilitate a better understanding among the parent's community, including schools, housing, public safety, child welfare, and religious/community groups; family coaching, a wraparound team process, a 24-hour support line, a parent support group, and flexible funding to meet unique family and individual needs. Young Parents Support Services provides parent coaching and peer mentoring for young pregnant and parenting adults with psychiatric disabilities. The project teaches parents how to use their custodial rights and provides training for attorneys on the legal issues facing parents with psychiatric disabilities. |
| **Contact & useful links** | options@employmentoptions.org  
Family Options [http://www.employmentoptions.org/family.htm](http://www.employmentoptions.org/family.htm) |

| **Country** | USA, Franklin and Hampshire Counties, Massachusetts |
| **Name** | Positive Parenting Resource Centre: United Arc |
| **Description** | Provides services and support families headed by parents with cognitive challenges, intellectual limitations or learning disabilities. |
| **Activities** | Individualized parent support, parent education and support groups, supervised visitation, intensive structured supported family living, consultation, mentoring support, grandparents support. |

| **Country** | USA, San Francisco, California |
| **Name** | Ashbury House |
| **Description** | Ashbury House is a service for homeless women who have lost custody or are at risk of losing custody of their children due to their mental disability, and need comprehensive mental health services and parenting education to maintain or regain custody. It provides a residential treatment program in a social rehabilitation model, serving mothers who present mental health treatment needs, frequently with co-occurring substance abuse treatment needs. |
| **Activities** | Services include on-site day treatment, including parenting education, individual and group counselling, crisis intervention, peer support, activities of daily living, medication support, ambulatory medical support by a nurse practitioner and referrals to social services, vocational rehabilitation, housing and community treatment. Eligibility includes pregnant women and women with up to two children are 12 and under. |

| **Country** | UK |
| **Name** | Valuing Parents Support Services |
| **Description** | Specialist support service for parents with a disability. Provides intensive support and training to help parents care for their children appropriately and engage with children's services. |
Activities practical support: shopping, household organisation, safety and cleanliness; specific teaching and role modelling of parenting skills; grief counselling where children had been removed; advocacy support to parents.

Evaluation Yes. See useful links

Useful links http://www.changepeople.co.uk


Programs focussed on families

Australia

<table>
<thead>
<tr>
<th>Country</th>
<th>Australia, New South Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>The Boomerangs Coolamon Parenting Program</td>
</tr>
<tr>
<td>Description</td>
<td>Based on an attachment framework using Circle of Security and Marte Meo programs. These aim to improve parents’ caregiving behaviours and prevent child mental health problems. Marte Meo aims to help parents use ordinary interactions to support their child's development.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Case study evaluation. The Boomerangs Parenting Program won the Innovation in Aboriginal Health category of the 2009 NSW Health Awards.</td>
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<thead>
<tr>
<th>Country</th>
<th>Australia</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td>Kids in Focus</td>
</tr>
<tr>
<td>Description</td>
<td>A specialist child, parenting and family support service for vulnerable families where a parent has an alcohol or other drug problem. The model emphasises the safety and wellbeing of children as well as parenting and family support.</td>
</tr>
<tr>
<td>Activities</td>
<td>Kids in Focus provides a range of intensive interventions. The program aims to identify and address both the needs of the parents and their children. • Information and support • Home based parenting education and support • Counselling and case management • Recreational and therapeutic groups for children and their families • Child and family activities to enhance social connections • Financial support for children's needs through a brokerage fund • Facilitated access to rehabilitation and supported accommodation • Facilitated access to targeted respite services • Post natal follow up and support.</td>
</tr>
<tr>
<td>Country</td>
<td>USA &amp; Australia, Queensland</td>
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</tr>
<tr>
<td>Name</td>
<td>Child Protection Family Intervention</td>
</tr>
<tr>
<td>Description</td>
<td>Home based intervention aimed at strengthening families’ capacities to meet the needs of their children; to improve the safety and wellbeing of children; to assist families to access community resources; and to foster non-adversarial relationships between families, the statutory authority and the broader community critical to the appropriate care of the child including links to family, kin and culture.</td>
</tr>
<tr>
<td>Activities</td>
<td>Intensive support; family, child and individual counselling; help with managing children’s behaviours; support to access community resources; after hours support.</td>
</tr>
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<tr>
<th>Country</th>
<th>Australia, South Australia</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td>Parents Plus Playgroups</td>
</tr>
<tr>
<td>Description</td>
<td>Provides a supportive, structured and supervised environment that responds to parents needs and gives them the chance to learn and practise skills, helps promote quality contact between parents and their children in care.</td>
</tr>
<tr>
<td>Activities</td>
<td>Group-based approaches to working with biological parents whose pre-school-aged children have been placed in care.</td>
</tr>
<tr>
<td>Information &amp; contact details</td>
<td>Good Beginnings, (02) 9211 3775 <a href="http://www.goodbeginnings.org.au/">http://www.goodbeginnings.org.au/</a></td>
</tr>
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### North America

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<thead>
<tr>
<th>Country</th>
<th>USA, Utah</th>
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<tbody>
<tr>
<td>Name</td>
<td>Families First</td>
</tr>
<tr>
<td>Description</td>
<td>Families First is an intensive home-based program which aims to empower parents and support parents’ skill development.</td>
</tr>
<tr>
<td>Activities</td>
<td>The Families First professional spends 8–10 hours a week at the family home for six weeks. Parents are supported to develop positive ways of maintaining discipline and positive communications skills. This is done through positive reinforcement, modelling, role playing. Work targets the young person’s specific risk factors. Also targeted are the risk factors which relate to the home environment (e.g. parental relationships, supervision, structure, discipline) and the social environment (e.g. peer associations, community involvement, relationships). After this intensive period the Family First worker is on-call 24 hours a day for 12 months. They conduct evaluations of the family's progress every three months.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Yes — promising practice. See <a href="http://www.cebc4cw.org/program/families-first/">http://www.cebc4cw.org/program/families-first/</a></td>
</tr>
<tr>
<td>Information &amp; contact details</td>
<td>Utah Youth Village <a href="mailto:warner@youthvillage.org">warner@youthvillage.org</a> <a href="http://www.youthvillage.org">www.youthvillage.org</a></td>
</tr>
<tr>
<td>Country</td>
<td>USA</td>
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<tr>
<td>Name</td>
<td>Family Group Decision Making</td>
</tr>
<tr>
<td>Description</td>
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<tr>
<td>Family group decision promotes and supports family and community involvement and leadership in making decisions about children who need protection or care.</td>
<td></td>
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<tr>
<td>Activities</td>
<td></td>
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<tr>
<td>American Humane Association provides training and technical assistance, research and resources internationally to communities implementing FGDM as a way to transform systems.</td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
</tr>
<tr>
<td>Family group decision making has been extensively evaluated.</td>
<td></td>
</tr>
<tr>
<td>Contact &amp; More Information</td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:info@americanhumane.org">info@americanhumane.org</a></td>
<td></td>
</tr>
<tr>
<td>American Human Association <a href="http://www.americanhumane.org">http://www.americanhumane.org</a></td>
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<thead>
<tr>
<th>Country</th>
<th>USA</th>
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<tbody>
<tr>
<td>Name</td>
<td>Homebuilders</td>
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<tr>
<td>Description</td>
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</tr>
<tr>
<td>Aims to reunify foster children with their birth parents through brief but intensive family-centred support. The goals of Homebuilders are to reduce child abuse and neglect, family conflict, and child behaviour problems and to teach families the skills they need to prevent placement or successfully reunify with their children.</td>
<td></td>
</tr>
<tr>
<td>Activities</td>
<td></td>
</tr>
<tr>
<td>Focussed on building strong alliances with parents, strengthening communication, problem-solving and parenting skills, addressing concrete needs (eg, food, shelter, employment), and providing in-home support when the family is reunified (Semanchin Jones and LaLiberte 2010).</td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
</tr>
<tr>
<td>Effective practice according to California Evidence-Based Clearinghouse for Child Welfare (2009). ‘Several studies have shown the program to have a positive impact on reducing rates of re-entry to foster care. In one randomised, controlled study in Utah, significantly more children in the treatment group returned to their families within the 90-day treatment program than did control group children (96.5% versus 32.1%). At the end of the 15-month follow-up period of this same study, 70% of children who were in the program remained at home compared to 47% of children in the control group’ (Fraser et al. 1996 cited in Semanchin Jones and LaLiberte 2010). In a six-year follow up to this study, it was found that a greater number of intervention families had discontinued services due to the family situation being stabilised.</td>
<td></td>
</tr>
<tr>
<td>Another study in Northern California found that 74% of the children in the Homebuilders program remained at home compared to 45% of the comparison group at the 12-month follow-up (Wood et al. 1988 cited in Semanchin Jones &amp; LaLiberte 2010).</td>
<td></td>
</tr>
<tr>
<td>Useful link</td>
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<tr>
<th>Country</th>
<th>USA, California</th>
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<tbody>
<tr>
<td>Name</td>
<td>Youth Emancipation Conferences</td>
</tr>
<tr>
<td>Description</td>
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<tr>
<td>Emancipation conferences are group conferences designed to support young people moving from foster care to independent living.</td>
<td></td>
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<tr>
<td><strong>Activities</strong></td>
<td>The young person sets the agenda for the conference including goals and strengths. They also invite people to give support and help with their plans. The facilitator is trained to focus the conference on strength building rather than on problems and the discussion focuses on how the youth's strengths can be used to achieve goals. The youth writes an emancipation plan and the others help to develop it and to offer support. Timelines are agreed upon and a follow-up conference is scheduled. An important element of this is the independent living program which provides a wide range of skills training and includes a scholarship program.</td>
</tr>
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</tbody>
</table>
| **Useful link** | Southern Area Consortium of Human Services 2007, *Emancipating Foster Youth: Literature Review*, San Diego State University, San Diego.  
http://theacademy.sdsu.edu/programs/SACHS/literature/SACHS-Emancipating%20FY%20(8-07)-PDF.pdf |
| **Country** | USA |
| **Name** | **Strengthening Families Program (SFP)** |
| **Description** | Parenting and family strengthening program for high-risk and other families. Weekly groups aim to increase family strengths, enhance child development and reduce child abuse and neglect. Focuses on building five protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and social and emotional competence of children. |
| **Activities** | 14-session, science-based parenting skills, children's life skills, and family life skills training program specifically designed for high-risk families. Parents and children participate in SFP, both separately and together. Group Leader Manuals contain a complete lesson for every session. Parents' and children's Handbooks/Handouts provided for every session. SFP has produced a Resource Guide. On-line resources for parents to build leadership skills, learn about protective factors and develop skills to address parenting challenges. Provides on-line cafes where parents can engage in conversation with each other; quarterly parent leader gatherings and leadership and training opportunities. |
| **Evaluation** | Found to significantly reduce problem behaviours, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills. Evaluation currently underway to assess progress, best practice and challenges faced in implementing the approach into state systems. See http://www.strengtheningfamiliesprogram.org/evaluation.html |
| **Contact & useful links** | Centre for the Study of Social Policy info@cssp.org  
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<thead>
<tr>
<th>Country</th>
<th>USA</th>
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<tbody>
<tr>
<td>Name</td>
<td>Collaborative Helping</td>
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<tr>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>An integrated practice framework that draws from cutting edge ideas and practices in family therapy, community/organisational development, and post-modern thinking while applying them in a concrete and accessible fashion. Collaborative Practice is designed to keep families out of the court system, and keep them in a supportive environment where the children are remembered and protected.</td>
<td></td>
</tr>
<tr>
<td>Activities</td>
<td></td>
</tr>
<tr>
<td>Helps families in a collaborative manner to resolve their disputes out of the court system.</td>
<td></td>
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<tr>
<td>Useful links</td>
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<thead>
<tr>
<th>Country</th>
<th>Canada</th>
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<tbody>
<tr>
<td>Name</td>
<td>Family Group Conferencing Ontario Provincial Resource</td>
</tr>
<tr>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>A professional resource for family group conferencing. A quality assurance body.</td>
<td></td>
</tr>
<tr>
<td>Activities</td>
<td></td>
</tr>
<tr>
<td>Maintains a roster of family group conferencing coordinators, trainers and mentors; maintains and updates the provincial FGC manual; provides training and consultation to service providers; acts as a locus of expertise and best practice in FGC.</td>
<td></td>
</tr>
<tr>
<td>Useful links</td>
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</tbody>
</table>

| Europe |
|---------|--------|
| Country | Netherlands |
| Name    | Eigen Kracht (meaning ‘our strength’ or ‘our power’) |
| Description |
| Under amendments to Child Protection Act in 2011 parents or caregivers have the right to meet with family and other involved friends or close family supporters to make their own plan regarding how to care for a child of concern. The right to meet and make a plan for a child comes as a first recourse before the state and courts are permitted to intervene. Eigen Kracht conference coordinators are people in the community (not social-work professionals) who are trained to conduct conferences. |
| Activities |
| Family group conferencing. |
Useful links


Country

Belgium, Brussels

Name

Tonuso (meaning ‘resilience’ in Esperanto)

Description

Tonuso is a government funded not-for-profit organisation. Works with marginalised children and youth who are subject to child protection orders, and their families. Aims to give flexible help to children and their families in all areas of the family/children's life.

Activities

To support social inclusion; to find a way to get a trusted relationship with counselling organisation; to find out how to increase the social networks for marginalised people.

Useful links


Country

Romania

Name

Hope and Homes for Children

Description

Program aims to keep the most vulnerable children within their families to avoid institutionalisation and to increase family care.

Activities

The program offers structured, time-limited interventions to targeted families, delivered in partnership with local authorities to ensure sustainability. It is closely related to the Government’s de-institutionalisation program and is meant to lay the proper foundation for it by preventing children from being admitted to institutions. The overarching aim is to develop a ‘Public Policy for the Prevention of Child Separation from Families’ that all state authorities dealing with childcare and social services would be required to observe.

Evaluation

Yes — see useful links

Contact & useful links

Stefan Darabus, HHC Romania — Email: stefan@hhc.ro


Programs focussed on ‘parent peers’

Australia

Country

Australia (presence in each state & ACT. No service currently in Northern Territory)

Name

Family Inclusion Network Australia (National Body)

Description

Family Inclusion Network Australia (FINA Inc) advocates ‘for the right of children to their families when in the child protection system’.

Activities

The FINs in different jurisdictions offer differing levels of voluntary assistance to parents. These include support groups, casework, advocacy, court support, education and awareness raising with a range of organisations and services.
### Information & contact details

| John Berger, Anglicare Western Australia |
| Ph 0499-005-060 or email finaustralia@hotmail.com |
| FIN WA: http://finwa.org.au; |
| FIN Qld: http://www.fin-qldtsv.org.au; |
| FIN ACT: http://www.finact.com.au; |
| FIN NSW: http://www.fin-nsw.org.au |
| FIN Tas: https://www.ourcommunity.com.au/directories/listing?id=40729 |

### Australia, South Australia

| Name | Family by Family |
| Activities | A network of families helping families. It finds and trains families who have been through tough times, pairs them with families who want things to change, and coaches families to grow and change together. |
| Description | The model has been designed to help families thrive and not just survive. Distinctive features of the model include: the program is focussed on the family (not just parents or children), the program is delivered by families (not professionals) and families are supported by a professional coach in a behind the scenes role (rather than directly delivering the program). |
| Evaluation | Case study designed evaluation drawing on a realist and developmental evaluation approach. Based on 66 families, 26 sharing families and 40 seeking families (86 adults and 163 children). Results appear positive however conclusions must be regarded as tentative. Strongest impacts were on self-esteem, believing one's choices made a difference and having a positive orientation to the future. Linking to the community was not as strong as expected. |

### United States

<p>| Country | USA, New York |
| Name | Bridge Builders |
| Description | The primary goals of the project are to improve four key indicators: the number of children who enter foster care for the first time, the number of children who re-enter foster care, the length of time children remain in foster care, and the overall occurrence of abuse and neglect within the local community. |
| Activities | Community members working together in a collaborative way to reach out to and assist their neighbors; provision of targeted social services and legal representation; meaningful parent and youth involvement; collaboration by neighborhood-based service providers and strengthened relationships with the Administration for Children's Services. |
| More information | Bridge Builders n.d., <a href="http://bridgebuilderscpi.org">http://bridgebuilderscpi.org</a> |</p>
<table>
<thead>
<tr>
<th>Country</th>
<th>USA, Seattle, Washington State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Catalyst for Kids</td>
</tr>
<tr>
<td>Description</td>
<td>A coalition of child welfare professionals, consumers, advocates and decision-makers working together to bring about reform of the child welfare system through cross-system partnerships in which parents who have been reunified with their children and other consumers of the system are actively involved. Goals are: reduced entry into foster care; reduced length of stay in foster care; increased rates of reunification; reduced re-entry into foster care; outcome equity among all races and ethnicities.</td>
</tr>
<tr>
<td>Activities</td>
<td>Convenes child welfare consumers and stakeholders to promote cross-system reform. Ensures that the voices of birth parents and the community are heard in the development of policies and practices that affect them. Advocates for policy and practice that will improve outcomes for children and families.</td>
</tr>
</tbody>
</table>
| Contact & Information | Email: nancyrb@chs-wa.org  

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<thead>
<tr>
<th>Country</th>
<th>USA, New York</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Child Welfare Organizing Project (CWOP)</td>
</tr>
<tr>
<td>Description</td>
<td>CWOP is a partnership between parents and professionals which is dedicated to the reform of child welfare systems in New York City through more meaningful parent involvement in service and policy planning. CWOP is a self-help and advocacy organisation of parents who have been affected by the public child welfare system in New York City.</td>
</tr>
<tr>
<td>Activities</td>
<td>Parent self-help groups; parent leadership training; parent advocate network; parents’ rights training; parent participation in professional training; parent involvement in advocacy; collaboration with researchers.</td>
</tr>
</tbody>
</table>
| Information & contact details | Email: mikearsham@aol.com  

<table>
<thead>
<tr>
<th>Country</th>
<th>USA, New York, Staten Island</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Concerned Citizens for Family Preservation</td>
</tr>
<tr>
<td>Description</td>
<td>CCFP is a membership and preventive services organisation. The group was started to address the need in poorer communities for grassroots organisational support of women and families who have involuntarily entered the child welfare and family court systems. Its membership is professionals, activists, concerned citizens, and affected families working together for change in the child welfare system and in the communities where it has the greatest impact.</td>
</tr>
<tr>
<td>Activities</td>
<td>Community education and outreach; workshops and forums; parenting classes; individual and systemic advocacy; grassroots activism.</td>
</tr>
</tbody>
</table>
| Information & contact details | Email: yemonja@ccfamilypreservation.org  

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<thead>
<tr>
<th>Country</th>
<th>USA, New York</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Voices of Women Organizing Project (VOW)</td>
</tr>
<tr>
<td>Description</td>
<td>VOW is an initiative of the Battered Women's Resource Center. The Center works to empower and supports survivors of family violence and to work to end violence, shape policies and improve services for victims of family violence.</td>
</tr>
<tr>
<td>Activities</td>
<td>In addition to its work on improving conditions for survivors of family violence VOW is working on campaigns to support children affected by family violence and ‘to stop malicious child abuse and neglect reports by batterers.’</td>
</tr>
</tbody>
</table>
info@vowbwrc.org |
<table>
<thead>
<tr>
<th>Country</th>
<th>USA, Iowa</th>
<th>Country</th>
<th>USA, New York</th>
<th>Country</th>
<th>USA, Pennysylvania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Moms off Meth</td>
<td>Name</td>
<td>Women in Prison Project</td>
<td>Name</td>
<td>Department of Human Services (DHS) — Give Us Back Our Children!</td>
</tr>
<tr>
<td>Description</td>
<td>Provide support groups for women who have either lost their children or are in danger of losing them due to problems with drugs or alcohol.</td>
<td>Description</td>
<td>WIPP is a project of the Correctional Association of New York. Its has an Incarcerated Mothers Committee which advocates for policies that protect parental rights and allow mothers in prison and their children to maintain their relationships while the mother is incarcerated.</td>
<td>Description</td>
<td>A self-help support and action group of mothers, other family members. This grew out of a weekly picket started by one mother outside Philadelphia DHS.</td>
</tr>
<tr>
<td>Activities</td>
<td>Support group, referrals to other helping agencies.</td>
<td>Activities</td>
<td>Prison monitoring, research, leadership and advocacy training, public education.</td>
<td>Activities</td>
<td>The group advocates for individuals, builds public awareness, works with the media, works to change unjust policies and practices, and challenges sexism, racism and prejudices against mothers in the child welfare system.</td>
</tr>
<tr>
<td>Useful link</td>
<td>Murphy, J n.d., Background information/Moms of Meth Group <a href="http://www.iowadec.net/uploads/Background%20info%20moms%20off%20meth.pdf">http://www.iowadec.net/uploads/Background%20info%20moms%20off%20meth.pdf</a></td>
<td>Information</td>
<td>Correctional Association n.d., ‘About the women in prison project’, <a href="http://www.correctionalassociation.org/pp/about-women-in-prison-project">http://www.correctionalassociation.org/pp/about-women-in-prison-project</a></td>
<td>Contact &amp; Information</td>
<td>Email: <a href="mailto:philly@crossroadswomen.net">philly@crossroadswomen.net</a></td>
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</tbody>
</table>


Retoor2 2011 ’DHS us back our children’ Youtube <http://www.youtube.com/watch?v=Y8ZGicFlc5g>
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<tr>
<th>Country</th>
<th>USA, Austin</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td>Parent Guidance Center</td>
</tr>
<tr>
<td>Description</td>
<td>The Parent Guidance Center is a grassroots organisation that supports parents in contact with the Texas child welfare system. It provides help to at-risk families to prevent abuse and neglect, and mobilises parents to advocate for the reform the child welfare system.</td>
</tr>
<tr>
<td>Activities</td>
<td>Parent advocacy; policy analysis and system advocacy; provides training to lawyers.</td>
</tr>
</tbody>
</table>
| Contact & Information | Email: info@parentguidancecenter.org  
www.parentguidancecenter.org |

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<tr>
<th>Country</th>
<th>USA</th>
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<tbody>
<tr>
<td>Name</td>
<td>Circle of Parents</td>
</tr>
<tr>
<td>Description</td>
<td>A national network of parent leaders who hold weekly meetings with the support of a trained facilitator in an effort to promote parent leadership at the individual, community and societal levels.</td>
</tr>
<tr>
<td>Activities</td>
<td>Free weekly meetings for parents to network with each other and build connections to community resources. Program works to build protective factors (eg building self-esteem, reinforcing positive parenting) and reducing risk factors associated with child abuse and neglect.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Improvements found in self-management skills, quality of parent-child relationships, parenting skills and support system use.</td>
</tr>
</tbody>
</table>
| Contact & Information | Email: csavage@circleofparents.org  
http://www.circleofparents.org |

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<thead>
<tr>
<th>Country</th>
<th>USA, Kentucky</th>
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<tbody>
<tr>
<td>Name</td>
<td>Parent Advocacy Program</td>
</tr>
<tr>
<td>Description</td>
<td>The goal of the parent advocacy is to identify and build on parent strengths that maintain and enhance parental functioning, parental care, and parental ties to their children involved with the child welfare system.</td>
</tr>
<tr>
<td>Activities</td>
<td>Parent advocacy trainings utilise a 15 hour curriculum conducted jointly with child welfare staff and prospective advocates. Most advocates serve as volunteers and draw stipends, intended to cover out-of-pocket expenses. Advocates are matched where possible with client families based on similarities in their child protection cases and on the proximity of their homes. The parent advocates, in partnership with the family worker, work intensively with parents to prevent removal of children from their homes, ensure timely reunification and the maintenance of connections between parents and children while in out-of-home care. They also provide training to workers and foster parents on the needs of birth parents and the benefits of working as a team.</td>
</tr>
</tbody>
</table>
### Evaluation

2007. Children involved with parent advocates had fewer moves within placement, spent less time in foster care and had higher rates of reunification. Further study is needed to provide evidence of effectiveness of parent advocates.


### Useful links


#### Country

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<tr>
<th>USA, Kansas</th>
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#### Name

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<tr>
<th>Citizens for Change</th>
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</table>

#### Description

Works to reform the child welfare system. The goal is to educate, inform and empower families and speed up reunification.

#### Activities

Client advocacy and emotional support; connect families with services and legislators; support group meetings, public forums, newsletters.

#### Contact & Information

- Email: cfc.kansas@gmail.com
- www.citizens-for-change.org

#### Country

<table>
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<tr>
<th>USA Kansas</th>
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#### Name

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<tr>
<th>Sunflower Community Action</th>
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#### Description

Grassroots organisation which works to reform child welfare system and empower families.

#### Activities

Engage families affected by the child welfare system in social action and advocacy.

#### Useful link

www.sunfloweract.org

#### Country

<table>
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<tr>
<th>USA, Kentucky</th>
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#### Name

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<tr>
<th>Women In Transition (WIT)</th>
</tr>
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#### Description

A grassroots organisation run by low income people to address the issues of poverty which affect them.

#### Activities

Provides information to parents involved in child welfare; holds monthly meetings. *Claiming our Rights, Reclaiming our Children* project advocates for mothers affected by the child welfare system. It does this by providing parents with information and support, and by organising candlelight vigils to highlight injustices.

#### Useful links

http://www.witky.org

#### Country

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<tr>
<th>USA, Massachusetts, Watertown</th>
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#### Name

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<tr>
<th>Parents Helping Parents</th>
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</table>

#### Description

A non-profit organisation which operates on a self-help model. Focussed on preventing child abuse by offering free parenting help and support.

#### Activities

Provides parent support groups based on a mutual support model; parental stress telephone help line.
### Useful Links

**Email:** info@parents helpingparents.org  
www.parents helpingparents.org

### Country

USA, Omaha

### Name

**Family Advocacy Movement**

### Description

Parent initiated network and website for parents who have been in the justice and child welfare systems. Provides tools for parents and families to share their stories, find and offer support, identify systemic problems, and organise for change.

### Activities

Web-based activism.

### Useful links

**Email:** info@familyadvocacymovement.com  
http://familyadvocacymovement.com/

---

### Country

USA, Newark, New Jersey

### Name

**Statewide Parent Advocacy Network (SPAN)**

### Description

Web-based network for information about parenting issues. Aims to empower and support families and inform and involve professionals.

### Activities

SPAN is working with Parents Anonymous to create a Family Council. This is a group of parents with experience with the child welfare system who will give feedback and recommendations to the Commissioner of the Department of Children and Families and other senior staff.

‘Families’ Counsel: New Jersey parents to advise the commish’, *Rise Magazine*,  
<http://www.risemagazine.org/Parent%20advocacy%20stories/Families_counsel.html>

### Useful links

www.spannj.org

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### Country

USA, New York

### Name

**Parent Advocates in the child welfare system**

### Description

An initiative of the Child Welfare Organising Project (CWOP). Parent advocates are parents who have had their children removed to foster care and have successfully reunified with them, and who subsequently choose to be trained to work within the child welfare system to support birth parents. Research suggests that parent advocates can help parents successfully move towards reunification.

### Activities

A number of programs are run with various activities including Bridge Builders (South Bronx) which helps families stay together and Parent Advocate Initiative that promotes the hiring of parent advocates in foster care agencies.

### Evaluation

Evaluation found that the study site where CWOP representatives operated had fewer removals and that parent organising promoted ‘to ease pathways through the child welfare system for parents’ (Lalayants 2012, p. 9). Parent Advocates enhanced and reinforced the work of the agencies employing them and integrated well into their agency environments while developing close working relationships with parents (Rosenblum 2010).

### Useful links

National Resource Center for Permanency and Family Connections 2013,  

National Resource Center for Permanency and Family Connections 2013,  
<table>
<thead>
<tr>
<th>Country</th>
<th>USA</th>
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<tbody>
<tr>
<td>Name</td>
<td>Rise Magazine: Stories by and for parents affected by the child welfare system</td>
</tr>
<tr>
<td>Description</td>
<td>Rise attempts to combat the negative stereotypes of families in the child welfare system. It publishes a magazine (print and online) for parents and child welfare practitioners; works with family support and child welfare agencies to use these stories in support groups, parent education classes and staff training; and partners with parent advocacy organisations to use parents’ stories in child welfare reform.</td>
</tr>
<tr>
<td>Activities</td>
<td>Rise trains parents to write about their experiences with the child welfare system. This is done in order to support parents and parent advocacy with the goal of guiding child welfare practitioners and policymakers to become more responsive to the families and communities they serve.</td>
</tr>
<tr>
<td>Contact &amp; more information</td>
<td>Nora McCarthy (Editor) <a href="mailto:nora@risemagazine.org">nora@risemagazine.org</a> <a href="http://www.risemagazine.org">http://www.risemagazine.org</a></td>
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<tr>
<th>Country</th>
<th>USA, Alaska</th>
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<tbody>
<tr>
<td>Name</td>
<td>Powerful Families</td>
</tr>
<tr>
<td>Description</td>
<td>Workshops for parents and caregivers that are co-facilitated by parents. The workshops focus on parent empowerment by improving family stability and reducing economic hardship. Creates a network of peer supports.</td>
</tr>
<tr>
<td>Activities</td>
<td>Nine week program (2 hours, once a week). Topics include financial literacy, parent advocacy and parent leadership. The program trains parents and caregivers to lead, manage money, and advocate for their families and each other. Parents as leaders focus on community organisation, legal rights, neighbourhood activism and community development. A meal is provided during all classes and child care is provided during evening classes.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Emerging practice. Positive outcomes. Increase financial literacy &amp; money management, increased ability to self advocate, increase in leadership skills, a decrease in stress and increase in social support and increase confidence in parenting (Powerful Families Pilot Evaluation Final Report 2006)</td>
</tr>
<tr>
<td>Contact &amp; Useful links</td>
<td>Catholic Service Community or Casey Family Programs Catholic Community Service 2013, Powerful Families, <a href="http://www.ccsjuneau.org/5.powerfulfamilies">http://www.ccsjuneau.org/5.powerfulfamilies</a></td>
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<tr>
<th>Country</th>
<th>USA</th>
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<tbody>
<tr>
<td>Name</td>
<td>(PA)&amp; National Coalition for Parent Advocacy in Child Protective Services</td>
</tr>
<tr>
<td>Description</td>
<td>PA is a parent-to-parent support group for parents involved in the child welfare system. A family-strengthening program of community-based weekly 1½–2 hour mutual support groups.</td>
</tr>
</tbody>
</table>
### Activities

Program is based on national standards of practice and is free. Model is culturally responsive. Open to anyone seeking support and positive parenting strategies (that is, parent or caregiver in a parenting role). Groups are co-facilitated by a trained Group Facilitator and Parent Group Leader. Topics include issues identified by the participants and child development, communication skills, positive discipline, parental roles, age appropriate expectations, effective parenting strategies, anger management techniques and self-care. Children participate in complementary programs conducted by trained workers. Children's programs are designed to change behaviour, build self-esteem, teach management of emotions and strengthen family relationships. Parents/caregivers take leadership roles in planning, implementation and evaluation the PA Group and Children and Youth Program. PA Program is based on four principles: mutual support, parent leadership, shared leadership, and personal growth. The mission of the Children and Youth Program is to enhance the emotional growth and social development of children and youth of all ages.

### Evaluation

National evaluation of PA assessed whether participation in PA is associated with changes in child maltreatment outcomes and in risk and protective factors (n=206). After attending PA mutual support group meetings, parents with a wide range of demographic and background characteristics and needs indicated statistically significant reductions in risk factors for child abuse and neglect. The study demonstrated that PA is a promising program for the reduction of child maltreatment. PA groups reduce child maltreatment (there is a reduction in parenting distress and rigidity, parental physical and psychological aggression). They also reduce risk factors (such parental stress, life stressors, family violence, and drug and alcohol use). PA also increases protective factors (quality of life, emotional support, feelings of competency as a parents, social support, discipline practices and family functioning) (Polinsky et al. 2011).


### Contact & more information

Email: info@parentadvocacy.org


Evaluation
Positive evaluation, with high degree of satisfaction among parents. Birth parents reported feeling 'supported, empowered, and informed' and parent partners indicated that they had learnt new skills and growing confidence. Studies have also found that reunification was more likely for children whose parents had access to Parent Partners (USDHHS 2010, cited in Corwin 2012, p 18).

Contact
Email: rosb300@dshs.wa.gov

**United Kingdom**

<table>
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<tr>
<th>Country</th>
<th>England &amp; Wales</th>
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<tbody>
<tr>
<td>Name</td>
<td>Family Rights Group</td>
</tr>
<tr>
<td>Description</td>
<td>Advice and advocacy services</td>
</tr>
<tr>
<td>Activities</td>
<td>Advises families involved with child welfare services. Promote policies and practices, including FGC and a support framework for children living with family and carers, so that children and their families have a greater say and influence over decisions-making and services they need or use and more children are raised safely and securely within their families.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Yes — see useful links</td>
</tr>
<tr>
<td>Useful links</td>
<td><a href="http://www.frg.org.uk">http://www.frg.org.uk</a></td>
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**Programs focussed on foster care**

**United States**

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<thead>
<tr>
<th>Country</th>
<th>USA, New York</th>
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<tbody>
<tr>
<td>Name</td>
<td>Co-parenting</td>
</tr>
<tr>
<td>Description</td>
<td>A training program for birth and foster parents that focuses on creating a collaborative partnership to parent the children in care.</td>
</tr>
<tr>
<td>Activities</td>
<td>12-week parenting course (Incredible Years) and a co-parenting component (new developed).</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Promising Practice. Evaluation found that involvement in the program increased co-parenting flexibility and problem solving at the end of the intervention but these gains were not maintained over time.</td>
</tr>
<tr>
<td>Information &amp; contacts</td>
<td>New York University Child Study Centre Email: <a href="mailto:oriana.linares@med.nyu.edu">oriana.linares@med.nyu.edu</a></td>
</tr>
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<tr>
<th>Country</th>
<th>USA</th>
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<tbody>
<tr>
<td>Name</td>
<td>Family Finding or Family Search and Engagement</td>
</tr>
<tr>
<td>Description</td>
<td>Family finding was inspired by the family-tracing techniques used by international aid agencies to reunite people separated by war and natural disaster. An intensive search method to find family members and other adults who would like to step in and care for children and youth in foster care who lack permanency. The goal is to locate long-term, caring, permanent connections for children, and to establish a long-term emotional support network with family and other adults who may not be able to take the child into their home but want to stay connected. Has resulted in permanent placements with relatives, but the more frequent outcome is the establishment of a lifelong connection with a group of relatives who provide the child with emotional and other support.</td>
</tr>
</tbody>
</table>
### Activities

Intensive search aims to identify at least 40 extended family members and important people in the child’s life. Engagement is made through interviews, phone conversations and letters/emails. Through this a group of family members and supportive adults are identified who are willing to participate in a planning meeting on how to keep the child safely connected to family members.

Family meetings of family members and others important to the child are then held to plan for the child’s future and make decisions to support the child into the future.

Family meetings also evaluate the permanency plans developed for the child. Providing follow-up supports to ensure that the child and family can access and receive informal and formal supports is essential to maintaining permanency for the child.

### Evaluation

Yes. Between 2008–2010 the differences between two evaluation sites were examined, one implementing family finding with children ‘new to out-of-home care’ and one implementing family finding for children who have been ‘lingering’ in foster care. Although family finding was initially developed as a tool for helping children lingering in foster care reconnect with family members, it is fast becoming a tool that child welfare agencies want to utilise with all cases.


### Contact & Information

Email: info@familyfinding.org
Family finding: [http://www.familyfinding.org/](http://www.familyfinding.org/)

EMQ Families First 2013, ‘Family Finding’
[<http://www.emqff.org/services/family_finding.shtml>](http://www.emqff.org/services/family_finding.shtml)

### Country

USA, Austin Texas

### Name

Federal Parent Locator Service

### Description

National database that is accessed by some state welfare used to notify the child’s relatives that the child has been removed from the parents’ home and ask if they are willing to be considered for placement of the child or if they would want to provide assistance or support for the child when they do not want to be considered for placement. The form identifies the possible resources available for the relative if the relative takes placement of the child and many of the requirements for the relative to become a licensed foster parent.

### Activities

Locates fathers who have been identified where children are with child welfare agencies.

### Useful links


### Country

USA, New York

### Name

Parent Advocates: Foster care agencies

### Description

Parent advocates (parents who have been in contact with the child welfare system) work in a number of private foster care agencies in New York City (NYC), as well as Children's Services, the NYC child welfare agency. Parent Advocates provide parents with information and support and help agency staff understand parents’ perspectives.

### Activities

Peer support, advocacy.
### Information


### Country

**USA, Texas**

**Name**  
**Texas Parent Collaboration Group**

**Description**  
A partnership between the Texas child protection service and parents who have been clients of that service. Parents are involved in the design and implementation of programs in child welfare services.

**Activities**  
The group acts as a consultative body liaising between parents and departmental staff to increase communication and improve services. The group provides information to staff about parents' experiences; suggestions for improvement; training opportunities for workers regarding the parent experience; and policy advice.

### Country

**USA, New Hampshire**

**Name**  
**Adoptions Together, Parent Advocate Project**

**Description**  
Supports parents seeking reunification. It aims to provide the services needed for faster, safer, and lasting reunifications for the children entering foster care. Facilitates strong relationships between birth families, foster parents, and social worker soon after the child is placed in out-of-home care. Uses trained mentors who have (in the past) been monitored by or successfully navigated the child welfare system.

**Activities**  
Parent mentors provide families with one to one support and guidance through the child welfare and family court systems; help parents obtain support services that will expedite reunification with their children.

**Contact & Information**  
Email: kking@adoptionstogether.org  
Adoptions Together, www.adoptionstogether.org

### Country

**USA**

**Name**  
**Multidimensional Treatment Foster Care for Preschoolers (MTFC-P)**

**Description**  
Foster care treatment program tailored to 3–6 year olds. A team work intensively with the child, the foster care provider, and those who might provide permanent placements (birth parents, adoptive relatives or non-relatives).

**Activities**  
Foster parents are given intensive training and support and access to around the clock on-call crisis intervention. The children also have weekly therapeutic playgroup sessions and attend receive services from a behavioural specialist. Birth parents (or other carers) receive family therapy.
Evaluation

Effective practice according to California Evidence-Based Clearinghouse for Child Welfare (2009). At least two randomised clinical trials have been conducted to evaluate permanent placement outcomes. The earlier study found that the permanent placement success rate in the control group was 64% while the permanent placement success rate in the MTFC-P group was 90%. Results of this study also found that MTFC-P might mitigate against the risks of multiple placements (a known risk for permanent placement disruptions). Children with multiple placements in MTFC-P did not show increased re-entry to foster care (Fisher et al. 2005).

A smaller study in 2009 (n=52) also found that children in the MTFC-P group had more than twice as many successful permanent placements (adoption or reunification with family) at the time of the 24 month follow up (Fisher et al 2009).


Useful link
### Evaluation
A three-year collaborative research demonstration project between a large private agency and the Washington State Department of Child and Family Services. Evaluation shows higher weekly visitation rates by birth parents and general satisfaction with the project services (Marcenko cited in Corwin 2012). The Connections Project resulted in strong parent-worker relationships, very high participation in weekly visitation by birth parents, and quite extensive contact between birth and foster families.

### Useful links


### Country
USA, Northern Virginia

### Name
**Bridging the Gap**

### Description
Program which focuses on building and maintaining relationships and communication between the birth, foster and adoptive families involved in a child's life. The goal of this work is to support family reunification or another permanency plan. Implemented through a collaboration between private and public agencies.

### Activities
Includes use of icebreaker meetings and visit coaching. Work can include other family members involved in the child's life, such as members of the extended family of origin, other relatives who are caregivers and adoptive parents.

### Contact
Fairfax County Department of Family Services


### Country
USA, Washington State

### Name
**Parent Mentoring Program**

### Description
Foster parents act as mentors to birth parents and work with them to develop and implement action plans for reunification. Voluntary program.

### Activities
The program capitalises on the skills of foster parents who are knowledgeable about the child welfare system, the needs of children and families and the resources of the community.

Mentor candidates complete a two-day training. Mentors are not a source of evidence for investigations. Parents must be reasonably cooperative with their service plan and not currently active in any addiction. Together, all parties identify barriers to reunification among participating families. Mentors and parents work together to address the issues. Families and mentors meet for 6-10 hours each week for up to 24 weeks. Mentors, birth parents and child welfare workers meet monthly. Mentors also help parents develop an appropriate, reliable, safe social support system. Mentors observe parents and children's interactions, encourage parents to use learned skills, and document these sessions, providing feedback to both the parent and assigned child welfare social worker. The mentor and social worker remain in frequent contact. Mentors also receive supervision and support through regular meetings with program staff and other mentors.

### Evaluation
Parents in the program experienced more frequent reunifications and children of parents in the program experienced shorter durations in foster care (Marcenko & Grossman 2008 cited in Corwin 2012).
Country | USA
---|---
Name | Parent Engagement and Self-Advocacy (PESA)
Description | Program for birth parents, foster parents, and caseworkers of children (age 10–17) who are in foster care and candidates for reunification. All parties work together to address the mental health needs of the children.
Activities | Essential components: group facilitators and group must include birth parent advocates, foster parents and caseworker; a 3-day training for group facilitators followed by 12 consultation calls; groups: one 2–3 hour session per week, recommended duration: 5–6 weeks.
Contact | Lisa Hunter Romanelli, PhD; lisa@thereachinstitute.org

Country | USA
---|---
Name | Shared Family Care
Description | Program provides short term placements for a parent and child with a family who provides mentorship, skills, and resources to meet goals. The goal of SFC is to achieve permanency for the child and to move the family toward self-sufficiency. The program works to establish a relationship between the foster and birth parents and develop the skills and supports of birth parents.
Activities | Provides parents with intensive 24-hour support from a trained mentoring family plus intensive services from a multi-disciplinary team (drug counsellor, case manager or housing specialist).
Evaluation | 'In a quasi-experimental study (non-randomised, comparison group) in California, results showed that 8% of the children in families who completed the SFC program re-entered foster care within 12 months, compared to 17% in comparison group. Participants in the program also showed improved outcomes over the comparison group including: higher graduation rates, increased average income, and greater numbers of families living independently. More research is needed on this program, but results of this study indicate some promise in reducing re-entry to foster care using the SFC model.' (Semanchin Jones & LaLiberte 2010)

Country | USA, Oregon
---|---
Name | Project Keep
Activities | Supports and trains foster and birth parents.
Description | Project Keep is a group program that provides foster and birth parents with coping tools and support for their work with children (ages 5-12) who exhibit behavioural and emotional problems. A comprehensive set of skills is covered including: effective limit setting, encouraging participation, strengthening interpersonal relationships and parental stress management. A 16 week program.
**Evaluation**
A controlled randomised study found parents who participated in *Project Keep* reported reduced rates of child problem behaviours, fewer placement disruptions and increased rates of family reunification and adoption.

**Contact & more information**
Oregon Social Learning Centre. Email: patic@oslc.org
www.oslc.org

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<thead>
<tr>
<th>Country</th>
<th>USA, Kansas</th>
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<tbody>
<tr>
<td><strong>Name</strong></td>
<td>Intensive Reunification Program</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Program provides multiple opportunities for parents and their children to spend time together. Places parents and children together to engage and interact. Clinicians, social workers, family support workers and volunteers partner with children and families, coaching and demonstrating appropriate responses.</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>The program requires extensive participation by family members. Biological parents and their children participate in activities for two hours, twice a week for 36 weeks. Based on a behavioural paradigm that requires intensive time and skills of foster care staff: modeling positive behaviors, providing opportunities to practise newly acquired skills, imparting community resource information, and providing frequent opportunities for participant self-evaluation.</td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td>A comparative evaluation of this model after one year found that its reunification rates are double that of comparable cases receiving the agency's conventional reunification services.</td>
</tr>
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Intensive Reunification Program of Kansas Children's Service League

<table>
<thead>
<tr>
<th>Country</th>
<th>USA, Oregon, North Carolina, Maryland, Oklahoma, California, Virginia and New Mexico</th>
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<tbody>
<tr>
<td><strong>Name</strong></td>
<td>Icebreaker meetings</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>The child welfare practice model includes the utilisation of icebreaker meetings between birth and foster parents to promote easier adjustments for children and parents involved in the child welfare system. Similar to Bridging the Gap program (see below).</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>Facilitated child-focused meeting to provide the opportunity for birth parents and foster parents (or other caregivers) to meet and share information about the needs of the child. Ideally held within two days of a child's out-of-home placement. The meeting is seen as the beginning of building relationships and communication between the child's parents and caregivers.</td>
</tr>
<tr>
<td><strong>Useful links</strong></td>
<td>National Resource Center for Permanency and Family Connections 2009, Birth and foster family partnerships, <a href="http://www.hunter.cuny.edu/socwork/nrcfcpp/fwpt/partnerships.htm">http://www.hunter.cuny.edu/socwork/nrcfcpp/fwpt/partnerships.htm</a></td>
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<tr>
<th>Country</th>
<th>USA</th>
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<tbody>
<tr>
<td><strong>Name</strong></td>
<td>Visit Coaching</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Visit coaching supports families to make each access visit an opportunity to learn parenting skills as well as meet the needs of the children.</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>Visit coaching activities include: helping parents identify what their children need from access visits; preparing parents for their children's reactions; helping parents plan to give their children their full attention at each visit; appreciating the parent's strengths in caring for and meeting each child's needs; helping parents cope with their feelings so that they can visit consistently and keep their anger and sadness out of the visit. The goal of visit coaching is to address the issues that brought the child into care by building on family strengths and supporting improved parenting.</td>
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## Useful links

| Useful links | http://www.martybeyer.com |

### Europe

<table>
<thead>
<tr>
<th>Country</th>
<th>Bulgaria</th>
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<tbody>
<tr>
<td>Name</td>
<td>For Our Children Foundation</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>For Our Children Foundation is a successor to the British organisation for protecting children's rights 'EveryChild'. Areas of work include: prevention of child abandonment and placement in institutions; foster care; support for foster carers and adoptive parents; returning children from institutions back to their families or back to family type environments.</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>First Bulgarian non-government organisation that introduced foster care in 1997. Range of children and family services.</td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td>See useful links</td>
</tr>
<tr>
<td><strong>Useful links</strong></td>
<td>Child Abuse and Neglect in Eastern Europe 2008, For Our Children Foundation, <a href="http://www.canee.net/bulgaria/other_organizations/for_our_children_foundation">http://www.canee.net/bulgaria/other_organizations/for_our_children_foundation</a></td>
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### Programs focussed on statutory authorities

#### Australia

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<thead>
<tr>
<th>Country</th>
<th>Australia, Western Australia</th>
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<tbody>
<tr>
<td>Name</td>
<td>Signs of Safety</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>A risk assessment and case planning framework in situations of suspected or substantiated child abuse that integrates professional knowledge with local, family and cultural knowledge. The approach balances a rigorous exploration of risk to children alongside indicators of strengths and safety. The assessment is simple but rigorous and easily used to gather information about concerns or dangers, existing strengths and safety and envisioned safety. New Zealand and West Australia have expanded the assessment framework to cover planning for the future. In Minnesota implementing the framework has focused on using collaborative conferencing with all high risk cases. The Gateshead, England and Carver County, Minnesota implementations have refined ideas for using the Signs of Safety at the initial investigation.</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>Signs of Safety focuses on how the worker can build partnerships with parents and children and still deal rigorously with the maltreatment issues. This approach is grounded in working in partnership. It is strengths-based and safety-focussed. However, the investigation of risk is expanded to look at strengths, case planning and a future focus, which balances the usual problem focus of most risk assessment. The approach is designed to be used from notification through to case closure. It can be used by professionals at all stages of the child protection process, in statutory, hospital, residential or treatment settings.</td>
</tr>
<tr>
<td><strong>Information &amp; contact details</strong></td>
<td>Signs of Safety is owned by Resolutions Consultancy. <a href="mailto:info@signsofsafety.net">info@signsofsafety.net</a> Signs of Safety <a href="http://www.signsofsafety.net">http://www.signsofsafety.net</a></td>
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### United States

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<tr>
<th>Country</th>
<th>Name</th>
<th>Description</th>
<th>Activities</th>
<th>Useful links</th>
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</table>
| USA, Minnesota| **Child Welfare Practice Model**    | State mandated child welfare service, the Minnesota Department of Human Services and its county and tribal partners strive to support families and communities by engaging in essential partnerships needed to secure positive outcomes for children and youth served by the child welfare system. The practice model is defined by a clearly articulated value base, is principles-led, outcomes focussed and reliant on a highly skilled workforce. | Statutory child protection activities. See useful links.                     | Minnesota Department of Human Services n.d., *Child Welfare Practice Model* &lt;http://www.cehd.umn.edu/ssw/cascw/attributes/PDF/events/ImprovingSupervisionPacket/MNCWPPracticeModel.pdf&gt;  
| USA           | **Citizen Review Panels (CRPs)**    | Citizens Review Panels (CRP) are groups of citizen-volunteers who are federally mandated to conduct an evaluation of their state's child protective services agency.                                                                 | Federal legislation details activities of CRPs; CRPs are co-ordinated by state child welfare agency; CRPs examine and report on various parts of the child protection agency. | University of Kentucky 2013, *National Citizens Review Panels*, &lt;http://www.uky.edu/SocialWork/crp/&gt;  
| USA           | **Systems of Care**                 | This is a service delivery approach that builds partnerships to integrate processes for meeting families’ needs. Family involvement is central to this work. The approach engages birth parents emphasising parents’ role as partners in the case planning process acknowledging birth parents as experts in their personal needs and providing a meaningful role in decision making regarding their children. |                                                                              |                                                                                                   |
| Activities | Case level — family-centred practices, e.g., family group conferencing; family group decision making, child-family teams.  
Peer-level — peer support/mentoring models to help families navigate the system.  
Systems level — families as advisors, collaborative members on decision-making bodies. Policies and procedures to support family-centred practice. |
| Evaluation | A 5 year cross site evaluation over 18 communities in Nov 2010 found that through this framework child welfare agencies discovered new ways of working with families and the community; that community collaborations created a space and place for family and community engagement; and that policies and procedures developed to support family-centred practice.  
See:  
| Country | USA |
| Name | Organizational Self Study on Family Engagement |
| Description | This self study assessment tool can be used to review the core principles of family engagement practice. The tool is designed to review administrative policies and overall agency readiness, and to identify program strengths and challenges in engaging and working with families. |
| Activities | Web based toolkit. |
| Country | USA, New York |
| Name | Council of Family and Child Caring Agencies |
| Description | Provides strategic advocacy, education and the promotion of quality, culturally competent child welfare and juvenile justice services in the State of New York. |
| Activities | Provides a range of services to member organisations including representation, information, advocacy, training and forums. |
| Contact & more information | Email: dleske@cofcca.org  
Council of Family and Child Caring Agencies <www.cofcca.org> |
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<tr>
<th>Country</th>
<th>USA, Washington State</th>
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<tbody>
<tr>
<td>Name</td>
<td>Partners for Our Children</td>
</tr>
<tr>
<td>Description</td>
<td>A public/private partnership between Washington State Department of Social and Health Services, the University of Washington School of Social Work and private sector funding. The goal of the initiative is to inject new thinking resources and expertise into the state's child welfare system.</td>
</tr>
<tr>
<td>Activities</td>
<td>Conducts research, tests and implements innovative policies and practices, identifies children's and families' needs and tests training innovation. Attempts to offer a neutral space where people involved in the child welfare system can exchange ideas.</td>
</tr>
<tr>
<td>Contact</td>
<td>Email: <a href="mailto:info@partnersforourchildren.org">info@partnersforourchildren.org</a> Partners for our Children <a href="http://www.partnersforourchildren.org/">http://www.partnersforourchildren.org/</a>;</td>
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<tr>
<th>Country</th>
<th>USA</th>
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<tbody>
<tr>
<td>Name</td>
<td>Advocating for Families</td>
</tr>
<tr>
<td>Description</td>
<td>Caseworkers advocate for individual families and support self-advocacy by families themselves. Caseworkers also work to empower and advocate for families to become interdependent members of the community. Focuses on the principles of family development, workers’ own communication skills, and promoting the participation of community residents and families in the design of services.</td>
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<tr>
<th>Country</th>
<th>USA, Massachusetts</th>
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<tbody>
<tr>
<td>Name</td>
<td>Fatherhood Engagement Leadership teams</td>
</tr>
<tr>
<td>Description</td>
<td>Multi-disciplinary teams convened by child welfare services.</td>
</tr>
<tr>
<td>Activities</td>
<td>The teams identify gaps in practice, develop procedures for practice improvement, train workers in engaging fathers and collect data on father engagement in different phases of case practice. The team is composed of social workers, senior child welfare staff and representatives of community agencies that work with fathers.</td>
</tr>
<tr>
<td>Country</td>
<td>USA, New York</td>
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<tr>
<td><strong>Name</strong></td>
<td>Office of Advocacy</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>A staff of social workers and family specialists who respond to concerns of parents, youth, foster parents and the general public about child welfare cases. The Office comprises Parents’ and Children’s Rights Ombudsman; Parents As Partners &amp; Independent Review.</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>To resolve conflicts between clients and voluntary agencies or statutory child welfare; provide information to the public about child welfare policies and procedures to ensure that parents, foster parents and youth are aware of their rights and responsibilities and obtain due process; share information gathered from interactions with clients to help statutory and partner agencies improve services for children and families.</td>
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**United Kingdom**

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<tr>
<th>Country</th>
<th>UK</th>
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<tbody>
<tr>
<td><strong>Name</strong></td>
<td>Professional family advocacy</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>Advocates for families who find it difficult to engage with statutory services, including those who have previously had children removed from their care and are mistrustful of statutory intervention; asylum seeking families; and young care leavers. Supports families at different stages of their involvement with Children’s Services including children in need; advocating for parents from when child protection enquiries were initiated until the first review conference; and within the complaints process.</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Independent professional advocacy service for families involved with child protection services nationally, including service provision at child protection conferences in four London Boroughs.</td>
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<tr>
<th>Country</th>
<th>UK</th>
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<tbody>
<tr>
<td><strong>Name</strong></td>
<td>Volunteers in Child Protection</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Volunteer support for families involved in child welfare system.</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>Volunteers do home visiting, mentoring and befriending. They also keep in touch and continue to support families once Social Care teams have withdrawn, greatly reducing the chances of children going back on the register.</td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td>In 2011, Anglia Ruskin University found evidence of marked improvement in family functioning and a significant reduction in safeguarding concern following intervention from the project. The study concluded that the project represents good value for money and is seen as effective by service users, volunteers and stakeholders. Approximately one third of the children who were subject to a child protection plan when referred to the project were removed from the plan during the volunteer’s involvement. CSV’s Volunteers in Child Protection project has gained official recognition from The Centre for Excellence and Outcomes in Children and Young People’s Services (C4EO) under the Safeguarding theme. CSV’s Volunteers in Child Protection project won the Overall Award at the Charity Awards in 2010.</td>
</tr>
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### programs focused on courts and legal systems

#### united states

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<thead>
<tr>
<th>Country</th>
<th>USA &amp; UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>name</td>
<td>Family Treatment Drug Courts</td>
</tr>
<tr>
<td>description</td>
<td>Designed as a specialist problem-solving court with a multidisciplinary team of skilled professionals attached to the court.</td>
</tr>
<tr>
<td>activities</td>
<td>Collaborative practice, engagement and retention. Child welfare services and treatment providers work together to identify, assess and provide immediate access to substance abuse treatment and other services. Service and treatment plans are developed to meet the needs of all family members. Plans are regularly reviewed and modified if necessary. Judicial oversight of children and families is increased with regular reviews. Parents are supported to be involved in decision making and their successes are acknowledged.</td>
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<tr>
<th>country</th>
<th>USA, New York City</th>
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<tbody>
<tr>
<td>name</td>
<td>Parent Advocates: Legal Service Providers</td>
</tr>
<tr>
<td>description</td>
<td>Parent advocates (parents who have been through the child welfare system and reunified with their children) are employed by organisations that provide legal representation to parents with child welfare cases. These parent advocates work in a team with social workers and lawyers. These Parent Advocates are found at the Center for Family Representation, Bronx Defenders and Brooklyn Family Defense Project.</td>
</tr>
<tr>
<td>activities</td>
<td>Peer based support as part of legal team.</td>
</tr>
<tr>
<td>Country</td>
<td>USA, New York</td>
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<tr>
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</tr>
<tr>
<td>Name</td>
<td>Bronx Defenders</td>
</tr>
<tr>
<td>Description</td>
<td>Interdisciplinary teams of criminal, civil, and family defense lawyers, social workers, parent advocates, investigators, and community organisers work with clients and their families to identify and overcome the challenges they face.</td>
</tr>
<tr>
<td>Activities</td>
<td>Peer based support as part of legal team.</td>
</tr>
</tbody>
</table>
| Information & contact details | Email: info@bronxdefenders.org  
Bronx Defenders http://www.bronxdefenders.org |

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<thead>
<tr>
<th>Country</th>
<th>USA, New York</th>
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<tbody>
<tr>
<td>Name</td>
<td>Brooklyn Family Defense Project</td>
</tr>
<tr>
<td>Description</td>
<td>Protects the due process rights of low-income families and helps access the benefits and services families need to remain safe and stable. A diverse team of attorneys, social workers and parent advocates provides families with the tools to stay together and improve the quality of their children's lives.</td>
</tr>
<tr>
<td>Activities</td>
<td>Peer based support as part of legal team.</td>
</tr>
<tr>
<td>Information</td>
<td>Brooklyn Family Defense Project <a href="http://www.bfdp.org">http://www.bfdp.org</a></td>
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<thead>
<tr>
<th>Country</th>
<th>USA, Chicago</th>
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<tbody>
<tr>
<td>Name</td>
<td>Family Defense Center</td>
</tr>
<tr>
<td>Description</td>
<td>A public-interest legal advocacy centre that serves families involved in the child welfare system. The Center provides both high level systemic advocacy and grass-roots activities for families in the child protection system. Focuses primarily on wrongly accused family members who have come to the attention of child-welfare authorities due to a recent hotline report of abuse and neglect.</td>
</tr>
<tr>
<td>Activities</td>
<td>Provides direct legal services, policy advocacy, systemic/civil rights litigation, parent empowerment program, training and education and a newsletter. The Family Defense Center's observation that mothers are particularly at risk of losing custody and being labelled as child abusers or neglecters led to the development of the Mothers' Defense Education and Advocacy Project.</td>
</tr>
</tbody>
</table>
| Contact & more information | Email: fdc@familydefensecenter.net  
Family Defense Center www.familydefensecenter.net |

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<thead>
<tr>
<th>Country</th>
<th>USA, Detroit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Detroit Center for Family Advocacy (CFA)</td>
</tr>
<tr>
<td>Description</td>
<td>CFA provides legal advocacy and social work support to low income families in contact with the child welfare system. The goal is to prevent the unnecessary removal of children and unnecessarily long foster care placements. Once a case is accepted a CFA attorney, social worker and parent advocate will work closely with family members.</td>
</tr>
<tr>
<td>Activities</td>
<td>Teaching hospital model. The parent advocate provides support and advice. The social worker provides case management and supports access to services. The attorney provides legal advice and assistance, advocacy and follow-up support. The team use legal mechanisms to allow family members to support their children. Also assists other care-givers to gain custody of children (adoption or guardianship) to enable children to exit foster care. Law students also work with lawyers, social workers and parent advocates.</td>
</tr>
</tbody>
</table>
### Evaluation

Evaluation published February 2013 showed that children served by CFA sample families experienced fewer days in foster care than those compared with a matched control group of non-CFA families. A cost analysis demonstrated that the reduction in foster care days will save significant public dollars, dramatically offsetting the per-child cost of CFA.


### Contact & more information

Email: Professor Vivek Sankaran vss@umich.edu. University of Michigan 2013, *Detroit Center for Family Advocacy*, [https://www.law.umich.edu/centersandprograms/pcl/cfa/Pages/default.aspx](https://www.law.umich.edu/centersandprograms/pcl/cfa/Pages/default.aspx)

### Country
USA, New York

### Name
**Center for Family Representation (CFR)**

### Description
Provides families in crisis with free legal assistance and social work services to enable children to stay with their parents safely. CFR works to keep children out of foster care entirely or keep their time in care to a minimum.

### Activities
Provides each family with a team of professionals to help it navigate its case, including an attorney, social worker, and parent advocate. CFR works directly with parents, provides training and technical assistance to professionals working directly with children, child welfare caseworkers and family court judges.

### Useful links

### Country
USA, Washington State

### Name
**Parents Representation Program, Office of Public Defense**

### Description
Program operates in 25 counties, provide state funded legal and social work assistance to families involved with child welfare agencies.

### Activities
Aims to increase parental participation in services; ensure visitation; increases reunification and reduces re-entry into care; improves quality of legal proceedings including support to drug courts, promotes timely permanency.

### Useful links

### Country
USA

### Name
**National Project to Improve Representation for Parents Involved in the Child Welfare System**

### Description
Aims to strengthen representation of parents in the child welfare system and to ensure child welfare activities and fair and just.

### Activities
National Reunification month; provides training to parents’ lawyers, courts and legislators; assessment of performance of parent legal representation; provides website resources on best practice and research material and information sheets

### Useful links & contacts


Email: laverm@staff.abanet.org
## Appendix D:
Evidence-based practice databases, clearinghouses and
online resource centres

### Australia

<table>
<thead>
<tr>
<th>Database name</th>
<th>Web Address</th>
<th>Type of programs covered/Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Domestic &amp; Family Violence Clearinghouse</td>
<td><a href="http://www.adfvc.unsw.edu.au/goodpracticelinks.htm">http://www.adfvc.unsw.edu.au/goodpracticelinks.htm</a></td>
<td>Australia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Indigenous specific</td>
</tr>
<tr>
<td>Healthy Start</td>
<td><a href="http://www.healthystart.net.au">http://www.healthystart.net.au</a></td>
<td>Australia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intellectual Disability focus</td>
</tr>
</tbody>
</table>

### North America

<table>
<thead>
<tr>
<th>Database name</th>
<th>Web Address</th>
<th>Type of programs covered/Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Humane Association</td>
<td><a href="http://www.americanhumane.org/children/">http://www.americanhumane.org/children/</a></td>
<td>USA</td>
</tr>
<tr>
<td>California Evidence Based Clearinghouse for Child Welfare</td>
<td><a href="http://www.cebc4cw.org">http://www.cebc4cw.org</a></td>
<td>USA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Information and resources for child welfare professionals</td>
</tr>
<tr>
<td>Canadian Welfare Research Portal</td>
<td><a href="http://cwrp.ca">http://cwrp.ca</a></td>
<td>Canada</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child welfare programs and policies, statistics, legislation, research and researchers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Programs that work to improve children’s development</td>
</tr>
<tr>
<td>Organization</td>
<td>Website</td>
<td>Country</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Child Welfare Information Gateway</td>
<td><a href="https://www.childwelfare.gov/">https://www.childwelfare.gov/</a></td>
<td>USA</td>
</tr>
<tr>
<td>Coalition for Evidence Based Policy. Social Programs That Work</td>
<td><a href="http://evidencebasedprograms.org/about/early-childhood">http://evidencebasedprograms.org/about/early-childhood</a></td>
<td>USA</td>
</tr>
<tr>
<td>International Institute of Restorative Practices</td>
<td><a href="http://www.iirp.edu/search-results.php?cx=002027130135840368450%3Apht00rhzw54&amp;cof=FORID%3A11&amp;q=family&amp;sa=Search%C2%BB">http://www.iirp.edu/search-results.php?cx=002027130135840368450%3Apht00rhzw54&amp;cof=FORID%3A11&amp;q=family&amp;sa=Search»</a></td>
<td>USA</td>
</tr>
<tr>
<td>National Resource Centre for Permanency and Family Connections</td>
<td><a href="http://www.nrcpfc.org/fewpt">www.nrcpfc.org/fewpt</a></td>
<td>USA</td>
</tr>
<tr>
<td>Oregon Social Learning Centre</td>
<td><a href="http://www.oslc.org">http://www.oslc.org</a></td>
<td>USA</td>
</tr>
<tr>
<td>PART (Practice and Research Together)</td>
<td><a href="http://www.partontario.org">http://www.partontario.org</a></td>
<td>Canada</td>
</tr>
<tr>
<td>Promising Practices Network</td>
<td><a href="http://www.promisingpractices.net/programs.asp">http://www.promisingpractices.net/programs.asp</a></td>
<td>USA</td>
</tr>
<tr>
<td>Strengthening America’s Families</td>
<td><a href="http://www.strengtheningfamilies.org/html/model_programs.html">http://www.strengtheningfamilies.org/html/model_programs.html</a></td>
<td>USA</td>
</tr>
</tbody>
</table>
# United Kingdom and Europe

<table>
<thead>
<tr>
<th>Database name</th>
<th>Web Address</th>
<th>Type of programs covered/Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Education, Find a Parenting Program</td>
<td><a href="http://www.education.gov.uk/commissioning-toolkit/Program/CommissionersSearch">http://www.education.gov.uk/commissioning-toolkit/Program/CommissionersSearch</a></td>
<td>UK</td>
</tr>
<tr>
<td>Eurochild</td>
<td><a href="http://www.eurochild.org/fileadmin/ThematicPriorities/FPS/Eurochild/EurochildCompendiumFPS.pdf">http://www.eurochild.org/fileadmin/ThematicPriorities/FPS/Eurochild/EurochildCompendiumFPS.pdf</a></td>
<td>Europe</td>
</tr>
<tr>
<td>European Monitoring Centre for Drugs and Drug Addiction</td>
<td><a href="http://www.emcdda.europa.eu/best-practice">http://www.emcdda.europa.eu/best-practice</a></td>
<td>Europe</td>
</tr>
<tr>
<td>Free Social Care Research</td>
<td><a href="http://www.reconstruct.co.uk/research.html">http://www.reconstruct.co.uk/research.html</a></td>
<td>UK</td>
</tr>
</tbody>
</table>
Appendix E:

Parent Advocates (USA)

“Sometimes I have to contain myself when parents talk about their lives. I want to cry remembering my life and hearing them going through the same thing.”

Tracey Carter
Parent Advocate
Child Welfare Organizing Project and Bridge Builders
The Bronx

Then
Tracey spent 13 years on the streets addicted to crack and lost custody of all 11 of her children.

Now
Tracey is married, has been clean since 2002 and has regained custody of three of her kids. As a parent advocate she handles a caseload of about 30 parents.
“The best you can have is self-knowledge. I thought I would be blown off, but I’m being heard.”

Carlos Boyet
Parent Advocate
Child Welfare Organizing Project and Bridge Builders
The Bronx

Then
Carlos denied that he was the father of his child and then refused to make support payments.

Now
Carlos fought in court to gain custody of his severely disabled son and is now raising him. As a parent advocate, he focuses on ensuring that his clients know their rights.
"Parent advocates offer hope to people in a hopeless situation."

Leeshorn Franklin
Parent Advocate
Seamen's Society for Children and Families
Staten Island

Then
Starting when she was 16, Leeshorn spent a decade on drugs and on the street. She lost custody of her three children.

Now
Leeshorn has been clean for 16 years, has custody of two of her kids and has added a daughter to her family. As a parent advocate her aim is to get her clients to understand themselves.
“I am your parent advocate, and you could say I am your voice”

Rosita Pagan-Cruz
Parent Advocate
Children’s Village
Manhattan

Then Amid the frustrations of raising a family, Rosita took to drinking and became an alcoholic. She lost custody of three of her children.

Now Rosita has been sober for almost a decade and regained custody of her kids. As a parent advocate, she gives others hope, comfort and reasonable answers to their questions.

PHOTOGRAPH BY MANNY MILLAN

Rosita Pagan-Cruz
Parent Advocate
Children’s Village
Manhattan