

A literature review of parent engagement and participation approaches in child protection

The Voice of Parents: a Model for Inclusion Project
In partnership with the University of Melbourne

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About the Voice of Parents: a Model for Inclusion Project

The Centre for Excellence in Child and Family Welfare

The Centre for Excellence in Child and Family Welfare (the Centre) is the peak body for child and family services in Victoria. Representing over 150 community service organisations, students and individuals, the Centre advocates for the rights of children and young people to be heard, to be safe, to access education and to remain connected to family, community and culture. Our vision is to see a community that is fair, equitable and creates opportunities for children and their families to live happy and health lives.

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The Voice of Parents: a Model for Inclusion Project

Through the support of Gandel Philanthropy and Equity Trustees - The Arthur Gordon Oldham Charitable Trust, the Centre is leading the Voice of Parents project, which aims to develop an evidence and lived experience informed systemic approach to parental participation.

The project will develop a Charter of Parenting Participation and a Parental Participation Model and Toolkit, which will provide foundational principles and practical resources that are culturally sensitive and adaptable to a variety of contexts, during and post completion of the project. These resources will be used by the government and the child and family services sector across Victoria for the inclusion of parents' voice in their work.

For updates on the Voice of Parents project, visit www.cfecfw.asn.au/voice-of-parents



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Acknowledgements

The Centre for Excellence in Child and Family Welfare acknowledges and pays respect to the past and present Traditional Custodians and Elders of the Country on which we work. The Centre also acknowledges the injustices and trauma suffered as a result of European colonisation, the stolen generations, and other policies such as the forced removal of children from their families, communities, culture and land. We respect the resilience of the Aboriginal and Torres Strait Islander communities in the face of this trauma and respect their right to, and aspiration for, self-determination and empowerment.

The Centre acknowledges Cristina Tambasco as the primary author of this literature review. Cristina is a PhD student at the University of Melbourne, where she is supervised by Dr Diana Johns and Professor Stuart Ross. Her research is focused on the gender dynamics of adolescent family violence, specifically child-to-parent abuse. She has a Bachelors degree in Criminology and Psychology, and a Masters degree in Criminology, from RMIT University. She has wide-ranging volunteer experience with youth services and sports organisations. During 2020 Cristina undertook an internship with the Centre, in partnership with the University of Melbourne, during which she completed this literature review.

The Centre's contributing authors include Kandice Piva, Sue Wilson, and Catherine Cooney, with additional support from Emma Fenby, Danielle Walt, and Bronwen Maher.

The Voice of Parents project is funded through the generous support of Gandel Philanthropy and Equity Trustees – the Arthur Gordon Oldham Charitable Trust.

Executive Summary

Overview

This report is a literature review undertaken to inform the Voice of Parents project in the development of a new participation practice model, guiding principles and toolkit. For the purposes of this report, a 'parent' is a birth or biological parent and the term 'families' refers to birth or biological families.

The objective of this review was to identify key strategies for effective parent participation whilst understanding the barriers that impact, and in effect, compromise meaningful engagement with services. The report includes a review of national and international models where the voice and experience of parents has been intentionally sought in service design and development with a dedicated focus on those that have been successful in engaging parents (specially within over-represented cohorts), leading to improved outcomes for children, young people and their families.

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Methods

A systematic approach was taken to identify and review the literature pertaining to parent engagement with child protection authorities. A range of national and international literature was drawn upon. Documents were primarily sourced through academic databases, with a focus on literature where the voice and experiences of parent(s) are actively and intentionally sought and included in service design, development, and delivery.

For the purposes of this review, there is greater use of literature from countries that shared a similar 'child protection' system orientation to Australia (such the United States, the United Kingdom, and New Zealand); compared to many European countries where the system is categorised as one of 'family services' (Berrick et al., 2017). This is to ensure effective comparison and enable the application of the elements of practice improvement and effective participation identified in the review.

Findings

Effective engagement strategies and approaches

Key strategies were identified for effective parent engagement. These were categorised thematically and ordered randomly so not to specify one more important than the next. These are outlined briefly in Figure 1.

Figure 1. Strategies to support engagement

Demonstrate respect

Respectful relationships are the cornerstone to meaningful engagement.

Respect in action looks like:

- Treating parents, the same no matter their race, religion, gender, sexual orientation, size, age, disability, or country of origin
- Allowing parents to freely express themselves and ideas with confidence that they will be listened to
- Disputes and disagreements are resolved in a constructive, healthy, and safe way
- Parents are treated impartially and without bias

Communicate clearly

Effective communication is fundamental to meaningful engagement. Communication must be clear, easy to understand and transparent. Practitioners actively listen to and act on the voice of parents.

Adopt a strengths-based approach

A strength-based approach operates from the assumption that all people have some strengths and resources which they can draw from to make positive change, even if they are experiencing difficulties.

A strengths-based approach:

- Values parents as individuals with their own strengths and resources
- Draws on existing strengths and resources to promote action
- Recognises varying access to resources
- Focuses on what individuals and communities can do
- Informs learning
- Builds necessary skills to develop capacity to act

Understand and address parental needs

- Assess parental needs early and provide timely referral for support
- Needs assessment must consider a parent's individual context, history, and circumstances
- Be aware of specific barriers impacting parents with complex needs and ensure implications are considered in everyday practice, engagement, and planning

Develop a competent workforce

Competency is the ability to perform a range of activities in a specific occupational or vocational area, transfer skills and knowledge to new situations, and to manage a wide range of tasks within a job (Child Protection Practice Manual, DHHS, 2020).

Cultural competence is a core capability for child protection practitioners. Regarding Aboriginal and Torres Strait Islander peoples, the benefits of cultural competence include greater engagement with these communities and better, immediate, and future outcomes for Aboriginal children and families. These benefits extend to all Culturally and Linguistically Diverse families.

To ensure the development of a competent workforce, an organisation should consider the following strategies:

- Allocate the most complex cases to the most experienced practitioners
- Provide thorough induction training for all new practitioners and assess proficiency prior to case allocation
- Provide ongoing competency-based training and professional development opportunities for all staff. This supports and informs a learning culture.
- Provide ongoing individual and group supervision to support practitioners in their competency and learning journey.

A diverse range of strategies are evidenced to be effective in engaging families and improving the participation of parents. These models, like many innovative approaches, are limited to localised delivery and are not embedded in system-wide practice.

Several key strategies that facilitate and support meaningful parent participation have been identified. When these approaches were employed by practitioners, parents were more responsive and receptive to intervention with a greater capacity to build meaningful and effective relationships with practitioners and service providers. These participation approaches demonstrate clear strategies for effectively working with families that can enhance parent engagement. Furthermore, when barriers are concurrently addressed (i.e. multiple barriers addressed simultaneously), parents have greater opportunity for genuine participation and meaningful engagement, directly contributing to better outcomes for children, young people, and their families.

Analysis of participation approaches revealed that robust and effective implementation is critical to ensuring intended outcomes are achieved. The review also found that practitioner behaviour would significantly impact on success; if judgemental attitudes and unchecked biases are present, parents may not be provided with a genuine opportunity for participation, and their participation may be actively discouraged.

Barriers to engagement

Analysis of the parent experience revealed several pervasive barriers that compromise meaningful engagement, and for many families these will emerge from the first point of contact. Barriers were found to coexist at a parent, practitioner, and system level. These are outlined briefly in Figure 2.

Figure 2. Barriers to engagement

Parent Factors

Complexity of parental needs

Parents who encounter the child protection system have complex needs, and many live with social, economic, and structural disadvantage (Bromfield et al., 2012). These factors can increase the likelihood of contact with the system and can themselves form barriers to participation, especially when these needs are not adequately addressed.

Power

The inherent power imbalance between parent and practitioner has been identified as a significant factor that shapes the experience families have with the system. Parent report that they regularly feel powerless in their interactions with professionals within the child protection system (Kapp & Propp, 2002; Thorpe, 2008).

Fear and distrust

Parents are very cognisant of the power that practitioners have, this can evoke considerable fear and distrust towards them. Almost all parents are extremely fearful their child will be removed from their care (Gallagher et al., 2011; Hinton, 2013). Dumbrill (2005) found that fear affected all parents, even those whose allegations were determined to be unsubstantiated.

Shame and stigma

Encountering the protection system can often result in feelings of shame and stigma. Shame is the emotional experience of “an acute awareness of one’s flawed and unworthy self” (Gibson, 2015, p.333). Stigma, which often accompanies shame, emerges when a person is perceived by a social group to have deviated from the norm, and the individual then becomes ‘discredited’ (Gray, 2010). Experiencing stigma is a common experience for families in contact with child protection (Hall, Price-Roberston, & Awram, 2020).

Practitioner Factors

Judgemental attitudes towards parents

Negative practitioner attitudes towards parents have emerged as a significant barrier to parent engagement. When parents perceive that their practitioner does not like them, or has judged them poorly, this is directly related to lower rates of engagement for the parent (Poirier & Simard, 2006).

Professional and personal bias

A bias that occurs in child protection relates to assumptions of care. Some practitioners expect parent concerns to align with their own assessment of a problem and the solution they put forward (Corby et al., 1996). For mothers navigating the child protection system, there is a pervasive dichotomy of ‘good’ and ‘bad’ mothering, which is intimately tied to notions of caring. Wetherell (1995) captures the interlacing of mothering and care in the following statement: ‘Good mothers are expected to be able to expand their own personal resources and to ‘cope’, that is, ‘meet the needs of the situation whatever the personal cost and to make their work invisible by absorbing stress’ (p.230-231). Recognising the inextricable relationship between mothering and assumptions of care is critical for effective engagement, particularly if parents believe their worker perceives them as ‘bad’. This is a specific example of the intersectionality for mothers, bias and gender norms/roles.

Systemic Factors

Dealing with multiple professionals

The nature of front-line child protection work is highly stressful, emotionally demanding and can lead to vicarious trauma for some professionals. Such factors contribute to child protection organisations consistently experiencing significant turnover and staff shortages, which can in turn create adverse working cultures and practices. Such change directly impacts and impairs the engagement process. Parents report that they experience limited time to build rapport with families, inconsistent and irregular contact with practitioners, changes in case planning and approach, and delayed decision-making (Kapp & Propp, 2002).

Time constraints

The organisational conditions in which practitioners must carry out their work is highly prescriptive, and such rigidity can subsequently impact a practitioner's capacity to effectively work with parents and achieve meaningful engagement. Practitioners are often faced with limited timeframes for critical decision making and report large backlogs of paperwork, a combination that undermines effective engagement and intervention (Healy & Darlington, 2009; Kemp et al., 2014; Platt, 2012).

Families may encounter child protection intervention due to a diverse range of complex circumstances and needs. In the same way that these vulnerabilities lead to contact with this system, they also can affect participation in child protection processes. Most parents report to experience a range of adverse emotions such as fear, stigma, shame, and distrust because of system contact, consequently contributing to a level of engagement resistance. As a result, services must invest in concerted efforts to engage parents by using approaches that are mindful of existing barriers while informed by strategies that work. To achieve consistent improvement to participation and sustainable outcomes, approaches that are mindful of barriers need to be embedded across all practice and service streams when working with parents.

The review found that parents often experienced several barriers at one time, further compounding their challenges and impacting their ability to be engaged. Culturally and Linguistically Diverse (CALD) families experience additional challenges which can impact effective and meaningful engagement, some of which include language barriers and cultural differences in parenting practice. In addition, fathers may be under recognised in their role within the family unit, compounded by cultural norms on gender roles, further impacting their inclusion. These challenges can create overlapping and intersecting forms of discrimination which may interact on multiple levels, further compounding disadvantage for CALD families.

Systemic barriers are demonstrably entrenched and challenging to address. Factors such as high attrition rates in child protection, time constraints, inflexibility, and crisis-driven, reactive case management, within a risk-averse culture, places increasing pressure on practitioners. The implications of these are that practitioners experience many constraints to their work, with less time to build the meaningful relationships with families foundational to effective and meaningful engagement. Until long-term change can take place to address on-going organisational and cultural issues, effective ways of working within these constraints must be supported.

Barriers for specific populations

Aboriginal and Torres Strait Islander Families

Aboriginal and Torres Strait Islander families' over-representation in child protection is complex and multifaceted and its continuation has been attributed to ongoing and pervasive systemic disadvantage and oppression. Working with Aboriginal and/or Torres Strait Islander parents requires cultural awareness and competence, as well as an understanding of the historical factors that affect Aboriginal communities and the specific barriers that impact engagement.

Culturally and Linguistically Diverse Families

Culturally and Linguistically Diverse (CALD) families face specific barriers relating to communication, language, and institutional knowledge of child protection intervention. It is important for practitioners to recognise the stressors that may compromise safety and identify these as needs that require support, rather than attributing them to the misconception of cultural norms. There remain gaps in current literature regarding CALD families' experiences of contact with child protection intervention in Australia and its prevalence. Despite these gaps there is growing body of evidence for effective strategies for engagement specific to CALD families. A clear understanding of cultural history, experiences and customs is critical for effective and meaningful engagement.

Fathers and the implication of family violence

Despite the recognition that children experience fundamental benefits when their fathers engage, there remains limited participation of fathers in child protection intervention comparatively with

mothers (Clapton, 2017; Scourfield et al., 2013). The reluctance of practitioners to actively engage fathers may be intimately tied to issues of family violence perpetrated by men. In cases where there are ongoing patterns of intimate partner violence, practitioners – who are predominantly women – may not feel safe in contacting fathers (Brown et al., 2009). The persistent failure to consistently engage fathers in child protection intervention is problematic for several reasons. Not only does it reduce the opportunity for engagement of fathers, it can also undermine accurate assessment of both the risks and benefits of their inclusion on mothers and children (Daniel & Taylor, 1999).

Young parents

Young parenthood is associated with several adversities and challenges. Evidence shows that parenthood in adolescence is more likely to occur in young people who experience socio-economic disadvantage, have experienced trauma, are disengaged or under-achieving in education, engage in high risk and antisocial behaviours and/or misuse substances (Woodward, Howard & Fergusson, 2001). Many young parents, particularly young mothers have reported social stigma and experiences of judgement and even hostility when they have encountered social service organisations (including child protection) (McDermott & Graham, 2005). Therefore, understanding the biological, psychological, and social needs of young parents (and the context in which they present) are essential considerations for any improved engagement strategy.

Parents with complex needs

Many parents encountering child protection intervention present with a myriad of needs, some of which are complex in nature and require specific approaches to engagement. Complex needs may include parents who present with disability, mental illness (which may be categorised as a disability), and/or current (or historical) substance misuse. It is vital for organisations to promote understanding of the above and provide opportunities for training and development of the skills necessary to assess and identify these needs at the earliest point in child protection intervention. Without the appropriate assessment and support early in intervention, parents with complex needs will continue to face the greatest disadvantage when attempting to engage with services.

Limitations

This report only reviewed English language documents that were available online. The models reviewed in this report were all occidental in origin, and from areas in which the English language is predominately used. It is important to note that there may be additional literature, resources and information pertaining to parental engagement that is not included in this report.

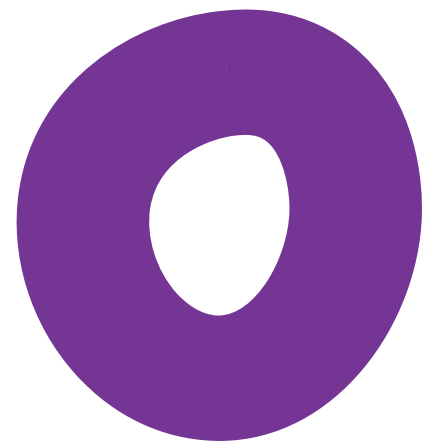
Conclusions

The involuntary nature of statutory child protection creates intrinsic challenges for effective and meaningful engagement from a parent's first point of contact. The inherent power imbalance, and related feelings of shame and stigma that can emerge from this type of intervention, commonly generate working conditions that are entrenched in fear and distrust. As a result, any approach which seeks to enhance participation and engagement of parents in a sustainable way requires collective change at parent, practitioner, and system levels. For practitioners to be confident and competent in engaging parents under such challenging circumstances, they need to be equipped with appropriate training, tools resources and support that will both support and enable them to effectively include parents in the decisions that shape their family's lives.

Approaches often suffered from a lack of consistent evaluation and review, limiting opportunities for replication. Consequently, the evidence base for individual approaches varied considerably,

and many models are location specific without wider, uniform system application. To prevent further geographic and service inequality, strategies must be applied consistently in a system wide approach. Furthermore, for practitioners to be confident and competent in engaging parents under such challenging circumstances, they need to be equipped with appropriate training, tools resources and support that will both support and enable them to effectively include parents in the decisions that shape their family's lives.

The evidence tells us that meaningful parent engagement in child protection is achievable and when we do it, it directly leads to better outcomes for children and young people. By employing the strategies, that are known to be effective in engagement, whilst concurrently being cognisant of and addressing the known barriers to engagement, families are provided the fundamental opportunity to take ownership of and participate in real and sustainable change and ultimately contribute to strengthening the very family unit organisations are there to serve.



1. Introduction

1.2 Overview

This literature review identifies the key strategies and approaches which improve parent participation and enhance meaningful engagement. This report also discusses the overarching barriers to parent participation and explores approaches where the voice and experiences of parents have been actively sought and included in service design, development, and delivery.

1.3 Background and context

Meaningful and genuine parent participation in decision-making is linked to a range of increased positive outcomes for children and their families, especially in relation to development, wellbeing, identity, and sense of belonging (AIHW, 2015). Engagement is understood as ‘the establishment of effective relationships between parents and service personnel in which they form a shared understanding of goals and shared commitment to supporting children and young people’ (Parenting Research Centre, 2017, p.vi).

1.3.1 Child protection in Victoria

Victorians’ concern about the safety and welfare of children resulted in reports to statutory child protection in last decade almost tripling, from less than 42,000 in 2007-08 to more than 115,000 in 2017-18 (Commission for Children and Young People, 2019, p 13). One in four Victorian children will be reported to statutory child protection in their childhood (Commission for Children and Young People, 2019, p 13). This trajectory is forecasted to continue with the ever-increasing public awareness of child abuse and neglect and the impact of family violence, and the expansion of mandatory reporting (Commission for Children and Young People, 2019, p 13).

1.3.2 Current and anticipated impacts of COVID-19

This increase is set to be exacerbated by the COVID-19 pandemic, causing significant stress and pressure to already overwhelmed families, as evidenced through reported increases in family violence, economic and housing stress, mental health stress and substance abuse (Monash University, 2020; ABS, 2020; Moodie & Soller, 2020; University of Melbourne, 2020). These stresses are compounded for those already experiencing systemic disadvantage, including those with disabilities, newly arrived, refugee and migrant families, LGBTQIA+ communities, Aboriginal and/or Torres Strait Islander people, and those in the lowest socio-economic brackets (Social Ventures Australia, 2020, pp. 9-10). Recent projections on the impacts of these pressures for the system include an increase in demand for child protection, more children in OoHC, and generational disadvantage (Social Ventures Australia, 2020).

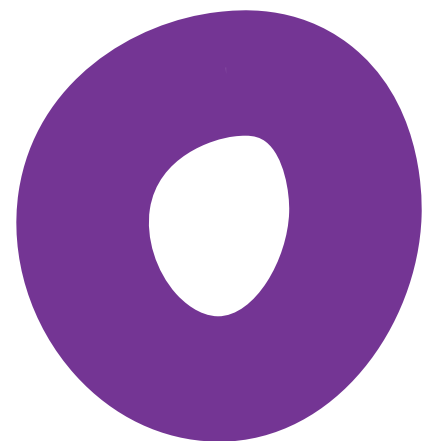
1.3.3 The need for engagement

As more Victorian families become engaged with the Child and Family Services System the importance of hearing parents’ voice, understanding what matters to families, and embedding a model for parents’ participation is critical to improving outcomes for children and young people.

A foundational principle of the Victorian Child and Family Service System is that a child will do best being raised in the care of their family, wherever possible and appropriate (CYFA, 2005; State Government of Victoria, 2007). The Convention on the Rights of the Child, the Children Youth and Families Act 2005 (Vic) and the National Framework for Protecting Children 2009-2020 all recognise the family as the fundamental group in society and the natural environment

for the growth and wellbeing of all its members and particularly children. As such, ensuring that Victorian organisations and practitioners have effective strategies for engagement aligns with commitment to supporting family structures and providing children with the best possible outcomes.

In Victoria, there are many innovative approaches employed to engage parents, however, such practice is inconsistent and there is no system wide framework for the parental participation.



2. Objective

This report is a literature review undertaken to inform the work of the Voice of Parents: a Model for Inclusion, a two-year project led by the Centre, supported by Gandel Philanthropy and Equity Trustees - the Arthur Gordon Oldham Charitable Trust.

The Voice of Parents project will develop a framework for parent voices to be heard through a Charter of Parental Participation, an agreed principle that can be applied across organisations and interventions in the child and family services sector, and a Parent Participation Model (with a practical tool kit of resources). These resources will be used by government and the child and family services sector across Victoria for the inclusion of parents' voice in their work.

The purpose of the review is to provide an evidence base for the development of a participatory process by exploring national and international models where the voice and experiences of parents are actively and intentionally sought and included in service design, development and delivery of child protection services.

The review has focused on:

- identifying key elements for practice improvement and parent support needs for active and effective participation; and
- understanding the literature on the specific needs of over-represented cohorts in participatory processes.

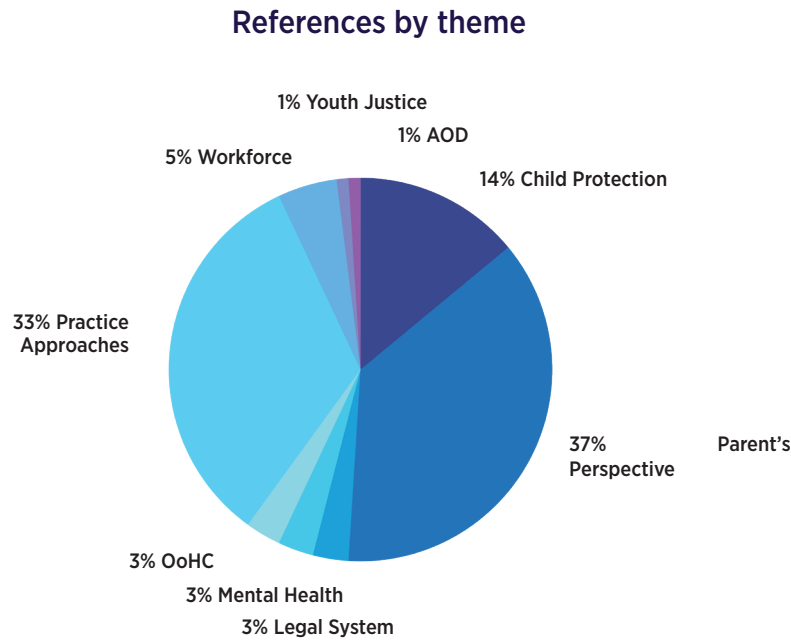
3. Methodology

A systematic scoping approach was taken to identify and review the literature pertaining to parent engagement in child protection. To identify relevant sources, this review incorporated a wide range of national and international documents. The methods involved searching for academic peer-reviewed journals (both quantitative and qualitative), and literature primarily in the forms of government reports, briefing papers, scoping reviews, and practice materials.

A range of national and international literature was drawn upon. For the purposes of this review, there is greater use of literature from countries that shared a similar system orientation to Australia (such the United States, the United Kingdom, and New Zealand); compared to European countries where the system is categorised as one of 'family services' (Berrick et al., 2017).

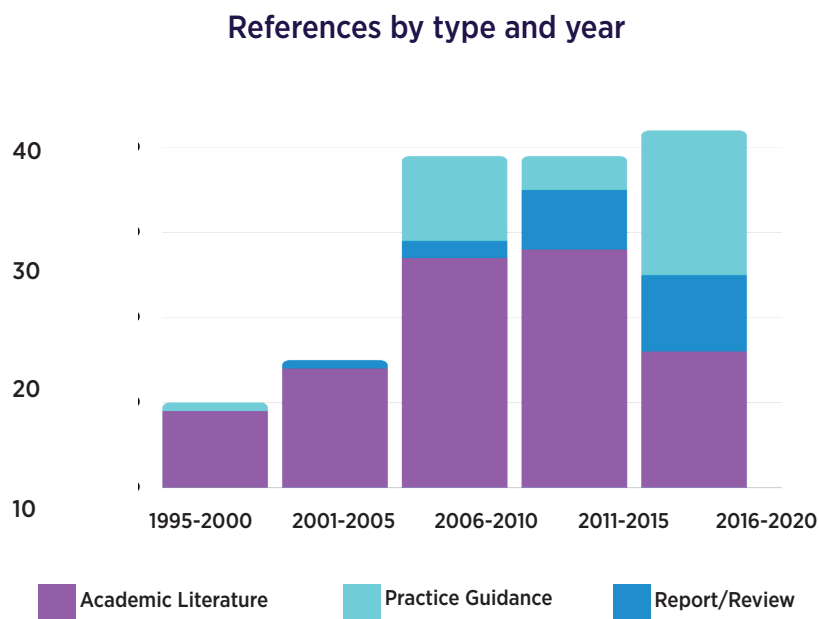
Using a qualitative thematic approach, the key themes that emerged in the literature were coded and then categorised into overarching themes related to parent experiences (see Figure 3).

Figure 3. Table of references by theme



This process is iterative, meaning that the initial themes to emerge then directed a deeper search for evidence within to establish sub-themes. For example, communication was identified as a strong theme in the literature, and an in-depth exploration within this revealed several interrelated components of communication – transparency, listening and hearing, and accessibility.

Figure 4. Table of references by type and year



4. Results

4.1 Parent's experience of participation

Parents report a diverse range of experiences when they encounter child protection intervention, many of which are adverse. This finding may not be surprising given the context of these engagements; however, research also indicates that some parents do report positive experiences and that when this happens it leads to enhanced parent engagement.

4.2 Effective Strategies for engagement

When collaborative, respectful relationships between parents and practitioners are established it increases parents' openness, commitment, and engagement with child protection interventions (Yatchmenoff, 2005).

This review identified several key strategies for effective parent engagement. These are outlined below.

4.2.1 Demonstrate respect

Demonstrating respect is foundational to developing a positive and trusting relationship between parents and practitioners, which in turn increases parent's willingness to engage. Being respectful starts with practitioner-parent communication (Altman, 2008; Parenting Research Centre, 2017; Queensland Government, 2013; Horowitz & Marshall, 2015).

Families should be recognised as a valuable source of knowledge and experts in their own lives (Child Welfare Information Gateway, 2016); therefore it is important to ask parents what their views are about 'what is working, what is not, and what might help' (Horowitz & Marshall, 2015, p. 295). Respectful communication is based in clear, easy to understand language. It is genuine, empathetic and is cognisant of the body

language of both practitioners and parents (Gerring et al., 2014; Lwin et al., 2014). Being respectful also means recognising different cultural practices, abilities, histories, and experiences of contact with statutory authorities (DCP, 2017). Additionally, considering the views of parents through consultation and listening is important for establishing respectful and honest dialogue (Bromfield et al., 2012; Morrison, 1996).

4.2.2 Adopting a strengths-based approach

A strengths-based approach is consistently identified by parents as being the most important element that facilitates ongoing engagement with a service (Miller, 2007). Parents are more responsive when practitioners recognise and explicitly acknowledge the strengths and abilities of a parent, rather than focusing on deficits (Hall, Price-Roberston, & Awram, 2020). The key assumption of this approach is that all parents have strengths and resources they can draw on, even when they are experiencing difficulties. When a parent's strengths are recognised and applied to co-develop goals, this can lead to improved family outcomes (Child Welfare Information Gate, 2016; Queensland Government, 2013; NSW Government, 2019).

Certain strategies practitioners can use to engage parents in a strengths-based way include identifying what parents are doing well, the skills involved, and using positive verbal encouragement (Child Welfare Information Gateway, 2016; Watson, 2005). Positive reinforcement from practitioners when parents have used skills and achieved goals is appreciated by parents who report that this helps to mitigate feelings of shame and helplessness (Schreiber, 2013).

4.2.3 Assessment of parental needs and support

Identifying and providing parents with support to address both concrete and emotional needs is essential to fostering genuine parent engagement and in turn effecting real, sustainable and positive change (Child Welfare Information Gateway, 2016; Horowitz & Marshall, 2015; Schreiber et al., 2013). Families who encounter child protection intervention present with a diverse range of experiences. Many experience multiple forms of disadvantage and adversity, including mental illness, family violence, intergenerational trauma, substance misuse and abuse and housing instability (Bromfield et al., 2012; DCP, 2017). For some families, these challenges are inextricably linked with safety concerns; therefore, if they remain unrecognised and unaddressed it will not only adversely impact a parent's capacity to engage but also the level of intervention.

Parents continue to face substantial challenges while attempting to access appropriate supports. When practitioners readily assess the needs of a parent and subsequently provide advocacy and referral to necessary services, not only does engagement improve but so do outcomes for children and young people (Ayón, Aisenberg, & Erera, 2010).

4.2.4 Practitioner competency

Parents are more responsive to, and trusting of, practitioners they perceive as being competent. Quality practitioner engagement with parents is positively correlated with parent participation in child protection processes (Gladstone et al., 2012). Practitioners with more extensive experience in child protection have been found to implement strategies that are more collaborative and individually tailored to a family's context and needs (Gladstone et al., 2014).

The three most important skills identified by Gladstone et al., (2014) were: inclusion of parents in planning, being supportive and compassionate, and recognising parents'

efforts and achievements. Parents will often perceive higher levels of practitioner competency in staff who utilise positive communication approaches. These approaches can include: listening, taking the time to clearly and transparently explain a process; being knowledgeable; being reliable, being available and accessible; developing shared goals in partnership with parents; appropriately addressing needs; and recognising strengths (Gladstone et al., 2014; Schreiber et al., 2013; Yatchmenoff, 2005).

Competency also requires practitioners to utilise different approaches and skills when working with diverse populations such as culturally and linguistically diverse families, Aboriginal and Torres Strait Islander families, or where there is family violence present (DCP, 2017). Finally, competency also extends to following through with articulated commitments that practitioners have made to provide support, this practice, can itself establish and maintain trust (Gladstone, 2014).

4.2.5 Communicating clearly

Effective communication is fundamental to the meaningful engagement of parents in child protection. It recognises the inherent inequality in the relationship between the practitioner and the parent. Being clear about the purpose of engagement from first point of contact is essential to good communication and the building of trust between parent and practitioner (NSW Interagency Guidelines, 2012).

Ensuring transparency

Transparent communication helps build trust while concurrently mitigating the power imbalance between parents and practitioners (Healy & Darlington, 2009). When communication is transparent and clear, this reduces feelings of stress, anxiety, and distrust (Parenting Research Centre, 2017; Queensland Government, 2013; Schreiber et al., 2013). A key element of good communication from the first point of contact is being honest about the reasons for contact. This involves being clear as to

the role of statutory child protection, the processes involved, the responsibilities of the practitioners, and the expectations of parents (Altman, 2008; Healy et al., 2011; Hinton, 2013; Peitranonio, 2013; Platt, 2008). When a practitioner is honest and transparent in their contact with a family, it establishes an environment where parents feel safer to also approach the situation with honesty (Connolly, 2006; Darlington et al., 2012). Taking the time to clearly explain the process of engagement and intervention strengthens a parent's comprehension, insight and understanding, empowering parents improving responsiveness (Healy et al., 2011; Schreiber et al., 2013).

Actively listen

The failure to listen to parents has been identified as one of the most consistent reasons for parental dissatisfaction with child protection (Healy et al., 2011). When there has been a failure to consult and listen to parents they are left feeling powerless and affronted (Healy et al., 2011). Parents have highlighted the experience of being heard as an important aspect of positive interaction with services across a range of settings (McArthur et al., 2010).

Providing parents with the opportunity to communicate their needs and using empathetic styles of listening, leads to increased cooperation and information being shared with the practitioners (Forrester et al., 2008). The ability to share one's story safely be a profoundly therapeutic experience for parents, especially for those who have never had the opportunity to speak before (Schreiber et al 2013). Discussing sensitive information is challenging, however within child protection intervention this practice is pertinent to safety outcomes and practitioner must be adequately trained, skilled and supported to communicate effectively and sensitively in complex settings. Parents have identified that when practitioners are sensitive and thoughtful about how they ask questions, this can minimize the risk of it becoming a distressing experience (Schreiber et al., 2013).

A review of literature has highlighted effective strategies for helping parents feel listened to. Providing adequate time for parents to tell their story and express their emotions (including negative emotions) has contributed to the positive development of trust and rapport with practitioners, leading to improved engagement (Parenting research Centre, 2017). Allowing parents to speak first and seeking family members' perspectives when gathering information has been found to be fundamental in enhancing relationships with services (Bromfield et al., 2012).

4.3 Barriers to participation

Several key themes emerged relating to the barriers parents experience that inhibit opportunity for genuine participation. For this review, barriers have been categorised into three groups: Parent, Practitioner and Systemic.

4.3.1 Parent factors

Negative parent experiences were found to be associated with multiple, coexisting barriers.

Complexity of parental needs

It is well documented in Australia that parents who encounter the child protection system have complex needs, and many live with social, economic, and structural disadvantage (Bromfield et al., 2012). These factors can increase the likelihood of contact with the system and can themselves form barriers to participation, especially when these needs are not adequately addressed. This can include economic difficulties, housing issues, mental health issues, physical health problems, substance use problems, and interpersonal violence (Bromfield et al., 2012; Poirier & Simard, 2006; Kemp et al., 2014; Marcenko et al., 2011; Marcenko et al., 2012; Devaney, 2008).

The issues families face 'may be chronic, entrenched and interrelated' and create trans-generational patterns of disadvantage (Bromfield et al., 2012). Although it may be argued that statutory intervention provides an opportunity for families to receive

the critical support they need, it is a very common experience for parents to rarely receive the help they require (Pelton, 2008). When adequate support is not provided early to families experiencing vulnerability, it increases their experience of cumulative harm (Dale, 2004). Conversely, when the needs of the whole family are addressed, this can support families to be able to make and sustain change (Bromfield et al., 2012).

Importantly, many of these issues directly undermine the possibility for engagement by parents due to the very nature of the problem. For example, Sheppard (2002) details mothers' experiences of depression and engagement with child and family care. This research highlighted the role depression played in mediating the participation of mothers in decision-making and implementation of decisions. Central to experiencing depression are feelings of hopelessness, helplessness, and low self-esteem (among other factors). This affects whether a parent will perceive change as being possible and likely.

Mental health issues are particularly problematic because they are not always easily recognised by practitioners. In contrast, there are many other more overt barriers to parental engagement that are easier to recognise, but equally challenging. For example, economic hardship can severely impact a parents' ability to attend meetings with workers and services providers. Not having access to personal transport or being unable to access public transport (both in terms of location and cost), can make attending meetings (or multiple meetings) in distant locations very onerous. Not recognising and accommodating parents' immediate needs decreases their opportunity for meaningful participation.

Power

The inherent power imbalance between parent and practitioner has been identified as a significant factor that shapes the experience families have with the system. Parents' report that they regularly feel powerless in their interactions with professionals within the

child protection system (Kapp & Propp, 2002; Thorpe, 2008). Conversely, practitioners and the system as a whole have a significant power imbalance that is often exercised over families. Practitioners have the opportunity to use their power collaboratively with a family, or coercively against them. Dumbrill (2005) found that when parents experienced power being used over them, it resulted in fear, apprehension, and resistance. It also led to parents feigning cooperation, rather than actively engaging. However, Drumbrill (2005) also found that when workers used their power with parents, such as helping parents access essential services, it facilitated a stronger working relationship. This led to parents seeing their caseworker as 'allies'. Despite this, even when power is used supportively, parents remain cautious as they are aware how quickly the use of power can shift from 'power with' to 'power over' (Dumbrill, 2005).

Fear and distrust

Due to parents being highly cognisant of the power practitioners have, this can evoke considerable fear and distrust towards them. Almost all parents are extremely fearful their child will be removed from their care (Gallagher et al., 2011; Hinton, 2013). Dumbrill (2005) found that fear affected all parents, even those whose allegations were determined to be unfounded. Negative interactions with caseworkers not only immediately impacts the parent-practitioner relationship, but it also sets up the conditions for future interactions with care systems, whereby parents may be even more reluctant to seek help in a time of crisis (Kerkorian, McKay & Bannon, 2006).

Parents are overwhelmingly concerned that if they are reveal aspects about themselves that require support, such as existing mental health issues, family violence, or drug use, this information may be used against them as further evidence of their inability to safely care for their child (Dumbrill, 2005; Harris, 2012; Kelleher et al., 2012). The fear of consequences of being honest means many parents remain silent, which ultimately undermines the opportunity to support families.

Issues of fear and distrust are especially significant for families who have had historical contact with child protection authorities (Harris, 2012; Ivec, Braithwaite, & Harris, 2012; Parenting Research Centre, 2017). For Aboriginal and/or Torres Strait Islander families and CALD families, this is further complicated by cultural assumptions about what parenting looks like, and the ongoing historical implications of the Stolen Generation (Parenting Research Centre, 2017).

Shame and stigma

Encountering the child protection system can often result in feelings of shame and stigma. Shame is the emotional experience of “an acute awareness of one’s flawed and unworthy self” (Gibson, 2015, p.333). Walker (2011) identifies shame as being omnipresent within child protection work and warns that if practitioners do not recognise its pervasiveness, they may unintentionally exacerbate it. In therapeutic settings the presence of shame complicates intervention because it manifests in a need to ‘run, hide, or die’ (Straker, 2011, p. 14 cited in Valentine, Smyth & Newland, 2019).

Stigma, which often accompanies shame, emerges when a person is perceived by a social group to have deviated from the norm, and the individual then becomes ‘discredited’ (Gray, 2010). Experiencing stigma is a common experience for families in contact with child protection (Hall, Price-Roberston, & Awram, 2020). Shame and stigma are especially heightened for parents whose children are placed in OoHC (Scholte et al., 1999). While there is stigma attached to parents requiring help to raise their child, it is not as stigmatised as the perception of having transgressed to such a degree as your child needing to be raised by someone else (Scholte et al., 1999). Feeling shame and stigma can lead to resistance of statutory intervention, and issues seeking or receiving other social support (Kelleher et al., 2012; Hall, Price-Roberston, & Awram, 2020; Parenting Research Centre, 2017).

It is worth recognising that mothers specifically experience a disproportionate amount of shame and stigma when they come into contact with child protection authorities. Sykes (2011) highlights how practitioners require mothers to acknowledge their failings and accept the status of ‘neglectful parent’, out of the belief that this is essential for them to be able to fully engage in intervention. However, this also implicitly asks mothers to relinquish a positive parent identity which is ‘usually too costly to their sense of self’ (p. 455). For some mothers, cooperation would indicate that they agree with their worker’s assessment of them being neglectful mothers (Sykes, 2011). By resisting intervention, it may allow them to resist the stigmatising label of being a ‘neglectful’ or ‘bad’ mother.

Recognising the relationship between shame, stigma, and child protection intervention has significant implications for policy and practise when engaging parents in model development, delivery, or interventions. Developing practice models with parental engagement requires practitioners to be cognisant of, and responsive to, this relationship in order to achieve positive outcomes for families.

4.3.2 Practitioner factors

Judgmental attitudes towards parents

Negative practitioner attitudes towards parents have emerged as a significant barrier to parent engagement. When parents perceive that their practitioner does not like them, or has judged them poorly, this is directly related to lower rates of engagement for the parent (Poirier & Simard, 2006). Practitioners have been found to take a deficit-approach, focusing on parent weaknesses, without recognising or acknowledging their strengths (Saint-Jacques et al., 2018).

A deficit-approach is harmful to the engagement process, as we know that parents find it easier to engage with their practitioner when they perceived them to ‘be on their side’, when their strengths are recognised, and when their worker is respectful (Altman, 2008, p. 50; Drake, 1996; Gockel et al.,

2008). Many parents report feeling that upon meeting their practitioner for the first time, the practitioner had already 'made up their mind' about them (Healy et al., 2011, p.284; Corby et al., 1996). Such practice can also be compounded by the failure to engage and listen to parents, providing no opportunity for parents to challenge any assumptions. Parent engagement is increased when practitioners take a non-judgmental approach, which includes listening to parents, understanding the reasons and factors inhibiting effective parenting, normalizing parent experiences, and reframing questions to minimize blame (Bromfield, 2012; DCP, 2017; Watson, 2005).

Professional and personal bias

A bias that occurs in child protection relates to assumptions of care. Some practitioners expect parent concerns to align with their own assessment of a problem and the solution they put forward (Corby et al., 1996). Specifically, what a parent should be concerned about and how this should be expressed – usually in normative terms. When this alignment does not occur, parents may be labelled as non-compliant, unwilling or unable.

For mothers navigating the child protection system, there is a pervasive dichotomy of 'good' and 'bad' mothering, which is intimately tied to notions of caring. Wetherell (1995) captures the interlacing of mothering and care in the following statement: 'Good mothers are expected to be able to expand their own personal resources and to 'cope', that is, 'meet the needs of the situation whatever the personal cost and to make their work invisible by absorbing stress' (p.230-231). Recognising the inextricable relationship between mothering and assumptions of care is critical for effective engagement, particularly if parents believe their worker perceives them as 'bad'. This is a specific example of the intersectionality for mothers, bias, and gender norms/roles.

Research reports that some practitioners have demonstrated an underlying belief that parents should be intrinsically motivated - that their love or care for their child can be

assessed through their willingness to 'do whatever it takes' to get them back (Smith, 2008). This increases the likelihood of relying on punitive or coercive strategies, despite parents finding a 'relational, responsive, and competency-oriented' approach to be more motivational (Altman, 2008). Such bias is harmful and adversely affects engagement, in some cases contributing to further risk of harm in the case of parents not being referred to support services they critically require (Dawson & Berry, 2002).

4.3.3 Systemic factors

Dealing with multiple professionals

The nature of front-line child protection work is highly stressful, emotionally demanding and can lead to vicarious trauma for some professionals. Such factors contribute to child protection organisations consistently experiencing significant turnover and staff shortages, which can in turn create adverse working cultures and practices. Such change directly impacts and impairs the engagement process. Parents report that they experience limited time to build rapport with families, inconsistent and irregular contact with practitioners, changes in case planning and approach, and delayed decision-making (Kapp & Propp, 2002).

High demand for new practitioners in a changing workplace also leads to the recruitment of staff with limited experience (Kapp & Propp, 2002; Healy et al., 2011). Parents have reported additional challenges to engagement via changing multiple agency sites (both government and non-government agencies) due to service provision criteria and complex needs (Healy et al., 2011). This contributes to delays in critical decision making and often requires parents to have to communicate their story multiple times (Watson, 2005).

Time constraints

The organisational conditions in which practitioners must carry out their work is highly prescriptive, and such rigidity can subsequently impact a practitioner's capacity

to effectively work with parents and achieve meaningful engagement. Through the introduction of legislation such as mandatory reporting, Australia has experienced high rates of notification, placing increasing strain on the system to process such concerns. The Australian Institute of Family Studies found that approximately half of all notifications have been found to be unsubstantiated. (Australian Institute of Family Studies, 2020).

Practitioners are often faced with limited timeframes for critical decision making and report large backlogs of paperwork, a combination that undermines effective engagement and intervention (Healy & Darlington, 2009; Kemp et al., 2014; Platt, 2012). Practitioners report feeling pressured to 'fit' case planning into pre-established and often inflexible intervention plans (Dumbrill, 2005). As a result, the opportunity to effectively engage parents and achieve sustainable outcomes is limited. Without a reasonable level of flexibility, practitioners are unable to tailor their interventions to the specific needs of families.

4.4 Barriers to parent participation for specific groups

4.4.1 Barriers for Aboriginal and Torres Strait Islander families

In Victoria, Aboriginal and Torres Strait Islander children are over-represented within child protection interventions. These children are 16.4 times more likely than non-Aboriginal children to be removed from their family by child protection (Lewis et al., 2019). The Bringing Them Home report released in 1997 revealed that one in five children in the out-of-home care system were Aboriginal and Torres Strait Islander children; in 2019 this number has risen to one in three (Lewis et al., 2019). Aboriginal and Torres Strait Islander families' over-representation in child protection is complex and multifaceted and its continuation has been attributed to ongoing and pervasive systemic disadvantage and oppression.

Engagement across multiple service and work streams (including child protection) is particularly low for Aboriginal and Torres Strait Islander families. Aboriginal and Torres Strait Islander families are labelled 'hard to reach' in relation to service engagement; this term captures the entrenched barriers to engagement which originate from the service sector itself (Mastroianni & Burton, 2020). Two overarching approaches have been identified to support the facilitation of Aboriginal and Torres Strait Island families' engagement with non-Indigenous child and family services:

- Non-Aboriginal services must work within a cultural competence framework
- Genuine partnership must be established between with Aboriginal and Torres Strait Islander communities and organisations (Mastroianni & Burton, 2020).

In efforts to begin redressing the systemic institutional issues that affect the way in which Aboriginal people are treated in the Child and Family Services System, the Wungurilwil Gaggapdair: Aboriginal Children and Families Agreement has been established (see DHHS, 2020). This agreement is a partnership between the Aboriginal Community, the Victorian Government and the Child and Families Services Sector and seeks to address the long-term impacts of colonisation, dispossession, and assimilation policies, and aims to increase Aboriginal self-determination. An overarching objective of this agreement is to reduce the over-representation of Aboriginal children in child protection, out-of-home care, and the youth justice system.

4.4.2 Barriers for Culturally and Linguistically Diverse families

In Victoria, there is limited evidence of the rate of contact CALD families have with child protection, or their experiences from first contact to placement in Out of Home Care (OoHC). Drawing on national research, CALD families face several additional stressors that practitioners need to be sensitive to when engaging with families.

NSW Government (2010) reports that key stressors include:

- Migration stress;
- Acculturation stress;
- Displaced identity;
- Racism and discrimination;
- Intergenerational conflict;
- Loss or lack of extended family support; and
- Socioeconomic disadvantage.

It is important for practitioners to recognise the stressors that may compromise safety and identify these as needs that require support, rather than attributing them to the misconception of cultural norms.

CALD families face specific barriers relating to communication, language, and institutional knowledge of child protection intervention. Limited English proficiency creates challenges for CALD families and impacts their capacity to actively seek out relevant family services. If services do not provide appropriate and accurately translated materials to families, their knowledge of local services and pathways for support will be limited. CALD families may also have less knowledge and understanding about child protection practices and processes.

The Queensland Department of Communities (2013) has identified a range of effective approaches for engaging CALD families, including:

1. Using appropriate terminology and avoid stereotyping;
2. Collecting and recording accurate information about cultural, linguistic, and religious identity;
3. Using interpreters;
4. Establishing links with service providers and ethnic community organisations; and
5. Utilising culturally appropriate placements.

While there remain large gaps in current literature that reflects CALD families' experiences of contact with child protection intervention in Australia and its prevalence, there is growing body of evidence for effective

strategies for engagement specific to CALD families. A clear understanding of cultural history, experiences and customs is critical for effective and meaningful engagement (Parenting Research Centre, 2017).

4.4.3 Barriers for fathers and the implication of family violence

Despite the recognition that children experience fundamental benefits when their fathers engage, there remains limited participation of fathers in child protection intervention comparatively with mothers (Clapton, 2017; Scourfield et al., 2013). The implication of gender norms in families in conjunction with practitioner and systemic assumptions and biases contribute to child protection efforts being directed toward mothers. The consequence of this is that the burden of responsibility is placed on mothers, and whether fathers would like to engage or not, their engagement in child protection is unclear (Zanoni et al., 2013).

The reluctance of practitioners to actively engage fathers may be intimately tied to issues of family violence perpetrated by men. In cases where there are ongoing patterns of intimate partner violence, practitioners – who are predominantly women – may not feel safe in contacting fathers (Brown et al., 2009). Practitioners report being fearful of violent reactions, especially where fathers are subject to serious allegations of family violence (Zanoni, 2013). The persistent failure to consistently engage fathers in child protection intervention is reduces the opportunity for engagement of fathers and undermines accurate assessment of both the risks and benefits of their inclusion on mothers and children (Daniel & Taylor, 1999).

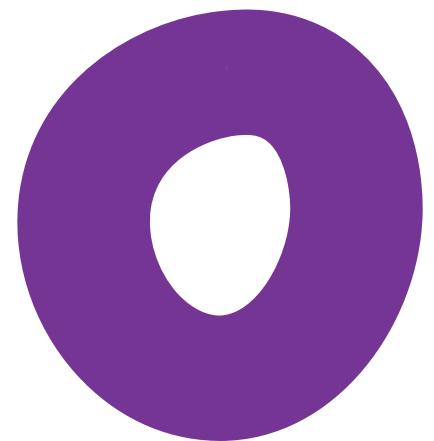
4.4.4 Young parents

Young parenthood is associated with several adversities and challenges. Evidence shows that parenthood in adolescence is more likely to occur in young people who experience socio-economic disadvantage, have experienced trauma, are disengaged or under-achieving in education, engage in high risk and antisocial behaviours and/or misuse

substances (Woodward, Howard & Fergusson, 2001). Many young parents, particularly young mothers have reported social stigma and experiences of judgement and even hostility when they have encountered social service organisations (including child protection) (McDermott & Graham, 2005). Biologically, the adolescent brain is undergoing significant and transformative development, both structurally and neurologically. For example, the area of the brain (frontal lobe) responsible for evaluating risk, self-regulating behaviour and delaying the need for immediate gratification do not mature until early adulthood (Steinberg, 2009). Therefore, understanding the biological, psychological, and social needs of young parents (and the context in which they present) are essential considerations for any improved engagement strategy.

4.4.5 Parents with complex needs

Many parents encountering child protection intervention present with a myriad of needs, some of which are complex in nature and require specific approaches to engagement. Complex needs may include parents who present with disability, mental illness (which may be categorised as a disability), and/or current (or historical) substance misuse. It is vital for organisations to promote understanding of the above and provide opportunities for training and development of the skills necessary to assess and identify these needs at the earliest point in child protection intervention. Without the appropriate assessment and support early in intervention, parents with complex needs will continue to face the greatest disadvantage when attempting to engage with services.



5. Parent engagement approaches

This report has reviewed both national and international model and broader approaches which support effective parent participation. Successful national models include: Signs of Safety, Best Interests Case Practice Model, and Parents Building Solutions. Successful international approaches include: Solutions-Based Casework, and the New York Defender Model. Two broader approaches that can be stand-alone models or have been incorporated into other frameworks have been included in this report: Family Group Conferencing (FGC), Parent Peer Mentoring (PPM).

5.1 National models

5.1.1 Signs of Safety

Signs of Safety is a relationship-oriented, evidence-informed approach to child protection practice. Originating in Western Australia in the 1990's the model is now used in several jurisdictions including North America, UK, Europe, Australia, New Zealand, Cambodia and Japan. Within Australia, the model has previously been implemented as the overarching model for child protection practice in both Western Australia and Queensland. The development of the practice model has been informed by what works for both practitioners and families. Both practitioners and families were consulted throughout its evolution via eight six-month projects between 1994-2000. Currently, its inquiry stance of 'what is working well and what needs to improve', still informs its evolution to this very day, ensuring the approach is relevant to the ever-changing needs of both practitioners and families. The approach can be applied across the entire continuum of child protection practice from intake and assessment to closure (Turnell, A. & Murphy, T. 2017).

It aims to work collaboratively in partnership with families (including children and young people where appropriate) to complete risk assessments and develop planning for increasing safety and reducing risk by focusing on strengths, resources and networks that the family have (Bunn, 2013, p7).

The Signs of Safety approach encompasses three core principles:

1. Good working relationships between parents and practitioners, and amongst practitioners themselves is essential;
2. Practitioners must approach their work from a stance of inquiry and critical thinking; and
3. Learnings must be taken from practice 'on the ground' (Turnell & Murphy, 2017).

Signs of Safety practice mandates that safety and risk assessment be an ongoing process. Practitioners must recognise strengths and protective factors and support the continuation of these factors while also identifying and addressing any complicating factors that increase risk.

Evaluations of Signs of Safety has reported higher rates of positive engagement, with parents, children, and agencies (Sheehan et al., 2018; Skrypek, 2012). An extensive evidence base for its efficacy is outlined in a recent Signs of Safety briefing paper (Turnell & Murphy, 2017). Parents report feeling more comfortable and less anxious about child protection intervention and contact. Subsequently they are more engaged in meetings, more open to setting goals, have higher rates of task completion, and are generally more willing to attempt change (Bunn, 2013).

Literature reveals that high rates of parent participation in Signs of Safety is correlated with a clear strengths-based framework for practice; simple, clear, and transparent communication; and deliver by practitioners

who demonstrate respect. This model has been successfully applied in range of settings including high risk complex cases with positive results (Bunn et al, 2016; Turnell, 2017).

The design of model was developed and informed by both practitioners' and families' experiences of child protection practice and pilot implementation – this is widely viewed as a critical component for its success. In providing accessible tools designed for use by practitioners as well as parents, the model facilitates genuine collaboration and parent empowerment (Signs of Safety Knowledge Bank, 2020). Practitioners have reported Signs of Safety to be effective in helping them build a respectful and positive relationship with parents and consequently experience higher rates of job satisfaction (Department of Education, 2017). This finding has profound implications within a sector that is known for high staff turnover. In an evaluation of parents' perception of change while using this model, Baginsky et al. 2019 found that over three fifths of families working with social workers who were more confident in the use of Signs of Safety thought their lives had improved as a result.

A limitation of Signs of Safety is that it is, for the most part professionally led, which may support the continuation of power imbalances (Gallagher and Smith, 2010; Beresford, 2016). This limitation is present in many models for engaging parents. Effective application and successful implementation require a supportive organisational culture, ongoing supervision, and a systemic commitment to the core principles (Turnell, 2012).

5.1.2 Best interests case practice model

The Best interests case practice model is a practice guide developed by the Victorian State Government for use by practitioners in child protection and family services (Miller, 2012). It has been designed to align with section 10 of the Children Youth and Families Act (2005). The Best interest (2005) principles in this section provide the foundation for this practice guide. The

key processes used in this model to achieve the best interest focuses on engagement (Miller, 2012, p.11), partnership (p.13), and empowerment (p.14). It takes a strengths-based approach, is developmentally and trauma informed, culturally sensitive, ecological, and is gender aware. This practice guide has been further modified for use in specialist contexts including working with families with multiple and complex needs (Bromfield, Sutherland, & Parker, 2012), and working with families where an adult is violent (Dwyer & Miller, 2014).

Revolution for this model is limited. No reviews have been conducted to assess its implementation and subsequent impact across Victoria. It is not known whether this approach has been applied more widely and consistently across service streams within child protection and community service organisations.

5.1.3 Parents Building Solutions

Parents Building Solutions (PBS) is a Melbourne-based universal group-work intervention, incorporating parent-facilitator co-design. The co-design methodology is embedded throughout the program and requires facilitators and parents to work together in co-designing the agenda and working towards achieving common goals. This program runs free of charge, is typically located in universal service setting (e.g. schools, childcare centre), and different delivery formats are used (e.g. aural, visual, and kinaesthetic) (Morris et al., 2019).

This program has been internally evaluated by Anglicare (Valentine, Cummins, & Giles, 2016), with an efficacy study was carried out by Monash University (Morris et al., 2019). Valentine et al., (2016) reported positive findings in relation to parents': self-perception; increased confidence; parenting capacity, and improved parent-child relationships.

The use of facilitators rather than 'teachers' or 'experts' is to create power equity. This setting also provides parents with the opportunity to engage in peer support with

other parents facing similar challenges. Findings from Morris et al., (2019) report that the co-design methodology was a significant factor contributing to improving parent participation and reducing attrition rate to 10%. Positive changes in parent behaviour that were still observed more than three months after exiting of the program.

Evaluation of this model is limited, with only one known independent study conducted. Further research is required to gather more evidence and a clear understanding of the parental experience of this model in the context of child protection intervention.

5.2 International models

5.2.1 Solutions-Based Casework

Solutions-Based Casework (SBC) is a partnership-based practice model designed for application in child welfare cases in the United States (Christensen & Todahl, 1998, Christensen et al, 1999). While this model is predominately employed in statutory child protection intervention, evidence also shows it has also been effectively applied in other tertiary settings such as youth justice (CEBC, 2019).

Solution-Based casework is underpinned by three social and psychological theories: family life cycle theory, relapse prevention/CBT theory, and solutions-focused family therapy (SBC, 2020). Driven by robust theoretical knowledge relating to sustainable behavioural change, the main aims of SBC is to create partnership, the use of a common and shared language that a family understands and then focusing this partnership on the patterns of everyday behaviour that impact a child's safety. Bespoke solutions are developed in partnership with parents with the aim to reduce risk and promote safety (Cornerstones of Care, 2020; SBC, 2020). A co-developed behavioural plan is created to help establish and strengthen the necessary skills to address the everyday challenges that compromise safety. An important element of this approach is to: notice, document, and celebrate behaviour change and goal achievement as it occurs (BEBC).

Since its development and implementation, there has been an increasing body of literature supporting this model's efficacy with services reporting successful implementation across work stream and improved child and family outcomes (Antle et al., 2008; Barbee et al., 2011; Pipkin et al., 2013; van Zyl et al., 2014). Despite the evidence demonstrating positive impact, there has been limited uptake internationally.

SBC has been shown to increase partnership, increase parent engagement in the case plan, increase parents' achievement of goals, increase practitioner engagement, and reduce the rate of child removal from the home (Antle et al., 2008). It is also worth noting that this model has been especially effective in working with families who have had chronic involvement in child protection systems (Antle, et al., 2008), and lowering child maltreatment recidivism (Antle et al., 2009).

5.2.2 New York Defender Model

The New York Parent Defender Model, also known as holistic defence, has evidenced positive outcomes for families involved in statutory child protection. This model provides parents with representation via interdisciplinary law offices (ILO) – a team, incorporating three core supports: specialist lawyers, a social worker, and a parent peer advocate (typically a parent who has previously had contact with the system) (CFP, 2020; Gerber et al., 2019; The Bronx Defenders, 2015). These ILOs provide basic legal counsel to parents who are assigned to them. The core principles for practice are: direct access to services that meet legal and social needs; a team culture of open, frequent and meaningful communication; advocates with an interdisciplinary skill set; and an understanding of, and connection to, the community being served (The Bronx Defenders, 2015).

Evaluation of this model by Gerber et al., (2019) identified that this approach resulted in meaningful improvement in child and family outcomes. The use of the Defender model has resulted in earlier reunification,

permanency, and guardianship. Gerber et al. (2019) found that, on average, children spend 118 fewer days in foster care (fewer than children of parents represented by panel attorneys). The reunification of children with their families occurred 43% more often in the first year, and 25% more often in the second year, compared to non-interdisciplinary legal representation (Gerber et al., 2019). This study highlights that when parents have the appropriate and relevant representation, children can be returned home much earlier, without compromising the safety of the child.

The strength of this model is its multidisciplinary and integrated approach to working with families. The lawyers' responsibility is to protect and represent the legal rights of parents. However, it is the integration of social workers and parent advocates to create an interdisciplinary team that makes this model unique. Social workers are primarily tasked with ensuring parent voices are heard and incorporated in the construction of their case plan, and that issues outside the courtroom are addressed such as accessing public welfare, employment training, mental health counselling, and a substance abuse treatment (CFR, 2020; Kelly & Fitzgerald, 2019).

5.3 Broader participation approaches

5.3.1 Family Group Conferencing

Family Group Conferencing (FGC) represents a significant innovation in child protection practice. It is a method to resolve or attempt to resolve family issues relating to child protection (NSW Department of Communities, 2006). This approach first originated in New Zealand in 1989 in response to the overrepresentation of Maori children in care and juvenile justice in conjunction with the critical need for social work practice to work with and not against Maori values and culture (Doolan & Philips, 2000).

It is now a widely used approach for collaborative key decision making in child protection practice in over 20 countries including Austria, Australia, Canada, Finland,

Germany, Holland, Hungary, Ireland, Israel, Italy, Japan, New Zealand, Norway, Poland, Serbia, Slovakia, South Africa, Sri Lanka, South Africa, the USA, England, Wales, Scotland and Northern Ireland.

The FGC is based on the following assumptions:

- Families have a right to participate in decisions that affect them;
- Families are competent to make decisions if properly engaged, prepared, and provided with necessary information; and
- Decisions made within families are more likely to succeed than those imposed by outsiders. (NSW Department of Communities, 2006)

Several studies have focussed on the overall effectiveness of the model. A Scottish Government review explored the advantages of FGC in its implementation across several local authorities delivering statutory child protection services (Burns, 2017). The review reported significant improvement to parental participation in decision making and commended the design to be the single most effective practice for engaging with a family in safety plans for children. This research reaffirmed FGC as a fundamentally strengths-based approach that promotes partnership between the government and families (Frost et al, 2014).

Family Group Conferencing is premised on the ideology that service users should be empowered to make decisions about their own lives and that this is the most ethical practice of all service delivery (Dickens et al., 2015). It recognises that case plans are more likely to be followed when they are co-constructed with parents (Dickens et al., 2015). Within the FGC process parents sit as experts 'at the table' along with social workers, extended family, legal representation, peer advocates/peer support, service providers, independent conveners and in some settings, youth (Olson, 2009).

Research exploring the effectiveness of FGC show mixed results regarding the benefits for parents (Darlington, 2012). When done well

it can foster strong parent engagement and facilitate a range of positive experiences for families (Harris, 2008; Mitchell, 2019). Review of FGC in the Victorian child protection system found that it to be more successful in involving families in case planning than traditional approaches used in this sector (Trotter & Sheehan, 2000).

Generally, when social workers are clear and transparent about the reasons for the conference, this facilitates a positive experience for parents (Connolly, 2006). A distinct aspect of FGC is that the middle phase of the conference consists of a private family deliberation, in which professionals do not participate (Huntsman, 2006). This is important as it carves out specific time to ensure families have the opportunity to lead in the construction of a care plan, and thus genuinely participate in decision-making (Connolly, 2006).

Despite many positive reflections on FGC, participation has not been meaningful for some parents. These parents report not being listened to, this is compounded when their views are not incorporated in the development of a care plan (Dickens et al., 2015). This has also been confirmed by researchers who noted that in some of their observations of FGC, decisions had been made by practitioners prior to the conference being held (Corby, Miller & Young, 1996). Not only was participation in conferences tokenistic, it was unduly onerous, and worse, the conference provided a stage for workers to assert views with the intention of coercing parents to accept this (Corby, Miller & Young, 1996; Dickens et al., 2015).

FGC can positively facilitate parent engagement, or it can act as a mechanism of coercive control through which services enforce compliance. The difference between the two lies in its implementation and the ability of an organisation to ensure that the approach is delivered in a manner that maintains the efficacy and integrity of its original design – that is, to work in partnership with families to achieve the best possible safety and wellbeing outcomes for children and young people.

5.3.2 Parent Peer Advocates and Support

Parent Peer Mentor (PPM) programs have been effectively implemented both nationally and internationally (Cocks, 2018). The overarching aim of this approach is to support parents and to improve parent engagement within child protection intervention (Berrick et al., 2011). Evidence suggests that this model is effective at increasing parent participation and improving meaningful engagement via several core components: shared experience between parents and mentors, clear and frequent communication, and support for material and emotional needs (Anthony et al., 2009; Berrick et al., 2011; Leake et al., 2012). Parent peer mentors are trained to support parents via advocacy and peer support. Mentors and advocates may attend meetings with parents, assist parents to access additional services, support parents develop coping and parenting skills, and the provision of an empathetic non-judgmental space to discuss experiences (Leake et al., 2012; Marcenko et al., 2010).

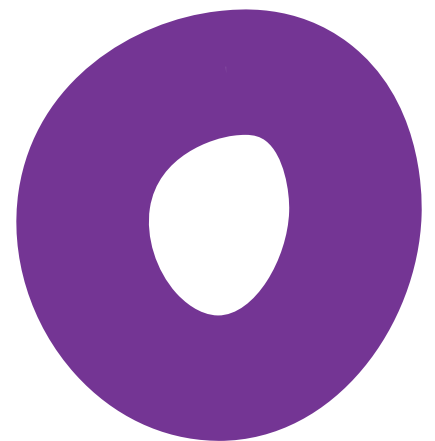
Mentor support and advocacy is shown to mitigate the risk of the practitioner-parent power imbalance (Cocks, 2018) Contact with PPMs can provide a critical sense of support and affirmation for parents that they too can effectively navigate a system which previously seemed impossible to do (Anthony et al., 2009; Berrick et al., 2011; Cohen & Canan 2006). Marcenko et al. (2010), highlights that PPMs translate the language and bureaucratic process into terms understandable to the family (p.33). The success of this approach is largely attributed to the lived experience of the parent peers in navigating the child protection system. Parent Peer supports do not have investigative or decision-making roles regarding the safety of children and as a result parents report that they are able to build trust much earlier as there is less fear of judgment (Marcenko et al., 2010).

Practitioners who work with PPMs have found this approach to reduce workload constraints and time pressures while serving to facilitate sustained behaviour change in parents (Anthony et al., 2009). Reduced

system pressure allows practitioners to engage in a more meaningful way when they do have contact with parents, subsequently improving work satisfaction. It has been suggested by Berrick et al. (2011), that the inclusion of PPM in child protection has contributed to positive cultural shifts in an organisation.

A critical challenge for this approach is an organisations capacity to achieve effective implementation. It requires the ethical and skilled recruitment of appropriate peers, risk assessment, bespoke training of parents for the role. Resources, training, and support

must be provided to practitioners who will work with PPMs, and in turn, supervisors who will support PPMs. It also requires PPMs to be recognised by practitioners as a valuable resource, and for practitioners to 'be prepared for honest feedback and being open to challenging previously accepted practice (Cohen & Cana, 2006, p.878). Despite implementation challenges, this model has been identified as an effective application for improving participation and enhancing the engagement experience for parents (Cocks, 2018).



6. Discussion

Child protection intervention is complex, and the parent experience is diverse. The involuntary nature of child protection intervention and parents' dual status as clients and subjects of investigation, compounds barriers to engagement. Parent non-engagement is often considered to be a risk factor in the assessment of a child's safety and wellbeing. Conversely, when parents engage with services, this is widely considered as a protective factor and critical for achieving better outcomes for children and families.

6.1 Strategies and approaches

A diverse range of strategies are evidenced to be effective in engaging families and improving the participation of parents. Like many innovative approaches, these models are limited to localised delivery and are not embedded in system-wide practice.

Several key strategies that facilitate and support meaningful parent participation have been identified. When these approaches were employed by practitioners, parents were more responsive and receptive to intervention with a greater capacity to build meaningful and effective relationships with practitioners and service providers. Such approaches were also identified as core strategies used in the review of effective models. These participation approaches demonstrate clear strategies for effectively working with families that can enhance parent engagement. Furthermore, when barriers are concurrently (i.e. multiple barriers that are addressed simultaneously), parents have greater opportunity for genuine participation and meaningful engagement, directly contributing to better outcomes for children, young people, and their families.

Analysis of participation approaches revealed that robust and effective implementation is critical to ensuring intended outcomes are achieved. Despite strong design of models, if practitioners undertake their work with judgemental attitudes and unchecked biases, parents may not be provided with a genuine opportunity for participation, and their participation may be actively discouraged. The scope of this report reviews literature pertaining to child protection, however the identified models, frameworks and approaches for engagement have been successfully applied across a diverse range of settings.

6.2 Barriers

Analysis of the parent experience revealed several pervasive barriers that compromise meaningful engagement, and for many families these will emerge from the first point of contact. Barriers were found to coexist at a parent, practitioner, and system level. At a parent level, families may encounter child protection intervention due to a diverse range of complex circumstances and needs. In the same way that these vulnerabilities lead to contact with this system, they also can affect participation in child protection processes.

Most parents report to experience a range of adverse emotions such as fear, stigma, shame, and distrust, consequently contributing to resistance of some extent to intervention. Some parents may also experience additional challenges such as disability, mental health, social disadvantage and/or systemic oppression and family violence which can compound and intensify adverse parent experiences. As a result, services must invest in concerted efforts to engage parents by using approaches that are mindful of existing barriers while informed by strategies that work. For consistent improvement to participation and sustainable outcomes to occur, this needs to be embedded across all practice and service streams when working with parents.

The barriers CALD families experience is also heightened, especially around communication and cultural differences in child rearing practices. Lastly, fathers continue to be under-recognised in child protection work, related to cultural views on gender roles, as well as practitioner fears of working with fathers who have perpetrated family violence.

Systemic barriers are demonstrably entrenched and challenging to address. Factors such as high attrition rates in child protection, time constraints, inflexibility, and a crisis-driven, reactive case management, within a risk-averse culture, places increasing pressure on practitioners. The implications of this is that practitioners experience many constraints to their work, with less time to build meaningful relationships with families - which is foundational to effective and meaningful engagement. Until long-term change can take place to address on-going organisational and cultural issues, effective ways of working within these constraints must be supported.

6.3 Gaps in literature

Review of these frameworks also revealed an overall lack of evaluation. This is highly problematic as it limits the growth of a strong evidence base. The evidence base for individual models in this review varied considerably, with some models having taken steps to evaluate and share the findings of intervention outcomes, with other models reporting limited data pertaining outcomes. The absence of strong documentation of approaches undermines best-practice development in this area. Several approaches reviewed were robust in design and actively sought to address common barriers, however failed to aggregate evaluation data, and disseminate this knowledge. This subsequently restricts opportunities to use learning to inform further developments in this area.

6.4 Using parents voice to inform the design, development, and delivery of new practice approaches

While there are many innovative approaches which improve participation and enhance the engagement of parents in child protection, there is limited evidence of parents being directly engaged in the design and development of new practice. Within this review, several approaches utilised the parent voice in design via reported parent experiences available from feedback portals and literature. However, there were very few examples of direct consultation with parents as a working group in the design and development of a specific practice model.

From this review, the only models in which parents were directly consulted throughout the design and development were Signs of Safety and Family Group Conferencing. Both models were also identified as being the most effective in improving participation and engagement, demonstrated the greatest efficacy, were the most favoured by parents and practitioners and most importantly effected the most improved outcomes and positive, sustainable change for children, young people and their families.

6.5 Limitations

This report only reviewed English language documents that were available online.

The models reviewed in this report were all occidental in origin, and from areas in which the English language is predominately used.

It is important to note that there may be additional literature, resources and information pertaining to parental engagement that is not included in this report.

6.6 Conclusion

The involuntary nature of statutory child protection creates intrinsic challenges for effective and meaningful engagement from a parent's first point of contact. The inherent power imbalance, and related feelings of shame and stigma that can emerge from this type of intervention, commonly generate working conditions that are entrenched in fear and distrust. As a result, any approach which seeks to enhance participation and engagement of parents in a sustainable way requires collective change at parent, practitioner, and system levels.

Approaches often suffered from a lack of consistent evaluation and review, limiting opportunities for replication. Consequently, the evidence base for individual approaches varied considerably, and many models are location specific without wider, uniform system application. To prevent further geographic and service inequality, strategies must be applied consistently in a system wide approach. Furthermore, for practitioners to be confident and competent in engaging parents under such challenging circumstances, they need to be equipped with appropriate training, tools resources and support that will both support and enable them to effectively include parents in the decisions that shape their family's lives.

The evidence tells us that meaningful parent engagement in child protection is achievable and when we do it, it directly leads to better outcomes for children and young people. By employing the strategies that are known to be effective in engagement, whilst concurrently being cognisant of and addressing the known barriers to engagement, families are provided the fundamental opportunity to take ownership of and participate in real and sustainable change. This ultimately contributes to strengthening the very family unit organisations are there to serve.

References

1. ABS (2020) 6202.0 - Labour Force, Australia, June 2020; ABS COVID-19 Household Impact Survey taken 14-17 April. Retrieved from <https://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/32AC9CB5491F85F3CA2585C200274E73?opendocument>
2. Altman, J.C. 2008. Engaging families in child welfare services: Worker versus client perspectives. *Child Welfare*, 87(3), 41-61.
3. Anderson, J., Buenaventura, M., & Heaton, P. (2019) The Effects of Holistic Defense on Criminal Justice Outcomes. *Harvard Law Review*. Vol. 132(3) pp. 819–893.
4. Anthony, E. K., Berrick, J. D., Cohen, E., & Wilder, E. (2009). Partnering with parents: Promising approaches to improve reunification outcomes for children in foster care. Center for Social Services Research.
5. Antle, B. F., Barbee, A. P., & van Zyl, M. A. (2008). A comprehensive model for child welfare training evaluation. *Child and Youth Services Review*, 30(9), 1063-1080.
6. (AIHW) Australian Institute of Health and Welfare (2015). 3.1 The role of the family in child wellbeing. <https://www.aihw.gov.au/getmedia/30d3e529-a599-4b39-a30b-8ac63c6617b2/AW15-3-1-role-of-family-in-child-wellbeing.pdf.aspx>
7. (AIHW) Australian Institute of Health and Welfare. (2020). Child protection Australia 2018-19 [Report]. Australian Government. Retrieved from: <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2018-19/report-editions>
8. Ayón, C., Aisenberg, E., & Erera, P. (2010). Learning how to dance with the public child welfare system: Mexican parents' efforts to exercise their voice. *Journal of Public Child Welfare*, 4(3), 263-286.
9. Baginsky, M., Hickman, B., Moriarty, J., Manthorpe, J. (2019) Working with Signs of Safety: Parents' perception of change. *Child and Family Social Work*.
10. Barbee, A. P., Christensen, D., Antle, B., Wandersman, A., & Cahn, K. (2011). Successful adoption and implementation of a comprehensive casework practice model in a public child welfare agency: Application of the Getting to Outcomes (GTO) model. *Children and Youth Services Review*, 33, 622–633.
11. Berlyn, C., Wise, S., & Soriano, G. (2008). Engaging fathers in child and family services: Participation, perceptions and good practice [Occasional Paper no. 22]. Australian Government. Department of Families, Housing, Community Services and Indigenous Affairs. Retrieved from: <https://www.dss.gov.au/sites/default/files/documents/op22.pdf>
12. Berrick, J. D., Young, E. W., Cohen, E., & Anthony, E. (2011). 'I am the face of success': Peer mentors in child welfare. *Child & Family Social Work*, 16(2), 179-191.
13. Berrick, J., Dickens, J., Pösö, T., & Skivenes, M. (2017). Parents' involvement in care order decisions: a cross-country study of front-line practice. *Child & Family Social Work*, 22(2), 626-637.
14. Bromfield, L. & Holzer, P. (2008). A national Approach for child protection: Project report. Australian Institute of Family studies. Retrieved from: <https://aifs.gov.au/sites/default/files/nch/pubs/reports/cdsmac/cdsmac.pdf>
15. Bromfield, L., Sutherland, K. & Parker, P. (2012). Families with multiple and complex needs: Best interests case practice model. Victorian Government Department of Human Services. Retrieved from: <https://www.cpmanual.vic.gov.au/sites/default/files/Families%20with%20multiple%20%26%20complex%20needs%20specialist%20resource%203016%20.pdf>
16. The Bronx Defenders. (2020). Redefining Public Defenders: we are defenders. Retrieved from: <https://www.bronxdefenders.org/who-we-are/>
17. Brown, L., Callahan, M., Strega, S., Walmsley, C., & Dominelli, L. (2009). Manufacturing ghost fathers: The paradox of father presence and absence in child welfare. *Child & Family Social Work*, 14(1), 25-34.
18. Bunn, A., Taylor, L., Koziolk, D. & Turnell, A. (2016). What happens and what works in Signs of Safety with neglect.

In R. Gardiner, Tackling child neglect: research, policy and evidence-based practice. London: Jessica Kingsley.

19. Burns, H. (2017). Targets and indicators in health and social care in Scotland: A review. Scottish Government. Retrieved from: <https://www.gov.scot/publications/review-targets-indicators-health-social-care-scotland/>
20. CEBC (2019). Solutions-Based Casework. The California Evidence-Based Clearinghouse for Child Welfare: Information and Resources for Child Welfare Professionals. Retrieved from: <https://www.cebc4cw.org/program/solution-based-casework/>
21. CFR, Centre for Family Representation. (2020). Innovation in Action: Family Defense Teams. Retrieved from: <https://www.cfrny.org/our-work/team-model/>
22. Child Welfare Information Gateway. (2016). Family engagement: Partnering with families to improve child welfare outcomes. Washington, DC. Retrieved from https://www.childwelfare.gov/pubPDFs/f_fam_engagement.pdf
23. Children Youth and Families Act (2005). Retrieved from: http://www8.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol_act/cyafa2005252/
24. Children's Social Care Innovation Programme Evaluation [Report 48] (2017). Retrieved from: <https://www.basw.co.uk/resources/evaluation-signs-safety-10-pilots>
25. Clapton, G. (2017). Good practice with fathers in children and family services [Insight 38]. Iriss. Retrieved from: <https://www.iriss.org.uk/resources/insights/good-practice-fathers-children-and-family-services>
26. Cohen, E. & Canan, L. (2006) Closer to home: parent mentors in child welfare. *Child Welfare*, 85, 867-884.
27. (CCYP) Commission for Children and Young People (2019). Lost, Not Forgotten, Inquiry into children who died by suicide and were known to Child Protection. Retrieved from: <https://ccyp.vic.gov.au/assets/Publications-inquiries/CCYP-Lost-not-forgotten-web-final.PDF>
28. Connolly, M. (2006). Up front and personal: Confronting dynamics in the family group conference. *Family process*, 45(3), 345-357.
29. Cocks, J. (2018). Family inclusion initiatives in child welfare [research report]. The Winston Churchill Memorial Trust. Retrieved from https://www.churchilltrust.com.au/media/fellows/Cocks_J_2016_innovative_parent_family_inclusion_and_partnership_in_child_welfare_2.pdf
30. Cortese, M., Krupat, T., & Richter, R. (2005). Engaging Parents as a Path to Reunification: Surfacing Values and Dismantling Assumptions. *American Bar Association Child Law Practise*. Vol. 24(6). <https://www.cfrny.org/wp-content/uploads/2012/04/Engaging-Parents-as-a-Path-to-Reunification-ABA-August-2005.pdf>
31. Corby, B., Millar, M., & Young, L. (1996). Parental participation in child protection work: Rethinking the rhetoric. *The British Journal of Social Work*, 26(4), 475-492.
32. Cornerstones of Care (2020). Solutions-Based Casework: Partnering with Families and Celebrating Change. Retrieved from: <https://cornerstonesofcare.org/about-us/Our-Philosophy/Solution-Based-Casework>
33. COVID-19 Work and Health Study and Melbourne Institute Applied Economic & Social Research at the University of Melbourne. (2020) Taking the Pulse of the Nation' survey results: 1-6 June, 11 June 2020. Retrieved from: <https://melbourneinstitute.unimelb.edu.au/data/covid-19-tracker>
34. Culhane, J. F., Webb, D., Grim, S., & Metraux, S. (2003). Prevalence of child welfare services involvement among homeless and low-income mothers: A five-year birth cohort study. *J. Soc. & Soc. Welfare*, 30, 79.
35. Dale, P. (2004). "Like a fish in a bowl": Parents' perceptions of child protection services. *Child Abuse Review*, 13(2), 137-157.
36. Daniel, B. & Taylor, J. (1999) The rhetoric versus the reality: a critical perspective on practice with fathers in child care and protective work. *Child and Family Social Work*, 4, 209-220.
37. Darlington, Y., Healy, K., Yellowlees, J., & Bosly, F. (2012). Parents' perceptions of their participation in mandated family group meetings. *Children and Youth Services Review*, 34(2), 331-337.

38. Darlington, Y., Healy, K., & Feeney, J. A. (2010). Challenges in implementing participatory practice in child protection: A contingency approach. *Children and Youth Services Review*, 32(7), 1020-1027.
39. Dawson, K., & Berry, M. (2002). Engaging families in child welfare services: An evidence-based approach to best practice. *Child Welfare: Journal of Policy, Practice, and Program*, 81(2), 293-317.
40. Department for Child Protection (DCP). (2011). The signs of safety child protection practice framework [2nd ed]. Government of Western Australia. Retrieved from: <https://www.dcp.wa.gov.au/Resources/Documents/Policies%20and%20Frameworks/SignsOfSafetyFramework2011.pdf>
41. Department of Education. (2017). Evaluation of Signs of Safety in 10 pilots
42. (DHHS) Department of Human and Health Services. (2020). Wungurilwil Gaggapduir Aboriginal Children and Families Agreement. Retrieved from: <https://www.dhhs.vic.gov.au/publications/wungurilwil-gaggapduir-aboriginal-children-and-families-agreement>
43. Devaney, J. (2008). Chronic child abuse and domestic violence: children and families with long-term and complex needs. *Child & Family Social Work*, 13(4), 443-453.
44. Dickens, J., Masson, J., Young, J., & Bader, K. (2015). The paradox of parental participation and legal representation in 'edge of care' meetings. *Child & Family Social Work*, 20(3), 267-276.
45. Doolan, M., & Phillips, P. (2000). Conferencing in New Zealand. In G. Burford & J. Hudson (Eds.), *Family group conferencing: New directions in community-centred child & family practice* (pp. 193-197). New York: Adeline De Gruyter.
46. Drake, B. (1996). Consumer and worker perceptions of key child welfare competencies. *Children and Youth Services Review*, 18(3), 261-279.
47. Dumbrill, G. C. (2005). Parental experience of child protection intervention: A qualitative study. *Child Abuse & Neglect*, 30, 27-37
48. Dwyer, J. & Miller, R. (2014). Working with families where an adult is violent: Best interests case practice model. Victorian Government Department of Human Services. Retrieved from: https://www.thelookout.org.au/sites/default/files/Working-with-families-where-an-adult-is-violent_SPR_WEB.pdf
49. Fassler, E., & Gethaiga, W. (2011). Representing Parents During Child Welfare Investigations: Precourt Advocacy Strategies. *American Bar Association Child Law Practise*. Vol. 30 (2). <https://www.cfrny.org/wp-content/uploads/2012/04/Representing-Parents-During-Child-Welfare-Investigations-April-2011.pdf>
50. Fernandez, E., & Atwool, N. (2013). Child protection and out of home care: Policy, practice, and research connections Australia and New Zealand. *Psychosocial Intervention*, 22(3), 175-184.
51. Ford, P. (2007). Review of the Department for Community Development. Perth: Department for Community Development.
52. Forrester, D., Kershaw, S., Moss, H., & Hughes, L. (2008). Communication skills in child protection: How do social workers talk to parents? *Child and Family Social Work*, 13, 41-51
53. Fox, A., & Berrick, J. D. (2007). A response to no one ever asked us: A review of children's experiences in out-of-home care. *Child and Adolescent Social Work Journal*, 24(1), 23-51.
54. Gerber, L. A., Pang, Y. C., Ross, T., Guggenheim, M., Pecora, P. J., & Miller, J. (2019). Effects of an interdisciplinary approach to parental representation in child welfare. *Children and Youth Services Review*, 102, 42-55.
55. Gerring, C. E., Kemp, S. P., & Marcenko, M. O. (2008). The Connections Project: A relational approach to engaging birth parents in visitation. *Child Welfare: Journal of Policy, Practice, and Program*, 87(6), 5-30.
56. Gibson, M. (2015). Shame and guilt in child protection social work: New interpretations and opportunities for practice. *Child and Family Social Work*, 20, 333-343. doi:10.1111/cfs.12081
57. Gladstone, J., Dumbrill, G., Leslie, B., Koster, A., Young, M., & Ismaila, A. (2012). Looking at engagement and

- outcome from the perspectives of child protection workers and parents. *Children and Youth Services Review*, 34(1), 112-118.
58. Gladstone, J., Dumbrill, G., Leslie, B., Koster, A., Young, M., & Ismaila, A. (2014). Understanding worker–parent engagement in child protection casework. *Children and Youth Services Review*, 44, 56-64.
 59. Government of Western Australia, 2007. *Involving Fathers – Improving Outcomes for Children*. Department for Child Protection. Retrieved from: <https://www.dcp.wa.gov.au/Resources/Documents/Policies%20and%20Frameworks/Men%20in%20their%20Roles%20as%20Fathers%20-%20Strategic%20Framework%202007.pdf>
 60. Gray, R. (2010). Shame, labeling and stigma: Challenges to counseling clients in alcohol and other drug settings. *Contemporary Drug Problems*, 37(4), 685-703.
 61. Hall, T., Price-Roberston, R., & Awram, R. (2020). Engaging with parents when there are child protection concerns: Key considerations. *Emerging Minds*. Retrieved from: <https://emergingminds.com.au/resources/engaging-with-parents-when-there-are-child-protection-concerns-key-considerations/#introduction>
 62. Harris, N. (2008). Family group conferencing in Australia 15 years on [NCPC Issues No. 27]. Australian Institute of Family Studies. Retrieved from: <https://aifs.gov.au/cfca/publications/family-group-conferencing-australia-15-years#family>
 63. Harris, N. (2012). Assessment: When does it help and when does it hinder? Parents' experiences of the assessment process. *Child & Family Social Work*, 17(2), 180-191. doi:10.1111/j.1365-2206.2012.00836.x
 64. Healy, K. (2009). Critical questions about the quest for clarity in child protection regimes. *Communities, Children and Families Australia*, 4(1), 52–58.
 65. Healy, K., & Darlington, Y. (2009). Service user participation in diverse child protection contexts: Principles for practice. *Child & Family Social Work*, 14(4), 420-430.
 66. Healy, K., Darlington, Y., & Feeney, J. A. (2011). Parents' participation in child protection practice: Toward respect and inclusion. *Families in society*, 92(3), 282-288.
 67. Hinton, T. (2013). *Parents in the child protection system*. Hobart: Anglicare Tasmania. Available at <http://anglicare-tas.org.au/docs/research/parents-in-the-child-protection-system-research-report.pdf>
 68. Horwitz, M., & Marshall, T. (2015). Family engagement in child protection social work. *Journal of Family Social Work*, 18(4), 288-301.
 69. Huntsman, L. (2006). *Family group conferencing in a child welfare context [Research report]*. Centre for Parenting and Research. NSW, Australia. Retrieved from: http://www.community.nsw.gov.au/_data/assets/pdf_file/0018/321642/research_family_conferencing.pdf
 70. Kapp, S. A., & Propp, J. (2002). Client satisfaction methods: Input from parents with children in foster care. *Child and Adolescent Social Work Journal*, 19(3), 227-245.
 71. Kelleher, L., Cleary, M., & Jackson, D. (2012). Compulsory participation in a child protection and family enhancement program: Mothers' experiences. *Contemporary nurse*, 41(1), 101-110.
 72. Kelly, J. & Fitzgerald, M. (2019, May 6). New York's Parent Defender Model Lowers Reliance on Foster Care, Study Finds. *The Chronicle of Social Change: children and youth, front and centre*. Retrieved from: <https://chronicleofsocialchange.org/child-welfare-2/in-new-york-parent-defender-model-means-less-days-in-foster-care/34832>
 73. Kemp, S. P., Marcenko, M. O., Lyons, S. J., & Kruzich, J. M. (2014). Strength-based practice and parental engagement in child welfare services: An empirical examination. *Children and Youth Services Review*, 47, 27-35.
 74. Kerkorian, D., Bannon Jr, W. M., & McKay, M. (2006). Seeking help a second time: Parents'/caregivers' characterizations of previous experiences with mental health services for their children and perceptions of barriers to future use. *American Journal of Orthopsychiatry*, 76(2), 161-166.
 75. Leake, R., Longworth-Reed, L., Williams, N., & Potter, C. (2012). Exploring the benefits of a parent partner mentoring program in child welfare. *Journal of Family Strengths*, 12(1), 6.

76. Lewig, K., & McLean, S. (2016). Caring for our frontline child protection workforce. Australian Institute of Family Studies. Retrieved from: <https://aifs.gov.au/cfca/publications/caring-our-frontline-child-protection-workforce>
77. Lewis, N., Weston, R., Burton, J., Young, J., Jayakody, N., Mastroianni, A., Wu Tan, W., Parolini, A., Shlonsky, A., & Tilbury, C. (2019). The Family Matters Report 2019: Measuring trends to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care in Australia. Retrieved from: https://www.familymatters.org.au/wp-content/uploads/2020/02/1097_FM-2019_LR.%C6%92updated.pdf
78. Lwin, K., Versanov, A., Cheung, C., Goodman, D., & Andrews, N. (2014). The use of mapping in child welfare investigations: A strength-based hybrid intervention. *Child Care in Practice*, 20(1), 81-97. doi:10.1080/13575279.2013.847055
79. Maiter, S., Palmer, S., & Manji, S. (2006). Strengthening social worker-client relationships in child protection services: Addressing power relationships and ruptured relationships. *Qualitative Social Work*, 5, 161-186.
80. Marcenko, M., Brown, R., DeVoy, P. R., & Conway, D. (2010). Engaging parents: Innovative approaches in child welfare. *Protecting Children*, 25(1), 23-34.
81. Marcenko, M. O., Lyons, S. J., & Courtney, M. (2011). Mothers' experiences, resources and needs: The context for reunification. *Children and Youth Services Review*, 33(3), 431-438.
82. Mason, J. (2008). A children's standpoint: needs in out-of-home care. *Children & Society*, 22(5), 358-369.
83. Mastroianni, A., & Burton, J. (2020). Creating Change through Partnership: An introductory guide to partnerships between Aboriginal and Torres Strait Islander and non-Indigenous organisations in child and family services. The Secretariat of National Aboriginal and Islander Child Care. Retrieved from: https://www.snaicc.org.au/wp-content/uploads/2020/02/1148_SNAICC_PartnershipBook_LR-Final.pdf
84. McArthur, M., Thomson, L., Winkworth, G., & Butler, K. (2010). Families' experiences of services [Occasional Paper no. 30]. Australian Government Department of Families, Housing, Community Services and Indigenous Affairs. Retrieved from: <https://www.dss.gov.au/sites/default/files/documents/op30.pdf>
85. McCormick, L. (2010). Albany County, NY System of Care: Final Evaluation Report. Centre for Human Services Research. Retrieved from: <https://www.albany.edu/chsr/Publications/Albany%20SOC%20Final%20Report%20for%20printing%20and%20distribution.pdf>
86. McDermott, E., & Graham, H. (2005). Resilient young mothering: Social inequalities, late modernity and the "problem" of "teenage" motherhood. *Journal of Youth Studies*, 8(1), 59-79.
87. McGhee, J. & Hunter, S. (2010). Involving parents in assessment and decision-making. Scottish Child Care and Protection Network. Retrieved from: <https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=10999&p=0>
88. Miller, R. (2012). Best interests case practice model: Summary guide. Victorian Government Department of Human Services. Retrieved from: <https://www.cpmanual.vic.gov.au/sites/default/files/Best%20interests%20case%20practice%20model%20summary%20guide%202012%203002.pdf>
89. Mitchell, M. (2020). Reimagining child welfare outcomes: Learning from Family group conferencing. *Child & Family Social Work*, 25(2), 211-220.
90. Moodie, R. & Soller, T. (2020). Australia's covid-19 relationship with booze. Melbourne University. Retrieved from: <https://pursuit.unimelb.edu.au/articles/australia-s-covid-19-relationship-with-booze>
91. Morris, H., O'Connor, A., Cummins, J., Valentine, C., Dwyer, A., Goodyear, M., & Skouteris, H. (2019). A pilot efficacy study of Parents Building Solutions: A universal parenting program using co-design and strength-based approaches. *Children and Youth Services Review*, 105, 104447.
92. Morrison, T. (1996). Partnership and collaboration: rhetoric and reality. *Child Abuse & Neglect*, 20(2), 127-140.
93. Munro, E. M. (1999). Protecting children in an anxious society. *Health, Risk & Society*, 1(1), 117-127.
94. Munro, E. (2011). The Munro Review of Child Protection: Final Report A child-centred system. Department for Education, UK. Retrieved from: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/>

[attachment_data/file/175391/Munro-Review.pdf](#)

95. Munro, E. (2019). Decision-making under uncertainty in child protection: Creating a just and learning culture. *Child & Family Social Work*, 24(1), 123-130.
96. NSW Government, Human Service Community Services. (2010). Research to practice notes: Culturally appropriate service provision for children and families in the NSW child protection system. Retrieved from: http://www.community.nsw.gov.au/_data/assets/pdf_file/0015/321621/research_cald_families_summary.pdf
97. NSW Government Family and Community Services. (2012). Child Wellbeing and Child Protection – NSW Interagency Guidelines. Retrieved from <http://www.community.nsw.gov.au/kts>
98. O'Hagan, K. (1997). The problem of engaging men in child protection work. *British Journal of Social Work*, 27(1), 25-42.
99. Parenting Research Centre (2017). Engagement of birth parents involved in the child protection system: A scoping review of frameworks, policies, and practice guides. Melbourne, Australia. Report prepared for the NSW Department of Family and Community Services. Retrieved from: https://www.parentingrc.org.au/wp-content/uploads/Engagement-of-birth-parents-involved-in-the-child-protection-system_2018-text-edit.pdf
100. Pelton, L. H. (2008). Informing child welfare: The promise and limits of empirical research. *Child welfare research: Advances for practice and policy*, 25-48.
101. Pfitzner, N., Fitz-Gibbon, K., & True, J. (2020). Responding to the 'Shadow Pandemic': Practitioner views on the nature of and responses to violence against women in Victoria, Australia during the COVID-19 restrictions. <https://doi.org/10.26180/5ed9d5198497c>
102. Pietrantonio, A. M., Wright, E., Gibson, K. N., Alldred, T., Jacobson, D., & Niec, A. (2013). Mandatory reporting of child abuse and neglect: crafting a positive process for health professionals and caregivers. *Child Abuse Neglect*, 37(2-3), 102-109. doi:10.1016/j.chiabu.2012.12.007
103. Pipkin, S., Sterrett, E. M., Antle, B., & Christensen, D. N. (2013). Washington State's adoption of a child welfare practice model: An illustration of the Getting To Outcomes implementation framework. *Children and Youth Services Review*, 35(12), 1923-1932.
104. Platt, D. (2008). Care or control? The effects of investigations and initial assessments on the social worker–parent relationship. *Journal of social work practice*, 22(3), 301-315.
105. Platt, D. (2012). Understanding parental engagement with child welfare services: An integrated model. *Child & Family Social Work*, 17(2), 138-148.
106. Poirier, M. A., & Simard, M. (2006). Parental involvement during the placement of a child in family foster care: Factors associated with the continuation of parental roles. *Child and Youth Care Forum*, Vol. 35(3), 277-288.
107. Protecting Victoria's Vulnerable Children Inquiry. (2011). Chapter 13: Meeting the needs of children and young people from culturally and linguistically diverse communities. Retrieved from: http://childprotectioninquiry.vic.gov.au/images/stories/inquiry/volume2/cpi%207650%20web-pdf%20volume%202%20protecting%20victorias%20vulnerable%20children%20inquiry_ch_13_bm.pdf
108. Queensland Child Protection Commission of Inquiry. (2013). Taking Responsibility: A Roadmap for Queensland Child Protection. Retrieved from: <https://www.cabinet.qld.gov.au/documents/2013/dec/response%20cpcqi/Attachments/report%202.pdf>
109. Queensland Government. (2010). Working with people from culturally and linguistically diverse backgrounds [Practice Paper]. Child Safety. Retrieved from: <https://www.communities.qld.gov.au/resources/childsafety/practice-manual/prac-paper-working-cald.pdf>
110. Queensland Government. (2013). Engaging with families: Practice paper. Department of Communities, Child Safety and Disability Services. Retrieved from: <https://www.communities.qld.gov.au/resources/childsafety/practice-manual/pp-engaging-with-families.pdf>
111. Steinberg, L. (2009). Should the Science of Adolescent Brain Development Inform Public Policy? *American Psychologist*, 64(8), 739-750

112. Tregeagle, S., & Mason, J. (2008). Service user experience of participation in child welfare case management. *Child & Family Social Work*, 13(4), 391-401.
113. Turnell, A. & Murphy, Y. (2017). Signs of Safety: Comprehensive briefing paper [4th Edition]. Retrieved from: <https://knowledgebank.signsofsafety.net/resources/introduction-to-signs-of-safety/signs-of-safety-comprehensive-briefing-paper/signs-of-safety-comprehensive-briefing-paper-en/signs-of-safety-comprehensive-briefing-paper>
114. Saint-Jacques, M. C., Turcotte, D., & Pouliot, E. (2009). Adopting a strengths perspective in social work practice with families in difficulty: From theory to practice. *Families in Society*, 90(4), 454-461.
115. Scholte, E. M., Colton, M., Casas, F., Drakeford, M., Roberts, S., & Williams, M. (1999). Perceptions of stigma and user involvement in child welfare services. *The British Journal of Social Work*, 29(3), 373-391.
116. Schreiber, J. C., Fuller, T., & Pacey, M. S. (2013). Engagement in child protective services: Parent perceptions of worker skills. *Children and Youth Services Review*, 35(4), 707-715. Retrieved from: https://cfrc.illinois.edu/pubs/in_20130201_EngagementInChildProtectiveServicesParentPerceptionsOfWorkersSkills.pdf
117. Scourfield, J., Maxwell, N., Holland, S., Tolman, R., Sloan, L., Featherstone, B., & Bullock, A. (2013). Improving the engagement of fathers in child protection. August 2014 Child Abuse Review 24(2)
118. Sheppard, M. (2002). Depressed mothers' experience of partnership in child and family care. *British Journal of Social Work*, 32(1), 93-112.
119. Sheehan, L., O'Donnell, C., Brand, S.L., Forrester, D., Addis, S., El-Banna, A., Kemp, A. and Nurmatov, U. (2018). Signs of Safety: Findings from a mixed-methods systematic review focussed on reducing the need for children to be in care. London: What Works Centre for Children's Social Care.
120. Signs of Safety Knowledge Bank. (2020). Retrieved from: <https://knowledgebank.signsofsafety.net>
121. Skrypek, M., Idzelis, M. & Pecora, P.J. (2012). Signs of Safety in Minnesota: Parent perceptions of a Signs of Safety child protection experience. St. Paul, MN: Wilder Research. Retrieved from: www.wilder.org/Wilder-Research/Publications/Studies/Forms/Study/docsethomepage.aspx?ID=925&RootFolder=%2FWilder-Research%2FPublications%2FStudies%2FSigns%20of%20Safety
122. Slembrouck, s. & Hall, C. (2003) Caring but not coping: Fashioning a legitimate parent identity. In s. Slembrouck, & c. Hall (eds), *Constructing clienthood in social work and human services: Interaction, identities and practises* (p. 44-61) London: Jessica Kingsley.
123. Smith, R. (2008). *From child protection to child safety: Locating risk assessment in the changing landscape. Contemporary risk assessment in safeguarding children*, Lyme Regis, Russell House Publishing.
124. Smyth, C., & Newland, J. (2019). 'Good enough' parenting: Negotiating standards and stigma. *International Journal of Drug Policy*, 68, 117-123.
125. SNAICC. (2020). SNAICC - National Voice for our Children. Retrieved from: <https://www.snaicc.org.au/>
126. Social Ventures Australia (2020). 'Keeping families together through COVID-19: the strengthened case for early intervention in the child protection and out-of-home care system in Victoria'. Retrieved from: <https://www.berrystreet.org.au/our-work/speaking-out-childhood/advocacy/early-intervention>
127. Solutions Based Casework (SBC) (2020). Retrieved from: <https://www.solutionbasedcasework.com>
128. Stalker, C. A., Mandell, D., Frensch, K. M., Harvey, C., & Wright, M. (2007). Child welfare workers who are exhausted yet satisfied with their jobs: How do they do it?. *Child & Family Social Work*, 12(2), 182-191.
129. State Government of Victoria. (2007). The Best Interests framework for vulnerable children and youth: Best interests series. Retrieved from: <https://providers.dhhs.vic.gov.au/sites/default/files/2017-08/the-best-interests-framework-for-vulnerable-children-and-youth.pdf>
130. Stroul, B. & Friedman, R. (2011). Strategies for expanding the system of care approach [Issue Brief]. U.S. Department of Human and Health Services. Retrieved from: <https://www.fredia.org/wp-content/uploads/2016/01/SOC-ExpansionStrategies-Issue-Brief-FINAL.pdf>

131. Stroul, B., Blau, G., & Friedman, R. (2010). Updating the system of care concept and philosophy. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health. Retrieved from: https://gucchd.georgetown.edu/products/Toolkit_SOC_Resource1.pdf
132. Stroul, B., Goldman, S., Pires, S., & Manteuffel, B. (2012). Expanding systems of care: Improving the lives of children, youth, and families [Technical Report]. National Technical Assistance Center for Children's Mental Health. Retrieved from: <https://gucchd.georgetown.edu/products/SOC%20Results%205-7-12.pdf>
133. Sykes, J. (2011). Negotiating stigma: Understanding mothers' responses to accusations of child neglect. *Children and Youth Services Review*, 33(3), 448-456.
134. Thorpe, R. (2008). Family inclusion in child protection practice: Building bridges in working with (not against) families. *Communities, Families and Children Australia*, 3, 4-18.
135. Trotter, C., & Sheehan, R. (2000). Family group conferencing in child protection: An evaluation. *Children Australia*, 25(4), 37-41.
136. (VACCA) Victorian Aboriginal Child Care Agency. (2020). Family Support. Retrieved from: <https://www.vacca.org/page/services/children-and-families/family-support>
137. Valentine, C., Cummins, J., & Giles, D. (2016). Evaluation of Parents Building Solutions. Anglicare Victoria. Retrieved from: <https://www.anglicarevic.org.au/wp-content/uploads/2017/12/PBS-Evaluation.pdf>
138. van Zyl, M. A., Barbee, A. P., Cunningham, M. R., Antle, B. F., Christensen, D. N., & Boamah, D. (2014). Components of the solution-based casework child welfare practice model that predict positive child outcomes. *Journal of Public Child Welfare*, 8(4), 433-465.
139. Victoria State Government. (2020). Wungurilwil Gagapduir Aboriginal Children and Families Agreement. Retrieved from: https://www.dhhs.vic.gov.au/sites/default/files/documents/201804/Aboriginal%20Children%20and%20Families%20Agreement%202018_1.pdf
140. Walker, J. (2011). The relevance of shame in child protection work. *Journal of Social Work Practice*, 25(4), 451-463. doi: 10.1080/02650533.2011.560660
141. Watson, J. (2005). Active engagement: Strategies to increase service participation by vulnerable families. Ashfield, NSW. Retrieved from http://www.community.nsw.gov.au/_data/assets/pdf_file/0019/321616/research_active_engagement.pdf
142. Wetherell, M. (1995). Social structure, ideology and family dynamics: the case of parenting. *Understanding the family*, 213-256.
143. Winangali. (2017). Evaluation Aboriginal and Torres Strait Islander Family Led Decision Making Trial. Retrieved from: https://www.snaicc.org.au/wp-content/uploads/2018/05/Evaluation_Report_ATSIFLDM-2018.pdf
144. Woodward, L. J., Horwood, L. J., & Fergusson, D. M. (2001). Teenage pregnancy: Cause for concern. *New Zealand Medical Journal*, 114(1135), 301-303.
145. Yatchmenoff, D. K. (2005). Measuring client engagement from the client's perspective in nonvoluntary child protective services. *Research on social work practice*, 15(2), 84-96.
146. Zanoni, L., Warburton, W., Bussey, K., & McMaugh, A. (2013). Fathers as 'core business' in child welfare practice and research: An interdisciplinary review. *Children and Youth Services Review*, 35(7), 1055-1070.

APPENDIX A – Evidence-informed principles for improving engagement

1

Demonstrate respect

Respectful engagement with parents is conveyed in several verbal and non-verbal ways. This includes approaching parents with a non-judgemental attitude, asking for their thoughts, listening, empathising, and being honest and transparent.

2

Good communication is accessible and transparent

Essential information needs to be communicated in a language that every family understands. Information must be communicated in a clear, honest, and transparent manner. Where appropriate, a different communication approach will need to be employed to accommodate different learning styles.

3

Use a strengths-based approach

All parents have strengths and resources. These should be recognised, upheld and developed.

4

Maintain a non-judgmental stance

Practitioners must always remain impartial.

5

Distinct points for participation

Clear opportunities for parents to meaningfully participate must be embedded in everyday practice.

6

Provide flexibility and accessibility

Services must be flexible (wherever possible and safe to do so) and accessible.

7

Parent needs must be identified, recognised, and addressed

Parents in contact with child protection will likely face multiple complex needs underlying their contact with authorities. These may be material social and/or emotional.

8

Sensitive to parents' history and cultural background

Practitioners should be cognisant and respectful of parents' values, experiences, culture, and historic contact with services and seek to understand how this impacts future engagement strategies.

9

Provision of resources, tools, and training

Practitioners need resources that can be used in a diverse range of settings. Ensure that reflexive-practice tools are included to support practitioners who do not have consistent or quality supervision.

10

Ongoing evaluation, and monitoring and review

For strong practice to develop it requires ongoing evaluation. This includes identifying areas of strength and capturing limitations. Key learning must inform practice improvement strategies.

APPENDIX B – Glossary of key terms

Aboriginal and Torres Strait Islander peoples

People of Aboriginal and/or Torres Strait Islander descent who identifies as Aboriginal or Torres Strait Islander and is accepted by an Aboriginal or Torres Strait Islander community.

Best interests’ framework

The best interests’ framework for vulnerable children and youth presents the best interests principles and associated principles and provisions of the CYFA in a coherent policy framework in order to assist professionals to apply these principles in their day-to-day practice. It incorporates four dimensions of a child’s experience; safety, stability and development in relation to their age and stage, culture and gender and three categories of the child’s relationships; parent/carer capability, family composition and dynamics, and community participation, social and economic environment

Best interests’ planning

Best interests planning is the collaborative decision-making and planning process undertaken for a child who is the subject of a protective intervention. It sets goals, responsibilities and review processes to implement the best interests and decision-making principles of the CYFA.

CALD

CALD is an acronym that stands for culturally and linguistically diverse. CALD can be used as an inclusive term, similar to “multicultural”, to describe Australia’s cultural and linguistic variety. CALD is generally used to refer to those who originate (or have parents who originate) from a country where English is not the dominant language or where cultural norms and values differ from the predominant cultural norms and values present in Australia. CALD peoples comprise a significant proportion of Australia’s population.

Please be advised that not all persons who would fit the above definition of CALD would prefer to be referred to as such and this is to be respected.

Case manager

The person allocated the primary responsibility of overseeing implementation of the child or young person’s best interests plan.

Child protection

Child protection provides services to children, young people and their families aimed at protecting children and young people from significant harm. When a child or young person is assessed as being ‘at risk’ within the family, Child Protection will – in the first instance and in accordance with the law – take reasonable steps to enable the child to remain in the care of their family by strengthening the family’s capacity to protect them.

In Victoria, the Department of Health and Human Services has a statutory responsibility under the CYFA to provide child protection services for children and young people in Victoria under the age of 17 years in need of protection or, when a protection order is in place, children under the age of 18 years.

Children Youth and Families Act 2005 (CYFA)

The legislative instrument that provides for community services to support children and families, the protection of children, and makes provision in relation to children who have been charged with, or who have been found guilty of, offences. It also continues the Children’s Court of Victoria as a specialist court dealing with matters relating to children.

Competency

Competency is the ability to perform a whole range of activities in a specific occupational or vocational area, transfer skills and knowledge to new situations, and to manage a wide variety of tasks within a job.

Competency-based training

Training to a set of related knowledge, skills, and attitudes (competencies) which are part of a job, role or responsibility, and which can be measured against accepted standards.

Client

Child protection refers to the child as the client, while working with the family and significant others.

Cultural competence

Cultural competence is a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals to enable them to work effectively in cross-cultural situations.

For practitioners, this means the integration of attitudes, values, knowledge, understanding and skills that enable effective interventions with people from a culture different from their own. At an organisational or systems level, it means that practice, programs and policies are culturally congruent, reflecting respect for cultural diversity throughout all aspects of an organisation's functioning.

Cultural competency sits on a continuum from cultural destructiveness (as exemplified by policies that led to the Stolen Generations) to cultural proficiency, where cultural diversity is highly valued, active research takes place and self-determination is promoted and supported.

With regards to Aboriginal and Torres Strait Islander peoples, the benefits of cultural competence include greater engagement with these communities, an appreciation of the richness and diversity of Aboriginal cultures and peoples, and better immediate and future outcomes for Aboriginal children and families.

Cultural safety

Cultural safety has been described as an environment that is safe for people, where there is no assault, challenge, or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity, and truly listening.

Case planning

Case planning in child protection practice relates to the process of planning with children and their families following substantiation of child protection concerns. All case planning processes must comply with the best interests principles in s.10 of the CYFA and decision-making principles in s. 11 of the CYFA. These sections set out the considerations that Child Protection must have when determining whether a decision or action is in the child's best interests - they require Child Protection to actively and effectively engage families and children (in age-appropriate ways) in the decision-making process.

The case planning process results in the development of a case plan.

Case plan

Is the formal plan (s. 166 of the CYFA) that must contain all significant decisions for the child's present and future care and wellbeing of the child and the permanency objective for the child where protective concerns have been substantiated. The case plan for an Aboriginal child placed in out-of-home care must address the cultural support needs of the child.

Child centred and family focussed

Child centred, family focussed practice is a collaborative strengths-based approach that recognises that the best interests of the child will, in most circumstances, be met in the context of helping and supporting the child's family to function well. This approach brings together the specialist resources provided by a professional and the knowledge, skills, concerns, decisions and plans of the family. The child centred aspect aims to ensure that the safety and wellbeing of the child remains of central concern and the family focused aspect seeks to bring about an improvement of each family's circumstances by working in partnership with the family and building on their strengths. The approach also seeks to adopt a broad definition of 'family' that is inclusive of significant others in the child's relationships network and to involve families in making choices about the resources and services they need.

Also referred to as child focussed family centred.

Community service organisation (CSO)

An organisation providing a community service.

Community service

A service established to provide services to meet the needs of children, young people and families requiring care, support, protection, or accommodation and of families requiring support.

Culturally and Linguistically Diverse

Culturally and Linguistically Diverse is an umbrella term for describing people of different backgrounds.

Engagement

Engagement refers to the establishment of effective relationships so there can be a shared understanding of goals and a shared commitment to supporting the child/young person and/family to realise those goals.

Source: NSW Family and Community Services (www.community.nsw.gov.au)

Family

A biological or birth family.

Family-led decision-making

Family-led decision-making (FLDM) is a process for making plans for a child or young person that involves meeting held with members of the family and extended family. FLDM (also referred to as family group conferencing) can happen when child protection has assessed that there is abuse or neglect, or where a child or young person is on a protection order from the children's court, or where a child is being relinquished. The purpose is to bring family members together so they can be supported to make decisions about the child or young person.

Sometimes referred to as: Family Group Conference

Family violence

Behaviour that controls or dominates a family member and causes them to fear for their own or another person's safety or wellbeing. Family violence includes behaviour that: is physically, sexually or psychologically abusive; economically abusive; threatening; coercive; in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person; or causes a child to hear or witness, or otherwise be exposed to the effects of the above behaviour.

Family violence is characterised by a pattern of coercion and control. It takes many forms, but it is predominantly gendered violence, inflicted by men upon women and children. Perpetrators of family violence are responsible for and make decisions about their use of violence - it is rarely indiscriminate

Mandatory reporting

Certain professionals must report their concerns for a child to child protection when they form the belief on reasonable grounds that the child is in need of protection.

Mental health

Mental health is an individual's state of mind, thought, mood, perception and/or memory. Mental health is determined by a range of socioeconomic, biological, environmental, and historical factors.

Practice Model

For this review, we considered a practice model to be a framework or a set of ways to approach working, that is formalised in policy and applied by services.

Out of Home Care (OoHC)

Out-of-home care is a temporary, medium or long-term living arrangement for children and young people who don't live in their family home, as their living arrangements have been assessed to not meet their needs. Includes informal and formal kinship care, foster care, and residential care. It may sometimes include permanent care.

Parent

A biological/birth parent.

Parenting capacity

Parenting capacity is a parent's ability to understand and meet their child's need for safety, development, and wellbeing.

Parenting capacity specifically encompasses:

- a parent's ability to form a healthy, nurturing relationship with their child, as indicated by:
- recognition of the child's needs and the ability to put them before parental needs and wants
- awareness of the potential effects of relationship stresses on children
- ability to take responsibility for personal behaviour, including any resulting harm
- capacity to avoid dangerous, impulsive acts
- acceptance by the maltreating parent of their primary responsibility for providing a safe environment for their child

- awareness by the parent(s) of the possible effects of their own experience of being parented
- the parents' ability to provide physical and emotional care appropriate to the child's age, stage and development (Donald & Jureidini, 2004).

Parenting capacity can be influenced by constraints related to the needs of the child (such as temperament, illness, or disability) and the context in which parenting occurs (such as level of support and environmental adversity). These contextual factors may alter the priority of needs for the parent and child. Where there is family violence, an affected parent's behaviour that appears to prioritise their needs over the needs of their children may be based on their knowledge of what will keep themselves and their children safe.

Placement

The provision of an out-of-home care placement for children and young people unable to live with their parents either in the short or long term.

Practice

The application or use of an idea, belief, or method for work.

Practitioner

The person allocated the primary responsibility of overseeing implementation of the child or young person's case plan. This can either be a DHHS or CSO employee.

Program

A set of related measures or activities with a particular long-term aim.

Referral

A referral is a communication from one professional to another, to recommend that a person receive a particular service. A child, youth and family service that is managing an intake and referral service may deliver services to a family itself or may refer a family to another health or community service.

Reunification

Return of a child to the care of a parent.

Risk

Risk is the relationship between the significance of harm, the likelihood of harm occurring or recurring, and the level of protection of immediate and future child safety.

Risk of harm to a child is assessed and managed by using an evidence-based risk assessment framework.

Risk assessment

A risk assessment, in the context of Child Protection practice, is an evidence-based, guided approach to assessing and managing risk of harm to a child. It facilitates a purposeful process of seeking and analysing information in relation to the risks and protective factors of a child, their family and their environment, in order to understand the likelihood and significance of harm and to formulate strategies to increase children's safety, development and wellbeing.

Safety

Safety is the foundational dimension for considering a child's best interests. Adequate safety is a pre-requisite for every child's development and stability. A child experiences safety by having the basic care they need for their immediate and future stability and healthy development and by being protected from any harm.

Secondary services

Secondary services target vulnerable groups or communities who need more intensive support as a result of their particular needs or circumstances. The aims of secondary services are to build family strengths and to reduce risks to the child and young person. Examples include intensive family support services, respite care, community-based mental health services, and drug and alcohol services.

Sensitive information

Tightly regulated personal information and includes racial, ethnic, political, religious, trade union, sexual or criminal information about an identifiable person.

Service agency

Government department or service provider who may provide services to vulnerable families.

Social isolation

Social isolation is when children or adults have a small number of contacts with other people or services. Social isolation can result from many factors, including:

- living in a remote or rural area
- language or cultural barriers
- having a child or parent with disability
- being a child with a disability
- poor mental health/mental illness
- personal choice
- a perpetrator of family violence intentionally isolating the family in order to maintain control
- living in residential care or other care placement that disrupts friendships and relationships with friends and family
- frequent placement changes.

Social isolation can be a major indicator and predictor of vulnerability - it has significant implications for wellbeing and for risk of harm and abuse. Possible impacts of social isolation include:

- increased loneliness and subsequent impacts on physical health, mental health and wellbeing
- reduced access to and utilisation of services and supports (family, peers, community, social network, etc.)
- increased chance of a young person going missing
- reduced chance of disclosing family violence or abuse
- increased vulnerability to and risk of harm or abuse.

Self-determination

Self-determination is an 'ongoing process of choice' to ensure that Aboriginal and Torres Strait Islander communities can meet their social, cultural, and economic needs. It is not about creating a separate Indigenous 'state'. It has application to Aboriginal and Torres Strait Islander peoples as Australia's first peoples.

The right to self-determination is based on the acknowledgment that Indigenous peoples are Australia's first people, as was recognised by law in the historic Mabo judgement.

The loss of this right to live according to a set of common values and beliefs, and to have that right respected by others, is at the heart of the current disadvantage experienced by Indigenous Australians.

Without self-determination it is not possible for Indigenous Australians to fully overcome the legacy of colonisation and dispossession.

Self-determination is vital to improving Aboriginal people's health and wellbeing. Research conducted on self-determination by first peoples in other countries shows that first peoples suffer greatly when the right to make their own decisions is taken away. The devastating impact of failed policies can only begin to be turned around when Aboriginal people are supported to make their own decisions on matters such as governance, natural resource management, economic development, health care and social service provision.

Statutory services

These services are for children who have been at risk of significant harm where intervention is needed to ensure the ongoing safety of the child.

Supervision

Support, direction, and performance monitoring, including teaching, feedback, information provision and accountability functions.

Tertiary services

Tertiary services target children who have experienced significant harm or who are likely to suffer harm. The main aim of these services is to redress this harm and prevent its recurrence. Examples include child protection, therapeutic services aimed at children and young people who have experienced serious abuse, and out-of-home care services.

Torres Strait Islander

The term Aboriginal is often used to refer to both Aboriginal and Torres Strait Islander people. It is important to

remember the people of the Torres Strait are of Melanesian origin with their own distinct identity, history and cultural traditions. Traditionally they lived in the Torres Strait, which separates the north of Queensland from New Guinea, though today many have migrated and now live on the mainland. Note, people who have Aboriginal and Torres Strait Islander parents are both Aboriginal and Torres Strait Islander, not one or the other.

Trauma

Trauma is both the experience of, and a response to, an overwhelmingly negative event that an individual perceives as physically or emotionally harmful or life-threatening. Trauma can have lasting adverse effects on an individual's mental, physical, social, emotional or spiritual wellbeing.

An event is experienced as traumatic as a result of various influences, including a person's neurobiology, their prior experiences of trauma and violence, and adequacy of supports. Experiences of systemic violence and structural inequities can compound the trauma (see intersectionality).

- Trauma is defined by several sub-types:
- Acute trauma
- Results from a single event
- Complex trauma
- Results from exposure to multiple, chronic or prolonged traumatic events, typically of an interpersonal nature, such as physical or sexual abuse, or community violence
- Developmental trauma
- Complex trauma as experienced by a child, resulting from repeated or chronic exposure to traumatic events - such as physical, emotional or educational neglect; abandonment; betrayal; physical, sexual or emotional abuse; exposure to family violence; and/or coercion - typically perpetrated by the child's caregivers.
- Can impact the child's neurological and nervous system functioning, potentially impairing the child's cognitive, emotional, behavioural, and social development, which can have lasting impacts into adulthood.

Trauma-informed practice is trauma-aware, safe, strengths-based and integrated, meaning that practice is sensitive to and based on an understanding of how current and/or historical trauma affects people's lives, their symptoms and presentations, and their service need.

Youth Justice

The Department of Justice and Community Safety is responsible for the statutory supervision of young people in the criminal justice system. The department's Youth Justice Service provides programs and resources to assist these young people to develop the knowledge, skills, and attitudes to manage their lives effectively without further offending.



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