

# every child every chance

a good childhood is in everyone's best interests

## The Best Interests principles: a conceptual overview

Best interests series





## Best Interests principles: a conceptual overview

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This paper is written by Robyn Miller, Principal Practitioner, Child Protection and Family Services, Office for Children, Department of Human Services Victoria

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## Abstract

This paper explores some of the theoretical underpinnings and practice ramifications of the Best Interests principles and the benefits envisioned for children, young people and their families. It is intended to promote discussion within the Child Protection, Placement and Family Services sectors and to contribute to the current development of *Best Interests Case Practice Model*.

Given the heart of the *Children, Youth and Families Act 2005* (CYFA) is the Best Interests principles, the active embodiment of it is the dynamic integration of the child and family service system, to enable safety, stability and healthy development for every child. This legislation recognises the imperative of various parts of the service system collaborating actively and respectfully with one another.

The Best Interests principles state that any decision or action taken must consider the protection of the child from harm, the protection of the child's rights and the promotion of the child's development. Consideration must also be given to strengthening family relationships and giving the widest possible assistance to the family and, in relation to an Aboriginal child, to promoting and protecting the child's cultural and spiritual identity and connectedness to their community.

The CYFA requires us to think holistically about the child's experience. It requires us to shift from the common practice of compartmentalised engagement around current risk, to practice that is mindful of the impact of cumulative harm. The basic focus of any assessment and intervention must now answer the question 'How is this child developing?' as well as 'Is this child safe?' This cultural shift is about a change in mindset to a practice orientation that is truly systemic, which must be organisationally supported by a change in procedures and processes. Case planning is a process based on strong engagement that is mindful of the children and empowering of the family. The Best Interests principles require our practice to be both strengths-based, engaging the possibilities for change and healing, and forensically astute.

This paper argues that in order to best meet the needs of the children and their families who present to the child and Family Services sector, a range of theoretical paradigms and their current critiques is required to inform practice. This paper considers some of the broad practice implications of the CYFA from the following perspectives: a partnership approach; practice challenges; and risk assessment and case planning.

Services and systems need to actively resource and enable practitioners to reflect on and review their practice so that the quality of the service for children and families is privileged. The voice of the child, an awareness of their developmental vulnerability, the impact of trauma and neglect throughout the life cycle and, importantly, respect and compassion for the family's experience, strengths and potential for recovery, must be present in every supervisory context.

While this paper outlines the cultural change embedded in the new legislation, the basic values of care, respect, creativity, perseverance, integrity and hope which underpin all current good practice, do not change.

## Other resources on children's best interests

This paper should be read in conjunction with other resources being produced by the Office for Children, which describe Victoria's approach to promoting positive outcomes for all Victorian children, including the most vulnerable.

A forthcoming publication from the Office for Children will describe the key features of the *Child Wellbeing and Safety Act 2005* (CWSA) and the use of the *Outcomes framework* in guiding government action and service development and delivery for all child and family services.

For professionals working under the CYFA, a set of four introductory papers will assist practitioners to apply the Best Interests principles of that Act. These papers are entitled:

- *The Best Interests framework for vulnerable children and youth*
- *Best Interest principles: a conceptual overview*
- *Cumulative harm: a conceptual overview*
- *Stability: a conceptual overview*
- *Child development and trauma guide*

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## 1. Introduction

This paper focuses on the Best Interests principles of the *Children Youth and Families Act 2005* (CYFA), which is positioned within a broader framework of reform led by the Victorian Government. The government's vision is for a Victoria in which every child thrives, learns and grows and is respected and valued to become an effective adult. This community is one in which the safety, health, development, learning and wellbeing of every child is protected and promoted throughout childhood.

*every child every chance* is a child-centred family-sensitive approach to delivering on this vision, driving government policy and the social infrastructure we put in place to support Victorian families, children and young people.

The *every child every chance* reforms began with the establishment of an evidence base to tell us what is important and how our children are faring.<sup>1</sup> An *Outcomes framework* has been developed which will provide a common basis for setting objectives and planning across the whole of government. The appointment of a Minister for Children (2004) and the establishment of new structures, including the Victorian Children's Council, the Children's Services Coordination Board and the Office for the Child Safety Commissioner (OCSC) have been significant in privileging the needs of children and coordinating government action.

In 2005, two new pieces of legislation were passed by the Victorian Parliament, marking an important milestone in the *every child every chance* reforms.

### 1.1 The *Child Wellbeing and Safety Act 2005*

The *Child Wellbeing and Safety Act 2005* (CWSA) provides an overarching framework for promoting positive outcomes for all children, emphasising that:

- all children should be given the opportunity to reach their full potential and participate in society, irrespective of their family circumstances and background
- while parents are the primary nurturers of a child, society as a whole shares responsibility for children's wellbeing and safety
- planning and delivery of services should focus on sustaining and improving children's outcomes - the promotion and protection of a child's safety, health, development, learning and wellbeing.

The CWSA recognises the importance of the right mix of places, professionals and high quality programs to meet the changing needs of children, young people and families, provide opportunities, promote positive outcomes, intervene early and prevent harm.

To this end, the Act also guides service design, development and provision, promoting planning based on:

- early identification and early intervention
- local and cultural responsiveness and local and regional coordination

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1. This evidence base includes scientific evidence about child development, evaluations of innovative practice and Department of Human Services outcomes data.

- targeting of appropriate and sufficient assistance to highest need
- quality improvement focused on meeting needs of children as they develop.

In addition, practice principles emphasise:

- the rights of children and their participation in decision making
- respect for identity and individual circumstances and needs
- timely service provision and decision making
- information and promotion of the service
- professional cooperation in the interests of the child and family.

## 1.2 The Children, Youth and Families Act

The Children, Youth and Families Act (CYFA) focuses more directly on promoting positive outcomes for children and youth who are vulnerable. The CYFA emphasises that realising government's aspirations for this group of children will rely on specific actions by Family and Placement Services and Child Protection to:

- protect and promote children's safety, stability and development, taking account of age and stage of life and culture
- support 'whole of family' strengthening
- deliver a reliable network of services and supports - that provide additional help when and where it is needed.

Building on the CWSA, the CYFA places the rights of the child and the safety and developmental experience of children and young people as a constant focus of the legislation. It marks a fundamental shift in the position of Child Protection, community services and the Children's Court in regard to decisions that are made and actions that are taken to intervene in the lives of families. The clarity of the CYFA's Best Interests principles enables a unifying framework across service sectors and the Children's Court, which places the best interests of the child as the central consideration that must inform all other processes. The CYFA is unequivocal in its articulation of the importance of this principle in stating:

**For the purposes of this Act the best interests of the child must always be paramount (s. 10).**

The simplicity of this core principle 'To place children and young people's best interests at the heart of all decision making and service delivery', (Department of Human Services) has profound implications. The CYFA marks a shift away from service responses focused on minimal intervention into family life (CYPA 1989), to an approach to assessment, planning and action, which is driven by what a child needs to protect and promote their healthy development. While echoing the CSWA in acknowledging parental primacy, the CYFA authorises assessments to be made about what interventions are necessary to assist families and to secure children's safety and healthy development.

This paper explores some of the theoretical underpinnings and broad practice ramifications of the Best Interests principles and the benefits envisioned for children, young people and their families. It is intended to promote discussion

within the broad Child Protection, Placement and Family Services sectors and to contribute to the current development of *Best Interests Case Practice Model*. It is not intended to be a definitive practice guideline or framework. These processes and documents are being developed over time with the sector in the context of community partnership and collaboration.

While this paper outlines the cultural change embedded in the new legislation, the basic values of care, respect, creativity, perseverance, integrity and hope which underpin all good practice, do not change. Robin Clark (2000) articulated the findings from her research on exceptional practice with troubled adolescents, and her words inspire and remind us of the importance of people, and relationships of care:

**It is clear from the literature that the single most important ingredient of effective service provision with these young people is the quality of the direct care staff and their capacity, either to offer caring and connectedness to these young people, or to foster this kind of relationship between the young person and some other nurturing adult, even when the odds seem to be against this. (p. 19)**

While this paper is predominantly aimed at those professionals operating under the CYFA, the success of the change will be dependent on a much broader adoption of the principles set out in the CWSA. Improving vulnerable children's outcomes relies on leadership, shared aspirations and collective action by professionals working across early childhood, education, health and the community sectors. The theoretical perspectives and practice reflections described below will be of relevance to all of those professionals working to improve the lives of vulnerable children and families throughout Victoria.

## 2. The historical context

Just as the CYFA is built on the strengths of past and current practice, it is also built on the painful learnings from the past, particularly for our Aboriginal community, and for all children who endured harsh and cruel treatment from those who were meant to care and protect. Muriel Bamblett (2006) presented a poignant reflection on the past misuse of the concept of best interests at a recent national forum in Melbourne. Her words caution all of us in our use of the Best Interests principles and the vital importance of the CYFA being based on the rights of the child and the recognition of Aboriginal self-determination and self-management.

It is estimated that tens of thousands of Aboriginal and Torres Strait Islander children were removed from their families and raised in institutions or fostered-out to non-Aboriginal people. This was seen as a way of promoting the 'best interests' of the child. It made little difference what the Aboriginal family situation really was or how the children were cared for, because being Aboriginal was, in itself, seen as a reason to regard children as 'neglected'. The story of the Stolen Generations is full of examples of how the principle of 'best interests' led to children being badly treated, economically exploited, unable to form meaningful relationships and, not only alienated from their own culture but also unable to fit into a white culture which they did not understand, had different values and was not accepting of them. Close to half of those people whose deaths were investigated by the Royal Commission into Aboriginal Deaths in Custody were themselves taken away from their families when they were children (Bamblett 2006).

The new legislation places respect for Aboriginal culture and Aboriginal self-management and self-determination in the heart of the principles guiding practice across the sector. Section 10, on the Best Interests principles, states that 'The cultural and spiritual identity of Aboriginal children is to be protected and promoted' and importantly, Division 4 of the CYFA (s. 12, 13 and 14) is devoted to articulating additional decision making principles for Aboriginal children in accordance with Aboriginal Child Placement Principles, as previously endorsed by the Secretariat of National Aboriginal and Islander Child Care (SNAICC).

The CYFA reflects the best practice that is already occurring in this state and builds on the strengths that have been developed over many years within the universal sector, Family and Placement Services sector, Child Protection, and the Children's Court. This section will explore the historical factors, which have contributed to our understanding of the child and families' experience and to the most appropriate forms of support and intervention with vulnerable children and families.

The past 20 years have been a period of rapid social change. Edgar (1997) details the changing construction of the family and the role of marriage and parenthood in Australia and considers the centrality of the family in the lives of adults and children and the complexity of the experience:

Family themes and family based projects are important in the lives of individuals in giving them a sense of self, an anchor of security, a base from which to predict and control (in so far as that is possible) their transactions with others...

Since notions of 'the self', of the 'individual', carry a particular burden in capitalist society, linked as they are to notions of private property, free enterprise, personal and competitive 'agency', the family itself becomes a conveyor of that ideology, with imperfect success and inbuilt contradictions...

Because families in themselves are reality constructing institutions it does not mean they share a stable or uniform world view. Indeed they are the site of multiple realities, 'his', and 'hers', 'the child's'... (1997, p. 5)

Increasingly, advocates have promoted the voice of the child to be heard and the child's rights to be privileged. A focus on the actual experience of children and the harm that can be inflicted upon them within their family context has been of central concern for many researchers, academics and practitioners (Birrell & Birrell 1966, Rayner 1991, 1995, Goddard & Carew 1993, Parton, Thorpe & Wattam 1997, Tomison 1996, 1997, VCDRC Child Inquiry Analysis Report 1999, Lord Laming 2003, Parton 2004, Mudaly & Goddard 2006). This is clearly not without its inherent tensions:

The first and fundamental historical driver of child protection is the notion of the child as a holder of human rights. This is a post-Enlightenment nineteenth century concept. As the view of the child as the property of parents has diminished over the past century, and the view of the child as a holder of rights has grown, the pressure on the State to use its coercive powers to uphold the rights of the child vis a vis their family has increased. Upholding the rights of the child vis a vis their family leads to an unavoidable contradiction as the needs of a child are usually best served by the family (Scott, 2006).

This 'unavoidable contradiction' and the highly emotive response within the community to the plight of abused and neglected children or to the perceived trespassing on the sanctity of the family and the rights of parents, is reflected in the polarised views that are often presented in regard to child protection and family services work.

Child Protection services workers are criticized either for intruding too much into the integrity and sacred privacy of a family or for not doing enough to 'pull' children from abusive and neglectful adults who do not deserve to be parents (Berg 1999).

Australia is a signatory country to the *Convention on the Rights of the Child* (1989). The Best Interests principles align with, and give legislative support to the convention by placing Victorian children's best interests as the paramount consideration in all decision making and service delivery under the CYFA. The Best Interest principles are also consistent with the convention insofar as they seek to promote family preservation and reunification with the birth family wherever possible. The CYFA also supports the convention's recognition of a child's right to legal representation by providing for children who are of sufficient maturity to be legally represented in accordance with their instructions, or in exceptional circumstances for a younger child to have separate legal representation.

The Victorian *Charter of Human Rights and Responsibilities Act 2006* enshrines children's rights to safety and is consistent with the Best Interest principles. Section 17 of the Act, protection of families and children, states:

- (1) Families are the fundamental group unit of society and are entitled to be protected by society and the State.
- (2) Every child has the right, without discrimination, to such protection as is in his or her best interests and is needed by him or her by reason of being a child.

We now well understand the importance of preserving and strengthening the child's relationship with his or her family, even when they cannot live together, and the importance of their connection to their community and to their culture, while not minimising the experience of the child nor the harm they have endured. This paper outlines some of the more recent evidence that validates the intrinsic importance of these connections to the wellbeing and development of every child, and the good sense in early, holistic intervention.

A deepening evidence base and practice wisdom have led generations of workers to be tireless in their efforts to achieve a better coordinated system that is more responsive and respectful to the children and families who are most in need. It is notable that in this state the role of child protection has been held by the Department of Human Services for just 20 years and the introduction of mandatory reporting was introduced only 12 years ago. In Victoria, there exists a strong historical legacy of significant numbers of non-government agencies playing a major part in child welfare, with the state playing only a minor role until 1985 (Hough 1994, Scott 1995). Lynda Campbell (2006) noted that the CYFA has been informed by the benefits and limitations of the statutory investigations and court processes directed by the previous legislation.

Child Protection practice has shifted from earlier models, which attempted to understand child abuse and neglect within a medical model, as espoused by Kempe, Silverman, Steele, Droegemuller and Silver (1962), in their seminal article *The battered baby syndrome*. This work located the cause of child abuse as the parental psychopathology.

Later ecological approaches to child abuse see maltreatment as arising out of an interplay of individual, family, community, societal, and cultural factors. This broader orientation began with the likes of Gil (1970) and Garbarino (1977)...

at the individual and family level there has been considerable attention to 'cycles of abuse' and the fact that, if a person has been abused, there is a greater likelihood he or she will abuse or be a parent of children who are abused (Buchanan, 1996). At the other end of the continuum, numerous authors have pointed out the correlation between poverty and child abuse (Gil 1970, Pelton 1978, Thorpe 1994) (Turnell and Edwards 1999).

Clark (1995a) reported on her analysis of which families became subject to notifications to Child Protection in Victoria. She discussed the 'recycling' (p. 14) of families and contended that large numbers of families were being notified and renotified because they were suffering adversity through poverty, health and educational disadvantage. She argued that a strong network of family and community supports should be available to all families and that Child Protection should not be a necessary gateway to accessing other services.

Gibbs reports that just as the demands on the Victorian Child Protection system have grown over the last decade, so have they in most Child Protection systems in the English-speaking developed world (Besharov 1985, Thorpe 1994, Parton 1997; cited in Gibbs 2002, p. 18).

Parallel debates about how to manage the unprecedented demands on the front end of the service are occurring in Victoria, other Australian States, the UK and America. What has colloquially become known as the 'refocussing' or 'rebalancing' debate, is about how one can adopt an integrated approach to child welfare which encompasses family support and child protection services (Parton 1997). (Gibbs 2002, p. 18).

### Key messages

- The family plays a vital role for both children and adults alike.
- The last 20 years has provided a period of rapid social and cultural change, including changing notions of parenthood, marriage and the family.
- Increasingly there is a push to listen to the voice of the child and that the child's rights should be privileged. This requires an appreciation of the experience of the child from their perspective.
- The Best Interests principles align with, and give legislative support to, the *Convention on the rights of the child* (1989) by placing Victorian children's best interests as the paramount consideration in all decision making and service delivery.
- The role of child protection in Victoria has been held by the Department of Human Services for just 20 years.
- There is a strong historical legacy of significant numbers of non-government agencies playing a major part in child welfare.
- Historical models of Child Protection practice attempted to locate child maltreatment within a medical model, that is, that child maltreatment occurred through parental psychopathology.
- Large numbers of families are being renotified to Child Protection, linked to the adversity that they faced due to poverty, health and educational disadvantage.
- Demands on the Victorian Child Protection system have grown over the last decade.
- The CYFA is built on painful learnings from the past, particularly the large numbers of Aboriginal children who were removed from their families of origin under what was believed to be their 'best interests'.

### 3. Recent policy reform

The legislation has followed an intense period of policy reform and restructuring led by the Victorian Government in the past three years, and a strengthening of the resources provided to the Family Services sector. The Innovations Pilot program has now been funded recurrently to be provided across the state in local areas, managed by a consortium of local service providers. Three major policy statements have set directions and priorities for all areas of human services:

- *Putting children first...the next steps*, which describes the government's aspirations for children from birth through to school.
- *Growing Victoria Together*, which sets out the government's priorities for the next ten years.
- *A Fairer Victoria, creating opportunity and addressing disadvantage*, the government's action plan to address social disadvantage.

These policy statements, together with the Department of Human Services' strategic plan for human services in Victoria, provided the policy context for the *White Paper* (Department of Human Services, 2005). These policy developments and associated changes in governance and structures have provided a structural platform to strengthen the authorising environment, which enables the rights and needs of children and their families to be more effectively addressed.

## 4. What is the change?

A major change is that the new legislation provides a consistent and unifying philosophical platform to guide practice across the Child and Family Services sector, the Children’s Court, Child Protection and Placement Services, by specifying a common set of principles. The principles give guidance in the administration of the CYFA and include:

- Best Interests principles
- Decision Making principles
- additional Decision Making principles for Aboriginal children
- Aboriginal Child Placement Principle
- further principles for placement of Aboriginal children.

### Key messages

The CYFA bases its foundation solidly on the principle that ‘the best interests of the child must always be paramount’ (s. 10(1)). In three subsections it articulates the scope and requires that consideration must always be given to:

- protect the child from harm
- protect his or her rights
- promote his or her development (taking into account his or her age and stage of development) (s. 10(2))

In addition to these core considerations, the Best Interests principles also emphasise the responsibility of the service system to enable the family to be strengthened in culturally appropriate ways and provide ‘the widest possible protection and assistance be given to the parent and child as the fundamental group unit of society’ (s. 10(3)(a)).

The Decision Making principles in s. 11 of the CYFA clarify the decision making process of achieving the best interests of the child. These principles stress that children and families should be encouraged and supported to be actively and fully participatory in the decisions that affect them, and that decision making should be fair and transparent. The process should be collaborative and consensual as far as practicable; and appropriate documentation and cultural support should be provided to those involved. The clarity of these principles, which support the process of planning and achieving outcomes that are in the child’s best interests, gives a common language and a strengthened relationship within and between sectors.

Given the heart of the CYFA is the Best Interests principles, the active embodiment of it is the dynamic integration of the child and family service system in order to enable safety, stability and healthy development for every child.

This legislation recognises the imperative of various parts of the service system collaborating actively and respectfully with one another so that the child and family’s experience is enhanced and the potential for positive outcomes is maximised. In fact, s. 16 of the CYFA lists the Secretary’s responsibilities, which

include specific reference to working with community service organisations to promote common policies on risk and need assessment and to promote the prevention of child abuse and neglect.

Child Protection, Family Services and Placement Services are well positioned to advocate for the community to be inclusive of vulnerable children and families, and to promote the role of their workers to form alliances with community strengthening initiatives. Child Protection and Family Services workers should be encouraged to be involved in the local initiatives that create opportunities for all children and families to be active participants in their local communities. The relationships between the universal, secondary and tertiary service systems are crucial to the development of best practice and to prevention of harm to children. The Premier's Children's Advisory Committee report, *Joining the dots* (2004), focused on the need for local regions and neighbourhoods to identify priorities and to prevent child abuse and neglect through early and positive intervention.

The Best Interests principles are framed in positive language and are outcome-focused. The inherent goal of the CYFA is that the service system engages with the child and family in culturally respectful and helpful ways, which lead to the child experiencing a safe and nurturing sense of belonging and having the opportunity to develop in a positive way.

### Key messages

The CYFA requires:

- a constant focus on the best interests of the child
- that the safety of child, the protection of their rights and promotion of their development must be paramount
- the strengthening of families in culturally appropriate ways
- the inclusion of families and children in decision making process
- the use of community strengthening programs in the prevention of child maltreatment.

## 5. A multi theoretical perspective

Child abuse and neglect is such a challenging and complex area of professional practice, that no one theoretical model or practice framework is sufficient to address the breadth of concerns. To best meet the needs of the families who present to the child and family services sector, a range of theoretical paradigms and current critiques of them is required to inform practice. An ecological and a systemic perspective are required, as is a familiarity with the child development and neurological development research, child abuse literature, child sexual abuse literature, trauma and attachment fields and the offender literature.

The content, research and knowledge base for practice is ever increasing and evolving, and requires system-led resourcing for busy workers along with a personal and professional commitment.

### 5.1 A gender analysis

A gender analysis is a critical component of good practice when working with families and identifying issues of abuse. The dynamics of power, hierarchy and gender need to be assessed by workers who are mindful of the disproportionate nature of gender-based violence such as family violence on females, sexual assault on children, the differential responses to family violence by boys and girls and the need for a gender specific response to the needs of boys and girls by workers as appropriate.<sup>2</sup>

A gender analysis alerts us to the prevalence of the mother blaming phenomena present in most of the helping professions. 'Moreover, as mothers are more likely to be the major rehabilitative support figure, they are more likely to be blamed for anything the professionals view as inappropriate' (Furlong, Young, Perlesz, McLachlan & Riess 1991, p. 61).

Family violence affects one in four Victorian women and is perpetrated largely by men. In a recent survey, 25 per cent of young people witnessed physical domestic violence against a female parent.<sup>2</sup> Fifty-two per cent of substantiated notifications have included family violence.<sup>2</sup> A gendered response means being aware of the likelihood of specific issues impacting differently on men, women, boys and girls. Children have a gender differential response to family violence: as a generalisation girls tend to internalise and boys act out. In terms of risk, gender impacts place girls at greater risk of victimisation as adults and boys at greater risk of perpetration as adults. Having witnessed parental violence, emerged as the strongest predictor of perpetration of violence in young people's own intimate relationships.

#### Key message

- A gender analysis is a critical component of good practice when working with families and identifying issues of abuse. The dynamics of power, hierarchy and gender need to be assessed by workers.

2. Young People and Domestic Violence, National research on young people's attitudes and experiences of domestic violence, Commonwealth of Australia, Partnerships Against Domestic Violence, 2001, xv.<http://www.aifs.gov.au/nch/issues2.html>, Issues in Child Abuse Prevention Number 2 July 1994, Domestic Violence as a Form of Child Abuse: Identification and Prevention, Marianne James, Senior Research Officer, Australian Institute of Criminology Young People and Domestic Violence, National research on young peoples attitudes and experiences of domestic violence, Commonwealth of Australia, Partnerships Against Domestic Violence, 2001, xvi.

## 5.2 An ecological perspective

The theoretical underpinnings of the Best Interests principles can be conceptualised as being informed by systems theory and Bronfenbrenner's ecological theory of human development. Bronfenbrenner (1979) articulated the importance of the child's relationship with the family and community, and creating change through environmental interventions whilst concurrently supporting the individual. The focus of practice is the 'person-in-environment'. It acknowledges that social support is an essential component of practice and that social interventions can take many forms.

Attempts to identify the risk factors associated with child abuse have failed to establish any clear causal relationships between the variables or to reliably determine what constitutes the variables that pose the highest risk. Parton, Thorpe and Wattam (1997) have suggested that it is more appropriate to see child abuse as a result of 'multiple interacting factors, including the parents' and children's psychological traits, the family's place in the larger social and economic structure, and the balance of external supports and stresses, both interpersonal and material' (p. 54). An ecological perspective also directs attention to the living conditions of children's lives, and to the organisational impacts and policy consequences that impinge upon them.

An ecological perspective also directs attention to the living conditions of children's lives, and to the organisational impacts and policy consequences that impinge upon them. Thoburn, Lewis and Shemmings (1995, p. 217) show that there is a clear link between better outcomes for children and greater involvement of parents. These themes are developed in the later section of the paper, which discusses the concept of a partnership approach with families and other agencies.

Whilst these results should not be viewed simplistically and the barriers to parental involvement need to be explored, the inherent value of a partnership approach to family work is strongly articulated in the literature.

### Key messages

- It is crucial to understand the child within the context of their environment.
- An ecological perspective also directs attention to the living conditions of children's lives, and to the organisational impacts and policy consequences that impinge upon them.

## 5.3 Social exclusion theory

When working with vulnerable children and families it is essential that we are mindful of the multidimensional factors of disadvantage that impact on their wellbeing. The development of Goffman's (1963) work on stigma theory contributes to an understanding of the issues and barriers faced by clients of Child Protection and Family Services in engaging with services. He describes 'the situation of the individual who is disqualified from full social acceptance', due to internalised shame arising from behaviours that are not socially sanctioned; for example, receiving services for a mental health illness or drug addiction (Goffman 1963, p. 9). More recently, social exclusion theory provides us with a valuable lens through which to better understand the experience of many families with whom we work.

The Blair New Labour Government in the UK defined social exclusion as existing:

when people or places suffer from a series of problems such as unemployment, discrimination, poor skills, low incomes, poor housing, high crime, ill health and family breakdown. When such problems combine they can create a vicious cycle. Social exclusion can happen as a result of problems that face one person in their life. But it can also start from birth. Being born into poverty or to parents with low skills still has a major influence on future life chances (Social Exclusion Task Force 2006).

Bennett (2005) has written about dimensions of powerlessness and the experience of 'voice poverty' for adults and children who experience social exclusion and barriers at all levels which can inhibit their participation and/or their voice being heard. One woman who participated in an exercise designed to contribute to the British Government's consultation about the future definition and measurement of child poverty (Department of Work and Pensions 2002) spoke powerfully about her experience of social exclusion.

Participants were asked to start by saying 'poverty is ...'. She said:

...seeing foster parents get so much money to buy my children the things I could never afford to buy them;

...having all the same dreams for the future that everyone else has, but no way on earth to make them come true;

...having no choice of where we live, what school the kids go to or what kind of job we get;

...needing help, but being too scared of being judged an unfit mother to ask for it;

...telling my whole life story over and over again, just to get what I'm entitled to;

...having not one person to talk to who isn't paid to listen;

...being told that I have nothing to offer my own child, and believing it - then.

(Participant in a meeting of the All Party Parliamentary Group on Poverty, 18 June 2002).

This moving statement is a reminder for all workers to engage with families from a position of deep respect and to work in an empowering way facilitating practical and material support if required.

Social exclusion theory asserts that people become excluded from being able to fully participate in society when they experience a number of interlinked problems (Bromfield 2005, p. 73). This exclusion has a negative impact on their ability to overcome the adversities they face.

For example, a single mother, unskilled, socially isolated and living in poverty in a high crime neighbourhood is unable to change her circumstances using a legitimate (i.e., legal) social framework: She cannot find a well-paying position as she is unskilled, and the positions she can obtain do not pay a salary sufficient to cover child care costs while she is working. As she is socially isolated, she has no informal supports to assist with child minding. Without the means to improve her income the mother is unable to provide the basic necessities for her child or to move her family to a safer neighbourhood with lower crime rates. In this example, the mother and her family are socially excluded as a result of multiple interlinked problems. (Bromfield, 2005, p. 73)

Bromfield's research on chronic child maltreatment (2005, p. 73) reports that there are many common characteristics between the symptoms of social exclusion and risk factors that research has associated with child maltreatment, including family violence, social isolation and substance abuse. Given these overlaps it is essential that we are able to recognise and act on the social exclusion concerns and not simply see these as presenting protective concerns.

A developmental-ecological perspective alone is not adequate to investigate and explain the occurrence of chronic child maltreatment. Factors from the child's social ecology and characteristics of maltreatment contribute towards describing, predicting and explaining the occurrence of chronic child maltreatment. Social exclusion may provide an explanation framework for why the co-occurrence of multiple problems rather than one problem or a combination of specific problems are related to the incidence of child maltreatment, and access to social inclusion - rather than one, or a combination of, specific protective factors - provide an explanatory framework for why some children are chronically maltreated and others are not (Bromfield 2005).

Poverty and social exclusion have important implications for child development. Sustained experience of poverty may be particularly damaging for cognitive ability (McCulloch & Joshi 1999). Much research on brain development draws attention to the importance of stimulation and human contact during the first year of life, and also to diet and living standards during pregnancy (Shonkoff & Phillips 2000).

There is very often also a link between income poverty and insecure housing conditions. Shelter in the UK reported that two in five children had to move schools when they became homeless, and over half of these were bullied for having no friends (Bennett 2005). Some organisations working with people in poverty have called for more focus on the impact of frequent house moves on children - which may be common for very poor families in particular (Tardieu 1997, cited in Bennett 2005, p. 31). A recent Australian report revealed that, when analysing the 2004-05 data on homelessness, the largest subgroup of people who are homeless are children (36 per cent) (Australian Institute of Health and Welfare 2006).

Traditionally, children themselves have not often been asked about their experiences of poverty and social exclusion, even when researchers have investigated adults' experiences (Ruxton & Bennett 2002). But innovative research by Tess Ridge (2002) has emphasised the importance of seeing poverty through children's eyes, and has looked at social exclusion from the world of children, not just that of adults.

For example, when children living in low-income families miss out on school trips, this can mean not just losing out on educational stimulation, which adults might focus on, but also on shared memories of fun, and on collective social experiences. This can result in such children beginning to feel different, left out, isolated and excluded. Ridge discusses the importance of social participation and inclusion for children, and focuses on the two key concepts of 'fitting in' and 'joining in' (Bennett 2005, p. 31).

The Best Interest principles give very clear messages about the importance of the child's connectedness to their family, community and culture and, as such, promote socially inclusive policies and practices.

#### Key messages

- There is a need to understand from the family's perspective their experience of exclusion from participation in broader society and the impact that this has.
- Social exclusion theory provides a useful paradigm through which to understand the family's experience of isolation and exclusion.

## 5.4 A systemic perspective

General systems theory developed in the early 1950s and its principles have been applied to systems in general, whether in physics, biology, demography or sociology (von Bertalanffy 1950, p. 97). Its basic premise is that a system is a set of parts together with the relationship between the parts and their attributes. In short, the whole is greater than the sum of its parts. To describe a family we need to do more than describe each of its individual members. We must also describe the relationships and the patterns of interaction between them (Goding 1992). Systems theory is a theoretical base of family therapy and focuses on communication patterns currently and transgenerationally, the importance of a contextual understanding and analysis of the issues, and the connectedness of family members.

To apply this notion to our service system it becomes obvious that for the best interests of vulnerable children and young people to be served, we need to attend to the relationships and feedback between family members, various professionals, and the parts of the service system. We can be more effectual and create more leverage for change if we work together and combine the available evidence about best practice, resources and goodwill with a commitment to skilled attention to process issues as they arise. This requires a multidisciplinary and multitheoretical approach; a tolerance for reviewing different practice traditions in the light of new evidence; a respect for other services but shared passion for the best interests of the child.

### Key message

- In order to effectively work in the best interest of the child we must view and attend to individual aspects of the child's and family's experience in a holistic manner. **The whole is greater than the sum of its parts.**

## 5.5 Resilience and wellbeing

The CYFA is underpinned by knowledge from the resilience literature, which has been defined as 'the capacity to maintain adaptive functioning in spite of serious risk hazards' (Rutter 1985, p. 599). Resilience is enhanced by connectedness to family/carer, school, community and culture. Resnick, Harris and Blum's study (1993) identifies 'caring and connectedness' as the most significant factor protecting both boys and girls against acting out. Rayner and Montague (1999) note that:

Warmth of parental style seems a key variable, including family cohesion and shared values, a concern by carers for the well-being of their children, a willingness by the parent both to set boundaries and establish rules for the child as well as to recognise the child's interests and goals, and a willingness to permit the child self-direction in everyday tasks (Garmezy 1991). Harmonious family relationships are identified by Pellegrini (1990) as a variable, in that although:

...no risk or protective factor has emerged, or is likely to emerge as the single variable whose presence or absence accounts for vulnerability or resilience across the lifespan, a case can be made that family discord or harmony constitutes a 'first among equals' (p. 35).

They conceptualise resilience as 'a process rather than a state or condition' (p. 27) and see risk factors or protective factors as determined by the child or young person's developmental stage. An essential notion is the 'turning points' or 'second chance' events which are particularly important at transition times in the life cycle; for example, the importance of engaging high risk young people in transition from primary school to secondary school (Rayner & Montague 1999).

Robin Clark (2000), in her research, found that workers who were able to engage the young person and their family and/or significant others, achieved better outcomes. The enhancement of resilience in the young person requires the practitioner to be skilled, well supported, flexible, timely and inclusive of the young person and their family in any decision making. She also notes the importance of well organised program management which supports, mentors and creates a coherent culture based on trust and respect.

The findings from this study of exceptional practice indicated that a central focus of the direct care and case work practice was the search for that caring consistent relationship for the young person, and the on-going support of that relationship. In some cases the exceptional practitioner built bridges between the young person and a parent, in other cases a lot of time and effort was put into finding the right person amongst the caring staff to establish connectedness with the young person (Clark 2000).

Thomas (1995), an experienced practitioner in the USA, alerts the field to the importance of focusing on the strengths and resources in families and young people, that is, the ‘ordinary competency’ that can be useful in reducing risks and engaging families in a process of change.

### Key messages

- The promotion of a resilience process in children is linked to improved outcomes.
- Resilience is enhanced by connectedness to family/carer, school, community and culture.

## 5.6 Trauma theory and safety

Terr (1991), an eminent psychiatrist and researcher in the field of childhood trauma, recognised in her early research that:

*Childhood trauma may be accompanied by as yet unknown biological changes that are stimulated by the external events. The trauma begins with events outside the child. Once the events take place, a number of internal changes occur in the child. These changes last. As in the case of rheumatic fever, the changes stay active for years - often to the detriment of the young victim (p. 11).*

These effects are now quantifiable, recognisable and well documented in scientific research and literature (Schore 2003, Perry 2001, Shonkoff 2006). Current research in relation to child maltreatment and protective therapeutic interventions reflect an integration of attachment theory, neuroscience, child development, infant mental health, resilience and trauma theory. It is inadequate to consider a child’s welfare and development potential without making reference to, or having some knowledge of, how these disciplines are interrelated. The accompanying paper on cumulative harm discusses these issues in more detail.

The child’s experience of traumatic events is influenced by many factors, including their individual characteristics and the level of stability and support following the traumatic events, offering an explanation as to why experiences differ between children in response to apparently similar types of events. However, the effects of trauma in early developmental stages negatively impact upon the maturation of the child’s stress coping systems and significantly increase their vulnerability to a range of behavioural and emotional disturbances.

When threatened by overwhelming events, the child’s ‘freeze, flight, fight’ response is activated; biochemical changes occur and they can remain stuck in this dysregulated and hypervigilant state, which in turn impacts on their brain development and future behaviour. Experienced practitioners have observed the ‘frozen watchfulness’ of the traumatised infant, the irritable hyperactive child, and the self-harming and dissociative high-risk adolescent. An understanding of trauma theory helps to make sense of these distressing behaviours and to engage the children and their parents in understanding that they are not ‘mad or bad’, rather that they are having normal and predictable responses to trauma, which is

abnormal and overwhelming. Externalising the behaviour from the child's personality allows for a more hopeful and positive engagement of the family, without condoning or minimising the risks.

In the preverbal child, cumulatively harmful experiences and traumatic experiences, such as abuse, experiencing or witnessing family violence, neglect and unpredictable attachments, are stored in a child's preverbal memory. These memories are stored differently from less stressful everyday events. They are primitive, unprocessed, intense perceptual experiences and later in life often intrude on awareness in the form of nightmares and flashbacks. The cumulative effect on the child of the anticipatory stress and fear of those events reoccurring, and repeating visual memories or 'flashbacks' of those traumatic experiences, as the child attempts to integrate and make sense of them, can re-traumatise the child and consumes a child's energies. This hyperarousal leads to cumulatively harmful and pronounced neurobiological changes if sustained over time. If unalleviated or unremediated, or if the child's family environment is not altered, they lead to stress disorders, anxiety disorders, depression and affective conduct disorders later in life (van der Kolk 2005, Shonkoff 2006).

Judith Herman (1992) writes that in the aftermath of traumatic events the care and comfort of significant others and the community is the basis of recovery:

**Trauma isolates; the group recreates a sense of belonging. Trauma shames and stigmatises; the group bears witness and affirms. Trauma degrades the victim; the group exalts. Trauma dehumanises the victim; the group restores her humanity (p. 214).**

The importance of cultural and familial connections is widely documented in the trauma, attachment and family therapy literature. Miller and Dwyer (1997) have written about their work with families following intra-familial sexual abuse and documented the importance of engaging the non-offending parent/s in a believing and supportive response as a critical component to the young person's recovery. The Take Two Program, established in Victoria in 2004, is based on a multisystemic approach to working with children and families in the Child Protection system and is committed to culturally respectful practice. Jackson (2005) has presented a strong argument for the healing power of Aboriginal children remaining connected to their culture and has drawn on the following literature:

**Cultural customs and rituals help individuals control their emotions, order their behaviour, link the sufferers more intimately to the social group, and serve as symbols of continuity. Such processes of restitution, outlined in many ethnographic studies, are disrupted when cultures as a whole are traumatized (DeVries 1996, p. 405).**

**The power of culture as a protector, integrator, and security system is evident in studies where the degree of cultural assimilation is a key variable... In these studies, individuals who were strongly identified with cultural values benefited from increased social support; culture buffered them from the impact, and even the occurrence, of traumatic events. For socially less integrated individuals, stress has a strong negative impact on health and psychopathology (DeVries 1996, p. 400).**

It is their human right to have appropriate support and resources to overcome the effects of the present and the past, and to preserve an Aboriginal future for themselves and their children (Raphael, Swan & Martinek 1998, p. 337).

The theme of attachment mediating the adverse effects of trauma is pervasive in the research and clinical literature and intuitively makes sense as human beings. Bessel van der Kolk (1999), a renowned researcher and clinician in the trauma field, spoke convincingly in a conference presentation:

**We are mammals. We are biologically programmed to connect. The infant's drive is not towards safety, it is towards attachment.**

This latter comment is particularly relevant when assessing the complexity of the child who appears to be attached to the violent or sexually abusive parent. It requires very careful assessment to discern the attachment style and the experience of the child who may be extremely traumatised and in danger, yet appears to have a close bond with the perpetrator. This is an extremely important issue. For example, sex offenders who are parents are generally experts in deception and will endeavour to convince their non-offending partners and family members, professionals and magistrates, with their denial and charm. Summit's (1982) work on the 'child abuse accommodation syndrome' is still highly relevant today in understanding the complexity of the child's predicament and their tendency to retract their initial disclosure because of their fear and misguided loyalty to the perpetrator. **Safety is always the primary concern and the focus on stability and attachment should not blind us to the basic need for safety.**

### Key messages

- A solid appreciation of trauma theory allows professionals to support those close to the child to understand their acting out behaviour as a normal response to abnormal overwhelming events.
- When threatened by overwhelming events the child's 'freeze, flight, fight' response is activated; biochemical changes occur and they can remain stuck in this dysregulated and hypervigilant state, which in turn impacts on their brain development and future behaviour.
- Externalising the behaviour from the child's personality allows for a more hopeful and positive engagement of the family, without condoning or minimising the risks.
- Engaging the non-offending parent/s and carer/s in a believing and supportive response is a critical component to the young person's recovery following trauma.
- For Aboriginal children a strong connection to culture can serve as a buffer against trauma.
- Safety is always the primary concern and the focus on stability and attachment should not blind us to the basic need for safety.

## 5.7 Developmental science and cumulative harm

The developmental needs of children are central in the CYFA as is the awareness of the role of families and service providers in ensuring better outcomes for children. Families can be both the cause of the child's pain and the comfort. As described by Bowlby (1982), attachment serves the function of comforting and helping the child to experience a feeling of security. Allen (2002) elaborates on the theme of trauma at the hands of an attachment figure as being particularly devastating as the attachment trauma creates a dual liability by creating extreme distress and undermining the development of the biological, emotional and behavioural capacities to regulate that distress.

Physically abused infants show high levels of negative affect, while neglected infants demonstrate flattened affect (Gaensbauer & Hiatt, 1984). There is evidence indicating that neglect may be even more damaging than abuse, and that there is a link between neglect in childhood and antisocial personality disorders in later life (Hildyard & Wolfe, 2002). But the 'worst case scenario' is, not infrequently, found in a child who experiences both abuse and neglect (Post & Weiss, 1997). There is agreement that severe trauma of interpersonal origin may override any genetic, constitutional, social, or psychological resilience factor (De Bellis, 2001). (Schore 2003, p. 110)

Nishith, Mechanic and Resick (2000) provides a solid research basis for interpreting previous studies demonstrating the links between current psychopathology among adults, and their abuse as children:

The results of the path analysis, together with the extant literature on the effects of child abuse on revictimization and subsequent symptom development, clearly demonstrate a role for cumulative effects of childhood and subsequent traumatic events in the development of PTSD (Eth 2001).

The current Victorian legislative and cultural change is based on a now overwhelming body of evidence to indicate that chronic neglect, abuse and family violence are harmful and have a cumulative and deleterious effect on early neurological development and attachment behaviours. A number of researchers have documented that the disruptions of neural organisation can lead to compromised functioning throughout life (Perry 1995, 2006, Shonkoff 2006; van der Kolk 1996, 2005, Glaser 2000, Shore 1997; Meyer, Chrousos & Gold 2001). This can manifest in language and developmental delay, ADHD type behaviours, attachment disorders, cognitive impairment and emotional detachment and/or dysregulation.

Children who suffer disrupted attachments may suffer from damage to all of their developmental systems, including their brains and we are particularly ill-suited to having the people we are attached to also be the people who are violating us. (Bloom 1999, p. 2).

There is also an impressive body of research which directly links childhood trauma to adult physical and mental health problems and emotional and relationship difficulties. Traumatized children can make frightened and/or frightening parents for the next generation, which can lead to transgenerational patterns of unresolved trauma (Fonagy 1999, Main & Hesse 1990, Auerhahn & Laub 1998, van der Kolk 1989). However, support and intervention can transform transgenerational patterns of trauma:

History is not destiny, then, and whether parenthood becomes flooded with griefs and injuries, or whether parenthood becomes a time of renewal cannot be predicted from the narrative of the parental past. There must be other factors in the psychological experience of that past which determine repetition in the present (Fraiberg, Adelson & Shapiro 1975, p. 389).

The knowledge about cumulative harm and the severe impact of adversity on the developing infant have driven the commitment to prevention and earlier intervention in the lives of vulnerable families. Respectful, engaging intervention that is clearly focused on agreed outcomes aims to create stability and safety within families and to enhance the parent's capacity to care for their children this can have lifetime consequences. The concept of stability is therefore focused on supporting safe and nurturing relationships between parents/carers and children, their schools and communities, and is not intended to be the sole province of the Out-of-Home Care agencies. The importance of stability within the family and the need for a strong platform of accessible, community-based, culturally competent universal services for all children and families cannot be overstated.

### Key messages

- Research into the lasting effects of child maltreatment indicates that neglect is as harmful as abuse and has a cumulative and negative effect on development.
- Neglect experienced by children can have lasting and deleterious effects on development. This requires prompt intervention and support to minimise its harmful impact.
- There is also an impressive body of research which directly links childhood trauma to adult physical and mental health problems and emotional and relationship difficulties.
- Families can be both the cause of the child's pain and the comfort.
- The importance of stability within the family and the need for a strong platform of accessible, community-based, culturally competent universal services for all children and families cannot be overstated.
- The concept of stability is focused on supporting safe and nurturing relationships between parents/carers and children, their schools and communities, and is not intended to be the sole province of the Out-of-Home Care agencies.

## 5.8 Attachment theory and stability

Attachment theory has been of vital importance to the child and Family Services field in recent years, however, like any theory, there are varying positions and critiques, including its embeddedness in Western cultural norms. A child's attachment pattern cannot be adequately assessed without the context of the relationship with the carer being fully understood. The American Academy of Child and Adolescent Psychiatry (1997) detailed practice parameters for the assessment of infants and toddlers:

**It is axiomatic that the infant or toddler must be understood, evaluated, and treated within the context of the family or primary caregiving unit. Winnicott framed this concept in his now classic words, "There is no such thing as a baby.....", by which he meant that an infant or young child cannot be understood outside of his caregiving environment (Winnicott, 1965). Infants and toddlers also must be understood, evaluated, and treated within additional significant contexts, which may include other important caregivers, extended family, the school, the day-care center, and the culture (p. 21).**

Attachment theory is conflicted regarding whether it is a theory of the individual or a theory of the relationship. That is, in assessing attachment does one ask what is this individual's capacity for attachment, or what is the attachment between this particular carer and child at this particular point in time? However, in regard to children in early childhood, attachment theorists generally agree they are describing relationships more than individual states or capacities (Carlson & Sroufe 1995, Levy & Orleans 1998).

Fahlberg (1991) proposed that children who are well attached to one caregiver could more easily develop attachments to others. This view is challenged by other theorists, who are influenced by their awareness of the relational trauma induced by removing a child from a secure attachment relationship.

There is a considerable body of research on children who have experienced a number of disrupted attachments and how these disruptions affect the development of new relationships (Archer 1996, McAuley 1996, McIntosh 1997). Attachment theorists generally agree that a significant loss in early childhood, such as unresolved loss of a parental/ attachment figure, can have long lasting ramifications, that is similar to abuse and can lead to problems with secure attachment in the next generation, if unresolved (Lyons-Ruth & Jacobvitz 1999).

**From the perspective of an infant, attachment needs have an urgency that trump nearly all other needs. (Dozier, Peloso, Lindhiem, Gordon, Manni, Sepulveda, Ackerman, Bernier & Levine, in press)**

However, this should not be applied in a simplistic manner when the caregiver is dangerous and violent. The basic need for safety should have primary consideration. The need for a safe nurturing attachment is an urgent need-not for a vulnerable infant to be left with a violent offender who claims to be

‘very attached’ to the child. Professionals in Child Protection, Family Services and the Courts need to balance the research on offenders, on trauma, on cumulative harm and attachment, and not privilege attachment in a simplistic analysis of the facts. Some parents can appear to be convincingly bonded to their children and litigate assertively to protect their rights as parents, when they have committed sadistic and unspeakable acts on their children. These matters require astute analysis and carefully prepared assessments.

When a child has been placed out of home, these varying theoretical perspectives on attachment have enormous influence on case planning decisions and on the lifetimes of children and their families and carers. For example, should the current foster care placement be converted to a permanent placement, when the two year old child has been placed with carers for over a year and his birth family is clearly unable to care for him, or would other carers assessed as permanent carers be more in his best interests?

Stability in caregiving has been found to be a powerful predictor of long-term outcomes for children placed in out of home care. Foster children who experience multiple placements are likely to experience greater academic difficulties (Aldgate, Colton, Ghate, and Heath 1992), and to have elevated levels of behaviour problems compared to children with stable placements (Fisher, Burraston and Pears 2005).

Dozier and Lindhiem (in press) focused on the attachment needs of infants in the out-of-home care system and the role of the foster carers’ commitment in the success of permanent placements. They advocate strongly for stability and as few moves as possible for infants.

### Key messages

- Attachment serves the function of comforting and protection and assists the child to experience a feeling of security.
- A child’s attachment pattern cannot be adequately assessed without the context of the relationship with the carer being fully understood.

## 6. Practice implications

The CYFA demands that any intervention always integrates child-focused, developmentally appropriate practice. Consideration must be given to family sensitive and strength-building practice, culturally sensitive practice and culturally specific practice in relation to Aboriginal children, and the recognition of Aboriginal self-management and self-determination. The child's connection to siblings, kith and kin and to the broader community in terms of education, health and social opportunities must also be considered. This new legislation ensures that these aspects of the child's life are not optional extras, but rather are viewed as the responsible business of the Child, Family and Placement Services sector, Child Protection and the Court. These statements reflect a commitment to the whole child and their relationships with their family, school, community and culture.

Some of the practice implications of the CYFA will be considered from the following perspectives:

- a partnership approach, with families, children and services
- practice challenges
- risk assessment and case planning.

### 6.1 A partnership approach with families

The Best Interests principles are mindful of the family as the fundamental group unit of society and the Decision Making principles in s. 11 clearly state that the practice with families should be collaborative and consultative. Hence the literature on the partnership approaches to work with families is particularly relevant.

Turnell and Edwards (1999) have described partnership as 'the quintessential child protection motherhood issue: almost impossible to disagree with, but nobody quite knows what it is' (p. 20). They had earlier defined partnership as existing 'when both the statutory agency and the family cooperate and make efforts to achieve specific, mutually understood goals. Partnership cannot be categorized by an equitable distribution of power between family and agency' (Turnell and Edwards 1999, p. 180). They agree with Calder (1995), who critiqued Child Protection practice as paternalistic; however, they are clear that Child Protection practice cannot abandon their legal authority, so the challenge is to exercise this authority in a manner that fosters cooperation between the professional and the family.

Turnell and Edwards (1999) advocated strongly for a partnership approach in Child Protection work with families. In their model 'Signs of Safety' they argued for a solution and safety oriented approach, which is based on respect for the family and underpinned by the belief that working together can make things safer for the family's children.

**However given that child protection work involves situations where children are at risk of serious injury and, possibly, death, it is absolutely imperative that this sense of hope and attitude of respect and possibility are not confused with or transformed into naïve practice...**

We are firm believers that building partnerships with families is the best way to protect vulnerable children, but we also know that building partnerships with parents and families in situations of child maltreatment is hard work that requires careful, thorough, and thoughtful practice (Turnell & Edwards 1999, p. 32).

### **A strengths based approach**

One Victorian agency, St Luke's, has described its work as one that is typified by change directed towards respect, partnership and empowerment. Validating the other person's feelings and accepting the person's view of the relationship between his or her beliefs, behaviour and the outcomes, frees the worker to have insight into the behaviour without needing to condone it (Scott & O'Neil 1996, p. 54). The process of engaging the other party through first seeking to understand their view and experience of the dilemma, enables a more fruitful engagement towards change.

In essence, the philosophy of St Luke's Family Care consists of respect for people, sharing of resources, and partnership in finding solutions, all of which are focused on empowerment. The aim is to encourage a culture in which our internal structures and processes, and our interactions with individuals and the wider community, create relationships based on power 'with' other as opposed to power 'over' others. (Scott & O'Neil 1996, p. 53).

The approach as the name suggests emphasises a practice that is committed to focusing on the strengths rather than deficits of clients.

The emphasis on strengths is founded on the following beliefs:

- All people have strengths and capacities.
- People can change. Given the right conditions and resources people's capacity to learn and grow can be harnessed and mobilised.
- People are the experts on their own situation.
- The problem is the problem; the person is not the problem.
- Problems can blind people from noticing and appreciating their strengths and capacity to find their own solutions.
- People have good intentions.
- People are doing the best they can.
- The power for change is within us. (McCashen 2005, p. 9)

Thoburn, Lewis and Shemmings (1995), in their influential research into family partnership within the child protection system, *Paternalism or Partnership?*, found that where parents were involved with a child during the child protection intervention, that this was associated with better outcomes for both the parent and the child:

Eighty-one percent of the main parents whose child had a good outcome were involved compared to thirteen per cent where there was no change, and six per cent where the outcome for the child was poor (Thoburn, Lewis & Shemmings 1995, p. 218).

Working in partnership with parents is a matter that is complex and can be enormously challenging especially in the context of a statutory setting due to a number of factors including power differentials and perceptions around who is the client. However, Thoburn, Lewis & Shemmings (1995) found that where the Child Protection system was able to achieve a partnership with parents there was a number of common factors that assisted in achieving this. These common factors included the skills, attitude and efforts of the social workers. It was also important that agency policies and procedures actively encouraged social workers to find innovative ways to share information, decisions and work in partnership with parents and children. They used the definition of partnership provided by the Family Rights Group in the UK Department of Health.

Partnership is marked by:

- respect for one another
- rights to information
- accountability
- competence and value accorded to individual input.

In short, each partner is seen as having something to contribute, power is shared, decisions are made jointly, roles are not only respected but also backed by legal and moral rights (FRG, 1991). (Thoburn, Lewis & Shemmings 1995, p. 4)

In his recent meta analysis, Quinton (2005) drew on key themes from the UK Department of Health funded research initiative *Supporting parents: messages from research* (Quinton, 2004). He reviewed a number of studies of the supports provided to assist vulnerable parents in their role of caring for their children. He found a number of reoccurring themes in relation to good practice. Parents responded better to intervention where:

- they were treated as 'experts' on their own families
- services saw their role as enabling rather than providing care
- there was good information sharing processes between the agency and the parent
- support was provided within the context of a relationship between the parent and the worker
- listening to parents' concerns, taking their views seriously, and paying attention to the realities of their lives rather than the agendas of particular services are viewed as the right and proper way to treat people.

Quinton (2005) comments further on what services can do to support the development of an effective partnership with parents:

Respectfulness is the way in which services can deal with the power imbalance inherent in the relationship. ...a sense of equality can come through treating them as partners in problem solving. Support should not make parents feel vulnerable, small or obligated; without these features it is simply, not 'supportive'.

These research findings appear to be quite consistent with other practice models that have promoted family sensitive or family-centred practice.

### **Family centred practice**

Allen and Petr (1998) noted the following components:

- The centrality of the family as the unit of attention.
- A strengths rather than a deficits perspective.
- Cultural sensitivity.
- Maximising families' choices.

The Bouverie Centre in Melbourne has been practising and teaching family sensitive practice for many years. The concept of family sensitive practice grew out of a critique of a dominant culture within psychiatry, which often excluded families and viewed them in problem saturated ways. These principles have since been applied across a range of practice domains including various Family Service agencies and Child Protection services. They are listed below:

### **Family sensitive practice**

- Commitment to working collaboratively with families
- Retaining a compassionate attitude to families
- Valuing the experience of family members
- Maximising family involvement in decision making
- Avoid blaming
- Expecting that change can and will occur within the family

(Furlong, Young, Perlesz, McLachlan, & Riess 1991, p. 60)

### Key messages

- Partnership is said to exist when both the statutory agency and the family cooperate and make efforts to achieve specific, mutually understood goals.
- Building partnerships with families is an effective way to protect vulnerable children, although it can be hard work.
- A valuable way to engage with vulnerable families is through seeking to understand their view and experience of the dilemma.
- Where parents are involved in the lives of children during the Child Protection intervention this is associated with better outcomes for the child.
- The skills, attitude and efforts of social workers are intrinsically linked to establishing partnerships with parents.
- Parents respond better to interventions where they have a relationship with the worker, are seen as experts within their own family, information is shared with them and they are taken seriously.
- Interactions with parents should be supportive; support should not make them feel vulnerable.
- Family-centred practice is centred on the family unit, uses a strengths base, is culturally sensitive and maximises families' choices.
- Family sensitive practice is committed to collaboration with families, holds compassionate attitudes, avoids blaming, values the experience of families, maximises family involvement in decision making, and is underpinned by a belief that change can happen.

## 6.2 Partnership with children and young people

It is essential for the Child Protection, Family and Placement Services sector to work to promote the participation of children who become involved in the sector (Wright, Turner, Clay & Mills 2006). A recent UK survey of 663 young people found that most respondents considered that they should have at least 'quite a bit of a say' in decisions that affect their lives (Park, Philips & Johnson 2004). In order to work in true partnership with children, they need a safe space where they can provide honest and frank feedback about their experience of the service system. A number of benefits are associated with the sharing of information and decisions with children, not least of all improving their experience of service systems in order to improve the outcomes they achieve (McConachy 2006). The following provides a summary of some of the key benefits:

- Children hold unique perspectives and information regarding decisions that affect their lives. Giving a voice to their expectations, experiences and hopes allows all parties to remain focussed on the purpose of intervention.
- Children's self worth is strengthened through providing them with a capacity to actively shape their future. Within a safe context, all children should have the opportunity to consider options and take supported risks, as a part of their ongoing healthy development (Lansdown 2005).

Rather than development taking place in orderly, predictable stages, children come to know and understand the world through their own activities in communication with others (Rogoff et al. 1996). And the experience of involvement in shared activities with both adults and peers, where there is a presumption of ability to complete a task successfully, encourages children's development (Lansdown 2005).

- Including children in decision making enhances their capacity to protect themselves from harm. By offering children clear and explicit opportunities to voice their opinions and through this promoting the understanding that their voice is important it is expected that children will be more likely to speak up when they are feeling unsafe (Lansdown 2005).
- Despite good intentions, professionals do not always act in the best interests of children. Historically adults have been responsible for making decisions on behalf of children that have been inappropriate and sometimes even dangerous. The removal of Aboriginal children from their families, the placement of children in large institutions and the automatic granting of custody to one parent over another provide examples of this. The effective inclusion of children in decision making processes may prevent such poor decisions occurring (Wright, Turner, Clay & Mills 2006).

The recent series of high-profile child protection cases has led to the acknowledgement that 'prevailing attitudes towards children, based on the view that adults both know best and will act in the best interests, have failed many children' (Lansdown 2001), cited in (Wright, Turner, Clay & Mills 2006).

- When children are able to participate in decisions that affect their lives, they strengthen their ability to question the world around them, exercise judgement and experience having their views taken seriously. This process will enhance their ability to make good decisions and become effective citizens as they move into adulthood (Wright, Turner, Clay & Mills 2006).

### The voice of a young person

In a recent consultation with young people in the Victorian residential care system, young people were asked: ‘If resi care could be the best that it could be, what would it be like?’

The facilitator was aware of an 11 year old girl, who was quiet in the group, who preferred to give her feedback in a quiet space on her own. She was offered the use of a computer and she wrote the following with great thoughtfulness, and decorated the paper with faces, some smiling and some crying:

1. *To be heard*
2. *To have more contact with family*
3. *To have a good relationship with workers*
4. *To respect who you are living with*
5. *To learn about life skills for when you are older*
6. *To be treated as individuals*

Tysh was very happy for her words to be used in this paper, and her eloquence speaks volumes about the importance of genuine consultation and partnership with children and young people.

### Key messages

- Most children want to be included in decisions that affect their lives.
- Children need to feel that they can provide frank feedback regarding their interactions with the service system without the fear of reprisal.
- Providing children with opportunities to participate in decision making forms part of their healthy development as it allows them to consider the options open to them and take supported risks.
- Good decisions are grounded in a strong appreciation of the child’s unique viewpoint.

## 6.3 A partnership approach between services

The Best Interests principles require a broadening of the lens to incorporate a focus on the development, stability and safety of children who are the subject of reports to Child Protection and Family Services. To achieve this desired outcome for children, the service system is required to think holistically about the child’s experience and to shift from the common practice of compartmentalised engagement around current risk.

This need has been well understood for some time and leaders in the field have long advocated for a more collaborative working relationship between sectors:

From a family centred perspective rather than a problem centred perspective, the interrelated nature of social problems such as child abuse and domestic violence, mental illness, alcohol and drug use and offender rehabilitation is very obvious. We will therefore need to meet the challenge of loosening the boundaries between professions and organizations centred on these fields of practice if we are to achieve a more integrated, family centred response to some of the pressing social problems which face families in our society today (Scott & Campbell 1994, p. 453).

One of the major learnings from the department's reviews of practice, is that complex cases require high levels of communication between services and organisations involved with the family, and that differences of judgement need to be transparent and worked through. Agencies in the family services and Child Protection system are already committed to best practice principles and have as their focus the best interests of the child. However, difficulties arise in the context of the struggle to negotiate just what course of action is in the best interests of the child. Conflicts between services have arisen where each party has acted in good faith and had certainly made demonstrable efforts to clarify the issues. However, the nature of these cases and the complex issues of attachment, stability, neglect, harm, future risk and extended family assessment, together with different service roles, funding agreements, and preferred practice models, require more explicit attention to processes of dispute resolution.

Each of the carers and professionals involved in the life of the child view the best interests of the child through the lens of their own training, practice wisdom, theories in use, and agency culture, tradition, practice frameworks, supervisory and management structures, funding models and constraints. To add to the complexity, clinical training in the various helping professions has long regarded the life and family of origin experience of workers to be highly relevant in colouring their perception of their client's situation.

Judgements about the child's best interests are also grounded in time and place. Different professionals will also enter the life of the child and family at different points in time of the family life cycle, and therefore experience varying emotional and physical environments. While the timing of the professional intervention is critical, equally, the length of time the worker has to assess and work with the family is a critical factor in the assessments and judgements that can be made about the family, and what course of action constitutes the child's best interests.

Some agencies will focus narrowly on the pathology of the parents and lose sight of the context of the parent's own history of trauma and potential for healing, while others will develop an overly optimistic view, which is blinkered to the available forensic evidence of abuse and neglect of the children. Some agencies work within a family focus, directly engaging both

adults and children, some adult-focused services never see the children of their clients, while some child-focused services rarely engage the significant adults in the child's life. Given:

- the vulnerability of children and the needs of parents
- the unrelenting demand
- the diversity of practice models
- resource constraints
- the complexity of the task of inter-agency collaboration
- the pressure on systems to 'get it right', given the vulnerability of children who have been harmed or who are at risk of being harmed in the future
- level of scrutiny,

there is a need to acknowledge the potential difficulty and extra demands of a partnership approach, and resource agencies and services to enact the principles of partnership and collaboration.

Scott (2005) has argued that there has been a lack of a conceptual framework for analysing what may be happening at the interface of organisations. She notes the complex issues of mandates, roles, responsibility for differing client groups or aspects of the client, funding, competition, power, dependence (regarding funding, referrals, information) and gate keeping. Scott (2005) proposes that understanding the source of inter-agency conflict may allow a more appropriate response. She has proposed a conceptual framework for analysing and responding to inter-agency conflict (see Table 1). This was derived from 'an extensive qualitative study using inter-agency interaction in Child Protection cases using ethnographic observation and in-depth interviewing' (Scott 1995, p. 134).

Scott (2005) cites Hudson (1987) in the development of her conceptual framework and notes that from a structural perspective organisations are seen to be driven by their survival needs and this requires them to maximise autonomy and conserve resources:

From an agency's viewpoint, collaborative activity raises two main difficulties. First, it loses some of its freedom to act independently, when it would prefer to maintain control over its domain and affairs. Secondly, it must invest scarce resources and energy in developing and maintaining relationships with other organizations, when the potential returns on this investment are often unclear or intangible (Hudson 1987, p. 175).

**Table 1. Matrix for analysis of inter-agency conflict**

Levels of analysis	Examples of conflict	Possible interventions
Inter-organisational	Single input services based on categorical funding	Flexible funding models, or service integration
Intra-organisational	Internal divisions managed by the need for a 'common external enemy'	Intergroup relations consultation, staff exchange, new leadership
Inter-professional	Different perspectives and modes of decision-making and communication	Acknowledgement of differences and agreement on process
Inter-personal	Conflict between individuals	Mediation by individuals or a third party
Intra-personal	Unconscious processes as a result of high anxiety	Individual/group clinical supervision

(Scott, 2005, p. 134)

While acknowledging that the framework needs to be tested further, Scott (2005) offers very practical assistance in developing targeted responses and processes to resolve difficulties in interagency collaboration.

### Key messages

- There is an increasing need for partnership between services to address the increasing complexity of families presenting to Child Protection.
- Each care team members holds a unique perspective regarding the best interests of the child and therefore needs to be properly engaged in order to understand the needs of the family.
- The varying roles and perspectives of agencies can make interagency collaboration and partnership difficult.
- Organisations due to their need for survival are forced to operate autonomously and preserve their resources.
- Understanding the source of interagency conflict can allow appropriate responses to achieving partnership.

### 6.3.1 Partnership and process issues

To provide a more integrated service for children and families, every region in the state needs to continue investing energy and resources to strengthening and forming dynamic partnerships between professionals, including critically, partnerships with and between community service organisations and Child Protection. The real challenge will be in managing the differences and committing to resolving any conflict that arises in mature and sensible ways. Robust debate, constructive critique and conflict or passion about the best practice to achieve the best interests are the levers for innovation and growth. However, blame, ill informed judgements, cut-offs and hostility that remain unresolved are unproductive and sap valuable resources and energy that could be channelled into helping children and families.

A commitment to review and attend to the process issues and to provide positive opportunities for workers to learn from one another through interagency professional contact is critical for the success of the cultural change. There are many current examples of vibrant professional partnerships that are established or growing across the state. The linking of services across traditional boundaries to form learning circles, research groups, working parties, joint reviews of practice, and creative development of new services and solutions (to long-standing and potentially overwhelming problems), is currently a work in progress in local regions of the state and is worthy of note.

In order that families receive the best service, we need to review traditional procedures and structures and focus on the specific needs of these children at this point in time, which may require a creative combining of resources and a crossing of traditional boundaries. Child FIRST<sup>3</sup> will provide an opportunity to offer a community-based approach to more effectively reach the children and families who most require earlier intervention, and a coordinated response. The Innovations Projects and the Take Two Program are examples of what can be achieved when parts of a service system commit to a coordinated effort towards improved outcomes for vulnerable children and families.

Humphreys and Stanley (2006) write about the concept of multi-agency and multidisciplinary work in the area of domestic violence, and conclude:

a climate in which workers actively perceive benefit in mutual cooperation as the basis for inter-agency working (Farmakopoulou 2002) is where the most effective partnership arrangements will be found. Creating 'communities of practice' (Wenger 1998) in which the needs of service users are central and where workers trust each other and work towards a set of agreed goals will be where the real tests of multi-agency working lie. At the centre of this work should be the needs of adult and child survivors who experience the multi-agency network around them as empowering their decisions and facilitating steps towards safety and justice (p. 47).

Assessments of safety versus risk, stability versus chaos, wellbeing versus deprivation and strengths versus deficits are socially defined and influenced by complex social constructions inevitably limited by, and situated in, time and place. It is to be expected that differences and, at times, conflict between agencies will occur; therefore processes need to be in place to mediate and resolve the issues so that the best interests of the children are actively practised and do not become a rhetorical debate.

### Key messages

- Regions need to invest energy and resources into nurturing partnerships between Child Protection and community service organisations.
- A challenge is building the commitment to resolve conflict as it arises.
- A commitment to attending to the process issues and providing positive interagency opportunities for workers to learn from one another. Learning circles, research groups, joint reviews of practice and working parties are examples of this.
- Interagency collaboration is believed to operate most effectively when workers perceive that there is mutual benefit in this.
- It is to be expected that differences and at times conflict between agencies will occur and therefore processes need to be in place to mediate and resolve the issues.

## 6.4 Practice challenges

**The basic focus of any assessment and intervention must now be to answer the question: How is this child developing? as well as Is this child safe?**

This cultural shift is about a change in mindset to a practice orientation that is truly systemic, which must be organisationally supported by a change in procedures and processes. It requires that, in partnership with their parents or carers, we develop a rich understanding of the past experiences of the child, champion their cause in the present, and develop plans for the future into opportunities that enable children and young people to achieve the highest possible expectations.

It is incumbent on the service system to develop and promote practice that is holistic rather than fragmented into ‘silos’ of: a stability plan, a safety plan, a cultural plan and a wellbeing plan. This reflects the lived experience of children and families, who simply do not experience life in rigid linear frameworks. Children and families are relationship-focused, adaptive, dynamic and evolving, and our case planning and engagement is most effective when we mirror the same integrated, relationship-based approach.

Case planning is a process based on strong engagement and case practice that is mindful of the children and empowering of the family. The Best Interests principles require our practice to be both strength-based (astute to the possibilities for change and healing) and forensically astute. We need to be advocates for nurturing relationships between parents and children and be aware of the mutual, recursive patterns of influence. Put simply, we need to explore how parents and children impact on one another whilst acknowledging that the power differential is not equal. If we integrate knowledge from developmental, behavioural and neurological science, then the importance of time and the developmental needs of children, particularly of infants, cannot be ignored. Their safety and developmental needs have to be privileged, and safe, positive outcomes ensured (Shonkoff & Phillips 2000). Case drift and the absence of engagement of parents are clearly not in the child’s best interests.

Children and families need to be understood contextually, and engagement and casework needs to reflect an understanding of the constraints experienced by families that impact on their ability to ensure the safety and age appropriate development of their children. If these constraints are overwhelming and intractable, despite strong support from the sector, ‘the widest possible assistance’ (s.10), then the child’s needs for safety and stability must be met by engaging the support of kith and kin or the Out-of-Home Care services.

Kufeldt and Stein (2005), reporting on the care experiences and the process of leaving care for young people, conclude:

that much needs to be changed if we are to reduce the number of survivors and victims and enable young people leaving care to move on to success. Four aspects of practice stand out. These are the need to re-think family preservation, the potential of foster care to compensate young people, the importance of education, and the overarching issue of promoting a sense of identity and self worth... Research studies completed on young people leaving care since the beginning of the 1970s consistently reveal high levels of truancy and school exclusion as well as low levels of attainment and participation beyond the minimum school leaving age (Jackson 2001; Kufeldt et al. 2003; Social Exclusion Unit 2003). This needs to change...

Statutory intervention and court orders may be necessary to ensure the safety of the child and their right to access developmentally appropriate services. Some families are dangerous for children and, despite the most skilful, persistent and engaging practice, they are not safe. However, the Best Interests principles are very clear about the need to protect and assist the family and, when a child is removed from their parent’s care, of the desirability of reunification when this is in the child’s best interests. When reunification is not possible, then consideration must be given to the child’s connections to family, and social, individual and cultural identity and uninterrupted connection to school or training opportunities. Dwyer and Miller (in press) caution against simplistic, polarised views of family relationships:

because a girl was removed from home or ran away from violence and abuse, is she disconnected from her family? Not necessarily: If you ask her, you are apt to find that family relationships remain an enormous source of pain, and the desire for connection is deeply held. Physical separation over many years rarely equates with emotional separation. While the family may have been the source of the trauma, young women usually long for it to be their source of comfort. We have had situations where young women have absconded from “safe” placements to return to their family home under the cover of darkness just to steal a look at parents or siblings. The sadness and poignancy in this dilemma can often overwhelm young women, workers and families alike (p. 4).

While some children cannot and should not remain living with their parents, the vast majority of children notified to Victoria’s Child Protection system can and do remain at home. Moreover, a majority of those children who enter Out-of-Home Care are generally reunified with the parents within a short period of time.

According to the Australian Institute of Health and Welfare (2006a) 2004-05 data, of the total number of children notified to child protection in that year (37,523 notifications), 8.2 per cent (3,080 children) were admitted to care and protection orders. However, if the figures are examined of the number of children notified where the abuse was substantiated (7,398 substantiations), who were admitted to care and protection orders, then the figure is 41.63 per cent. Note, of those children admitted to care and protection orders, not all will have entered Out-of-Home Care; this data includes those children on court orders who remain in their parents' care. This data further does not capture those children on voluntary agreements.

The challenge all child welfare systems face is in identifying those families able to ensure the safety and wellbeing of their children with some level of support, and ensuring the provision of the required supports; while also being able to recognise when the more drastic step of removing a child from parental care is necessary. This requires a repertoire of services and evidence-based programs that recognise the complexity of this challenge.

### Key messages

- The basic focus of any assessment and intervention must now be to answer the question 'How is this child developing?' as well as 'Is this child safe?'.
- We must work in partnership with a child's parent or carers to develop a rich understanding of the child's past, champion their cause in the present and develop plans that enable the child to achieve the best possible outcomes into the future.
- The service system must develop and promote practice that is holistic.
- Case planning and engagement must be relationship-focused, adaptive, dynamic and evolving.
- Case planning is a process based on strong engagement and case practice that is mindful of the children and empowering of the family.
- We need to be advocates for nurturing relationships between parents and children.
- Case drift and the absence of engagement of parents are clearly not in the child's best interests.
- Case practice and engagement must reflect a contextual understanding of families and children as well as the constraints they experience.
- Consideration must be given to a child's connection to family, community, culture and education or training.
- Despite maltreatment, most children wish to remain highly connected to their family.
- The majority of the children who come to the attention of the Child Protection system do not end up on court order and, of those who enter Out-of-Home Care, most return home quickly.

## 6.5 Risk assessment and best interests planning

Given the complexity and the difficulty of balancing the rights of the child to be protected and the need to avoid inappropriate intrusion into the lives of families, risk assessment is of critical importance.

For politicians and professional practitioners alike there are two sides to a child protection tightrope politicised by the publicity of the type which has occurred. On the one side is the risk of the ‘false negative’- the situation in which the degree of risk to the child is underestimated and the child is subsequently abused. On the other side is the ‘false positive’- the situation in which a child is unjustifiably seen as in danger and is removed from parental care...(Scott 1995, p. 51)

Current risk assessment and case planning need to be historically grounded. They need to pay attention to the cumulative harm experienced by children through both acts of commission and omission. Interactional patterns of connectedness within the family and strengths need to be understood, along with repeating patterns of harm. Families who experience ongoing concerns about the safety, stability and development of their children are in repeating ‘stuck’ patterns. The helping system, through actions or inactions, can at times become part of the pattern which ‘maintains the problem’, as an unintended consequence. This is an international, human phenomenon, and is certainly not unique to the Victorian service system. That is, people tend to respond to problems in an effort to be helpful and solve the problem, and these attempts may eventually become part of the problem (Watzlawick, Weakland & Fisch 1974). The need for supervision, critical decision making and reflective practice is critical to ensure good outcomes.

This is particularly evident in cases where the neglect or abuse issues are viewed as discrete episodes rather than as part of a repeating pattern, which may be having serious consequences on the child’s development and wellbeing. It is also evident in cases where a developmental lens has not been applied and, as a consequence, the lack of caregiving has not been viewed as serious enough to warrant assertive intervention. In undertaking a more holistic assessment of the child, workers will be required to attend to the impact as well as the type and degree of harm. Analysis and action which follows any assessment must be cognisant of the developmental impact of the harm experienced by the child.

The complexity of neglect and the issue of cumulative harm have been noted by a range of clinicians and researchers and recently prompted the Victorian Child Death Review Committee (VCDRC) to initiate a group analysis of deaths where these issues were prevalent. The Office of the Child Safety Commissioner recently published the report which provides an excellent analysis:

The notion of low impact high frequency events compared to high impact low frequency events can be useful in understanding cumulative harm. ...for example, when a case has numerous notifications either not investigated or not substantiated, assumptions can be readily made that the case is not one of significant risk. A cumulative harm perspective requires re-examination of each of these notifications every time a new notification is made in order to assess whether a multitude of low-level risk factors is demonstrating significant cumulative risk. (Frederico, Jackson & Jones 2006)

In an earlier group analysis examining the interface between mental health, drug and alcohol and Child Protection services, the VCDRC identified a number of key priorities for action. These include the promotion of a more family-centred focus in mental health and drug and alcohol services, the development of common parenting assessment tools across sectors, and the promotion of regular case conferencing for parents with multiple needs, especially at the point of discharge from inpatient settings (OCSC 2006, p. xiv).

A culture of reflective practice is crucial so that professionals can be astute to the possibilities for change. This requires self-reflection and creative practice especially when working with young people and their parents who are hurt and acting out in aggressive or self-destructive ways. Such practice allows for multiple hypotheses to be made and complex situations to be investigated.

A pluralist approach to assessment develops a range of ideas and tests each one that is considered reasonable, whilst maintaining an open and curious mind. Even when one possibility is demonstrated to be applicable this does not mean that other hypotheses are no longer relevant. For example, where a child's delay is medically assessed as due to an organic condition, this does not exclude lack of stimulation as contributing to the problem. Where a child has been diagnosed with cancer, this does not rule out that bruising may be caused by physical abuse. (Frederico, Jackson & Jones 2006)

Munro (2002) has written on the decision making processes in Child Protection services:

for the individual, the overwhelming problem with human reasoning is that people do not like changing their beliefs. They go to great lengths to avoid the discomfort of having to revise their judgements. There is no simple antidote to this weakness. Child protection workers can be aware only of how they are likely to err and consciously try to counteract it.

A shift to a more critical approach is equivalent to changing from being a barrister to being a detective. A barrister defends one point of view, offering only information that supports it and trying to deny or discredit any challenges thrown at it by the opposing side. A detective is trying to establish the truth and looks diligently for evidence for and against a point of view (p. 159).

Armytage, Boffa and Armitage (1998) reflected on the alienation of non-government support agencies and other services, from a partnership approach to the protection and support of children, by earlier Child Protection practices that claimed the expert position. Current practice, while acknowledging the importance of expertise, is based much more on a model of partnership and respectful collaboration.

In order to be working in the child's best interests we need to be exquisitely tuned into the impact of our practice. That is, we need to be focused on the demonstrated changes that are taking place and whether these improve the lives of children. Raymond Lemay (2006) lectured recently in Melbourne on the importance of making sure we are measuring our **effectiveness**, and not becoming a procedurally-driven system focused on **efficiency**. Previous service system responses and **outcomes** of interventions need to be realistically assessed:

*Did they work? What do the children and their behaviours tell us about what is different? How would the parents and other significant others rate themselves in terms of 'where they're at' in relation to where they want to get to? Did we help the family to achieve good outcomes for children in terms of their safety, stability and development? What's changed? Are the children safer? Are they recovering from the abuse and/or neglect? How do we know? Are they more developmentally 'on track'? What does the maternal and child health nurse say, what is the view of the school, the kinda, the extended family, the GP? What was getting in the way of stability? If it was the mother's mental health issues and her own unresolved trauma, have we supported her to address them? Have we been respectful of her cultural traditions? Were we fair and transparent and family sensitive? Has the violent perpetrator been engaged to take responsibility for his/her behaviour and get help? Have we been empowering of the mother who is a victim of violence or have we blamed her? Do we have an informed assessment of the child's level of risk? What do the police say about the pattern of violence? Have we understood the complexity of the relationship? Have we supported the parent/s and children to access appropriate legal channels? Have we been sensitive to how hard it is to parent a traumatised child when as a parent you are in shock and emotionally depleted, economically disadvantaged, homeless and shamed? Have we provided practical and material help? What treatment or support have the children received to help them process the overwhelming events? Are they more able to play and concentrate and relate and participate and belong? Does someone notice? Does someone delight in them?*

If the previous service response was unhelpful, then we need to do something different. We need to find another intervention or style or process that is more effective and engaging. Statutory intervention may be required if the universal and Family Services are unable to help change to occur within the family; however, without partnership with these sectors Child Protection can quickly become a blunt instrument.

The Best Interests principles require that we develop effective interventions based on the most informed evidence available, and then actively monitor the feedback between sectors, remaining attuned to the outcomes within the family so that the casework is responsive to the changing circumstances. Put simply, we need to remain curious about our effectiveness and reflective about the experience of the children and parents, and respond collaboratively to their feedback, always with the vulnerable child at the centre of our consideration rather than traditional agency or system constraints and procedures.

The processes and communication between the parts of the system are critical for the Best Interests principles to be enacted. This requires that the broader system around the family join to flexibly and creatively engage the family, in a solution-focused process that is timely, respectful and culturally appropriate; rather than the family having to struggle to get help in a poorly coordinated service system, or falling through the cracks completely, with dire outcomes for children.

### Key messages

- Risk assessment and case practice needs to be historically grounded, pay attention to cumulative harm and understand interactional patterns of connectedness within the family.
- It is possible that the helping system, when responding to family problems in an attempt to solve them, can eventually unwittingly become part of the problem.
- The need for supervision, critical decision making and reflective practice is critical to ensure good outcomes.
- In undertaking a more holistic assessment of the child, workers will be required to attend to the impact as well as the type and degree of harm.
- Analysis and action which follows any assessment must be cognisant of the developmental impact of the harm experienced by the child.
- A culture of reflective practice is crucial so that professionals can be astute to the possibilities for change, and not allow personal bias to impede practice.
- Risk assessment should allow for multiple hypotheses to be developed.
- Good case practice and risk assessment must avoid rigid judgements and be flexible enough to change in light of new emerging information.
- In order to be working in the child's best interests we need to be exquisitely tuned into the impact of our practice on outcomes for children.
- The processes and communication between the parts of the system are critical for the Best Interests principles to be enacted.

## 7. Professional development and quality supervision

A statutory service, agency or legal context which privileges the child's best interests requires a mature and informed approach where professionals are committed to ongoing professional development and the integration of contemporary research, knowledge and skills into daily practice. Strong leadership and sound management throughout the relevant sectors are essential in enabling this to occur in regular, systematic ways. In agencies of high stress that engage with trauma, and particularly the trauma of children, it is essential that workers are supported to process the emotional impact of the work so that decision making is clear and thoughtful; proactive, rather than reactive to the culture of crisis.

Munro (2002) has written about the decision making processes in Child Protection which can contribute to 'not seeing' either the cumulative harms or the strengths. Noting that most decisions are made in a group context, she writes that:

*group judgement and decision making will be vulnerable to the two biases of avoiding conflicting views and tending towards a consensus around an extreme position (p. 157).*

She goes on to suggest practical ways of promoting good thinking, characterised by a tolerance of opposing views and a willingness to examine the pros and cons of alternatives. The CYFA guides the decision around the best alternative as the one that best protects and promotes the safety and healthy development of the child.

Services and systems need to actively resource and enable practitioners to reflect on and review their practice so that the quality of the service for children and families is privileged. Professional supervision and secondary consultation, which both supports practitioners and calls them to growth, is a vital component in the system providing a child-focused, family sensitive service. The voice of the child, an awareness of their developmental vulnerability, the impact of trauma and neglect throughout the life cycle and, most importantly, respect and compassion for the family's experience, strengths and potential for recovery must be present in every supervisory context.

Proper adherence to administrative tasks is also part of the quality of the service families receive and essential for good communication with the family and other service providers. It should be properly incorporated into supervision, but should not become the sole focus. Case records with clearly articulated assessments and rationale for decisions are essential for current practice and an historical analysis that may be required to assess cumulative harm. The supervisory relationship can assist the worker in exploring alternative views and forming a more contextual analysis.

Dale, Davies, Morrison and Waters (1986) have written about the culture of 'professional dangerousness' where workers, in their attempt to maintain the relationship with the family, gloss over allegations of maltreatment even when the parents' explanations are clearly implausible.

Similarly, Dingwall, Eekelaar, and Murray (1983) have described a phenomenon they call the “rule of optimism,” wherein workers place their hope in simplistic solutions to address issues of maltreatment and thereby overlook minor injuries in children that may well be part of a pattern of increasing harm (Turnell & Edwards 1999, p. 32).

Ongoing professional supervision and consultation is the primary check and balance to ensure that the best interests of the child are rigorously reviewed and an overly optimistic or an overly pathologising view of the family is not perpetuated. While recognising the place of research in evaluating and informing practice, the reflective use of self remains an important part of social work practice and is embedded in other helping professions also. Evidence-based practice and critical reflective practice have been presented as alternative approaches in social work (Payne 2002). However, Plath (2006) argues for an effective integration of critical reflection with an evidence-based practice approach; this

approach requires curiosity, preparedness to question and willingness to explore alternatives. It requires the ability to critique research methodology by assessing the limitations and the results that can be claimed consequently (p. 69).

Court processes are often rigorous in the testing of claims to evidence-based knowledge and practitioners require support and preparation in managing this if the best interests of the child require court intervention. In the court of appeal decision in *R v Cannings* [2004] 1 WLR, the judge reflected on the role of research in his court:

Experts in many fields will acknowledge the possibility that later research may undermine the accepted wisdom of today. “Never say never” is a phrase, which we have heard, in many different contexts from expert witnesses. (at [178])

Dorothy Scott (2006) provides an important balance to the aspirations of the field in relation to ‘best practice’ in the best interests of children and young people, and the unrealistic expectations that society can place on workers:

I think we need to be cautious about conveying the assumption that ‘when things go wrong’ in child protection that they could always have been prevented by better practice. The reality is that there are no reliable risk assessment instruments in the field (all have high false positive rates - ie they would lead you to remove a very large number of children with the same risk profile to reduce the risk of injury to one child). Using child death/child injury cases without a recognition that no child protection system can prevent all deaths or injury, just as no mental health system can prevent all suicides, may actually intensify the pressure on child protection practitioners.

It is most important to acknowledge the extraordinarily complex and personally and professionally challenging role provided by child protection and community service organisations, and the courts. Program guidelines need to assist practitioners in the integration of both evidence-based research and culture of reflective practice. This is particularly relevant when matters are to be put before the court arguing the presence of cumulative harm and the need for stability in the child's life.

### Key messages

- Professionals need to be committed to ongoing professional development using the evidence base as a foundation for reflective practice.
- Workers must be supported to process the emotional impact of the work so that decision making is clear and thoughtful; proactive, rather than reactive to the culture of crisis.
- A tolerance of opposing views is required to avoid the danger of tending towards consensus in group decision making.
- The CYFA guides the decision around the best alternative as the one that best protects and promotes the safety and healthy development of the child.
- High quality supervision that is reflective of the voice of the child, their developmental vulnerabilities, the impact of trauma, compassion for the families experience and is aware of the strengths of the family is vital to good case practice.
- The Child Protection system can never be structured in such a way that it can prevent all child deaths.

## 8. Conclusion

Robin Clark's research into exceptional practice with troubled adolescents captures the essence of good practice, as she quotes one of the workers in her study:

*It has to be more than a job. What you do with kids and families you do with workers - you support, value, build a culture that respects individuals and encourages people to be different; and you encourage them never to give up. You teach them to never accept "no" if they think a kid really needs something. And not to accept that a service will not be provided for a kid....After all that's what parents do, isn't it? (Clark 2000, p. 42)*

The intrinsic importance of hope is implicit and explicit in all good practice and pervades the work of many writers and theorists. The families we meet are often in shock, demoralised or worn down by unrelenting grief and adversity. Many of the children and young people who are the focus of the Best Interests principles have experienced trauma and terror beyond words. We need to help them find their voice and exude a belief that life can be better and that we are hopeful that the adversity or their behaviours can be better. Children, young people and their families can and do recover and it is important that we can carry a spirit of hopefulness especially when they struggle to do so.

Miller and Dwyer (1997) have written about engagement with young people and families after abuse, and the importance of the spirit of the work being one of hope and empowerment. It is fitting to conclude this paper on the Best Interests principles with the voice of a 15-year-old young woman who has given permission for her words to be shared. She had been repeatedly, sexually abused by a trusted family member and ended up with the multiple 'at risk' behaviours so familiar to those in this field: drug abuse, disconnection from school and family, sexual exploitation, criminal behaviour, self-harming behaviours and violence to others. She was a dual client of the Child Protection system and the Juvenile Justice system and attended a family therapy agency with her family. As she and her family began the painful, rocky journey towards recovery she became interested in the place of meaning and hope in her life. She scribbled these words in a group session one day, as she swung back on her chair and flicked her cigarette lighter in a defiant and feisty way, as was her style:

*'First they slaughtered our  
dove of purity.  
Then they killed our  
dove of trust.  
But we still have our  
Dove of hope.'*

## Appendix 1 - *Children Youth and Families Act 2005*

### Section 10. Best Interests principles

- (1) For the purpose of this Act the best interests of the child must always be paramount.
- (2) When determining whether a decision or action is in the best interests of the child, the need to protect the child from harm, to protect his or her rights and to promote his or her development (taking into account his or her age and stage of development) must always be considered.
- (3) In addition to sub-sections (1) and (2), in determining what decision to make or action to take in the best interests of the child, consideration must be given to the following, where they are relevant to the decision or action.
  - (a) the need to give the widest possible protection and assistance to the parent and child as the fundamental group unit of society and to ensure that intervention into that relationship is limited to that necessary to secure the safety and wellbeing of the child; and
  - (b) the need to strengthen, preserve and promote positive relationships between the child's parent, family members and persons significant to the child;
  - (c) the need, in relation to an Aboriginal child, to protect and promote his or her Aboriginal cultural and spiritual identity and development by, wherever possible, maintaining and building their connections to their Aboriginal family and community;
  - (d) the child's views and wishes, if they can be reasonably ascertained, and they should be given such weight as is appropriate in the circumstances;
  - (e) the effects of cumulative patterns of harm on a child's safety and development;
  - (f) the desirability of continuity and stability in the child's care;
  - (g) that a child is only to be removed from the care of his or her parent if there is an unacceptable risk of harm to the child;
  - (h) if the child is to be removed from the care of his or her parent, that consideration is to be given first to the child being placed with an appropriate family member or other appropriate person significant to the child, before any other placement option is considered;
  - (i) the desirability, when a child is removed from the care of his or her parent, to plan the reunification of the child with his or her parent;
  - (j) the capacity of each parent or other adult relative or potential care giver to provide for the child's needs and any action taken by the parent to give effect to the goals set out in the case plan relating to the child;

- (k) access arrangements between the child and the child's parents, siblings, family members and other persons significant to the child;
- (l) the child's social, individual and cultural identity and religious faith (if any) and the child's age, maturity, sex and sexual identity;
- (m) where a child with a particular cultural identity is placed in out-of-home care with a care giver who is not a member of that cultural community, the desirability of the child retaining a connection with their culture;
- (n) the desirability of the child being supported to gain access to appropriate educational services, health services and accommodation and to participate in appropriate social opportunities;
- (o) the desirability of allowing the education, training or employment of the child to continue without interruption or disturbance;
- (p) the possible harmful effect of delay in making the decision or taking the action;
- (q) the desirability of siblings being placed together when they are placed in out-of-home care;
- (r) any other relevant consideration

## 9. References

- Allen, J. (2002). *Traumatic relationships and serious mental disorders*. Chichester: John Wiley & Sons.
- Allen, R. I. and Petr, C. G. (1998). Re-thinking family-centered practice. *American Journal of Orthopsychiatry*, 68(1): 4-15.
- American Academy of Child and Adolescent Psychiatry (October 1997). Practice parameters for the psychiatric assessment of infants and toddlers (0-36 Months). *Journal of the American Academy of Child and Adolescent Psychiatry*, 36(10S) Supplement:21S-36S.
- Archer, C. (1996). Attachment disordered children. In *after adoption...working with adoptive families*. Edited by Phillips, R. & McWilliams, E. London: BAFF.
- Armytage, P., Boffa, J. & Armitage, E. (1998). Professional practice frameworks: Linking prevention, support and protection. Paper presented at Twelfth International ISPCAN Congress on Child Abuse and Neglect: *Protecting Children: Innovation and Inspiration*: Auckland, New Zealand. September 6-9.
- Auerhahn, N. & Laub, D. (1998). Intergenerational memory of the holocaust. In *International handbook of multigenerational legacies of trauma*. Edited by Danieli and Yael. New York: Plenum Press.
- Australian Institute of Health and Welfare (2006). *Homeless people in SAAP: SAAP National data collection annual report 2004-05*. Canberra: AIHW
- Australian Institute of Health and Welfare (2006a). *Child Protection Australia 2004-05*. AIHW cat no. CWS 24. Canberra: AIHW.
- Bamblett, M. (2006). Paper presented at *Child protection 2006 national forum*. Melbourne, Victoria.
- Bennett, F. (2005). Promoting the health and well-being of children: Evidence of need in the UK. In *Safeguarding and Promoting the well-being of Children, Families and Communities*. Edited by Scott and Ward. London: Jessica Kingsley Publishers.
- Berg, I. K. (1999). Forward. In *Signs of safety: a solution and safety oriented approach to child protection casework*. By Turnell, A. & Edwards, S. New York & London: WW Norton & Company.
- Besharov, D.J (1985). 'Doing something' about child abuse: The need to narrow the grounds for state intervention. *Harvard Law and Public Policy*, 8(3): 539-589
- Birrell, R. G. & Birrell, J. H. W. (1966). The 'maltreatment syndrome' in children. *Medical Journal of Australia*, 2:1134-1138
- Bloom, S. L. (1999). Trauma theory abbreviated. *Final action plan: a coordinated community-based response to family violence*. Pennsylvania: Attorney General of Pennsylvania's Family Violence Task Force.
- Bowlby, J. (1982). Caring for children: some influences on its development. In *Parenthood*. Edited by Cohen, Weissman & Cohler, New York: The Guilford Press.

Bromfield, L. (2005). Chronic child maltreatment in an Australian statutory child protection sample, Unpublished thesis PhD. Deakin University.

Bronfenbrenner, V. (1979). *The ecology of human development*. Cambridge: Harvard University Press.

Calder, M.C. (1995). Child protection: balancing paternalism and partnership. *British Journal of Social Work*, 25 (6): 749–766.

Campbell L. (20 July 2006). E-mail. Unpublished e-mail to Miller, R.

Carlson, E. A. & Sroufe, A. L. (1995). Contribution of attachment theory to developmental psychopathology. In *Developmental psychopathology: Volume 1: Theory and methods*. Edited by Cicchetti, D. & Cohen, D. J. New York: John Wiley & Sons.

Clark, R. (2000). *It has to be more than a job: a search for exceptional practice with troubled adolescents*. Melbourne: Deakin University, Policy and Practice Research Unit.

Clark, R. (1995). Child protection and social work. In *In the shadow of the law: The legal context of social work practice*. Edited by Swain, P. Melbourne: Federation Press.

Dale, P., Davies, M., Morrison, T., & Waters, J. (1986). *Dangerous families: assessment and treatment of child abuse*. London: Routledge.

Department of Human Services. (2005). *Protecting children: the next steps*, Melbourne: Office for Children.

Department for Victorian Communities. (2005). *Changing Lives: A new approach to family violence in Victoria*. Melbourne: Department for Victorian Communities.

Department for Work and Pensions. (2002). *Measuring Child Poverty: A Consultation Document*. London: HMSO.

DeVries. (1996). Trauma in cultural perspective. In *Traumatic stress: the effects of overwhelming experience on mind, body and society*. Edited by van der Kolk, Bessel A., McFarlane, Andrew & Weisaeth, L. New York: The Guilford Press.

Dozier, M., Peloso, E., Lindhiem, O., Gordon, K., Manni, M., Sepulveda, S., Ackerman, J., Bernier, A. & Levine, S. (in press). Intervention effects on biobehavioral regulation. University of Delaware.

Dozier, M., & Lindhiem, O. (in press). Caregiver commitment to foster children. University of Delaware.

Dwyer, J and Miller, R, (in press). Nasty young madams or poor little buggers: a systemic approach to trauma with young women with challenging behaviours. In *Lighting the path: reflections on counselling, young women and sexual assault*. Brisbane, Australia: Zig Zag Young Women's Resource Centre.

Edgar, D. (1997). Families and the social reconstruction of marriage and parenthood in Australia. In *Issues facing Australian families (2nd Edition)*, Edited by Weeks, W. & Wilson, J., Melbourne: Longman.

Eth. S (editor). (2001). PTSD in children and adolescents, *Review of psychiatry series, volume 20, number 1*. Washington: American Psychiatric Publishing.

Fahlberg, V. (1991). *A child's journey through placement*. Indianapolis, Indiana: Perspectives Press.

Fisher, P. A., Burraston, B., & Pears, K. (2005). The early intervention roster care program: permanent placement outcomes from a randomised trial. *Child maltreatment*, 10: 61-71.

Fonagy, P. (1999). *Transgenerational consistencies of attachment: a new theory* web version: [www.dspp.com/papers/fonagy2](http://www.dspp.com/papers/fonagy2)

Fraiberg, S., Adelson, E. & Shapiro, V. (1975). Ghosts in the nursery: a psychoanalytic approach to the problems of impaired infant-mother relationships. *Journal of the American Academy of Child and Adolescent Psychiatry*, 14(3): 387-421.

Frederico, M., Jackson A. and Jones (2006). *Child death group analysis: effective responses to chronic neglect*. Melbourne: Office of the Child Safety Commissioner, Victorian Child Death Review Committee.

Furlong, M., Young, J., Perlesz, A., McLachlan, D. & Riess, C. (1991). For family therapists involved in the treatment of chronic and longer term conditions. *Dulwich Centre newsletter*, 4: 58-68.

Gibbs, J. (2002). Sink or swim: Changing the story in child protection. Unpublished thesis PhD. Albury/Wodonga: La Trobe University.

Glaser, D. (2000). Child abuse and neglect and the brain: a review. *Journal of child psychology and psychiatry*, 41(1): 97-116.

Goddard, C. & Carew, R. (1993). *Responding to children: child welfare practice*. Melbourne: Longman Cheshire.

Goding, G. (1992). *The history and principles of family therapy*. Melbourne: Victorian Association of Family Therapists.

Goffman, E. (1963). *Stigma: notes on the management of spoiled identity*. Harmondsworth, England: Penguin.

Herman, J.L. (1992). *Trauma and recovery*. New York: Basic Books.

Hough, G. (1994). The re-direction of state welfare: a case study of the nature of the labour process in child protection in Victoria. Unpublished thesis PhD. La Trobe University.

Humphreys, C. & Stanley, N.(Editors.) (2006). *Domestic violence and child protection: directions for good practice*. London: Jessica Kingsley Publications.

Jackson A. (2005). Trauma and child abuse. Paper presentation at *VACCA families are forever: Building them strong conference*. October 2004. Victoria.

Kempe, C. H., Silverman, F. H., Steele, B. F., Droegemuller, W. & Silver, H. K. (1962). The battered-child syndrome. *Journal of the American Medical Association*, 181(1): 17-24

Kufeldt, K. & Stein, M. (2005). The voice of young people: reflections on the care experience and the process of leaving care. In *Safeguarding and promoting the well-being of children, families and communities*. Edited by Scott, J. & Ward, H. London: Jessica Kingsley Publications.

Laming, L. (2003). *The Victoria Climbié Inquiry*. London: Home Office.

Lansdown, G. (2005). *Can you hear me: the right of young children to participation in decisions affecting them*. Working paper 63. The Hague, The Netherlands: Bernard van Leer Foundation.

Lemay, R. (2006). Presentation at *Giving every child in out-of-home care every chance: The resilience congress*. Melbourne. 21-22 August.

Levy T. M., & Orleans, M. (1998). *Attachment, trauma and healing*. Washington, DC: Child Welfare League of America.

Lyons-Ruth, K., & Jacobvitz, D. (1999). Attachment disorganisation: unresolved loss, relational violence, and lapses in behavioural and attention strategies. In *Handbook of attachment: theory, research, and clinical applications*. Edited by Cassidy J. & Shaver P. R. New York: Guilford Press. 520-554.

Main, M. & Hesse, E. (1990). Parents' unresolved traumatic experiences are related to infant disorganised attachment status: Is frightened and/or frightening parental behaviour the linking mechanism. In *Attachment in the preschool years: Theory, research and intervention*. Edited by Greenberg M. T., Cicchetti D. & Cummings E. M. Chicago: University Press. 161-182.

McAuley, C. (1996). *Children in long-term foster care: emotional and social development*. Alershot, UK: Avebury.

McCashen, W. (2005). *The strengths approach: a strengths-based resource for sharing power and creating change*. Bendigo, Victoria: St Luke's Innovative Resources.

McCulloch, A. and Joshi, H. (1999). *Child Development and Family Resources: An Exploration of Evidence from the 1958 British Birth Cohort*. Series No. 15. University of Essex, UK: Institute for Economic and Social Research.

McConachy, J. (2006). *Unpublished manuscript*.

McIntosh, J. (1997). Multiple loss: a phenomenology of attachment and its felt absence in fostered children. Unpublished PhD thesis. Melbourne: University of Melbourne.

- Meyer, S. E., Chrousos, G. P. & Gold, P. W. (2001). Major depression and the stress system: a life span perspective. *Development and Psychopathology*, 13: 565-580.
- Miller, R. & Dwyer, J. (1997). Reclaiming the mother-daughter relationship after sexual abuse. *Australian and New Zealand Journal of Family Therapy*, 18(4): 194-202.
- Mudaly, N. & Goddard, C. (2006). *The truth is longer than a lie: children's experience of abuse and professional interventions*, London & Philadelphia: Jessica Kingsley Publishers.
- Munro, E. (2002). *Effective child protection*. London: Sage Publications.
- Nishith, P., Mechanic, M., & Resick, P. (2000). Prior interpersonal trauma: the contribution to current PTSD symptoms in female rape victims. *Journal of Abnormal Psychology*, 109: 20-25.
- Office of the Child Safety Commissioner (2006). *Annual report of inquiries into the deaths of children known to child protection 2006*. Melbourne: Office of the Child Safety Commissioner.
- Park, A., Philips, M. & Johnson, M. (2004). *Young people in Britain: the attitudes and experiences of 12- to 19-year-olds*. London: Department for Education and Skills.
- Parton, N. (2004). From Maria Colwell to Victoria Climbié: Reflections on public inquiries into child abuse a generation apart. *Child Abuse Review*, 13(2): 30-94
- Parton, N., Thorpe, D. & Wattam, C. (1997). *Child protection: risk and the moral order*. London, UK: Macmillan.
- Payne, M. (2002). Social work theories and reflective practice. Chapter 11 in *Social work: themes, issues and critical debates*. Edited by Adams, R., Dominelle, L. & Payne, M. Basingstoke: Palgrave.
- Perry, B. D. (1995). *Maltreated children: experience, brain development and the next generation*. New York: Basic Books.
- Perry, B. D. (2001). Violence and childhood: How persisting fear can alter the developing child's brain. In *Textbook of child and adolescent forensic psychiatry*. Edited by Schetsky, D. and Benedek, E. Washington: American Psychiatric Press.
- Perry, B. D. (2006). Applying principles of neurodevelopment to clinical work with maltreated and traumatized children. In *Working with Traumatized Youth*. Edited by Boyd Wedd N. New York: Guildford Press.
- Plath, D. (March 2006). Evidence-based practice: Current issues and future directions. *Australian Social Work*, 59.
- Premier's Children's Advisory Committee. (2004). *Joining the dots: A vision for Victoria's children a report of the Premier's Children's Advisory Committee to the Premier of Victoria*. Melbourne. Available from <http://hnp.dhs.vic.gov.au/wps/portal> (Accessed 6 June 2006)

Quinton, D. (2005). Themes from a UK research initiative on supporting parents. In *safeguarding and promoting the well-being of children, families and communities*. Edited by Scott, J. & Ward, H. London: Jessica Kingsley Publications.

Quinton D (2004). *Supporting Parents: Messages from research*. London: Jessica Kingsley Publishers.

Raphael, B., Swan, P. & Martinek, N. (1998). International aspects of trauma for Australian Aboriginal people. In *International handbook of multigenerational legacies of trauma*. Edited by Danieli, Y. New York: Plenum Press.

Rayner, M. (1991). Taking seriously the child's right to be heard. In *The UN children's convention in Australia*. Edited by Alston, P. G. & Brennan. Human Rights and Equal Opportunity Commission.

Rayner, M. (1995). Children's rights in Australia, Chapter 14 in *The handbook of children's rights: comparative policy and practice*. Edited by B. Franklin. London: Routledge.

Rayner, M. & Montague, M. (1999). *Resilient children and young people: a discussion paper based on a review of the international research literature*. Melbourne: Deakin Human Services.

Resnick, M., Harris, L. and Blum, R. (1993). The impact of caring and connectedness on adolescent health and well-being. *Journal of Paediatric and Child Health*, 29: 53-59.

Rutter, M. (1985). Resilience in the face of adversity: protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*, 147: 598-611.

Ruxton, S. and Bennett, F. (2002). *Including Children: Developing a coherent approach to child poverty and social exclusion across Europe*. Brussels: Euronet.

Schore, A. N. (2003). *Affect dysregulation and disorders of the self*. New York. WW Norton & Company.

Shore, R. (1997). *Rethinking the brain: New insights into early development*. New York: Families and Work Institute.

Schore, A. N. (2002). Disregulation of the right brain: a fundamental mechanism of traumatic attachment and the psychopathogenesis of posttraumatic stress. *Australian and New Zealand Journal of Psychiatry*. 36: 9-30.

Scott, D. (2006a). *RE: Best Interests Paper*. Unpublished e-mail to Miller, R.

Scott D., (2006). Sowing the seeds of innovation and sustaining hope in the protection of children. Presented at every child every chance launch. Melbourne. 13 April.

Scott, D. (2005). Inter-organisational collaboration in family-centred practice: A framework for analysis and action. *Australian Social Work*, 58(2): 132-141.

- Scott, D. (1995). Child protection: paradoxes of publicity, policies and practice. *Australian Journal of Social Issues*, 30(1): 4-9
- Scott, D. & O'Neill, D. (1996). *Beyond child rescue: developing family centred practice at St Luke's*. St Leonards, NSW: Allen and Unwin.
- Scott, D. & Campbell, L. (1994). Family centered practice in the interface between child welfare and the alcohol and drug field. *Drug and Alcohol Review*, 13: 447-454.
- Social Exclusion Task Force (2006). What is social exclusion. Available from: [www.socialexclusionunit.gov.uk](http://www.socialexclusionunit.gov.uk) (Accessed 7 November 2006).
- Shonkoff, J. P. (2006). Presentation at *Putting children first: Their future, our future*. Melbourne. 3 March.
- Shonkoff, J. P. & Phillips, D. A. (2000). *From neurons to neighbourhoods: the science of early childhood development*. Washington, DC: National Academy Press.
- Shore, R. (1997). *Rethinking the brain: new insights into early development*. New York: Families and Work Institute.
- Summit R. C. (1983). The child sexual abuse accommodation syndrome. *Child Abuse and Neglect*, 7(2): 177-93.
- Terr, L. C. (1991). Childhood traumas: An outline and overview. *The American Journal of Psychiatry*, 148(1): 10-20.
- Thoburn, J., Lewis, A. & Shemmings, D. (1995). *Paternalism or partnership: family involvement in the child protection process*. London: HMSO.
- Thomas, G. (1995). *Travels in the trench between child welfare theory and practice*. New York: Hawthorth.
- Tomison, A. M. (1996). Child maltreatment and family structure, NCPCH discussion paper no. 1. Melbourne: Australian Institute of Family Studies.
- Tomison, A.M. (1997). *Overcoming structural barriers to the prevention of child abuse and neglect: a discussion paper*. Sydney: NSW Child Protection Council.
- Turnell, A. & Edwards, S. (1999). *Signs of safety: a solution and safety oriented approach to child protection casework*. New York & London: WW Norton & Company.
- R v Cannings* (2004) 1 WLR.
- United Nations. (1989). U.N. *Convention on the Rights of the Child*. UN General Assembly Document A/RES/44/25.
- Victorian Government (2006). Charter of Human Rights and Responsibilities Act. Melbourne: Government Printer for the State of Victoria.
- van der Kolk, B. A. (May 2005). Developmental trauma disorder: toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, 35(5) 401-408.

van der Kolk, B. A. (1999). Trauma and memory: psychobiological processes and therapeutic interventions, Workshop presentation in Melbourne.

van der Kolk, B. A. (1996). Trauma and memory. In *Traumatic Stress*. Edited by van der Kolk B. A., MacFarlane, A. & Weisaeth L. New York: Gilford Press.

van der Kolk, B. A. (1989). The compulsion to repeat the trauma: re-enactment, revictimization, and masochism. *Psychiatric Clinics of North America*, 12(2) 389-411.

von Bertalanffy, L. (1950). The theory of open systems in physics and biology. *Science*. 111: 23-29. Reproduced in *Systems Thinking (1969)*. Edited by Emery, F.E. Harmondsworth: Penguin Books.

Watzlawick, P., Weakland, J. & Fisch, R. (1974). *Change*. New York: WW Norton and Company.

Wright, P., Turner, C., Clay, D. & Mills, H. (February 2006). *The participation of children and young people in developing social care*. Practice guide 6.

Available from

<http://www.scie.org.uk/publications/practiceguides/practiceguide06/index.asp>  
(Accessed 16 March 2006)







