Re-Imagining Child Welfare: Issues, Outcomes and Reform

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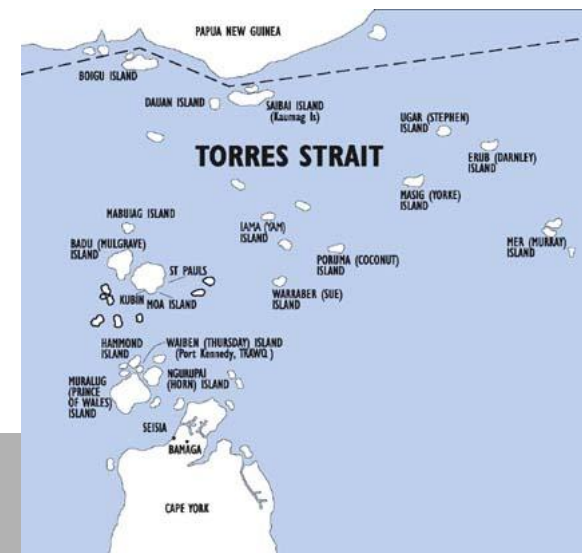# G'DAY

I acknowledge that we meet today on Aboriginal lands

My background

- Over a decade in direct CP practice and management positions
- Program development and state wide roles
- Over 1000 investigation/ assessments & numerous applications for care and protection of children
- Management of high profile cases
- Research and review of CP cases and systems
- Assistance from others including reading widely (Harries, Parton & Thomson)

  Lonne, B. Parton, N. Thomson, J. & Harries, M. (2009) *Reforming Child Protection*, Routledge.
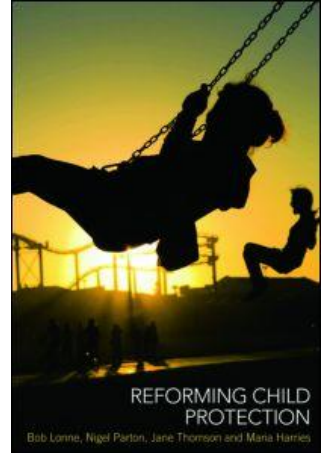
Over time I have had a growing realisation that something is terribly wrong with the way we are approaching things

Key Questions

- Why are we in this place given all that we have going for us?
  (eg reforms, resources, committed people, community & political support)

- What can be done about it?

- If we were designing a system from scratch to protect children and enhance family well-being – what would it look like?

Each day forces us
to totter on planks we hope
will become bridges
Kevin Hart

Queensland University of Technology

Canada at a glance

- 34 million people

- GDP per capita is 9th highest in OECD (2009)

- 4.7% Household net savings 17th in OECD (2009)

- Tax rates are 40% 18th highest in OECD (2008)

- Low unemployment comparatively with OECD

- 2010 4th highest life expectancy at 81.3 years
  http://www.worldlifeexpectancy.com/

- Happiness index 253 = 12th

- Smoking Men 105th Women 50th

- Alcohol 9.8litres pa – 46th

- Obesity Men 27th Women 65th

Canada at a glance

8th on Global Peace Index

Social/ Political Indicators

- Electoral process 9.58 /10
- Functioning of government 9.29 /10
- Political participation 7.78 /10
- Political culture 8.75 /10
- Civil liberties 10 /10
- Corruption perceptions 8.9 /10
- Women in parliament 22.1 %
- Political Democracy Index 9.08 /10
- Gender Inequality 0.74 %
- Freedom of the press 7 /100

http://www.visionofhumanity.org/gpi-data/#/2011/scor/CA/detail

Overview

- The UN Convention on the Rights of the Child
- Child welfare is a 'wicked problem' – socially constructed
- Significant advances in protecting children
- Some poor system outcomes
- Agenda for reform:
  - A revitalized role for community
  - Earlier intervention and a public health model
  - Effective collaboration
  - Attending to the workforce needs
  - An ethical framework for practice
- Measuring system and social outcomes
- The Change process

Child welfare and protection is highly contested

Take what you can use And leave the rest behind
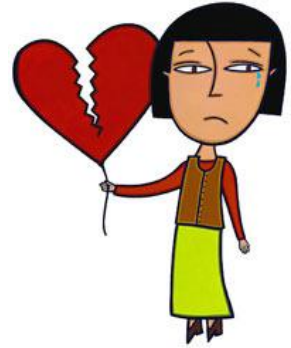
Take home messages

- It has taken us years to get to this place and reform is a "work in progress"
- Dominant forensic approaches are rapidly losing their grip due to increasing emphasis on early intervention
- We must maintain approaches that protect those children who are at risk of serious maltreatment or criminal acts
- Collaboration is a really hard nut to crack
- A robust ethical framework into practice is a segue into relationship-based practice
- The rebirth of community is essential to achieving a sustainable reform agenda.
- A focus on real outcomes has much to offer children and families, and those who seek to meet their needs

The Moral and Social Mandate

- Why do we try to protect children from harm?
  - Optimise societal longevity
  - To build and maintain a civil society
  - It's the 'right thing to do' – moral stance to achieve the greater good
  - Basis in traditional values – protecting those who are powerless and vulnerable
  - Dispensing justice to all
  - Western orientation and social constructions of children as innocents within nuclear family

Un Convention on the Rights of the Child

- The UNCRC is a foundational document for good practice and reform

- The UNCRC clearly locates the rights of children within a framework that includes a right to:
  - being a person in their own right with inalienable personality and personhood
  - having a family environment that involves parental entitlements, and
  - a right to grow up in a community, with all the attendant social and cultural beliefs, arrangements and connections that enable us to grow into healthy active citizens.

UNCRC

The rights of children are intertwined and inseparable from the rights of their parents and family, and community. It is all about relationships.

As Melton (2010b) notes, the rationale for family related rights acknowledges the family and community as a necessary repository of social values and socialisation, which is a matter of entitlement for all. The personal significance of family and relationships are integral to this as they provide a bedrock of nurturance, identity, purpose, fulfilment and security.

The Social Construction of Child Welfare and Child Protection

- These systems are socially constructed within particular understandings of children, childhood, family life and the State and are shaped by societal and political interests.

- Ideology underpins:
  - our policies and practice about how child abuse and neglect are defined
  - who comes to the attention of child protection authorities
  - how we approach interventions into family life, and
  - what should be done when the care of children is at issue.

- Social conservatism and neo-liberalism affects our policy stance and practice approaches, which can display punitive aspects
- Particular groups who are seen as 'troublesome' are the focus of child protection interventions:
  - single parents, especially 'welfare mothers'
  - people with disabilities such as mental health
  - the poor and immigrants
  - Socially marginalised people and
  - Aboriginal peoples

WICKED PROBLEMS

Wicked Problems are often characterized by chronic policy failure

http://www.apsc.gov.au/publications07/wickedproblems.htm

WICKED PROBLEMS

Thinking

- No unique "correct" view of the problem;
- Often a-logical or illogical or multi-valued thinking;
- Different views of the problem and contradictory solutions;
- Multiple value conflicts;

Constraints

- Most problems are connected to other problems;
- Data are often uncertain or missing;
- Ideological and cultural constraints;
- Political constraints;
- Economic constraints;

Complexity

- Numerous possible intervention points;
- Consequences difficult to imagine;
- Considerable uncertainty, ambiguity;
- Great resistance to change; and,
- Problem solver(s) out of contact with the problems and potential solution

Robert Horn

Resolving Wicked Problems

- It is important, as a first step, that wicked problems be recognized as such. Successfully tackling wicked problems requires a broad recognition and understanding, including from governments and Ministers, that there are no quick fixes and simple solutions.

- Successfully solving or at least managing these wicked policy problems requires a reassessment of some of the traditional ways of working and solving problems in …. They challenge our governance structures, our skills base and our organizational capacity.

- Tackling wicked problems is an evolving art. They require thinking that is capable of grasping the big picture, including the interrelationships among the full range of causal factors underlying them. They often require broader, more collaborative and innovative approaches. This may result in the occasional failure or need for policy change or adjustment.

- Collaborative strategies work best

http://www.apsc.gov.au/publications07/wickedproblems.htm

A Brief History of Child Protection –
How we got to where we are now

- Key part of history is the problematisation of CA&N & translation and adoption of changed social policy
  - Neglect always identified with poverty from 1900s – 'child saving' & punitive approach
  - 1960s Kempe – physical child abuse "child bashing"
  - 1970s emotional abuse/neglect related to poor development
  - 1980s sexual abuse 'discovered'
  - 1990s linkage of Domestic Violence to abuse/neglect of children & increased awareness of emotional abuse/ neglect
  - 2000s 'moral panic' of paedophilia

- Agreement to confront sanctity of family privacy – State mandate to intervene to prevent abuse and neglect

A Brief History of Child Protection – How
we got to where we are now

Changing Social Constructions of
– Children, Childhood and Family and their relationships with
– The State

Key Developments
– Increased use of statutory authority & criminal law
– Shift from professional social work interventions to legalistic framework of compulsion
– Tension between social care - social control, assistance vs sanction
– Growth of research driven knowledge about causes & contributing factors, sequelae and treatment
– Broadening of definitional criteria – net widening
– Rise in concerns about professional zealotry
– Increasing politicisation of issues and debates

A Brief History of Child Protection –

How we got to where we are now

Key Developments

- Widespread mandatory reporting

- Emphasis on whole-of-government responses and the role of community – "everybody's problem"

- Differential response to curb ↑ notifications

- Rise of New Public Management (managerialism) with consequent decrease in professional power and autonomy

- Scandals & deaths lead to inquiry driven change

- Growth in case management - changing professional roles and functions toward management of troublesome populations

Progress taken overall

- Significant achievements in recognition of social problem of child abuse and neglect

- Widespread community & political support

- Most serious abuse detected

- Community education has changed attitudes

- Institutional responses improved

BUT

- – Child Protection policy contested and politicised

- – Community concern about scandals yet there is wide support for reform

- – Precarious political support (reactive yet supportive)

Some Poor System Outcomes

1. Unchecked notifications of abuse – net widening

2. Intrusive investigations and "risk" assessments that are incident based.

3. Unable to provide real help & assistance to those in need except through punitive investigations that can vilify and alienate parents (dangerousness)

4. Propensity for false positives and false negatives in assessments

5. Major attention to the most marginalized

    -   The poor and socially disenfranchised

    -   Single female parents

    -   Indigenous peoples

Some Poor System Outcomes

6. Increased children in overstretched Out of Home Care systems that don't provide safe, secure & consistent care

7. Governments stuck in ever more strident language about protecting more and more children

8. Deplorable life outcomes for children in care

9. Stressed and harried front line staff (hemorrhaging turnover)

10. Exasperated senior executives, management and policy makers

Critical Outcomes

- Life Outcomes very poor for children in care
  - Educational achievement & employment prospects
  - Mental health, substance abuse & relationship issues
  - Housing and homelessness
  - Life and independent living skills deficits
  - Pregnancy, crime and institutional dependence
  - Fractured families relations - intergenerational

- Workforce issues
  - Work stress (placement breakdowns often a key trigger)
  - Critical incidents and increased client aggression
  - Retention issues and staff turnover
  - Training inconsistent & haphazard due to staffing & logistics
  - Recruitment difficulties
  - Loss of practice experience and wisdom
  - Corporate knowledge retention leads to policy reversals

Indigenous Community Issues

a university for the **real** world ®

CRICOS No. 00213J

Current Situation

- As difficult as things are for the broad community – they are a whole lot worse for Indigenous peoples and communities, particularly remote ones

- Gross over representation

- Policy failure in relation to addressing environmental factors & behavioural issues

- In Australia - Income support linked now to child protection issues – punitive approaches

- Economic , Health, Social and Moral issues abound

Reform largely driven by Inquiries & Scandals

- Reform fatigue for staff and others

- Risk based and emphasis on legalism

- Significantly increased funding allocated

- Annual cost of child protection spirals but the system outcomes seem no better

Key findings from Inquiries (31 in Oz since 1999)

- The child not being seen as the primary client
- Inadequate risk and family assessment
- Poor relationships with parents (conflict-ridden, misplaced optimism)
- Inadequate staff training and supervision
- Poor record keeping
- A lack of interagency cooperation, communication and coordination
- Failure to follow the law or procedures; and paradoxically rigid adherence to policy and procedures
- High staff turnover and major recruitment problems leading to difficulties in running a high quality professional service

Building a Reform Agenda

- A revitalized role for community
- Earlier intervention and a public health model
- Effective collaboration
- Attending to the workforce needs
- An ethical framework for practice
- Measuring the outcomes

Strong Communities South Carolina USA

- A broadly based social movement to revitalise and guide an active community response in caring

- Used outreach workers in a range of communities

- Inclusive and participatory approach for everyday citizens to looking out for and help families

- The evidence base:

  - declining maltreatment reports

  - reported greater social support and more frequent help from others

  - a greater sense of community and personal efficacy

  - more frequent positive parental behaviour and less frequent disengaged parenting

  - less frequent neglect and assaultive behaviour

Neighbourhood-based (Melton)

- Alteration of public attitudes, community/social relations, and development of caring relationships
- Based on realisation that every family needs help at some time or other
- Re-orient public involvement & assistance
- Increase accessibility to help
- Builds social capital
- Evidence-based outcomes

A Public Health Model

The neglect and abuse of children is an urgent public health problem. "It is time to treat the problem as the grave public threat that it is".

Once the harm is done, the amelioration is often too difficult to achieve

The most important environmental risk factor is poverty.

Countries with low child poverty rates have low maltreatment and foster care rates

(Garrison 2004-2005)

Public Health

- Universalist services
  - The more universalist services the lower the need for primary, secondary and tertiary services
- Focus on prevention
  - Primary
  - Secondary
  - Tertiary

A Public Health Model

- Oriented around help and support (not punitive) to address current & presenting issues and prevent high costs of deterioration
- Acceptance of broad risk & dire consequences
- Reduction of incidence and severity
- Focus on prevention –
  - Environmental factors – often effective
  - Behavioural factors – more costly & less success
  - Cultural factors – significant attitudinal change
- Evidence-based interventions & specialisation
- Significant assessment up front end & review
- Linkage to community-based services & help

Effective Collaboration

"The urge to form partnerships, to link up in collaborative arrangement, is perhaps the oldest, strongest, and most fundamental force in nature. There are no solitary, free-living creatures: every form of life is dependent on other forms"

Thomas 1980

DEFINITION

" relationships that range from loose and informal cooperative working relationships between two or more organisations at one end of a continuum, through to more formal structural arrangements such as mergers between two or more organisations at the other end, all with the aim of achieving commonly agreed goals".

Hall 2010

UNDERSTANDING COLLABORATION

Dimensions:

❖ Structural/organisational

❖ Interpersonal/ relational

❖ Individual or intrapsychic

❖ Macro

❖ Mezo

❖ Micro

PRINCIPLES FOR COLLABORATION

MacDowell and Dewhurst (2004)

❖Understanding of the value of reciprocity
(Reciprocal rewards may be different)

❖Stakeholder representation
(Multi-level affiliation e.g. Gender, geog, position)

❖Developmental goals

('Reach' may be beyond the obvious)

❖Empowerment

(Growth in individual and organisational capacity)

❖Leadership framework

(shared understanding and mechanisms for communication)

PRINCIPLES FOR COLLABORATION

❖ Belief in collaboration

(The sum is greater than the parts)

❖ Institutional rather than individual relationships

(Institutional representation builds individual capacity)

❖ Transparency

❖ Continuity and regularity

(Ongoing communication at every level)

❖ Acknowledgement

(Sharing credit)

❖ Continual consultation

(Investment of time, energy and goodwill)

10 BARRIERS TO EFFECTING COLLABORATION

- STRUCTURES AND SYSTEMS
- COMMUNICATI0N + INFO SHARING
- STATUS AND PERCEIVED POWER
- CONFLICTING PRIORITIES/TARGETS
- EXTENT OF PERCEIVED BENEFITS
- ATTITUDES AND VALUES re: FAMILY LIFE
- STAFF RETENTION/TURNOVER
- THRESHOLDS
- INADEQUATE LEADERSHIP
- PACE OF CHANGE
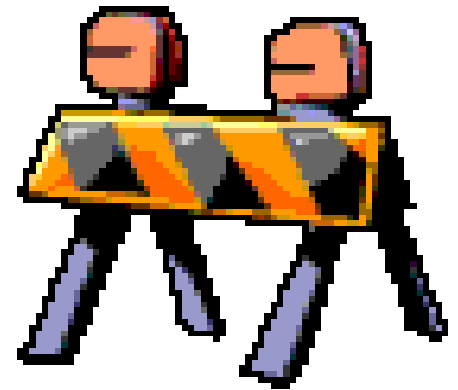
Macro level

- Systems, mandates, plans and mission
- History and contemporary opportunities
- Legislation
- The nature of the civil entities
- Discourses and ideologies
- Boundaries
- Performance expectations
- Competition
- Power
- Other alliances

EVIDENCE

"While the vision and rationale for joint work between specialist groups are powerful, there is yet insufficient evidence to argue that greater collaboration between services will necessarily produce better outcomes for all children and families"

Gardner (2003)

Developing the Evidence

"*If collaboration is to be successful in making a difference in the lives of people, then increasing the precision and context of appraising its effectiveness will reduce the inconclusive evidence and is likely to improve the practice of partnerships, coalitions and joint working in health and social care*"

Ansari et al. 2001: 215.

Key Workforce Issues

- Significant workplace pressures & stressors associated with high staff turnover that affects key supervisory capacity

- Serious questions about workforce sustainability

- Increased diversity but ethical and practice knowledge & skills base is mixed

- Higher education providers driving programs which are not fully meeting workforce needs

- Insufficient incentives for females to take up a career in the sector – poor pay & conditions

- Lack of clinical and other career pathways

Challenges for the Sector

- Reducing and stabilising staff turnover
- Continued workforce growth & fragmentation of qualifications
- Ensuring relevant knowledge, skills & values
- Addressing poor salary levels
- Building educational pathways and development for highly skilled staff
- Building career pathways
- Attracting talented students
- Ensuring quality and accountable practice

The Programs

- Children are not always listened to
- Outcomes for the alumni
- What works? For whom? When? Where?
- What about Indigenous peoples?
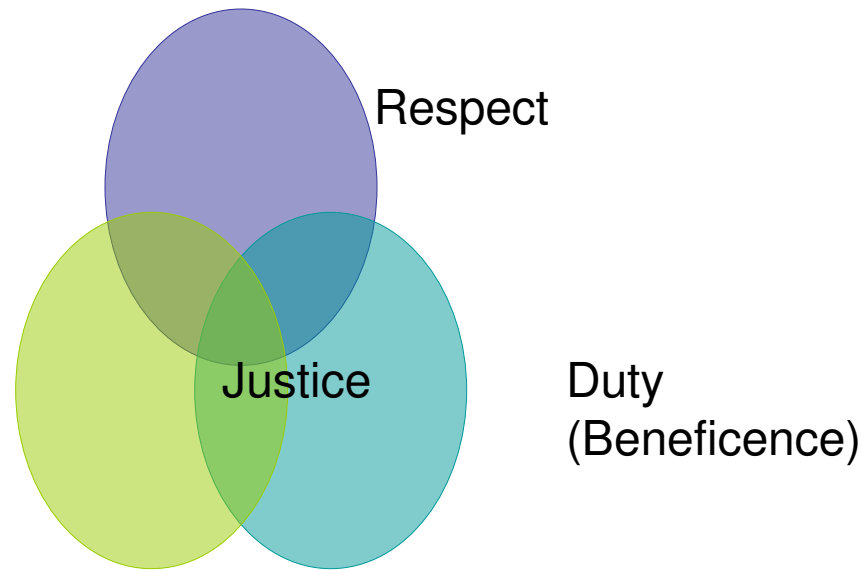- Outcomes for all those involved
- What about the workers?

Ethics and Power

"Ethics is fundamentally about how we manage power relationships"

Aristotle

PRINCIPLES ALWAYS IN TENSION WITH ALL STAKEHOLDERS

Respect

Justice

Duty
(Beneficence)

Ethical Practice

Three competing ethical principles that are central to all decision making & always in tension in any given society

- Beneficence (often referred to as the duty of care) constitutes the duty to do good rather than harm, to protect the weak and to defend the rights of those who can't defend their own.

- Justice represents the duty to treat people as ends in themselves and never as means to an end, to be fair and equitable to all and to avoid discrimination.

- Respect for persons contains the duty to value the rights, autonomy and dignity of all people and in so doing to be truthful and honest with them because in doing otherwise, one is not respecting them (eg confidentiality).

Approaches to ethics

CAUSES Deontological Theory	MEANS Virtue Ethics	ENDS Teleological Ethics
Antecedent Conditions Principles	*Instrumental Means Contextual Pragmatic*	*Consequences Utilitarian*
Immanuel Kant John Rawls	A. Macintyre Aristotle	Jeremy Bentham John Stuart Mill

Virtue ethics

Emphasizes the cultivation of the virtues, or the moral character of the decision maker, as a necessary condition for sound ethical decision-making.

One description of virtue as used by Aristotle is that of the habit of being able to choose the mean between extremes. Aristotle suggested that this capacity for discernment requires a depth of character and a capacity for prudence rather than an articulation of rules.

Virtue ethics stands in contrast to the two other approaches which emphasize either the duty to obey rules, or to make consequences of actions the touchstone of ones' morality and decision making.

In virtue ethics competent decisions are based on a mixture of knowledge and skilled judgment or practical wisdom. This must be informed by real experience, and not just abstract principles or anticipation of future consequences.

What virtue ethics emphasizes is that the quality of the decision and action is mediated by the integrity, practical wisdom and competence of the decision maker (in this instance, the child protection worker).

Virtue and Relational Ethics

Current trends and thinking are highlighting the advantages in professionals utilising virtue ethics and relational ethics

Virtue - "Ethics is about doing the right thing and - more importantly - about being the kind of person who can be relied upon to do the right thing" (Tobin 1994: 55)

There are four themes in what is called relational ethics - mutual respect, engaged interaction, embodiment and creating environment.

These can provide a framework for acknowledging power imbalances and developing trusting relationships with families.

"It is possible to have a moral and trusting relationship with at-risk families, but this needs to based on critical self-reflection and mutually respectful relations"

Relational Practice

- Places change as emanating from the dynamics of caring interactions between people at all levels,
- Sits squarely with virtue ethics and the wise & beneficent use of power
- Utilises systems theory and Stages of Change (Prochaska & DiClemente)
- Embraces a therapeutic orientation
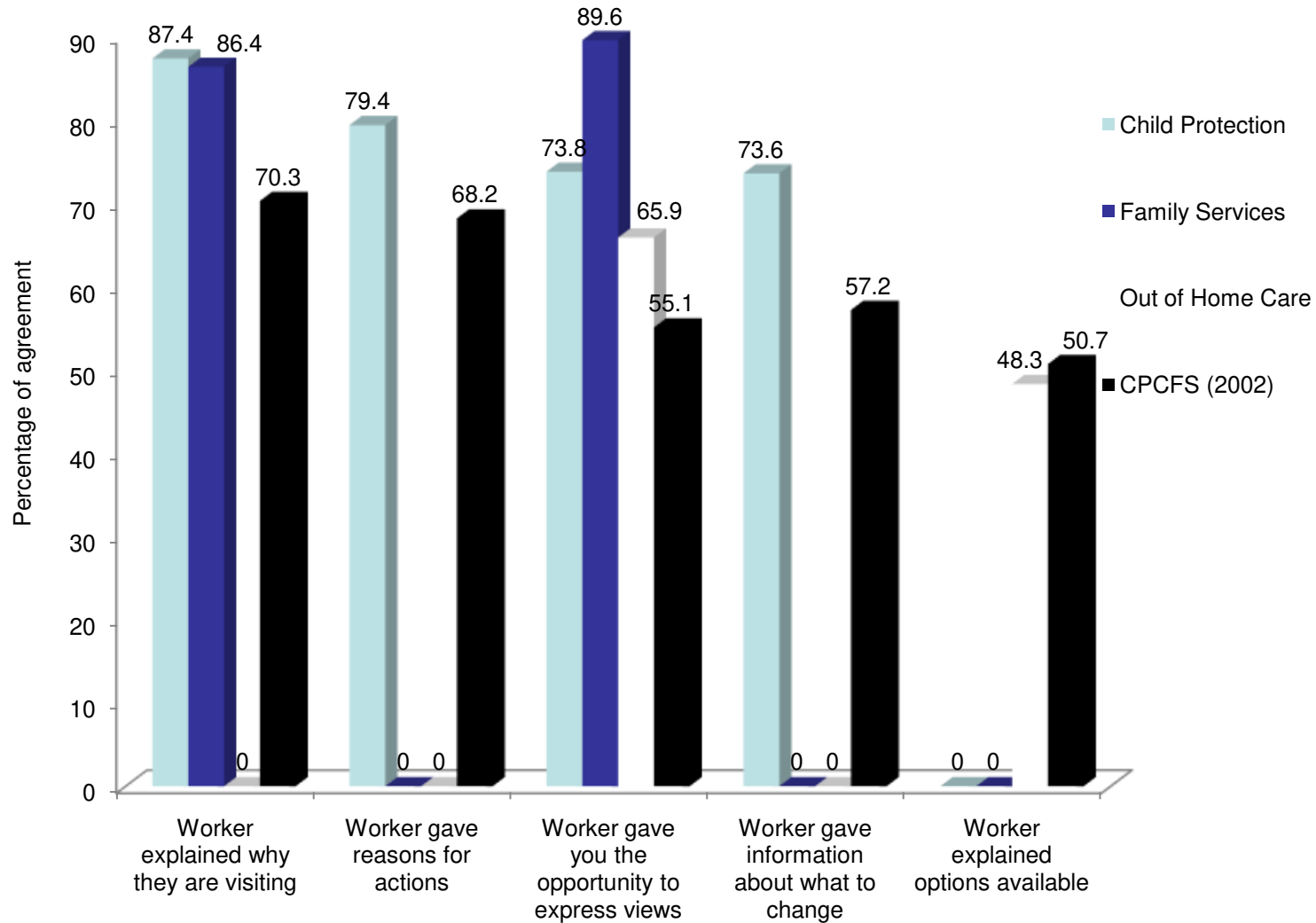- Culturally safe
- Gender safe

An Australian Study

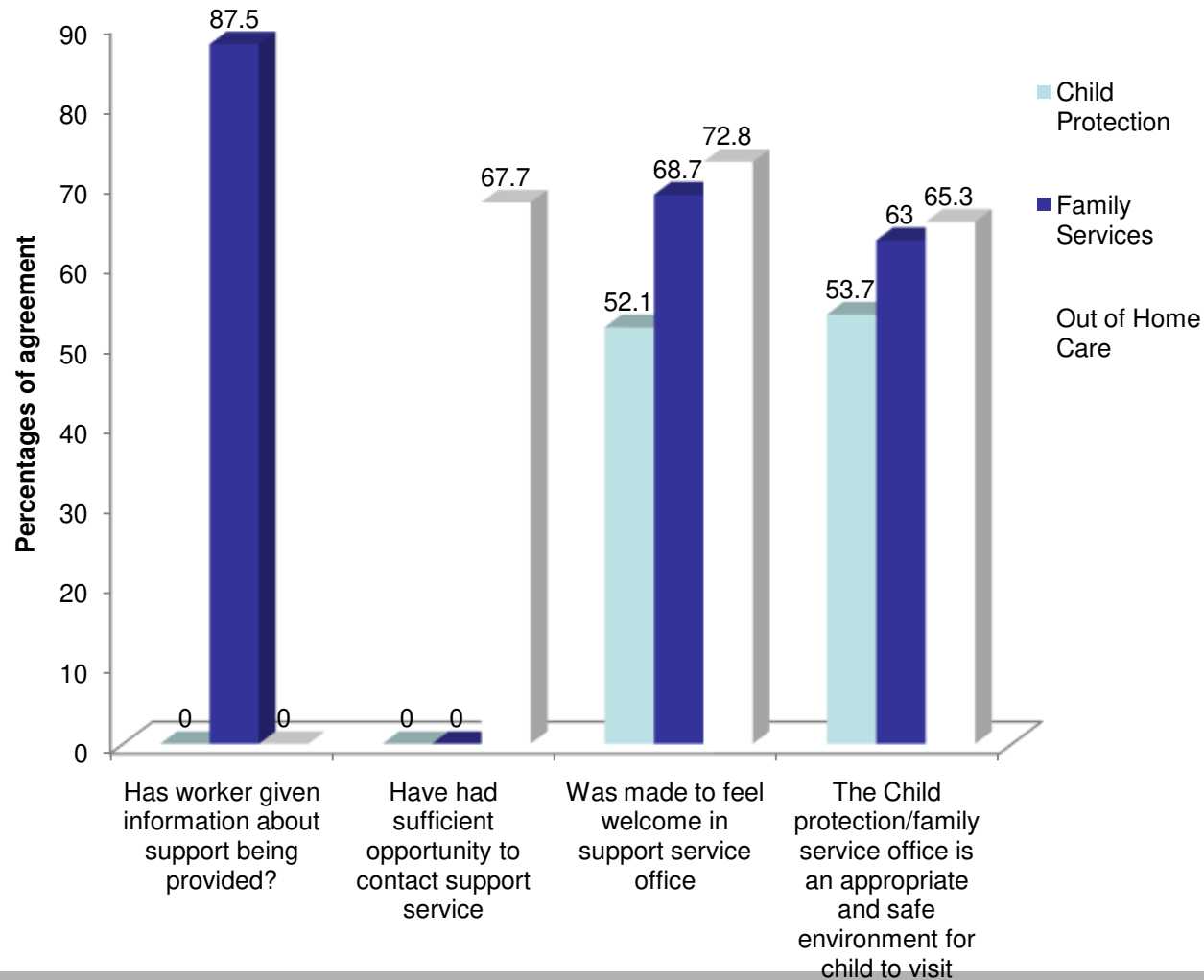|	Service Types		
	Child Protection	Family Services	Out of Home Care
Do you think the child's well-being or health has improved since the above service types have been providing services? Statistically significant (χ^2 = 67.36, df 2, p < .0001)			
Yes	61 (48.5%)	145 (75.2%)	154 (85.8%)
No	61 (48.2%)	38 (19.7%)	15 (8.5%)
Don't know	4 (3.3%)	10 (5.1%)	10 (5.7%)
Do you think these improvements have occurred as a result of the above service type's involvement? Statistically significant (χ^2 = 21.74, df 2, p < .0001)			
Yes	44 (72.1%)	132 (90.4%)	109 (71.2%)
No	15 (24.6%)	8 (5.5%)	36 (23.5%)
Don't know	2 (3.3%)	6 (4.1%)	8 (5.2%)

Improvements identified after receiving services (70-90% positive)

- Child's
  - Safety
  - Physical and mental health
  - Education
  - Behaviour
  - Relationship with you and other family members & friends
  - Self confidence
  - Self care
  - Happiness
  - Healthy lifestyle

Initial Involvement

Percentage of agreement

Legend:
- Child Protection
- Family Services
- Out of Home Care
- CPCFS (2002)

Category	Child Protection	Family Services	Out of Home Care	CPCFS (2002)
Worker explained why they are visiting	87.4	86.4	0	70.3
Worker gave reasons for actions	79.4	0	0	68.2
Worker gave you the opportunity to express views	73.8	89.6	65.9	55.1
Worker gave information about what to change	73.6	0	0	57.2
Worker explained options available	0	0	48.3	50.7

Responses to Services

Responses about worker assistance

Chart: Percentage of agreement

Categories:
- Worker responded when assistance was needed
- Worker contacted you as regularly as needed
- New worker was familiar with our situation

Legend:
- Child Protection
- Family Services
- Out of Home Care
- CPCFS (2002)

Values:

Worker responded when assistance was needed: Child Protection 48.8, Family Services 78.6, Out of Home Care 63.7, CPCFS (2002) 48.3

Worker contacted you as regularly as needed: Child Protection 62.7, Family Services 82.9, Out of Home Care 60.3, CPCFS (2002) 35.1

New worker was familiar with our situation: Child Protection 68.5, Family Services 75.6, Out of Home Care 0, CPCFS (2002) 40.6

Referral and other services
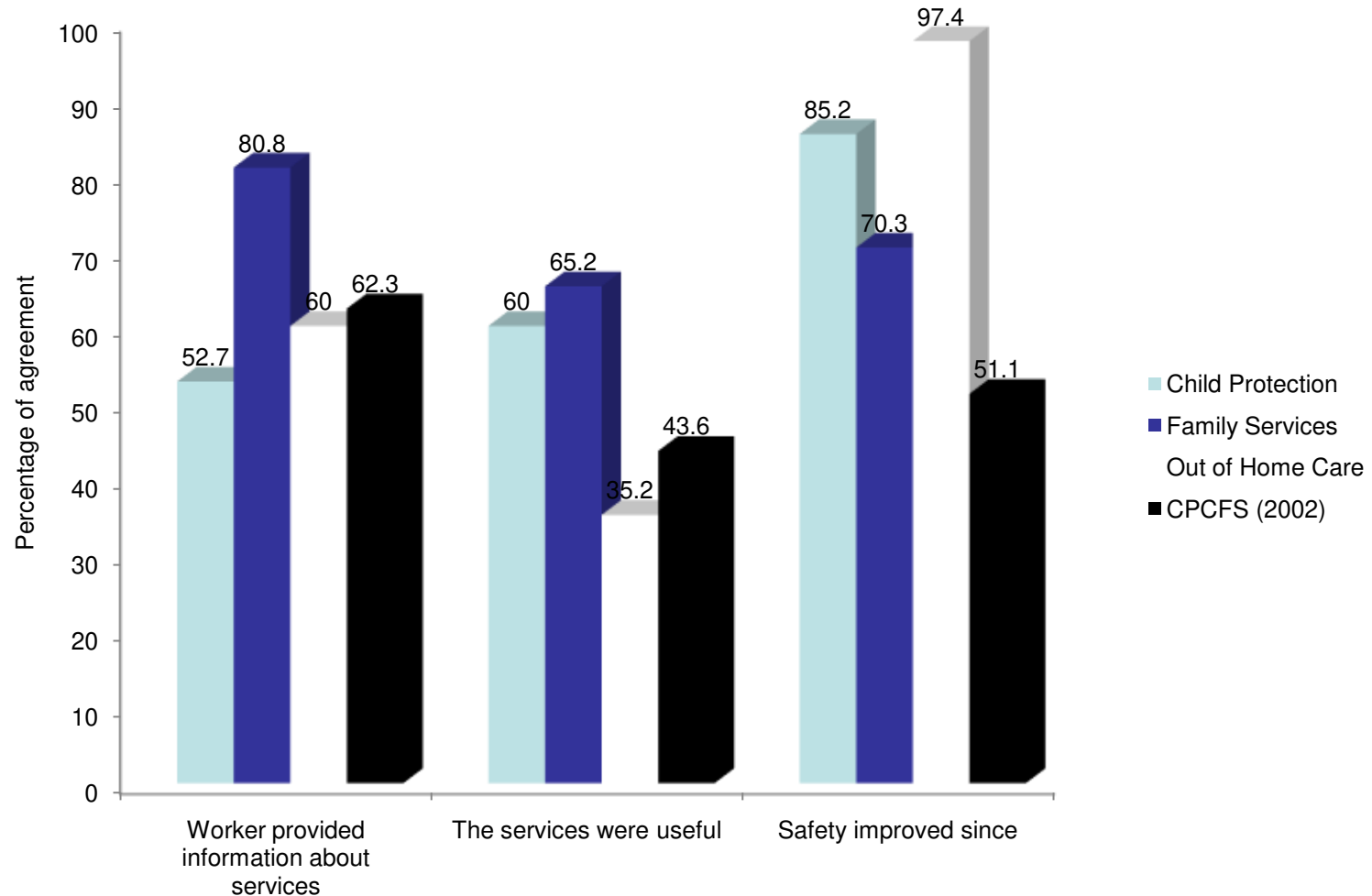
Victorian Child and Adolescent Outcomes Framework

Children and young people
- optimal antenatal/infant development
- optimal physical health
  - adequate nutrition
  - free from preventable disease
  - healthy teeth and gums
  - healthy weight
  - adequate exercise and physical activity
  - healthy teenage lifestyle
  - safe from injury and harm
- optimal social and emotional development
  - positive child behaviour and mental health
  - pro-social teenage lifestyle and law abiding behaviour
  - teenagers able to rely on supportive adults
- optimal language and cognitive development
  - successful in literacy and numeracy
  - young people complete secondary education

Families
- healthy adult lifestyle
- parent promotion of child health and development
- good parental mental health
- free from abuse and neglect
- free from child exposure to conflict or family violence
- ability to pay for essentials
- adequate family housing
- positive family functioning

enabling society
strong and supportive communities
confident and capable families

safe, healthy child, learning developing achieving wellbeing

Community
- safe from environmental toxins
- communities that enable parents, children and young people to build connections draw on informal assistance
- accessible local recreation spaces, activities and community facilities
- low levels of crime in community

Society
- quality antenatal care
- early identification of child health needs
- high quality early education and care experiences available
- adequate supports to meet needs of families with children with a disability
- children attend and enjoy school
- adult health and community services that meet the needs of parents critical to parenting
- adequate supports for vulnerable teenagers

Victorian Child Protection, Placement & Family Services Outcomes Framework

- Children and young people are safe from injury and harm
- Children and young people are connected to their family and carers
- Children and young people are connected to school and community
- Children and young people are connected to their culture
- Children and young people achieve optimal physical health
- Children and young people achieve optimal education and learning
- Children and young people achieve optimal social and emotional development
- Children and young people achieve a positive sense of self
- Children and young people achieve positive behaviour and mental health
- Children and young people adopt a healthy lifestyle

# Alberta's Outcomes Based Service Delivery Reform

- Provides an overarching and integrated framework for reconfiguration

- Understand its ideological base

- Needs to be located within broad community

- Measurement can be fraught (process and quality)

- Can be expanded to be more holistic (Domains of safety, well-being, permanence, and family & community support, and other)

- Presents great opportunities

Kotter's (2007) key aspects of successful change processes include:

1. Establish a great enough sense of urgency
2. Create a powerful guiding coalition
3. Creating a vision
4. Communicating the vision
5. Empowering others to act on the vision & removing obstacles
6. Planning for and creating short term wins
7. Consolidating improvements and producing more change, and
8. Institutionalising new approaches.

Take home messages
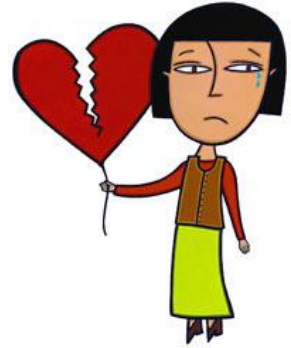
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- We must maintain approaches that protect those children who are at risk of serious maltreatment or criminal acts
- Collaboration is a really hard nut to crack
- A robust ethical framework into practice is a segue into relationship-based practice
- The rebirth of community is essential to achieving a sustainable reform agenda.
- A focus on real outcomes has much to offer children and families, and those who seek to meet their needs

Thank you for your appreciative attention

Any Questions?

The End

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