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THE WINSTON CHURCHILL MEMORIAL TRUST OF AUSTRALIA

***“If a community values its children, it must
cherish their parents”.***

John Bowlby, 1951

Family inclusion initiatives in child welfare.

Report by Jessica Cocks, 2016 Churchill Fellow

To research family inclusion and partnership programs and initiatives in child welfare

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Signed: Jessica Cocks

Dated:

Project Keywords

Child protection, child welfare, family inclusion, family engagement, foster care, out of home care, parent leadership, parent partners, parent peer workers, parent allies, child and family social work

Project Description

This fellowship has explored a range of initiatives and programs that aim to build a family inclusive approach to child protection and out of home care (child welfare) practice especially when children have been removed by statutory child welfare agencies and placed in care. This project focused on three key areas:

- Peer work in child welfare - Peer workers are defined as parents who have had personal experiences with the child welfare system and offer **advocacy and support** to parents currently involved in the system.
- Child focused relationship building between birth parents and foster or other types of carers when children are in care
- Parent leadership – in the interests of children

These areas are inter related and do overlap at times. This project explored initiatives within the system, direct service provision as well as coalitions and activism aimed at improving the system. Many agencies and programs provide direct services to help child welfare involved parents and their children and they also lobby and advocate for systemic change to improve the system overall.

The project has revealed a range of practical ideas and strategies to be considered for implementation in Australia. Many of these strategies can be implemented within current resources and have the potential to bring about significant and long lasting positive change for children and families.

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Finally, I dedicate this project to my family.
For Michael, Joseph and Patrick.

Terms used in this report

Carer – includes all those carers looking after children, temporarily or permanently, who have been removed from their birth parents by child protection authorities.

Caseworker – the primary role in statutory child welfare and other agencies that works with children in care, their carers and families. In many overseas jurisdictions this role is a social worker but a range of other terms may be used.

Children in Out of Home Care (OOHC) – in this report OOHC is used to refer to children who are removed from their parents as a result of statutory child welfare intervention and who are still living away from their parents. This includes children in foster care, kinship care, children who are adopted from the child welfare system and children who are subject to any legal order made by the child welfare system which has led to them remaining out of the day to day care of their parents for a short or a long time.

Child welfare – in the US, Canada and Norway the term *child welfare* is used to describe what we in Australia tend to call *child protection and out of home care*. In the UK the terms *child protection* and *looked after children* are used. For ease of use and consistency I use the term *child welfare* throughout this report.

Non-Government Organisation (NGO) – non government agencies providing child welfare services including OOHC and placement prevention services.

Parents and family – this term refers to birth parents and family. I have added the prefix “birth” when this has been needed for clarity.

Relational permanence – describes the continuing development and maintaining of relationships over time in a child’s life. Children experiencing relational permanence feel a real sense of belonging to their family, even if they don’t always live with them. They know they are loved for who they are and where they come from and they love in return. Relational permanence is focused on minimising children’s losses.

Statutory child welfare agency – the government agency responsible for investigating reports of child abuse and neglect and with the delegated power to remove children from their families.

Where direct quotes do not use these terms I have generally left the quote as it was made.

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Executive Summary

It is widely agreed that there are too many children and young people in out of home care in Australia and that rates of restoration home are too low. It is also accepted that children have a right to be cared for by their families whenever this is safe and for their families to be supported to be the best families they can be. Even when children stay in care and cannot go home, it is vital for them to know and have relationships with their families, especially their parents and siblings. This Churchill Fellowship has explored *family inclusion* initiatives in the USA, Canada, Norway and the UK and has found that family inclusion is a pathway to better outcomes for children and young people including restoration and permanency.

Section one of the report provides some of the contextual and background information that supports family inclusion including the social context of child removal in Australia. All Australian governments hold policies that are consistent with family inclusion. Restoration home is the first legal priority for all children in care. However there is strong evidence that policy is not being translated into practice. Family inclusion is important to build safe and permanent care for all children, including restoration. However, in Australia we have conflated permanency with legal permanence outcomes, such as adoption. In fact, it is children's enduring relationships and sense of belonging that we need to focus on. Family inclusion contributes to *relational permanency* as a goal for all children.

Section two describes the practice elements that emerged from this project. These elements characterised the programs and people I visited and are important parts of building a family inclusive approach in Australia. Firstly, family inclusive practices acknowledge the power imbalances that parents and children face in the child welfare system. When we reduce power imbalances through advocacy and support we make children safer. Secondly, we need to respond to the social causes of child removal including poverty, homelessness and family violence rather than our current approach which tends to focus on parenting and family deficits. Thirdly our use of evidence based programs in prevention, restoration and permanent care needs to proactively integrate family inclusion in order to maximise their benefits. Fourthly, it is proposed that an ethical lens be integrated into all our work, including evidence based programs. It is not enough to do what we think works – we need to combine this with what is right. Fifthly, I have found that parents need to be viewed and understood as parents with agency and as leaders of change within families and in practice. If we see parents entirely through the lens of risk then we construct barriers to inclusion and deny their children the right to truly know them and be cared for by them. Finally, I have found that family inclusion requires a refocusing of child welfare work on relational permanency and a relationship based approach.

Section three provides description and analysis of three areas for innovation.

1. **Peer work in child welfare.** Peer workers are parents who have had personal experiences with the child welfare system and offer advocacy and support to parents currently involved in the system. Peer work helps to address the power imbalances parents' face. It supports relationship based practice, not only between peer workers and parents, but also with caseworkers. Unlike other child welfare staff, peer workers do not take notes or gather evidence. They are a safe source of emotional and practical support that directly addresses barriers to family engagement that caseworkers struggle to overcome. Peer workers are best employed outside statutory child welfare agencies through NGOs, preferably in parent led organisations.

2. Child focused **relationships between parents and carers** contribute to relational permanence for children. Processes are explored which ensure that parents and carers meet early in a child’s care experience and that these meetings set the scene for restoration focused casework and care. Carer and parent relationships require intentional work and leadership from caseworkers and agency leadership. They thrive in a restoration and family inclusive agency culture. Ultimately they rely on parents, carers and young people themselves. Just as importantly, children in permanent care benefit from carer and parent relationships and an ongoing important role for parents in their lives. An open adoption agency in Oregon is doing great work supporting children in permanent care. Their approach has implications for all permanent care in Australia – not just adoption.
3. **Parent leadership** is important for both of the previous areas and has perhaps the greatest potential for change. It is also likely to face resistance and it is vital that as many people and organisations as possible offer partnership, encouragement and support to parent leaders and organisations and are steadfast in this support. Possibilities exist for leadership and parent involvement in staff and carer training, agency culture change, service design, policy and legislative development and, most importantly, in connecting parents and family together to support each other and advocate for a more family inclusive system.

Section four provides a brief comparison of the various programs and initiatives I visited. There is potential for implementation of family inclusion across the sector as described in this diagram. If change is to be realised then initiatives in casework and group work processes, agency and sector and societal levels are needed.



Section five is made up of recommendations for change about the implementation of initiatives in all three areas. My recommendations include practical suggestions for building family inclusion including peer work, carer and parent relationships, parent leadership, refocusing on relational permanency and integrating an ethical lens to child welfare that reflects children’s rights. Dissemination strategies are described. With the application of these ideas and the inclusion of family as leaders and service providers, better outcomes for children in Australia are within our reach.

Introduction

This report provides a description and analysis of my findings in the USA, Canada, Norway and the UK. The report provides background and context to the project and explores why family inclusion is essential to the wellbeing of children. I then provide a summary of some of the elements or components of family inclusive practice that I uncovered overseas. The main part of the report is dedicated to three opportunities for innovation and change – *peer work, carer and parent relationships and parent leadership*. Finally I propose how the range of family inclusion initiatives can be integrated into the Australian system and make recommendations for implementation and change.

Program – the places and programs I visited

North America		
Organisation	Contact and resources	Category of interest
Parents Anonymous ®	Dr Lisa Pion Berlin, Claremont, CA, www.parentsanonymous.org	Peer work - parent leadership
Contra Costa County Family Services, Family Engagement Unit and University of California, Berkeley	Judi Knittel, Manager, Family Engagement Unit and Professor Jill Berrick.	Peer work
Previously of the Child Welfare Fund, New York City, now based in Oakland, California.	David Tobis, author, <i>From pariahs to partners: how parents and their allies changed New York City's child welfare system</i> , 2013.	Parent leadership
Seneca Group of Agencies including family finding, California.	Mike Mertz, Director of Permanency and Family Engagement	Family inclusive practice
Open Adoption and Family Services, Oregon	Shari Levine, Director. www.openadopt.org	Parent and carer relationships
Portland State University, Centre of improvement for child and family services, Oregon.	Katharine Cahn, Director www.pdx.edu/ccf/	Peer work
Morrison Child and Family Services, Portland, Oregon	Linda May Wacker and the peer team, Program Manager. www.morrisonkids.org/	Peer work
Mockingbird Society, Seattle, Washington	Degale Cooper, Director www.mockingbirdsociety.org	Carer and parent relationships
Washington State Parent Ally Committee and Parents for Parents, Seattle, Washington	Alise Hegle, Mariko Ohiso – Children's Home Society and Dana Dildane, Kings County Parents for Parents program. www.washingtonstatepac.org/	Parent leadership and peer work
Family and Community Services, Waterloo, Collaborative Engagement Team, Ontario, Canada.	Jill Stoddart, Director of Research and Innovation	Family inclusive practice

North America		
Organisation	Contact and resources	Category of interest
Centre for Family Representation, New York City	Michelle Cortese, Executive Director. www.cfrny.org	Peer work
Bronx Defenders Office, New York City	Emma Ketteringham, Managing Director, Family Defence Practice, www.bronxdefenders.org	Peer work
Child Welfare Organising Project, New York City	Joyce Macmillan, Program Director and Jeremy Kohomban, Board member. www.cwop.org	Parent leadership and peer work
Rise Magazine, New York City	Nora McCarthy, Director www.risemagazine.org	Parent leadership
New York University Law School, New York City	Professor Martin Guggenheim.	Peer work (as part of team delivering legal services)
Administration for Children's Services, New York City	Eric Brettschneider, First Deputy Commissioner	Peer work and parent leadership
Fairfax County Department of Family Services	Maggie Moreland, Permanency Coordinator, <i>Bridging the Gap</i> initiative	Parent and carer relationships
Waterford Country School New London, Connecticut	Bill Martin, CEO, www.waterfordcountryschool.org	Family inclusive practice

Conference: The Kempe Centre Conference on Innovations in Family Engagement. Vail, Colorado		
Presentations	Contact and resources	Category
Conference Keynote – Casey Family Programs. <i>Flexible and responsive child welfare systems</i>	Eric Fenner, CEO, www.casey.org	Family inclusive practice
North Carolina State University, Centre for Family and Community Engagement and North Carolina Division of Social Services. <i>Developing a State Level Child Welfare family Advisory Council</i>	Kara Allen – Eckard, Family Partner Program Coordinator www.cfface.org	Parent leadership
North Carolina State University, Centre for Family and Community Engagement, Family Agency Collaborative Training Team <i>Partnership Training</i>	Kara Allen – Eckard, Family Partner Program Coordinator and Marcella Middleton, Family Trainer and Social Worker, www.cfface.chass.ncsu.edu/projects/family_engagement/FACT_T.php	Parent leadership
Authenticus Ltd, Parent Consultancy. <i>Authentic Parent Consultants as Innovation.</i>	Angela Braxton www.authenticusllc.com	Parent leadership
Portland State University, Centre of improvement for child and family services, Oregon. <i>Parent engagement through anti oppressive practice</i>	Carrie Furrer and Anna Rockhill www.pdx.edu/ccf/	Family inclusive practice

Norway		
Organisation	Contact and resources	Category
VID University, Oslo	Professor Tor Slettebo and Ellen Syrstad	Peer work and parent leadership
Heggeli Children's Home, Oslo	Elisabeth Haugseth	Family inclusive practice through group work
Norway Ministry for Children and Family Affairs	Irene Handeland – contract manager for Organisasjon for Barnevernsforeldre	Parent leadership and family inclusive practice
Norway family counselling services – Askim, Enerhaugen and Stavanger	A number of contacts facilitated by Professor Tor Slettebo	Family inclusive practice through group work
Organisasjon for Barnevernsforeldre (national parents interest group)	Merethe Loland, Coordinator www.barnevernsforeldrene.no/	Parent leadership and peer work
Stavanger statutory child welfare agency	Margaret Riley and Merethe Loland	Parent leadership

England		
Organisation	Contact and resources	Category
Your Family Your Voice, Family Rights Group	Cathy Ashley, Chief Executive Officer and Angela Frazer – Wicks, Co-Chair, Your Family Your Voice. www.frg.org.uk	Parent leadership
University of Sheffield, Department of Sociological Studies	Professor Kate Morris and Professor Brid Featherstone	Family inclusive practice

Section One - Background and context

Throughout my career I have worked in child welfare settings. I have worked with people and communities who are predominantly poor, live in disadvantaged and isolated communities and regularly experience discrimination, fear and shame. I am proud to be part of the social work profession which, on the whole, has challenged prevailing discourses about marginalised groups and has worked to overcome the personal and structural obstacles which the clients of social workers face. Yet it has been my experience that parents of children in care have not consistently benefitted from social work. My profession, along with broader society, has marginalised parents with children in care, to the detriment of their children. We have consistently failed to critically analyse the broader social circumstances and policy frameworks that impact on families. We have failed to consider the short and long term impacts of child removal on children, families and communities. As a result, we have failed to adequately understand and learn from the families we work with and to include them in our practice.

I have worked with hundreds of families as a frontline worker. As a manager and researcher I have worked with hundreds more. I have worked with many people and teams who work professionally and respectfully. I also regularly interact with people and teams throughout the government and non-government sector, who are judgemental towards parents, family and their children and do not help them.

My work has focused on children in care, usually in foster care or kinship care. Many of these children have found safety and permanence in care. Sadly, many have not and these children have experienced repeated loss and instability. For all children in care, family and the importance of family has been a consistent thread in their lives. Frequently marginalised, subjected to rigid rules and procedures, children and their families have fought to remain connected to each other. Over and over again I have seen children in care make their way back to their families, often with little support, care or encouragement.

I have read many children's files describing their families in punitive and damaging ways which do not reflect their strengths or even their humanity. This deficit approach causes children great pain. I have witnessed parents and family remain committed to an ongoing relationship with their children despite enduring stigma and surveillance.

It is my experience that the connection between children and their parents is irrevocable. A child who loses their original family through child removal or in any other way, can never have those relationships completely replaced. The implications for practice are clear - we need to include and involve families whenever we can – so children don't lose them.

What is family inclusion in child protection and out of home care?

In child protection and out of home care practice and policy, family inclusion is about relationships. All of the programs and initiatives included in my itinerary were ultimately concerned with strengthening and sustaining enduring relationships between children and their families including making sure children remained with their families whenever possible. Children in care need and want normal and caring relationships with their families that reflect the kinds of relationships they see their peers having. Just as importantly programs went beyond individual service provision to include parents and family in service design, as trainers and as leaders of change.

Family inclusion is about permanency and belonging. Children caught up in the child protection system who experience parent and family inclusion in their lives, are more likely to be restored home, to experience placement stability, to experience relational permanence and, ultimately, to leave their care experience, no matter how long it lasts, with the kind of social and family belonging and support that we want all Australians to have.

Family inclusion in Australia? The context of this project.

Most children in care in Australia have not been sexually, or severely physically abused by their parents. The most commonly substantiated forms of abuse in Australia are emotional abuse and neglect (AIHW, 2017) Neglect and emotional abuse are both linked to social issues like poverty and family violence. (Raissian and Bullinger, 2016, Bywaters, Grady, Sparks and Bos, 2014). Family inclusion does not compromise child safety and is not about exposing children to dangerous adults who will harm them. All Australian governments recognise this and have child welfare policies that are largely consistent with family inclusion. Restoration home to parents is the first priority in all jurisdictions. Most Australian child protection authorities have developed practice frameworks that rely on family engagement and relationship based practice for their success. (See for example NSW Family and Community Services, 2017 and WA Department of Child Protection, 2011). There are also a number of tools and models readily available to practitioners that emphasise the importance of family decision making and engagement. All Australian Governments recognise that Aboriginal and

Torres Strait Islander children are over represented in care and that family support and prevention services are needed to help keep children safely home (Department of Social Services, 2015).

However, policy is not translating to practice. Research conducted by myself and colleagues in New South Wales (Ross, Cocks, Johnston and Stoker, 2017) suggests that the experience of parents is counter to the policy intent. They describe themselves and their children experiencing practices which damage their relationships. Negative experiences have also been reported elsewhere in Australia (Harries, 2008, Hinton, 2013). Parents in these studies did not describe being offered family meetings or other models that relied on their participation and many felt restoration was not even assessed. Parents worried deeply about their children while they were in care. They felt their children's development had been compromised in care by the disrupted relationships they experienced. In the absence of data collection it is still widely understood that restoration rates remain very low in Australia, especially for young children and for Aboriginal and Torres Strait Islander children (Marsh, Browne, Taylor and Davis 2017, Fernandez and Delfabbro, 2010). The high rates of Aboriginal and Torres Strait Islander child removal is particularly grave and has been described as a national crisis which echoes the experiences of the Stolen Generation (SNAICC, A National Voice for Our Children, 2017).

There is also an ongoing debate and discourse about permanency for children in care. While permanency is rightly an important priority of the child welfare system, in Australia this discussion has become conflated with support for particular legal outcomes such as adoption. This may have, for all practical purposes, shifted the practice priority away from restoration and contributed to ongoing low rates of restoration. There has been almost no discussion about how best to achieve relational permanency even though we know from practice and research that it is through family and other relationships that actual permanency is achieved (Mendes, Johnson and Mosleshuddin, 2012, Boddy, 2013, Samuels, 2008). Given that family relationships contribute to relational permanence for children, integrating family inclusion into our policy and practice is crucial to achieving permanency goals and to having a more realistic discussion about what permanence really means in children's lives.

Section 2 - Elements that characterise family inclusion.

This section provides a brief analysis of the elements and themes that I have observed throughout my journey that characterised family inclusive practice. It is hoped that this will contribute to the ongoing conceptualisation of family inclusion, no matter the part of the child welfare system in which it is being practiced. These overarching practice themes are:

- Acknowledgement and amelioration of power imbalances
- Understanding and addressing the social causes of harm to children
- Family inclusion as a driver of evidence based programs
- Integrating an ethical lens
- Seeing parents as leaders
- Focusing on family relationships and permanence

Acknowledgement and amelioration of power imbalances

Family inclusive programs and practices acknowledge the profound power imbalances parents experience in their interactions with child welfare systems. For example, peer workers in the USA ensured parents received written and verbal information about the system and provided parents

with an alternate source of information (a peer worker) who would not take notes or gather evidence about them.

I visited the Centre for Improvement in Child and Family Services at Portland State University. The Centre has worked for some time to develop a contextual understanding of family engagement that conceptualises engagement as a process, over time, involving a range of stakeholders and systems. Furrer and Rockhill (2017). This challenges more conventional understandings of parental engagement as a parental characteristic or set of behaviours. Furrer, Rockhill and their colleagues have drawn from their important research into family engagement in Oregon including peer work. They encourage child welfare workers to consider how child welfare practices, socio-economic structures and the broader child welfare system present barriers to engagement including coercive and oppressive practices. They suggest that the acknowledgement and purposeful amelioration of power imbalances is key to successful child welfare work.

A multi-disciplinary model incorporating lawyers, social workers and peer workers is used by legal service providers in New York City (I visited two of the three providers in New York - the Centre for Family Representation and the Bronx Defenders Office). This model is aimed at ameliorating power imbalances between families and the child welfare system. They undertake a range of practices which facilitate greater parent agency in child welfare practices and better relationships with children including skilled advocacy in court and elsewhere. Their work also suggests that amelioration of power imbalances through strong advocacy and practical support may keep children safe, prevent removal and promote restoration (Centre for Family Representation 2017, Ketteringham, Cremer and Becker, 2016).

Incorporating the social causes of harm to children – neglect and abuse by society and community.

Family inclusive practice acknowledges the social context of the families who experience child removal. For example, the Child Welfare Organising Project (CWOP), RISE magazine and the various family defence organisations in New York City all talk about the high numbers of Black and Hispanic children in care as a human rights problem. They and others conceptualise the trauma and harm experienced by many children at home as being a consequence of social problems such as poverty and racism and not primarily because of the abuse or neglect by individual parents. They use parent's experiences to challenge discriminatory practices and to leverage systemic change.

My younger son has autism and is difficult to care for. One day he was sleeping and I left him and his older brother to go to the laundry room – 2 floors down in my building. I told my older son to come and get me if he woke up. He did wake up and someone told ACS that he was being unsupervised. They did an investigation and charged me with neglect which they later substantiated. I don't know what else I was supposed to do. It took me years to get that neglect record changed and I had to get a lawyer.

Eva Santiago, CWOP, New York City

Eva has used her experience to demonstrate how an investigatory response can be harmful for children and families. Through stories like this, CWOP and other organisations are working with lobbyists and other partners to improve the system. CWOP and Rise have harnessed the voices and stories of parents and children to demonstrate the need for change. For example, Rise Magazine

have enabled and empowered parents to publish their stories which highlight the significance of family violence, poverty and inadequate community resources in causing harm to children.

Then CPS took me to court for child neglect for staying in a violent relationship. I was dumbfounded. I thought neglect meant parents who don't care for their kids or let them go hungry, and that wasn't me at all. I felt terrified and unfairly judged. But I also swore that if I didn't lose my daughter, I'd find other sources of support and build myself up again financially. Anonymous (2017)

The Director of CWOP, Joyce McMillan, regularly uses the phrase *poverty is not neglect and surveillance is not support* in her organising and advocacy activities. This phrase sums up much of the work of parent leaders in New York City.

The need to introduce a social lens was raised by senior leaders of child welfare agencies in the USA. During his keynote address at the Kempe Centre Conference on Innovations in Family Engagement, Eric Fenner of Casey Family Programs argued that child neglect, family violence, parental addiction, poverty and other common child welfare issues required a broad social lens and a family support approach. Eric was not suggesting that these experiences do not harm children. Family violence, addiction and other social and public health issues do harm children. However he argued they should be viewed as social and community problems that are not responded well to by investigations, court action and child removal.

Deprivation and other social issues are part of the experience for almost all families in Australia who experience child removal. Aboriginal and Torres Strait Islander children are grossly over represented in the child welfare system suggesting racism continues to play a role. Many parents and family experience multiple issues such as mental health issues, family violence, poverty, racial discrimination and others. Despite the significance and complexity of these social issues, the focus in our child welfare systems is almost always directed towards parenting and parental behaviour. This project suggests that a genuinely family inclusive approach takes account of social problems and requires us to address the social causes of removal and child harm. It does not minimise the role of parenting behaviours and choices but it does not restrict itself to them.

Family inclusion and evidence based programs

I visited agencies and people implementing various evidence informed programs such as the Children and Residential Experiences (CARE) model (Holden, 2009), the Mockingbird Family Model (McDermid, Baker, Lawson and Holmes, 2016), Family Group Conferencing and other kinds of family meetings and Family Finding (Stoddart, J.K, Wilson, L., Henderson, T., Dosman, C and Farris-Manning, C (in press). The evidence in support of these programs and approaches varies and there continues to be a lack of good research evidence overall in child protection and out of home care especially in Australia (Schlonsky, Kertesz, Macvean, Petrovic, Devine, Falkiner, D'Eposito, Mildon, 2013, Mayfield, 2009).

Some models, such as CARE and Family Finding, rely explicitly on family engagement. We know that family engagement and inclusion has a strong evidence base no matter what program is offered (Child Welfare Information Gateway, 2011, Mendes et al 2012). We also know that child welfare systems and practitioners find family engagement and inclusion difficult and there are many barriers (Kemp, Marcenko, Hoagwood and Vesneski, 2009, Broadhurst and Mason, 2017). So how do we make the most of evidence based programs and make sure they are genuinely family inclusive?

I met with Degale and Zoe from the Mockingbird Society. The Mockingbird Family Model (MFM) is essentially a carer support and retention program which builds an extended family like support network around children while they are in foster care. It has been found to reduce care disruptions and retain carers in the system (McDermid et al, 2016). It has the potential to involve family and extended family so that children can experience normalised family relationships while they are in care. Degale and Zoe argued that for family to be included in the model, agency leadership was important. They felt family inclusion in the MFM would not occur without this purposeful leadership and careful implementation in agencies.

The agency needs to both lead and allow family inclusion to happen. The agency needs to drive family engagement and be intentional about this. Degale Cooper, Mockingbird Society. Seattle

Bill Martin, CEO of the Waterford Country School in Connecticut is implementing the CARE model (Holden, 2009). CARE is a principled based therapeutic model for children living in residential and foster care. CARE has six principles which support the development and wellbeing of children in out of home care:

1. Relationship based – nurturing care and loving attachments are the basic building blocks for children’s healthy development.
2. Developmentally focused – strategies to support healthy change need to be matched to children’s developmental stages. Activities need to challenge children but not overwhelm them.
3. **Family involved – including family in the care of children is a crucial part of ensuring children achieve safety, wellbeing and permanency. Children’s identity and healthy development always begins with family.**
4. Trauma informed – all expectations and interactions take into account the impact of trauma such as neglect, abuse, loss and disruption, on a child’s development
5. Competence centred – competence is the combination of skills, knowledge and values that we all need to negotiate effectively in life. CARE aims to build the competence of children
6. Ecologically oriented – caring and supportive environments provide children with a model of how to care for themselves and others.

The CARE model is currently being implemented in Australia by the organisation I work for – Life Without Barriers. Bill felt that family involvement was a particular challenge for staff and agencies. He attributed this to agency culture and community attitudes about families with children in care. He and his team had worked over time to create a culture of family involvement at Waterford Country School and he felt this had to be done intentionally. In order to help ensure families were involved his team collaborates with organisations who make peer work available to families. Bill used the language of the CARE model in relation to parents and family as well as children and felt all the principles of CARE, including *trauma informed*, applied to work with parents and family as well as with children.

“We know that children in our care are doing the best they can, even when there are significant challenges in the way they are behaving. We need to take this same view with parents and family and apply the CARE principles, such as trauma informed, with parents as well” Bill Martin, Waterford Country School and CARE model.

Parent led organisations I visited in the USA such as Parents Anonymous® and the parent led consultancy, Authenticus LLC, are doing consultancy work in child welfare and have found agencies tend to overestimate their skill and practice in family engagement including in the implementation of evidence based programs. Agencies may feel they are doing well because they have mechanisms available such as family group conferencing but how families experience these processes may not match agency expectations.

“We thought we had a good culture and practice of family engagement but this was not reflected in our audits. We were not even able to get parents willing to take part in our audit process.” Agency leader, North Carolina who are setting up a family advisory council.

“Good intentions are not enough, the more agencies try to manage parent leadership, the less authentic it is” Authenticus, parent owned consultancy, USA.

“Agency leaders usually think they and their staff are doing better than they actually are. Having access to the actual experience of parents and family is an important reality check and a springboard for change”, Lisa Pion Berlin, Parents Anonymous®.

Jeremy Kohomban, the first supervisor and current board member of CWOP and CEO of the Children’s Village in New York was supportive of the use of evidence based programs but pointed out that we need to remember that current evidence based approaches do not address the root causes of child neglect.

The Children's Village run a number of evidence based programs such as Multi Systemic Therapy. While these interventions are effective in addressing child safety and family relationships they do not address the root causes of most child removal - poverty, racism and entrenched disadvantage. They are good programs but they will never be enough. Jeremy Kohomban.

Agency culture is a crucial part of the implementation of evidence based and informed programs. Both Authenticus and Parents Anonymous® have developed ways of measuring agency culture to help agencies improve their practice through parent leadership and involvement. Both organisations integrate and amplify the voices of parents and family in agency culture assessment processes.

Integrating ethical practice – combining what works with what is right

One of the reasons I became concerned with promoting and growing family inclusion in child welfare is because it offers *ethical* solutions when parents, children and family are suffering. In Australia we are rightly concerned with finding evidence based approaches and to achieving positive outcomes for children. However in our attempt to do what works, we can lose our emphasis on doing what is right. A narrow focus on applying the evidence may be fundamentally flawed if it is not combined with doing what is right especially in child welfare which lacks sound research evidence.

I discussed this with leaders and researchers at the Contra Costa Family Engagement Unit and Berkeley where peer work is well established. Professor Jill Berrick and others had evaluated the peer work program and found a link to reunification (Berrick, Young, Cohen and Anthony, 2011) but they did not feel this link was the reason for offering it. Jill told me that peer work should be a part of all child welfare systems, not because of its evidence base but because *“it is just good social work practice and the right thing to do”*. Practitioners in Norway, while they believed strongly that supporting and serving families was good for children, also argued that parents warranted support

and involvement for their own sake because they too were human and deserving of respect. Irene Handeland of the Norwegian Ministry for Children and Family Affairs argued that involving and helping parents and family was indeed good for children but also that:

Parents are also citizens with the right of information, participation in decisions which concern them, the right to be treated with respect. Many of them have been on the losing side all their lives – many have adverse childhood experiences like violence or abuse....and have never got the help they need.

Irene Handeland, Norwegian Ministry of Family and Children affairs.

I met with Professors Kate Morris and Brid Featherstone at Sheffield University. Brid and her colleague, Professor Anna Gupta and Sue Mills had just finished reviewing the British social work role in adoptions of children from care which they undertook with an ethical lens (Featherstone, Gupta and Mills, 2018). They found that much of the work done by social workers in child welfare systems was experienced negatively by parents and children.

In Portland, Oregon I met with Shari Levine, Director of Open Adoption and Family Services (OAFS) who argued that adoptions practice in child welfare systems was often damaging to parents. Shari shared with me the importance of a **hospitable** approach (Gritter, 2009) to open adoption from the care system. This welcomes and embraces children's full identity including their parents.

Practitioners in Norway were practical in their application of **hospitality**. They intentionally worked to build reciprocal relationships and to care for parents in group work processes. In Norway, where parents with children care receive priority services from the Norwegian family counselling services, practitioners cooked meals for them and ensured important dates such as children's birthdays were celebrated. This practical and caring ethic of service was impressive to me. It reminded me of the hospitable approach that many Aboriginal and Torres Strait Islander organisations take to the hosting of family meetings and other gatherings. In our rush to outcomes and only doing "what works" there is a risk we overlook doing humane and caring things with people who are suffering.

Family inclusion can also be understood through the ethical lens of children's rights. Australia has signed the UN Convention on the Rights of the Child which explicitly links parent and family support to child safety and wellbeing. All children have the right to live safely with parents who are supported and helped. I met with Professor Martin Guggenheim of New York University Law School, an expert on children's rights and author of a landmark book on the topic (Guggenheim, 2005). He argues that poverty explains child removal for many children in the USA and that a genuine emphasis on children's rights is an approach that supports and includes family. Martin argues that any attempt to fragment or separate the rights of children away from their families is to fundamentally misunderstand the rights of children. Perhaps an ethical approach to child welfare is best summed up by a quote from John Bowlby (1951) which Martin displays prominently in his office.

"If a community values its children it must cherish their parents."

Seeing parents as leaders

In the USA parent leadership of different kinds, while not necessarily routine, is becoming more common. Parents in Norway have been reconceptualised as leaders in recent years thanks to the efforts of parents themselves along with the help of key allies. Peer work now has a foothold in child welfare systems in many parts of the USA. These peer workers and other parent leaders have provided leadership in service design and in agency cultural change. Conceptualising parents as

leaders, both as parents of their children and in the broader system, is an important part of a family inclusive approach.

Parent leadership takes a variety of forms. For the Parents Anonymous® organisation, based in California, all parents were conceptualised as leaders or potential leaders. For some parents this has led to them acting as consultants for agencies to enable them to better engage with their client group and for others it means taking leadership in their own lives and the lives of their children. I attended a Parents Anonymous® group in Claremont, California and noticed immediately how group members supported one another, emotionally and practically, from very early on in their interactions.

I attended groups for quite a few years before deciding to become a parent leader. Most of my experiences with child welfare workers were negative. They were judgmental and cruel. When I found a worker who was helpful this allowed me to lead in my own life and to lead change in the system. Parents Anonymous® parent leader.

For peer programs, parent leadership inside teams and host agencies had emerged over time. All peer parents saw themselves as leading change in their own families, in agencies, with each other in their teams and in their work with child welfare involved families. They used a range of techniques to provide leadership including role modelling, advocacy, negotiating and mentoring. Other groups, such as the Washington State Parent Advocacy Committee and CWOP in New York City undertook system level policy reform activities and are having an impact on law reform and child welfare systemic reform.

Focusing on relationships and permanency – more than contact visits

One of the most challenging practices in child welfare for families is the arrangements made by authorities for children and their families to spend time together. In Australia and the UK this practice is generally called family contact or access. In the USA and Norway it tends to be called visitation or visits. In Australia, family contact is often supervised – frequently by strangers. Visits can take place in agency buildings in rooms which may or may not be set up for children to play. Cumbersome pre-approval processes may be in place for other family members, including brothers and sisters, to attend and the timing of visits can be inflexible. These arrangements are not normal and natural ways for families to spend time together and both families and children often find them stressful (Ross et al, 2017, Bullen, Taplin, McArthur, Humphreys and Kertesz, 2016, Thorpe and MacArthur, 2016). My work with colleagues in Australia has frequently considered family contact arrangements as an area for change and this was reinforced during my travels.

In response to parents and children's distressing experiences, CWOP in New York is offering an alternative venue and approach for *family time together* – a term they have helped to introduce into practice across the city. In partnership with at least one foster care agency they use their community centre space as a venue for family time together. Rather than supervision, they offer support. They do provide reports if required but they take a strengths based approach which documents family capabilities rather than their deficits as well as the support that is offered if parents and children need it. Families can cook together, eat together, play or just watch a movie if they choose and CWOP staff provide practical and emotional help as this is needed.

An emphasis on relationships as a pathway to help children feel secure and experience permanency has already been discussed in this report. All of the programs and places I visited had a strong emphasis on family relationships, to enable and secure relational permanence for children.

Section Three - Three areas of possibility for change.

My Churchill fellowship explored three main areas of innovation.

- 1) *Peer work* including parent support and advocacy.
- 2) Programs to support *carer and parent relationships* to promote restoration AND to support relational permanence when children do not return to the care of their parents
- 3) *Parent leadership*

These areas are practical and there are no legal impediments or any significant barriers to implementation. They can be implemented by families, agencies, governments and, much of the time, by individual teams and practitioners. These areas do overlap at times. In fact, my research has found that combining these initiatives can be particularly effective.

1. Peer work – parents helping parents

I have been involved in research and practice initiatives in Australia that have found that parents benefit from and want support people to advocate for them and help them navigate their way through the child welfare system (Cocks, 2014, Ross et al 2017). Currently in Australia, many parents and family members navigate the complex child welfare system virtually alone, with the occasional assistance of an overworked lawyer who may or may not have the skills to represent them well. When offered the rare choice of talking to another parent for support, parents almost always respond positively.

“I want to talk to a parent. No offence. I’m sure you’re really nice. But another parent will know what I’m going through.” Parent with children in care, Newcastle.

In the programs and places I visited I encountered many different titles for peer worker including parent advocates, parent allies, parent leaders, parent partners, parent representatives and parent mentors.

What is peer work in child welfare?

Peer workers are defined as parents who have had personal experiences with the child welfare system and offer **advocacy and support** to parents newly involved in the system (adapted from Lalayants, 2013, p. 109, my emphasis). I visited peer work programs in the USA and Norway. In the USA, peer work is now part of the service landscape, emerging from other fields such as drug and alcohol recovery and mental health as well as from national service design initiatives such as the Systems of Care initiative (Child Welfare Information Gateway, 2017). The US Federal Government has supported the development of peer work in a range of ways including developing resources online based on the expertise of parents and family (Capacity Building Centre for States, 2016). The Kempe Centre Innovations in Family Engagement conference I attended in Colorado had a small number of parent and family leaders in attendance as presenters and participants, something that is virtually unheard of at Australian child welfare conferences. There are long standing parent leadership and peer work initiatives that have been evaluated including *Parents Anonymous*® and *Parents For Parents*. These have an emerging evidence base, rated as promising practices by the California Evidence Based Clearing House (Polinsky, Pion Berlin, Williams, Long and Wolf, 2010) and the Evidence Based Practice Institute at the University of Washington respectively (Office of the Public Defender 2017, National Council of Juvenile and Family Court Judges, 2013). Peer work and

parent advocacy has been subject to research in a range of places. According to Jill Berrick and Judi Knittel, evaluator and manager respectively of the Contra Costa family engagement unit in Northern California, integrating peer work into child welfare teams is just good practice.

“Peer workers are a conduit to relationship based practice. They help social workers do their job – it is just good social work practice to integrate peer work into child welfare work” Jill Berrick, University of California, Berkeley.

In Norway, peer work primarily occurs in group processes facilitated by parent leaders within the Organisasjon for Barnevernsforeldre (OBF). Its group processes are primarily supportive for parents and they don't normally engage in individual advocacy although they do use the information they gather from group processes to help inform their advocacy efforts. Peer work has also been linked to ameliorating trauma in child welfare settings (Centre on the Developing Child, 2016)

What do peer programs and workers do?

The primary function of peer workers is to provide support and advocacy, either individually or in groups, with parents who find themselves and their children caught up in child welfare processes, including child removal. Peer work programs I visited worked with families who either had children in care, had just had children restored home or where those children were very likely to be removed and legal processes had commenced. They coached, translated, encouraged, supported and advocated. They provided clothing, food and transport. Above all, they offered hope.

Peer workers and their managers also do other activities and tasks. They run a range of group work processes and events, especially in Norway, New York, Washington State and throughout the USA through Parents Anonymous®. They deliver staff and carer training and they contribute to agency policy and practice development. In some places, especially Norway, New York and Washington State, they ensure the voices of parents participating in peer work are elevated and used to advocate for law reform and practice improvement. In various places they had developed resources for staff, parents and carers such as parent's handbooks and resource folders. They play a key role in ensuring parents voices are heard in the agencies they interact with or are part of. While individual support and advocacy is the primary role of peer workers in the USA, peer work in Norway relies primarily on group work processes, facilitated by parent leaders with the support of social workers and other allies.

The peer work role is very different to other roles in the child welfare system. Unlike caseworkers and others they do not take assess or monitor parents. They don't take case notes or gather evidence. They avoid giving evidence in court and some jurisdictions have negotiated with judges to ensure that peer workers will not be called to give evidence against parents. Most peer workers were mandatory reporters and were open about this with parents. However, they were careful to report only when they were legally required to do so. This is an important way to build trust with parents who are used to having their words and actions recorded and potentially used against them in ways that can be hard to predict.

“Family partner roles have no actual power. Only influence. They don't take notes and we have a long standing agreement with the courts that parent partners will not be called to give evidence”.

Peer work manager, California.

“We give evidence in court only if parents want us to. Giving evidence that is not supportive of parents is not supported by (employing agency) and runs counter to our role” Peer work manager, Oregon.

“Parent allies are seen as neutral. They are providing information and support. They can technically still be called in evidence but as they don't keep notes they have not been called.” Peer work manager, Washington State.

Where does peer work happen?

Peer workers and teams are based in the community and peer work happens in all the places where parents need it to happen. I visited peer programs embedded in county child welfare teams in Contra Costa County, California, in NGOs in Oregon and New York, in legal services in New York where they were part of multi-disciplinary teams and in children's courts in Washington State. In New York, peer workers were working throughout the system including in foster care agencies and were also able to be contracted as required by the statutory child welfare agency to participate in meeting processes through NGOs. Peer workers were often highly mobile, visited parents at home, in drug rehabilitation centres, in prison and anywhere else they needed to go. They provided coaching, advocacy and support with parents in key places such as in court and during time with their children.

Statutory child welfare agencies did not engage peer workers directly. All the programs I visited, including those embedded in county teams, engaged peer workers through NGOs. Most peer workers were being paid a wage while others were paid in more tokenistic ways, got expenses reimbursed or were not paid at all. All the people and places I visited supported proper payment for peer work. Peer workers and their managers felt they would not be able to build trust with parents if they were directly employed by statutory child welfare agencies.

“Parents trust us because we have been there. They don't trust the social workers and will tell us things they won't tell social workers because they know we don't work for them (the statutory child welfare agency)” Peer worker, California.

Statutory child welfare agencies were also seen by some programs as very challenging places for peer workers to work within.

“There is a reluctance to have parent mentors work within (statutory child welfare agency) as it is seen as unable to advocate for parents and is not seen as a supportive workplace for parent mentors” Researcher, Oregon

The aim of peer work in child welfare.

The primary focus of child welfare practice in the USA, where most peer work happens, is on family preservation or, if children have been removed, restoring them safely back to the care of their parents. The USA has a much higher rate of restoration home (around 50%) than Australia where restoration data is not readily available but may be as low as 6.6% for young children (Child Welfare Information Gateway, 2011, Marsh et al, 2017).

However, peer work programs offered ongoing support whenever they could with parents who had children permanently removed. In the USA this includes adoption from care a lot more than in Australia. Dana Dildane of the Parents for Parents program in King County, Seattle talked about how

helpful it was to have a peer worker on the team who had experienced adoption of her children as she was able to provide support and advocacy with parents going through the same thing. Peer programs helped parents navigate their identity through the process and encouraged them to prepare for the likely time when their children would seek them out. Peer workers were very aware of the flaws in the child welfare system, despite its promises of permanence and better outcomes, and knew that parents worried deeply about how their children were cared for after they had been permanently removed.

Advocacy and support – the key role of peer work.

All programs had both **advocacy and support** components to their work however this focus varied somewhat. For example, some peer workers described themselves as advocates for the case plan. This could mean advocating for improvements to case plans when these were not realistic or were not linked to the reasons children had been removed. Other peer programs described themselves as advocating for parents which included ensuring case plans were appropriate. Advocacy was an intrinsic part of peer work in all the places I visited.

“It is the role of the parent partner to speak up for parents, to coach them and fully support them – in the interests of the case plan” Peer work manager, California

“My parent partner is my biggest fan, my cheer leader. She speaks up for me with the social worker.”
Parent receiving peer work services, California

Some peer workers had very specific roles linked to particular programs or family meeting models such as the parent representative model in New York City which ensures all parents in a particular location attending a *child safety conference* with New York City’s child welfare agency are offered a peer worker. This advocacy model has been linked to restoration (Lalayants, 2013) and is now being expanded beyond the meeting context. Another New York model relying heavily on advocacy was the multi-disciplinary legal services model used by the Centre for Family Representation and the Bronx Defenders Office. Peer workers, social workers and lawyers worked together to form a team around parents. This strong advocacy makes inroads into the power imbalances parents and families face and contributes to restoration and family preservation (Centre for Family Representation, 2017).

“We have a culture of litigation in the face of injustice. We regularly challenge (statutory child welfare agency), we use investigators. We litigate over issues like visiting, case plans, assessments and in all the ways that children and families experience this system. We fight hard for our clients”
Emma Ketteringham, Managing Director of Family Defence, Bronx Defenders Office.

This *family defence and advocacy* model of legal services for parents, combining specialised legal representation with social work and parent advocacy, has been collecting very promising data and results (Centre for Family Representation, 2017, Ketteringham et al, 2016) and is currently being evaluated on a large scale involving around 20,000 children (Action Research Partners, 2017). My discussions with the Bronx Defenders Office, the Centre for Family Representation and Martin Guggenheim of New York University’s Law School suggests that the culture of these legal service providers is crucial. This culture is reflected by Martin’s statement *“every child has the right to have their parents represented by the best lawyer in town”*.

Trust and engagement – building bridges to relationship based practice

Peer workers and programs all emphasised the importance of the relationships they developed with parents. They all built trust in a range of ways including purposeful self-disclosure and reliability. Peer workers, based on their own experiences and their work within the system were confident that parents did not trust caseworkers. They felt they could build trust with parents who could then use this relationship as a springboard for building a better relationship with the caseworker. Peer workers regularly encountered parents who were angry with caseworkers and the system often with good reason. Parents often heard lies and part truths being said or written about them that they didn't get the chance to counter. Peer workers had also encountered this and knew how it felt. Peer workers validated parents in their experiences and then helped them to focus their energy on the things they could control – their own behavior and choices. Peer workers knew how difficult this was and could communicate this in their relationships while also encouraging parents to persevere.

“Ultimately parents don't trust the social workers – they do trust us. We help them to navigate the system. We encourage parents and highlight areas where parents can control things and make choices” Peer worker, California.

“I can trust my parent partner – I can't totally trust the social worker. It's as simple as that. If I need to ask something, I know I can ask my parent partner and I won't be judged and she helps me work out how to talk to the social worker. My parent partner always rings me back” Parent with children in care, California.

Peer workers used their own experiences and personalities to build trust with the parents they were working with. Unlike most caseworkers they often had similar experiences and backgrounds to parent clients including poverty, homelessness and addiction. They used group and individual supervision to help them do self-care in this highly charged work that could retrigger their own trauma histories.

“I'm really the mother of the team, I use these parts of my personality to build relationships with parents and to support my colleagues” Peer worker, California.

“Men are different from women, they want to know what to do and how to do it. That's what I wanted. I am still emotionally supportive but I move quickly to action and Dads appreciate that” peer worker, California.

“The relationships we develop with parents are really important. It's what we do and how we help. This comes before our focus on the case plan – before everything” Peer worker, Oregon

“Supervision of parent allies is crucial and needs to be clinical and personalised given their background of trauma” Parent leader, Washington State.

It was important to peer workers that parents took responsibility for their successes and for their own choices and behavior. They saw this as empowering parents and saw it as their role to notice and share positive behaviors which were often overlooked by caseworkers. The metaphor of “game playing” was used in different ways. Peer workers know the rules because they had learned them the hard way and can help parent clients to navigate them successfully.

“Parent partners will often speak in court to share parent’s strengths and give a positive view of parents. This is an important role as so many negative things are being said” Peer worker
Washington State

“Social workers do not have a good knowledge of parent’s strengths. Records are deficit focused and they can’t see progress. The parent partner role helps address this by sharing positive stories. Parent partners can notice the small changes as they have been there themselves and know how hard it is”
Peer worker, Oregon.

(Statutory child welfare agency) is very deficit focused in the interests of winning cases and we see our role to highlight strengths and provide a different view” Social worker, working with parent advocates, Bronx Defenders Office, New York

“Parents need to take the credit and the responsibility. Sometimes parents say “I feel like I let you down”. They haven’t. I turn it around. I say– “I’m grateful you allowed me to be part of your journey”. I see it like I’m a coach – I provide support and training but it’s parents that have to play the game – just like I did”. Peer worker, California

“We have to help individual parents play the game with child welfare. That doesn’t mean we agree with the rules. We need to do systems change as well but in the meantime we have to help parents to play the game and get their children back” Joyce MacMillan, Program Director, CWOP, New York

This navigational role also required peer workers to develop relationships with caseworkers in order to generate better relationships between workers and parents and to ensure peer workers could continue to operate in their roles with future parents.

Trust building in the child welfare system is extraordinarily difficult (De Boer and Coady, 2007, Forrester, Kershaw, Moss and Hughes, 2008) and the reality for parents, both historically and currently, is that workers in child welfare systems are not always trust worthy. Peer workers who build two way relationships with caseworkers and parents can contribute to a more trusting context. Peer advocacy and support has the potential to improve the casework relationship and the capacity for relationship based practice.

Professional relationships as a tool to tackle power imbalances and more – with parents and with staff and systems

Conventional professional relationships in child welfare where the professional is the expert and the client “receives” services are power laden, although this often goes unacknowledged. The role of parents themselves in assessing for the potential of trusting relationships and contributing to them over time is very important and frequently misunderstood by caseworkers (Reimer, 2013). Peer work can play an important role in addressing power imbalances and creating the conditions for relationship based practice. Professional relationships with parents and workers are important tools for peer workers to help bring about positive change for children.

Conflict and disagreement is a normal part of relationships in child welfare practice. Emotions are running high and parents are often angry, upset and expressing feelings of profound grief, loss and trauma. When parents suppress their emotions to comply with worker’s expectations of behaviour then professional relationships will always lack depth and authenticity. When parents have support and advocacy from a peer worker they can be supported and coached in managing their emotions

while also having the opportunity to express their emotions freely with a trustworthy advocate who is not writing down everything they say.

Professional relationships – the contribution of peer work

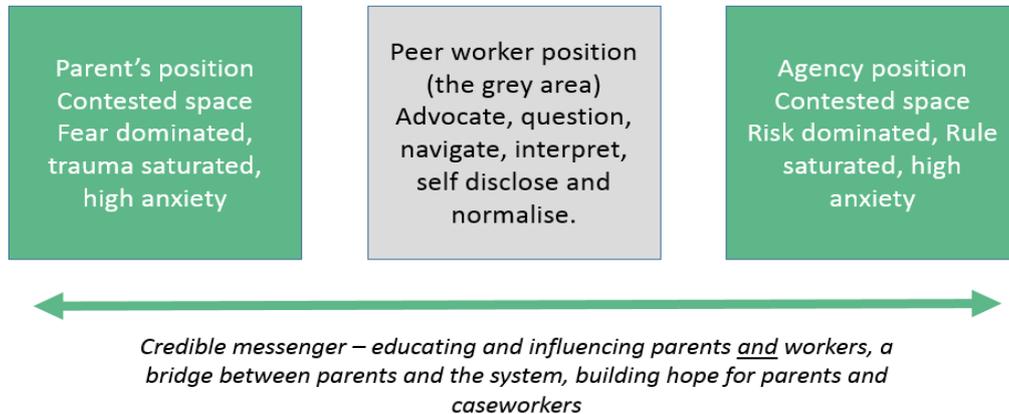


Figure one. Based on discussions with peer workers throughout my journey

Jeremy Kohomban of CWOP is also the CEO of the Children’s Village in New York City – a major provider of foster care which employs peer workers. He described how peer work contributes to professional relationships between parents and workers. He called peer workers “credible messengers” between and with parents and the system. This credibility is important for parents AND caseworkers.

Peer workers had to navigate complex relationships with the parents they assisted and with child welfare workers and managers. They had professional relationships with parents which challenged the conventional approach to professional boundaries that was more likely to be taken by caseworkers. These relationships include relationships with each other, with caseworkers and with the agency hierarchy as well as with the parents they were helping.

“Parent partners have brought a relational focus back to child welfare. I highly value them as team members. They have improved my relationships with families” Social worker, California.

Peer workers and their supervisors included their relationships with staff in the system, such as caseworkers, judges and agency leaders, in their reflections about professional relationships. They saw themselves as bridge builders with a goal of helping parents to succeed. This was challenging work and peer workers had to navigate this very carefully. While advocating for parents they had to simultaneously develop and maintain their relationships with caseworkers so they would be able to keep helping other parents.

“Helping parents deal with difficult social workers is a key part of the role. We use a gentle approach with social workers when advocating for parents. Peer workers do training for all new workers now in family engagement and in the (peer worker) program.” Peer work manager, California.

Child welfare workers and leaders also felt peer work contributed to trust building and, ultimately, to better relationships with social workers. Both peer workers and caseworkers said peer workers could speak plainly with parents about what they needed to change to get their children back

because of their shared experience. Caseworkers often had very different life experiences compared to the families they were working with and this was a barrier to relationship based practice that peer workers understood.

“Parent partners improve our assessments by helping families engage in the system. They can raise the hard issues with parents and discuss them. Parent partners give social workers hope as well.”

Social worker, California.

At the Centre for Family Representation and the Bronx Defenders Office, parents received skilled advocacy and support from lawyers, social workers and peer workers specialising in family defence. Emma Ketteringham of the Bronx Defenders Office told me that their parent clients never have to meet alone with foster care agencies or child welfare authorities – directly confronting the isolation and power imbalances experienced by parents. She said they focused on maintaining relationships between children and their families while children were in care by litigating about family visits and care arrangements. These power ameliorating strategies have the potential to improve relationships in the child welfare system between parents, workers and carers. It suggests that addressing power imbalances through good advocacy and legal representation will improve relationships with caseworkers as well as outcomes for children.

“Having the Bronx Defenders Office and the Centre for Family Representation (peer workers working with lawyers and social workers) has been of assistance to families and has improved outcomes for all parties. Parents have difficulties trusting child welfare authorities and strong support and advocacy (for parents) has helped build trust and engagement.” Eric Brettschnieder, First Deputy Commissioner, Administration for Children’s Services, New York City.

Training and supervision – what do peer workers and programs need?

California, Oregon, Washington State and other peer programs ensured their teams were trained over time and received support through regular and frequent supervision from their manager. Peer workers also described getting comprehensive support from each other through group supervision. While the programs were independent of drug and alcohol recovery services, many peer workers described themselves as being in recovery and were influenced by the drug and alcohol recovery movement including the mutual support and empowerment offered in this paradigm.

“I highly value my supervision, with my manager and in the group with other parent partners. It is very difficult to live with the injustice we see. This is regularly discussed in supervision” peer worker, Oregon

Professional relationships and boundaries were regularly discussed in supervision as was self-care. Terms like professional friendships and strategic sharing were used (a term also used by parent trainers as described later in the *parent leadership* part of this report).

Peer work training varied but the following areas were common across programs.

- An induction to the child welfare system including history and legislation
- Advocacy skills
- Trauma and trauma informed work including the impact of vicarious trauma
- Motivational interviewing
- Professional relationships
- Family violence, addiction and mental health – intersections with child welfare

- Strategic sharing – purposefully using self-disclosure
- Teamwork and supervision

Trauma training was seen by all peer workers and managers as vital. Not only because of the trauma needs of children in the system but because peer workers themselves have trauma histories.

In New York City, CWOP, as part of their community organising role, has offered their *parent leadership* curriculum over approximately 3 months to parents who want to be peer workers or to affect change in the child welfare system in other ways that build on their lived experience. Reflecting the social change agenda of parent leaders in New York, the CWOP curriculum also included topics related to community organising, social advocacy and the social causes of harm to children.

Referral pathways and service design.

With the exception of some programs subject to funding rules, peer work programs were designed to be easy to access. Aside from child welfare involvement there are no referral criteria. Parents can self-refer or be referred by any other source. They are frequently referred by judges, lawyers, court staff and other parents and there is no requirement for caseworkers to make or endorse a referral. Peer work is proactively offered to parents in court or at the time their children are exposed to child welfare systems. Peer workers persistently offer support to parents by following up with phone calls and future offers.

Some peer workers and teams had allocated “caseloads” where they worked with particular parents over time. In other programs peer workers were available to assist parents flexibly and over time but they did not have allocated caseloads. This was the case in Washington State where peer workers operated out of court and offered a flexible range of services including group work and workshops. Parents could and did talk to any peer worker who was in court on the day and although they may relate mostly to one worker over time, they could do this as they needed to without being allocated to anyone specific.

Most peer work programs combined individual support with group work processes. This was particularly evident in Washington State and Norway. Parents found group work processes very powerful and supportive and in some cases they led to new service initiatives. In Norway, parent leaders and their allies organised weekend events to connect parents with children in care to each other and to facilitate ongoing support.

“The weekends away changed everything for me and my husband. We got support and ideas from other parents and we stopped feeling so alone” Parent with children in care, Stavanger.

“Our weekends away led to an ongoing group of parents and was really the catalyst for the group in Stavanger, for the establishment of Organisasjon for Barnevernsforeldre (Norwegian parents interest group) and the work done by parents in Stavanger to support staff development for caseworkers”

Merethe Loland, parent leader, Norway

Benefits to peer workers – breaking the cycle of removal and poverty

Peer work is a pathway to employment for parents. The peer work teams I met with included parents who had been recruited as a result of working with another team member as a client. When their child welfare case was closed they also became employed as a peer worker.

“When I worked with (peer worker) she gave me hope. She believed in me when I didn’t even believe in myself. This made a big difference to my self-esteem” Peer worker, Oregon.

The important validation and the income associated with employment as a peer worker is a crucial benefit of this model. Although peer work is not a role that all parents could take on, it can create an employment option for many. We know that many parents intersecting with the child welfare system are poor, are sole parents, have low education and face significant barriers to employment. Jill Berrick and her colleagues (Berrick et al, 2011) did research that found the benefits to peer workers themselves (and their children) was substantial and a key part of the importance of peer work. In this way, the use of peer work has the potential to address one of the most important underlying causes of child removal in Australia – poverty.

The importance of allies and agency leadership – overcoming resistance

Integrating peer work into child welfare systems, teams and with other stakeholders requires strong and supportive leadership. All the managers and leaders I visited had to overcome particularly high expectations of professional behaviour and conduct. *Resistance* from teams and other stakeholders to peer work was seen as a normal part of the process.

Peer workers also struggled with difficulties in their lives from time to time, often related to past trauma which might be triggered by their work. Leaders and supporters need to be aware of this possibility, plan for it and support peer workers well.

“Resistance is to be expected and is part of being an advocate and a leader. Resistance suggests that parent leadership is successful, a sign you are making a difference and a lack of resistance suggests that parent involvement may be tokenistic”. Peer worker, California.

“I hold family partners to a high standard and they have to be extra professional – more professional than the social workers – because of the expectations of others” Peer work manager, California

“Parents and supporters should expect resistance and for parent allies to be held to a higher professional standard than other staff” Peer worker, Washington State

“There are higher standards of professionalism expected from parent allies. I get calls about the conduct of parent allies that I wouldn’t get about other staff. You do need to support staff carefully through this and because people do relapse or have mental health problems from time to time” Peer work manager, Washington State.

Peer work is a form of leadership. Early peer workers faced particular challenges and have made it easier for those that have come after them. These peer workers all relied on strong and supportive agency leadership, particularly from non-government organisations and universities.

“We have been around for 13 years now. Leadership from the top is vital – this encourages the frontline teams to accept parent partners. We have had to “weather” the hard times and overcome resistance but now we are part of the furniture” Peer worker, California

“Key agency leaders were crucial in bringing about change in New York City. David Tobis, Child Welfare Fund

It is important that agency leaders expect resistance and stand firm in support of peer work. This is a lot more challenging for statutory child welfare agencies who are highly vulnerable to the political process and to public criticism. Leadership may be more reliable and available when it comes from non-government organisations, from academics, from the judiciary and from respected practitioners in support of parent leadership and peer work. For example, in Washington State the Parents for Parents program funds NGOs through the Office for the Public Defender (similar to our state based Legal Aid providers) and judges have been continually supportive.

Peer work linked to systems change.

Some of the peer programs I visited had developed a link or pipeline to systems change work so that the problems parents and families faced on the frontline could be addressed at a state or national level.

For example, the *Parents for Parents* Program is a peer individual and group based program based in courts throughout Washington State. Parents for Parents employs parent allies who work from courts to provide support, information and advocacy with parents. Parents for Parents existed for years without reliable funding. It is now in receipt of secure funding through the Office for the Public Defender. It was able to secure this funding because it is aligned with and supported by the *Washington State Parent Ally Committee* (WSPAC) who advocated for it. This exciting and innovative group is supported by the Children's Home Society in Seattle and has existed for many years.

The Parents for Parents coordinator in King County, Seattle, Dana Dildane, talked about her team's connection to the WSPAC as a way to raise issues up so they can be discussed by people and groups who can do something about them. As a frontline worker she found this empowering and satisfying. She used a current example of family contact being challenging for parents because of rigid and unhelpful supervision. She and other parent allies have noticed this issue in a range of locations and have raised it for the WSPAC to discuss with child welfare agencies and other stakeholders.

The Organisasjon for Barnevernsforeldre (OBF) in Norway is a national parent voice group, funded by the Norwegian Directorate of Family Services. The leader of OBF is Merethe Loland. Merethe regularly attends peer support groups with parents in Stavanger, in the west of Norway and in other places when she can manage it. She uses what she learns from parents to raise shared issues at a national level. I attended a parent's support group with Merethe and other parents at Brune, near Stavanger and the issues being discussed were remarkably similar to difficulties experienced by Australian parents. One example was the stress and upset parents and children feel over the Christmas period and how hard it can be to organise Christmas visits. Because of the support group's connection with OBF this issue may be raised up to the Ministerial level in Norway and to senior levels in both the Norwegian statutory child welfare agency and the Norwegian family support and counselling service which is responsible for providing counselling and other support services with parents with children in care.

CWOP and Rise Magazine in New York City are both outstanding and creative examples of how parents supporting each other as advocates and peers has built and sustained pathways to systemic change. Both CWOP and Rise Magazine undertake activities that are supportive of individual parents as they navigate the child welfare system and which connect parents to each other. They also have clear objectives for systems change and all their individual work supports this change. As previously mentioned, CWOP shared with me an example of parent led systemic change that had arisen directly from their peer work with parents.

As a result of very poor family visiting experiences CWOP lobbied for a change in language from “visitation or access” to “family time”. This term is gaining traction in the sector. CWOP are now supporting family time at the CWOP office (embedded in the community in Harlem).” Joyce

McMillan, CWOP, New York City.

Joyce and her team insist that *surveillance is not support*. This initiative is one way they are seeking to challenge the surveillance orientation of family contact.

Rise Magazine provides peer support and contributes to healing through its writing workshops with and for parents with an experience of the child welfare system. Parents learn their own story well and how to tell it in ways that are helpful both to themselves and, if they choose, to contribute to systemic change through publication. Rise strategically publishes parent’s stories to amplify particular issues such as the relationship between child neglect and poverty. Rise is widely read on its website and distribution throughout the child welfare sector in the USA, of a printed magazine. The Rise website contains all their stories and back issues at www.risemagazine.org/

Other activities of peer work and peer work teams.

As well as individual and group work with parents, peer workers also undertook a range of other activities in the sector including resource development, foster and kinship carer training, staff training, consultancy, policy and procedure development and more. In Washington State peer workers participated in induction training for all new statutory child welfare programs. Peer workers participated in undergraduate social work programs in California and in carer training in almost all locations.

2. Carer and parent relationships

The child welfare system is only one way children experience separation from their parents and siblings. It is quite common for Australian children to live apart from one or both parents and one or more of their siblings, especially if they share only one parent or have a big age difference. Kinship care arrangements, where children are raised by grandparents or other extended family, often occur without any state intervention. While there are sometimes problems, these relationships are nearly always managed by parents and family and children know their parents, siblings and families well.

This is not so for the majority of children in the care system in Australia. The care system often restricts relationships between carers, parents and siblings of children in care. It is common for unrelated foster carers not to meet the parents of the children they are caring for, sometimes for years. Care arrangements and disagreements are mediated through constantly changing caseworkers or not mediated at all. Communication with parents can be limited to occasional one way information provision and for some children, contact with parents and siblings may drop away altogether. As a consequence children experience multiple losses and divided loyalties. Many children want to return to the care of their parents, may blame themselves for their loss and feel unable to discuss this with carers who do not know their families. Many children feel stigmatised and may find it difficult to explain their family circumstances. This impacts on children’s sense of belonging and can be deeply traumatising. Australian research shows that relationships with family is particularly stressful for many carers (Kiraly and Humphries, 2016, McHugh, 2013) and that many parents want to know and have good relationships with the people caring for their children but

struggle to navigate these power laden relationships without support (Ross et al, 2017, Kiraly and Humphreys, 2015).

Parent and carer relationships when children are in care in Australia is an area that is ripe for innovation. There is currently no law or policy in Australia that prevents carers, parents and other family members forming close and natural relationships in the interests of children as a pathway to restoration and to relational permanence when children remain in some form of out of home care including adoption from care, permanent foster care and kinship care.

I met with two agencies who were building carer and parent relationships into their child welfare work with different emphases and perspectives.

- The Open Adoption and Family Services (OAFS) in Oregon supports adoptive parent and birthparent relationships when children are in permanent out of home care arrangements in the form of open adoption.
- Fairfax Family Services in Fairfax County, Virginia supports carer and parent relationships as a pathway to restoration

Both agencies have an emphasis on relational permanency and encourage ongoing relationships so that children experience quality care and fewer losses.

Carer and parent relationships when children are in permanent care arrangements.

Open Adoption and Family Services (OAFS) is based in Portland, Oregon. OAFS provides unique open adoption services with all families and has not historically interacted with the child welfare system. Adoptions through child welfare in Oregon tend to have restricted birth parent involvement which is contrary to the beliefs and practices of OAFS. In 2010 OAFS began offering open adoption services to mothers and fathers who would otherwise face child removal, potential care instability and an eventual adoption in which the birth parent has a limited role in planning, including determining any ongoing contact.

OAFS aims to *divert* very disadvantaged parents from the child welfare system and enable them and their children to remain in relationship together through open adoption. Their work remains formally outside of the child welfare system. However, the circumstances and needs of parents and their babies are the same as child welfare involved parents. Indeed some of the parents who choose a diversionary open adoption with OAFS have had previous children removed and face imminent removal of subsequent children because of entrenched issues in their lives including poverty, drug use, mental health issues and family violence. They are essentially the same group of parents who face child removal and adoption *inside* the child welfare system in Oregon.

OAFS is passionate about openness in relationships in the interests of children. They believe in an ongoing “extended family” role for parents of children who are adopted. They look for potential adopters who are not only willing to accept and form relationships with the mothers and fathers of the children they adopt but who will embrace and value these relationships in the interests of children. Shari Levine talked about the difficulties birth mothers face in dealing with child welfare and how the OAFS approach challenges the dominant narrative about parents with children in care.

“Child welfare needs to treat parents differently from the very beginning and give parents options earlier including the option of open adoption as a choice which does not end the parent’s relationship with the child. We need to challenge the idea that adoption means parents have failed” Shari Levine, OAFS.

Shari explained to me that parents at OAFS “entrust” rather than “lose” or “relinquish” the care of their child to adoptive parents. This sets up a relationship of accountability from the beginning. Adoptive parents are supported by OAFS to maintain this relationship even when times get tough.

“Maybe a mom can’t succeed at being a fulltime parent at this point in her life, but she can succeed in her role as a birth parent. And that means everything to her and her child”. OAFS website.

“A lifelong carer and parent relationship is crucial to open adoption. Sometimes birth parents are struggling and may lose contact for a while but the door stays open. If prospective adopters come with a rescuing attitude and a sense of entitlement to children they are not suitable for open adoption. We encourage them to see they are just as valuable to the child as the birth parents”. Shari Levine, OAFS.

Shari said the outcomes for children diverted from the child welfare system have been positive. Adoptive and birth parents have positive relationships and birth parents get lifelong, free support from OAFS at no charge. Children are seeing both sets of parents respect each other which has contributed substantially to their sense of identity and relational permanence.

An important part of the OAFS process is openness from the beginning. Birth parents choose the adoptive parents for their child from a number of possible candidates. They get to meet the adoptive parents and any siblings or other important family members before they proceed. They are given the adoptive parents assessment report to read and consider. These kinds of techniques and strategies set the scene for openness, trust and respect and may help ameliorate power imbalances.

A legally enforceable adoption plan, including arrangements for contact, is part of every open adoption. The goal is an extended family type relationship and maintaining an ongoing connection. Both birth parents and adoptive parents experience deep vulnerability and Shari said it is often birth parents who display initial generosity and kindness by recognising adopters as their child’s new parents. Adoptive parents are asked to actively support birth parents as they grieve which helps to build empathy and a close relationship. Both sets of parents have an independent relationship and continue to be seen by each other as parents with different roles.

I asked Shari if she felt the OAFS approach could be used inside the child welfare system (not just as a diversionary program) as a way to build relational permanency for children. Shari felt there was real potential here but that child welfare systems would need to adapt and change. In Australia, when children are permanently removed from their parents the system tends to take a “management and control” approach to birth family relationships through a lens of risk. Parents are not seen primarily or even substantially as sources of love and care and relationship for children. Permanent carers (including open adoptive parents in NSW) are not encouraged to see birth parents and family primarily through a lens of parenthood. The OAFS approach to openness challenges this.

I asked Shari about the ethics of open adoption from care. Parents who choose open adoption to divert from the statutory child welfare system lose care of their children no matter what they decide. Do they really have a genuine choice? Shari agreed these parents have limited options but felt the choice was still a genuine one. With open adoption they will continue to have a parenting role that is respected and valued. They will know their children and their children will benefit from this relationship. In OAFS there is an expectation of **hospitality** – children’s families, their history and their identity are welcomed into the adoptive family (Gritter, 2009).

Shari and her team have done ground breaking work in open adoption with very disadvantaged parents. They feel the outcomes for children have been good and that these birth parents have made a valuable and ongoing contribution to the care of their children, in partnership with adoptive parents. In Australia where a range of permanent legal orders are available and adoption is much less common, there is an opportunity to apply these learnings to all of our permanency planning – not just open adoption.

There is some research that has found adopted children in open arrangements (not from the care system) fare better than those in closed adoptions but research into permanent out of home care arrangements is limited, especially in Australia. Currently there is little or no research into openness and permanence in out of home care at all, what openness actually means and it's outcomes for children. The Open Adoption Research Institute (OARI) was recently established at the University of Sydney. Unfortunately OARI is focused only on open adoptions which effectively excludes the majority of children in care in Australia including Aboriginal and Torres Strait Islander children for whom adoption is not culturally appropriate. It also excludes the possibility of research into restoration. Research is needed into relational permanency more broadly, especially restoration.

Carer and parent relationships – “bridging the gap” to build pathways to restoration

There is good evidence linking the foster carer role positively to restoration when children are placed in care (Ankersmit, 2016, CWIG, 2011) and that carer and parent relationships are good for children (Centre for the Developing Child, 2016). There is also evidence from overseas that restoration rates are particularly low when carers are unsupportive such as when carers want to gain the permanent care of children (Monck, Reynolds and Wigfall, 2004, Chateaufneuf, Page and Decaluwe, 2017).

Fairfax County Department of Family Services (DFS) is a statutory child welfare agency, serving a population of over one million people, in the state of Virginia. I first came across the work in Fairfax because I was interested in their use of the *Icebreaker* meeting model (Annie E Casey Foundation, 2012), a tool for building relationships between parents and foster carers. The *Icebreaker* meeting is a child focused meeting, in the early days of placement, between foster or kinship carers and the parents of children in care. While it is facilitated by caseworkers, the meeting is relatively informal, is not used to gather evidence and is simply an opportunity for carers and parents to share information about children and to begin to build a child focused relationship.

In 2006, in partnership with a consultant and 10 other foster care agencies (public and private), DFS began planning and implementing the *Bridging the Gap (BTG)* initiative. This initiative aims to build child focused relationships between foster carers and the parents of the children in their care. I met with Maggie Moreland, permanency coordinator at DFS, who has been coordinating and implementing BTG since 2006. DFS use the *Icebreaker* as part of the BTG initiative but it is not limited to this.

BTG is a cross sector, principled based initiative that aims to *bridge the gap* between carers and parents in ways that suit children's needs. It is based on principles of family engagement, participation and permanency. This almost always means early and ongoing face to face meetings. If this can't happen for pressing safety reasons, then other ways to *bridge the gap* are found such as communication books and phone calls. Any perceived safety issues that prevent face to face meetings are reviewed regularly.

I met with Helen* and Sarah*, parent and previous foster carer respectively of 3 year old Lawrence* who was reunified with Helen and his family after a period of time in care. Sarah and Helen had met each other early in Lawrence's foster care experience and continued to form a relationship during assessment and restoration. Over time, Lawrence's father and siblings also met Sarah and the rest of Sarah's family. The two families have formed an ongoing relationship and Sarah and Helen have formed a friendship which they feel will be lifelong, contributing to relational permanence for Lawrence. I asked Sarah what advice she would give to other foster carers about forming relationships with parents.

“Be non-judgemental. We are not here to judge. We (foster carers) are here to get families back together. Your role is one of support and love and cheering on the family. We are not long term baby sitters. We do a lot more than care. We are on the team and through relationships with birth families we can help a lot”.

Helen felt she had been lucky to get Sarah and her family to be carers for Lawrence. Just as Australian parents do, she worried deeply for Lawrence while he was in care and hoped he was loved and cared for. Meeting Sarah early reassured her that he was being well cared for and enabled her to move forward positively.

“Get to know them (foster carers) if you can. It's good for the children to see the relationship and I don't want Lawrence to lose Sarah and her family from his life. But I have been lucky – not everyone is so lucky with the foster carer”

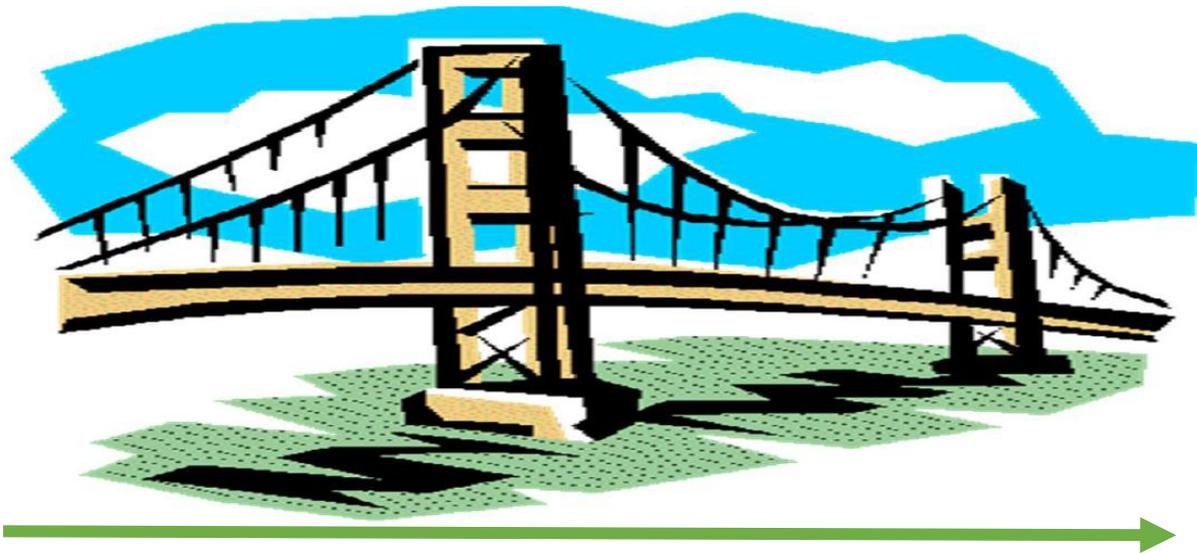
Helen did not always have an easy time in her relationship with DFS. She found it difficult to work with the caseworker and felt angry and upset at times. Sarah listened to her concerns and empathised. Both Helen and Sarah felt they had learned from each other and had admiration for each other. Helen had this advice for caseworkers:

“Do your job but back up a little bit. These are real people going through things. See people as human. We are not DFS and neither are foster parents. The foster parent can become part of our family network”

Helen and Sarah's relationship resonated strongly with my experiences in Australia where I have seen children thrive when they experience positive relationships between families. I watched Helen and Sarah move Lawrence happily between their laps and respond to him together. Unlike many children removed from their parents, regardless of whether or not they are restored home, Lawrence has experienced and benefited from relational permanence during and from his time in foster care and his parents have an increased social support network. The DFS effort to *bridge the gap* has contributed to this. DFS in Fairfax have intentionally used the metaphor of a bridge to train carers and staff in the initiative. This metaphorical approach (figure two) has helped staff and carers to understand that relationships differ and they may be doing things at different points on the bridge, depending on children's needs. It has also helped shift the focus from particular meeting events such as the *Icebreaker* and other meetings where carers and parents may conventionally meet. Instead there is a relationship focus that encourages carers and staff to see relationships occurring over time and changing, as children's needs change.

*Names have been changed.

Figure two. Bridging the Gap between parents and carers in Fairfax County



Bridging the gap and building relationships

Supporting families →	Helping families →	Teaching families →	Partnering with families
<i>Attend an icebreaker</i>	Take children to see their parents	<i>Take children to the parent's home and pick up.</i>	Welcome families into your own home
<i>Attend case planning and other meetings conducted by the agency</i>	Encourage parents to phone children	<i>Offer to mentor parents</i>	Do parenting program or other training with parents
<i>Exchange letters and cards via the caseworker. Ask for and display family photos</i>	Refer to the child as "your child" to parents	<i>Share child's progress at family visits and problem solve together how to support child</i>	Offer and provide post restoration support including sleepovers
<i>Phone calls to and from parents</i>	Share information and community resources with parents	<i>Take parents to children's appointments</i>	Share social and family events with parents and children
<i>Share information with parents such as school reports</i>	Share and ask parent to contribute to life story book	<i>Take parents to meetings if they need a ride</i>	Arrange family visits and family time direct with parents
<i>Send snacks and activities for visits</i>	Actively encourage reunification	<i>Assist in planning for child's return home</i>	Continue a lifelong relationship – this is great for the children!
<i>Talk positively and openly about family</i>	Talk to parents at family visits (but don't eat into family time)	<i>Do shared activities – don't judge or supervise but do role model.</i>	

Adapted from Northern Virginia Bridging the Gap, originally developed by Denise Goodman.

Maggie and her colleagues all talked about building a culture of family engagement over time and the importance of including carers and parents in this process. BTG is part of all new carer recruitment and training but family engagement is integrated into ALL ongoing training. They hold "standalone" family engagement training including training explicitly about *Icebreakers* and BTG. They also integrate family engagement into all other training and support activities such as trauma and child development training and carer peer support. I met with carer recruitment and assessment staff who told me applicant carers, including those who want to permanently care for children, are not approved if they are not willing to include family. Both parents and carers provide training with

new and existing carers in Fairfax County and parents have played a role in the promotion of the BTG initiative more broadly.

DFS in Fairfax appears to have purposefully and over time, built a genuine culture of restoration and the BTG initiative has been part of this change. Around 50% of children who enter care in Fairfax County are restored home (Maggie Moreland personal communication, 2017). This is an extraordinary difference to Australia where we have rates as low as 6.6%. (Marsh et al 2017).

“Icebreaker meetings are nearly always positive. Bridging the gap helps ease the post contact problems that are so common when children are in care. If children struggle with negative behaviour after contact then this is best resolved in relationship with carers and parents. The best outcomes for children occur when relationships are genuine and carers and parents learn from each other.

These relationships help alleviate parent’s concerns as they can see their child is loved and cared for. Relationships enable children to move more quickly through to restoration and other long term care arrangements as parents and carers can jointly plan for permanency. It is also about us (agencies) letting go of our power and control and focusing on facilitating relationships rather than on managing and controlling them.” Maggie Moreland, Fairfax County.

3. Parent leadership – contributing to sector development and change

Parent leadership is intrinsic to peer work and carer and parent relationships. However there were other initiatives that emerged from my research about parent leadership that do not fit into these categories. These include parent advisory groups, parent activism and parents as educators and consultants.

Parent committees and parent activism

There are a number of child welfare related parent advisory groups and boards in the US and there is a parent led national organisation in Norway - Organisasjon for Barnevernsforeldre. The Family Rights Group in the UK has established the *Your Family Your Voice* initiative which is made up of parents who have experience of child removal, kinship carers and practitioners working together to improve the care system. I also met with parents who have established the Authenticus LLC consultancy – a parent led consultancy firm which helps agencies to build stronger family engagement cultures and practices. These groups vary in their independence from the system, in their ability to set their own agenda and undertake genuine systems change work.

Some parent advisory groups are being established by statutory child welfare agencies and NGOs in the USA. For example, the North Carolina Division of Social Services noticed that they were consistently failing to meet federally mandated standards for family engagement. In response to this, and in partnership with the Centre for Family and Community Engagement at the University of North Carolina, they are now setting up a state based family advisory council for child welfare. North Carolina wants the council to be made up of a range of stakeholders with different types of lived experience including children, foster carers, adoptive parents and birth parents. The council will consider an agenda that has been set by the state and be driven by state priorities. Parent and other membership is determined by staff of the statutory child welfare agency and the overall purpose of the council is to advise, rather than lead, the work of the agency.

Other parent organisations are more independent, set their own agendas and work towards priorities that have genuinely been set by parents who have previously been child welfare involved.

An outstanding example is the Washington State Parent Ally Committee (WSPAC) which was discussed earlier in this report in relation to the Parents for Parents program. In Seattle I met with Children's Home Society staff Mariko Ohiso and Alise Hogle who support the WSPAC. Alise herself has experienced child removal and restoration and now works as a statewide advocate for child welfare reform. She and her WSPAC colleagues work strategically and in partnership with a range of allies and supporters to lobby for improvements in the child welfare system. Mariko and Alise gave me several examples where the WSPAC has had an impact including the state wide allocation of reliable funding for the Parents for Parents Program and the implementation of differential response (a more supportive approach to child welfare intervention) in Washington State.

Funding for the WSPAC is an ongoing challenge. They do get a small amount of funding to support meetings and to pay parent leaders a stipend to attend. They continue to rely on the support of the Children's Home Society and other agency partners and leaders. Alise and Mariko described the WSPAC as genuinely parent led and unlike the North Carolina family advisory group which also included foster carers and other stakeholders, it was made up only of parents with experience of child welfare system involvement. The WSPAC has a well-established supportive base of judges, academics and others who provide support and advice, while parents themselves provide leadership. Alise and Mariko felt this support base has been crucial to the success of the WSPAC.

The WSPAC has built strategic relationships across the state and the sector with foster care organisations, child welfare lobby groups and others. Alise and other parent leaders participate on other advisory boards set up by agencies to advise them on policy and practice. The WSPAC emerged in 2006 – 2007 from a successful family engagement summit convened by the Children's Home Society. The summit identified the need for structured opportunities to hear the voice of parents who have successfully navigated the child welfare system. The WSPAC has formally adopted the following values:

- Parent advocacy in Washington State is ultimately about and for children.
- People and systems can change.
- Parent to parent support is empowering.
- Parents who have successfully navigated the child welfare system are necessary partners in the process of systems change.
- Parent allies provide hope and inspiration both to parents, child welfare agency personnel, attorneys, courts, community service providers, foster parents, etc.
- Fathers need to be heard. By strengthening fathers' involvement and participation in the child welfare system, we can address barriers that prevent fathers from actively engaging in their child's case.
- Members of the Washington State Parent Ally Committee should reflect the gender and racial diversity of the families in the child welfare system.
- Everyone has worth.
- Our work focuses on overcoming challenges and building strengths.

The strong link to the Parents for Parents program has been vital for the WSPAC. It has strengthened their voice and provided parents with a pathway out of poverty and with a voice in the system.

“Legislators in Washington now have direct access to parents and they are using this access. We combine a children's focus and the lived experience when we communicate with law makers. All presentations are representing diverse perspectives, keeping the focus on children through helping families.” Alise Hogle, Washington State Parent Ally Committee.

Acknowledgement of parent leadership through awards

Shortly after I returned from my travels I heard that Alise had been awarded the prestigious *Casey Foundation Excellence for Children Award* for her work in child welfare activism and reform (Casey Family Programs, 2018). This is a national award with a category for birth parents and two parents were recognised in 2018. Alise received this award because of her contribution as a peer worker, parent leader and reformer. Awards in child welfare are relatively rare in Australia although there are some formal recognition opportunities for workers and carers and some emerging opportunities for young people. Awards like these are a great way of making parent leadership more visible and recognising it as credible and valuable. Essentially they are a way of amplifying and legitimising the voices of parents.

Other forms of parent activism and organising

New York City provided me with a rich experience of how parents and their allies had contributed to substantial change in the child welfare system through activism and political action. The agencies and people who are continuing to play a role in this change have already been discussed in this report including CWOP and Rise Magazine.

While I was in New York I had the opportunity to observe Joyce McMillan from CWOP and her team meeting and organising with lobbyists and other activists. They were strategising how best to lobby for changes in child welfare rules and processes, how to develop and maintain relationships with bureaucrats and politicians and how to structure their goals to achieve the best outcome for children and families. Parents and their allies were using parents' and children's stories and experiences as tools to help make the argument for a better system.

As previously mentioned, the Organisasjon for Barnevernsforeldre (OBF) is a national parent voice group, funded by the Norway Directorate of Family Services. The OBF raises issues identified by parents with children in care to a national policy development level. As a result of leadership and lobbying from the OBF a range of group and individual services are being offered to parents with children in care by the universal Norway family support and counselling service. The OBF is partnering with VID University in Oslo to explore how parents experience child removal and placement as well as how they experience the support provided to them. An ongoing PhD project by Ellen Syrstad at VID University is studying the development of the professional support role within the counselling services in meeting the needs of parents with children in care. This partnership between researchers and parent activists' replicates similar partnerships with CWOP in New York (Lalayants, 2013) and the Washington State Parents for Parents program (National Council of Juvenile and Family Court Judges, 2013) and is a key aspect of parent leadership.

Parents as educators, consultants and trainers

All of the peer work programs I visited were playing a role in educating carers, child welfare staff and managers in a range of ways:

- Delivering induction training for new casework staff
- Facilitating workshops and activities in family engagement for staff and carers from a parent perspective
- Assisting in pre and post authorisation training for foster carers
- Delivering lectures and workshops with undergraduate social work students
- Providing input for practice resources and tools to support better family engagement practice

- Providing family engagement consultation and advice, from a parent perspective, with casework and other staff

At North Carolina State University, the Centre for Family and Community Engagement, in partnership with the Family Agency Collaborative Training Team (FACTT), is developing ways for people who have been clients of the child welfare system, including parents and young people with a care experience, to deliver training collaboratively with more traditional educators, to model and teach inclusive practices. I attended a presentation delivered by co trainers and consultants from the Centre, Kara Allen- Eckard and Marcella Middleton. Kara is a social and community worker who has worked in child welfare and is now working as an *agency trainer* of child welfare staff. Marcella is a young woman who was previously in foster care and now works as a *family trainer*. She is also now qualified as a social worker. Together Kara and Marcella explained how their *partnership training* approach enables training participants to learn from the lived experience. Kara and Marcella provided several examples about how learning from child welfare involved families had helped workers to make practical improvements. For example, Marcella talked about how her relationship with her mother had been vital to her while she was in care.

“Sometimes the system wants young people to ostracise these family supports such as people's mothers. Having my mom say she is proud of me was that big push to help me get my degree. I used to see my mom every week and talk to her every day and my social worker just used to pretend that I didn't because I wasn't supposed to.” Marcella Middleton, FACTT

In this way the *family trainer* brings a perspective for learning using her lived experience as a springboard. There is much for child welfare staff to learn from Marcella's experience and how the caseworker's role did or didn't help to strengthen her relationship with her mother. Family trainers use *strategic sharing* - the careful and purposeful use of self-disclosure to facilitate learning and make sure they share only what is safe and is useful for learning.

Strategic sharing is telling pieces of your personal story in a meaningful, effective and safe way, using pieces of your story to educate and advocate, sharing in a way that allows you to assess and control the amount of personal risk. Sharing strategically helps you think about how to prepare with your training partner and what you may need for support when sharing pieces of your story. Marcella Middleton, FACTT

Kara and Marcella cautioned against the “pop up” parent in the delivery of training. To be effective and inclusive partnership training needs to be genuine. Family trainers may insert aspects of their own experience into the training material to strengthen it and, where necessary, to challenge practices that are not helpful.

“Remember: you aren't a pop-up parent or youth—someone who stands up, tells a piece of their story, then sits back down... You can use your story to emphasize points as a trainer, but you should not just pop in and out.” (FACTT, 2016)

When parents and young people currently take part in training delivery in Australian child welfare systems it tends to be in this “pop up” way. They are often invited in to tell their story and then leave again. This “pop up” approach is currently built into some of our most common training programs such as pre authorisation for carers.

Partnership training can and should be used to strengthen the delivery of any training in child welfare including training that supports the delivery of evidence based programs.

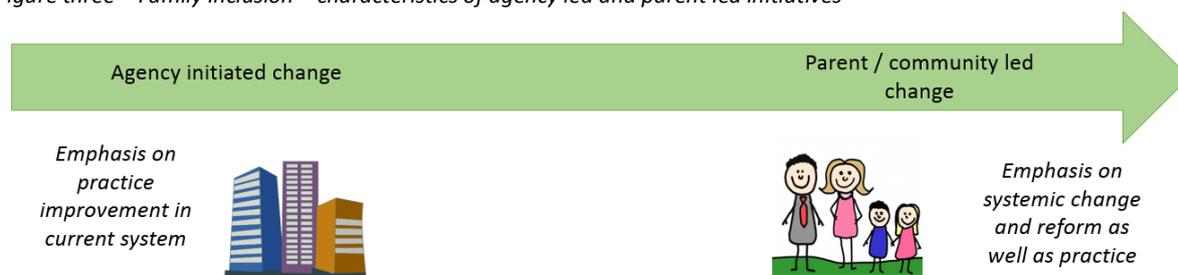
Section Four - Integrating family inclusion in Australia

This project has highlighted three main areas of change and innovation which have the potential to be implemented in Australia. *Peer work, carer and parent relationships and parent leadership*. So how do we go about integrating these initiatives into our system?

In Australia we have low rates of parent and family involvement in child welfare including casework, in agency management and in policy and law reform. There is virtually no peer work when children have been removed or face imminent removal. In New South Wales there is no secure funding for parent led organisations although there are emerging organisations, including Family Inclusion Strategies in the Hunter, who are playing a leadership role including in some of the ways described throughout this report. (See www.finclusionnh.org for links to all family inclusion organisations in Australia.)

I talked with David Tobis, one of the leaders of change in New York City and author of *From Pariahs to Partners* (Tobis, 2013). He argued that the peer and other work being done in the USA and elsewhere is *all* important. However, initiatives that are genuinely parent led and willing to challenge current systems had the most potential to bring about change. Other initiatives, such as agency led parent advisory groups, will “tweak” the system and improve practice rather than drive fundamental change. Figure three below provides a summary of the types of characteristics of different family inclusion initiatives based on initiatives that are agency led compared to initiatives that are led and grown by families and communities. Many of the programs I visited fit into neither category neatly. They sit somewhere in between.

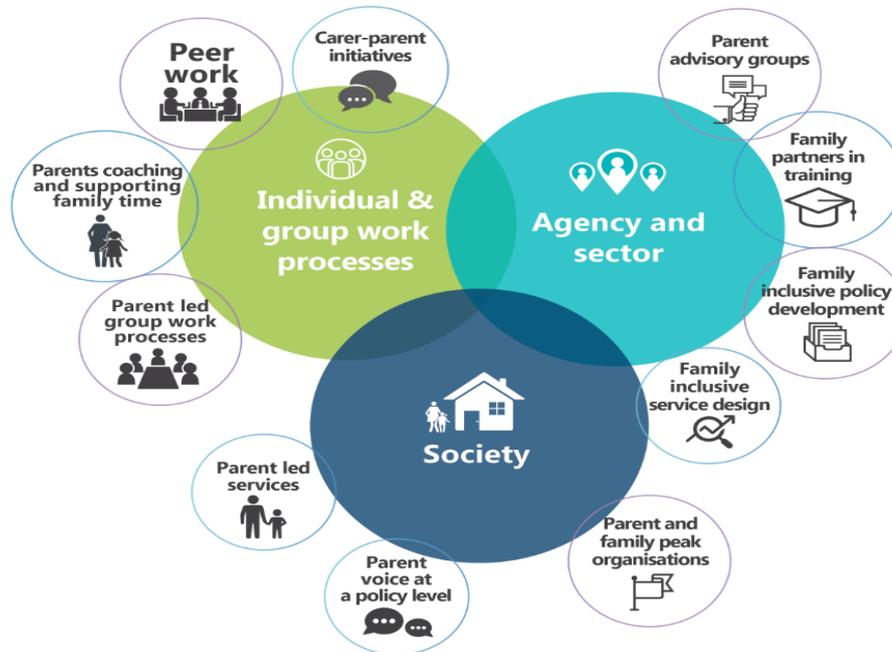
Figure three – Family Inclusion – characteristics of agency led and parent led initiatives



Characteristics of Agency led change	Parent (and their communities) led change
Funding is prescriptive	Funding allows for innovation and activism
Service design undertaken by agencies – likely to be “fitted” into current structures	Service design by parents and their allies – may be disruptive of current practice
Emphasis on selecting parents to deliver peer services – utilising professional relationships to help parents navigate the system	Focus on professional relationships to help individuals <u>and</u> build a community - connecting parents to one another
Primary goals are around individual parent change – may have limited goals about systems change/agency culture	Goals around systemic change – enabling parents to make change in a context
Reliant on agency leadership – vulnerable to leadership shifts. Tends to avoid conflict	Reliant on parent decision making and leadership (and their children). More likely to tolerate conflict
Agency sets the agenda and asks parents advice. Parent involvement is managed by agency.	Parent leaders set the agenda. Parent advice and priority setting is independent of agencies but partnerships may exist.

I visited family inclusion initiatives integrated into the child welfare system at all levels and contexts including direct work with individual parents, agency culture change, research partnerships and community and social policy work as described in Figure four below. These initiatives can be operating anywhere on the spectrum of agency and parent led change in Figure three.

Figure four – integration of family inclusion into the child welfare system



Section Five – Recommendations and Dissemination

For family inclusion to be a characteristic of the Australian child welfare system, we need parent and family voice and inclusion at the individual level, in the child welfare sector and in broader society. We need both parents and agencies to lead change, although we particularly need parent led change to continue to emerge and strengthen. I have explored possibilities for change in three areas – peer work, carer and parent relationships and in parent leadership.

Integration of peer work into child welfare agencies, courts and through parent organisations

The integration of peer work, in the ways described in this report, into child welfare teams and agencies is realistic in Australia. It is suggested that peer work expertise be developed by parent led organisations in partnership with child welfare agencies.

1. That specialist and existing parent led family inclusion organisations be funded to build expertise and capacity in peer work including capacity to recruit, train, supervise and support peer workers. These organisations can then make peer support available to parents interacting with statutory child welfare agencies and provide consultancy services to other parts of the sector.
2. That child welfare NGOs and children’s courts build peer work into their frontline practice teams, using existing funding, in partnership with parent led organisations.
3. That peer work be built into the delivery of evidence based programs in child welfare including out of home care, placement prevention and restoration, using existing funding.

4. That supportive and educative parent group work processes be integrated into peer programs.
5. That legal services commissions, including and especially Aboriginal and Torres Strait Islander legal services, trial the delivery of family defence legal services following the model in New York City, in partnership with parent led organisations whenever possible.

Carer and parent relationships

There is compelling evidence from this project and in the literature that carers and parents working together contributes positively to restoration and relational permanence generally. More research in Australia is urgently needed into all aspects of child welfare especially family preservation, restoration and family inclusion.

6. That activities and processes that build relationships between carers and parents over time, including early face to face meetings whenever possible, be implemented in Australia whenever children are placed in care or move placement arrangements.
7. That carers be recruited, trained and supported to build ongoing relationships with parents, siblings and other family members and to *support* not *supervise* family relationships for children in care.
8. That Australia develop, and implement in policy and practice, an understanding of permanence that is relational, rather than focused on particular legal outcomes.
9. That the NSW Open Adoption Research Institute (OARI) broaden its focus to researching relational permanence for all children in care, including restoration related research, and it change its name to reflect this.

Parent leadership

Parent leadership in Australia is emerging and there is little or no funding to support it. This project has found that parent leadership is vital for family inclusion to take hold and for positive outcomes in child welfare. Initiatives that sit within agency structures are also important and should invite involvement from parent led organisations to assist them to build family inclusion including assessing and changing agency culture. Workforce development and training organisations need to prioritise the involvement of parents.

10. That parent led, family inclusion organisations in Australia strategically invite greater involvement and partnerships from likeminded organisations to drive change at a policy and legislative level. This includes Aboriginal and Torres Strait Islander organisations, research centres and universities.
11. That parent led, family inclusion organisations direct their limited time and resources to obtaining more funding to enable them to continue to grow, to advocate and to lead.
12. That family inclusion organisations develop constitutions and governance structures that are reliant on parent leadership and involvement.
13. That child welfare agencies, including statutory child welfare agencies and NGOs develop and implement parent advisory groups made up of parents with experience of child removal and placement. Subject to governance rules, parents should be paid for their time and expertise.
14. That training organisations, universities and child welfare organisations educating and inducting current or future child welfare staff, recruit, train and integrate parent and family

trainers into their programs. The Family Agency Collaborative Training Team (FACTT) provides a useful starting point for development.

15. That peak bodies, larger NGOs and state and federal governments work together and singly to develop prestigious awards that recognise parent and family leadership. These awards can be integrated into award processes already in place, such as awards for foster carers, whenever these are present.

Family inclusion heralds an approach to child welfare that is fundamentally different including integrating an ethical lens. If families are included and get more power, this means that other stakeholders may experience less power – usually NGOs and statutory child welfare agencies. Parents and their allies working to build family inclusion must be prepared to withstand this and will need support, resources and strong leadership to do so. It is vital that as many people and organisations as possible offer partnership, encouragement and support to parent leaders and organisations and are steadfast in this support. These “allies” need to take a learning approach and ensure their role is primarily one of learning about and supporting parent leadership, not of leadership itself.

16. That researchers, educators, leaders, politicians, carers and practitioners actively invite, encourage, promote and support parent leadership, in as many ways as possible, in the Australian child welfare system.
17. That parents with children in care or who are interacting with child welfare systems, connect with family inclusion organisations wherever they are available and with other parents who are facing similar circumstances
18. That child welfare organisations integrate an ethical lens into their practice. This will include training in ethical frameworks and the development of strategies for staff and carers to use, every day, to reflect on their practice from an ethical perspective.
19. That child welfare organisations formally integrate family inclusion as an underlying principle of their practice and partner with parent led organisations to train staff and carers, in the interests of children.

Dissemination of Findings

I am in a national practice leadership role with a large NGO, Life Without Barriers. I will use this role, and its national reach, to disseminate the findings. Life Without Barriers has already adopted family inclusion as an underlying practice principle as part of our national child and family strategy and our implementation of the Children and Residential Experiences (CARE) model. Life Without Barriers has now made a commitment to use the findings of this project to develop a family inclusion strategy. Life Without Barriers has committed to sharing the project’s findings throughout our networks in the NGO and government child welfare sectors. Family Inclusion Strategies in the Hunter (FISH) is currently planning events and forums where the findings will be promoted. My other dissemination strategies will include:

- Presenting findings and conducting a workshop at the Newcastle Restorative Cities Symposium, NSW, specifically on peer work in child welfare, June 2018;
- Presenting findings at the UN Global Parents Day, Brisbane Family Inclusion Network, QLD, June 2018;
- A range of conference presentations including the West Australian Council of Social Services Conference, Perth and the Association of Children’s Welfare Agencies, NSW, May, July and August 2018;

- Holding presentations at a range of community and organisational forums run by FISH, Life Without Barriers and the University of Newcastle;
- Participating in practice forums run by NGO peak bodies and other organisations, ongoing.
- Delivering lectures to undergraduate students at the University of Newcastle as part of my conjoint role, ongoing;
- Distributing this report and promoting events via several social media platforms including the Life Without Barriers and FISH Facebook pages and Twitter feeds;
- Publishing this report on the Life Without Barriers and FISH websites;
- Arranging meetings with key leaders and agencies in the NGO and Government sectors including and especially Aboriginal and Torres Strait Islander agencies.

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