THE WINSTON CHURCHILL MEMORIAL TRUST OF AUSTRALIA

Report by Kate Alexander, 2009 Churchill Fellow

To look at child protection systems in England, Norway and the USA with a focus on supporting and inspiring frontline practice

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Signed

Dated
Acknowledgments

I would like to acknowledge the Churchill Trust for the wonderful opportunity this Fellowship provided. The experience of looking at different systems, meeting inspiring practitioners and leaders in the field, and the chance to reflect, think and learn was something for which I will be eternally grateful.

I also acknowledge the great generosity of the many people who so willingly gave up their time to meet with me and to allow me to visit their services. There are too many to name individually but I make special mention of the following people because, not only did they provide much in the time they gave me, they also assisted me with itinerary planning and recommendations of others to meet - in England, Karen Quinn, Mary Jackson, Eileen Munro, Jan Horwath, Helen Harrison, Damien Griffith, Nigel Parton; in Norway, Kari Killien; in Colorado, Donald Bross, David Conrad, Ruby Richards; in Minnesota, Dave Thompson, Erin Sullivan- Sutton, Dan Koziolec, Rob Sawyer and Suzanne Lohrbach.

Lastly I acknowledge my very dear family and friends for their support of me. In particular my partner who carried the responsibility of our three children while I was away and my mother who travelled with me, was a great support and shares my passion for child protection.

The observations and conclusions of this report are mine, unless otherwise cited, as are any misinterpretations, omissions or errors.
Executive Summary

The impacts of child abuse can last for generations and can be seen in crime rates, mental health problems, family breakdown, substance addictions and violence. Nationwide, scores of children are reported daily to statutory child protection services, a grossly disproportionate number of whom are Aboriginal and/or live with poverty and extreme disadvantage. Since the introduction of laws to protect children from abuse, the landscape of service delivery has changed dramatically. Child protection services, world wide, have grown exponentially and they suffer from image problems, difficulties in sustaining a competent workforce and an inability to meet the needs of all children. Alongside these factors has been a growing preoccupation with the management of risk, resulting in overwhelming auditing and procedural requirements that take time away from families.

This report is about the most important component of any child protection system – the practitioner who knocks on the doors of vulnerable families. It describes ways to support and encourage quality practice, shows how this can benefit children and keep skilled practitioners in the front line. My observations, which are accompanied by references to literature, are of systems that are doing well. They are grouped as findings in the following way:

- Relationship-based practice is the critical factor in working with families successfully. Systems must be designed in recognition of this fact, making sure workers have the requisite skills, time and support to form positive relationships that are built on shared goals about the safety and wellbeing of the children.

- The workplace must be configured through structures and systems that support practice. The Reclaim Social Work service in Hackney was a stand-out on this front and an exciting initiative in redefining social work, moving from adversarial practice to skilled family work and assessment.

- Models are important for the frameworks they provide to guide practice but are not an end in themselves. The Child Welfare Practice Model in Minnesota provides an excellent example – fundamental to its success is a workforce with quality practice skills. The outcomes from Minnesota are compelling – over a ten year period the services have made a demonstrable impact in keeping families together and in increasing children’s safety.

- Practice leadership is essential and financial and hierarchical incentives must be available to keep people with good practice skills influencing and inspiring others. The report describes the benefits to systems of having strong practice leaders and of investing in quality practitioners.
• While the mandate to protect children from abuse sits, primarily, with statutory services there is benefit to be gained from strategic relationships with other services that have shared goals and with senior officials who need to understand and support the goals of service delivery.

• The culture of the agency is critical and there are enormous benefits for children in strengths based, child centred practice which, in turn, influences the way agencies see themselves and their clients.

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Program itinerary

England 6 – 23 April

Social Care Institute for Excellence
Sheila Fish

National College of Social Workers
Dorit Braun

Eva Armsby Community Centre, Tower Hamlets Authority
Karen Quinn – Centre Manager, Tony Stanley – Centre Manager, and Anne Johnson – Learning and Development Coordinator

Reclaim Social Work – Hackney
Mary Jackson, Steve Goodman, Isabel Trowler, Sarah Wright, Nina Beales, Derek Nasseri, Nigel Chapman, Tina McElligot, Nadine Ball, Bernard Lewis, Sophie Elton, Camille Evans, and Debbie Kerr

London School of Economics
Eileen Munro

Stockport Local Authority
Helen Harrison, Donna Sager, Andrew Webb, and Bilkis Hirani

Stockport Fatality Review Panel
Mike Lay

Sheffield University
Jan Horwath, Joe Smeeton, and Masters of Social Work students

Sheffield Children’s Services
Carolyn Spray

Children’s Workforce Development Council
Sue Brooks

Huddersfield University
Nigel Parton

Oxfordshire Children’s Services
Damian Griffith
Norway 21- 25 April

Norwegian Centre for Social Research
Kari Killen

Sadly the volcanic ash from Iceland that descended across Europe in April 2010 delayed my departure from England by five days meaning I did not get to visit the services I had planned to in Copenhagen and I missed several meetings I had planned in Norway.

Colorado 9 – 15 May

Kempe Centre Colorado
Donald Bross, and David Conrad

Colorado Children, Youth & Families Division of Child Welfare Services
Ruby Richards

Minnesota 15- 20 May

Department of Human Services
David Thompson, Erin Sullivan Sutton and program staff

Olmsted County Child Protection Services
Rob Sawyer and Suzanne Lohrbach

Carver County Child Protection Services
Dan Koziolek and child protection staff and their managers
Introduction

When I embarked on this Fellowship I was interested in understanding more about front line child protection – specifically what it takes to do good practice and what it takes to keep good people doing good practice. Two simple questions with answers that are many and varied.

Child protection systems in developed countries have increasingly invested in policies, procedures, models and accountability mechanisms. When things go wrong, as they invariably will, the standard response includes inquiries, refined structures, fresh procedures, new and better tools, models to manage the work and, more tellingly, models to manage the risk.

I have worked as a social worker in child protection for almost 20 years and more than half of these have been in the statutory sector. In that time the work has become more and more complex, the volume of reports of concerns about child abuse has grown exponentially and political and media pressure have intensified. There is a greater understanding of how family dynamics can harm children. For example, it was not very long ago that the impact of domestic violence on children was little known; it is now one of the most frequently reported type of case. There is also a growing sophistication in the systems that support child protection work – technological advances mean that intelligence about children and families can be stored and shared widely; tools for identifying risk and undertaking assessments and models for therapeutic treatment are well researched and backed by evidence. Overwhelmingly, the need to fulfil requirements of accountability to the public has led to a proliferation in policies and procedures to support the needs of bureaucratic and managerial systems.

But has the development of the front line statutory worker’s skills kept pace with the development of all of these systems? Has the focus of effort, of research and of system design, been right? The first point in most child protection systems, for most families, is contact with a statutory worker. The benchmark of success of any system has to be the quality of this interaction – the skill set and mind set of the practitioner who knocks on the door of the most vulnerable of families. Most systems have placed a safety net under these workers in the way of models and processes that give some framework for practice and have provided them with some knowledge and awareness of procedures. But what of their skill base – their ability to form relationships with families, their capacity to ask hard questions, to listen to answers and to support change in families in a respectful and empowering manner? The point being, and it is the critical one of this report, that models will only ever be as good as the skills of the person applying them.

Essentially, this is about the difference between knowledge and skills. Knowledge is defined as “the state of knowing; understanding gained through experience or study” and skill as “an art, a trade, a technique, a developed talent or ability” (Farlex, Online Dictionary 2010). In this context, knowledge is the practitioner who knows domestic violence harms children but is unsure
how to talk about it with a mother who is frightened. Knowledge is the practitioner who has interpreted, correctly, the worrying signs of a parental substance abuse problem but is uncertain how to ask about how it impacts on the children. It is the difference between the “knowing” and the “doing”. Good practice relies on both; good practitioners tap into skills and knowledge but they do not get to this place by themselves.

There is an extensive literature on child protection but in the words of Fergusson (2009), “It is quite remarkable how little attention is given to the practitioners’ perspective and experience of doing the work”. He believes that not nearly enough focus has been placed on the detail of what child protection workers actually do, where they do it and their experience in doing it. In particular, “the practice of home visiting, the methodology through which most protection of vulnerable children goes on, is virtually ignored”.

I was troubled by accounts of workers who were too busy to read files, evidence of reducing academic scores for courses relevant to the field, a lack of pride in the work of child protection, national turnover and burnout rates, poor public perception, practitioners not preparing for meetings with families and administrative tasks eating into the time of casework. At the heart of all of these issues is the importance of skilling up the work force and valuing practice. It is about child protection work being seen as a profession, and it is about being able to quantify the tricks of our trade.

I was very fortunate to visit excellent services and meet with many inspired practitioners, thinkers and writers. This report summarises the main observations from my experience - in particular the support systems in which workers are doing well, and the evidence of skilled practice that is making a positive difference for children. It also makes reference to research and writing that helped me make sense of what I saw and learnt.

The focus of my interest has been statutory services. While child protection work is undertaken in a large variety of non-government and health services too, statutory services continue at the front line and carry the ultimate responsibility for cases as they enter systems. They also, invariably, carry responsibility when things go wrong. They are at the heart of child protection. If one is genuine about wanting to understand the factors that impact on, and influence, good child protection practice then statutory services are the place to start.

I have grouped my observations into six points that stood out as important in any approach to improving practice. They have been ordered in the following way because they build on each other:

1. Relationships are the key and skill is the necessary ingredient
2. The workplace must be configured and supported through structures and systems
3. Models and tools: what frameworks can guide practice
4. Practice leadership: what keeps the workforce inspired

5. Strategic partnerships and the importance of external systems that support shared goals

6. Organisational culture: how does the work culture support good practice

The main point of this report is that there is no one right answer. In Colorado I met with a very senior social worker who is responsible for providing support, as needed, to front line statutory workers across the state. In his role he also provides training about ways to recognise stress and help staff deal with the emotional impacts of the work. He has researched and written about compassion fatigue and burnout in child protection. One of his points in talking about the importance of the workplace was that workers should have access to their own space (desk etc) where they can put their own things and feel comfortable in familiar surroundings. Yet in England I visited two different statutory services that had a policy of “hot desking” – meaning workers and their teams had no fixed spot to work from. Both systems reported that their way was working for staff and both arguments made good sense – on one hand, a familiar and comfortable place to return to for thinking and writing; on the other a dynamic environment where practice space is outside the office and staff are encouraged to be on the move.

A simple example to make the less simple point – there is a danger in grabbing on to particular ideas out of context. The factors described in the following pages belong to systems that are getting positive results but none should be viewed in isolation.

The bottom line is that there is no one answer, let alone one right answer. But there is a right starting point – and that is about recognising the quality of front line practice as the critical measure of success of any state system.
Contextual overview

“Social work and child protection literature policy and practice discussions largely ignore the core experience of doing the work. Little attention is given to where it is performed, and in particular, the practice of home visiting and the emotions and challenges of accessing children it gives rise to. Although it is the methodology through which most child protection goes on, the home visit is virtually ignored, as the emphasis in policy and practice texts is increasingly on what happens in the office, at the computer and in inter-agency collaboration.”

Fergusson 2009

Following is a brief summary of the broader contextual factors that impact on the frontline workforce in Australia and other developed countries:

- Over the past decade child protection systems across Australia have experienced enormous growth in demand and many children and young people in need of care and protection have not been receiving the services they require. The number of children on care and protection orders has also steadily increased. In the 2008/09 year this number rose by 8.5% (Australian Institute of Health and Welfare, AIHW, 2008/09).

- Indigenous children are grossly over-represented across the country. In 2008/09 the rate of Indigenous children on care and protection orders was more than eight times the rate of non-Indigenous children (AIHW, 2008/09).

- Child welfare agencies are facing important workforce challenges in the coming years, including a competitive disadvantage when trying to recruit available workers and a disproportionately ageing workforce relative to other sectors.

- There has been a decline in university entrance scores for relevant courses (Lonne and Healy 2010), the requirement for academic rigour across many of these courses has changed and the requirement for practical hours in the field has reduced.

- In most Australian states child protection practitioners are paid within the same salary range regardless of their qualification while substantially higher salaries lure practitioners into administrative or managerial careers (Healy and Meagher, 2007).

- At the same time, there is a tendency for inexperienced staff to be rapidly elevated to supervisory and managerial roles where they are expected to offer support to a frontline workforce comprised largely of newly qualified practitioners.
• Governments across Australia have identified challenges in retention of child protection staff (Institute of Child Protection Studies, 2005). Queensland, for example, reported a 42 per cent separation rate among child protection workers in the first year and 73% inside three years compared with a public sector average of 27.5% in the first three years (Queensland Department of Child Safety, 2007).

• Since the 1980’s demands for greater accountability have increased the auditing and procedural requirements of the job. Practitioners are increasingly characterised as "deskilled" (Fergusson 2009) and, in a sample of local authorities in the United Kingdom, social workers reported spending between 60 and 80% of their time on office work (White, 2008).

• Burnout rates among child protection workers are high but sometimes overstated and there has been little focus in research on whether this is related to pre-existing factors. A large scale Missouri study found that sense of accomplishment was the single most effective factor to mitigate against burnout (Ellet et al 2009).

• Clearly, factors that alleviate burnout – supportive work places, a sense of achievement and a sense of professional autonomy are consistent with factors that make for good practice.
Three countries

“Without appropriate supervision and support it is likely newly qualified staff will focus on gathering information and completing the assessment forms – the security blankets of procedurally driven practice.”

Horwath 2008

I visited England, Norway and two American states (Colorado and Minnesota). Their systems are described briefly below.

England

The English system is enormous. A country of almost 50 million people; 11 million of those are children. Child protection laws are set nationally yet administered locally through 152 statutory authorities. These local authorities have responsibility for providing services, implementing policy and legislation and reporting to local multi-agency Child Safeguarding Boards and to a Director of Children’s Services at the local authority level.

It is practically possible to chart the history of the child protection service development in England alongside the high profile deaths it has had. After the death of eight year old Victoria Climbie in 2000 Lord Laming presided over a large scale inquiry which resulted in the “Every Child Matters” reform. There is much about the intent of this policy that is commendable, with its strong push for universal and early intervention services to target all children.

In 2007 another high profile death captured the nation. Baby P was 17 months old when he died and the public attention that followed centred on the failures of child protection professionals. Overall there had been 60 contacts between this family and professionals. The frenzy that followed in the media was described by some as a “witch hunt” and the attention the case received was comparable to that of the global financial crisis. This pressure resulted in four staff (starting with the Director and extending down to the frontline social worker) losing their jobs.

The impact of this case was notable in almost all services I visited. The common feeling expressed was that the treatment of staff had been grossly unfair and politically motivated. While no-one defended the practice in the case, many expressed the view that a more useful approach would have been a systems review which looked at how the practice errors could have occurred rather than narrowing blame on individuals. In the six months that followed baby P’s death the country had a 50 per cent increase in the amount of applications made to bring children into care – this is a most concerning trend and reflects a fragile system that is influenced by politics and fear, not solid assessment. Sadly, the most potent message of this case was the one that had appeared to spread to the front line – which is that you will not be protected when things go wrong.
Despite these troubled times there is plenty of work happening in England, much of it in response to baby Ps death, that is actively aimed at improving the quality of the child protection workforce. This is no small task – as well meaning ventures from the National Social Work Task force, the Children’s Workforce Development Council and the Social Care Institute for Excellence are working hard to attract a strong workforce they do so in direct competition with the messages sent out by the media.

**Norway**

Obviously the challenge of providing quality child protection services is very dependent on the overall welfare state of the country – the link between poverty and disadvantage and vulnerable families is not in dispute. Norway is very different from England, America and Australia in this regard. To start with, Norway is a wealthy country and children are unlikely to grow up in poverty.

Norway was the first country in the world to establish a “child welfare act” in 1896. The act came about in response to community concern about how children with criminal and behavioural problems were being looked after. Norway has a Scandinavian welfare model with universal health-care, free higher education, and a comprehensive social security system. Norway was ranked highest of all countries in human development from 2001 to 2007 and then again in 2009.

The child welfare services act is developed at a national level, however there is scope within the act for the local municipalities to interpret their responsibilities and ways of executing their responsibilities before the law. The Norwegian child welfare system has understood child protection as the integration of child protection in the narrow sense (by protecting children from risk of maltreatment) with child welfare in the broader sense, by providing a broad set of services to children in need in order to prevent serious harm and ensure that they can grow up with their parents.

A good example of the differences between the English and Norwegian systems is in the attention of the media when things go wrong. In 1994 in Norway a five year old girl was killed by two six year old boys whom she had been playing with in the snow. There was no sensational reporting of her death in the Norwegian press. On the day after the girl’s body was discovered there were no pictures or descriptions of her in any newspapers; neither did they give her name. The names of the boys, too, were never revealed to the public, and their anonymity has been protected and respected to this day. This is in contrast to the rage of the popular press in Britain over a similar case less than two years earlier when a young boy, Jamie Bulger, was murdered by two older neighbourhood boys.

**USA**

In the United States, Child Protection Services are funded by the federal government whilst the 50 states have responsibility for the day-to-day running
of child protection systems. In 40 states, child protection is administered directly by State Government officials. The other states, such as New York, operate what are called “state administered” systems. This means that child protection work is the responsibility of local government.

The United States Federal Government conducts regular Child and Family Services Reviews of the performance of all 50 states in child protection. The Federal Government sets standards on areas such as child education or health status. States are required to report on these indicators, and penalties apply if a prescribed level of compliance is not reached.

**Conclusion:** There is not a lot to be gained by comparing and contrasting these three countries, and their differences from the Australian system, except for pointing out the obvious – the well developed welfare state of Norway, the more distinguished role of social work and child protection, and the greater accessibility to support services for families makes the challenge of child protection easier. The backdrop of media scrutiny as played out in England makes the challenges for the profession greater. Yet, despite the quite marked differences in these systems, there are many similarities when considering the strategies for developing and retaining quality workers in the frontline.
1. Relationships are the key and skill is the necessary ingredient

“No matter what the theoretical model by which one human being attempts to be of help to another, the most potent and dynamic power for influence lies in the relationship.”

Pearlman 1972

In order to understand much of the success in systems I visited, the value of the relationship between the child protection practitioner and the families with whom they work must be highlighted. This is one of the most important points of my whole report, and it is frequently left out in service design and evaluation. Although it is difficult to find a lot of research on the subject, there is consensus about the importance of this relationship, as evidenced by the above quote from Pearlman. It is also confirmed by:

- Ashley and Nixon (2007) who state that the “single most important condition to achieving successful change is the quality of the relationship between the professional and the family”;

- Turnell and Edwards (1999), who state that it is the relationship between the worker and family that is the principal vehicle for change, and

- The view of Wekland and Jordan (1990) that “the only avenue toward lasting protection of children, except the extreme measure of permanently removing them from the home, depends on establishing a cooperative relationship between the parent(s) and caseworker”.

The following graph is an outcome of the research of a large group of families in child welfare/family support systems in Dublin (Lambert et al in McKeown 2000). The pie reflects the factors seen as critical to success from all intervention types. It shows 15 per cent is to do with the type of intervention or the model used; 15 per cent is to do with the client’s sense of hopefulness; 30 per cent is to do with the quality of the relationship between the worker and the client and 40 per cent is to do with what the client brings in terms of personal resources and supports. While more specifically related to family support intervention this finding has great relevance to child protection work because it underscores the critical importance of the relationship between the worker and the client.

In other words, the bulk of client improvement is attributable to factors common to all types of intervention (sometimes called ‘nonspecific factors’), as distinct from being attributable to factors specific to individual approaches and system design and its value in promoting positive change.
All of this makes good sense for two reasons:

1. Parents are much more likely to respond to compassionate, respectful and genuine workers and, in turn, are more likely to share information with them which provides a better base for assessments and decision making.
2. If the relationship is positive it is more likely to facilitate positive change in the family functioning.

This information ties with the point about the importance of workers having solid skills (because forming good relationships in child protection work is difficult) and the point that models are only ever as good as the person using them.

Yet, the findings in the pie chart also emphasise the importance of models (as long as they are not seen as an end in themselves). It could be argued that models, or clear frameworks to guide practice, provide practitioners with confidence and skills, which obviously impacts positively on their relationship with their clients.

Professor Kari Killen has spent her entire social work career working with families and influencing the thinking of the international child protection field through her writing and teaching. I was fortunate enough to spend time with her in Norway. Professor Killen states “we must guard against systems built on superficial bureaucratic friendliness” and the heart of good practice is making sure practitioners are “held” in the system and can talk about what they are seeing. If they are not supported to understand what they see in a parent, then a parent will not be able to understand, or “see”, their child.
What Killen says is about relationships and it is about how relationships affect other relationships.

Johnston and Brinamen (2005), describe this as a parallel or cascading process that operates at all levels of organisations. They state that the practitioner’s “capacity to relate to others is supported or undermined by the quality of our own support relationships”. They believe that the way that governments relate to services, parallels the way that services relate to communities, that parallels the way that managers relate to staff, that parallels the way that staff relate to parents, that parallels the way the parents relate to children. What this notion of cascade suggests is that relationships at all levels have flow-on effects beyond immediate relationships, and that the nature and quality of all these relationships will ultimately have an impact on the relationship at the ‘bottom’ of the cascade, that between parent and child.

As Professor Killen says, people learn how to be with others by experiencing how others are with them. This is how one’s views and feelings (internal models) of relationships are formed and how they may be modified. Therefore, how parents are with their babies (warm, sensitive, responsive, consistent, available) is as important as what they do (feed, change, soothe, protect, teach), and how practitioners are with parents (respectful, attentive, consistent, available) is as important as what they do (inform, assess, observe, investigate, refer, guide) (Gowen and Nebrig, 2001).

None of this is easy work. Helfer (in de Boer and Coady, 2007) argues that the development of a relationship with abusive and neglectful parents is one of the most difficult, if not the most difficult, kind of interpersonal relationship to establish. Winefield and Barlow (also in de Boer et al) argue that because abusive and neglectful parents are often emotionally damaged themselves, positive, trusting relationships with child welfare workers are a necessary precondition for learning and change.

Yet research by Pecora (1989) showed that many child protection practitioners consider their skills in developing good relationships with families to be deficient.

**So what helps?** All of this research knowledge helped me in selecting statutory services to visit where there was a strong emphasis on supporting workers to develop good relationships with their clients. I saw this in a systems sense (in both Hackney, London and Minnesota where the importance of good relationships runs through the entire program – recruitment, supervision, support and training and is talked about at length later in this report) and at a much more local and individual level in a small statutory service in Tower Hamlets in London.

I had heard about this service, the Eva Armsby Community Centre, and its reputation for good child protection practice. It had recently won a “charter mark award” and its manager, Karen Quinn, is an inspired social worker. I spent the day with Karen and her staff and observed the importance of her practice leadership in supporting, inspiring and challenging her frontline. She
spoke about the value of making sure the right people are in the job and, while acknowledging the importance of England’s current push for raising the quality of social work education, believes that there are some skills that are very hard to teach. Her main priority in recruiting staff, above and beyond all else, is to gauge their capacity to talk to people, their ability to put themselves in someone else’s shoes and their willingness to put energy into their relationships with their clients.

The service was stretched from a resource point of view (staff shared desks and computers) but the morale and enthusiasm of the frontline was high and it was clear that this was because Karen supported them and challenged them in their practice. She told a story about a female client with whom she had worked many years ago. The client was now living in another county but had recently asked her new caseworker to contact Karen. At the request of the worker Karen was prepared to meet with the client who said to her “I need to talk to you because you will hear me when I say I cannot do it and you will understand that is me being a mother the best way I know how”.

The following points are critical in helping workers form useful relationships with their clients:

- **Recruitment:** as de Boer and Cody (2007) point out, some relationship abilities, such as warmth and genuineness, are not easily taught or cultivated because they are products of life experiences and become rooted in an individual's disposition. If this is indeed the case, it is critical that child protection services attempt to hire people who already possess such attributes.

- **Support:** Supervisory discussions and support from peers is crucial in helping workers reflect on the impact of themselves as they interact with their clients. Reflective questions are very helpful, such as – “What do you think the mother understands from your visit today?”, “How worried do you think the parents think you are about their children”, “How well do you think the family understands what your role is?”

- **Modelling:** the above example of my observations at the Eva Armsby Community Centre serves to make a very basic point about the importance of supervisors who value time spent with clients and the relationships formed and can model this for their staff.

- **Skill development:** The pie chart at figure 1 shows that the clients’ sense of hopefulness combined with their characteristics and social support accounts for 55% of the success of interventions. However the clients’ own resources and supports should not be taken as meaning that the caseworker does not have a role to play here. On the contrary, skilled casework is crucial in being able to tap into these resources, to help clients see them and to know how to use them. Strengths based approaches provide an excellent frame for doing this work and there is much literature to support their effectiveness in promoting positive change in clients.
• **Empathy**: the importance of empathy as a skill in child protection work cannot be underestimated. For example, Forrester found that a practitioner’s use of empathy was associated with significantly more disclosure and less resistance. Conversely, where the worker showed less empathy the client became more resistant and less likely to disclose. Furthermore, Forrester found that the advantage of an empathic response was not at the expense of clarity over child protection concerns.

• **Research**: it was very difficult to find studies that describe how workers talk to parents about child protection. Those I did find did not provide a lot of information about the skills needed, despite compelling evidence that the development of a good relationship is fundamental to child protection. There is a critical need for more research in this area – to help quantify the skills workers use in difficult conversations, and in complex assessments. Despite the enormous amount of research on forensic approaches to identification of maltreatment, and the concentration of research on symptoms and effects of child abuse, there is a critical need for more writing about what happens in interviews, what works well and techniques for relationship building.
2. The work place must be configured through structures and systems

“It is more important to change the environment in which people work than to rescue them from it”

Morrison 1993

The way the work force is organised, the way decisions are made and the systems and structures that support the work are critical. Obviously I was most interested in structures that have been developed with practice in mind – that are based on consideration of the best possible way to support the work of the frontline. The stand out service in this regard was the Reclaim Social Work Service (RSW) in Hackney, London. RSW is a statutory service, and as its name suggests, has been designed with a strong commitment to the principles of social work and to valuing the practice of the profession.

RSW started in April 2006 when the London Borough of Hackney moved to a new model of service delivery. As they describe:

“We believe that to some extent social work is a profession which has lost its way, lacks confidence and gravitas and is over bureaucratised. Overall, local authorities have to grapple with the consequences of this. It is important to state from the start that it is our intention to reclaim social work and change what it has become. Our expectation is that whilst assessment will remain central to planning and decision making, more of our time must be spent on direct intervention with families to effect positive change. We will provide strong professional development and clinical support to help achieve this.”

RSW, 2008

Before 2006 the Hackney service operated via a structure of traditional teams – headed by a team leader with supervisory span of about eight child protection staff. Decision making responsibility sat with the team leader; the outcomes for children in care were not good, and the Borough was on what is known as “special measures” – this meant that their performance rating by the independent OFSTED¹ agency was low and was being monitored closely.

In 2006 Hackney Children’s Services made the decision to move away from the traditional team structures to newly created social work units, which are the central component of the RSW design and success. Each unit is headed by a consultant social worker and each consultant has four staff in the team to assist with the work with families. This includes a social worker, a children’s practitioner (this position is not required to be held by a social worker but the occupant must hold a related degree), a unit coordinator and a half time clinician (a family therapist or a psychologist who is shared between two

¹ OFSTED is the Office for Standards in Education, Children’s Services and Skills. Its responsibility is to regulate and inspect, across the country, systems that provide care for children.
teams). The cases (roughly 45 per unit) are allocated to the consultant social worker who has responsibility for their management and can allocate aspects of case management to the team members. Each unit has autonomy and is expected to take responsibility for the decisions it makes. The key elements of this structure include: shared decision making, a reduction in administrative tasks, a clearly articulated framework/model and recruitment and training.

Shared decision making

The team meets on a weekly basis to discuss all cases. This meeting takes the form of group supervision and the team makes collective casework decisions as well as talking through the progress of all cases as necessary. At least half a day is set aside for these meetings and attendance is compulsory. Individual case discussions between workers and the consultant social worker can be held if necessary, but my understanding is that this happens rarely and group supervision is the standard approach to case discussion. I asked one of the young social workers how she felt about case discussions taking place with the whole unit and whether there might be times she would prefer to talk to the consultant social worker on her own about some particular issue in a case. Her response was one of genuine puzzlement – she said she could not imagine such an occasion occurring because if she did have a particular reaction/worry about a case, even if that included personal information about her confidence levels or reaction to the family, then this was information that she had a responsibility to share because it was relevant to the direction of the case.

In addition, any decision to request a care application through Court must first be brought before a Resource Panel, chaired by the Assistant Director, who has the ultimate responsibility for such decisions. The panel operates weekly, is attended by other managers and the principal legal officer. It means that senior staff of the agency are aware of all serious cases and that the responsibility for bringing children into care, or not, is shared across the management team.

My observations were that the Resource Panel is extremely positive for three reasons:

1. **It is good for children:** when decisions are being made that change the course of their lives, the more processes that challenge decision making the better.

2. **It supports practitioners:** by sharing the task of decision making and by management taking responsibility for decisions made. This has obvious benefits to casework and not just for the families being discussed by the Panel. When risk is shared caseworkers are more likely to feel empowered and more likely to work creatively.

3. **It keeps management close to the front line:** it means that senior management needs to be very familiar with cases, it keeps them involved in practice, bridges the distance between senior and lower
levels of management and provides opportunity for role modelling and practice leadership.

I spoke to one social worker about her experience of putting a case before this Panel. She described her request for approval to take a matter to court to have a child removed from her parent’s care. Her request was rejected by the Panel and, instead, she was instructed to undertake more casework with the family and offer more supports. I asked what this experience had been like for her. She was unequivocal in her response, saying that it turned out that the Panel was “right” and once she felt supported in carrying the risk she had been able to continue to work with the family who were progressing well.

Of all the practitioners I met with in over two and a half weeks in England, the Hackney ones were the only ones who did not mention the case of Baby P. I met with many RSW staff from all position levels and this was significant. Although anecdotal, this example seems to suggest that shared decision making has alleviated the anxiety and pressures frequently experienced by practitioners and, in turn, has freed casework practice with families.

**Reduction in administrative tasks**

One of the goals in the establishment of RSW was the reduction in the amount of time practitioners spent on administrative work and it was designed to restore the balance between the amount of time spent at a computer versus the amount of time with a family. Prior to the RSW model being introduced, the split for Hackney caseworkers was that about 70 percent of time was spent on administration and the remaining 30 per cent of time with families. This is not unusual, with research on the subject in different jurisdictions showing similar results. A 2002 Canadian study (Cooper as cited in Kempe, Marcenko, Hoagwood and Vesneski 2009) indicated that face to face contact with per cent of active cases parents had not seen their caseworker since the initial investigation.

At the weekly team meeting where the direction and progress of cases is discussed the unit administrator makes notes that fulfil the file keeping requirements and by doing so frees up practitioner time. I met with two of these unit administrators, both of whom had been in their positions for over a year and were now being supported by the service to undertake study so as to move into a children’s practitioner or social work positions in the future. One of them, a young man who lived in the local Hackney area, said he felt he had a way of making the families feel comfortable – they knew he was from the community, they felt he was on their side, they could relate to him. He spoke about the importance of his role in recording case information – saying that he needed to write about families in a respectful manner so that if any of the children choose to read their file later in their lives it would not be a negative experience for them.
Such thoughts from one in an administrative position is a very positive reflection on the whole service – the valuing of relationships with families, the need for practical support in casework tasks and the integrity in record keeping that goes through all levels of the organisation.

The unit coordinator position has responsibility for administrative assistance but also helps with practical tasks (i.e. arranging appointments for families or transporting children). The unit coordinator is a valued member of the unit who attends the weekly meeting and offers insights about families.

While the creation of a structure that is well resourced with practical help is a significant way RSW has reduced the time practitioners spend on administration it is not the only way to do it. When relating this information back home in the Australian context I have worried about the reactions of people who have said that it could not work here because administrative resources are not available to such an extent in the various state systems. What RSW has done is courageous and significant and although large state based services might not have the resources or immediate capacity to make structural change to the same extent at the moment, this does not mean that the ratio of administration versus casework time cannot change over time. Another option is to look at ways to reduce the amount of administrative work required – looking at templates that are brief to update case progress, using documentation of supervision as the file record, cutting down on lengthy descriptions in files.

The thinking that plagues large bureaucratic services is that nothing can be changed locally because it is beyond the reach of practitioners and managers and only in the hands of senior bureaucrats and Treasury officials. This thinking creates disempowerment and a sense of futility that is not useful at any level. However, RSW has demonstrated a way that reconfigures resources to give legitimacy to the need for administrative and practical support and places the highest priority on casework time with families. This is a model that is gaining interest, as well it should (even more attractive is the fact that it has also been cost effective exemplified in the reduced cost of social care across the county and lower numbers of children entering the care system.

As already stated in this report there is no one answer. Overall the example of how Hackney has reduced the burden of administration demonstrates the importance of managers talking, thinking, planning and being creative about ways to spend more time with families.

**Clearly articulated framework/model**

RSW is apparently the first statutory child protection service in England that clearly articulates the methodological approach they expect staff to take. This involves a model of systemic thinking as a way of looking at the whole context of family functioning and a social learning model to guide work with families. According to the RSW documentation these two approaches were selected
because they provide a framework that is empowering and respectful, and enabling of partnerships.

The choice of these models is a clear indication that RSW people see themselves as “agents of change” as well as having a statutory duty to assess allegations of child abuse. It means they have an expectation that their practitioners will work with clients to change aspects of their parenting. Both models rely on staff who have the skills to address complex problems and challenging behaviours.

One very important aspect of any practice framework, and perhaps the most refreshing thing about RSW, was the focus on reflective thinking and learning and commitment to skill development of staff. Team meetings are established to actively encourage such processes and there was a notable culture of thoughtful and respectful practice that ran throughout the entire service.

Recruitment

A key factor in RSW’s success is its approach to recruitment – when I met with the Assistant Director and the Director of the service they explained that they were determined to be involved in, and sign off on two agency decisions – removing children from their families and the employment of staff. RSW operates on a premise that having the right people, with the right skills is second to none and they have concentrated enormous effort on recruitment which has included overseas advertising.

Training

The investment in clinical training by RSW for practitioners and managers is impressive. All consultant social workers were being sponsored by the agency to complete a masters of social work degree and other positions in the units were also being encouraged to undertake systemic and family therapy training.

Outcomes

In the time since the RSW structure was implemented there has been:

- A 30 per cent reduction in the number of children brought into the care system
- A definite reduction in a second report being made about families who have been clients of the service (at the time of writing the exact figure was not available but the trend is downward)
- An agreement from legal personnel that cases are better prepared, better presented and this has led to an improvement in the agency’s reputation in court
• Financial savings for the Hackney County of close to 5 per cent per annum on all costs – so while the establishment of the social work units was initially expensive, the reducing numbers of children coming into care and reduction in reports is saving money over time

• There is a strong interest in social worker positions. This is reflected in the fact that some of the children’s practitioner positions are currently held by social workers who just want to get their foot in the door of the system

• A more than 50 per cent reduction in the number of sick days taken by staff

A final word

RSW is an exciting service development with positive results. The keys to its success are many and the ones that are easy to quantify and to articulate on paper have been reported here. The less tangible factors, for instance the practice leadership (which is discussed later in this report) and the organisational culture have been harder to capture but are equally important. The example of the worker who responded so positively to the decision made by the Resource Panel to not support her application to court makes this point – the structure of shared decision making was one ingredient in this story, but I suspect she would not have had the same reaction had she not held the members of the Panel in such high regard. The RSW model will be interesting to other statutory services across the world - the important message is that the practice leadership, the shared vision and the courage that needs to be communicated alongside the model is dependent upon having the right people in key positions.
3. Models and Tools: how frameworks can guide practice

“We must organise around our best hopes, not our worst fears.”

Turnell 1999

This is a subject that has received a fair amount of research interest. While there is no one agreed model of child protection work, the merits of a consistent approach to assessment and decision making are not in debate. It is not so much the particular model that is selected by a system, but the investment in practice consistency and provision of a framework to guide practitioners. It is a fact that there are systems that are getting good results using very different models.

On the subject of tools and models, and this point has already been made in this report, that they will only ever be as good as the practitioner using them and this comes back to the differentiation between knowledge and skills. Investment in models must be accompanied by equal attention to skill development to support their use.

Frameworks must inspire and support good practice rather than supply scripts for intervention. It is also important to distinguish between policy and procedural directives and models to guide practice. In one statutory service I visited in England, practitioners recounted a story where a child had died from neglect. Apparently child protection workers had visited the home and spoken with the parents on more than one occasion. They had seen some of the children in the family but had not looked into the bedroom of one child, who was said to be asleep, and it later turned out, was a scapegoat in the family. Had they looked into this bedroom they would have realised he was subject to a most concerning level of neglect. When he died, a policy was brought in across the Borough that workers must inspect the bedrooms of all children on their caseloads. It is easy to see how this response occurred – in an attempt to prevent similar tragedies in the future and to reduce risk, but it was not smart. Relying on policies and procedures in place of worker judgment, skill and intuition is dangerous. In the complexities and intricacies of family dynamics there will never be enough policies to cover off all possible scenarios of risk and relying on rules as the means to guide work can be a disincentive to thoughtful practice.

Spratt (2001) argues that practitioners need permission from their agencies to make changes in their practice. This requires organisations to state clear goals in line with a child welfare orientation and develop holistic strategies to achieve these rather than specific scripts and procedural requirements.

Minnesota – Child Welfare Practice Model

I had heard and read about the success of the Minnesota system and am very grateful to have met with some of its most inspiring leaders and practitioners. The most impressive thing about Minnesota is that they have been able to
effect practice change across a whole state (there are about five and a half million people in Minnesota) and they have been able to sustain this change.

Minnesota is a county-based child protection system - this means 87 local offices and 11 American tribes have direct responsibility for statutory services but the Minnesota Department of Human Services, which is a state based service, works closely with them, and provides some training, monitoring, funding and regulation.

In 1996 senior staff at the Minnesota Department of Human Services made a decision that something needed to change in their child protection system because they were not satisfied with the outcomes for children and the quality of the work. They applied for funding and agreed to pilot a differential response model. The pilot was for only selected counties but within two years all 87 counties and 11 American tribes were using this approach. The system has evolved over time and the Department of Human Services (for more discussion on their role see the section on strategic partnerships) has an important overarching role in training, data collection and monitoring of consistency.

I gained my information and observations from meetings with people at the Department of Human Services and by visiting one county office (Carver County) and meeting with practice leaders from Olmsted County. What is offered in the following pages is only a brief summary of the key points – suffice to say there is much in this system that warrants closer attention.

Minnesota has built its child welfare practice model on the differential response approach as a way to structure the work and also relies on two models (Signs of Safety and Structured Decision Making). They say that all three are important to their work.
1. Differential response

Traditionally child protection reports receive a forensic response, meaning an investigation is undertaken to determine whether or not to an allegation of abuse can be substantiated. A differential response allows for a traditional approach to be taken in cases where it is deemed necessary – more serious allegations that may constitute criminal behaviour, i.e. child sexual abuse, severe physical abuse; and a family support approach for other reports where the focus is more on providing supports to families and working toward change and reduction in risk without an over reliance on statutory powers as the only leverage for change. The approach generally involves assessing the family’s strengths and needs and offering services and support to facilitate change. Minnesota’s legislation has been written to make sure that while a formal determination or substantiation of child abuse or neglect may be made in some cases, it is typically not required. The following table shows the differences in approach:

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td></td>
</tr>
<tr>
<td>Did an incident of child abuse or neglect occur?</td>
<td>What underlying conditions and factors may be jeopardising the child's safety?</td>
</tr>
<tr>
<td>Who was responsible?</td>
<td>What strengths and resources exist within the family and community?</td>
</tr>
<tr>
<td>What steps need to be taken to ensure the child's safety?</td>
<td>What areas of family functioning need to be strengthened?</td>
</tr>
<tr>
<td>Goal</td>
<td></td>
</tr>
<tr>
<td>To determine the &quot;findings&quot; related to allegations in the report and identify perpetrators and victims.</td>
<td>To engage parents, extended family, and community partners in identifying problems and participating in services and supports that address family needs.</td>
</tr>
<tr>
<td>Disposition</td>
<td></td>
</tr>
<tr>
<td>A decision must be made whether to substantiate the allegation of maltreatment.</td>
<td>Caseworkers are not typically required to make a formal finding regarding whether child maltreatment occurred.</td>
</tr>
</tbody>
</table>

In the words of Minnesota’s most inspiring practice leaders, “the implementation of a differential response approach both challenges and charges the child protection agency with choices for responding to community concerns about a child’s safety and well being” (Sawyer and Lohrbach, 2002).

The focus of this approach is not unlike the “social workers as change agents” approach at the Reclaim Social Work service in Hackney, but the models are packaged and structured differently to comply with their respective contexts and legislation. Working proactively with families toward positive change requires practitioners to work in a different way – to rely less on their statutory
powers and more on their skills to develop good, respectful relationships that provide the basis for change. The following graph shows the change in the way the work was classified in one county (Olmsted) and the way the balance changed over the eight year period.

The green line along the top shows a fairly static reporting rate between 2000 to 2008 – broadly speaking this reflects that the work, or the presenting problems, had not changed. What did change (as reflected in the reducing blue triangles depicting forensic type investigations and the rising yellow diamond showing family work) was the way cases have been viewed and the way in which the work was done.

While this graph is about one county, the Department of Human Services collects and compiles data across the state. The benchmark is for services to aim for 30 per cent of cases to receive the traditional forensic approach and about 70 per cent the family assessment approach. All counties meet this benchmark and many have a significantly higher proportion of cases in the family assessment category.

I spoke to a couple of caseworkers who had worked under the traditional forensic approach in Minnesota before the change to the differential response model. They admitted to finding the change in practice difficult at first – they found the need for transparency with families challenging and very different from their former style of practice. They also said that they worried initially about some of the cases and whether they would be supported in working with the level of risk that may, in the past, have resulted in the removal of a child from the family home. Both were in agreement that at times when they were stressed and feeling over worked they were more likely to be at risk of returning to the former style of working.
I asked them to describe a case to me that would illustrate the difference in approach. One described a standard presentation of domestic violence, where concerns had been expressed about the exposure of the children in the family to violence against their mother. Under the former way of working the approach would have been to determine whether the violence was impacting on the children and the extent to which they were exposed to it; and to talk with the mother about the need for her to protect the children and to separate from the their father who was the perpetrator. In some but not all situations, an attempt would have been made to talk with the father and to request he leave the family home and seek treatment for his anger. This is certainly not an uncommon response to domestic violence; for example, Davies and Krane (2006) argue that mothers in such cases are frequently alienated or blamed and men are frequently absent.

The worker then described a recent domestic violence case with which she had been working. She explained that she had met, in the first instance, with both parents and talked about how they all needed to work together to make sure the children were safe. She talked about the impact of violence on children and the need to make sure that they were not exposed to it again. She asked that they gather all their supports together to attend a meeting in the following days where they would talk explicitly about how they could all make sure the children were safe. While not blaming the father, this approach meant that he had to bear responsibility for his actions in front of an audience. The worker spoke about the success of the meeting and the supports that had come forward from the extended family – the father’s brother who encouraged the family to call him for help, the mother’s friend who offered a place for the children and mother to stay when they needed it etc. The caseworker’s pride in the telling of this story was obvious. The family was still together, the violence had stopped and the father was taking appropriate responsibility and steps to address his anger.

2. Signs of Safety

*Signs of Safety* was developed in Western Australia in the 1990s by Andrew Turnell and Steve Edwards in collaboration with child protection practitioners and it has been adopted by a number of systems internationally. Put simply, the *Signs of Safety Assessment and Planning Framework* is the child protection framework to determine:

- what supports are needed for families to care for their children
- whether there is sufficient safety for the child to stay within the family
- whether the situation is so dangerous that the child must be removed
- if the child is in the care system, whether there is enough safety for the child to return home
Signs of Safety seeks to create a more constructive culture around child protection practice. Central to this approach is the use of specific practice tools and processes where professionals and family members can engage with each other in partnerships to address situations of child abuse and neglect.

Signs of Safety Assessment and Planning Framework aims to generate child protection practice that is organised first and foremost around child safety. Signs of Safety “uses a comprehensive approach to risk that is simultaneously forensic in exploring harm and danger while at the same time eliciting and inquiring into strengths and safety; clearly articulates professional knowledge while also equally eliciting and drawing upon family knowledge and wisdom; is designed to undertake the risk assessment process with the full involvement of all stakeholders including children, families and professionals”.

Signs of Safety provides a framework of intervention for practitioners; it helps engage them in practice and is focused on their skills. The training the staff received in Minnesota involves a lot of role playing and preparation of questions that are aimed at tapping into parent strength and protective capacities.

One key factor of the Signs of Safety model is completing a Signs of Safety Assessment and Planning Framework. It should be compiled with contributions from the family and other professionals involved in the case to ensure transparency, realistic and safety focussed outcomes for children.

Another key factor is the regular use of an appreciative inquiry approach which has been designed to build practice depth – and lets staff “reclaim pride and confidence in their work”. The four key stages of the appreciative inquiry model, as used in Signs of Safety, are (i) discovering (exploring aspects of the intervention that went well); (ii) dreaming (thinking outside usual boundaries); (iii) designing (considering strategies to work toward the dream; and (iv) delivery to plan and commit to implementation strategies.

3. Structured Decision Making

The other model used in Minnesota is the Structured Decision Making model. Structured Decision-Making was developed by the Children’s Research Centre, Wisconsin, and is an approach to providing child protective services with clearly defined and consistently applied decision-making criteria for screening for investigation, determining response priority, identifying immediate threatened harm, and estimating the risk of future abuse and neglect. Child and family needs and strengths are identified and considered in developing and monitoring progress toward a case plan.

While in Minnesota I had the opportunity to meet with frontline staff from Carver County, and was able to sit in on some of their case discussions. The striking feature of this workforce was their engagement in their work and the strong sense of teamwork. As they discussed a particularly difficult case the
practitioner kept referring to her notes – not to describe what the client had said but to describe the questions she had asked. Her peers would then reflect on the quality of her questions and responses and suggest ideas for future questions and areas of follow up. One common problem in child protection work is reflected in case files that are full of “story telling”; more than one writer has remarked on child protection files that contain much in the way of descriptors of fact and events but little in the way of meaningful analysis. The way the Carver workers were speaking about the families with whom they were working was noticeably different – they were engaged in the pursuit of their practice – in making sure they made a difference and taking pride in talking about what they did.

Outcomes

The following points articulate the outcomes of the Minnesota Child Welfare Model. Loman and Siegal (2008) undertook broad research comparing the differential response model in Minnesota with a control group of child protection families in a traditional statutory system. They found:

- **On cooperation:** Workers rated the primary caregiver as uncooperative in 44 per cent of control families, but less than 2 per cent of experimental families. In addition, the research included ratings of the caregivers’ motivation as well as their assessment of the seriousness of the reported child protection issue. Both primary and secondary caregivers in the control group were rated as less motivated and as viewing the report less seriously than caregivers in the experimental group. This is an important finding because it shows that workers who have used casework skills to engage parents in meaningful relationships are significantly more likely to view them as cooperative. It is because they are not coming from a deficit model and parents respond accordingly. But of equal importance is the second finding - the Minnesota parents viewed the child protection concern more seriously than the control parents. This is reassuring and debunks the view that good relationships in child protection can be dangerous because of a risk that concerns may be minimised.

- **Family Satisfaction and Engagement:** The Minnesota families receiving the alternative response reported that they were treated in a friendly and fair manner, were listened to by workers, were connected to other community resources, and benefited from intervention more often than families receiving a traditional response. These same families were more likely to feel hopeful and encouraged.

- **Participation:** In Minnesota, 68 percent of assessment families said they were involved a great deal in decisions that were made about their families and children, compared to 45 per cent of control families.

- **On cost:** Differential response appears to be cost effective over the long term. Minnesota's cost-effectiveness study suggested that costs of
the alternative response in the early stages of a case, including worker
time during case opening, were greater than in traditional interventions.
However, costs for overall case management were lower. Savings
achieved more than offset investment costs early on and, as such, total
costs were less for the alternative response cases than the control
cases.

Outcomes in Olmsted County:

The graph below shows the changing proportion of children entering out-of-
home care in Olmsted country between 1996 to 2006. Differential response
approaches commenced in 1996.

Olmsted County 2008

The following graph is about re-reporting. It is all very well for a system to say
it has been able to reduce the numbers of children entering the care system
but the results need to go hand in hand with signs that children are safe
staying in their family homes. This graph clearly shows the percentage of
families in Olmsted County who were the subjects of a substantiated report
after having had a casework response. The fact that the system reached a
two per cent re-reporting rate is an excellent result and a significant drop from
15 per cent just five years earlier.
This graph below shows the average number of cases before the Children’s Court and how this has reduced over time. There are obvious benefits from such results – not least is in the freeing up of caseworker time to spend with families.
A note of caution

Not all systems have had such success with differential response models (Lonne et al 2010). Minnesota must be understood as a state system, albeit with challenges like any other, that has invested in practice development, has an extremely high calibre of practice leaders and quality practitioners and has worked hard over ten years, at every level, to bring about change. The factors contributing to their success cannot be taken in isolation.
4. Practice leadership: what keeps the workforce inspired

“Leaders keep people moving in the right direction by appealing to basic but often untapped human needs, values and emotions.”

Kotter 1990

Points have been made about the importance of structures that value acquisition of casework skill, models that value practice and systems that invest in its development. Yet there is another, less tangible and less easy to quantify, but equally important, ingredient. That is the importance of practice leaders who support and inspire those around them.

I use the term leaders to denote a potential to influence rather than as a reflection of hierarchy. Practice leaders can be at all levels of organisations and are different, although not mutually exclusive from, managers.

The earlier references to the Reclaim Social Work Service in Hackney depict a structure that has been designed around practice and its results are promising. It struck me, though, that perhaps of equal importance to its success were the leaders who had the courage to take risks in a new service design and the willingness to take responsibility for casework decisions. The shared vision of the agency was obvious in all I met at Reclaim Social Work and the belief that all were working to a common good, with trust in those leading it, was easy to see. Similar observations were made across the Minnesota system – their Child Welfare Model is well articulated on paper, and its approach is based on solid evidence, but it also has a very high calibre of practitioners and leaders behind its success.

In all systems there will be true leaders, those who shine through, independent of, and sometimes in spite of, the systems in which they work. It may not be practical to attempt to design a system around creating these leaders but it is smart to have structures in which good leaders can flourish. And to make sure as many staff as possible are influenced by them. I was very fortunate on this Fellowship to meet with so many inspiring practice leaders and had a side interest (because it could only ever be anecdotal) in what factors were easily discernable, easily quantifiable, as the key characteristics of practice leaders. At the end of most of our interviews and meetings, I asked what it was that these leaders themselves believed kept them doing good work and being able to inspire others. Most struggled with a quick answer and some replied later on email after having had time to think about it. The answers varied but the consistent themes were about the support they had received in their careers from people they respected, the good fortune they had experienced in access to quality education and work opportunities, and their strong belief in what they were doing.

In 2009 NSW Community Services rolled out a training DVD to frontline staff across the state featuring Professor Kari Killen, talking about her work, particularly with cases of neglect. The DVD is one hour long, has no other visual than Professor Killen talking and it captured the entire state. Feedback
from workers continues to this day and is about how they had taken her words into their hearts and minds and with them on their home visits. Having the opportunity to meet with Professor Killen in her home town of Oslo was a highlight for me and a reminder that, like any other, the child protection field needs its own gurus, leaders and mentors. Good practice needs to be celebrated (as described earlier); structures need to have financial and hierarchical incentives for those who excel in practice and inspiring others; and there is a compelling need for practitioners to have regular access to the words and stories of leaders.

Professor Killen is in her seventies. She is a crystal clear voice on child protection, still teaching, still seeing families. She keeps working because she is "still curious" and because she knows that she needs to keep practice up if she is going to be a useful teacher and mentor – if she stops, her memory will "idealise the job" and she will forget how hard child protection work can be.

Supervision

Good reasoning is the responsibility of the whole agency, not just the individual. This creates a culture where challenging assessments and decisions is not seen as a personal criticism but an intellectual task that is morally necessary

Munro 2008

There is widespread agreement across most child protection literature on the importance of quality supervision for frontline practitioners. It is a fundamental and absolutely critical ingredient of quality child protection. The most compelling argument is about respect for children – decisions about their lives and their families, must be talked about, challenged, supported and scrutinised.

I was immensely fortunate to spend time with three practice leaders who have much wisdom on the subject of supervision and the key messages of their contributions are outlined below - Professor Eileen Munro, London School of Economics, on intuition and reasoning; Professor Jan Horwath, Sheffield University, on understanding management constraints to supervision; and Suzanne Lohrbach, Olmsted County, on group supervision.

Reasoning and Bias: Professor Munro has made an enormous contribution throughout the world through her writing about, amongst other things, reasoning, intuition and practice errors. Her recent exploration of the field of neurophysiology has further enlightened her work on reasoning; for instance, she reports that there are two distinct modes of processing data in the human brain, one analytic and one intuitive. Neither one is better or more important than the other. Put simply, intuition is "swift and unconscious", full of emotions and uses shortcuts to reach fast conclusions. Importantly, it is frequently biased. Analytic reasoning is conscious and deliberate, logical, linear and draws on formal knowledge. Munro argues that good practitioners are constantly relying on both: their analytic processes are helping them respond
to families and provide information and support; their intuitive processes are indicating something akin to “look more closely, something does not feel right here”. The fact that intuitive processes are emotionally laden is very relevant to child protection – they help workers “narrow down reasoning tasks but they are also fallible”.

Munro (2008) says that “clinging to beliefs” is the most pervasive bias in the reasoning process. Once a view about a person is formed, workers have a strong tendency to stick to it, even in the face of new information that may be contradictory. This is because it is hard for people to stand back and be objective about their own judgements, because their intuition will immediately produce evidence to back it up. Supervisors and colleagues who challenge thinking and who offer alternative ways of looking at the evidence are critical to the process.

Munro has found that the most effective method of challenging bias is the “devil’s advocate approach” because it triggers intuition to produce all the evidence to support the opposing point of view – it will not necessarily result in an answer about which side is correct but it will assist in getting all information on the table. Munro has found that intuition pays most attention to evidence that is “concrete, emotionally laden, recent and vivid”. This can be dangerous because it overlooks evidence that is “dull, abstract and in the past”. She also found that when we are describing other people’s behaviours, we tend to ascribe them to internal personality traits, yet when describing our own we describe it by context. The example Munro uses is “the mother gets angry because she has an aggressive personality, I get angry as a reasonable response to circumstance”. This process is linked to a biased use of evidence and is a process that supervision must attend to so that parents’ behaviours are not described out of context.

The final word on all this is that practitioners must recognise that they cannot avoid the biases of intuitive reasoning. This comes full circle to the quote at the top of this section – supervisors must create a culture in which challenging assessments and decisions is not seen as a personal criticism and the agency culture needs to encourage such dialogue.

**Manager responsibility:** Professor Horwath has written prolifically and her reading and teachings have far-reaching effects. She described some work she undertook where she had the opportunity to observe frontline child protection managers and the way they made decisions. Her observations are worrying, (particularly because they are probably relevant to many stretched statutory systems) in that she noted managers making many critical decisions in a day. This is hardly surprising but it was the context around the decision-making that was concerning – some decisions made on the run, literally, and others as supervisors were walking out the door to a meeting. Some of these decisions were as significant as whether a child should be brought into care. Professor Horwath’s observations are about crisis driven child protection and a culture that serves pressured and rushed decisions.
Her suggestions for addressing this are, in part, aimed at managers in the way they conduct themselves and allow themselves to get drawn into such practices. She tells an interesting story about a time when she was a facilitator of a group supervision session for middle managers and how she helped them to realise the negative impact of this crisis culture. They made an agreement about being more planned in their allocation of time and setting aside time, on a daily basis, where they would close their door and keep up with their own work, also sending a message to their staff about self autonomy, reducing dependence and avoiding drama. What she found was that managers were able, with support, to realise their own part in this dynamic – that they could see that they themselves felt the need to be “in control” of all that was going on “out on the floor” and that they played a part in keeping drama alive. With her support, the managers were able to change the culture and to make better use of supervision as planned and formal conversations where enough time was allocated to important decisions and reflections.

Professor Horwath’s writing on assessment and her work about the importance of good information gathering should be compulsory reading for all practitioners. She points to the importance of collaborative interagency relationships and says “no one professional has the knowledge and skills to complete a core assessment in isolation” (2008). She also states that “irrespective of the methods used to gather information, it can be interpreted in different ways depending on the perceptions and beliefs of the practitioner and their view of acceptable standards”. Horwath uses this point to underscore the importance of recording specific examples which can be drawn on later for analysis. It also fits well with the point about the importance of supervision and having another person assist with reflection.

**Group Supervision and the Olmsted Case Consult model:** Interestingly both the service in Olmsted, Minnesota and the Reclaim Social Work service in Hackney rely on models of group supervision and speak positively of its success. There is a growing interest in this approach as echoed in the research and it has obvious benefits to services in freeing up management time.

Suzanne Lohrbach and Rob Sawyer are the main leaders behind the success of the Olmsted County work on differential response. Ms Lohrbach has also written up the Olmsted Case Consult model. At the heart of the model is a structured and weekly session – each one begins with the supervisor asking what the worker who is presenting to the group is hoping for from the consultation and ends with the supervisor asking whether their hopes and goals had been met. It relies on use of a white board, a standard template for recording, and a genogram. It provides opportunity for the supervisor to integrate research into practice discussion and forces workers to think beforehand about what they want from the discussion. The analysis of information involves the formulation of risk statements – the first part of the statement articulates the worker’s “worry” and the second articulates the context for this worry.
A key feature of this model is that every conversation is held in such a way that if the family were to walk in the door, nothing would change. Obviously the supervisor has the responsibility for creating and maintaining this culture. Lohrbach believes that when practitioners have opportunity to practice “talking in a respectful, straightforward manner” it seems to assist them to have the appropriate skills and words to talk with families in the same respectful manner. It is true that the idea of strength based discussions can evoke concern, the standard line of worry is, “we cannot put a positive light on risks”, but my observations of the work in Minnesota made me think this concern is unnecessary. The experience was completely refreshing; a respectful and strengths based approach was used to describe families, risk and concerns were never minimised.

The Olmsted Case Consult model encourages dissenting views and members take on the task of looking critically at any decision, encouraging reflective and thoughtful practice, developing critical thinking skills and guarding against “group think”. This is in line with Munro’s views about the importance of the devil’s advocate approach. Lohrbach describes the Case Consult model as “a place where emotional support is available, questions can be responded to, professional development and leadership skills can be honed and where social work knowledge, research and skills can come alive and have meaning in the field” (2008).

The importance of keeping in touch with the research

The other service I visited that was a highlight in terms of practice leadership was the Kempe Centre in Colorado.

The Kempe Centre operates out of the Children’s Hospital in Aurora, Colorado. It is named after its founder Henry Kempe and has a prestigious history and reputation. A stand-out aspect of this service is its commitment to support of the child protection field and the value of research. In 1988, staff from the Kempe Centre carried out an important piece of research profiling the needs, attitudes and utilisation of professional resources of the child protective worker (Fryer, Poland, Bross and Krugman) and this study is as significant today as it was then. The writers surveyed a sample of 301 statutory workers across 33 American states. It was an important study because it is one of its kind in focusing on the needs and attitudes of the front line workers. Its statements provide extremely useful indicators on which workers can rate themselves (for example, “the time I have to spend with clients is adequate”; “I can relate to the problems of my clients”; “I use meaningful criteria to make decisions about what constitutes success versus failure in my service to clients”).

The study found that the group had “virtually no familiarity with the current most salient research on child abuse” and made an important distinction between the group of workers who claimed to read research and the group who did not. Respondents who had read at least one of some commonly cited, well known articles were much more convinced of their capacity to help
clients and did not agree with the assertion “I sometimes feel there is nothing I can do to help these people”.

While I was at the Kempe Centre I had the opportunity to sit in on a Journal Club that meets weekly with a multidisciplinary attendance. It is a sad reflection of the field’s frequent disconnect from research and literature that such an idea should merit attention in a report of this nature. This comment is in no way intended to diminish the success of this approach, more that it should not be noteworthy because structures that facilitate and encourage practitioners to relate to research should be standard. More impressive was how the facilitator asked the practitioners to read a designated article and then linked it to a case on which they were currently working. Its applicability was then discussed and difference of opinion was well tolerated in the group. The regular nature of the meeting signalled the importance of reading and keeping abreast with research.

A final word on practice leadership

The challenge here reflects the point made earlier - that in order to improve practice one can not just pick from a list of ideas that are working elsewhere and put them in place, hoping to see similar results. Approaches such as group supervision, journal clubs, instilling insight into managers about their role in supervising decisions in crises, and so on will not work if the culture of the workplace does not support it and does not value practice leaders.
5. Strategic partnerships and the importance of external systems that support shared goals

“Effective interventions require much more than a good heart and a commitment to children’s welfare. It is exceptionally complex work that requires talented practitioners who have high level interpersonal skills and the requisite knowledge and support.”

Lonne et al 2010

So far this report has concentrated on factors in agencies and characteristics of leaders and systems that encourage good practice. In examining the challenges of supporting practitioners to manage the complexities of the work and to achieve the high level of skill, as described above, the focus has been localised and mainly at the level of system design, relationship development and leadership inspiration. An equally important point, and one that seems to be written about less often, is that there is great potential for positive outcomes when higher level partnerships within government work well and when external agencies share common goals about supporting workforce development.

This area (how such relationships and shared visions can be beneficial) is worthy of its own section because it was a notable factor in the success of some of the services I visited. Putting in place innovative ideas, and making changes when things are not working, involves a level of risk taking. In statutory systems this can be difficult, especially large state based ones. Among the relationships that are crucial to changing practice systems are the strategic ones between practice leaders/managers/visionaries at the top of the hierarchy and their counterparts and/or senior officials in Treasury and central government policy and co-ordination agencies. Equally important are relationships with services which have been established to work alongside statutory systems and have complimentary or shared visions. All too often, external bodies have been established with regulatory, monitoring or watchdog type relationships with statutory services. Without negating the need for external oversight, it is far more useful if this occurs in a collaborative way with the external agency actively working to support service development and improve outcomes.

A practitioner in a London service I visited spoke about the oversight arrangements in place in England and said that “they (the oversight officials) come in and tell us what is wrong with our practice and what hoops we have to jump through to get the right rating but they don’t help us do a better job in any way that is meaningful”. It does not take a quantum leap in thinking here to make a parallel observation about some familiar examples of child protection case work, which highlight the use of statutory powers at their worst – i.e. pointing out parental failings, developing case plans with little regard for the children and family’s view and offering little in the way of actual support to assist families to make a positive difference to the safety and wellbeing of their children.
Important hierarchical and organisational relationships

The two systems that were risk-taking in their approach were the models in Hackney and Minnesota and they have already discussed at length. What has not been mentioned is that for both, the establishment of new ways of working involved high level support from their respective state systems. Moreover, behind both of these models were strategic partnerships that worked, rather than ones that did not. The stereotypical example to make this point is the relationship between a visionary who has not appreciated the constraints on resources and the Treasury official who has not understood the importance of the vision. Finding common ground and an appreciation of both viewpoints is critical to support useful and sustainable change.

These strategic partnerships can take a few forms – it can be the head of the statutory service working well with a senior bureaucrat in a central agency. The former needs the practice wisdom to envisage the possibilities of change, the latter needs the credibility and willingness to advocate for new ways of working (and to reassure the other officials who hold the purse strings). As Spratt (2001) says, “organisations can only contemplate change where there is both horizontal (professional) and vertical (managerial) support for it”.

In Hackney, the Director and Assistant Director had the support of local government and eventually the union to overhaul traditional structures and organisational culture. Some of the success can be attributed to the willingness of people in the relevant positions to try something new but I do not doubt the strategic nature of the relationships involved and the importance of being able to produce, fairly early on in the change process, positive results and evidence of financial viability.

In Minnesota, the situation was reversed with early impetus for system change coming from the state system. The Department of Human Services circulated an expression of interest to the county services inviting them to participate in a pilot of the differential response model. This initiative kicked off the process that, more than ten years later, has such strong evidence of success.

Another area where strategic relationships can be extremely important is in the management of the media and organisational approaches about how blame is shared. John Bowism (in Spratt 2001) states that “we must not pretend that actions taken by child protection agencies can ever guarantee that parents will not harm their children. Paradoxically where organisations do react to criticism by accepting it and then in turn allotting blame to staff they help perpetuate the myth that matters are amenable to calculation and control”. This is about a responsibility of middle and upper levels of managers to continually provide opportunity for their respective government and ministerial officials to understand the complexities of the work, the futility of blaming practitioners and being clear about the fact that, however unpopular, there will always be children that the child protection system can not save.
Important relationships with external services

In the wake of the death of Baby P there has been much effort in England to redress the reputation of the social work profession. I visited services that were working specifically on broad national aims about improving practice, improving public recognition, increasing the numbers of people entering social work and lifting the status and quality of the degree. These services included the Social Care Institute for Excellence, the Children’s Workforce Development Council and the National College of Social Workers. The important point about these services is that they are external to the statutory systems but their aims are complimentary.

In England the child protection workforce is almost entirely made up of social workers. They do not have some of the rich multidisciplinary mix that most Australian systems have (although this multidisciplinary workforce is certainly not without its challenges) but there is a much more direct path to address skills of the profession. The National Social Work Task Force has examined the challenges of recruitment and maintaining a skilled workforce, and recommended the subsequent development of a National College of Social Work. The aims of this College (which has been set up in a way that is not unlike long standing associations in medicine and occupational therapy) include providing leadership and a stronger voice for the profession and defining the values and purpose of social work. While this College is still in its very early days (the co-chair positions were only filled in June 2010), the terms of reference and mandate have a strong and welcome emphasis on improving the skills and reputation of the profession.

In a similarly useful way the Social Care Institute for Excellence has teams working in collaboration with front line services on tools that support child protection work, most notably serious case practice reviews. Their publications are user friendly and provide tangible and useful assistance to support quality casework.

The highlight in the external agency work I observed was the social work recruitment campaign developed by the Children’s Workforce Development Council (CWDC), and named “Be the difference campaign”. Given the message that was communicated by the media in response to the Baby P case – that you can lose your job, with accompanying public humiliation, if you take a step wrong in child protection - any efforts to improve public perception and encourage people into the profession are much needed.

The Children’s Workforce Development Council has a social work team dedicated to these aims. Its campaign, which included radio, television, print and internet media, is particularly impressive. “Be the Difference” was launched in September 2009. It features ordinary household items (including a kettle and a bouncing ball) as examples of tools social workers might use in their work. The campaign does a good job of illustrating how social workers apply their training, skills and expertise to everyday situations that make a difference for families.
Six months after the campaign started 54,000 people had registered their interest in becoming social workers. A 40 per cent increase in social work degree applications has also been attributed to the campaign. In addition, new research conducted by the CWDC has found that public perception of social work is beginning to improve with 8 in 10 people believing that social workers deserve respect and support for the work they do. A third of people surveyed believed social work is changing for the better.

Consistent with the theme of the skill base of the child protection profession and the importance of being able to quantify the tricks of our trade, this campaign is well pitched because it focuses on skills and gives status to talking, listening and responding.

In closing

The brief examples above point to strategic relationships and partnerships that work well or (as in the case of the newly established systems in England) have the potential to work well, when they are established with shared visions for good practice. The most important factor is that external systems must be established to support, rather than undermine, shared goals. They must also understand the context and complexities of child protection service delivery and use their powers (whether they be administrative or based on their perceived independence) to contribute in a meaningful way to societal understanding and perception of child protection work and to help improve outcomes.
6. Organisational culture: how does the work culture support good practice

“If we think about it, save for the vagaries of birth, errant biology, class and status, or simply circumstance, we are all but a half step away from the “other” families we describe as in need of service or “at risk”. In the final analysis, it is not “us” and “them”. It is all of us. Together.”

Whittaker in McKeown 2000

This is perhaps the most critical section of this report and it is essentially about the culture and ethics of child protection work. The importance of statutory services having the child at the centre of their practice cannot be overstated. Sadly, it also can not be guaranteed and requires explicit conversation, shared visions, continual dialogue and managerial modelling. Organisational mandates can be quite different from one’s personal and professional stance and the way one works with families, and the way they manage their caseload, can easily end up reflecting the culture of the organisation. This is especially true of organisations that are characterised strongly by the need to comply with administrative and procedural requirements.

What does all of this mean in real terms? It means the agency taking responsibility for protecting children with skilled staff who make good decisions; it means being transparent with families about concerns, it means managers supporting and knowing the decisions of their staff, it means managers knowing the abilities of their staff and thinking about how they will work when they are out in the field with families, it is about managers who share responsibility for hard decisions, who keep a child focus on all interventions and, importantly, it is about practitioners who support and challenge each other.

The following two examples, both gained from my visit to the service in Carver County, are used to help make the point about the importance of organisational culture.

The first story was relayed to me by a manager and she described it as having been influential in her thinking about the reason the agency needed to change from a traditional forensic approach to the differential response model. The story was about a day when some of her staff members returned from their lunch break and reported that they had seen a father in a car park at the local shops shouting at his child and shaking him roughly. In response they had written down his number plate, returned to the office, rang the Police to get the family details and made a child protection report. The manager said she felt challenged by this response and the statutory power her staff relied on, almost as an automated response. When she signed the agency up to the differential response model she wanted her staff to use their expertise and skill to engage people, and to offer to help. Rather than just identify what was
wrong with a situation, she wanted them to identify what they can do to help and use their skills to do it.

The second example starts with the same manager and it is about workers’ ability to share responsibility, to be honest with each other and about their capacity to hear direct feedback from their peers. In fragile workplaces practitioners may not feel confident to challenge each others’ work or managers may feel worried about the skill level of a worker sent out to interview a child but not know how to raise it. A useful litmus test for agencies on this can be taken from Carver County – where the manager stated that she asks her staff “scaling questions” in a group supervision session about once or twice a year. She asks two questions – “How confident do you feel, on a scale of one to ten, to challenge parents about their parenting styles?” and, “How confident do you feel to challenge your colleagues about their casework?” She found that in the early years (this was soon after they commenced working under the differential response model) the answers were not consistent – workers felt much more confident to challenge parents than their peers and one could speculate that this could be true in many child protection agencies. A culture that centres on the protection of children, and the responsibility of the entire agency to achieve that goal, means that staff have a duty to challenge colleagues if they are concerned about the direction they might be talking in a case.

Later the same day I spoke to some of this manager’s practitioners. They spoke about the culture of working as a team and they were open in saying that some of them had found it hard to adjust to in the early stages. One gave an example of her colleague overhearing a conversation she was having with a mother over the telephone. At the end of the phone call her colleague reflected that she had found her to come across as unnecessarily cross and critical towards the mother. This worker described an initial feeling of irritation about being pulled up in this way but said when she thought about the feedback, she knew it was right and it forced her to admit to herself that she was having a “bad day” and had taken it out on her client. She then told me how she had rung the client and had apologised for the way she had spoken and had added, “my colleague overheard me talking to you and thought I sounded a bit rude”. While an anecdotal example, it spoke volumes about the workplace culture. It was about workers taking responsibility for all agency dealings to ensure clients are treated with respect and about being confident enough to challenge practice that is less than ideal. It was also about a practitioner being able to apologise to a client directly and in a way which would likely have acknowledged the clients’ feelings. Moreover, by telling the client that her colleague had given her feedback, she was providing external validation for the client. The best bit of this story was that the workers went on to add that she and the mother have had a much stronger relationship since this conversation.

These examples demonstrate how the culture of an agency impacts on practice. By culture I mean the manner in which the agency engages with the work – how family problems are understood; from what base practitioners
derive their power (i.e., statutory or skill); how risk is shared and what ethical frameworks guide the work. The research helps draw out these points:

**How family problems are understood**

Lonne et al (2010) devote a large part of their excellent book, *Reforming Child Protection*, to discussion about the importance of ethical approaches in the protection of children. Part of this thinking is about true recognition of context. They describe the ill effects of some statutory systems as being akin to “disciplining the poor” and they articulate the fact that professionals need the “capacity and go ahead to augment the resources of people who love their children, however inadequately, and be able to understand and engage with the life worlds of families who are seriously marginalised already in societies that have been easily swayed by political and media focus on the dualisms of deserving and undeserving”. They talk about the importance of supporting professional skill and judgement so that practitioners can identify the dangerous families who really do pose a risk to their children. Perhaps their most compelling observation is about the breadth and depth of the effects of poverty on human lives and the sad reality that this, more than any other factor, is at the heart of child protection issues. Practitioners need to be creative and resourceful in assisting families access material support wherever possible.

Child protection practitioners must be supported to fully appreciate the extent of disadvantage of the families on their case load, to understand what isolation (geographical, material and/or emotional) means for parenting capacity, and to know that the harsh realities of living on the margins of society impacts on every aspect of children’s experience.

**How practitioners use their power**

In the section on models and tools some research is cited from Minnesota that demonstrates practitioners’ views about how cooperative their clients were when they approached them from a starting point that is positive and empowering. The findings of Littell and Tajima (2000) are on the same theme – workers with a strong deficit orientation reported lower levels of client collaboration and compliance. All of this is about organisational culture that is strengths based, as emphasised by the words of Berg and Kelly (2000), “We believe it is time for those in the child welfare field to institutionalise the paradigm based on respect and empowerment…. This new approach encourages the worker to see the client as a repository of resources, not a pool of pathology”.

**Language of respect**

Dialogue can be a very useful way to model the culture of the organisation and its expectations. The language needed to help workers to a different practice base is about respect – fronting up to a home visit without preparation shows a lack of respect. If we expect a mother to tell us information that might be incredibly personal and difficult to talk about, we
owe her a decent amount of respect. We need to read the file carefully to see whether we have ever asked those questions before and to remember what she said in response. An article written by Alexander and Dore (1999) adds credibility to the argument that preparation is critical before practitioners visit families and organisations need to encourage this practice. They say interventions with families are like “a series of windows of opportunity, decreasing in size with each session”, emphasising the importance of those first meetings and the opportunities therein when workers are skilled in the way they engage and form relationships.

The idea of “practising practice” is also important - if practitioners are feeling unsure about asking hard questions, they owe families the respect of having practised them before they knock on their door. It is not okay to practise interventions for the first time on real clients and we would not accept this approach from other professions.

**The culture needs to run thorough the entire agency**

A culture that embraces the responsibility for protecting children needs to be embedded in every interaction and every piece of work. It must define the identity of an agency – the way files and briefing notes are written must reflect context and be fair in their descriptions and analysis; the way clients are spoken about must be respectful. Managers must have the confidence to challenge their staff, and practitioners to challenge their peers and to accept feedback. The culture needs to be characterised by an acceptance that it is okay to be wrong and okay to be uncertain.

**In summing up**

The following points, which are certainly not exhaustive, are written in the form of a checklist to conclude this section on organisational culture. They are my thoughts about the ingredients of a healthy organisational culture that is centred on children and focused on practice quality:

- Practitioners are proud of their work and feel they make a difference
- Practitioners describe the true nature of their work in social settings where they are asked about what they do for a job
- Conversations about clients are always respectful in describing their situations
- Practitioners prepare for meetings with families and practise, plan for and talk about, interventions
- Research findings are of interest to the agency, articles are shared and developments in other systems, national and international, are followed with interest
• Management and front line staff work together to come up with pragmatic ways to reduce the amount of time spent on administration versus time spent with families

• Practitioners feel comfortable to acknowledge uncertainty

• Practice leaders are valued across the agency and opportunities for them to influence and inspire others are provided regularly

• Practitioners and managers alike are comfortable to have transparent conversations where differing views are respected and seen as helpful to case planning

• The context of children’s lives and the realities of family disadvantage are spoken about with an emphasis on solutions for supporting families out of situations of extreme poverty

• Decisions about taking children from their families are always shared with senior management and practitioners feel supported in decisions that are made

• The vision of good practice is shared and well understood across the agency

• Debate is encouraged, different opinions are valued

• Managers model practice skills and mentor practitioners in their work with families

• Client feedback is sought, discussed and valued
Conclusion and recommendations

This report summarises my observations, alongside the reading and analysis that were such an important part of my Fellowship. It makes reference to the challenges facing child protection systems and describes the context of service delivery in the three countries I visited. Importantly, the report distinguishes between practitioner skills and practitioner knowledge and speculates about the need to pay attention to make sure the workforce is well equipped with both. This point is underscored by my belief that tools and models are only ever as good as the skills of those applying them.

The report presents its main findings under six headings – (i) the importance of relationship-based, as opposed to risk averse, practice; (ii) the need for structures that support good practice; (iii) the way models can be used to give practitioners confidence highlighting examples of services I visited that were designed to work with families in a manner that is empowering, strengths-based and respectful. The results achieved by these services speak for themselves. The report makes a strong case for (iv) practice leadership at all levels of the system, (v) emphasises the importance of strategic relationships with the powers that be and with external agencies, and it presses the (vi) importance of an organisational culture that is centred on children and that understands the context in which these children are parented.

The more I read about the difficulties facing child protection systems the more I understood why some feel despondent about the enormity of the challenges. Yet, the opportunity to meet, talk with and observe practitioners who are making a difference in doing this difficult work was completely inspiring. And these people, and their writings and the evidence that their services are getting positive outcomes for children, are compelling proof that there is a enormous opportunity, across all systems, for child protection work to be revitalised and refocused.

The report started with the claim that there is no one answer and no right answer to improving practice. For this reason I find it very difficult to write recommendations to accompany this report. In keeping with the theme that a piecemeal approach will not work, it is hard to pick issues in isolation that can be translated into recommendations. For that reason I have chosen to make suggestions for national bodies with a broad mandate to help focus systems on ways to address the skills of front line practitioners.

1. That the National Advisory Council of the Australian Centre for Child Protection reviews the systems, as described in this report, for their applicability to the Australian context and their relevance to the work the Council is doing on national curriculum for the child protection workforce.

2. The Australian Association of Social Work considers its role in meeting the critical need for a skilled and confident work force.
3. That further Australian research is undertaken by academics, statutory systems and external agencies that examines the skill level, attitudes and professional self esteem of the front line practitioner.

4. That this report be disseminated to all the statutory child protection systems in Australia as well as to the Australian Association of Social Workers, The National Child Protection Clearing House and the Australian Centre for Child Protection.

These are broad recommendations for national systems. For myself, I have a strong commitment to continued writing and further research about front line child protection. I also commit to taking the lessons from this Fellowship into my everyday practice in my current role as a manager within the NSW statutory system.

When I embarked on this Fellowship I was fuelled by my belief in the importance of child protection work and the need to see practitioners out in the field as our most important tools. I remain convinced that there is no work more important than protecting children and that there is no work more difficult. My passion for this area has only grown as a result of all that I have learnt, seen and read. This passion combines with the knowledge that across our country there are many, many devoted and courageous people doing this work because they truly want to make a difference in children’s lives. The challenge is to help them be proud of what they do.
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