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Engaging with parents when there are child protection concerns: Key considerations

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What is this resource about?

Parental engagement is key to the effective support of children and families. When a family has child protection concerns, or is in contact with child protection services, effective parental engagement can be particularly challenging. This resource outlines some of the key considerations for engaging with parents in such circumstances.

Is this resource for me?

If you engage with parents when there are child protection concerns, yet have limited training or knowledge about the child protection system, this paper is for you. It was developed with a broad range of health and welfare practitioners in mind, including psychologists, social workers, occupational therapists, nurses, community workers, and general practitioners. These professions form a network of support around vulnerable families, which makes children safer.

Introduction

Parental engagement is a core component of good practice in social, health, and community services. Effective engagement involves establishing positive partnerships, based on a shared understanding and commitment to supporting children and strengthening families (Parenting Research Centre [PRC], 2017). Engaging with parents is important for promoting positive child and family mental health and wellbeing.

Practitioners working with families where children may be at risk are uniquely placed to support these parents as they work to strengthen their families and promote



their children's wellbeing. However, engaging parents who are in contact with child protection services can be challenging, particularly if you have limited knowledge about the child protection system. Families in contact with child protection often have multiple and complex needs, which can include mental health conditions, physical health problems, disability, substance use, family violence, social exclusion, poverty, and unemployment (Bromfield, Sutherland, & Parker, 2012). Despite any apprehension you may feel, there are some key strategies and tools that you can use to work effectively with parents when there are child protection concerns.

This paper draws together relevant Australian literature and the voices of families who have been involved with child protection services, elicited through interviews. It aims to provide practitioners with evidence-based and experiential advice to improve their practice of engaging with parents. A series of 'reflective questions' have been included, designed to encourage you to think about how the issues raised in this resource apply to your own work with parents and families.

This resource complements existing Emerging Minds resources, including Engaging parents – An introduction, Why is it difficult for parents to talk to practitioners about their children's mental health? and Engaging with parents who have children living in out-of-home care: Key considerations. See the 'Further Resources' sections below for other related resources.

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Child protection in Australia

Child protection laws and services in Australia are administered by state and territory government departments responsible for protecting children and young people at risk of harm. While these departments differ across jurisdictions, in general they are responsible for investigating, processing, and overseeing the management of child protection cases (Australian Institute of Health and Welfare, 2019). Child protection services have a statutory responsibility to protect children from child abuse and neglect, and to respond to any reports of harm with appropriate measures (Child Family Community Australia, 2018).

Over the past 10 years, the Australian child protection system has undergone a period of intense reform. In particular, there is a growing emphasis on taking a public health approach to child protection, which focuses on prevention and early intervention of child maltreatment and views the removal of children from family care as a last resort (Australian Institute of Health and Welfare, 2019; Department of Social Services [DSS], 2018).

Most parents who have contact with child protection will not have their children removed from their care (Child Family Community Australia [CFCA], 2018). Even if they do, it is likely those parents will go on to have more children in the future; and many will retain these children in their care.

It is useful to think about parental contact with child protection services along a continuum. Child protection services will undertake an initial assessment of the risk to the child or children's safety within their family environment. During this phase, parents may have contact with child protection services on the phone (Price-Robertson, Bromfield, & Lamont, 2014).

If a child is still suspected to be at risk of harm, a child protection worker will conduct a full risk assessment of the family. If the suspected harm is not substantiated through this process, the family will be referred to support services. If the suspected harm is substantiated, the family will continue to be involved with child protection and undergo case management, which in some cases can lead to the child or children being placed in out-of-home care (Price-Robertson et al., 2014). If that is the case, the eventual goal is to have children returned to parental care, except when this cannot be safely achieved (PRC, 2017; Salveron, Lewig, & Arney, 2009).

Child protection services generally do not provide therapeutic services for parents. Instead, they may refer families to other support services to ensure that families are supported to provide safe and caring environments for children. Such services include parenting groups, counselling services, intensive family support services, family violence services, mental health services, housing services, and alcohol and other drugs (AOD) services, among others (Australian Institute of Health and Welfare, 2019).

Practitioners at these services will have varying degrees of contact with child protection services. For example, family support services may speak directly with child protection, while adult mental health practitioners may be informed of child protection concerns by clients. Regardless of the amount of direct contact with child protection, many practitioners who work with children and families in Australia have a mandatory requirement to report suspected child abuse or neglect to child protection services; and others will regard this as an ethical requirement.

Key considerations when working with parents in contact with child protection services

Parents' fears of child protection intervention can affect how they engage with you.

Many parents involved with child protection services are deeply fearful that their children will be removed from their care (Hinton, 2013). When child protection services are involved in families' lives, it is common for parents to see any practitioner they are in contact with as part of the child protection system. This may include you, no matter how far removed from the system you perceive yourself to be.

Parents may believe that you are gathering information to justify the removal of their child or children, especially if they have had previous contact with child protection services, or are from groups that are overrepresented in the child protection system, such as Aboriginal and Torres Strait Islanders (Harris, 2012; Ivec, Braithwaite, & Harris, 2012). Naomi describes this fear in the case study featured later in this resource. Given practitioners' legal and ethical requirements, such suspicions will be realistic in certain cases (Francis et al., 2012).

Parents' fears of the child protection system can make it difficult for them to share sensitive information that they believe could be used against them (Harris, 2012; Kelleher, Cleary, & Jackson, 2012). This can be the case even when, from your perspective, such information would simply help you to better meet the needs of the family in your work together.

Clients can withhold or alter information for a variety of reasons, including previous negative interactions with the child protection system; a belief that previous assessments were not conducted competently; internalised stigma of being a child protection client; and feelings of hopelessness and disempowerment (Harris, 2012; Hinton, 2013; Kelleher et al., 2012; Khan, Miles, & Francis, 2018). Although you may feel frustrated, it is important to remember that, for some clients, withholding

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information may be a survival technique that has been honed over many years (or even generations) of interacting with the welfare system (Ivec et al., 2012).

Building trust with some parents may be further complicated by their complex histories of trauma, which can lead to poor emotional regulation, impaired reasoning, and reduced decision-making capacity (Van der Kolk, 1996). Parent behaviours that appear challenging, such as defensiveness or aggressiveness, can be the result of parents' feelings of shame, injustice, guilt or low self-esteem; their feeling misunderstood; and much more (Ivec et al., 2012). Such behaviours are likely to escalate in periods of extreme stress, which may occur when parents feel the potential threat of a child protection intervention is looming.

Keeping these complexities in mind and understanding that they arise from worries and fears that many of us can relate to, may help you to foster patience and empathy for parents who appear to be uncooperative or difficult to engage.

Reflective questions

- Are you clear on what circumstances are considered 'risk of harm' or 'significant risk of harm' to the safety and wellbeing of children, as defined by law in your state? Do any mandatory reporting requirements apply to you?
- Regardless of whether these laws apply to you, what is your ethical stance as a professional around protecting the safety and wellbeing of children?
- Establishing trust, rapport, and safety with parents, while also upholding your legal and ethical requirements related to mandatory reporting, may feel like a point of tension in your work. What strategies have you developed/could you develop to navigate this challenge?
- Can you think of a time when a parent may have been worried you were sharing their sensitive information with child protection? How might this have affected their engagement with you?
- How can you support parents to ask questions about your role in protecting their children's safety and wellbeing, including your requirement to share information with child protection?
- How could you use a trauma-informed approach to help a parent who is deeply fearful of having their children removed from their care? Would you use any other approaches if the parent has previous involvement with child protection services?

You may find yourself holding considerable risk and uncertainty.

Risk and uncertainty are unavoidable when working with highly vulnerable families (Munro, 2019). Child protection is an area of practice where the stakes – and the cost of making mistakes – can be extraordinarily high. Yet when workers at child protection services are required to make decisions concerning the safety of children, it is very rare that they would be choosing between wholly safe or wholly dangerous options. Rather, their work involves weighing up the potential gains and losses of uncertain and imperfect scenarios, where all available options present risks (Munro, 2019).

For a variety of reasons, child protection systems across the developed world tend to have "anxious, defensive culture[s]," in which "errors are associated primarily with blame" (Munro, 2019, p. 123). As Vyvey et al. (2014) argue, "an emerging politics of fear has reoriented this field towards managing, controlling, and securing social work practice against risk, rather than responding meaningfully to the needs and concerns of children and families" (p. 758). In professional cultures influenced by fear, defensiveness, and blame, it is unsurprising that many practitioners attempt to alleviate their anxiety by excessively relying on technologies that measure and manage risk (e.g. standardised risk assessment instruments), or by displacing risk onto other professionals by unnecessarily referring families to them (Munro, 2019).

When you work with families involved with the child protection system, it is likely that children in these families will be at some risk. You will probably be making decisions under conditions of uncertainty, and it is quite likely that you will come into the orbit of the child protection system, with its 'politics of fear' and its anxious and defensive cultural norms. If you can develop the capacities and supports that enable you to tolerate a degree of uncertainty and risk, your work with these families is more likely to be successful. Indeed, managing and containing anxiety is a key skill for professionals working with vulnerable children and families (Mason, 2011).

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Reflective questions

- How do you contain your own emotional reactions when you work with vulnerable families?
 What strategies do you use to cope with any associated uncertainty?
- What supports are available within your organisation/externally to help you to make decisions under conditions of uncertainty?
- When you become aware of a risk(s) related to the safety and wellbeing a child, how does it affect your engagement with parents?
- How do you work with parents to determine whether they would benefit from more support or referrals to other services, or whether these may be unnecessary?
- Other than making referrals, what approaches do you use to manage risk and respond meaningfully to the needs and concerns of children and families?

Contact with the child protection system can have a profound impact on parents' lives.

Contact with the child protection system can have significant and challenging impacts on the lives of parents and their children. When parents first encounter the system - whether through voluntary or involuntary notification - it is common for them to experience strong or even overwhelming emotions (Harris, 2012). Parents often report feeling worthless or like they have failed at their role as parents, which can be reinforced when the child protection process focuses on the risks in their family environment (Ross et al, 2017). Parents may feel a profound sense of grief from the loss of their identity as 'good parents', as well as from the potential loss of their children from their care (Harris, 2012; Hinton, 2013). Feelings of worthlessness and grief often manifest as defensiveness, aggression, and anger towards the system - a system that you, regardless of your role, may be considered a part of (Harris, 2012; Khan et al., 2018). Parents may also withdraw or avoid contact, as Naomi describes in the later case study.

Contact with child protection can also negatively affect parents' physical and mental health. Child protection involvement is often incredibly stressful for parents, which in and of itself has negative impacts on parental health. Some parents use alcohol and other substances to cope with their stress and pain (Hinton, 2013; Ross et al., 2017). For others, involvement with child protection can prompt or exacerbate low self-esteem or existing mental health concerns, including depression and suicidality (Ackerson, 2003; Hinton, 2013).

For parents with an intergenerational history of child protection involvement, including Aboriginal and Torres Strait Islanders, contact can bring up memories of their own traumatic experiences of being abused, neglected, or placed in out-of-home care during their childhoods (Hinton, 2013; Ivec et al., 2012). Unfortunately, the fear of being reported to child protection, or information being used against them, can mean that parents do not access services or supports that could help them to cope with their involvement with child protection (Hinton, 2013; Kelleher et al., 2012).

Contact with the child protection system can also have social and practical repercussions for parents. Some parents become isolated from social supports, either due to the shame of involvement with child protection, or because of their need to tackle alcohol, drug, and other issues (Hinton, 2013). Some parents find friends and family become more detached when child protection services enter their lives (Kelleher et al., 2012).

Without supportive social networks, the practical implications of contact with child protection can be very difficult. Parents may experience changes to their daily routines, such as spending time attending appointments with various services. They may feel unable to plan or uphold future commitments due to the uncertainty of being involved with child protection, which can also challenge their ability to work or attend social activities.

Contact with child protection may also interfere with a parent's financial, work, or living situation (Ross et al, 2017). For example, parents who are experiencing intimate partner violence may find themselves in a 'catch 22' situation: leaving a violence partner or living situation may increase the risk of violence or adversity to themselves or their children, while remaining may mean that their children are removed from their care.



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Reflective questions

- How do you ensure that parents feel supported to navigate these stressful circumstances?
 Sometimes this can be difficult to achieve within the scope of your role.
- How can you use a trauma-informed approach to support parents to cope with the blame and confrontation they may feel due to their involvement with child protection services?
 Reflecting on how you react when faced with aggression or blame can help to strengthen your professional empathy.
- How do you support parents to identify and build upon their strengths, while at the same time addressing the vulnerabilities impacting on their child?
- How do you assist parents to maintain existing support networks during a time when they may feel very isolated? Are you aware of local or online peer supports or informal support networks for parents in these circumstances?
- Aboriginal and Torres Strait Islander children are disproportionately represented in the child protection system. It is critical for mainstream services to establish effective partnerships with First Nations parents, families and communities based on respect and shared understanding. How is your service working towards building genuine partnerships with Aboriginal and Torres Strait Islander people and communities?
- What are your feelings around the impact of child protection services on children, parents and families? What has helped you to manage these feelings in the past, to ensure you work effectively with child protection to achieve the best outcomes for vulnerable families?

Shame is present in all child protection matters.

It is difficult to imagine a situation more potentially shame-inducing than having one's parenting and family life scrutinised by child protection services. While contact with the child protection system can have an impact on numerous areas of parents' lives, it is worth speaking separately about shame. This is not simply because shame can have such a powerful influence on the ways in which parents relate with you, but also because, by its very nature, shame tends to be hidden, with effects that are elusive, disguised, and often difficult to understand. Walker (2011) observes that "shame is omnipresent within child protection work" and that without an understanding of the dynamics of shame, it is possible that practitioners will "unwittingly work in ways which will increase their client's sense of shame" (p. 451).

The most common way to understand shame is to see it as an emotional experience: "an acute awareness of one's flawed and unworthy self" (Gibson, 2015, p.333). Many authors draw a distinction between the emotions of guilt (which says "I've done a bad thing") and shame (which says "I'm a bad person"). Some also see shame as a 'master emotion' or 'modulator affect', which functions to modulate or govern the intensity of other emotions, making it the most potentially disruptive of all of the emotions (Gibson, 2015).

Because shame is such an intolerable emotion, people tend to adopt reactions to, or defences against, experiencing it (Wheeler, 1997). One common response is for people to withdraw into themselves; to deny, hide, or otherwise try to escape from the shame-inducing situation. Another common response is for people to lash out in rage, often at the most obvious source of the shame (Gibson, 2015).

It is also possible to understand shame as an inherently social phenomenon, resulting from ruptures in the social fabric of people's lives (Wheeler, 1997). Our evolutionary need for love and belonging drives us to compete for inclusion in our social world. When we are not valued or accepted by those around us, we are likely to experience a sense of being unworthy or unlovable. For example, a young child with parents who are rejecting of any expressions of weakness is very likely to experience shame in response to their natural feelings of vulnerability. Naomi describes these feelings of shame and isolation in her case study.

Your efforts at engagement with parents will have more chance of success when you work in ways that are sensitive to the powerful shame that can accompany child protection involvement. Practitioners who understand the dynamics of shame are likely to recognise how behaviours that seem negative or selfdefeating may actually be serving to help parents cope with the experience of shame (Gibson, 2015). Such practitioners still need to put boundaries around inappropriate, harmful, or abusive behaviour, but they will be less likely to respond with judgement. They will not lose sight of underlying shameful feelings, nor how such feelings may be incorporated into their work with families; and they may draw a sense of confidence from understanding that the most effective antidote to shame is often simply feeling understood and accepted by another person (Walker, 2011).

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Reflective questions

- Knowing that involvement with the child protection system can be shame-inducing for parents, how can you be sensitive to this? How might you recognise if a parent is experiencing feelings of shame, inadequacy, or unworthiness?
- How can you support a parent to cope with any feelings of shame that may stem from their involvement with child protection services? Is this within your scope of practice, or would you support the parent to access another service to provide this support?
- In what ways can you support parents to feel understood and accepted, while assisting them to be accountable for any inappropriate, harmful, or abusive behaviour?
- How can you help parents to feel proud or celebrate what they have achieved as a parent, yet still arrive at a shared understanding of how to support them to address their vulnerabilities?

Parents may have limited understanding of how the child protection system works.

Many parents have limited understanding of how the child protection system works and may feel fearful and confused as a result (Harris, 2012). The system is complex, and can seem daunting and inconsistent to people who have worked in it for years, let alone those experiencing it for the first time (Harrison, Harries, & Liddiard, 2018).

In the general public, there are a range of myths and false beliefs about what it means to be involved with child protection (Harrison et al., 2018). For instance, it is common for parents to believe that a notification to child protection means that they will immediately have their child taken from their care (Khan et al., 2018). Parents may think that child protection are motivated to remove their child or children, rather than to support them to provide healthier and safer environments for their family (Kelleher et al., 2012).

Parents may also feel confused or upset when they feel that child protection services should provide support to them as parents, and yet find practitioners focusing solely on the needs of their children (Hinton, 2013; Ivec et al., 2012). Despite the attention given to family-focused social services in recent years, some parents feel the needs of the family as a whole are not adequately addressed. This is clear in Naomi's story.

Many parents also have limited knowledge about how to effectively navigate the child protection system. They may not know what they can do to provide information that will assist their case, including demonstrating to

child protection that they have adopted new strategies to address child safety concerns (Hinton, 2013; Ross, 2017). Parents may be unclear about the outcomes expected of them and the timeframes in which to demonstrate change (Hinton, 2013; Ross, 2017). In addition, parents may not know the types of supports available to them and their families, including advocacy and legal services who can support them through their contact with child protection (Hinton, 2013).

The reality is that appropriate and timely services that help families and children stay safely together are often not available, especially in rural and regional areas. By advocating for families to get the help they need, you can make a real difference.

Reflective questions

- If a parent is involved with child protection services, how can you advocate for them and support them to navigate the system? Sometimes this can be difficult to achieve within the scope of your role.
- How can you cultivate opportunities for parents to raise their fears, clarify their understanding of the child protection system, or better understand what your role is during their engagement with you?
- At what point during intake or engagement with your service do you explore parents' understandings of confidentiality and any legal responsibilities you have related to the safety of children?
- There are a number of services available to support parents and provide advice about child protection (e.g. legal aid, Parentline, etc.). Is there more that you could learn about these services?

Effective communication is central to working with families and other service providers.

It is crucial to have clear and effective communication with the parents you work with (Pietrantonio et al., 2013). Parents are often involved with multiple services, in addition to child protection. As a result, they may be frustrated at having to repeat their stories to various service providers; and, for reasons discussed above, may also be cautious to trust you (Hinton, 2013).

A key component of effective communication with families is to be clear about your roles and responsibilities in relation to the family, as well as your requirement to mandatorily report any concerning information to child protection (Farmer & Owen, 1998; Hinton, 2013; Pietrantonio et al., 2013). You may at times be required to work with parents to clarify

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the expectations that child protection have of their family. This may involve working with families to make progress towards their goals, as well as helping parents to understand how to 'demonstrate change' to child protection services (Hinton, 2013; Khan et al., 2018). This will obviously be more difficult if you are unsure why the parents have been referred to you; if you have to rely on minimal information; or if there is an antagonistic relationship between the parents and their child protection worker (Francis et al., 2012; Harris, 2012).

Using a strengths-based approach that works in partnership with parents is essential in supporting them to regain control over their situation, and to combat feelings of hopelessness and shame (Ivec et al., 2012; Kelleher et al., 2012). Such approaches employ strategies that emphasise people's capabilities and resources, rather than the more traditional narrow focus on deficits. A strengths-based approach is a welcome relief to many parents, who can often feel that child protection services focus exclusively on problems within their family (Hinton, 2013; Pietrantonio et al., 2013). This is how Naomi felt about working with Michelle, as described in her case study.

Working in partnership allows you to clarify information about the family's situation that is provided to you by child protection services (Hinton, 2013; Ross, et al., 2017). If you need to make a referral to child protection services, being clear and upfront with parents helps to build trust to support your work together and avoids parents feeling a sense of betrayal (Harris, 2012; Kelleher et al., 2012).

Good communication between yourself and practitioners in child protection services is also crucial to your work with families. It is important to keep in touch with child protection about processes, outcomes, and information about families, which can help families to meet expectations of the child protection intervention (Hinton, 2013).

Working with child protection can facilitate or free up referral to other supports that your service may not be able to provide (Kelleher et al., 2012). It also provides you with the opportunity to model positive communication with child protection to the families that you work with (Hinton, 2013). Contacting child protection to explain what your service offers is one way to proactively forge a partnership to support current and future clients (Hinton, 2013).

Reflective questions

- How do you feel about working with child protection services?
- How do you effectively communicate your concerns with a parent when you are required to report information to child protection? How do you explore your role in supporting the parent and their family to address these concerns?
- There may be times when you are unable to inform the parents before making a report to child protection. How would you engage with a parent who may be feeling betrayed following the report?
- What strategies can you use to help parents understand the expectations of child protection services, and ways in which they can demonstrate change?
- Have you ever been caught up in an antagonistic relationship between a child protection practitioner and a parent-client? How did you feel about engaging with the parent and/or the child protection worker? How could you use any meetings with both parties as an opportunity to model effective, respectful communication?
- Collaborative relationships between services can help to achieve better outcomes for families. What opportunities can you create or strengthen to boost the relationship between your service and child protection services? What support might you require from your organisation to achieve this?



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Case study: Naomi's story

This case study shares the real-life experiences of Naomi* and her family. Naomi reflects on the fear, confusion and communication challenges she experienced while her family was undergoing a child protection intervention, as well as the things that helped her to get through this period.

Child protection first came into my life eight years ago. I was going through a pretty hard time, and had been drinking and using drugs, so they were worried about my kids. I remember feeling really depressed, but I was too scared to go to the doctor.

I was terrified when I first met the child protection workers. As soon as they entered our house, they acted professional, judging everything and asking me questions about my parenting. I couldn't build a relationship with them because I just thought they wanted to take my kids. To this day, I still make sure I have a fridge full of food because I worry that child protection will come around and check.

At first, I knew nothing about the system, and it was only towards the end of the process that I started getting information. I was having appointments five days a week. People were coming to my house for God-knows-what – I still don't understand now. Every service that I saw, I had to retell my story over and over. I felt like every appointment was about my alcohol use, rather than about helping me.

It's so hard to build relationships when people are coming and going. That's not healthy for any human, to build a relationship and let it go. It's left me with a sense of loneliness that won't go away. My son has had over five Family & Community Services (FACS) workers. If that's hard for me, you can imagine how it is for him. He's sick of connecting when people always disappear. It's so hard for parents and families, so it should really be the workers who work hard to build the relationship at the beginning.

I had one worker, Michelle, who was great. She was an alcohol counsellor but went one step further to help me. Michelle was with me at my meetings with child protection, and really just supported me and advocated for me. She would listen to me, and if I got stuck, she could tell them exactly what I was trying to say but in different words. I felt like I could communicate with her and really trust her. She told me straight away that she had to report any major issues to child protection, but said if she was going to report something, she would do it with me. So that helped me to trust that she wouldn't go behind my back.

The other thing that has been incredibly important to me has been to connect with other parents who are

also in the system. We get together and talk about how we manage to cope; what the different services are; how we're feeling. It's been so important to be around people who don't judge me for what I'm going through. We've built really beautiful relationships and they have really helped me to build my self-confidence and trust in other people. Hearing with honesty how their house works, and how they kept their children; or if they didn't keep their children, how they went through the court process. It's given me a network to call upon.

*While this is a real example, all names and identifying details have been changed.]

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Engaging parents - An introduction (e-learning course)

The impact of FDV on the child: An introduction (e-learning course)

The impact of parental substance use on the child (e-learning course)

Why is it difficult for parents to talk to practitioners about their children's mental health? (practice paper)

Working with Aboriginal and Torres Strait Islander children and families (toolkit)

Further resources

<u>Child Family Community Australia (CFCA) – Australian legal definitions: When is a child in need of protection?</u>

Engagement of birth parents involved in the child protection system: A scoping review of frameworks, policies, and practice guides (literature review)

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References

Ackerson, B. J. (2003). Coping with the dual demands of severe mental illness and parenting: The parents' perspective. *Families in Society*, 84(1), 109-118. doi:10.1606/1044-3894.69

Australian Institute of Health and Welfare. (2019). *Child protection Australia 2017–18*. Retrieved from: https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2017-18/contents/table-of-contents

Bromfield, L., Sutherland, K., & Parker, R. (2012). Families with multiple and complex needs: Best interests case practice model. Retrieved from: https://www.cpmanual.vic.gov.au/sites/default/files/Families%20 with%20multiple%20%26%20complex%20needs%20specialist%20 resource%203016%20.pdf

Child Family Community Australia (CFCA). (2018). Australian child protection legislation. Retrieved from: https://aifs.gov.au/cfca/publications/australian-child-protection-legislation

Child Family Community Australia (CFCA). (2018). *Children in Care: CFCA Resource Sheet*. Retrieved from: https://aifs.gov.au/cfca/publications/children-care

Department of Social Services (DSS). (2018). Australian Government response to the Royal Commission into the Protection and Detention of Children in the Northern Territory. Retrieved from: www.dss.gov.au/families-and-children/news/2018/australian-government-response-to-the-royal-commission-into-the-protection-and-detention-of-children-in-the-northern-territory

Farmer, E., & Owen, M. (1998). Gender and the child protection process. *The British Journal of Social Work*, 28(4), 545–564. doi:10.1093/bjsw. a011366

Francis, K., Chapman, Y., Sellick, K., James, A., Miles, M., Jones, J., & Grant, J. (2012). The decision-making processes adopted by rurally located mandated professionals when child abuse or neglect is suspected. *Contemporary Nurse*, 41(1), 58-69. doi:10.5172/conu.2012.41.1.58

Gibson, M. (2015). Shame and guilt in child protection social work: New interpretations and opportunities for practice. *Child and Family Social Work*, 20, 333–343. doi:10.1111/cfs.12081

Harris, N. (2012). Assessment: When does it help and when does it hinder? Parents' experiences of the assessment process. *Child & Family Social Work*, 17(2), 180-191. doi:10.1111/j.1365-2206.2012.00836.x

Harrison, C., Harries, M., & Liddiard, M. (2018). Child protection, child deaths, politics and policy making: Numbers as rhetoric. *Children Australia*, 43(3), 198-207. doi:10.1017/cha.2018.13

Hinton, T. (2013). Parents in the child protection system. In. Hinton, T. (2013). Hobart: Anglicare Tasmania. Retrieved from: http://anglicaretas.org.au/docs/research/parents-in-the-child-protection-system-research-report.pdf

Ivec, M., Braithwaite, V., & Harris, N. (2012). "Resetting the relationship" in Indigenous child protection: Public hope and private reality. *Law & Policy*, 34(1), 80-103. doi:10.1111/j.1467-9930.2011.00354.x

Kelleher, L., Cleary, M., & Jackson, D. (2012). Compulsory participation in a child protection and family enhancement program: Mothers' experiences. *Contemporary Nurse*, 41(1), 101–110. doi:10.5172/conu.2012.41.1.101

Khan, A. K., Miles, D., & Francis, A. (2018). Re-visioning child protection management embedded in family empowerment. *Children Australia*, 43(3), 208-216. doi:10.1017/cha.2018.33

Lonne, B., Harries, M., Featherstone, B., & Gray, M. (2015). Working ethically in child protection. London, England: Routledge.

Mason, R. (2011). Confronting uncertainty: Lessons from rural social work. *Australian Social Work*, 64(3), 377-394. doi:10.1080/031240 7X.2011.574144

Munro, E. (2019) Decision-making under uncertainty in child protection: Creating a just and learning culture. *Child & Family Social Work*, 24, 123-130. doi:10.1111/cfs.12589

Parenting Research Centre (PRC). (2017). Engagement of birth parents involved in the child protection system: A scoping review of frameworks, policies, and practice guides. Retrieved from: https://www.parentingrc.org.au/wp-content/uploads/Engagement-of-birth-parents-involved-in-the-child-protection-system_2018-text-edit.pdf

Pietrantonio, A. M., Wright, E., Gibson, K. N., Alldred, T., Jacobson, D., & Niec, A. (2013). Mandatory reporting of child abuse and neglect: crafting a positive process for health professionals and caregivers. *Child Abuse Negl*, 37(2-3), 102-109. doi:10.1016/j.chiabu.2012.12.007

Price-Robertson, R., Bromfield, L., & Lamont, A. (2014). *International approaches to child protection: What can Australia learn?* (CFCA Paper No. 23). Retrieved from: https://aifs.gov.au/cfca/publications/international-approaches-child-protection

Ross, N., Cocks, J., Johnston, L., & Stoker, L. (2017). 'No voice, no opinion, nothing': Parent experiences when children are removed and placed in care. Retrieved from: https://www.lwb.org.au/assets/Parent-perspectives-OOHC-Final-Report-Feb-2017.pdf

Salveron, M., Lewig, K., & Arney, F. (2009). Parenting groups for parents whose children are in care. *Child Abuse Review*, 18(4), 267-288. doi:10.1002/car.1070

van der Kolk, B. A. (1996). The complexity of adaptation to trauma: Self-regulation, stimulus discrimination, and characterological development. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society* (p. 182–213). Guilford Press.

Vyvey, E., Roose, R., De Wilde, L., & Roets, G. (2014). Dealing with risk in child and family social work: From an anxious to a reflexive professional? *Social Sciences*, 3, 758–770. doi:10.3390/socsci3040758

Walker, J. (2011). The relevance of shame in child protection work. *Journal of Social Work Practice*, 25(4), 451-463. doi: 10.1080/02650533.2011.560660

Wheeler, G. (1997). Self and shame: A Gestalt approach. Gestalt Review, 1(3), 221-244.

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