

Children's participation in decision-making processes in the child protection system

Key considerations for organisations and practitioners

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This paper is part of a suite of resources focusing on children's participation in decisions that affect them. [See all resources.](#)

What is this resource about?

This resource provides practitioners with a guide to including children in decision-making processes within the child protection system. In particular, it will focus on children's participation in child protection or out-of-home care case planning. Children in these systems may have vulnerabilities to consider when involving them in decision-making processes. These may include experiences of trauma, parental alcohol or drug use, parental mental health issues, family violence, housing instability and more.

Who is this resource for?

This resource is for practitioners working within the child protection system, as well as those in related roles such as out-of-home care and family services. It may also be relevant to policy makers, program developers, and program evaluators designing participation processes for vulnerable children.

Key messages

- Children have the right and the capacity to participate in decisions that affect their lives, such as those being made in the child protection system.
- Benefits to the child can include increased resilience and agency, increased self-worth, an awareness of their rights and of positive life



outcomes, and an increased sense of advocacy for themselves and their peers.

- Children who have experienced adversity can have unrecognised strengths and skills.
- Organisations must invest time and resources so that practitioners can build trusting, positive relationships with children.

Definitions

For the purposes of this paper:

- **Child participation** is defined as the meaningful (i.e. active, safe and informed) involvement of children in decisions that affect their lives, in the context of case planning and decisions about their own care.
- Terms such as **engagement**, **consultation** and **involvement** are used interchangeably with participation.
- **Vulnerable children** refers to young people aged 0-18 years old,¹ in the context of their experiences with the child protection or out-of-home care systems. These children are likely to have had experiences of trauma or adversity, which could include exposure to child abuse and neglect, family violence, parental mental illness or parental alcohol or drug use.

¹ Although children are referred to in the literature as aged 0-18 years old, this paper will focus on younger children, aged between 0-12 years old.

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Introduction

Research shows that children and young people want to contribute to the decisions being made about their lives. Not only do they have the capacity and willingness to participate, they have the *right* to participate: both as children and as equal citizens. Article 12 of the 1989 United Nations' Convention on the Rights of the Child [UNCRC] acknowledges that children and young people are more than passive recipients of adult care and services. They are active citizens in their own right, entitled to have a say in the decisions that affect their lives (Lansdown, 2001; Office of the Guardian for Children and Young People [GCYP SA], 2008).

Children need support to participate. Fostering active engagement with children as individual practitioners and as organisations helps to support children's genuine participation. However, there are specific barriers to engaging vulnerable children who have been in contact with welfare systems such as child protection and out-of-home care. Vulnerable children are likely to have had experiences of adversity, and can struggle to have their voices heard. Additional structural barriers also exist for children in the child protection and out-of-home care systems, including adult-designed systems that can be confusing and difficult to navigate (G-Force, 2005).

Practitioners and organisations need to be proactive in creating opportunities for these children to contribute to the decisions being made about their lives, being mindful of what supports them and what doesn't. Creating these opportunities can help to increase a child's self-esteem, their feelings of mastery and control, their problem-solving skills and their connectedness to other children and adults (Powell & Smith, 2009; NSW ACYP, 2015). To successfully include vulnerable children in decision-making processes, such as case planning and care team meetings, planning and proactive engagement is required. Inclusion in participation opportunities should not be limited by a child's vulnerabilities, age, developmental stage, personal circumstances or behaviour (G-Force, 2005).

The benefits of child participation

When done well, child participation can be an empowering and even healing process for children and young people (Commission for Children and Young People Victoria [CCYP Vic.], 2019). Organisations and adults involved in participation can also benefit through improved insight and provision of service (NSW Advocate for Children and Young People [NSW ACYP], 2015; van Bijleveld et al., 2013). Consulting children about their experiences can contribute



to better outcomes for children and families when feedback is genuinely incorporated into services (Healy, 1998). An ongoing dialogue with children about how they experience the child protection system can be a validating process, and an important means for improving vital social services (GCYP SA, 2008).

When children are successfully engaged in decision-making processes, they can experience the following benefits:

- Increased empowerment and belief in their own agency.
- Increased self-esteem and confidence.
- Increased social skills.
- Increased awareness of their rights and positive life options (G-Force, 2005; McDowall, 2018; NSW ACYP, 2015; Oliver, 2017).

Participation can also help children and young people develop a sense of self-advocacy, as well as a sense of advocacy for their peers. This is particularly valuable for vulnerable children, as it promotes resilience in those with experiences of adversity (Grover, as cited in G-Force, 2005).

(For further information on the benefits of child participation, see [*An overview of child participation: Key issues for organisations and practitioners*](#)).

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Key issues to consider

Including children in discussions about their lives is critical. Services often have the will and desire to engage with children and young people in principle (Oliver, 2017). However, there can be barriers to meaningfully including children in decision making, particularly in child protection and out-of-home care services (Bessell, 2014). While the child welfare system has a structural emphasis on protecting children from risk, these processes can be at odds with a child's opportunity to contribute to decisions that affect them.

Meaningful child participation is a key practice principle that should be supported at all levels of social service delivery: from policy, to the organisational environment, to individual practitioners.

Key issues that organisations and practitioners should consider:

- Vulnerable children have unique knowledge and skills, as well as the capacity and desire to participate.
- Vulnerable children should be genuinely represented as a diverse cohort.
- Vulnerable children can face barriers from practitioners and the 'system'.
- Vulnerable children have the right to protection as well as the right to participate.
- Vulnerable children need positive relationships with adults to successfully engage in decision-making processes.

Vulnerable children have unique knowledge and skills, as well as the capacity and desire to participate

Research shows that children want to, and are able to, participate in decision-making that affects them, when they are supported to do so (CCYP Vic., 2019). Adults must trust children as the experts in their own lives, and give them space and support to contribute their insights and opinions to decision-making processes (Oliver, 2017).

Workers and adults in charge of making decisions (and designing policies and programs) should not assume that they know who young people are and what they need. Adults should listen to children and young people's perspectives, acknowledging that children with lived experience of hardship may have unique and valuable insights (Oliver, 2017). Vulnerable children may be in a unique position to have cultivated skills and strengths through difficult experiences: for example, increased resilience, independence and innovative problem-solving skills.

These strengths may not be immediately apparent through normal assessment frameworks and practitioners should look to identify them.

It is particularly important that young children (e.g. under 12 years old) are supported to express themselves and have their strengths identified, ensuring they have equal access to inclusion opportunities (see [Practical strategies for engaging children in a practice setting](#) for ways to support younger children to contribute.). Adults should resist the perception of children and young people experiencing disadvantage as victims, threats or delinquents, or as being disinterested in decision-making processes (Oliver, 2017). This misperception can be a barrier to children's participation, as it can lead to gatekeeping behaviours in case planning and prevent genuine engagement.

Being involved in case planning is crucial for children who are in the care system.² Major decisions are being made about their lives, including questions such as where they will live and with whom (McDowall, 2013). Children who were consulted in both McDowall's recent [Australian out-of-home care report](#) and the [Victorian Commission of Children and Young People's \(CCYP\) systemic enquiry report](#) were clear that they wanted, and had the capacity, to have a say in certain decisions; for example, daily activities, where they lived, and how much contact they had with family members (McDowall, 2018; CCYP Vic., 2019). In CCYP Victoria (2019)'s report, children indicated that they felt valued when they were involved in decision-making processes, and that participation was crucial to their self-worth. Although older children are more likely to be involved in decision-making, it is important that younger children are also supported to contribute through age-appropriate means, such as drawing and play (Clark, 2011).

Children (and their parents) have historically found the experience of case planning or 'case conferencing' in child protection to be negative, potentially even traumatising (Nurmatov et al., 2020). Case-conferences can be an adversarial process, where families and children often report not feeling listened to, or given appropriate information (Muench, Diaz, & Wright, 2016). This can disrupt a family's engagement with the social worker and can hinder effective relationship-building (What Works for Children's Social Care, 2020). Alternative models for including children and their families in case planning, informed by principles of participation and shared decision-making, have emerged in response to these more traditional and adversarial models. One example is shared decision-making family meetings.

² This can refer to children who have been formally or informally placed with another guardian, including relative or kinship care, foster care, third-party parental care, or other forms of home-based care (Child Family Community Australia [CFA], 2018). These home-based care placements may be temporary or permanent.

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Shared decision-making family meetings: An approach to child participation in the child protection system

A *shared decision-making family meeting* refers to an organised planning meeting that brings together both social workers and family members, with efforts to ensure that the decision-making process is family-led (Nurmatov et.al., 2020). These meetings may alternatively be referred to as ‘family group conferences’, ‘family group decision making’ or ‘family unity meetings’, and are aimed at increasing shared decision making with families, particularly in the child welfare system.

This model of case management has emerged in response to the evidence that a family’s right to participate is not always being upheld in mainstream child protection practice. A shared decision-making model can help to address this, and it offers families a less adversarial alternative to traditional case management models. This model also aims to support families to create their own solutions.

While more high-quality research is needed to determine true efficacy, emerging evidence suggests there may be potential benefits of this model. For further information, see [*Impact of shared decision-making family meetings on children’s out-of-home care, family empowerment and satisfaction*](#) (Nurmatov et.al., 2020).

Vulnerable children should be genuinely represented as a diverse cohort

Like all children, those in the child welfare system are diverse. They come from different backgrounds, cultures and family structures, and differ in terms of age, gender, maturity, ability and experiences of hardship (G-Force, 2005). However, this diversity is not well represented in consultations or in engagement with children. For example, the voices of Aboriginal and Torres Strait Islander children are under-represented, even though they receive child protection services at a ratio of 8:1 compared to non-Aboriginal children (Australian Institute of Health and Welfare [AIHW], 2020).

A large portion of children in the Australian child protection system are also infants or toddlers, with children aged 0–1 year old being most likely to receive child protection services in 2018/19 (38 per 1,000 children) (AIHW, 2020). Participation in decision-making has been more likely to involve adolescents than younger children, even though research shows that ‘young children are capable of accepting considerable levels of responsibility when given trust and support’ (Lansdown, 2001, p. 26; Kirby, Lanyon, Cronin, & Sinclair, 2003; Oldfield & Fowler, 2004). Although children aged 0–1 are very young, research suggests that even babies and toddlers can be seen to participate through targeted orientation to their development (Lansdown, 2001).

As infants and very young children may be non-verbal, practitioners need to be creative and trained in skills of engagement. Practitioners consulting with vulnerable children should be knowledgeable about child development in the context of trauma, and innovative with their engagement strategies to ensure all children can participate. It is important to keep in mind that a child’s age will not necessarily represent their developmental stage, particularly if they have suffered trauma or adversity in their early years.

Genuine representation is particularly important for Aboriginal and Torres Strait Islander children and young people. As noted above, First Nations children are over-represented in the Australian child protection system (AIHW, 2020). Adults must make genuine efforts to include First Nations children in participation activities within child protection systems, honouring the importance of culture and kin in decision-making processes.

Further, it is important to ensure that a child’s inclusion in decision-making processes does not become tokenistic. This can occur, for example, when consultations with children are one-off or a ‘tick-box’ procedure, or when a child’s message is expressed but not captured authentically (see [*An overview of child participation: Key issues for organisations and practitioners*](#) for guidance on key issues to consider in child participation). Consultations with children should be established in an ongoing capacity, and children should be able to see that their input has been heard and responded to.

Adults must also be careful not to exhaust children by making them retell their stories on demand, particularly when it relates to a background of trauma or hardship. Over-consultation of children and young people can become a risk once successful engagement links have been established (Kirby et al., 2003; Oldfield & Fowler, 2004). Over-consulting increases a child’s risk of burnout, and may also privilege stories demonstrating adult-defined versions of ‘success’ (Oliver, 2017).

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Vulnerable children can face barriers from practitioners and the ‘system’

Ongoing processes to include children in decision making can be difficult for child protection services to achieve. Child protection systems in Australia consistently have a high turnover of staff, leading to vulnerable children having inconsistent opportunities for inclusion. Research suggests that procedural barriers such as staff turnover, high caseloads and the burden of paperwork can contribute to ‘poor services of the social workers’, who need adequate time to build effective and integrative relationships with children on their caseloads (van Bijleveld, Dedding, & Bunders-Aelen, 2015, p. 136).

Engagement with children is also hindered when workers feel insecure about communicating with children. Practitioners need to be supported to develop the skills and confidence to successfully engage with children, and organisations need to provide overarching guidance on effective engagement (Vis, Holtan, & Thomas, 2012.). A practitioner’s ability to communicate effectively with children is critical, although some research acknowledges that this can be difficult in a child protection system that many consider not to be ‘child-friendly’ (Vis et al., 2012).

It is important to remember, however, that small details in case planning can have a significant impact on child-inclusive processes. For example, a child protection meeting that is scheduled outside of school hours may mean that the child or young person is able to attend and participate in these conversations (CCYP Vic., 2019). Other strategies could include setting a location for meetings that is convenient for the child, or having shorter and more frequent meetings (for further tips, see [Practical strategies for engaging children in a practice setting](#)). Although workers are faced with system-level difficulties such as under-resourcing, caseload pressures and a lack of time for face-to-face contact (Victorian Auditor-General’s Office [VAGO], 2018; CCYP Vic., 2019), they may find these strategies helpful for increasing engagement with the children on their caseloads.

Lastly, it is important to remember that child protection processes are complex, adult-led, and risk-averse. It is not surprising that these processes can seem confusing and overwhelming for a child. Practitioners need to make sure they adequately explain to a child what is happening to them, and that the child is supported and encouraged to contribute to case-planning conversations. Taking this step also helps to recalibrate the power imbalance that exists between adult and child, and worker and client. Doing this is particularly important for vulnerable children in the child protection system who may not have anyone else advocating for their rights.



Vulnerable children have the right to protection as well as the right to participate

Including children in child protection decisions that involve them is vital (CCYP Vic., 2019). However, many adults working in these systems may struggle to balance a child’s right to participate with their right to be protected (Vis et al., 2012). Literature shows that adults are afraid of causing further harm or distress to children by involving them in ‘adult’ decisions (Vis et al., 2012). This may feel particularly difficult when working with vulnerable children, who child protection workers are mandated to protect.

When workers in the child protection system are too protective in their roles, however, they can inadvertently reduce a child’s opportunity to express their views (McDowall, 2016). When shielded from painful or difficult discussions, a child’s feelings of powerlessness may increase, and they can be excluded from influencing decisions being made about them (Fern, 2012). A study by Shemmings (2000) showed that social workers tend to either view child participation from a ‘rights’ perspective (in favour of increased decision-making power for children), or from a ‘rescue’ perspective (in favour of decreased decision-making power for children, in order to protect them). The study found that the personal attitudes of workers dominated their approach to involving children in decision making, even when the idea of child participation was largely endorsed (Shemmings, 2000).

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Practitioners need to be adaptable to respond to the varied needs of children, and recognise that children have different levels of risk with different experiences of trauma (Australian National University [ANU], 2019; Shemmings, 2000). A practitioner's strict (or even general) adherence to a 'rights' or 'rescue' viewpoint will not allow for the complexity of individual child welfare cases. Child protection cases are often complicated, requiring a flexible response from workers and the 'system'. Most importantly, it is crucial that children know that their participation is always voluntary, and they can opt-out at any time. Practitioners should also keep in mind that a child's needs and desires may change over time.

Vulnerable children need positive relationships with adults to successfully engage in decision-making processes

Child participation is reliant on the ability of adults to build positive relationships with children (McDowall, 2016; Mannion, 2007). Children want to be listened to and, ultimately, they want to be treated with respect (NSW ACYP, 2018). Children in the child protection system are often in contact with lots of different adults, for different reasons and periods of time (G-Force, 2005). However, they need genuine connections and consistent contact with their workers in order to meaningfully participate; adults who are compassionate and who can be open and honest with them (ACRY, 2018; GCYP SA, 2009).

Workers need to be open and honest with children, and explain things clearly even when their wishes are not able to be met (e.g. decisions that are made during case planning). This shows children that their views are being taken seriously (Clark, 2011). Practitioners should also be flexible in response to children's varied communication needs. This could include having support people present during consultations; for example, by collaborating with a child's parents or another adult who knows them well (Clark, 2011).

Practitioners need to be skilled in effective communication and relationship building, working with children in ways that:

- avoid reinforcing power imbalances (e.g. leading questions; interrupting or correcting children)
- accommodate children with disabilities or developmental challenges (e.g. communication options that are not just verbal; support people)
- accommodate children from culturally diverse backgrounds (e.g. using translators)
- facilitate children's expression of opinions (e.g. strategies to respond to silence, confused thought processes, or change of subject) (GCYP SA, 2009)
- are fun.



Poor relationships can be a barrier to the meaningful inclusion of children, as adults need to earn children's trust in order to encourage and support their participation (McDowall, 2016). This is particularly relevant when working with vulnerable children, who may be marginalised, lack confidence in communicating or be reluctant to trust adults (GCYP SA, 2009). Building trusting relationships requires an ongoing commitment from practitioners (GCYP SA, 2009).

Although child protection practitioners are known to be time poor, it is critical they allow time and space to build trusting relationships with children. Some children, especially younger children, may require more time to express themselves than adults anticipate. If children feel rushed or pressured to speak, they will be less likely to communicate or engage with workers (Day, 2008). Practitioners should allow extra time for children to become comfortable with them and to express themselves, particularly when children have communication or engagement difficulties (Clark, 2011). For a comprehensive list of practical ideas on engaging children, see *Practical strategies for practitioners wishing to engage children in service delivery*.

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Conclusion

Children have the right and the capacity to participate in decisions that affect their lives. A child's ability to meaningfully participate in these decisions can be critical to their feelings of self-worth and their inherent value as a person. All children need support to genuinely participate in decisions affecting them; however, vulnerable children in the welfare system face additional barriers and remain less likely to have their voices heard.

While the child welfare system has a structural emphasis on protecting children from risk, these processes can be at odds with a child's opportunity to contribute to decisions that impact them. Practitioners and organisations working with vulnerable children need to foster their active engagement and create real opportunities for them to contribute to decision-making processes. This requires an investment in time and resources, so that practitioners can build positive and trusting relationships with children.

Ultimately, genuine participation can benefit children, organisations, practitioners and the wider community, by increasing inclusion, improving children's self-esteem and sense of agency, improving service provisions for children, and contributing to a better future community.

More from Emerging Minds

- [An overview of child participation: Key issues for organisations and practitioners](#) (practice paper)
- [Supporting children's participation in shared decision-making in child mental health care](#) (practice paper)
- [Practical strategies for engaging children in a practice setting](#) (practice paper)
- [What is effective professional practice from the perspective of children and young people?](#) (short article)
- [Engaging with Children: A Foundation](#) (e-learning course)
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References

- Australian Institute of Health and Welfare (AIHW). (2020). *Child protection Australia 2018–19*. Canberra: AIHW.
- Australian National University (ANU). (2019). *Principles for trauma-informed child participation in trauma research and resource development*. Canberra: ANU. [Available here](#).
- Child Family Community Australia (CFCA). (2018). *Children in care* (CFCA resource sheet). Melbourne: Australian Institute of Family Studies.
- Bessell, S. (2014). *Communities matter: Children's views on community in Australia*. Canberra: Australian National University.
- Clark, A. (2011). *Listening as a way of life: Why and how we listen to young children*. London: National Children's Bureau.
- Day, C. (2008). Children's and young people's involvement and participation in mental health care. *Child and Adolescent Mental Health*, 13, 2–8. doi: [10.1111/j.1475-3588.2007.00462.x](https://doi.org/10.1111/j.1475-3588.2007.00462.x)
- Commission for Children and Young People Victoria (CCYP Vic). (2019). *'In our own words': Systemic inquiry into the lived experience of children and young people in the Victorian out-of-home care system*. Melbourne: CCYP Vic.
- Fern, E. (2012). Child-directed social work practice: Findings from an action research study conducted in Iceland. *British Journal of Social Work*, 1–19.
- G-Force. (2005). *Children and young people's participation strategy*. Sydney: CREATE Foundation.
- Guardian for Children and Young People South Australia (GCYP SA). (2009). *Guide to good practice: Participation of children and young people in decisions made about their care*. Adelaide: GCYP SA.
- Healy, K. (1998). Participation and child protection: The importance of context. *British Journal of Social Work*, 28, 897–914.
- Kirby, P., Lanyon, C., Cronin, K., & Sinclair, R. (2003). *Building a culture of participation: Involving children and young people in policy, service planning, delivery and evaluation*. London: Department for Education and Skills.
- Lansdown, G. (2001). *Promoting children's participation in democratic decision-making*. Florence: UNICEF.
- Mannion, G. (2007). Going spatial, going relational: Why 'listening to children' and children's participation needs reframing. *Discourse: Studies in the Cultural Politics of Education*, 28(3), 405–420.
- McDowall, J. (2013). Participation of children and young people in decision-making in out-of-home care in Australia. *Developing Practice*, 36, 41–51.
- McDowall, J. (2016). Are we listening? The need to facilitate participation in decision-making by children and young people in out-of-home care. *Developing Practice*, 44, 77–93.
- McDowall, J. (2018). *Out-of-home care in Australia: Children and young people's views after five years of national standards*. Sydney: CREATE Foundation.
- Muench, K., Diaz, C., & Wright, R. (2016). Children and parent participation in child protection conferences: A study in one English local authority. *Child Care in Practice*, 23(1), 1–15.
- NSW Advocate for Children and Young People (NSW ACYP). (2015). *Understanding and supporting children and young people's participation*. Sydney: NSW ACYP.
- NSW Advocate for Children and Young People. (2018). *Report on consultations with socially excluded children and young people*. Sydney: NSW ACYP.
- Nurmatov, U. B., Foster, C., Bezeczyk, Z., Owen, J., El-Banna, A., Mann, M., ... Turley, R. (2020). *Impact of shared-decision making family meetings on children's out-of-home care, family empowerment and satisfaction: A systematic review*. London: What Works for Children's Social Care.
- Office of the Guardian for Children and Young People. (2008). *Participation of children and young people in decisions made about their care: A literature review*. Adelaide: Government of South Australia.
- Oldfield, C., & Fowler, C. (2004). *Mapping children and young people's participation in England*. Nottingham: Department for Education and Skills.
- Oliver, L. (2017). *To improve our ability to nurture the participation, knowledge and potential of vulnerable young people*. Canberra: The Winston Churchill Memorial Trust of Australia.
- Percy-Smith, B., & Thomas, N. (2010). *A handbook of children and young people's participation: Perspectives from theory and practice*. Routledge: New York.
- Powell, M.A., & Smith, A.B. (2009). Children's participation rights in research. *Childhood*, 16(1), 124–142.
- Shemmings, D. (2000). Professionals' attitudes to children's participation in decision-making: Dichotomous accounts and doctrinal contest. *Child and Family Social Work*, 5, 235–243.
- van Bijleveld, G., Dedding, C., & Bunders-Aelen, J. (2013). Children's and young people's participation within child welfare and child protection services: A state-of-the-art review. *Child and Family Social Work*, 20, 129–138.
- Victorian Auditor-General's Office. (2018). *Maintaining the mental health of child protection practitioners*. Melbourne: Victorian Auditor-General's Office.
- Vis, S., Holtan, A., & Thomas, N. (2002). *Obstacles for child participation in care and protection cases: Why Norwegian social workers find it difficult*. Tromsø: University of Tromsø.

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