

## Brief No. 7

### Alternative care: Placement decision making

#### Overview

In 1996 there were approximately 14,500 children in out-of-home care in Australia (Bath 1997). When compared with overseas, Australia has a low placement rate, the US rate being between two to four times higher than the Australian rate (Bath 1997). There is great variation in the extent of research and discussion of child protection decision making in the literature.

In the past there has been considerable research that has focused on decision making at the 'front-end' or intake phase of the child protection process, while the placement decision making process has been seriously under-researched. While research interest in placement issues as a whole is increasing, investigating questions such as 'which form of placement is better for which child?', there is not, as yet, enough evidence available to guide placement decision making. Further, where research has been done, there does not appear to be much of an attempt to tailor the findings for practitioners' use.

Some risk assessment instruments (now common in Australia and the US) have been developed to aid practitioner's decisions about whether a child is at sufficient risk of maltreatment such that it is necessary to remove a child from their home and place him or her in out-of-home care. While in the UK, rather than developing checklists, there has been a move to provide a more comprehensive assessment process (framework for action, see Department of Health 2000) as the basis for more informed child protection intake and placement decision making.

#### *The system*

Placement decision making in Australia is based on a number of guiding principles. These include an emphasis on family preservation and re-unification (where possible), the importance of permanency planning for a child and the Aboriginal Placement Principle (see Briefs 4 & 12). How principles may be operationalised is demonstrated (to an extent) in the following study.

Arid (2001) notes that most decisions about removal of a child in the US are associated with the worker's beliefs about the ability of the parents to provide a quality of life. Thus, he notes that children who are poor, criminal and who suffer from physical and mental illness, are more likely to be removed than children who are healthy and well off. However, he found this was not the case in Israel, where it appeared that the decision to remove a child was not based on the same criteria as the assessment of risk to a child. Arid found that the decision about whether or not to remove a child was not directly based on the worker's decision about the parent's ability to enable quality of life. Rather, the most important factors in the worker's decision to remove a child were: the parents' relationship with the child, the parents' co-operation with the worker (the more co-operation the less likely the child is to be removed) and where one of the parents had an addiction.

Of interest is the fact that the injury to the child had little impact on the placement decision beyond the above factors. The contrasting findings in the

US and Israeli studies highlights the importance of developing Australian research in this area, rather than assuming overseas findings will be valid for the Australian environment.

Arid also draws attention to an underlying issue that needs to be recognised when making the determination to remove a child:

... children who are removed from home are at risk for psychological, social, and even physical harm (2001:59).

Thus, it is important to consider not only the child's quality of life at home, but the less than ideal quality of life found in much out-of-home care.

These guidelines or protocols have been developed according to the various State legislation, interpretation often being based on philosophical and political preferences of the time, rather than sound child development principles and an understanding of the individual child's needs. Unfortunately, these 'preferences' tend to change often and swing between extreme positions (e.g. a policy of removing children at risk to one of family preservation). As well as being politically (and media) sensitive, these swings often follow the latest research leads or interests in an attempt to improve the theoretical basis for practice. This problem is associated with the recency of the field of protective services and thus the poor knowledge base, the size of the problems that protective services need to address, the external pressure placed on many departments through the media and public scrutiny and the deficiency in government resources allocated to this protective issues (see Brief No. 5 for further discussion of the child protection 'pendulum').

Based on these guidelines, decision-making in relation to case planning and case management, is largely an 'in-house' departmental process largely derived from practice wisdom. Decisions are formed from concurrent planning by practitioners in association with their supervisors. In practice, much placement decision making appears to be based on the availability of scarce resources. This issue is discussed further in Brief no. 5 and 6. Formulation of a placement plan based on assessment of a child's needs, works on the premise that there are a range of placement options from which to choose. Given the closure of residential beds and the difficulty in finding foster placements, the ideal or preferred choice for a child is often not available. Indeed, the decision to move a child from, or to, a placement, is sometimes made due to administrative or organisational reasons. For example, only a short-term foster carer may be available when a longer stay foster placement is required for a child, which may lead to a care career characterised by multiple placements and instability.

This lack of resources, combined with the philosophy that a child should only be removed from a family as an option of absolutely final choice, has meant that placement decisions are often made in the situation of a crisis. That is, a decision to move a child is taken because he or she has become at great risk in their present location, or in the case of an older child, has made the decision

him or her self, to leave the placement. This impacts on placement decision making, where the time to plan carefully may not be available.

### **Research on decision-making in child protection**

In an excellent conceptualisation of the realities of human decision making, Dalglish (1997) notes that the relationships between the indicators or factors, the worker's judgement and the actual reality of the family situation is 'inherently probabilistic', and thus impossible to fully explain/predict.

That said, the investigation of the decision making of the various professionals who deal with child maltreatment cases has a long history (Tomison 1999). Researchers investigating child protection decision making have usually utilised one of two alternative methods, traditionally referred to as the statistical and clinical approaches (Wiggins 1981; Ruscio 1998). The statistical approach commonly consists of controlled experimental and quasi-experimental studies that result in the development of a statistical decision model which identifies the factors which account for the variance (or a proportion of the variance) in making a particular decision. Such experimental, logical positivist, decision modelling studies were initially used to determine the factors which influence decisions (Tomison 1999). In the 1980s and 1990s, most modelling studies have been designed to construct structured risk assessment scales designed to predict case outcomes for use in child protection practice.

In contrast, the clinical approach, is associated with a desire to develop causal explanations for decision making, involving 'nothing more than a human judge evaluating available information and arriving at a decision.' (Ruscio 1998:145). The clinical approach generally utilises qualitative-descriptive methods of data collection to describe the decision making process, such as: self-report measures; behavioural observational techniques; case tracking; and the content analysis of case records. Such methods are ecologically valid and their flexibility enables their application to a variety of research questions. However, the generalisability of their results and their ability to empirically test cause and effect relationships are hampered by their lack of experimental control (Ruscio 1998).

### **Structured risk assessment**

(See also Brief no. 1)

In the early 1980s research utilising statistical approaches to child abuse decision making began to shift focus away from the identification of the factors influencing decisions, to develop 'risk assessment' models which would enable the prediction of future risk to children (Jones 1996). In the 1990s risk assessment became the primary area for decision making research.

Risk assessment has several objectives: to help protective workers identify situations where children are at risk of maltreatment; to improve consistency in service delivery; and to help protective services determine the appropriate priorities within protective services caseloads (Browne & Saqi 1988; English & Pecora 1994). The introduction of structured risk assessment measures was due partly to the need for services to screen out inappropriate reports (Wald &

Woolverton 1990; Doueck, English, DePanfilis & Moore 1993a; English & Pecora 1994; Parton, 1996c; Tomison & McGurk 1996; Saunders & Goddard 1998).

Since 1987 at least 42 U.S. States have adopted some form of structured risk assessment system (English 1996). The speedy adoption of structured risk assessment measures by U.S. child protection services has recently begun to be repeated in Australia. However, unlike the US, some Australian State and Territory child protection services have explicitly or implicitly developed screening and/or risk assessment tools for use at intake, as well as at later stages of the child protection case management process (Tomison 1996; Department of Family & Community Services 1997; McPherson, Macnamara & Hemsworth 1997). Wise notes that needs assessment tools have been developed in the UK, California and SA for use with vulnerable children, and in the UK, Michigan and Tennessee for children in alternative care (Wise 1999).

When considering structured risk assessment systems in the context of the overall field of child protection decision making, Tomison (1999) believes that it is important to ask whether structured risk assessment offers the means of enhancing professionals' decision making in child protection cases. The literature reports a number of concerns in relation to the effectiveness of structured risk assessment. Lyons et al. (1996) also notes that the available evidence suggests that risk assessment models are being imperfectly implemented. In addition, no checklist or model can include every possible risk factor; it is possible therefore, that a significant factor will be left out (Saunders & Goddard 1998).

### **Decision-making, planning and case management**

As stated above, little is known about placement decision making processes. In addition (or contrast) to structured risk measures, others, like the UK Department of Health, have focused on improving workers' decision making by developing guides or frameworks for assessing harm and needs (see DoH 2000).

#### *Looking After Children*

The LAC system is probably the most comprehensive and most-used system for assessing and documenting a child's progress through the care system (see Brief no. 10).

#### *Comprehensive assessment – a combined approach*

With the aim of developing an integrated framework, Victoria has undertaken a review of decision-making, planning and case management practices (Practice Leadership Unit 2000). The resultant service model is based on client participation conferences, a strengths-based approach and the importance of good worker-client relationship for positive outcomes. [There is a need to remember that protection of the child must obtain primacy in all decision making. ]

A key facet of the new approach is the attempt to utilise/develop a new *common assessment framework* that can inform assessment of children and family across the child protection area (including alternative care). The new guide is to be based on the Victorian Risk Framework and will be heavily influenced by the LACS assessment guides.

This is based on the recognition that a common language, leads to a common approach, which results in less room for misunderstanding. The new framework will also be incorporated into CASIS, the computerised record system used in Victoria (see Practice Leadership Unit 2000).

### **A further issue – the use of knowledge**

Although various methods have been used to inform worker decision making, it is important to note that the studies that have been done suggest that workers do *not* rely on research and theory to make decisions. In actuality, they appear to be suspicious of research and theory and ignore it (Preston-Shoot & Agass 1990), remain unaware of it (Stevenson 1992; Farmer & Owen 1995), and/or have few opportunities to acquire it (Carew 1979; Preston-Shoot & Agass 1990; Fisher 1997).

Attempts have been made to remedy this situation by increased training opportunities, and perhaps equally importantly, a shift to developing more 'practice-based' materials. That is, adapting purely theoretical work to be more readily applied to everyday practice. An example of this is the development of a guide to inform practice, one that highlights issues for consideration or that provides a framework for conceptualising and justifying a decision.

### **Permanency planning**

Wise (2000) gives an overview of the present move towards permanency planning in protective services. She notes that over the past decade in Australia, legislation in most states and territories has been enacted to give greater support to the principles of permanency planning, with the goal of avoiding indefinite welfare drift for children.

Wise goes on to say that the mandated first priority for achieving family stability is the avoidance of unnecessary disruption to the child's familiar environment. For a core group of children who do come into care, the preferred option is for reunification, and if this is not feasible an appropriate permanent alternative such as a family with legal guardianship is sought. In the US and in Australia there are time provisions for making a permanency decision about a child (O'Neill 2000). For example, in Victoria, a court may make a permanent care order if a child has not been living with a parent for a period of two years. However, Wise (2000) notes that despite welfare rhetoric, some children are still experiencing long waits in the child welfare system, and attempts to implement a system of permanency planning have not been fully realised.

Wise (2000) draws attention to the important point that a major reason for the gap between legislative principles and the actual experience is the clear absence of any established strategy within any state or territory to define the decision making steps that need to be undertaken to reach these outcomes. O'Neill (2000: 8) suggests that the criteria that is agreed upon by most welfare experts, is that the decision on permanency needs to be made 'in a timely way'.

*Australian directions*

While supporting the need for permanency planning and avoidance of systems abuse arising from a failure to provide stability or adequate care, there is also a need to recognise that a major portion of families will achieve reunification. There is also a new focus on Permanency planning under way in NSW (new Act) and Victoria (Practice Leadership Unit 2000). This seeks to balance bureaucratic needs to set time-lines and criteria for decisions, against the need for flexibility to meet the heterogenous child and family situations. It is the authors' opinion that there is a danger inherent in the approach however, if 'permanency' is applied too rigorously and parental rights abrogated too easily – again see Brief no.5 and the 'pendulum'.

### **Children's knowledge and participation in foster care**

Finally, when considering the decision making processes surrounding out-of-home care, consideration needs to be given to the participation of children and young people, and the carers in reaching decisions. Smith and colleagues (1999) found that the children in foster care were often poorly informed about many issues relating to them, and it was unclear as to whose role it was to provide the children with information. Smith and colleagues report that their exploration of the literature suggests that it is very important for children to know why they came into care, so they feel less powerless and are able to better engage with their foster family.

Similarly, the children's participation in decision making varied widely (Smith et al. 1999). O'Brien (1997) distinguishes between consumer participation and 'having a voice'. Consumer participation involves a two-way dialogue where all parties are able to express their views and where decisions are reached jointly. 'Having a voice' is mainly a one-way process where only children and young people are able to express their views and wishes.

Rayner (1994) notes that the (then) National Prevention Strategy for Child Abuse and Neglect needs the input of consumers, parents and children, vulnerable and 'healthy', to identify what they perceive is needed for families to function effectively.

Such consultation occurred in the development of the National Strategy on Violence Against Women, which was produced after much discussion with women about which programs and policies were 'successful' and which were not (Rayner 1994). In contrast, child abuse prevention and/or child protection has generally excluded consumers – that is, parents and children – from the policy process. This is not Commonwealth practice in any other significant policy or program area (Rayner 1994).

Giving a voice to children is based around the empowerment of young people, and in particular children and young people in care, to enable them to have a meaningful involvement in the decision-making processes which affect them

(O'Brien 1997). This process will 'involve altering adult institutionalised ways of behaving to accommodate the difference inherent in contributions by children' (Mason & Steadman 1997:36).

This need for such consumer participation has been recognised in the child welfare sector where, based on the input of young people, a number of agencies have recently made changes to the way services are provided. Consumer participation has also received support in the New South Wales document *Standards for Substitute Care Services* (1996, as cited in O'Brien 1997).

The Create Foundation (previously known as the Australian Association of Young People In Care) is the national consumer organisation for children and young people who cannot live with their families. It is currently working with a number of service providers to develop different models of consumer participation which allow for as much involvement in the decision-making process as is possible, taking into account the structures of service provider agencies and the NSW Department of Community Services (O'Brien 1997).

Frederico, Davis and Jones (2001 unpub) have recently finished a review of methods to enhance child and family participation in the child protection system – contacting the authors (Frederico, Aust. Catholic University) for further information and a copy of their report might usefully inform deliberations around involvement in placement decision making.

## **Conclusions**

Risk assessment instruments have been introduced, particularly in Australian and the US to assist (or in some cases make) decisions about the degree of intervention needed in relation to the initial investigation about a child. There has been a concerted research effort in recent times to develop and enhance these structured risk assessment systems, although most do not focus on placement decision making. The Looking After Children Model and the new UK assessment framework are increasingly being used to ensure comprehensive assessment of children are undertaken and inform practice decisions. At this point however, placement decision making remains poorly understood, and the means of improving such decisions are very much in their infancy. At present in Australia, placement decisions are too often dependent on factors external to the child's assessed needs and well being, that is the availability of placement resources.

## **Literature**

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### **Research on decision making in child protection**

Drury-Hudson (1999)

This paper is concerned with the process of decision making in child protection, particularly as it relates to the decision whether or not to remove a child from home. The study compared a group of novice social workers with expert practitioners, placing a particular focus on the types of knowledge that novices draw upon when making such decisions. A three-stage, qualitative methodology was employed to investigate child protection decision making. All parts of the study utilised a case vignette of a neglect scenario. This paper reports on some of the findings in respect of the use of theoretical, empirical and procedural knowledge. The findings suggest that novices tend to lack a clear understanding of the factors that are associated with child maltreatment. While they have a superficial awareness of the concept of risk assessment, they have an inability to weigh factors appropriately and to apply this to their practice. The implications of these findings are discussed in relation to field education.

English et al. (1998)

This report provides an overview of phase II of a study conducted by the National Center on Child Abuse and Neglect (NCCAN). This phase examines Child Protective Services (CPS) decision-making based on interviews with CPS social workers. A sample of 200 randomly selected CPS referrals were identified and the workers who investigated those cases were interviewed about their decision processes in general, and their decision process in the specifically identified case. Basic descriptive data was collected in closed and open ended format. Primary factors that influenced decision-making in this group of cases included caregiver cooperation, collateral contacts, caregiver's recognition of the problem, family history, and the availability of resources. Major themes influencing CPS worker decisions included issues associated with resources, individual and organizational factors, role ambiguity, the trend toward the use of criminal investigative standards, and the willingness and ability of caretakers to recognise and participate in services. Findings of abuse in these cases was not necessarily related to whether or not maltreatment actually occurred. (Abstract from NISC and BiblioLine).

### **Permanency planning**

Bath (2000)



This paper from the symposium on permanency planning held at the 7th National Australian Institute of Family Studies Conference focuses on the tension involved in any decision making process in child welfare where competing rights and realities need to be juggled. The concept of permanence with regard to child welfare is one of many principles that influence contemporary practice; others include normalisation, localisation, deinstitutionalisation, least restrictive or detrimental alternative, and family preservation. The competing principles are laudable in their own right when applied thoughtfully, suggests the author, but they may actually be inimical to the achievement of permanence. He reviews some of the legal and ethical impediments to promoting permanence; discusses some social and 'market' realities influencing out-of-home care practice; and reviews some of the relevant data and the implications of policy shift for indigenous children. Developmental realities include the role of identity issues in placement breakdown and the practice complications introduced by the arbitrary termination of parental rights where best practice suggests 'open adoption' and inclusive foster parenting. Ultimately, concludes the author, the right to permanence needs to be balanced against competing rights to a secure identity and open access.

Poulter (1998)

The author traces the background history of permanent care provisions in Victoria from a personal perspective, and examines the implications underlying the legislation in western cultures, of children as parental biological property. This is contrasted with the cultural traditions of Australian Aboriginal families, which do not view children in proprietorial ways. A review is then conducted of some two dozen of the first Permanent Care Order applications made to the Victorian Children's Court following proclamation of the permanent care provisions of the Children and Young Persons Act 1989. The impact of the legislation on practice, in addressing issues of attachment and bonding at either the protective intervention or permanent care caseplan stage, and on preventing welfare drift in permanency planning, is then examined. Suggestions are as a result made on the type of legislative amendment that is needed to effectively address such issues. (Author abstract)

Wise (2000a)

A symposium on permanency planning (permanent family placement for children unable to live with their birth families) was held at the seventh national conference of the Australian Institute of Family Studies in Sydney in July 2000. The objective was to discuss the use of permanency planning as a framework for decision making in child welfare. In particular the symposium focused on issues such as: the amount of work that should be undertaken to help birth families fulfil their parenting roles; how to determine the likelihood of reunification; and the disruption rates for permanent placement. This article provides an introduction and overview to the symposium and a discussion of the meaning of permanency planning.

Wise (2000b)

As discussant for the symposium on permanency planning held at the 7th national conference of the Australian Institute of Family Studies in Sydney in July 2000, the author provides a response to the contributors' points of view

by building on their perspectives surrounding the extent to which a system of permanency planning would unconditionally lead to improvements in child welfare. Her discussion focuses on the confusion surrounding a number of principles and concepts underpinning the practice of permanency planning and the absence of theory or research to provide the necessary guidance or adequate definition related to these concepts. The author outlines the major steps in implementing a system of permanency planning and associated problems.

### **Family decision making**

Ban (1993)

The model of family decision making arising from family group conferences is a product of the New Zealand Children, Young Persons and their Families Act 1989. Key aspects of the conferences are 1) the utilisation of wider family networks to decide in conjunction with the group conference coordinator a plan that is in the best interests of the child, and 2) the change in emphasis of the social worker's role from major decision maker to a coordinator, facilitator and resource person. Australian child welfare practice is challenged to consider this model by highlighting the existence of extended families in Australia and the inadequacies of the substitute care system. The power differences in families, due to class and gender, must be considered when applying the model. A continuum of power between families and social workers is proposed as a way of understanding how they can work in partnership. (Journal abstract)

Ban & Meyer (1993)

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Bao-Er (1998)

Child welfare law struggles with the inherent contradiction that the family is both the safest and most dangerous place for children within society, states the author. In the context of the New South Wales government's current review of the Children (Care and Protection) Act 1987, this article describes current decision-making practice in NSW, and outlines the pros and cons of one of the options considered by the review, Family Decision Making (FDM) conferences. In NSW, a pilot FDM conferencing project is currently being conducted, under the auspices of the Department of Community Services and Burnside. The author's conclusion is that FDM conferencing is not the panacea for the ills of the child welfare and protection system. It is just one option that should be made available with proper resourcing and legislative and administrative support.

Heinrichs et al. (1999) (see Brief no. 1)

Pennell & Burford (2000)

This article describes the outcomes of the Family Group Decision Making Project implemented in the Canadian province of Newfoundland and Labrador. The model, which promotes collaboration between relatives, friends, and other community supports, was adapted from a program developed in New Zealand. Recognizing that violence against any family member has a negative impact on others in the family, the goals of the Newfoundland and Labrador Family Group Decision Making Project were to end the secrecy of family violence and ensure the safety of adults and children. It was tested among three different cultures: an Inuit community; a rural population of British, French and Micmac descent; and in the capital city inhabited by people of Irish and British heritage. A total of 37 conferences were held with 32 families. More than 470 people participated in the conferences, with an average of 13 for each conference. Two or three of the participants in each conference were professionals and the remainder were family group members. Coordinators were responsible for convening the meeting and inviting the participants. Special procedures were implemented to protect participants. The conferences included a culturally-appropriate opening; a review of the conference's purpose and process; a report by the service providers; and private time for the family to develop a plan to eliminate the family violence. Reviews of progress reports and a Child Protection Events checklist indicated that the conferencing project successfully protected both child and adult family members. Conferences also enhanced family unity and strengthened coordination of child welfare and domestic violence services. (NISC and BiblioLine abstract)

### **Formalised decision making**

Ansary (2001)

This study uses a family bonding perspective which may be used to help social workers assess the risk of further abuse of children who are currently in foster care if they are returned home. A conceptual model that attaches a numerical value to a range of parent-child bonding attributes is presented. The article then demonstrates how this model can be used during supervised visitations and the model's potential for facilitating interagency collaboration in the permanency planning decision-making process.

Dalglish (1988)

This chapter reports on research into the decision to formally separate a child who has been abused from his/her family. Social judgement theory (SJT) and the theory of signal detectability (TSD) or signal detection theory are the methods used to study this decision. The study aimed to test the usefulness of the SJT and TSD approaches by demonstrating (a) that they are descriptive of all child abuse decision making, and (b) whether feedback from the analyses of judgement of approaches can assist this.

Ruscio (1998)

This article presents two general methods for formulating decision making policies in the field of child maltreatment, along with a discussion of the considerable research literature demonstrating the superior predictive validity of statistical decision models over clinical prediction. A series of illustrative contrasts between the two approaches highlights the desirable mathematical properties of statistical equations as well as the cognitive biases and limitations inherent in unaided human judgement. Reasons for practitioners' adherence to the clinical approach are explored, with specific reference to child welfare decision making. Finally, recommendations are provided for enhancing the efficiency, validity, and ethical defensibility of decision making that seriously impacts the lives of children and their families. (Abstract from NISC and BiblioLine)

### **Decision making by children in care**

Harvey & Telford (1998)

This article focuses on the concerns raised by children and young people in care in relation to decision making about their lives, policy and practice development, confidentiality, access to files and preparation for foster care. 'Commitments in Care', a charter for children and young people in care, aims to deal with these issues. It is founded on four principles: recognition of children and young people as consumers of services; respect for individual circumstances and needs; empowerment of children and young people; and involvement of children and young people as partners in planning their future.

Kiely (1998)

Family Decision Making (FDM) is a model of working with families that began in New Zealand as a result of changes to the NZ Children and Young Persons and their Families Act 1989. This paper describes FDM and outlines the history of the NSW FDM joint project at Burnside. Areas discussed include: suitable cases for a family decision making conference; examples of when to consider family conferencing; the FDM model; family assessment for suitability of a family group conference; pre-family group conference; preparation and convening the family group conference; the FDM conference action plan; and the need for training, supervision and support for the Department of Community services/Burnside Family Decision Making project workers.

Owen (1994)

The Australian Association of Young People in Care (AAYPIC) exists because children and young people in the care system have, intentionally or unintentionally been denied their right to participate in making choices and decisions about the most fundamental things which affect them. The author discusses the role of AAYPIC and responds to opposition expressed by those working in the child welfare sector to the establishment of the first national consumer body for children and young people in care.

NSW Child Protection Council (1998)

The Giving a Voice to Children project was initiated by the New South Wales Child Protection Council in order to gain a better understanding of the views of children and young people, and of parents, carers and substitute care service providers about the participation of children and young people in decisions and processes affecting their lives. Substitute care was chosen for examination due to the major impact it has on the lives and future well-being of young people. This publication provides a report on the project. Current opportunities for participation are described, barriers to participation are identified and practical suggestions for enhancing participation are discussed. Quotes from young people are used extensively throughout the report.

O'Brien (1997)

This article examines the powerlessness and isolation experienced by many young people in care. While emphasis is often placed on treating the symptoms of such feelings, identification and treatment of the causes is usually dependent on the skills of individuals rather than on a systemic approach that actively encourages consumer participation, a practice designed to increase the accountability of service providers to their consumers. In this paper, consumer participation is defined as the meaningful involvement in the decision making processes of children and young people in care. This article is based on the experiences of the Australian Association of Young People in Care as to how this process may be undertaken.

Owen (1994)

The Australian Association of Young People in Care (AAYPIC) exists because children and young people in the care system have, intentionally or unintentionally been denied their right to participate in making choices and decisions about the most fundamental things which affect them. The author discusses the role of AAYPIC and responds to opposition expressed by those working in the child welfare sector to the establishment of the first national consumer body for children and young people in care.

### **Family group conferencing**

Brown (1999)

This paper outlines a plan to evaluate the effectiveness of family group conferences for ensuring the safety of children in families involved in child protection cases served by the Wiltshire (United Kingdom) Social Services Department. The Wiltshire model offers family group conferences as an alternative to traditional child protection services. Families who volunteer for the project are assigned a coordinator to plan and conduct the meeting. Each conference includes a time for professionals to provide information to the family, private time for the family to develop a plan, and time for the plan to be written. The evaluation is intended to identify the characteristics of family group conferences that lead to better outcomes and to compare the outcomes of

family group conferences with traditional case planning meetings. It will measure child safety, re-abuse rates, child well-being, and the effect of the conference on the family's social support network. (NISC and BiblioLine abstract)

### **Decision making in the protection system**

Dalgleish et al. (1999)

A general model for risk assessment and decision making (RADM) in child protection, developed by Dalgleish, is described in this paper which reports on a study which aimed to provide operational definitions of the factors influencing both the assessment of the case and the threshold for action.

Forward & Carver (1999)

Preliminary findings of two South Australian research studies on the reunification of children in care with their birth families are examined in this paper which discusses the extent of reunification; the characteristics of families who are reunified; the links between case characteristics, interventions and outcomes; the nature of decision making; the impact of unresolved parental problems; and the variation in practice quality.

Katz (1999)

This article provides an overview of concurrent planning, a practice designed to expedite permanency for children by working with families toward reunification while developing alternative permanency plans. This model was developed to address the needs of the out-of-home care population projected for the year 2000 and beyond: very young, chronically neglected children from multiproblem families. The authors suggest that concurrent planning should be used as part of the continuum of child welfare services and offered to families at risk of failing at reunification. Components of the practice include: differential diagnosis within the first three months of initial placement; full disclosure to the family about the negative effects of placement on children and the objectives of current planning to prevent foster care drift; timelines as required by law; visitation with all parents, despite their level of interest or motivation; placement of the child with a family committed to work with the biological family toward reunification and willing to care for the child permanently if reunification is not possible; written agreements between parents and workers; requirements for behavior change; training and technical support for social workers; and an overall goal for timely permanency. It is recommended that agencies planning to replicate a concurrent planning model should be aware of common pitfalls identified by agencies experienced with the practice, such as a tendency to focus on adoption and minimise reunification, lack of cultural competence, failure to assess likelihood of foster care drift, over dependence on assessment tools, failure to involve parents in decision-making, and lack of collaboration with treatment providers. 32 references. (Author abstract modified) (Abstract from NISC and BiblioLine)

O'Neill (2000)

A symposium on permanency planning was held at the seventh national conference of the Australian Institute of Family Studies in Sydney in July 2000. This paper from the symposium covers the following themes which are related

to termination of parental rights and the movement of children from one family to another on the grounds of protecting them from abuse or neglect: whether birth parents are supported sufficiently to keep their children; how and when decisions should be made to remove children from their birth families; and the relationship between birth and permanent families. Overseas and Australian research, legislation and practice are examined, and the question of whether termination of parental rights is appropriate within the current Australian context is then looked at in the light of this literature.

Spratt (2000)

In the United Kingdom there has been difficulty in implementing the family support provisions contained in the 1989 Children Act, largely because of continued emphasis on child protection activity by local authorities. There is an observable international tendency for child-care referrals to receive investigative response, resulting in families being traumatised and children's needs left unmet. There has been a lack of research into how child-care referrals are initially categorised by senior social workers. This paper reports on research undertaken in two Health and Social Services Trusts within Northern Ireland to ascertain if it might be possible to treat more initial referrals as 'child-care problem enquiries' as opposed to child protection investigations'. Results demonstrate that, while such potential may exist, a preoccupation with the management of risk could lead to the development of child-care problems receiving quasi-child protection responses. Consequently, changes in initial decision making may not have the full intended effects in terms of the organizational release of resources for family support or a lessening of the traumatic impact upon families.

Tomison (1999b)

This thesis comprises a comprehensive investigation of professional decision making in the management of actual or suspected child maltreatment cases via a six-month, in situ case tracking study. Specifically, it was an attempt to highlight the realities of case management decision making, its complexity and the issues facing professionals through an in-depth analysis of the factors affecting the decision making of professionals within one complete child protection network. Overall, 260 children residing in 190 families suspected or confirmed as being physically, sexually, emotionally abused or neglected were tracked through the targeted network. The influence of child, family and socio-environmental effects (case-related factors) and aspects of the child protection system (systemic and professional factors) on the various professionals' decision to substantiate child abuse and neglect, and the decision of child protection workers and police members to take statutory action were examined.

The results provided evidence of the effect of a variety of in situ effects not traditionally identified in models of the decision making process and highlighted the important role played by non-statutory professionals in the management of actual or suspected cases of child maltreatment. The decisions made by these workers determined the subsequent involvement of statutory services and could either enhance or diminish the likelihood of a positive case outcome. Workers involved in the case tracking were utilising the informal relationships they had developed with other workers in the region to circumvent formal methods of communication and coordination (referral protocols and case conferences). Although this could enhance professional

decision making, it was also responsible for the exclusion of some workers from the case management and professional decision making process, poor information exchange, interprofessional disputes and less than optimal case management. The results of the case tracking were subsequently used to develop an Ecological Framework of Decision Making able to encompass current knowledge of the factors that influence professional decision making in the child maltreatment field.

Tumlin & Geen (2000)

There has been considerable debate about the growing number of reports investigated by child welfare workers and the declining proportion of these reports that are substantiated. Child protection investigators must often make difficult and highly subjective decisions in determining whether to substantiate a report of abuse once an investigation has been concluded. But there are sometimes other equally challenging decisions that child welfare staff must make before a case is investigated. Decisions that, if made in error, put the children's safety at risk. Research shows that since few states have explicit screening guidelines, workers use their own discretion and biases when making screening decisions, and may be influenced by other factors. In determining the effect of welfare reform or any other social policy change on child abuse, it is essential to measure changes in how child welfare agencies respond to initial allegations. Yet most policymakers and researchers have relied on data on the number of child abuse reports investigated or substantiated to assess changes in the demand for child welfare services. While the benefits, risks, and best practices for effective screening are still open to debate, policymakers and researchers must include screening data in any assessment of changes in child welfare caseloads. (Abstract from NISC and BiblioLine)

Walton (1997)

Investigative decisions in a child welfare agency were enhanced by the use of brief, intensive, family preservation services. Almost from the moment of referral, personnel worked with child protection investigators to assess the needs and resources of families in crisis and to effectuate viable management plans. Six months after the investigations, 69 randomly assigned families who received the experimental services were compared to the 65 families in the control group. Differences were noted in the number of cases opened, length of time the case was open, length of time the child was at home, and the families' satisfaction with the agency.

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