

Child protection, risk assessment and blame ideology

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In this article we use qualitative data drawn from a sample of child protection cases to demonstrate how the process of attributing blame to parents and carers for child maltreatment is a significant influence on decision-making, sometimes to the detriment of assessing the future safety of children. We focus on two cases which both demonstrate how the process of apportioning blame can lead to decisions which might not be considered to be in the best interests of the children concerned. We conceptualise blame as an 'ideology' with its roots in the discourse of the 'risk society', perpetuated and sustained by the technology of risk assessment. The concept of blame ideology is offered as an addition to theory which seeks to explain the influences on decision making in child protection practice.

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It has been argued that when investigating alleged child maltreatment, 'child protection agencies are obsessed with parental actions and motives rather than what the child is experiencing' (Elliott 1998, p. 7); further, that this emphasis on parents determines not only the context for the assessment of harm, but, indeed, whether harm and the needs of a child for protection and care will be assessed (Elliott 1998).

In this article, we use qualitative data drawn from a sample of child protection cases to demonstrate how, through practice prescribed and directed by risk assessment, the attribution of blame to parents and carers for child maltreatment remains a significant influence on decision making. We conceptualise blame as an 'ideology' and apply it to critically analyse case practice processes of decision making. Given that risk assessment has become a key activity in child protection practice (Ferguson 1997; Gillingham 2006; Parton, Thorpe & Wattam 1997), we also address the issue of how and to what extent its use is implicated in the process of blaming parents.

This article emerged from a study that was part of the second author's PhD research in Australia (Bromfield 2005), and arose out of the researchers' inability to understand the rationale behind many instances of practitioners' decision making in a statutory child protection service. In *The Child Protection Decision Making Study*, a qualitative account of a selection of child protection cases was recorded, describing the event precipitating the notification and the case outcome. Using the data from this qualitative account, the research assessed the case type (the primary and secondary maltreatment types) and the outcomes of the investigation (in terms of what, if anything, had been found to be substantiated by the investigation). Primary maltreatment was the primary alleged maltreatment type reported by the notifier (typically, also the maltreatment type with the most potentially harmful short-term consequence). Secondary maltreatment was any other maltreatment type recorded in a notification that a child was alleged to have experienced. These classifications were made using pre-set definitions of maltreatment. In these definitions, maltreatment was defined in terms of the abusive or neglectful action directed towards the child, rather than the outcome (for a discussion, see Bromfield & Higgins 2004) as this was the way that maltreatment was recorded on the client files.

The qualitative accounts were examined to identify underlying constructs that explained decision making. Three constructs were identified: 'harm', 'risk' and 'blame'. This analysis was first presented at an international conference (Bromfield, Gillingham & Higgins 2003). In this article, we focus on the concept of blame and use two examples from the study: one in which a child sustained a black eye for which there appeared to be a reasonable explanation, but which was substantiated as physical abuse; and another in which a child sustained a cigarette burn to the hand which was assessed as deliberate, but which was not substantiated.

We acknowledge the contribution made by previous research which considered how responsibility for child maltreatment is socially constructed. D'Cruz (2004), in particular, highlights the importance of the construction of the identity of the 'person believed responsible' in child maltreatment cases:

(T)his identity is important in the discursive rule because 'something' that happens to a 'child' must be associated with 'someone' who is responsible, by acts of commission or omission (p. 162).

This analysis (and others, e.g. D'Cruz 2002; Farmer & Owen 1998; Scourfield 2002; Stanley & Goddard 2002) show how responsibility for child maltreatment is reconstructed through the ideology of patriarchy as the responsibility of mothers to protect children and leads to 'mother blaming'. While we would agree that it is important for child protection practitioners to find out who is responsible for the maltreatment of a child, we have chosen to use the word 'blame' rather than 'responsibility' for two reasons. Firstly, the word 'blame', particularly as it used in the research alluded to above, conveys the meaning that an ideological or even moral, rather than purely rational, judgment has been made. While men may be responsible for child maltreatment through their use of violence, it is the mothers who are blamed, that is, deemed to be responsible because of their inability to protect children from such violence. This example highlights the negative and possibly harmful aspects of the process of apportioning blame rather than responsibility for child maltreatment. Secondly, as explained below, we wish to draw attention to the concept of apportioning blame as a key influence within what Beck (1992) alludes to as the 'risk society'. In the 'risk society', when an event occurs resulting in adverse consequences, someone must be held to account (Douglas 1992).

In order to conceptualise how blame is operationalised in child protection practice, we consider it as an 'ideology' that is present in the minds of child protection practitioners. We define ideology here as a 'constellation of ideas, values and beliefs' (Webb 2006, p. 16) that affects how, in this case, child protection practitioners engage in practice. Previous research (for example, Dingwall, Ecklehaar & Murray 1983 and Parton et al. 1997) has shown how objectivist

approaches to risk assessment, when used in practice, are combined with practitioners' own, taken-for-granted, assumptions about 'normal' parenting. Here we focus on the social rather than personal sources of such influences as our conceptualisation of blame ideology emerges from Ulrich Beck's (1992) concept of the 'risk society'.

In a previous article, it was argued that risk assessment, as a practice tool in child protection, has its roots in what Beck (1992) termed the 'risk society' (Gillingham 2006). Within this discourse, risk to children is considered to be measurable and manageable and so harm to children both can and should be prevented. 'Risk society' has a tendency to become a 'scapegoat society', preoccupied with allocating blame for adverse situations (Webb 2006). In this article, we argue that a preoccupation with 'blaming' has also been mirrored in child protection practice (along with the adoption of risk assessment frameworks). It is important to note that a legislative requirement for access to statutory child protection services in several jurisdictions in Australia (including the one discussed in this article) is that parents are unable or unwilling to protect their child from harm. Consequently the assignment of responsibility for harm becomes an important task (Gough 1996). This also involves assigning responsibility for the protection of a child and leads to abuse perpetrated by non-family members being classified as 'neglect' in terms of a failure by parents to protect (Bromfield 2005). As noted above, the process of assigning blame is mostly directed toward mothers.

IDEOLOGIES IN CHILD PROTECTION

The concept of blame as an 'ideology' that operates in child welfare practice is not new and was first categorised as a 'penal' ideology by Carter (1974). Carter used the term to refer to one of three ideologies that operate in multi-disciplinary settings within the child protection system, specifically to the belief that parents needed to be punished if they had broken the law. The notion of ideologies operating in child protection was later developed by Parton (1985) and Spratt and Houston (1999), who identify three more ideologies. Of particular pertinence to this research, Spratt and Houston (1999) identify 'retributive/blame' ideology as a distinct category. This ideology arises from what Spratt and Houston (1999) identify as the 'fear factor' in child protection practice and its concern is twofold. On one hand, it is concerned with the social construction of blame for the perceived lack of protection afforded by services to children who have died at the hands of their carers. On the other, it is also concerned with those who have been harmed through what is perceived to be over-intervention by child protection services. The construction and application of this ideology can be traced through the series of inquiries into child deaths in the United Kingdom (Parton 1991; Reder, Duncan & Gray 1993), Australia (Goddard & Liddell 1995; Mendes 2001) and the Cleveland Inquiry (Otway 1996), in particular through the way that

such inquiries have been reported by the print media. Kemshall (2002) identifies how, in the context of the 'risk society', social problems become redefined as the mistakes of individuals, and it is through this mechanism that governments are able to avoid risk by displacing responsibility onto individual professionals.

Spratt and Houston's (1999) definition of blame ideology concerns the actions and culpability of practitioners in child protection rather than that of parents and carers in relation to child maltreatment. We argue that it is useful to expand this definition of blame ideology to include parents and carers with reference to the concept of 'isomorphism' in organisational theory. According to isomorphism, subsystems within an organisation or larger social system are organised in a hierarchy, each existing within the environment of the one above and mimicking it (Bransford & Bakken 2001). We conceptualise governments, policy makers and managers, child protection practitioners and clients as hierarchically arranged subsystems, all of which exist within the environment of the 'risk society' (Beck 1992). It is through these subsystems that the need to apportion blame is communicated from a societal level to child protection practitioners.

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Spratt and Houston (1999) describe how various ideologies compete with each other, 'like voices within the social worker's head, all seeking to persuade, to cajole, to direct, a particular response' (p. 318). Our contention is that our expanded definition of blame ideology may, at times, be one of the strongest voices operating within the heads of child protection practitioners. Further, we argue that it may be a useful concept for understanding the decision making processes of practitioners, particularly when it is difficult to understand why certain decisions have been made.

In the next section, we provide brief summaries of the cases, and then demonstrate how they can be analysed using an expanded concept of blame ideology. The cases have been chosen because they illustrate the points we wish to make in relation to the notion of blame ideology. While the cases may represent extreme examples of how blame ideology operates in child protection practice, a key point is that we, as researchers, had to develop an expanded notion of blame ideology in order to understand the actions and decision making processes of the practitioners involved in the cases.

Blame ideology was also useful, to varying degrees, when applied to less extreme cases.

CASE STUDY ONE

A child presented at daycare with a black eye and the daycare staff were concerned about an increasing pattern of bruising to the child. A notification was made to child protection and upon investigation it was discovered that the child had a medical condition that caused the child to bruise easily and was required to be managed by anti-coagulant medication. While the child's mother could provide adequate explanation of how the child came to be bruised, the bruises were still believed to be in excess of what was considered 'normal' (though there was no explanation of this apparent contradiction on the file). It was assessed that the child's parents had failed to provide adequate supervision for the child and the case was substantiated as 'physical abuse' (in the jurisdiction in which this research was conducted, 'physical abuse' was a category that could be substantiated).

Despite the substantiation of the case as 'physical abuse' and the stated belief that the bruises were considered to be in excess of what was considered to be normal, it was not assessed that the parents required any assistance with caring for their child and the case was closed.

CASE STUDY TWO

A child was taken to a General Practitioner with a burn on the hand, which the doctor identified as consistent with being deliberately burnt with a cigarette. The case was investigated and the parents reported that they had been out the night before and left the child with a babysitter. Neither the parents nor the babysitter could provide an explanation for how the child had sustained the injury. The outcome of the investigation was that the case was not substantiated and no further action was taken.

ANALYSING THE CASE STUDIES USING BLAME IDEOLOGY

Clearly both cases raise a range of issues about how risk assessment is operationalised in practice and how decisions about substantiation and further protective action or case closure are made. In this article, we focus on how blame ideology appears to be operating or, to borrow from Sinclair (2005), distorting interpretations and decision making.

In case study one, the child had physical injuries that had occurred accidentally. However, there appeared to be an imperative for the practitioners in this case to apportion blame for the harm to the parents. This imperative may emanate from the legislation that frames the practitioners' actions as it assigns responsibility for *protection from harm* to parents. This also represents a shift in the focus of child protection practice from the protection of children from

abuse to protection from *harm* (Bromfield & Higgins 2004). This shift also makes it possible for the investigation to be substantiated as 'physical abuse' because the harm sustained by the child can be seen as caused by a parental act or, more specifically, a failure to act. It could be argued that the case could have been substantiated as 'neglect' but the practitioners did not assess that the parents required additional support or direction to assist them to prevent their child from having further accidents and the case was closed. The second author has discussed the particular problems associated with recording such instances as 'physical abuse', particularly with reference to the use of statistical data for research purposes and service planning, in a previous article (Bromfield & Higgins 2004). Here the focus is on how the notion of blame as an ideology has acted as an 'ideological filter' (Spratt & Houston 1999, p. 319) to direct the decision making of the practitioners. The apportioning of blame in this situation appears to serve no purpose, especially given that no further action was taken by the practitioners. Indeed, given that in this jurisdiction practitioners are required to advise parents of the outcome of an investigation (in writing), the main outcome of this investigation might be the unnecessary labelling of parents as abusive to their child.

In case study two, it appears that the practitioners were confused about how they should proceed. The child had sustained an injury, which was assessed by a general practitioner as non-accidental. Considering their options for decision making, the practitioners could have substantiated 'physical abuse'. If the parents had admitted causing the harm, the case could have proceeded to further action. If the babysitter had admitted causing the harm, the case could have been closed with assurances from the parents that they would protect the child by prohibiting further contact with the babysitter. Neither party admitted to having caused the harm nor was there any other evidence on the file that might indicate who the practitioners considered might have been responsible. Using the same line of reasoning as case study one, the case could have been substantiated as 'physical abuse' (or 'neglect') on the grounds that the parents had failed to protect the child from the harm caused. However, there is a key difference between the two cases in that a deliberate cigarette burn is clearly an act of commission rather than omission – that is, it requires the perpetrator to enact abuse rather than fail to provide protection from harm (which is perhaps why it was not substantiated as 'neglect' in terms of failing to protect the child). What perhaps explains why this difference is significant to the decision making process is how blame ideology is operating to affect the process. In case study one, the imperative to apportion blame led to the substantiation of abuse as the parents were considered blameworthy for having failed to protect. In case study two, the same imperative led to possible confusion and ultimately a decision not to substantiate (either 'physical abuse' or 'neglect') as clearly someone was responsible for the act of abuse but it was not clear who. Neither was it clear

who had failed to protect the child. Hence blame for an act of commission could not be apportioned as there was no evidence or proof to indicate who was to blame. As explained above, blame ideology requires that someone be held to account for an adverse consequence.

In summary, the case study analyses show how conceptualising blame ideology as an influence on the decision making of child protection practitioners can be used to understand why certain decisions are made. In particular, the analyses draw attention to the difference between apportioning blame for acts of omission (as in case study one) and commission (as in case study two). It appeared to be easier to apportion blame in case study one for an act of (apparent) omission than it was to apportion blame for an act of commission in case study two where there was no identified perpetrator.

Our contention is that our expanded definition of blame ideology may, at times, be one of the strongest voices operating within the heads of child protection practitioners.

Both case studies show, in different ways, how blame ideology operates in decision making in child protection. The two cases may be considered as two quite opposite examples of how the imperative to apportion blame operates and can lead to quite different outcomes in terms of substantiation. We would also argue that there was some consistency in the way that blame ideology was operating in both cases. In both cases, practitioners were focussed on the actions of adults rather than the harm caused to the children and the apportioning of blame to a person responsible for either an act of omission or commission resulting in harm to a child was the apparent imperative.

There could, of course, have been other influences on the decisions made in both cases, such as practitioners not having much experience or training, or not following (or understanding) practice guidelines. However, in this jurisdiction, any case that was to be closed or opened for further action had to be signed off by a team leader, which should have reduced such influences. There was also a lack of information in the files about how the risk assessment tool had been applied. In both cases the children were assessed as not being at further risk (given that both cases were closed after investigation), yet the child in case two had suffered deliberate physical abuse and the perpetrator remained unknown. Case study two also raises questions about the thoroughness of the investigation that was conducted.

RISK ASSESSMENT AND BLAME IDEOLOGY

Elliott (1998) proposes that a preoccupation with apportioning blame to parents arises from the way that child maltreatment is defined in terms of parental actions rather than the outcomes for a child, namely physical, emotional and/or psychological harm. She points out that categorising maltreatment as physical, sexual and emotional abuse and neglect does not convey what harm these actions may have caused to a child. Elliott (1998) also argues that this framework for conceptualising child maltreatment was located within child protection laws that were couched in terms of 'rescuing' children from abusing parents, rather than a wider focus on the welfare of children and families. While we acknowledge that the legislation in most states of Australia has changed to focus on the harm caused to children rather than parental acts of abuse or neglect, we contend that Elliott's argument still holds true, to an extent, in practice. We would also argue that this framework and the consequent need to apportion blame to individuals for adverse outcomes is reinforced and sustained by the societal discourse of risk, which Beck (1992) refers to as the 'risk society'. We have made the link between societal discourse and individual practice in much the same way as Dingwall et al. (1983) explained the 'rule of optimism' they observed as guiding the decision making of child protection practitioners. The rule of optimism was not a personal ideology but had emerged from (then) prevailing liberal democratic views about the respective roles of the state and the family in the protection and upbringing of children.

What also emerges from a societal discourse of risk are technologies to measure and manage risk, namely risk assessment tools in child protection practice. And so a further question emerges: what is the relationship between technologies for managing risk and blame ideology? In order to answer this question, we need to consider the context of the practice in the cases sampled in *The Child Protection Decision Making Study*. The context was a government child protection area office where practitioners were required to use a blended (actuarial and consensus) model of risk assessment. The particular problems associated with its use are discussed more fully elsewhere (Gillingham 2006), but the salient point for this article is that even understanding how the prescribed risk assessment tool was supposed to be used did not always assist in understanding why some decisions were made by practitioners in the case sample.

As noted above, the emphasis within child protection investigations has been on the actions of parents rather than the needs of children (Elliott 1998), particularly when such investigations are guided by some form of risk assessment (Goddard et al. 1999). The form of risk assessment used in the jurisdiction from which the sample of cases in this research was drawn directs practitioners to establish the 'source of harm' and 'protective factors' as important axioms on which to base an assessment of risk. A significant

theme throughout the sample of cases in *The Child Protection Decision Making Study* is that practitioners were very focussed on establishing the 'source of harm', that is, who was causing harm (either by an act of commission or omission). The need to establish who was harming or failing to protect a child acted as a 'hurdle requirement' for the completion of a risk assessment (as in case study two). The emphasis on assessing whether the non-abusing parent was a 'protective factor' also focussed practitioners on having to make a judgment about the culpability (or collusiveness) and the future intentions of these individuals. But as our case analyses show, the imperative to apportion blame can also detract from what might be considered to be sound risk assessment; the child in case study two was deliberately injured but the difficulty posed by not having anyone to blame led to the case being closed and an assessment of 'no further risk'.

Research focussing on the various influences on the decision making of child protection practitioners (see Dingwall et al. 1983; Kelly & Milner 1996; Munro 1999; Reder et al. 1993) has been used as a rationale to support the development and implementation of risk assessment frameworks (Schwalbe 2004). One of the aims in developing such frameworks has been to make the assessment of risk to children more objective and rational. While the imperative to apportion blame in child protection cases clearly pre-dates the development of risk assessment tools and frameworks, we would argue that their development has not removed blame ideology as an influence on decision making. Indeed we would argue that the form of risk assessment used in the jurisdiction in this research actually invokes blame ideology as an influence on decision making through its focus on the source of harm to a child and the need to assess the ability and willingness of parents to act protectively.

In the next section we explore the consequences of blame ideology in child protection practice.

THE CONSEQUENCES OF BLAME IDEOLOGY

As argued above, and using the rhetoric of the risk discourse, blame ideology can, as in case study two, lead to children being left at risk of further harm through there not being sufficient information about who to blame for an act of child maltreatment. Other consequences for child protection also emerge.

One important consequence resonates with earlier critiques of risk assessment in child protection practice. In following the imperative to apportion blame, the focus of child protection practice is shifted away from assessing and meeting the needs of the child (Goddard et al. 1999) and onto the perceived deficits of parents. Practice no longer takes the form of face-to-face relationships between the professional and client; rather, it resides in managing and monitoring a range of abstract factors deemed liable to produce risk for children (Parton 1998). In this context,

practice can amount to little more than the surveillance (Parton 1991) or 'policing' of families (Donzelot 1980). Parents become 'pathologized' (Thorpe 1994) and distanced through the process of apportioning blame. As Elliott (1998) points out, such an approach leads to case plans that focus on what changes parents have to make in their own lives (once they have admitted their culpability), rather than a child's specific needs for care and protection. The process of apportioning blame is antithetical not only to the ethics and values of social work and social welfare but also to practice approaches that aim to engage service users in constructive change (*see* Maidment & Egan 2004; Thompson 2005; Trevithick 2005). It can only serve to distance parents from potential service providers; though neither of the case studies presented above led to further involvement, it can be assumed that the parents in case study one, having been labelled as blameworthy for 'physical abuse', would in the future be reticent about approaching child welfare services for assistance. At an organisational level, the operation of the blame ideology serves to undermine the very means by which human service organisations strive to achieve their goals. Human service organisations rely on the relationship they have with the users of their service as the prime (and some would argue only) vehicle to promote positive change (Hasenfeld 1992).

In following the imperative to apportion blame, the focus of child protection practice is shifted away from assessing and meeting the needs of the child and onto the perceived deficits of parents.

Assigning blame to parents and carers is also aligned to the process within 'risk society' that translates what might be considered 'social' problems into 'individual' deficits. Blaming individuals means that no consideration is given to the social processes and structures that lead adults to harm and neglect children (Hallett 1989). Adverse social conditions and the part they play in the aetiology of child maltreatment, recently subsumed theoretically under definitions of social exclusion, therefore remain unaddressed.

An expanded concept of blame ideology may not be pertinent to child protection practice in the UK. As Corby (2006) points out, practice in the UK has, since the 'refocussing' debate of the late 1990s, moved on from a narrow assessment of risk to a broader assessment of children's needs. This debate has been echoed in some states in Australia, with the development and expansion of services in the non-government sector to support families deemed at risk of coming into contact with child protection services.

The assessment of children's needs in a broader sense, rather than just the need for protection, may reduce the application of blame ideology. Corby (2006) also notes, though, that the development of risk assessment, as a central tenet of child protection practice, has continued in the USA. This is evidenced by the adoption of 'Structured Decision Making', a suite of tools (theoretically grounded in actuarial risk assessment) used to guide decision making in child protection practice, in twelve states (Children's Research Center 1999). The separation of services for families and child protection services in Queensland by the creation of (and considerable investment in) the Department of Child Safety in 2004 (*see* Tilbury 2005) and the implementation of Structured Decision Making (Leeks 2006) indicates a narrowing of focus on risk rather than a broadening of focus to include children's needs. Blame ideology might therefore still be a useful concept for understanding how and why some decisions are made in child protection practice in jurisdictions where assessment frameworks are focussed solely on risk.

It is beyond the scope of this article to engage with debates about how child protection practice should evolve. The aim of this article, through identifying blame ideology as operating in the minds of practitioners, is to add to these debates. Buckley (2003) describes qualitative research on child protection practice as a means to uncover the 'unofficial' version of child protection practice, that is, what actually happens in practice, as opposed to the 'official' version portrayed in policies, guidelines and practice procedures. The importance of developing this unofficial version of child protection practice lies in its comparison with the official version. Comparing the unofficial version of child protection practice as revealed in *The Child Protection Decision Making Study* with the official version of practice in the risk assessment guidelines led to the identification of a significant difference between the two. Attempts to explain this difference led to the conceptualisation of blame ideology as an unintended and possibly damaging influence on decision making in child protection practice. We also argue that blame ideology was invoked and supported by the risk assessment tool used in this jurisdiction (which, ironically, was designed to remove such influences from the process).

We do not claim that blame ideology can be used to understand the decision making of practitioners in all cases, or that it should replace previous concepts developed to explain decision making processes. We offer blame ideology as an additional concept that may assist managers, practitioners, policy makers and researchers to understand the decision making process in some cases, particularly when other concepts may not provide sufficient understanding. We also offer this concept to add to the debate about whether practice tools such as risk assessment

frameworks can be relied upon to improve decision making, when they are applied in practice.

CONCLUSION

In this article we have developed and applied an expanded concept of blame ideology to account for what we would argue is an additional influence on the decision making processes of child protection practitioners who, at times, appear to be overly focussed on apportioning blame for the maltreatment of children. Using case studies, we have shown how blame ideology can operate to the detriment of both children and their families. We have argued that blame ideology has its roots in the discourse of the 'risk society' and that it is perpetuated and sustained, to some extent, by the very practice tools implemented to 'rationalise' decision making in child protection, namely various forms of risk assessment frameworks. ■

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