Family Inclusive practice in child welfare: report of a Churchill Fellowship study tour

Jessica Cocks

Life Without Barriers, Newcastle, Australia; School of Social Work, University of Newcastle, Newcastle, Australia and Winston Churchill Memorial Trust, Canberra, Australia

Abstract

Drawing on the findings of a Churchill Fellowship study tour, this article discusses the need to expand our understanding of family engagement and, in particular, to implement Family Inclusive practice in Australian child welfare, both to increase reunification and to improve outcomes for children who do not return home. I argue for this expansion through the integration of six key elements of Family Inclusive practice drawing on examples of practice and innovation from my study tour. This article commences with a discussion of the literature in support of family engagement and Family Inclusive practice. It is argued that we need to embrace an approach to Family Inclusive practice that acknowledges and addresses power imbalances, is contextualised and goes beyond relationships between workers and families. An exploration of the six elements of Family Inclusive practice follows, contributing to the understanding and practical application of Family Inclusive practice, with reference to initiatives in several countries visited during my study tour as well as to the literature more broadly. If these elements are integrated into child welfare practice and policy, they will contribute to Family Inclusive practice in the interests of children in Australia.

Introduction

In 2017, I travelled to the USA, Canada, Norway and the UK on a Churchill Fellowship study tour awarded by the Winston Churchill Memorial Trust[1] to explore Family Inclusive practice initiatives in child welfare. This article reports on this study tour and discusses the need to implement Family Inclusive practice in Australian child welfare systems both to increase and improve reunification and to improve outcomes for children who do not return home. This article commences with a discussion of the literature concerned with family engagement, Family Inclusive practice and its importance to child welfare practice in Australia. I will build on existing understandings through the integration of six key practice elements, drawing on examples from my study tour. These are

- the acknowledgement and amelioration of power imbalances;
- addressing the social causes of harm to children;
- including family in service design, implementation and management;
- ethical practice with people who are suffering;
- conceptualising parents as leaders in their families and in the child welfare system;
- relational permanence – minimising children's losses through carer and parent relationships and through the support and maintenance of family relationships over time.

In describing views presented to me, I have quoted a number of personal communications from key informants. These and others are also documented in my Churchill Fellowship Report (Cocks, 2018).

Terms

Throughout this article, the birth parents and family of children in care and in child welfare systems will be referred to as *parents and family*, unless the prefix *birth* is needed for clarity. The term *family* is inclusive of kinship networks. The term *child welfare* is used as an overarching term to describe all aspects of our child protection and care system in Australia including investigations, child removal, out of home care, reunification, placement prevention and family support. In this article, the term *children in care and out of home care* is used to describe all children and young people who have been removed from their families by

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[1]The Winston Churchill Memorial Trust Australia was founded in 1965 after the death of Sir Winston Churchill. The Trust offers annual travel scholarships (Churchill Fellowships) to enable recipients to travel overseas and explore practices and innovations that will be of benefit to Australia.

statutory child welfare authorities regardless of the legal order they are currently or likely to be subject to. This includes adopted children or children in the sole guardianship or custody of relatives or other people. This approach is consistent with the UN Convention of the Rights of the Child (United Nations, 1990, Article 20), which states that all children who have been removed from their families in their own interests are entitled to special protection from the state.

Background and literature

Despite its importance, practitioners in child welfare systems continue to find it difficult to engage with and involve family in child welfare policies and practices (Broadhurst & Mason, 2017; Hackworth et al., 2018; Kemp, Marcenko, Hoagwood, & Vesneski, 2009; Yatchmenoff, 2005). It is important to the field to continue to innovate and do research on how to equip workers and systems to work in ways that encourage participation by families and involve families in practice.

In order to explore a Family Inclusive approach, it is first important to consider how we generally think about family engagement and working with families in child welfare. For example, Yatchmenoff (2005) describes five engagement domains including family receptivity, expectancy, investment and mistrust. She also has one domain related to the nature of the relationship that family members have with workers. This understanding of engagement is concerned primarily with familial characteristics concerned with a willingness or ability to make intra-familial change. It is primarily concerned with the *attitudes, behaviours and abilities* of family members, usually parents, to identify a need for change and then to interact meaningfully with child welfare workers in casework and individualised processes in order to achieve that change. In this understanding of family engagement, the role of child welfare workers is concerned primarily with looking for and observing signs of engagement or positive change in families and responding to these.

Yatchmenoff's ideas about family engagement are in broad use and are certainly valuable. However, this 'familial characteristics' way of thinking about engagement does not adequately consider broader contextual issues or integrate the characteristics and behaviours of child welfare workers, systems and other stakeholders. Research has found that parents in the child welfare system face many contextual barriers to engaging and interacting positively with child welfare workers and processes (Fidler, 2018; Hackworth et al., 2018; Hinton, 2013; Ross, Cocks, Johnston, & Stoker, 2017). We need to think beyond parental and familial characteristics, attributes and behaviours.

Family Inclusive practice is a more expansive way of thinking about engagement and tends to place the onus for including families on child welfare workers and systems, consistent with the interests of children. Thorpe (2008) argues that children are harmed when the system excludes or marginalises their parents. For Thorpe, issues of power and participation for families are central to inclusive practice and, through this, to improving outcomes for children. She draws on the work of Benn (1976) to explore three areas of practice that address powerlessness and improve inclusion: firstly, improved relationships between families, workers and carers, secondly, ensuring that families have access to information and resources to enable them to participate in processes and, thirdly, a focus on decision-making about children and the integration of advocacy, mentoring and other strategies to ensure that families are able to participate in decisions about their children. In later work, Thorpe and Ramsden (2014) discuss their own experience of community work to describe how resourceful professionals, working alongside and in support of parents and families who are caught up in child protection processes, can be part of an inclusive practice approach. They draw on the work of Holman (1983) and Lovatt (2015) to describe reciprocal relationships (between family members, workers and carers) and practical and non-judgemental support for families. Lovatt describes an important potential role for relationships between carers and parents both in family reunification and the prevention of child removal (Lovatt, 2015). The carer–parent relationship is a central role for carers and is an emerging and crucial part of Family Inclusive practice when children are in care. For example, Ankersmit (2016) describes this relationship as the *reunification partnership* and argues for workers to support greater collaboration between families and foster carers. Family Inclusive practice, as described above, requires workers to build relationships with families, that power imbalances are addressed and that parents and family have the information and resources they need to participate meaningfully in decision-making and other processes. When children are in care, the relationship between parents and carers is also an important part of Family Inclusive practice, and this needs to be supported and facilitated by workers and systems. Overall, this suggests that while familial characteristics are important, the doing of Family Inclusive practice – including forming relationships with family and creating the conditions for inclusion – is primarily the responsibility of child welfare workers, systems and even broader society.

Consistent with a Family Inclusive approach, there is a growing and welcome interest in Australian child welfare systems on relationship-based practice. There is evidence that children are safer in care and more likely to be restored home when agencies are able to promote and build good relationships with families, and when families are actively involved in the care of their children (Child Welfare Information Gateway, 2011; Fernandez & Lee, 2013; Royal Commission into Institutional Responses to Child Sexual Abuse, 2017). Using a relational approach, the individual child welfare worker's relationship with families is a key tool for helping families to make changes, to positively improve parenting and to create enduring safety for children (Moore, 2017; Reimer, 2013; Ruch, Turney, & Ward, 2010). Practice frameworks in various child welfare jurisdictions throughout Australia are embracing and integrating relationship-based practice with families, while continuing to retain a focus on the child as client (see, for example, Department of Human Services, 2007; Office of the Senior Practitioner, 2011; Western Australian Department of Child Protection, 2011).

However, the current effectiveness of relationship-based practice frameworks in child welfare remains uncertain (Finan, Bromfield, Arney, & Moore, 2018). When formal evaluations have occurred, results have been uncertain (Sheehan et al., 2018). The reasons for this are likely to be complex and may include difficulties in implementation (Salveron, Bromfield, & Arney, 2015), stakeholder engagement and workforce capability (Finan et al., 2018). Furthermore, building trust is recognised as a fundamental requirement for relationship-based practice (Parenting Research Centre, 2017; Reimer, 2013), yet trust building in the context of child welfare practice is difficult given continuing significant power imbalances and the potential punitive consequences for families and children. Even with skilled workers and relational practice frameworks, trust building faces significant contextual barriers in child welfare. Relationship-based practice frameworks

appear to do little to address these contextual barriers including power imbalances, limiting their ability to do Family Inclusive practice.

The experiences and perspectives of parents and families provide some insight into the reality of relationship-based practice. Research in Australia and in the countries I visited, including in places where relationship-based practice is promoted, has found that parents and family of children in child welfare systems continue to experience exclusion. Parents have described cruelty and disregard in their interactions with services and regularly being denied help to make changes to either keep children safely at home or be reunified with them (Fidler, 2018; Hinton, 2018; Ross et al., 2017; Schreiber, Fuller, & Paceley, 2013; Smithson & Gibson, 2017; Syrstad & Slettebo, 2019). There is good Australian evidence that parents and family experiencing child welfare interventions feel powerless to influence the system either as individuals in their own cases, in the legal system, or as a stakeholder group in the broader system (Harries, 2008; Hinton, 2013; Ross et al., 2017). Beyond the casework context, there remains little involvement by Australian families with lived experience of child welfare or child removal in the development of child welfare policy and program design, and little or no appreciation that family involvement may be a missing ingredient in policy and design.

Child welfare systems in crisis – the 'why' of Family Inclusive practice

There are high and growing rates of children in care across Australia driven by growing periods of time in care (Australian Institute of Health & Welfare, 2019). It is widely accepted that children should be at home with their families whenever this is safe and that helpful services are needed to achieve this. All Australian jurisdictions have a primary goal, at least in theory, of ensuring that children get the opportunity to be raised by their own families unless there are pressing safety reasons for permanent removal. Despite this, Australian child welfare systems have not reduced the numbers of children in care over time (Australian Institute of Health & Welfare, 2019), especially in relation to Aboriginal and Torres Strait Islander children where trends are particularly poor (Family Matters, 2018).

Despite its importance, there is little reliable data on reunification rates in Australia collected by state and territory governments (Australian Institute of Health & Welfare, 2019). When data are available in individual jurisdictions, it is unclear what it means as it is combined with data on all exits from care including when legal orders expire (Family Matters, 2018). There is evidence suggesting that reunification rates may be low in Australia, especially for children who have been in care for longer than a few months, for young babies and for Aboriginal and Torres Strait Islander children. One large study in New South Wales found that the reunification rate after 2 years, for 1834 babies removed at birth, was as low as 6.9% (Marsh, Browne, Taylor, & Davis, 2017). An earlier study in South Australia (Fernandez & Delfabbro, 2010) found that although reunification rates were around 36% within 8 months of care entry (this study included all entries to care in that state over a 12-month period in 1999–2000), the chances of reunification rapidly fell after that time. South Australian Aboriginal children in the same study were five times less likely to be reunified. Nationally, Aboriginal and Torres Strait Islander children are around 11 times more likely to be in out of home care, part of a long-term trend of increasing disproportionality (Australian

Institute of Health & Welfare, 2019). The high rates of Aboriginal and Torres Strait Islander children in care have been described as a national crisis, which echoes the experiences of the Stolen Generation (Family Matters, 2018; SNAICC, A National Voice for Our Children, 2017).

Even when children remain permanently in care, they benefit from ongoing family involvement in their lives and enduring relationships with family. There is evidence that children who leave permanent care with at least some family relationships intact have better outcomes (Cashmore & Paxman, 2006; Mendes, Johnson, & Moslehuddin, 2012). Children in care who are able to maintain and strengthen their pre-removal family relationships experience less grief and loss as they effectively do not lose their parents, siblings and other family relationships. This helps develop a sense of ongoing security, and a sense of belonging to both their original families and the families with whom they live (Biehal, 2014; Boddy, 2013). Children who have high quality contact with their families are more likely to experience stability in care and to be reunified (Boyle, 2017; Sen & Broadhurst, 2011; Zabern & Bouteyre, 2018). Children and young people living in residential care also benefit from ongoing relationships and family involvement (Boel-Studt & Landsman, 2017; Huefner, Pick, Smith, Stevens, & Mason, 2015). Family relationships contribute to children's lived experience of permanence and felt security (Samuels, 2008). When asked about how they felt about permanency, young people in California felt that relationships, including family relationships, were more important than legal orders, or the permanence of physical living arrangements (Sanchez, 2004).

The evidence suggests that quality family relationships are important for children and young people in care, regardless of where they are living and especially if they are to be safely reunified. Family Inclusive practice has the potential to contribute positively to this.

Project methodology

My Churchill Fellowship study tour involved meeting with a range of agencies and individuals and observing practices in the USA, Norway, Canada and the UK over an 8-week period. These countries were not chosen because they have more inclusive child welfare systems than Australia, indeed it seems that parents and families in these countries have similarly disempowering experiences overall (for example, Schreiber, Fuller, & Paceley, 2013; Smithson & Gibson, 2017; Syrstad & Slettebo, 2019; Tobis, 2013). Rather, the selected countries have implemented initiatives and practices that involved and included families, which have potential for Australia. Full details of the people and places I visited are documented in my report (Cocks, 2018). During meetings and observations, I took detailed notes which, along with an exploration of the literature and of various practice resources compiled during my tour, later formed the substance of my final report. I documented a range of quotes from the people I met with and sought their permission if these quotes have been used here in ways that identify them. In this process, I have identified six key practice and policy elements that add to our understanding and ability to implement Family Inclusive practice in Australian child welfare systems.

This project does not constitute empirical research. All of the visits and observations occurred in countries where English was either widely spoken or was the main language.

Six elements of Family Inclusive practice

Element one – The acknowledgement and amelioration of power imbalance

Even with the best intentions, relationship-based practice will not thrive in a power-laden practice context. Parent and family distrust of the system is increasingly being acknowledged by child welfare authorities themselves (Office of the Senior Practitioner, 2011, p. 7). Instead of seeing distrust as a parental attitude that inhibits engagement, as may occur in more conventional understandings of family engagement discussed earlier, a Family Inclusive approach acknowledges the rationale behind that mistrust and that power imbalances fuel that distrust.

I visited the Centre for Improvement in Child and Family Services at Portland State University. The centre has developed a contextual understanding of family engagement that integrates anti-oppressive practices with a motivational approach. Engagement is conceptualised as a reciprocal, relationship-based process that occurs over time and involves a range of stakeholders and systems (Furrer & Rockhill, 2017). The team at the centre has identified four common areas of coercive and oppressive practices in child welfare. They argue that these practices are experienced as oppressive and unjust by parents and family and do not appear to support children's relationships with their families. By identifying and ending these practices, whenever possible, we are contributing to a more inclusive approach.

(1) *Surveillance.* Parents, family and children are subject to ongoing surveillance including enduring family visit supervision, drug testing and unannounced home visiting. These practices are rarely helpful to families and children in themselves.

(2) The *control of information.* These practices include the documentation of material in ways that may highlight family and child deficits at the expense of strengths, use jargon and have a lack of transparency about what families need to do to meet the requirements of child welfare workers. Information in child welfare can be provided in selective and controlled ways. For example, meetings presented to families as opportunities for discussion but are, in reality, conducted primarily for child welfare authorities to pass on decisions that have already been made.

(3) The application of a *dominant narrative* that can drown out the strengths and perspectives of children and families. For example, there is a pervasive 'hero' narrative in child welfare in which child welfare workers protect children from dangerous families and are able to accurately prioritise children's interests over the interests of other stakeholders.

(4) Child welfare systems are dominated by *rules, policies and processes* which lack transparency and can be bewildering to parents and families. They are also used as a reason to avoid inclusion as the administrative demands of work are claimed to disallow it.

Acknowledging that power imbalances exist at all is an important step towards Family Inclusive practice, but it is not enough. To be Family Inclusive, we need to create and effect mechanisms that genuinely challenge injustice, transfer power and hold practitioners accountable. A key strategy being used in the USA in particular is peer parent advocacy. Peer parent advocates are defined by Lalayants (2014) as parents who have had personal experiences in the child welfare system and offer advocacy and support to parents newly involved in the system. Peer parent advocates have particular skills and expertise based on their lived experience – they have 'built their knowledge from their everyday trial and error experiences of working the system' (Brown, 2006, p. 369, cited in Lalayants, 2014, p. 108).

Peer parent advocates I met with in Oregon, California and New York City intentionally did not keep notes that might be used against families, and some had arrangements in place with the courts to help prevent them from being called to give evidence against parents. In a system where most interactions with families and children were documented and characterised by surveillance, any helping relationship without scrutiny served as an important source of respite and emotional support. It also worked to reduce power imbalances as parent advocates were able to share what they know about the system and provide emotional support and coaching that enabled parents to communicate more effectively in power-laden situations, without fear that what they said to parent advocates might later be used against them in legal proceedings.

Services in New York City have been delivering legal services using a multi-disciplinary model comprising specialised lawyers, social workers and peer parent advocates for some years (Action Research Partners, 2017; Ketteringham, Cremer, & Becker, 2016). Parents are represented by lawyers who specialise in *family defence* as part of the multi-disciplinary model, alongside social workers and parent advocates who provide practical and emotional support and advocate for appropriate services from the child welfare system (Bronx Defenders Office, 2019; Centre for Family Representation, 2017). Parents in New York City who received multi-disciplinary family defence representation never had to meet with statutory agencies without an advocate by their side, directly addressing power imbalances. This model has now been subject to evaluation on a large scale, involving almost 10,000 families. The evaluation found that compared to conventional legal services, children with families accessing the multi-disciplinary model experience shorter stays in care and are more likely to be reunified (Gerber et al., 2019).

The integration of purposeful acknowledgement and amelioration of power imbalances including legal representation combined with social work and peer parent advocacy have increased worker accountability and enabled parents and family to build relationships with child welfare workers. A senior leader from the Administration of Children's Services in New York City shared with me his view that strong advocacy for parents had improved relationships with families.

> Having (peer parent advocates working with lawyers and social workers) has been of assistance to families and has improved outcomes for all parties. Parents have difficulty trusting child welfare authorities and strong support and advocacy (for parents) has helped build trust and engagement. (Eric Brettschnieder, First Deputy Commissioner, Administration of Children's Services, New York City, personal communication originally quoted in Churchill Fellowship report, Cocks, 2018, p. 27)

Peer work has been successfully implemented and evaluated in Australia as a preventative, non-statutory service in child welfare relying on volunteer families. This has been linked to a range of positive outcomes including reduced referrals to statutory child welfare (The Australian Centre for Social Innovation, 2012). The local success of this preventative model, aimed at preventing escalation and removal, suggests that peer work in statutory child welfare services, including after children have been removed, also has potential to increase reunification rates and reduce stays in care.

Element two – Addressing the social causes of harm to children and child removal

It is well established in Australia and in the countries I visited that there are complex social causes of harm to children and child removal. The plight of Aboriginal and Torres Strait Islander children has already been mentioned and there are similar problems in Canada (Aboriginal Children in Care Working Group, 2015). Children living in rural areas and areas of low socio-economic status are also over represented (Australian Institute of Health & Welfare, 2019). A range of social problems including poverty, homelessness and social isolation have been linked in the literature to the experience of child abuse and neglect (Bywaters, Brady, Sparks, & Bos 2014; Raissian & Bullinger, 2016), to removal, and to lower rates of reunification (Fernandez, 2018; Fidler, 2018). Being Aboriginal or Torres Strait Islander, a sole parent, a care leaver and being a young parent are all factors linked to child removal in Australia and have also been linked to lower rates of reunification, reduced contact with family while in care and recurrent removal (Delfabbro, Barber, & Cooper, 2002; Fernandez, 2018; Fernandez & Delfabbro, 2010; Hinton, 2018).

Most practitioners know from experience that deprivation, unstable housing and other social issues are part of life for almost all families who experience child removal. In a comprehensive study of child welfare inequalities across four countries, UK research found that child welfare workers felt powerless and without a helping role in the face of such stark and profound disadvantage (Morris et al., 2018). These authors have described poverty as the 'wallpaper of practice – too big to tackle and too familiar to notice' (p. 370). In Australia, community-based approaches to child welfare that strengthen community and families are urgently needed. In Australia, Libesman (2015) argues that a casework approach to child abuse and neglect responding primarily to incidents and reports has damaged the ability of Aboriginal and Torres Strait Islander families and communities to safely care for children. She argues for community strengthening responses that respond to social causes of child harm and rely on family and community involvement and leadership.

Most families with children in care have a lived experience of multiple social problems. A Family Inclusive practice approach takes account of the reality of family life including the social determinants of harm to children. It does not minimise the role of individual parenting skills and choices, but it does not restrict itself to them.

It is possible to address these issues in child welfare practice although it requires imagination and a willingness to learn from those most affected by social problems. I met with community workers at the Child Welfare Organising Project and other organisations in New York City doing organising, community strengthening and group work to support families in poverty (described in Tobis, 2013). The development of poverty aware practice guides, such as the anti-poverty practice framework for social work in Northern Ireland, is an example of how casework practice can, to some extent, respond to families in poverty in helpful ways (Morrison, McCartan, Davidson, & Bunting, 2018). A willingness by practitioners and agencies to use agency resources to directly address material deprivation in families is a very useful place to start.

Peer parent advocates also play an important role in helping parents and families ask for practical help and resources to address the social barriers they face to care safely for their children. For some child welfare-involved families, the opportunity to be employed as a peer parent advocate is a pathway out of poverty and into paid work.

Element three – Including families in service design, implementation and management

As part of my Fellowship, I visited agencies and people implementing evidence-based and evidence-informed programs such as the Children and Residential Experiences model (Izzo et al., 2016), Mockingbird Family, (McDermid, Baker, Lawson, & Holmes, 2016), and Family Finding (Boel-Studt, & Landsman, 2017). All these implementers and others (Child Welfare Information Gateway, 2011; Hackworth et al., 2018) have emphasised the importance of family participation if their approaches and techniques are to be helpful to children and families.

However, the participation and involvement of families themselves in the *design and implementation* of services is often missing. Parent-led organisations in the USA such as Parents Anonymous®,[2] a family strengthening program, and the parent-led consultancy, Authenticus LLC,[3] provide a range of consultancy services to child welfare agencies. Parent leaders in these organisations had lived experience of child welfare interventions, including child removal. They told me that child welfare agency leaders and staff tend to overestimate their skills and abilities in family engagement, including in the implementation of evidence-based programs. Agencies may feel that they are doing well because they have developed family engagement policies and processes, but how families experience these processes may not match agency expectations or beliefs. Family involvement in the design, development and implementation of these processes can allow for input and feedback from families and children, identify problems and generate ideas for innovation and improvement.

Parent-led organisations in the USA and Norway are working with universities and agency leaders to design, implement and evaluate innovative services (Summers, Duarte, Wood, & Bohannan, 2013; Slettebo, 2013). Involving parents and families meaningfully in service design and implementation and reframing them as holders of unique expertise is an important part of building agency cultures that value and include families, with the potential to do Family Inclusive practice.

Element four – Ethical practice with people who are suffering

One of the reasons I became concerned with Family Inclusive practice in child welfare is because of the suffering I regularly observed by families and children caught up in child welfare systems, despite the best intentions of policy and practice and access to the best evidence. This prompted me to consider more deeply whether we are helpful, harmful or somewhere in between, from the perspective of those we are there to help. A narrow focus on evidence may be fundamentally flawed if

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[2]Parents Anonymous® Program is an evidence-based family strengthening program (http://parentsanonymous.org/research/) utilising mutual support (the giving and getting of help), parent leadership (seeking solutions and becoming empowered), and shared leadership® (working together) to achieve personal growth, improve family functioning and achieve parental resilience. I met with Parents Anonymous members in Claremont, California.

[3]Authenticus is a consultancy firm in the USA owned and managed by parents with lived experience of child welfare services including having children adopted from their care. Authenticus assists child welfare agencies to audit and improve agency culture. I met with Authenticus leaders in Vail, Colorado.

it is not combined with an ethical lens, especially in child welfare where it remains so easy to do harm with the best of intentions.

Parent peer advocacy and connecting parents to each other through group work is an example of working to positively impact parents' experiences and doing what parents and family find helpful. I visited a peer work program in the Bay area of California where an evaluation has found that parents who connect with a parent peer are more likely to reunify with their children (Berrick, Young, Cohen, & Anthony, 2011). However, this emerging evidence is not the only justification for offering peer work. It is enough that parents and family, who are often experiencing great distress, value and appreciate the support of peers and find it helpful. Practitioners in Norway argued that families warranted support and involvement for their own sake. The Norwegian Ministry for Children and Family Affairs (2017) has funded a national parent's interest group and argued that involving and helping parents and family was indeed good for children but also that:

> Parents are also citizens with the right of information, participation in decisions which concern them, the right to be treated with respect. Many of them have been on the losing side all their lives – many have adverse childhood experiences like violence or abuse . . . .and have never got the help they need. (Norwegian Ministry of Family & Children Affairs, 2017)

Group processes that connect parents to each other are used extensively in Norway as a support service and have also been used to link stakeholders in child welfare together to learn from one another (Slettebo, 2013). Practitioners working with parents and family in Norway were intentionally hospitable and welcoming in their practice. They carefully built reciprocal relationships and used kindness with parents in group work processes. In Norway, where parents with children in care get priority services from Bufetat, the universal Norwegian family counselling service, practitioners cooked and shared meals for and with parents with children in care. They ensured important dates such as children's birthdays were remembered and celebrated. Their caring approach serves as a reminder that in our well-intentioned focus on 'what works' or what the rules and laws require of us, we should not overlook doing compassionate and kind things with people who are suffering.

In the UK, a review of the role of British social workers, with a focus on ethics in adoptions of children from care, has been conducted (Gupta & Featherstone, 2019). Most adoptions from care in the UK result in children effectively losing their birth families with little or no contact allowed (Neil, Cossar, Jones, Lorgelly, & Young, 2011). This review found that well-intentioned social work practice in child welfare adoption practice in the UK had a range of ethical challenges when considered from the perspective of adoptive families, birth families and adopted people. Birth families, in particular, talked about cruel and inhumane practices and a need to be both helped and treated with respect (Gupta & Featherstone, 2019). The review has highlighted the importance of listening to the voices of all stakeholders, especially those who are marginalised, and of social work practice characterised by humility, honesty and reflexivity. The review recommended that the British Association of Social Workers continue to focus on the ethical implications of adoption and the role of the social work profession, as well as on increased openness in adoption (Featherstone, Gupta, & Mills, 2018).

In Oregon, I visited an agency called Open Adoptions and Family Services (OAFS).[4] The OAFS team argued that current child welfare adoption practices in the USA were damaging for children and parents. Adoptions from care are common in the USA and are usually closed (Roberts, O'Brien, & Pecora, 2017; Ryan et al., 2011). In comparison, OAFS works to implement a hospitable and welcoming approach (Gritter, 2009) to open adoption of children who face removal by child welfare authorities. Their approach relies on parental consent, relationships between birth and adoptive parents and an ongoing role for birth parents in children's lives. The OAFS approach to openness welcomes and embraces children's full identity, including their parent's ongoing involvement in their lives which is supported by legally mandated adoption plans. Their approach encourages adoptive parents to empathise with birth parents and form child-focused relationships with them. OAFS provides free and lifelong counselling support to all birth parents to ensure children's rights to know and have relationships with their birth families are upheld.

> Maybe birthparents can't succeed at being fulltime parents at this point in their lives, but they can succeed in their roles as birth parents. And that means everything to them and their child. (Open Adoption and Family Services, 2016)

An ongoing role for parents and family in the lives of children in care is consistent with a children's rights ethical framework. Australia has signed the UN Convention on the Rights of the Child (UN General Assembly, 1989), which links parent and family support, among other elements consistent with Family Inclusion, to children's rights. I met with Professor Martin Guggenheim of New York University Law School, an expert on children's rights and author of a landmark book on the topic (Guggenheim, 2005). He argues that to exclude family and to deny support and advocacy is unethical and at odds with the rights of children. Inclusion as an ethical issue is an important part of conceptualising and building Family Inclusive practice.

Element five – Conceptualising parents as leaders in their families and in the child welfare system

In Norway, parents have been reconceptualised as child welfare leaders in recent years thanks to the efforts of parents and key allies. They now have a national and funded peak body, the Organisasjon for Barnevernsforeldre (OBF),[5] which regularly provides advice to the Norwegian Government. Peer parent advocacy programs have a foothold in child welfare systems in many parts of the USA. These are actively promoted by the Federal Government because of their importance to good practice (e.g., Capacity Building Centre for the States, 2016). Parent advocates and other parent leaders in the USA are providing leadership in service design and in agency culture change. Conceptualising parents as *leaders*, both as parents of their children and in the broader system, is an important part of building a Family Inclusive approach.

For many programs and agencies, parent leadership inside teams and host agencies has emerged over time. Parent leaders I met during my Fellowship saw themselves as initially leading change in their own families and then becoming inspired to lead change in the child welfare sector. Their lived experience of successfully navigating the system led to them helping others

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[4]Open Adoptions and Family Services (OAFS) is an open adoptions agency in Portland Oregon. They have established a child welfare diversionary program to enable birth parents facing forced and closed adoptions in the child welfare system to choose an open adoption instead, enabling them to play an ongoing role in children's lives. More information about OAFS is available at: www.openadopt.org/

[5]The Organisasjon for Barnevernsforeldre in Norway (www.barnevernsforeldrene.no/) is a parent- and community-led initiative funded by the Norwegian government.

and advocating for child welfare system improvements. Parent leaders used a range of techniques to provide leadership including role modelling, advocacy, negotiating and mentoring. Other groups, such as the Washington State Parent Advocacy Committee in the USA (Rise, 2019) and the Norwegian OBF, are undertaking system-level policy reform activities and are having a real impact on law reform and child welfare systemic reform. In Seattle, I met with a parent leader from the Washington State Parent Advocacy Committee who received a national award for her leadership role in child welfare in the USA (Casey Family Programs, 2018). Awards for parent leaders are an important way agencies can both identify and promote parent leadership.

The OBF regularly meets with the Minister for Families in Norway and is part of all major policy discussions in child welfare. In New York City, Tobis (2013) attributes improvements in child welfare outcomes over a significant period of time, to the efforts of parent leaders and their allies.

The Family Inclusion movement in Australia is an important local example of parent and family leadership worthy of support. This movement is similar to parent leadership initiatives overseas in that parents, and their allies are working together to contribute to a better child welfare system. However, Family Inclusion organisations in Australia are resource poor and generally do not receive reliable funding (Ainsworth & Berger, 2014). Important leadership is also being shown by Aboriginal and Torres Strait Islander family organisations in Australia (e.g., Verass, 2017). These organisations and movements represent significant opportunities to support parent, family and community-led change in the interests of children.

Element six – Relational permanence. Minimising children's losses through carer and parent relationships and through the support and maintenance of relationships over time

Permanence is often conflated in policy and practice discourse with particular legal outcomes and court orders. This narrow focus conceptualises permanency as something that is achieved at a particular point in time – the day the court order is made. For example, New South Wales legislation[6] has specified a hierarchy, largely in the form of court orders that are seen to *achieve* permanency once they have been made. The language of children 'waiting' for permanence is used, suggesting that children's development and their very childhood are somehow suspended in time until a court order is made. The implication of this discourse is that permanence is achieved by the court order itself and that when children do not return home, families who resist permanent legal orders are seen as barriers to permanency, rather than enablers through their ongoing relationship with their child.

This understanding of permanency excludes family and runs counter to the lived experience and needs of children. In reality, permanency is a feeling and a lived experience that happens over time and through attachments that endure. A court order may coincide with permanency, but it cannot achieve or create it when it does not already exist. Felt security or relational permanence for children in permanent care is improved when there is a strong

sense of belonging to birth families as well as to the family with whom they live (Biehal, 2014; Boddy, 2013). Once we understand permanence as a relational experience that is important for *all* children and young people, it becomes clear that family relationships are integral to permanence. During my Fellowship, I explored examples of practice in which relational permanency was pursued. Both of the following examples involved respectful, child-focused and enduring relationships between alternate carers and family.

The first example is from Virginia in the USA where I met with practitioners, foster carers and parents who formed early and enduring carer and parent relationships during care and reunification processes as part of a program called *Bridging the Gap*.[7] Children were less likely to experience the loss of either their families or, after reunification, their carers, as the relationships between the adults in their lives endured. This quote from a mother whose child returned to her care summed up her child's experience of relational permanency.

> 'Get to know them (foster carers) if you can. It's good for the children to see the relationship and I don't want Lawrence to lose Sarah and her family from his life. But I have been lucky – not everyone is so lucky with the foster carer', mother in Virginia. (Personal communication – names have been changed - originally quoted in Churchill Fellowship report, Cocks, 2018, p. 35)

For this mother, a positive and enduring connection with the foster carer has ensured her child's losses were minimised. He kept his relationship with his foster carer after being reunified with his family. Techniques and strategies from *Bridging the Gap* can be applied in any care setting, including kinship care, foster care and residential care. A co-parenthood model currently being trialled in Australia is another example of supporting carer and parent relationships to achieve reunification (The Australian Centre for Social Innovation, 2019).

The second example is from Open Adoption and Family Services (OAFS) in Oregon. OAFS challenges the idea that permanent care as a result of child welfare concerns means that parents have failed. The OAFS approach requires that birth parents facing permanent removal of their young children choose the adoptive parents of their child from a selection of pre-approved adoptive parents. They make this choice through reading adoptive assessment material and in discussion with the OAFS team. Prospective adoptive parents are required to be willing and able to support ongoing birth family involvement in children's lives. All birth parents can access free, lifetime post adoption counselling and support services from OAFS. While OAFS practice is concerned with open adoption in the USA, their approach has implications for any kind of permanent care arrangement including arrangements in all Australian jurisdictions.

> A lifelong carer and parent relationship is crucial to open adoption. Sometimes birth parents are struggling and may lose contact for a while but the door stays open. (Shari Levine, Director OAFS (Personal communication, originally quoted in Churchill Fellowship report, Cocks, 2018, p. 33))

Both of these examples emphasise the development of natural and enduring relationships between birth family and alternate families

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[6]NSW Children and Young Persons (Care and Protection) Act 1998 No 157. Available from https://www.legislation.nsw.gov.au/#/. Section 10A of the Act – the permanent placement principles – specify a hierarchy of preferred permanent placement outcomes that are to be pursued in order.

[7]Fairfax County Children and Family Services have been running the *Bridging the Gap* program since 2008. Developed by Denise Goodman and Casey Family Programs and based on principles of family engagement and participation this program ensures early meetings between foster carers and families to facilitate reunification. Names have been changed.

as a pathway to permanence regardless of the case plan goal or legal order. Importantly, neither of these examples required foster carers or adoptive parents to *supervise* children's time with their families, as this would have contributed to power imbalances and potentially damaged relationships between carers and parents. The role of the carer was relational, reciprocal, inclusive of family and child focused. Supervision and evidence gathering, if it was needed, came from elsewhere.

Summary and conclusions

The article has conceptualised Family Inclusive practice as a reciprocal, relationship-based process, challenging and addressing power imbalances which occurs in a social context and goes beyond conventional understandings of family engagement. Through the experience of a Churchill Fellowship study tour, six key elements of Family Inclusive practice have been proposed. If we are to truly include families in relationship-based child welfare practice, these six elements provide practical ways to do so. These build upon existing understanding of Family Inclusive practice in child welfare. They require a deeper appreciation at a practice and policy level of what it is like to be in care or to face removal of children into care. They can be integrated into practice frameworks, evidence-based programs and across the child welfare system in Australia. However, they go beyond current practice frameworks and are not part of most child welfare programs in Australia today.

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