



Institutional Oppression That Silences Child Protection Reform

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Abstract

From its inception, child protection policy has been infused with domination, and over the long arc of history has been accompanied by the spread of institutional oppression. A case study of Australian child protection policy and practice illustrates how Iris Marion Young's (1992) five faces of oppression ((a) exploitation, (b) marginalization, (c) cultural imperialism, (d) powerlessness, and (e) violence) have pervaded the child protection system across time. Further, a secondary analysis of data from the Capacity Building Projects (2008–13) shows how oppression silences families, carers, community workers, and government child protection workers. Informal care networks, restorative justice, and responsive regulation enable silenced voices to be heard but remain at the fringes of child protection practice. Their potential will be reached only with a whole-of-child-protection regulatory refit in which open networks of dialogue are prioritized over networks of oppressive control.

Keywords Child protection reform · Institutional oppression · Marginalization · Restorative justice · Responsive regulation · Informal networks

Introduction

In a special issue of *Child Abuse and Neglect*, Gary Melton (2013) called for reforms that would reduce costs and improve outcomes for child protection authorities—the greater utilization of informal support and services. Since that time, programs have been implemented to be more inclusive of civil society, particularly drawing on the knowledge and skills of parents and children who have experienced the care and protection system first hand (see Ivec, 2013 for review). These programs are based on a philosophy of giving an active, constructive role to those who traditionally have been silenced. As such, they are not dissimilar from an earlier program of work on

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family group decision-making. Empirical support was found for initiatives that articulated restorative practices of empowering families to take responsibility for their own relational healing (Burford & Pennell, 1998).

More restorative, empowering, and dialogic approaches to child protection have been advocated since at least the 1980s (the 1989 New Zealand family group conferencing model is discussed by Becroft, 2017; see also Burford & Hudson, 2000). Yet reform has proven difficult (Adams & Chandler, 2004; Burford et al., 2019). Child protection systems have been described by Featherstone et al. (2014) as bastions of “muscular authoritarianism” (p. 2), by Parton (2014) as part of the political framework of “an authoritarian neoliberal state” (p. 12), and by Lonne et al. (2016) as expanding “the definition of neglect” in an “authoritarian” and “paternalistic” manner (p. 192). The academic literature is replete with criticism of an authoritarian state that fails families in need of help, routinely removing children and fast tracking their adoption (Broadhurst & Mason, 2013; Featherstone et al., 2014; Marsh et al., 2015; Parton, 2014; Quartly et al., 2013).

Warner (2015) explains the continual resurgence of state authoritarian practices in terms of a crisis-driven policy cycle triggered by the death of a child through parental abuse and neglect. Public emotional outcry reflects disgust, shame, and anger that such maltreatment should be allowed to happen. Shame is displaced into blame toward failed parents and a failed system. Governments demand action and threaten that “heads will roll.” Child protection agencies become increasingly risk averse, introducing tighter control with the hope of preventing things from going wrong.

Warner’s (2015) analysis of the emotional contagion that drives child protection policy is useful in explaining why reason and evidence count for so little with child protection’s crisis and reform cycles. Managing that emotional contagion and understanding its power, however, requires a closer look at the underlying regulatory structures that systematically close down rational contestation of decisions and decision-making processes.

On a day to day basis, child protection is contested space in which authorities and individuals alike feel threat and discomfort (Parton, 2014, p. 11). As Dingwall et al. (1995) point out, it is difficult to intrude on the privacy of the family in liberal democracies. The default preference is to assume “the principle of optimism” that all will be well. When it is not, the complexity of the situation can make the work difficult (Parton, 2014). Sometimes child protection authorities intervene when children are in danger, sometimes they remove children unnecessarily, and sometimes they fail to remove children who later die. Some kind of regulatory control and oversight is necessary to navigate this complexity.

Regulatory control from the perspective of child protection authorities is largely about survival. To avert danger to the child, coercive protective measures are used to change the relationships surrounding the child. To avert destabilization of the regulatory community in the face of outside criticism, child protection authorities exercise control over the narratives that are shared with the public.

Authoritarianism thrives in such conditions. Authorities shore up their decisions by capitalizing on their power and denigrating the other through scapegoating, asserting moral superiority, and inflicting punishment (Adorno et al., 1950). This

kind of social domination pervades child protection systems. The institutional imperative for feedback that decisions may have been harmful or ill-informed is weak. Parents, families, and advocates find it difficult to initiate meetings with decision-makers, and the option of contesting decisions through the courts is intimidating and costly in time and resources. In these ways, formal child protection processes silence and subjugate families, as well as advocates who challenge child protection decisions (Hamilton et al., 2020). The power imbalance creates a self-perpetuating cycle of poor information transfer, grievance, and destruction of potentially cooperative relationships.

It is fair to acknowledge that historically, interventions in the human services, and children's services more specifically, have fluctuated between a punitive, blaming, and stigmatizing approach and a compassionate, supportive, and humanizing approach (Burford et al., 2019; Levine & Levine, 1970). These fluctuations are observed to follow prevailing political ideologies, with reforms occurring when the political climate is sympathetic to a left-oriented social justice agenda or a right-oriented family values agenda (Levine & Levine, 1970).

While the form of control and the compassion with which control is exercised changes with conservative and progressive political agendas, state control of child protection has remained strong throughout. Adams and Chandler (2004) described the state as "controller of families in the child protective services system" (p. 93). Looking back on the history of child protection in Australia, Scott and Swain (2002) refer to "inspectors with the directive style of practice" (p. 130). This style of top-down regulatory control of families continues today. The question addressed in this article is whether this institutionalized pattern of administration has outlived its usefulness. Should webs of control be re-balanced with webs of dialogue that listen to traditionally marginalized voices beyond the child protection authority's control?

Accepting that regulatory control may be a necessary part of child protection work does not mean accepting hierarchical administrative structures with inflexible rules and impersonal decision-making that excludes families (Burford et al., 2019).

Why Look Back to Move Forward?

Institutions are the rules and norms that guide behavior, making some changes almost unthinkable to us. This article proposes that domination has become institutionalized in child protection regimes to the point where it is not recognized as a policy choice: Instead dominating practices are seen as the only way to keep children safe. This is one reason why reformers have been unsuccessful in institutionalizing a complementary suite of empowering regulatory mechanisms that enable families to assume responsible care for their children.

Regulation is a broad concept, covering not only rules but also policy, best practice guidelines, and norms: Regulation is what we do when we purposefully steer the flow of events in some directions as opposed to others (Parker & Braithwaite, 2003). We can steer child protection practices toward empowering children and families, or not (Gal, 2015). In other words, regulation can reinforce entrenched dominating practice, or disrupt that practice to give voice to silenced groups.

Using Australia as a case study, this article proposes that current practices of domination are path dependent on our shared history of institutional domination in child protection. Breaking that path dependency requires disruption. Disruption within the child protection authority would, following Warner's (2015) analysis, generate fear because disruption increases the likelihood of mistakes, criticism, and political outrage. Resistance to reform is the consequence.

Yet it remains the case that contestability is essential for an institution that potentially is as powerful, intrusive, and destructive of family life as a child protection system. So too is responsiveness to issues uncovered in that contest of ideas and decisions. This article proposes that reform must consider regulating for greater responsiveness and listening to a plurality of diverse voices. Special regulatory arrangements are required to introduce deliberative processes that encourage plurality of thinking (not silencing different voices) and enrich sophistication in how child protection challenges might be addressed (not slavishly following rule-ish protocols that are ill-suited to complexity).

Australia as a Case Study

This article draws on the Australian child protection system as a case study. It is of interest because the involuntary removal of children from their families continues unabated in Australia, despite an extraordinary period of consciousness raising about the lifelong suffering of previous cohorts of children who have been forcibly separated from their families and homes.

Within a five-year period (2008–13), Australian Prime Ministers, on behalf of the Parliament and the nation, delivered three speeches of apology to four groups. First, an apology was delivered to Aboriginal children who were forcibly removed from their families and homes from early in the twentieth century until the 1970s. The 2008 Apology to the Stolen Generation of Indigenous Australians came about after a government inquiry produced the Bringing Them Home Report (Human Rights & Equal Opportunity Commission, 1997).

The second public admission of wrongdoing by the nation was the 2009 Apology to the Forgotten Australians. A government inquiry documented the neglect and the physical, emotional, and sexual abuse of Australians who were in institutional or out-of-home care as children (Senate Community Affairs References Committee, 2004). This apology also included child migrants from Britain, Ireland, and Malta who came to Australia post World War II and had their ties to family severed, often deceptively, through government policy.

The third national apology in 2013 was to parents and children affected by "Forced Adoptions," and was based on a government inquiry into the Commonwealth Contribution to Former Forced Adoption Policies and Practices (Senate Community Affairs References Committee, 2012). Forced Adoptions were undertaken by highly respected health and welfare institutions from the 1950s to 1970s. Doctors, nurses, social workers, and religious and medical officials were complicit in taking babies of unmarried mothers, through coercing, drugging, or illegally gaining consent of the mothers, and adopting the babies out to married couples.

If awareness and remorse are sufficient to trigger change, Australia should have embraced reform that would prioritize healing family relationships rather than violently terminating them. Instead, the rate at which Aboriginal children are separated from kin continues to increase (Australian Institute of Health and Welfare, 2020; Productivity Commission, 2020). Resistance to changing practices, in spite of all the evidence that current practices are harmful, makes the Australian case particularly suited to the present argument: A history of institutionalized domination silences groups who might otherwise feel empowered to lead change. Those in the role of government child protection worker, non-government community worker, carer, parent, and child have lived experience of the complexities and difficulties faced by many child protection families. Their voices are silenced, not by their individual personal characteristics or lack of knowledge, but rather by institutional oppression of their role in the child protection system.

Iris Marion Young (1992) has provided a schema for describing how particular social roles suffer from institutionalized oppression. This article presents present-day evidence of child protection workers, community workers, families, carers, and children experiencing the following to various degrees: (a) exploitation; (b) marginalization; (c) cultural imperialism; (d) powerlessness; and (e) violence (Young, 1992).

The Regulatory Framework of Child Protection

Child protection is a state responsibility in Australia. The eight states and territories have different legislation to guide their child protection work, but there is a similar historical regulatory mindset of control, more recently buttressed by mandatory reporting, top-down management, and technologies of assessment and risk management.

The role of the federal government in this system is akin to being a light touch meta-regulator (Grabosky, 1995): They keep a watchful eye on the state regulators. The Australian Government worked with the states to introduce a National Framework for Protecting Australia's Children 2009–2020 (Council of Australian Governments, 2009), and a national child protection data register documenting details about notifications, investigations, and substantiations so that performance could be monitored (see Australian Institute of Health and Welfare annual child protection publications).¹

Historical Milestones

Scott and Swain (2002) and Tomison (2001) have provided detailed accounts of the ratcheting up of government intervention to protect children in Australia. For the most part, the key markers are in line with global trends. The historical overview

¹ <http://www.aihw.gov.au/child-protection-publications>

below targets a pattern of institutional domination that has prevailed in child protection for more than a century.

The last decades of the nineteenth century saw society move away from the idea that children were “owned” by their parents, and as such, treated in whatever way parents wished. The first efforts to protect children came from the *non-government, religious, and voluntary sectors*. Scott and Swain (2002) describe the committed work of “child rescuers” who came to the aid of children who had been abandoned and abused and parents who could no longer care for them. Child rescuers lobbied for government to set in place legislation to protect children and to hold parents accountable for not meeting their caring responsibilities.

While child rescuers focused very much on children “as victims,” Scott and Swain (2002) observe that government interest in the welfare of children was sparked by children “as threat.” Homeless and neglected children roamed the streets and posed a threat to a well-ordered society. Fear of delinquency and crime jolted government into action. Intervention in the child protection space was fueled by the need to provide discipline for wayward children and get them trained for work.

Legislation was an important step to strengthen capacity to enter homes and prosecute parents for mistreating children. Although prosecution occurred on occasion (Scott & Swain, 2002), governments held back from using the full force of the law against the perpetrators of harm to children (Swain, 2014; Tomison, 2001), turning a blind eye to sexual and physical abuse by not only parents but also guardians, teachers, and mentors. Indeed, only recently have western societies openly acknowledged the sexual exploitation of children, particularly by those entrusted with their care (Swain, 2014).

While many perpetrators of sexual abuse escaped attention, the state was not reluctant to use its legal powers to take on the role that the voluntary sector had played of investigating and providing care for children whose parents were regarded as unfit. This was most marked in the treatment of Aboriginal Australians and the assimilationist policies for most of the twentieth century. The state used its powers to forcibly separate children from their families, assume guardianship, and provide care. The care was most commonly institutional, on missions originally run by religious orders and then by the state. Interestingly, a “caring voice” was entwined with the assimilation policy, as evidenced by an argument over the optimum age for forced removal: “At a Royal Commission in South Australia in 1913 ‘experts’ disagreed whether children should be removed at birth or about two years old” (Human Rights & Equal Opportunity Commission, 1997, Chapter 2).

Experts became important in defining what it meant to be an unfit parent and gave legitimacy to using law to remove children. The second half of the twentieth century produced an avalanche of *research* from pediatricians, psychologists, and child development experts showing evidence of the prevalence, causes, and consequences of child abuse and neglect. Physical, sexual, and emotional harm were linked to problems in adulthood of criminal activity, poor physical and mental health, and family violence. Social costs captured public attention.

In the wake of this research came the fourth milestone of *professionalization*. Health and welfare professionals assumed responsibility for setting policy directions and developing implementation programs for government. Their influence spread

across government, wherever children's and families' needs were an issue—in health, education, welfare, and immigration. Professional expertise became important in setting standards for child protection authorities.

Just as religious and charitable institutions had passed the baton to the state with a view to controlling the actions of an “underclass,” professionals assumed a similar ideology of command and control. Their unchecked power became shockingly exposed through the practice of forced adoptions (Senate Community Affairs References Committee, 2012). The stigmatization of single mothers, like that of Aboriginal mothers, had occurred throughout the century in Australia (Swain & Howe, 1996), but it was particularly egregious in the 1950s to 70s. Professionals expedited the illegal means by which so-called consent was obtained from young single mothers to adopt out their babies.

The lapse of professional ethics seems staggering in retrospect. Gair and Croker's (2007–8) interviews with social workers suggest that such practices had become normalized in hospital bureaucracies. There was little contestation. Young mothers were too frightened and vulnerable. Parents with pregnant, unmarried daughters generally put their support behind hospital staff for signing the adoption papers. Eager middle-class adopting parents made the process less painful. And the young mothers saw themselves often as not ready for parenting or were too ashamed to break with tradition and keep their babies.² A narrative of care was used by institutions to soften actions that silenced and dominated young mothers.

The outcome was that as the twenty-first century began, Australian children had been forcibly separated and/or placed in institutions, away from their mothers and fathers, family, and homelands, at the behest of voluntary, charitable, and religious societies, government and the law, and health and welfare professionals and scientists. Under the many regulatory regimes that had shaped these children's lives, there had been no acknowledgment of the harms perpetrated by separation. The public only heard of children who had better lives. Many did. It was the silencing of those who had been harmed that was the problem.

Accountability for separation policies came in the form of retrospective government inquiries. When state apologies were made to those affected, a painful legacy became all too apparent: As the baton of institutional dominance in child protection was handed from one group to the next, some voices were consistently absent—parents, children, and families (Quartly et al., 2013; Scott & Swain, 2002). Deliberation that was inclusive of parents and children was not part of Australia's child protection history, nor of child protection policy and practice in many countries overseas (Featherstone et al., 2014; Lonne et al., 2016; Morris et al., 2008; Musgrove, 2015; Warner, 2015).

Impact of New Public Management

In keeping with overseas trends in public administration, child protection practices undertook another shift in the latter part of the twentieth century beginning with the influence of *New Public Management* (Adams & Chandler, 2004; Tomison, 2001). “Political and bureaucratic managerialists” (Johnston, 2000) were destined to take the

² Gair and Croker (2007–8) note that young Aboriginal mothers were more likely to resist pressure because they were not afraid to go home with their babies.

reins from health and welfare professionals in child protection. Policy advice became partisan and public service attention focused squarely on what government wanted. Media exposés of child protection failures (usually the death of a child that was presumed preventable) put agencies under extreme political pressure. Senior executives on more than one occasion were forced to resign because of public scandal.³

With an ever-present call for more child protection funding from government,⁴ government in return demanded greater accountability, and pressured agencies to operate more effectively and efficiently. Child protection authorities invested heavily in extensive record keeping and documentation (Alexander, 2014). Evidence was needed to defend their decision-making to their political masters and to win backing from the courts (White, 2005). Child protection authorities “lawyered up” and embraced assessment protocols (Alexander, 2014; Harris, 2011; Lonne et al., 2013). Formalized assessments and procedures were intended as an aid to make decision-making less emotional, more consistent, more transparent, and more accountable (White, 2005). A concomitant effect of formalized assessment is its application in a rule book fashion with less appreciation of context (Alexander, 2014; Lonne et al., 2013; Lupton & Nixon, 1999). Formalized assessment crowded out caseworkers’ capacity to exercise professional autonomy (Lupton & Nixon, 1999).

Risk assessment was added to the assessment package, not only to allocate resources to the most urgent cases but also to “hyper-react” and intervene in vulnerable families before problems arose, thereby reducing the agency’s risk of being publicly chastised for letting another child die (Munro, 2004, 2005; Nixon et al., 2005; Parton, 2014). Families affected by domestic violence, substance misuse, homelessness, families where a parent had a disability, or mental health issue, or a history with child protection came into the firing line for pre-emptive action (Hamilton & Braithwaite, 2014; Lonne et al., 2013). Caseloads rose, and child protection workers were further stretched in their capacity to do their jobs (Alexander, 2014).

New Public Management silenced government and non-government workers, less through child protection ideologies⁵ and more through the structures that it set up. Budgetary constraints, chains of hierarchical accountability, and formalistic assessment and risk protocols made it difficult for workers to attend to their caseload while acting responsibly with care and support to keep children safe. As pressures mounted, defending the reputational capital of the child protection agency against criticisms of inefficiency and ineffectiveness grew in importance. Control of messaging made it even more difficult for workers and agencies working closely with families to speak truth to power (Tomison, 2001).

³ Director-general of child protection services in Western Australia: <http://www.abc.net.au/news/2014-03-27/outgoing-child-protection-head-reflects-on-a-tough-job/5349534>; Deputy chief executive of Families South Australia: <http://www.adelaidenow.com.au/news/south-australia/education-and-child-development-department-deputy-chief-executive-david-waterford-quits-in-wake-of-families-sa-child-abuse-scandal/story-fni6uo1m-1227004314797>.

⁴ <https://www3.aifs.gov.au/cfca/publications/economic-costs-child-abuse-and-neglect>

⁵ With New Public Management came greater outsourcing which brought a variety of different perspectives into the child protection space. Arguably any progress with reform has been a consequence of outsourcing. See the work of Aboriginal Cooperatives in Victoria as one example of change being ushered in by a non-government organization with powers to shape child protection practices: <http://dhhs.vic.gov.au/publications/aboriginal-children-aboriginal-care-program>

Similar histories of domination at the hands of child rescuers, legislators, researchers, professionals, and bureaucrats have been told for overseas jurisdictions (Adams & Chandler, 2004; Lupton & Nixon, 1999; Munro, 2004, 2005; Parton, 2014). New Public Management perpetuated the historical problem of families and children being kept at a distance from the decision-making of child protection authorities. Despite well-intentioned leaders who have tried to bring reform,⁶ domination within child protection institutions prevails.

The story of domination by particular interest groups has not proceeded without any form of institutional accountability. In Australia, the parliamentary systems at state and federal levels periodically have given voice to those silenced on a day-to-day basis. In this regard, the outsourcing of services with New Public Management possibly created more eyes observing the failings of the system and greater potential for critical voices to be heard. Over 30 major government inquiries have found fault with the child protection system, pointing to (a) inadequate accountability, (b) poor transparency, (c) poor decision-making, (d) systems in which children become lost and complaints unanswered, (e) high staff turnover and high burden, (f) inability to work effectively with other organizations, and (g) poor outcomes for children in care (Lonne et al., 2013).

Evidence of Oppression

If child protection carries vestiges of institutional domination, it should be evident in consistent silencing of families, children, and workers. Silencing means people *feel* unable to voice their concerns or even ask questions that could be perceived as critical of the regime, often in the belief that they will be ineffective or punished for speaking up (Mathiesen, 2004). Iris Marion Young's (1992) framework of oppression is useful for understanding this silencing process because it has an institutional foundation: "oppression is the inhibition of a group through a vast network of everyday practices, attitudes, assumptions, behaviors, and institutional rules; it is structural or systemic" (p. 180). Therefore, oppression survives regimes of which child protection has had many—the period of domination by the voluntary sector, the regulatory incursion of government and its legislation, the rise of the researcher and the professional classes, and then bureaucratic restructuring with New Public Management.

The important insight, therefore, that Young (1992) offers for an analysis of child protection is to turn our sights away from targeting criticism and blame at occupants of particular roles, from government senior executives through to parents. That is not to say that individuals are not sometimes culpable for harmful excess and intentional wrongdoing. But Young's point is a different one. The oppression she refers to occurs because people who have the knowledge to lead reform belong to particular social groups that are systemically exploited, marginalized, culturally dismissed, rendered powerless, or bullied into subservience. In other words, their silence does not stem from having the misfortune to come up against a tyrant. Rather

⁶ There are many excellent accounts by those who have worked within the system and sought reform, for example, see the articles of Kate Alexander and Paul Nixon in the reference list.

it is embedded in the structures, practices, attitudes, and routines that silently silence their voices of concern (Hamilton et al., 2020).

In this section, evidence of systemic oppression is presented for parents, children, carers, community workers, and child protection workers. Evidence is assembled not only from the child protection literature but also from a set of studies conducted between 2008 and 2013 that were linked with an Australian Research Council grant on capacity building in child protection (see Table 1). The research program was designed to understand how child protection workers, community workers, and families experienced and interpreted their engagement with the child protection system and how they might better cooperate through a restorative and responsive regulatory approach. This article revisits the findings from this research program in order to explain resistance to reform in terms of long-standing institutional oppression. Not all groups targeted in these capacity building studies experience all five of Young's (1992) faces of oppression, but all systematically experience at least some of the following: (a) exploitation; (b) marginalization; (c) cultural imperialism; (d) powerlessness; and (e) violence. Four studies involved one primary jurisdiction (The Australian Capital Territory), one study of community support for migrants was based in Victoria, and two other studies drew on experiences of third parties, child protection, and community workers across Australia. All studies took place within a 5-year window in order to show that oppression extends across roles and does not settle on one role to the exclusion of others. The broad infiltration of oppression across the system strengthens the argument that control through domination is well entrenched in child protection systems.

Table 1 Seven Studies of Family Capacity Building (2008–2013)

Parents and carers

2008: Interviews with 45 Indigenous parents and carers from Canberra and surrounding region (Ivec et al., 2009, 2012)

2009–10: Interviews with 126 parents having first contact with child protection in Canberra ACT (Harris, 2011, 2012; Harris & Gosnell, 2012)

2010–2012: Interviews with 41 South Sudanese community members, leaders and supporters in relation to migration experiences (Losoncz, 2013)

Child protection authority staff

2009: National web survey of 859 child protection staff working in a statutory child protection context (McArthur et al., 2011)

Third parties: government and non-government agencies

2010: National web-based survey of 427 third party staff (Ivec et al., 2011)

2012–13: Qualitative interviews with 12 non-government service providers in Canberra ACT (Hamilton & Braithwaite, 2014; Hamilton et al., 2020; Maslen & Hamilton, 2020)

2012–13: Quantitative study of needs of families with child protection involvement. 5 organizations collected client intake data on 126 cases in Canberra ACT (Hamilton & Braithwaite, 2014)

Exploitation

Exploitation occurs when a group works to enhance the status and wellbeing of others, but loses more than it gains from the exchange in terms of that group's own identity. This process often occurs through setting up impossible value conflicts: In order to serve others, an exploited group, in Young's (1992) terms, sacrifices role-relevant standards of competence and ethics. In so doing, the group suffers the loss of esteem of self and others.

Marsh et al. (2015) describe the plight of midwives in jurisdictions with mandatory reporting and child removal powers. Midwives are forced to notify child protection of an "at-risk" client once they have given birth. Child protection officers use their state's "Assumption of Care" legislation to remove the child from the mother immediately after birth (Marsh et al., 2015). Marsh et al. demonstrate through interviews and fieldwork how ethically confronting this state of affairs is for midwives who are committed to a philosophy of care centered on the mother–child relationship and optimal care and bonding for mother and child post-birth. The exchange between the midwife and the child protection authorities violates the professional commitment to the mother–child relationship. Midwives compromise their professional autonomy and integrity (a loss of professional status) to facilitate authorities exercising control over at-risk families by removing children at birth (a gain for the system).

Quartly et al.'s (2013) history of markets in babies and the removal of babies from birth mothers without consent further illustrates the entrenched nature of exploitation: "the energies of the have-nots are continuously expended to maintain and augment the power, status and wealth of the haves" (p. 183). The joy that comes to the adopting parents with a new baby (gain) does not overshadow the despair of a mother who has had a baby forcibly removed from her care without provision for future contact (loss) (Senate Community Affairs References Committee, 2012).

Managers who take on the role of advocacy for Indigenous groups also are reported to experience oppression through exploitation. Indigenous children are 10 times more likely to be placed in out-of-home care in Australia, many with non-Indigenous families, contrary to agreed best practice (Productivity Commission, 2020). Advocates for Indigenous children are appointed within child protection agencies so authorities are seen to be addressing discriminatory practices. These advocates are exploited in so far as they lack the power and resources to make a difference, even though the system assigns them responsibility for doing so (Davis, 2019; Gooda, 2016).

The Capacity Building Projects in Table 1 offered examples of exploitation in families, community organizations, and child protection authorities. One of the most striking examples of the exploitation of community workers came from fieldwork notes concerning a non-government organization contracted to support families (Hamilton & Braithwaite, 2014, see Table 1).

On arriving for an interview with a community organization, we found caseworkers and the CEO reeling in shock in relation to a client. The client was a first-time expectant mother whom the community organization had been supporting, successfully in their view. The CEO had just learnt that the baby had been removed from the mother at the hospital, after birth. Child protection had rung seeking

information about the mother from the organization. Information was provided with reassurances that plans for support were in place. Child protection gave no indication that they held a different view and were going to remove the child. The community organization was devastated: ‘If I knew what was going to happen I would have hidden her [client]’. As if to justify their high levels of distress, they proceeded to tell us that the police too were upset. A police officer, after having accompanied the child protection worker to the hospital to remove the child, returned to the hospital to check on the wellbeing of the mother.

In this case, intermediaries experienced exploitation: On the one hand, they are given responsibility for dealing with parents and carers by child protection authorities; on the other hand, they have their professional assessment of risk dismissed without either discussion or explanation by the same authority. This story was not a one-off, though it was the most dramatic example of exploitation that we observed in real time. The repeated exposure to exploitation among community workers was captured in this quote: “We are good enough to do everything that is really, really hard for them (child protection authority), ... they recognize it, but ... [also] they dismiss it” (Hamilton & Braithwaite, 2014).

Foster carers similarly spoke of child protection relying on their efforts, of making promises, but then failing to support them in practice: “[Child protection] say kinship care is best, but they give us no support” (Ivec et al., 2012, see Table 1). Carers of Indigenous children provided many examples of waiting for needlessly long periods of time for permission to address a child’s educational and health needs (Ivec et al., 2012). Their efforts to do the best for the children in their care and gain satisfaction from their role of carer were routinely denied by an inflexible and non-responsive child protection system.

Child protection workers within the system too expressed a sense of exploitation. The majority expressed commitment to professional values of care and support, and rejected values that justified punishment and arbitrary control (McArthur et al., 2011, see Table 1). Many perceived a mismatch between what their managers required of them and their values. As in other jurisdictions, they felt unsupported in acting according to their professional values (Featherstone et al., 2014). Failure to fulfill their professional identity because of the way child protection systems operate meets the criterion of oppression through exploitation. The system gains in so far as “the job gets done,” but in meeting the demands of the system, those fulfilling their role obligations are caught in core identity conflicts and bear a sense of loss.

Marginalization

Marginalization oppresses through expelling groups from useful participation in social life, groups such as single mothers, the homeless, the unemployed, various disabled groups, and some ethnic and indigenous communities (Young, 1992).

Risk assessment in child protection places a spotlight on the following: parents with domestic violence problems, who are homeless, who have a disability, who are unemployed, or with a history of mental illness or drug misuse (Lonne et al., 2013). Too often these groups are punished through drawn out, intrusive, and

anxiety-producing investigations that are unnecessary for safeguarding the wellbeing of children and that prevent families from engaging fully with their lives (Parton, 2014). These groups, once identified as high risk and likely targets for investigation, acquire the stigma of being bad parents, stigma that extends to those who are sympathetic to them (Hamilton et al., 2020).

The Capacity Building Projects uncovered oppression through marginalization. In the study of carers and parents of Aboriginal children in Table 1 (Ivec et al., 2012), child protection authorities were seen as targeting groups for child removal unfairly: “Young mothers don’t get a chance.” Intervention into Aboriginal communities was experienced as disabling, not enabling: “We have reconciliation but these same old things keep going on. There’s nothing good from them fellas. Every time they come they’re making threats” (Ivec et al., 2012). Indigenous participants seemed genuinely perplexed as to why child protection did not want to “help people who want to be a family, help them work together, work out their issues and be positive not negative about the family?” (Ivec et al., 2012).

For Sudanese parents, marginalization associated with unacceptable child rearing practices was felt keenly and placed a gulf between the refugee community and government (Losoncz, 2013, see Table 1). In the words of a Sudanese community worker: “If someone takes your child they rob you, they take him like a slave.” Perhaps the most sobering from a marginalization perspective is this quote from the same study: “We are thinking they are helping us, but they are destroying us.”

Many community workers were marginalized because they were advocates for finding some way of keeping children in touch with their birth parent’s best self wherever possible. They were accused of irresponsibly putting children at risk because of the support they were giving to mothers (Hamilton et al., 2020). Carers too felt the threat of marginalization. A carer acted in secret to allow her Aboriginal foster child to meet his father without being caught: “It was really important that this father who had shown an interest have some contact” (Ivec et al., 2012). She was all too aware that this act, if discovered, could cost her guardianship of the child.

Families having their first encounter with child protection experienced marginalization at a number of levels (Harris & Gosnell, 2012, see Table 1). They were kept at a distance, and were made to feel that they were “the problem” and “not worth helping.” Less than a quarter of families (21%) were asked about what was working well for them and were given help to access services of support.

For children, the findings were equally disturbing. Marginalization was undoubtedly not the intent of youth workers trying to assist troubled youth, but it was too often the outcome. Parents who had called child protection to ask for help in dealing with troubled teenagers looked on as their children were placed in poorly supervised accommodation, often dropping out of school and dropping into a culture of illicit drug taking and trading (Ivec et al., 2009).

Marginalization means limiting a groups’ opportunities to take part in the normal rites of passage in society—education, work, having a family, being part of a community, all of which are integral to leading a full life. The Capacity Building Projects provided evidence of the marginalization of parents, families, carers, and community workers, even children whom the child protection authorities had a duty to protect.

Cultural Imperialism

Cultural imperialism is described by Young (1992) as “the experience of existing in a society whose dominant meanings render the particular perspectives and point of view of one’s own group invisible at the same time as they stereotype one’s group and mark it out as ‘other’” (p. 191).

Cultural imperialism was striking in the removal of Indigenous Australian children from their families, well documented in government inquiries (see Footnote 1). Similar public recognition of cultural imperialism in government-sanctioned child removal has occurred in New Zealand and Canada (O’Sullivan, 2019).

The Capacity Building Projects confirmed issues of cultural imperialism, some examples of which have been presented in the previous section on marginalization. What is less often recognized in child protection practice is the way in which cultural imperialism is transferred across generations. A young Aboriginal mother gave insight into how deeply cultural imperialism is institutionalized, in spite of repeated inquiries warning of its debilitating effects:

My son was taken at six weeks old...I just turned sixteen when I had (my son). I rang [child protection], went in for a meeting... I was given a tick list with a calendar of visits. They made allegations about me...they didn’t need a reason – I had the same [child protection] worker as worked with me as a child (Ivec et al., 2009).

The cultural divide was felt by parents: “I had a chance to explain things but I didn’t feel understood. They listened but were quite dismissive of what I said” (Harris, 2012) and “The more you cared the worse they thought of you” (Ivec et al., 2009). Another summed it up this way: “Our futures are in the palm of these people’s hands and they don’t know us” (Ivec et al., 2009).

Powerlessness

For Young (1992), the powerless face of oppression resides in the groups who do not identify with the professional classes. She proposes that powerlessness “describes the lives of people who have little or no work autonomy, exercise little creativity or judgment in their work, have no technical expertise or authority, express themselves awkwardly, especially in public or bureaucratic settings, and do not command respect” (p. 189). Young proposes that structurally induced powerlessness comes about through not being able to develop one’s capacities to be the equal of the professional classes. Many such accounts of powerlessness are found in the child protection literature (see, for example, Morris & Featherstone, 2010; Parton, 2014; Pennell, 2006).

In the context of child protection, professionalism privileged by law has rendered many groups powerless—not only those who are labelled as high-risk parents but also workers who support them (Hamilton et al., 2020). Fear of not being seen to conform to professional norms silences people. Being subservient and dependent on government for funds and service contracts constrains professional reach and silences

people. Not being familiar with the legal process silences people. Denial of prospects of responsible agency in another human being silences people. The following quotes from studies in Table 1 illustrate powerlessness created through institutional structures.

In case conferences, the child protection authority ruled the roost. Community workers used the word “powerless” to describe their experiences: “we feel like we are quite powerless, so you can imagine how parents feel to go into a meeting with [child protection], they will just walk all over, and shout you down almost;” and “when you are in a big case conference, you might have ...[nine people] then mum ... [child protection] are the primary worker. They are the government body that has power over every single person sitting at that table” (Hamilton & Braithwaite, 2014).

Another community worker recalled comforting a client who was crying in a case conference. Her actions were criticized by the child protection chairperson. The worker was effectively silenced: “And I just shut down, I felt shamed, I felt fearful to speak truthfully to the client ...” (Hamilton & Braithwaite, 2014).

The legal process frightened many community workers who did not feel they had the competence to advocate for clients and who thought it was hopeless anyway: “You would never get legal aid to challenge anything the department has said” (Hamilton & Braithwaite, 2014).

Parents also said they were baffled by legal proceedings: “When we went to court...I couldn’t understand a word she (psychologist) was saying or what was written” (Ivec et al., 2009). Others who were fortunate enough to have legal aid felt let down: “[He] just told me to sign the paperwork,” “[he gave] me the wrong advice...I should never have been made to sign the paperwork.”

The community organizations study confirmed the seriousness of this problem among parents: “They just don’t understand at all what’s going to happen and they were never given any information ... They sign things without knowing what they are signing, they agree to things without understanding what they are agreeing to” (Hamilton & Braithwaite, 2014).

Not all were so intimidated or compliant. A carer challenged a department official on decisions made regarding her grandson’s care and was told to “lose your attitude ... you took [your grandson] to the Doctor’s without our permission. You have no right to take him to the Doctor” (Ivec et al., 2012).

There were many other stories of those who tried to make an impression on the professional class with their can-do-ness, but failed in their efforts. An Aboriginal grandmother recalled: “We offered to sort it out ourselves, between the families, sit down, have a cup of tea, and they said, ‘no, we’re the workers’” (Ivec et al., 2012).

Violence

Oppression through violence is most notably demonstrated through fear of unprovoked attacks on person or property or threat of such attacks (Young, 1992). A significant proportion of the cases handled by child protection are triggered by domestic violence. Police and child protection workers are called to intervene in confronting and difficult situations, and in so doing, put themselves at risk of harm (Briggs et al., 2004; Hunt et al., 2016).

When police officers, often armed, arrive with child protection workers to forcibly remove children, trauma is felt by families and children alike. Families engage in many activities to fight back against child protection, often escalating conflict in the process. Courts deal with the aftermath: “kidnapping” children to avoid removal or loss through custody decisions, falsifying drug tests, and “hiding” to keep child protection at bay. Physical violence that grows out of coercion and desperation threatens both those on the side of child protection authorities and those resisting intervention.

Young (1992) adopts a broad definition of violence as a face of oppression. Violence includes name-calling and harassment that is intended to degrade or humiliate others. The Community Capacity Building Projects revealed examples of violence of this type being used by supervisors against child protection workers, and by child protection workers against parents and community workers.

Supervisors were not always willing to discuss reasons for child removal with staff. Silencing through fear was evidenced when a team leader said to one of her workers, “Can you sleep tonight knowing that that child is going to be safe [if left there]?” (Hamilton & Braithwaite, 2014). Denying opportunity for discussion and problem resolution fails to meet the needs of a junior staff member, as well as the child and the family. The oppression is emotive and blame-oriented. Its violence lies in denying all parties an opportunity to think clearly and understand the situation.

Threat from child protection authorities permeated the interviews with parents and carers, as they recounted either being silenced, or fearing punishment if they were caught doing what they thought best for the child. One described her silencing in these terms: “[you] don’t have a voice if you disagree. All you can do is sit there and take it” (Ivec et al., 2009). Earlier anecdotes of arranging secret meetings for father and son and being admonished for taking children to the doctor without permission convey concerns about a vengeful child protection authority.

Dominance and dismissiveness from child protection authorities also was felt by community workers: “The things they do sometimes are very deliberate and very, very undermining of us; very, very rude; we would never treat them like that, never, [be]cause we wouldn’t be game. We know that the door wouldn’t be open ever again” (Hamilton & Braithwaite, 2014).

The threat that child protection posed to families was perhaps nowhere more evident than in the way parents who had just had their first encounter with child protection responded to questions about the intervention (Harris & Gosnell, 2012). The majority of parents (77%) did not believe that child protection services had helped them or their child. Yet an astonishing 80% said that they would do whatever child protection asked of them. These data suggest considerable fear among parents over what might happen next.

Stories of child protection workers, community workers, parents, carers, and children show how faces of oppression settle on all of these group identities. With oppression comes distancing, loss of trust, and loss of hope (Hamilton et al., 2020). If these groups distance from each other and mistrust each other, it is near impossible to spontaneously orchestrate collective action for the safety, health, and benefit of families—and also for reform of the system.

Building Structures to Counter Oppression

A regulatory approach to redressing institutional domination and oppression means introducing new open and collaborative structures that include child protection officers, community workers and families, and that have powerful champions in government and beyond the child protection system (Burford et al., 2019). One goal might be to set in place strong and interconnected networks of dialogue where information would flow openly and ideas would be contested freely, where child protection staff, community workers, and families would meet on equal footing, and where politicians, representatives of the justice, health and welfare systems (including housing) would be active participants in conversations about system reform. To be effective, such networks of dialogue would infuse the child protection system at a variety of levels, for instance, policy, implementation, decision-making, and day-to-day practice. Feedback loops would connect deliberations at these different levels so that reforms were coherent and mutually reinforcing.

A revised regulatory design from policy through practice would privilege community-led problem solving in everything but the most serious of circumstances. There will always be need for command-and-control interventions when quick action is needed in response to serious harm. The statistics, however, tell a different story of enormous opportunity for community-led problem solving in child protection cases: More than half of the investigations carried out in Australia (58%) do not lead to children being placed on care and protection orders or in out-of-home care (Australian Institute of Health & Welfare, 2020).

Practically speaking, structural reform needs to build on initiatives that have proven successful in building capacity at the grass roots level. In other words, institutional change will only be realized if the privileging of community-led problem solving can be justified through pointing to examples of programs that work. Informal networks, restorative justice, and responsive regulation are such programs. They are evidence-based pathways for ensuring that previously silenced voices are heard, families are empowered, human agency to act responsibly is harnessed, and sufficient controls in the system are in place to protect against harm. Furthermore, when well executed, these arrangements enable learning, reflection, innovation, and evidence gathering, all rendered impossible by an oppressive system.

Informal Networks

Melton and colleagues advance a convincing argument that while risks may lurk in informal networks, on balance, harnessing the positive features of these networks is advantageous to children, families, communities, and government (see also Melton & Thompson, 2002; Pennell & Burford, 2000; Burford & Pennell, 1998; Tsantefski et al., 2013). There are success stories in opening up the child protection space to welcome informal support (Ivec, 2013; McLeigh, 2013; Tsantefski et al., 2013). Programs are emerging with their roots in civil society, rather than in the professions and government, though both professions and government may lend their support. Programs for better parenting, drug rehabilitation, family conflict resolution, homelessness, and

advocacy are enrolling volunteers into support networks, including volunteers who have been parents in the child protection system.

Informal networks allow for a realization of shared values, a sense of community, and expanded social networks which can open up the opportunity for receiving and giving instrumental and emotional support. Beyond child protection, studies in successful recovery from substance misuse identify five critical “CHIME” conditions: Connectedness to others, Hope for the future, a positive Identity, Meaning in life and a sense of Empowerment (Leamy et al., 2011). These may also prove important in explaining how informal networks aid families seeking family reunification or recovery post child removal.

Restorative Justice

Restorative justice or family group conferencing has long been in the wings (Adams & Chandler, 2004; Burford, 2005; Burford & Hudson, 2000; Nixon et al., 2005; Pennell, 2006; Pennell & Burford, 2000) and is evolving in different forms to fit purpose (Burford et al., 2019). The core principle is recognizing that harm has been done and that justice can heal (Braithwaite, 2014). Restorative justice is about listening, empowering those most directly affected, and sharing problem solving in a contextually responsive way (Adams & Chandler, 2004; Burford, 2005).

In practice, restorative justice involves bringing all parties affected by a harm together—sometimes in small groups initially and eventually as one. This would include parents, children, other family members, supporters of parents and supporters of children, along with those working on the front line of the case, possibly police, neighbors, child protection workers, community workers, nurses, and teachers. The harm is discussed giving all a chance to say how they felt, why harm had occurred, and to listen to others and how they had been affected. Once the harm and repercussions are shared and understood, the group works toward a plan for ensuring that a child *is* and *feels* safe and well cared for, and for giving families a constructive role to play in achieving this outcome.

Forms of restorative justice and family group conferencing have been used in child protection in New Zealand, Canada, the USA, Ireland, the UK, Europe, and Australia (Burford & Hudson, 2000; Connolly, 2006; Harris, 2008; Nixon et al., 2005; Robertson, 1996). One of the challenges has been for professionals and care and protection staff to relinquish power and allow families to lead the way in decision-making (Harris, 2008; Merkel-Holguin, 2004). Principles of restorative justice along with specific family-oriented programs address the disempowerment and stigmatization of families, as well as the conflict and loss of hope within families that prevents recovery. Such problems are heightened by institutional oppression.

Responsive Regulation

Control measures place constraints on what decisions are made and how they are made. Networks of dialogue encourage a free flow of ideas and views on how a problem should be addressed and resolved. Well-functioning systems encourage

dialogue while having controls in place to prevent harm. Optimally balancing dialogue and control is the challenge that child protection authorities face.

When restorative justice is embedded within responsive regulation, control measures can be used to “back up” dialogue and collaborative problem solving (Burford et al., 2019). The central idea of responsive regulation is to use only as much intervention or intrusion as is required to fix the problem. In the child protection context, Harris (2011) has provided a model of a responsive regulatory pyramid that has three broad levels (within each, a number of levels can be inserted to suit context): informal decision-making at the base, family group conference in the middle, and court at the top. Harris has argued for increasing the number of levels of engagement for families at the bottom. For example, informal networks can be mobilized to offer help. If this does not solve the problem, informal meetings may be convened to plan a course of action, without any involvement from the child protection authorities (Harris & Wood, 2008). Harris is critical of child protection authorities using their technologies in a race to the top. His research shows how assessment protocols dictate intervention and compliance with these strictures before families are given a chance to offer their own plan for correction. Others have similarly argued for reinvigoration of informal networks at the base of the pyramid and have seen responsive regulation as a way of navigating tensions between caring and control in child protection (Adams & Chandler, 2004; Burford & Adams, 2004; Ivec, 2013; Merkel-Holguin, 2004).

Using restorative justice conferences within a responsive regulatory framework serves as an institutional check on oppression. It is a check for ensuring people can own their problem and participate in solutions. It guards against bias toward top-down bureaucratic or professional directives for gaining “compliance.” Yet the control measures that are necessary regulatory tools for the protection of children remain in the background, known to all parties as measures that will be used should more restorative and informal problem resolution methods fail.

Conclusion

This article argues that domination permeates child protection systems, cascading down from government ministers to senior managers, and then to supervisors, field officers, community workers, and finally, families and carers. Path dependency is part of the explanation of why institutions of domination prevail and why reform has been resisted. Historically, domination and oppression have been institutionally entrenched across changing regimes.

Using Australia as a case study, the work of child protection historians is used to show that for over a century a culture of domination in child protection policy and practice prevailed. The baton was passed from holders of one dominant ideology to another with the implicit message “see what you can do with them.” Parents and children and their support networks were recipients of care delivered by the voluntary sector, government welfare, next the research and professional classes, and last, a New Public Management regime. At no point was there evidence of child protection authorities being inclusive of children and families. Regimes for reform changed but always with a dominant voice expounding on the problems and the

solutions. In recent times, these institutions of domination have been cemented in place more firmly by what Warner (2015) describes as the emotional contagion of public outrage over child protection mistakes and the defensive political and bureaucratic response of tighter regulatory controls and greater risk aversion.

Institutional oppression continues to be experienced by families, carers, children, community workers and child protection workers as regulatory controls are ratcheted up and interventions increase in number and intrusiveness (Australian Institute of Health & Welfare, 2020). Young's (1992) five faces of oppression were evident to varying degrees in 7 empirical studies conducted in a five-year period. Exploitation or experiencing identity loss to further the interests of child protection authorities was experienced by all groups, as well as by professionals with mandatory reporting requirements. Marginalization, cultural imperialism, and powerlessness were mainly problems for "others" outside the child protection authority. Marginalization signaled a denial of opportunity to fully participate in the child protection decision-making process, while cultural imperialism and powerlessness denigrated the understanding and knowledge of those not inside the child protection system. Physical violence could trigger child protection intervention, but even when it did not, emotional violence rippled out to envelop families, child protection workers, and community workers. Blame and anger over treatment and decisions washed over all actors in the system. Child protection workers and third parties described situations where child protection supervisors and managers were hostile to them for openly expressing divergent views, and standing up for organizational values and social justice.

Addressing an entrenched sensibility of domination and control requires a regulatory refit of a special kind. The problem is relational and requires change in how people talk to, listen to, and plan with each other. Fundamental to success is people being able to empathize with each other and that means knowing what it is like to walk in the shoes of the other. Child protection work necessitates heavy reliance on emotional work: reaching out to provide companionship in the parenting journey, support when things go wrong, regulatory feedback to avoid harms, and regulatory intervention when children are not safe (Strazdins, 2000). None of these features of emotional work is mutually exclusive; rather they are practiced together. Such an ethos needs to seep into child protection cultures from the top to the bottom of organizations.

To date, Australian child protection systems have proven resistant to change. Many government inquiries have made many sensible recommendations, repeatedly, that are not implemented. This article puts forward the argument that implementation will only come about when child protection becomes comfortable with the ethos of emotional work and sets up webs of dialogue that allow families, child protection workers, community workers, and third parties to come together as equals to redesign systems of service delivery and regulatory intervention.

Given past resistance to reform, three paths are proposed as stepping stones that can give a secure footing for those fearful of radical change: (a) enhance the role of informal networks; (b) adopt restorative justice; and (c) create space for bottom-up problem solving within a responsive regulatory framework. All three interconnect to directly empower families, and if made mandatory and supported by senior

management, would push back against domination and oppression. Through building reform out from these measures, it is possible to bring to child protection a suite of dialogic and control measures that are respectful of all parties, that encourage responsible parenting, and that can be molded to the needs of different families.

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