Hidden in plain sight

A policy position for the involvement of extended family with family support services

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Abstract

This study set out to identify policy considerations for the involvement of kith and kin with Victorian family support services, where there are child protection concerns, in order to recommend a framework that both recognised the essential contribution of kith and kin and suggested clear policy for their fundamental involvement that can be readily implemented by government. Although existing policy recognises the important contribution of kith and kin at later stages of child protection, there is no clear policy for their deliberate involvement in family support services that result from statutory intervention.

The study's methodology was underpinned by social policy analysis, the strengths based approach, and ecological theory. A three-round Policy Delphi method was used; and the novel integration of social policy theory and strengths based principles into the technique enhanced its theoretical strength.

Surprisingly, while authors in the field of policy analysis seem to operate on an assumption about what constitutes 'evidence informed policy', there is no specific or well constructed definition. This study expounds a strengths based definition of evidence-informed policy that is congruent with the definition of evidence-informed practice and good policy design method.

The study drew on a panel of twenty-four senior academics, policy makers, practitioners and representatives of kinship carers (whose average length of service in child welfare was 20 years). The respondents engaged well with the study, as evidenced by the above-expected level of participant retention, and completion of questionnaires.

As there is no agreed way to report a Policy Delphi, a new format was pioneered where the results were delivered in a way that gives the reader an experience of the Delphi process, by presenting the results in the same format as the panellists received their round-by-round feedback. Additionally, the technical findings are clearly outlined, adding to the information about how to conduct a successful Delphi process. Thus the study delivered new contributions to the field.

The study provides a new policy position, based clearly in theoretical principles and research findings that extends the current approach, to oblige active searching, engagement and support of the extended family network in the work of caring and providing safety for children. The major finding of this study is the need to move away from the current paradigm of the risk-averse, prescriptive rules and protocols as the arbiters of service administration and provision, to a paradigm that venerates relationship and individually tailored interventions. It recognises the high value of relationships, including those between family members, and between the family and workers, and so emphasises a more humanist, collaborative, strengths based approach to work in the area of family services and child protection. Also recommended is an altered screening threshold for extended family involvement with services, which supports active engagement and collaborative assessment to determine if the (extended) family has capacity and interest to work with the program. The findings also recommend that the same workers should remain involved with the family even if the child needs to live in kinship care for some time.

Declaration

This thesis contains no material which has been accepted for the award of any other degree or diploma at any university or equivalent institution and that, to the best of my knowledge and belief, this thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

Signature: …………………................

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Date: ………………………….

Publications and conference presentations during enrolment

Jackson, A.L & McConachy, J.E (2014). *Neither Here Nor There-Revisiting Reunification,* Melbourne: Berry Street Childhood Institute.

McConachy, J.E. (2008) Kinship Care: At the Behest of Love and Law. Paper presented at the conference, *Children and the Law: International approaches to children and their vulnerabilities,* Prato, Italy, 10 September 2008.

McConachy, J.E. and Borenstein, J. (2014) Supporting Caring Families: Approaches in an Australian Context. Paper presented at *CWLA Kinship Care conference: Building communities of caring for children and families*, New Orleans, USA, 17 September 2014.

Dedication

This work is dedicated to my parents,
Margaret and Ron McConachy, with love and eternal gratitude.

Although neither of you lived to see it, I know you would both be proud of this work
and in the end that is what's really important.

My parents gave me the greatest gift anyone could give another person…
they believed in me (after Jim Valvano, 1987)

Acknowledgements

This thesis and the study behind it is my own work, and something for which I am responsible - wherever that leads. Nonetheless, a production of this size does not come about from the efforts of one person alone, and so I convey my sincere gratitude to those who have supported and encouraged me. This amounts to many more people than those listed below, but to each person named, I owe a particular debt of thanks.

My supervisors, Emeritus Professor Thea Brown and Professor Rosemary Sheehan whose keen interest, thoughtfulness and unwavering personal and academic support allowed me to remain focussed, positive and open to new ideas and connections. And now our venture is complete, I would like to say (to borrow a phrase from my late friend, Miff) 'I thoroughly enjoyed every minute of it' - and I know I shall miss you and the work.

I am particularly indebted to the participants in the study (some of whom agreed to be named, and are listed Appendix Fifteen) who very generously gave their time, thoughts and attention across the three rounds of the Delphi. Many people kindly forwarded information about the study to colleagues, and so allowed the participant group to be larger and more diverse; they additionally contacted me with suggested references and other thoughts. The policy that has been developed comes from their unstintingly shared wisdom, experience and care.

Dr Ralph Hampson, who has been a friend for many years; it was your encouragement that started me on this journey and I have benefitted greatly both personally and professionally from your continued support and enthusiasm.

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Key Words

Extended family

Family Services

Kinship

Social Policy

Delphi method

Child Protection

Glossary of terms and abbreviations used in this thesis:

ACCO   Aboriginal Community Controlled Organisation

AIFS   Australian Institute of Family Studies

AIHW   Australian Institute of Health and Welfare

ARACY   Australian Research Alliance for Children and Youth

CAARS   Common Approach to Assessment, Referral and Support tool. Used by workers in the early childhood, family support, mental health, family relationships, health and education sectors to identify and respond to early warning signs of child maltreatment.

COAG   Council of Australian Governments. This is a regular forum for states and territories to meet with each other and with the federal government with the aim of promoting consistency and addressing issues that are common across the nation.

CREATE Foundation

            The peak body representing children and young people in out of home care, in Australia

CSO   Community Service Organisation (the government-funded welfare sector, in other jurisdictions known as non profit organisations)

DHHS   Department of Health and Human Services - the Victorian government department which encompasses the child protection service; previously known as the Department of Human Services

Extended family

            For the purpose of this study, extended family will be defined as 'kith and kin', not just blood relatives

FaHCSIA   (Federal government department of) Families, Housing, Community Services and Indigenous Affairs

FCAV   Foster Care Association of Victoria - the peak body for foster carers in Victoria

Kith   Close friends, those who feel like family

Kin   People related by blood ties (and marriage/partnership)

Kinship Care

        When children are cared for by friends or family, but not their parents, in an ongoing way (this can be Court ordered, known as statutory care or formal kinship care, or may be an informal arrangement between the parents and other family members).

Kinship Care Victoria (KCV)

        The peak body representing kinship carers in Victoria

Kith and Kin Close friends and family to whom a particular individual feels a sense of belonging

Moderator   The person who facilitates the Delphi process, but is not a participant in the panel. In a research study this role is held by the researcher

NHMRC   National Health and Medical Research Council

OECD   Organisation for Economic and Development

OOHC   Out of Home Care (which includes kinship, foster and residential care)

Substantiation of child protection concerns (Substantiation)

        This is an administrative (not Court determined) assessment by Child Protection professionals, after an investigation of the circumstances, that a child has suffered or is at risk of suffering significant harm.

Programs, frameworks and strategies referred to in the thesis

<u>Best Interests Case Practice Model</u>

This framework provides guidance to Victorian child protection workers and other professionals in the child protection system about information gathering, analysis and planning, action, and reviewing outcomes, theoretical and legislative underpinnings and practice principles.

<u>Brighter Futures</u>

'Brighter Futures (BF) is a NSW State Government funded early intervention program providing targeted support to vulnerable children and families with children aged under nine years or families who are expecting a child. BF is designed to build the resilience of families and children who are at risk, and is delivered by 14 lead agencies across NSW, together with Community Services (CS) caseworkers. The overarching service model aimed to complement and build on existing service networks in communities to support families showing early signs of child protection issues… The program was designed around the following features: Voluntary participation; Strengths-based; Child-centred; Integrated service delivery. The program aims to strengthen parent-child attachment relationships, and to promote parenting and child development' (Solomon and Gwynne, 2011: 44).

<u>Child FIRST (Child and Family Information Referral and Support Teams)</u>

Child FIRST is offered in sub-regional catchments across the whole of Victoria to provide a community-based central referral point for a range of Family Services and other support services within the designated catchment. Child FIRST promotes improved outcomes for vulnerable children and families, and provides service interventions with a whole-of-family focus, to strengthen parent capability to provide basic care, ensure safety and promote their child's development and improve the family's community connections and access to community resources (DHS Victoria, 2007a).

Cradle to Kinder

The Cradle to Kinder, including the Aboriginal Cradle to Kinder program, is an ante and postnatal support service that provides longer term, intensive family and early parenting support for vulnerable young mothers and their families. Cradle to Kinder currently commences with the young woman during their pregnancy, and continues to work with the whole family until the child is ready for school, up to five years of age. The client group for the Cradle to Kinder is young pregnant women, aged under 25 years at the point of referral to the service:

- where a report to Child Protection has been received for their unborn (or newborn) child, where the referrer has significant concerns about the wellbeing of the unborn (or newborn) child, or

- where there are a number of indicators of vulnerability/concerns about the wellbeing of the unborn (or newborn) child and the woman is not involved with the Child Protection system.

Eligibility is determined on the basis of the family experiencing a number of risk factors, where it has been assessed that they need intensive and long term support. Within this defined client group, priority of access will be given to young women who are, or have been, in OOHC, Aboriginal women, and women who have a learning difficulty. Priority of access will also be given to young women and their families who have previously been receiving Cradle to Kinder and Aboriginal Cradle to Kinder services but who have moved to a new area.

The program uses a key worker model, supported by a team of professionals who provide therapeutic assessment and intervention; early parenting support and practical assistance; advocacy; and service brokerage, with a focus on promoting infant/child wellbeing and healthy development. The program documentation also gives an aside expectation that the family should be likely to benefit from the intervention (Child Protection Placement and Family Services, 2012).

Early Parenting Centres

The target group for Victorian early parenting centre services is vulnerable children and their families, from pregnancy up to four years. Eligibility is determined via the identification of risk factors (at any point of the child protection system) for the child living with his/her parents. These services focus on making a detailed assessment of needs; supporting parent-child attachment; and making referrals to universal child focussed and specialist adult focussed services. The service duration may include a five-day stay in a residential facility, some day stay (eight-hour day) and 60 hours of in-home support.

Family Finding

This model of searching and engaging the extended kith and kin network of children involved with the child protection system was developed in the United States by Kevin A Campbell. It is based in a human rights approach, and uses family driven processes to secure a lifetime network of support and care for the child. It has well defined stages of searching, engaging the family and professionals, planning and support to the child and to the kith and kin network and highly values the strengths and resources of the family.

Family Services programs

In Victoria, Family Support Services are predominantly funded by the State Government and delivered by Community Service Organisations (CSOs). The aim of Family Services is to promote the safety, stability and development of vulnerable children, young people and their families, and to build capacity and resilience for children, families and communities. The target group for Family Services is vulnerable young people and their families who are:

⟩ likely to experience greater challenges because the child or young person's development has been affected by the experience of risk factors and/or cumulative harm, and/or

⟩ at risk of concerns escalating and becoming involved with Child Protection if problems are not addressed.

The intention is to provide services to the target group earlier, to protect children and young people and improve family functioning (DHHS Victoria, 2014a).

Kinship support

Most of kinship care (80%) is supported through child protection casework. Community Service Organisations have contact with the remaining 20% of families, and are funded at different levels that reflects the type and amount of support offered to families, who are triaged as needing a:

〉 regional kinship information and advice service, which would include the capacity for some additional coordination and/or support to be provided for some kinship carers' groups, or

〉 kinship family service (providing brief, occasional and short term support only) to assist some self-managing and stable kinship care arrangements (whether they are statutory or private arrangements) to address their specific concerns and to avoid any (or any further) involvement with child protection, or

〉 kinship placement support service for some statutory kinship placements arranged by Child Protection: up to six months initial placement support for most (but not all) statutory placements to assist with establishment processes and to enable most kinship arrangements to become self-managing as soon as possible, or

〉 case contracted ongoing placement support for a small proportion of the most vulnerable kinship arrangements to ensure placement viability (DHS Victoria, 2009).

Lead Tenant

An adult volunteer lives in a house with young people who are making the transition to independent living, and provides support and guidance about day-to-day living.

The Looking After Children Framework (LAC)

The LAC framework attempts to strengthen communication and collaboration between carers, DHS staff, CSO staff, other professionals, clients and their families for the purpose of supporting carers, so they can best support children in their care. It prompts all members of the child's out of home care team to plan for and do the things that help children feel safe, stable and offer developmental opportunities so the child thrives. The framework is built on seven domains, which are: health; education; family and social; self care; emotional and behavioural; self-presentation; and, identity.

Parenting assessment and skill development services (PASDS)

The target group for these services is children (from birth to two years of age) and their families, who are involved with the Victorian Child Protection System. Eligibility is determined according to of the level of risk to the child (specifically 'high risk infants', defined as those children 'whose personal wellbeing may be compromised by a range of individual, parental and or family factors' (Child Protection Placement and Family Services, 2012: 31). The duration of service may include a 10-day stay in a residential facility and 120 hours of in-home support (usually delivered over a 12 to 20 week time frame, although there is some flexibility with this) where an assessment of the parent's capacity to safely care for their child is undertaken, along with the provision of parental skills development and capacity building.

Signs of Safety

This approach to child protection work, developed in Western Australia by Turnell and Edwards, is built on the values and beliefs of humanistic, strength based and solution focussed approaches (Keddell, 2014). Salveron, Bromfield, Kirika, Simmons, Murphy and Turnell (2015) note that relationship based practice is the core of this approach, and it is designed for work with statutory and non-statutory services. Parents' views are integral to decision making. The child's safety needs are established in a way that aims to engage parents as partners in seeking positive, supported behaviour change; their views about the possible causes and solutions of the child's lack of safety are respected, within the bounds of the child protection worker defining 'bottom lines' - things that must change or be achieved for the child to be considered safe and for the child protection case to be closed (Keddell, 2014).

Stronger families

As an intensive reunification and placement prevention family support service, the program referrals come exclusively from Victorian Child Protection Services. The target group is all children who have child protection intervention, with priority being given to children aged birth to two years, 10 to 15 years, and Aboriginal children from birth to 18 years. The service focus is children who are at imminent risk of, or have recently entered their first out of home care placement. The expected service duration is up to 12 months, initially at 10 to 15 hours contact per week, reducing as other services are engaged.

Aboriginal Family Preservation and Restoration programs and strategies

Aboriginal Family Preservation

Aboriginal Family Preservation programs were first established in five Victorian communities between 1998 and 2000. One new program was established in 2007. The program gives intensive support over a short period of time to either prevent the need for children to be placed away from home or enable children to return home (DHS Victoria, 2007a).

Aboriginal Family Restoration

Aboriginal Family Restoration programs provide intensive support while offering the additional benefits of a residential based program for the whole family. Commencing in 2006-07 there are three Aboriginal Family Restoration programs in Victoria. One of these is an integrated family preservation and restoration model (DHS Victoria, 2007a).

The Aboriginal Children's Specialist Advice and Support Service (ACSASS)

ACSASS was created specifically to work with Child Protection in the role described in the Protocol between Child Protection and the Victorian Aboriginal Child Care Agency (VACCA) and the Mildura Aboriginal Corporation (both of these agencies deliver the ACSASS program). ACSASS must be consulted by Child Protection in relation to all significant decisions and actions concerning Aboriginal children and young people. Consultation may include information and advice about referring a family to local services and support networks (DHS Victoria, 2007a).

Cultural Support Plan

A cultural support plan is a tool Child Protection uses to maintain Aboriginal and/or Torres Strait Islander children's connections to their families, communities and culture (DHS Victoria, 2012b).

Integrated Family Services (IFS) Indigenous

Integrated Family Services (formerly Family Support Innovation Projects) offer a local area network of Family Services for children and families from Aboriginal and Torres Strait Islander backgrounds. The IFS network includes a Community Based Child Protection Practitioner to provide advice and ensure Child Protection involvement if a child is at risk of significant harm. Some IFS include a dedicated Aboriginal worker to provide advice and facilitate links with services for Aboriginal families. Aboriginal Family Preservation and Restoration programs may be located within an Indigenous IFS network and/or recommend a referral to services within the network as part of the closure plan for a family (DHS Victoria, 2007a)

Aboriginal Family Led Decision Making (AFDM)

An AFLDM involves, wherever possible, the child, the child's parent(s), members of the extended family and other members of the Aboriginal community, and is convened to make decisions in relation to the child's safety, development and wellbeing, including placement in out-of-home care. AFLDM meetings are co-convened and facilitated by a Child Protection Best Interests case planner and a Community convenor from an Aboriginal organisation. An AFLDM meeting may be used for protective planning in the first instance as well as statutory best interests planning and review when a protective order is in place. (DHS Victoria, 2012b).

'Call it a clan, call it a network, call it a tribe, call it a family: whatever you call it, whoever you are, you need one' (Yaccato and Jubinville, 1998: 149)

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Chapter One

Introduction

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1.1 Background to the study

> 'The great ideological divide in most developed democracies concerns the role of government assistance and regulation in solving problems relative to reliance on self, kin and neighbours' (Bardach, 2005: 4)

We know innately, and through many studies, that children need to grow up in loving, supportive, caring homes to be able to develop well and become happy, healthy, positively contributing members of society. Yet, not all children and parents live in situations that are safe and where people can thrive. In Australia, the care and wellbeing of children receives attention from both the federal and state governments. The Australian Government is concerned with the wellbeing and raising of children who live with their parents (although they do provide some support to kinship carers) and expresses this concretely through providing social security and taxation allowances (such as the parenting payment, paid parental leave and family tax benefit). Child protection is usually a state government responsibility, and this is includes the provision of child protection services (such as the investigation of concerns about maltreatment and neglect) and funding to Community Service Organisations (CSOs) to provide services to children and families who have come to the attention of Child Protection Services.

Additionally there is a regular forum for Australian states and territories to meet with each other and with the federal government (the Council of Australian Governments, known as COAG), which aims to promote consistency and address issues that are common across the nation, where the States are the providers of legislation and services. In 2009, COAG recognised the need for an overarching approach to the care and protection of children across the nation. The resultant work, is *The National Framework for Protecting Australia's children* 2009-2012 (The Framework, FAHCSIA Australia, 2010). *The Framework* provides direction to the development of policy and practice in child welfare across the nation. It references principles from the United Nations Convention on the Rights of the Child (1989) and states unequivocally:

> (T)he safety and wellbeing of children is primarily the responsibility of their families, who should be supported by their communities and governments. Australian society values, supports and works in partnership with parents, families and others in fulfilling their caring responsibilities for children (FAHCSIA Australia, 2010: 8)

The Framework (2009) uses the public health model schema to conceptualise the service delivery system, which defines services as fitting into a three tiered model. In the child protection sphere these are defined as: 'universal supports' (for example, health and education) - available for all families; (secondary) prevention interventions, which are more intensive and are provided to those families who need additional assistance, with a focus on early intervention; and, tertiary services, which are collectively called the child protection system, and are seen as a last resort for families and governments (FAHCSIA Australia, 2010: 9). The clear policy direction at the federal government level is to provide support at the earliest possible stage to support the family structure, so the child's environment provides safety, stability and opportunities for development. *The Framework* (2009) recommends six main focus areas. Two in particular are of relevance to this study and show its currency to the contemporary questions in the child protection field. The areas in which the direction of *the Framework* meets the subject of this study are: a focus on secondary services, which are targeted to children, families and communities where there are known risk factors; and, research, evaluation, dissemination and service data.

1.1.1 Child protection in Victoria

In Australia, when children are considered to be at risk of, or have experienced, maltreatment the onus is on the state government to intervene to ensure children's safety, stability and ongoing developmental needs are met. In Victoria the central piece of child protection legislation that directs this work is *The Children, Youth and Families Act 2005* (*CYFA 2005*). Child protection work is primarily executed through the Department of Health and Human Services (DHHS), specifically through the portfolio area of 'Children and Families'. Early in the *CYFA,* s. 10, the underpinning beliefs (*The Best Interests Principles*) on which practice should be founded are outlined; and a key principle is that 'the widest possible protection and assistance should be given to the parent and the child', s. 10(a). The 'need to strengthen, preserve and promote positive relationships between the child and the child's parent, family members and persons significant to the child', s.10(3)(b), is also noted, underlining the importance of immediate family and kith and kin in the life of a child. Therefore, even when there are concerns about children's domestic situations, there is not an automatic response to remove them, but rather, the Child Protection Service response for most children is that they remain living with their parents in the hope that the situation will improve, with some families receiving family support services.

In the financial year 2014-15 in Victoria, there were 13,300 children who were the subject of substantiated concerns about their safety (AIHW, 2016b: 22) - that is, where Child Protection workers assessed that there was substance to the concerns reported about the risk to the child's safety; of those children approximately 9,755 (most without a court order, but some with) remained living with their parents.

Whereas, if the situation is considered to be so unsafe that there is insufficient support for the child to live safely with their parents, Child Protection will take the matter before the Children's Court of Victoria. Where there is sufficient evidence for the Court to rule that a child cannot live safely with their parents it will issue an order for them to live elsewhere. In Victoria, the options for housing children who live away from their parents (known as out of home care - OOHC) are for them to

live: with either other family members or close friends (kinship care); with a family unknown to the child, who have been trained and are supported to offer care (foster care); in a staffed, small group setting (residential care); or, in a house in the community with others (such as boarding) or a Lead Tenant program.

Kinship care in Victoria is legislated as the first option to be explored if a child needs to move into out of home care, s. 10(3)(h) *CYFA 2005*. Internationally and within Australia, as a formal or court based option, kinship care has grown over the past decade and now in Victoria it accounts for over half of the out of home care placements (AIHW, 2016b). Although living within the kith and kin network has philosophical and some research support as a better approach for children than foster or residential care (Winokur, Holtan and Batchelder, 2014), it still occurs at a point where the home situation has deteriorated to the point where the maltreatment and continued risk of maltreatment of the child warrants removal from his or her parents - and therefore the child has sustained significant trauma before this option is considered. Additionally, kinship carers repeatedly raise concerns about the lack of support offered to them, and the enormous personal, financial and health tolls they pay to provide care (Boetto, 2010; Cuddeback, 2004; Saltiel, 2013). The current approach of waiting until things become dire before involving the child and family's natural supports, and then overwhelming and under supporting kith and kin who provide care, simply does not make sense.

1.1.2 The costs of child maltreatment

Overall, when children experience maltreatment and are removed from the care of their family, wherever they go, we know they do not fare well; it is clear that children and families suffer significant adverse effects not only as the result of maltreatment but also as the result of being involved in the child protection system (Bessant and Broadley, 2016; Higgins and Katz, 2008). Of concern is the emerging research that some children in foster care could be more damaged by being removed from their parents and being subject to multiple placements than had they remained with their families (O'Donnell, Scott and Stanley, 2008). Put simply, the current system is clearly not functioning well or safely (Bessant and

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Broadley, 2016; Humphreys, Harries, Healy, Lonne, Mendes, McHugh and Sheehan, 2009).

Noble, Perkins and Fatout (2000) add that there are more than philosophical considerations at work in this area, specifically there are both immediate practical and economic considerations. There is a clear insufficiency of foster care and residential care to provide homes for children who are removed from their parents, and even if the welfare sector was able to source an adequate amount of suitable people, it would be a very financially expensive solution. There is a large disparity in the funding of services provided to families where children are living with their parents (family support services) compared to those that provide services to children who have been removed (out of home care). To give a sense of the economics of the situation, currently, the Department of Health and Human Services in Victoria (DHHS) allocates a significant amount of child protection funding and time to the removal of children from living with their parents, to then place them in out of home care. In total, for the financial year 2015-16 there was an estimated allocation of $990.8 million for child protection and family services (DHHS Victoria, 2015a) of which a much smaller, slightly more than ten per cent ($104.2 million) has been allocated to Family Services, delivered through the Community Service Organisations (Pallas, 2016), and that figure is a huge increase from the $16 million allocated to Family Services in 2006.

Nupponen (2007: 367) suggests that 'the cost of delaying services and supports to families experiencing complex needs is simply too great', and she is not just referring to financial costs. Research in many areas (child protection included) shows that early intervention is far more effective and less costly than programs that aim to remediate, punish or control the damage done. This is particularly true in the area of child maltreatment (Berger and Waldfogel, 2011) where prevention and early intervention for children at risk is also more humane. Fox, Southwell, Stafford, Goodhue, Jackson and Smith (2015) underline this by beginning their recent, thorough review of the literature with a quote exhorting that it is untenable to continue to invest escalating amounts of money in tertiary services simply because of 'failing to intervene early' (Smith and Allen, 2008, cited in Fox et al., 2015: 1).

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1.1.3 The need for connection and collaboration

The current approach to practice in child protection in Victoria is guided by the Best Interests Case Practice Model (Miller, 2010), which was developed from the Best Interests Principles contained in the CYFA, discussed above. The model is based in research, social work values, is informed by strengths based and ecological theories and prefers an early intervention approach; it directs workers to undertake a cycle of information gathering and analysis, planning, action and review. The model targets services to the area of greatest need as determined by workers reckoning which families are showing the greatest risk of harm to their children.

Yet, as Bessant and Broadley (2016) show, there is often a large discrepancy between the practice models, stated rhetoric, and what actually happens in practice; and the economic and practice emphasis on removal, and the outcomes for children, as noted above, give testament to that assertion. The current organisation of the system creates obvious impediments, such as the weight of bureaucratic requirements, the privileging of institutions over people and the rigidity of the forensically driven legal and child protection systems, which encumber the ability of programs and workers to respond to the specific needs and strengths of individuals. Humphreys et al. (2009: 9) state unequivocally, '(I)t is clear that an overwhelmed, resource-hungry, statutory system has done little to increase the safety and well-being of children'.

One approach that offers an antidote to the flaw of costly, impersonalised bureaucratic responses (which are weighted to the tertiary end of the continuum where informal support is marginalised) has been provided by Hilary Cottam. Cottam is an internationally renowned urban poverty specialist, who has designed innovative approaches to the design of public services, and has been recognised by the World Economic forum (Cottam, 2010). She has designed and delivered participatory social systems, which are very different from those dictated by 'the system'. Her approaches take their lead from the understanding that clients have of their situation and what they perceive may be the potential answers. She clearly shows through her policy and program development that the 'top-down, target

driven culture of big bureaucracies' (Cottam, 2010: 52) is outdated; rather, she privileges local connection, working with (not for) clients on jointly decided priorities and ensures that personal relationships are the foundation upon which all interventions occur (Cottam, 2010).

In terms of the contribution of other supporting research and theory to this debate, advances in neurobiology clearly show the crucial need that humans have to be connected to others; both in small, intimate groups such as family, to fulfil the essential human needs of attachment - safety, proximity, predictability and comfort (Crittenden and Claussen, 2000) - as well as larger groups, which give identity and belonging (Perry, 2006). Far from the notion that self-interest (having an individual focus and disinterest in what that means for others) drives change and development, in fact it is an essential human need to have connectedness and to provide and receive mutual caring (Rustin, 2013). Lawler, Shaver and Goodman (2011) advocate for relationship-based services that focus on the repair and support of relationships that have been ruptured by maltreatment, using an attachment framework to guide healing, and the prevention of future harm. These responses cannot be provided by a bureaucracy, nor services that engage with people for a finite amount of time - usually determined by the service not the client - because they struggle to develop the trust or offer the flexibility of response that is needed for ongoing healing. Additionally, the current administrative silo categories of service delivery, for instance family services, foster care, kinship care, often means that as the family's situation changes - for better or worse - they are required to cease contact with one program and begin a new series of relationships with a different service and different workers.

Further, ecological theory (Bronfenbrenner, 1986; Green and McDermott, 2010) underlines the fact that individuals do not exist in isolation from others, and therefore any one person's wellbeing (or otherwise) will have some effect on society in general and on some members in particular (just as the beliefs and behaviour of society and its various groups will affect the individual).

1.1.4 Summary

The research, theory and values in this area all point to the need to try to prevent or to intervene at the earliest time where there are concerns relating to child maltreatment, and to do so in a way that strengthens connection and the family's ability to be self-sustaining within the community and the supports it can offer. There is recognition that to be effective, family support services must attempt to holistically address the needs of the family, including key members of the kith and kin network (Tomison, 2002). Thus, from many points of view including: child stability; the outcomes and wellbeing of children and (potential) kinship carers; family preservation; and short and long term economic considerations, the rationale for developing policy from which to invest in early intervention programs, which support the involvement of extended family with children who have substantiated child protection concerns and are living with their parents, is compelling.

Taking a strengths based perspective, being grounded in human rights (Rapp, Pettus and Goscha, 2006; Weick and Saleebey, 1995) using an ecologically informed approach (Bronfenbrenner, 1986; Green and McDermott, 2010) and relationship based practice are acknowledged as the bases for good policy and practice (Gray, 2011; Noble et al., 2000) in this work. Both the research and current policy rhetoric support the need for a transformation in the way practice is conceptualised and operates. To achieve this in a coherent way, the change needs to begin at the policy level, and the developmental work to produce a new policy must ensure that there is a clear values statement, identification of the theoretical and research underpinnings and keeps an eye on the elements expected in any program (Bardach, 2005; Gilbert and Terrill, 2012). This study shows how this change can occur at both the policy and practice levels.

1.2 What does the study aim to do?

1.2.1 Identification of the considerations upon which to base a sound policy

There is a vacuum in policy and practice in this area of child protection; the current situation where extended family is only involved by the system at the point of child removal, without specific engagement or support offered to them prior to this, leaves a policy and practice void between the secondary and tertiary service systems. Neither does it fulfil the intention of *The Framework* (FAHCSIA Australia, 2010) or the *CYFA 2005* Best Interests Principles (State Government Victoria, 2005) with regard to intervening at the earliest opportunity, and working collaboratively with families to keep children safely within their kith and kin network. The current reliance on the out of home care system in Victoria is not sustainable from any of the economic, practice or human rights viewpoints and the outcomes for many children, in particular and society in general, are personally, socially and economically too costly to leave unchallenged. Carrillo (2003) concluded, in a study of workers who take a strengths based approach, that programs must be built from a policy (rather than relying on past practice or worker belief alone) and so identifying the elements of a sustainable policy on which to base a responsive program, is the main aim of this current study. Additionally, during the course of the study, other objectives were identified, as outlined below. Thus, the primary aim of this research is to furnish at least the elements of a sustainable, strengths based policy, if not a complete policy position, which the government can readily finalise, and then implement.

1.2.2 Evidence-informed policy development

Banks (2009) – as Chair of the Australian Productivity commission - noted that in Australia (and in many countries across the world) there is an expectation that policy development will be 'evidence-based' as a way of showing that it is, indeed, solid. Providing the basis for an evidence-informed policy is one of the aims of this study. Remarkably, though, there are few times where 'evidence-based policy' is defined in the literature. There seems to be a mostly unspoken agreement that it means adherence to the lessons from research about what is effective; patently,

this is hardly a well-considered definition and is very rudimentary compared to the discussion about evidence-based/informed practice. In contrast to this approach, Bowen and Zwi (2005) suggested a pathway model (but not a definition) for evidence-informed policy development that recognised different types of evidence (including the political context, individual and organisational factors) although service user input was not considered. The pathway then moved to considering how the evidence was used and finally, to the capacity for implementation, but did not incorporate a system for evaluation or review. In seeking robust policy development, Banks (2009) directs that: the sought outcome or purpose of the policy should be defined; the data/research should be clear; and, it should be documented well enough to be able to be replicated. Additionally, Banks (2009) notes that the process of development should include consultations with experts, as well as the people who will be the recipients of the policy to gain their understanding of the likely effects and to identify potential unintended consequences. This is, in fact, very similar to the definition of evidence-informed practice that has been outlined by several authors, for instance Drisko and Grady (2015) and Mullen, Shlonsky, Bledsoe and Bellamy (2005); accordingly, the conclusion can be drawn that the practice of good policy development mirrors the practice of evidence-informed practice.

Given that policy directs practice, it makes sense that the meaning of 'evidence-informed' across the two should be congruent, and given that there is significant similarity between 'good policy development' and 'evidence-base' (as applied to practice) it seems that it is not a great leap to achieve consistency between the two. This current study develops a definition of evidence-informed policy that aligns the understanding of good policy development (Banks, 2009) with the definition of 'evidence-informed' as it evolved in the context of practice.

1.2.3 Integration of theoretical underpinning and the Policy Delphi method

O'Flynn, Vardon, Yeatman and Carson (2011) advise that policy formulation requires the capacity to design best-fit, robust policy responses that are innovative and outward looking. They go on to outline that policy development should not be a process of imposition but should involve open discussion and debate with public involvement. They see this as a 'kind of ecological approach to policy making' (O'Flynn et al., 2011: 314); which neatly joins two of the main theories informing this study - ecological systems and policy analysis. In seeking to fulfil the requirements of being democratic, deliberative and inclusive of representatives of the main stakeholders, the method employed in this study is the Policy Delphi (Adler and Ziglio, 1996). The Delphi method uses iterative surveys, supplied to a purposefully created panel of experts representing the main stakeholder groups, to gain an understanding of which elements are agreed as being important to include, those which should not be included, as well as making an estimate of how feasible the elements are (individually or in concert). Surprisingly, the literature does not show any examples of when social policy analysis theory was explicitly integrated into this method. This study will, therefore, provide an integration of strengths based social policy analysis and the Delphi method, and thus add to the literature in this area.

1.2.4 A novel approach to reporting the results of a Policy Delphi

Additionally, there does not seem to be an agreed method for reporting the results of a Policy Delphi that is either congruent with the method, or not overwhelming or tedious. After reviewing eighty papers and evaluating them for a coherent, competent reporting format (for the Delphi process in general, not the Policy Delphi in particular), Boulkedid, Abdoul, Loustau, Sibony and Alberti (2011) found enormous variability. This inconsistency led Hasson and Keeney (2011) to suggest that details about each round should be provided separately to help clearly illustrate the array of themes generated and to give an indication of the strength of support for the items in each round. This structure may work when the process is seeking consensus or forecasting but does not seem feasible or engaging for the Policy Delphi, which needs to report on not just areas of

agreement but particularly on those of contention (where there is strong disagreement about a particular item or where the options are desired but believed to be infeasible). Arguably the items that have been clearly rejected should also be recorded so any further development of that policy or policy area does not retrace those steps. Quite simply, reporting on each item round by round would be tedious to read and I believe would cloud the reader's understanding of the findings. My resolution to this was to develop a novel format that uses the study's underpinning theory (social policy analysis) to provide the basic reporting framework. The information conveyed will detail all items that received sufficient support to be included or where there was clear agreement that they be rejected (but not those to which the panel was indifferent) and will then report separately and in more detail on the articles of contention and how that was resolved. This mirrors the way panellists received feedback during the survey process.

In summary, the study sets out to identify the elements of a policy that will direct the early involvement of extended family with children and their parents, where child maltreatment has been substantiated as a concern; it is likely that this will entail changing the current policy and practice emphasis on the system providing the answers for families. Along the way, the study will: develop a definition of evidence-informed policy that is congruent with that of evidence-informed practice, and show how it can be implemented; it will specifically and clearly integrate social policy analysis theory and strengths based principles with the Policy Delphi method, and then extend the usual parameters of the method to encapsulate all stages of good policy development (rather than be a tool for exploring any one part of the process); the study will also pioneer a reporting format that parallels the method.

1.3 Interests and beliefs of the researcher

I intrinsically believe in families and relationship - the power of them and their vulnerabilities, the heartbreak and the triumphs, the angst and joy, the drive to support each individual while steadfastly maintaining a clan identity and everlasting connection.

I acknowledge the point made by Miles and Huberman (1994) that the researcher must be 'self-aware as much as possible about personal assumptions, values and biases' (p. 278). Similarly, Patton (1990) cautions that the researcher's bias is always present and, so must actively work to ensure that she 'does not set out to prove a particular perspective' (p. 55). Chambers (2000) identifies that the process of policy development requires the policy analyst (or in this case the researcher) to be aware of her own values and perspectives, to be able to consciously monitor for bias. In seeking to respond to this wisdom, this section of the thesis will provide an introduction to the researcher (me), to my beliefs, values and approach to the work, and will describe how these characteristics are relevant to the study, and what steps were taken to promote self-reflection.

My first contact with extended family as a formal part of child welfare was when I managed a foster care program in the late 1990s, which was supporting a terminally ill, single mother whose inevitable death left five children under 14 years of age without an effective parent. I was involved with both a number of extended family members who had supported the mother and children, sometimes taking the children into their care for periods of respite or when the mother was in hospital, as well as allocated respite and emergency foster carers. It seemed unfair and incongruous that the system supported non-relative carers to provide respite and short-term care, but when the children went to a relative who had financial and practical support needs, and sought support from the agency, the response was to be 'hands off' because the carers were family. Well before the acknowledgment of kinship care within the Victorian Child Protection System, I set out to specifically train and accredit the family to provide foster care for these children. In doing this, we were able to offer financial, educational, emotional and practical support to the kith and kin and so support for the children.

About ten years later, I returned to study and undertook an evaluation of a kinship care program, which looked at the program fidelity and carer views of whether the program met their needs (McConachy, 2008). If there had been any doubt before, conducting that evaluation showed me the depth of insight and commitment that family has to children, even troubled and difficult children, which is rarely paralleled by other carers.

Currently, I am introducing Kevin Campbell's model of "Family Finding" to Victoria. Using this model, extended family and close friends of children in the child protection system (and their parents) are located and (re) engaged with the child, with the aim of reconnecting the child to lifelong support and permanency. By allowing the kith and kin to plan for the child's needs (within Child Protection requirements about safety) and then having practitioners support the family's careful but urgent reassertion as the people who make decisions and carry out the plans to support the child, the family is able to regain its own sense of agency and competence. This model is based in a human rights framework, uses strengths based practice and values relationships (Campbell, 2010); these are also the values that are held by my profession (social work), and myself.

It has become clear to me that if family breakdown is a problem, the preferable solution is family fixing rather than disposing of, and replacing, them. I believe that enduring relationships and belonging will win out over bureaucratic responses and the time limited work of 'people who are paid to be there'. It is not that I see no value in a professional relationship, or that people outside the child's kith and kin do not mean well or that they are indifferent to the child and family; but there is a need to assert that the system is not the panacea to child maltreatment - practitioners do not have all the answers nor will they understand the family's abilities, rules, and concerns in a way that a family member does; and certainly, they are not there for life.

This study reflects both social work and my own the values, particularly the value of family and community (the naturally occurring supports), the right to self-determination and the need to offer support rather than judgement and punishment. I will use theory and values critically and consistently throughout, which fits with my way of delivering social work practice, and I will take a hermeneutic constructivist position in terms of ontology and epistemology - this stance believes in group decision making, moderately-structured problems and processes, values relationships, voluntary participation and sees people as the expert in their lives. I value relationship based practice over bureaucratic procedure, although I believe that there is a need for some parameters around resources and relationships in order for people to feel safe and to establish predictability, fairness and (at least initial) expectations.

The Delphi method closely aligns with my practice approach, in that it requires facilitated discussion and decision making (with some testing out of hypotheses or scenarios) by the various groups of people involved in this area; and the process relies on relationship. The researcher is inherently a part of the Delphi process, needing to identify, engage and maintain the panel, and as facilitator, interpreter, editor, and as a data-gathering instrument, and thus is integral to the research (Linstone and Turoff, 1975) - yet the decision making and interpretation is largely performed by the panel not the researcher.

There were several ways that I achieved critical reflection of my role, and mitigated against the potential for bias. Firstly, I engaged in supervision with my research supervisors, and ongoing discussion with peers to test out my interpretations and methods throughout the process. I was particularly careful about discussing any comments or results that I wanted to disregard or weight differently from those of other participants. I used a journal to keep a record of thoughts and questions, so I could track any changes or themes that seemed to repeat. In the study itself, I took the advice offered by Yin (2008) to be clear about what you expect to find and then work out if you do not find what you expect, what you might find. He suggests that you then explicitly seek whatever the alternative explanation is, so whatever the result of the study, it is not simply a matter of finding what you want, or confirming your own beliefs.

For instance, in this study, it is one of my beliefs that kith and kin need support and education to help to understand any difficult behaviours of children (and possibly adults) who have experienced trauma and that this is why 'parenting as usual' is often unsuccessful for children and families in these circumstances. In the item that asked about supportive 'supervision' I included the option "supervision should not form a part of the program", as a way of specifically seeking a response to the antithesis of what I believe (although I now see that this is a question asked in the negative, which led to a different conundrum). And finally, when I gave aggregated feedback to the group I included all comments made by panellists, most in the language of the respondent, so the group was aware of what was being offered and what was discarded, with the opportunity in each questionnaire, and outside the survey process by email, to raise any concerns or thoughts.

This study, therefore reflects not just my professional social work self, evidenced through the use of social work values, use of theory and existing literature, but much of my own beliefs and values, and you will hear my voice throughout this thesis.

1.4 The research question

Given the agreement in the literature of the value of early intervention, the primacy of family (including extended family and friends) in raising children, and the need for practice to focus on and meet these requirements, the research question is:

What should be the policy considerations for the involvement of extended family with Family Support Services, where children have substantiated child protection concerns and are living with their parents?

The subsidiary questions that flow from the research question are:

Is such a policy needed? If so…

What should be the purpose/s of such a policy?

What should be the scope of such a policy?

What should be the essential elements of any program derived from the policy?

How should the policy and any program derived from it be evaluated?

1.5 Utility of this study

'The obscure we see eventually. The completely obvious, it seems, takes longer'
Edward R. Murrow (Political commentator)

There are many children who are known to Child Protection and have been assessed as being at substantial risk of ongoing maltreatment; it is beholden on the Victorian Government through its own legislation, the International Convention on the rights of the child (UNCROC), and community expectation to provide support and ensure the safety of these children and their families. Family and close friends (kith and kin) are considered a natural source of lifelong support to children and their parents and in Victoria, and internationally, kinship involvement is rising as the preferred way to support parents and help keep children safe.

The impact of the development of a policy informed by influential stakeholders in this area will be felt at many levels of the system. This is because the method will lead to a clear outline of the values, theories and research that underpin both the policy and any program derived from it, as well as defining the characteristics of such a program. The policy will enhance and strengthen current policy rhetoric to introduce a paradigm change in practice that is consistent with the research, theory, legislation and practice guidance in Victoria; the policy and program elements will fill an 'affirmative action' role to the rhetoric of the importance of engaging families.

If the aim of the policy - keeping children safely at home with their parents, well supported by kith and kin - is realised the benefits will be vast and include:
- o Children will suffer less maltreatment, greater stability and therefore thrive and become productive members of society. The poor outcomes seen for children who have been within the child protection system and particularly those who have lived in out of home care, could be avoided or at least minimised;
- o Parents will retain a sense of agency in their lives, grow through the various life stages and be capable of caring and nurturing all of their children (and so sibling groups will be kept intact and safe);

- Extended family will be re-engaged in a thoughtful, supported way and will fare better in the role of offering earlier support to the child rather than being an overtaxed, under-supported carer, who is involved only after the child's situation, experience and trauma have all been exacerbated.
- Workers will retain ongoing contact with families and so be able to use relationship based practices to enable the family to take on some of the responsibility and concern for the child, while working to support them to become a cohesive and self-supporting unit within the community. The frustration of being a service that monitors (and being a client who is a monitored person) will be reshaped into a collaborative practice that focuses on the child, the child's microsystems and the mesosystems, drawing away from the focus on the bureaucratic exosystems.
- Society in general will gain socially and economically as the short term and long term costs of child maltreatment are ameliorated with the strengthening of the family.

1.6 Structure of the thesis

The thesis follows a conventional structure, so the reader can develop an understanding of the area, follow the thinking behind the choice of the methods, gain some experience of the Delphi method, and feel confident in the interpretation of the findings, the suggested policy and the theoretical insights gained from the study.

The first chapter gives background information to the practice area of the study, and locates the researcher's interest and experience of the area. The utility of the study is discussed, and the main and subsidiary research questions are noted.

The second chapter begins by explaining why this is a social work study rather than one directed by government or any other stakeholder. It then outlines the theories underpinning the study, beginning with the strengths based approach, then ecological systems theory and social policy analysis theory. It concludes by showing how the theories fit together. The theories will be used to inform the methods, data analysis, construction of the policy and to underpin the discussion.

The Literature Review is described in Chapter Three, commencing by detailing how the literature review was conducted; and then briefly outlining the history and current political and legal situation leading to an explanation showing the need for this policy development in Victoria, Australia. There is then a critical analysis of the findings from meta studies in the area of effective family support, and of what smaller studies have reported, and lastly an understanding of the practice of evaluation in this area of policy and practice.

The Fourth Chapter sets down the ontology, epistemology, and methodology upon which the conduct of the study is based. It then goes on to outline the methods, the Policy Delphi, and to describe the requirements and considerations of each of the stages of social policy development.

Chapter Five shows how integration of the Policy Delphi and social policy analysis is achieved, and so, how the method conforms to and integrates the theories that underpin development of the policy. It then outlines how this framework was implemented and details the conduct of the study.

Chapter Six gives the data analysis plan and relates the technical findings about the methods, and Chapter Seven reports the findings of the study using a framework that shows how the requirements of each of the stages of social policy development were achieved. The structure of this chapter uses a style that gives the reader an experience of receiving aggregated information in the way a Delphi participant would.

Chapter Eight is the proposed policy position that has been developed as a result of this study. Chapter Nine provides an analysis of that policy using a matrix framework developed by Gilbert and Terrill (2012), which allows the policy itself (that is, regardless of any program developed or delivered) to be evaluated against the criteria that is set by the expectations of a social policy in general, and this policy's theoretical, value and research bases in particular.

Chapter Ten then provides a discussion of the points of interest in the policy and from the study, including: details of the change in policy direction that aim to transform the current practice paradigm; considerations for implementing a strengths based policy position; the need to embrace reasoned risk taking; the newly derived definition of evidence-informed policy development and an example of how it can be implemented; reflections on the Delphi process and the extension of the Delphi method, which was achieved by integrating it specifically with social policy analysis theory; the novel approach to reporting the findings; and the limitations of the study and what might be done to ameliorate these. It concludes with a summation of the study and the key recommendations.

Chapter Two
Theories and values underpinning the study

'Facts do not speak for themselves. They speak for or against competing theories. Facts divorced from theories or visions are mere isolated curiosities' (Thomas Sowell, Social theorist, political philosopher, 1987)

This section of the thesis explores the foundational concepts for this policy development study. The literature that provides the theoretical base for the research is that which directly addresses the methodology and practice of social policy development - policy analysis theories. To identify the theories and values associated with the subject of the study (family services and kinship care) the legislative, policy and research literature, practice guidelines and program descriptions are examined. Additionally, because this is a social work study, the literature about ethics, expectations and practices of that discipline are also considered. The expectation is that, after ascertaining that knowledge the current study will synthesize those theories and values into a coherent basis for the research method, as well utlising it in the development of the content of the policy position, and thus promote congruence across the study.

A detailed discussion of the literature is provided in the following chapter (Chapter Three). In summary though, for the purpose of this chapter, the choice of supporting theories was clear. There is significant consistency throughout the literature about the theories that are most often associated with family support work, these are: strengths based (Barlow, Coren, Smailagic, Bennett, Huband and Jones, 2011; Child Protection Placement and Family Services, 2012; Daro, 2007; Gockel, Russell and Harris, 2008; Hunter, 2011; McArthur and Thomson, 2011; Miller, 2010; Nupponen, 2007; Sykora, 2005); and ecological systems theory (Barlow et al., 2011; Blakester, 2006; Child Protection Placement and Family Services, 2012; Cullen, Ownbey and Ownbey, 2010; Daro, 2007; Geeraert, Noortgate, Grietens and Onghena, 2004; Gockel et al., 2008; Hunter, 2011; Miller, 2010).

This chapter commences by explicating why and how this is a social work study, followed by a critical discussion of each of the theories underpinning the study. It concludes with an explanation of how the theories interconnect, to show that this research has congruence in its theoretical and values foundation across the methods and the content of the study.

2.1 Social work perspective

This brief section outlines the features of the research that show that this is particularly a social work study. The social work values and principles, as circumscribed in the *Code of Ethics,* (AASW, 2010), that guide the study, and the link between the underpinning theories and theoretical approaches to social work values are illustrated.

Social work is underpinned by three primary values - respect for persons, social justice and professional integrity - which are expressed through a number of principles and subsidiary values (AASW, 2010). For the purposes of this study, 'valuing families and communities as social structures fundamental to the functioning and well-being of individuals and society; and, promoting human rights' (AASW, 2010: 9) are the two most relevant. Reynolds (1942) also firmly placed considerations of family needs well within the purview of social work, quoting 'No other profession chose to concern itself with the problems of daily living associated with family life' (cited in Weick and Saleeby, 1995: 141).

The primary focus of the study is based on the belief that every child has the right to live safely within a well-supported and functional family network, where possible. *The United Nations Convention on the Rights of the Child (UNCRC)* (1989: 1) which was ratified by Australia, notes in its preamble, the conviction that:

> The family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community

And so, the importance of children living safely within their family is supported as a human right, and also aligns to the social work values mentioned in the previous paragraph.

This policy development research is well placed to fulfil the requirement that social work practice should maintain a 'dual focus on both assisting human functioning and identifying the system issues that create inequity and injustice' (AASW, 2010: 9). The aim of providing improved capacity for extended family members to support children and families, through the development of policy to redress system issues as well as inform direct practice, fulfils the 'dual focus' requirement. A further principle that guides social workers is that of collaborative practice; the epistemological and ontological position of the researcher (which is discussed in Chapter Four, Methodology) promotes collaborative practice in the research process and in the outcomes sought.

Additionally, particular advice to social work researchers, given in the *Code of Ethics* includes the need to practice in a way that promotes 'appropriate individual and community participation in research' (AASW, 2010: 36), and this is realised in the methods chosen, which utilises the specific engagement of stakeholders as discussants and decision makers. In terms of the conduct and the product of research, the code stipulates that a social work researcher must:

> Ensure that the research has merit and integrity by demonstrating its potential benefit, utilising appropriate methods (articulated in a rigorous research proposal) and by basing it on a thorough review of the literature (AASW, 2010: 36)

And these requirements were met in the design and conduct of this study.

Being informed by theory is one component of competent social work practice (AASW, 2010). This research was underpinned by several theoretical constructs, namely social policy analysis, the strengths based model and ecological theory. The choice of social policy analysis as the primary theory was simply a matter of expediency - this is a policy development study. Significantly, though most policy development begins by defining a problem to be addressed, and although problem solving can be consistent with social work values, a strengths based approach was taken to all aspects of the study, to reflect the way social work is ideally practiced. Gray (2011) commented that the strengths based approach seeks social justice (one of social work's core values) as its ultimate goal. Weick, Rapp, Sullivan and Kisthardt (1989) noted that this way of working expresses 'some of

the deepest values of social work as it upholds the values of belief in the dignity and individuality of each client; as well as recognising collective strengths' (p. 350), and Chapin (1995) observed that the attraction of taking a strengths based approach to policy includes that 'social work values including respect for the client and self-determination are explicitly reflected in the policy making process infused with the strengths approach' (p. 510). Additionally, Noble et al. (2000) believed that ecological theory is intrinsic to the strengths based model which, in a further reflection of its synchronicity with social work values, they saw as having 'a dual commitment to deliver services in collaboration with clients, and to confront dysfunctional service or support systems that thwart client development' (p. 144). Henderson and Scannapieco (2006) also supported this view, identifying that both the ecological model and social work values focus on the 'person in context' and on the effects of the interaction between the person and the many levels that make up their complex environment.

Thus, the substance of this study is embedded within the beliefs, values and principles of social work practice, as it recognises and respects the family, attempts to strengthen it through individual and systemic change, and gives considered guidance to direct practice. The choice of theories and underpinning perspective, the methodology, and conduct of the study (which are discussed in Chapters Three, Literature Review; Four, Methodology; and Five, Methods, respectively) are also congruent with social work values.

2.2 Theoretical underpinnings of the study

The aim of this study is to identify the elements that should be considered in the development of a social policy, with the purpose of providing a thorough and comprehensive work that government can readily finalise, and then implement. As outlined previously, a strengths based approach to policy is consistent with social work values (Chapin, 1995), the researcher's beliefs and current practice, and so this was chosen as one of the informing theories. Not surprisingly, given this is a policy development work, the second of the theories used to underpin the study is social policy analysis. The final theory for the study is the ecological perspective because it is considered to be pivotal to understanding both child protection (Garbarino, 1977) and social policy analysis (Henderson and Scannapieco, 2006) and is a critical component of strengths based practice (Chapin, 1995). This section of the chapter provides a review of these theories and frameworks and discusses how they fit with each other and the values of the social work profession.

2.2.1 Strengths Based theory

Far from the perception of being an overly optimistic approach to the world, the strengths perspective ultimately seeks social justice (Gray, 2011). This aim is consistent with the Australian Social Work C*ode of Ethics* that states clearly, the 'Principles of human rights and social justice are fundamental to social work' (AASW, 2010: 7). The approach moves away from individual-focussed, problem centred practice, which can characterise as wanting those who suffer disadvantage, to emphasise society's responsibility to meet common human needs. Based on the belief that there are basic individual rights that society has agreed should be supported for all, the focus moves from allotting responsibility for difficulties to the individual (micro-system) to recognising the role of social structures (exo and macro systems) in both the cause and amelioration of some needs (Chapin, 1995).

Another facet of strengths based approaches is the acknowledgement that clients have a unique and essential understanding of their life, beliefs and potentialities; this leads professionals to value them as partners, and to support and encourage client self-determination (Nupponen, 2007; Weick and Saleebey, 1995). The strengths approach incorporates the belief that services and workers must be non-stigmatising of the families (Munro, 2011; Sykora, 2005), collaborative (Child Protection Placement and Family Services, 2012; McArthur and Thomson, 2011; Miller, 2010; Nupponen, 2007; Sykora, 2005; Thorpe, 2007) and that relationship based practice enacts those strengths based and non-stigmatising concepts (Miller, 2010). This becomes evident (in either policy or program development, and practice) where clients actively participate in the assessment of their situations, and in the identification of goals and interventions; that is, there is a truly collaborative relationship between professionals and clients. Prioritising relationship and collaboration with, rather than power over, the client is critical to the strengths based approach (Marty, Rapp and Carlson, 2001).

The strengths based approach recognises there is a benchmark for safe and acceptable parenting, something to which all children are entitled, and it is a given that ideally children live with their parents, being able to parent safely is the corollary right of parents (State Government Victoria, 2005; United Nations, 1989). When the circumstances of the child's life mean they are not being parented adequately, a strengths based perspective would affirm that the child and the parents need to be supported to claim their entitlement to live together in a situation of safe parenting; it is a champion of family preservation. A strengths based practitioner also searches to see what factors will have an impact on the family situation across all the parts of the ecosystem. They work with others in the community and other services to try to reinforce measures for safety for the current clients as well as seeing the implications across society. Whereas, a problem focussed approach locates deficits with the parents, often punishing them - seen most often in the (threatened) removal of the child. It accuses rather than aids, at most it attempts to remove the child from the unsatisfactory situation while leaving the parent to languish - the reason for the difficulties is rarely explored, beyond believing the parents have chosen to live this way.

Thus the strengths based approach moves the lens of assessment and intervention from seeing the parents as deficient, to recognising that where people are unable to exercise even one of their rights there is a societal responsibility to help them; to consider the person in context and to understand the role that the broader systems and social beliefs take in either blocking or facilitating the safe functioning of the family. Retaining attention at all levels of the ecological system, not just on the individual, is crucial. This includes taking an optimistic view of community and social capital, seeing extended family, voluntary associations, and local relationships as community assets and forces for support and positive change (Gray, 2011; Rapp et al., 2006). Its basic objective is to restore people's basic human rights, although Sandler, Ayers, Suter, Schultz and Twohey-Jacobs (2004) believe that policies that build strengths go beyond this by helping to redress earlier suffering as well as decrease the likelihood of future maltreatment.

The strengths perspective proceeds on the premise that the helping relationship is most effective when the strengths and resources in the person and environment are identified and supported. Weick et al. (1989) concur that all families have strengths, and that anyone working in this area needs to acknowledge and build on the family's 'internal strengths and external resources' (p. 142). This includes identifying when people have overcome similar situations, and learning from their experience and success (Leadbeater, Schellenbach, Maton and Dogden, 2004). This observation can equally well apply to the support and understanding of the worker's needs, as it can to the family.

Carrillo (2003) concluded that to take a strengths based approach, a program needed to offer practitioners 'consistent support for personal stress management, ongoing attention to team building in the agency, and relationships with supervision that model strengths based philosophy' (p 54) thus supporting and enacting the belief in strengths based practice across several systems. So, the anchoring beliefs of this approach are: 'respect; transparency; people's right to make choices; emphasising people's strengths (skills, capacities, motivations, knowledge, resources) and building on these to create change' (Nupponen, 2007: 382).

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Strengths based approach applied to policy development

Noble et al. (2000: 147) reported Petr's (1998) conclusion that:

> The strengths model is also appropriately applied to policy development in child welfare. It shapes the policy to be more responsive to clients' needs and casts policy more in terms of human needs rather than social problems; it fosters a more humane, client-centred perspective among policy-makers and law-makers

This is supported by Chapin (1995) who is recognised as being one of the few writers in the area of strengths based policy. She warned that when the problem-definition approach was taken, it tended to lead to the individual being identified as deficient and did not take into consideration the role of structural inequalities and barriers.

Rapp (2006) in collaboration with Pettus and Goscha outlined six principles to direct the integration of the strengths based approach with the tasks and beliefs needed for the development of sound social policy:

1. People who are the target of the policy should have their views and experiences represented throughout the process.
2. Commences with the perspective of enabling people to enact their human rights, not from the usual 'define the problem' position.
3. Prioritises naturally occurring support (from family and community) over formal intervention.
4. Engagement in any program is voluntary, based in the belief of self-determination and mutual respect.
5. Various options are offered for the recipient to choose from, there is no single 'one size fits all' response. Chapin (1995) recognised that the strengths based approach values individuality and respects different experiences, and, because people are not seen as homogenous, 'universalised objects', it would be inconsistent with the values of the model to suggest a single, rigid solution for all recipients. Leadbeater et al. (2004) refined this notion further and stated 'Targeted programs and policies are needed to build new strengths and enhance the existing strengths of high-risk groups in ways that reflect the diversity of their responses to adversities' (p. 25).

6. Funding for the program should reflect the value of enhancing people's strengths and the recognition that inadequate social structures can often impede people from flourishing. That is, the budget for the policy and program to be delivered should aim beyond merely meeting minimum needs, which may well leave clients in impoverished circumstances, contributing to intergenerational difficulties.

For all that is positive in the strengths based approach, there are a number of cautions that accompany its uptake. The first is the need to be aware of the potential misunderstanding that taking a positive view, locating a client's strengths and resources, and working to support those, means ignoring the concerns and difficulties that need to be addressed. Noble et al (2000) wrote that while optimism is central to a strengths-based approach, it must be balanced by a realistic sense of the situation. Several authors clearly responded to culture of optimism misconception by directing professionals to recognise there is no place for avoiding the difficult issues and leaving discrepancies unchallenged; transparency and open communication form part of the attitude of respect of the client and thus all issues need to be discussed honestly (Miller, 2010; Durrant, cited in Tomison, 2002). Indeed, should a policy-maker or practitioner ignore or wilfully underestimate risks and concerns, they are in danger of potentially leaving children and families in a worse situation - which would be 'capricious, perhaps even reckless' (Saleebey, 2002 cited in Emmons, 2006: 20) and certainly would not accord with the dictum of 'do no harm'. Weick and Saleebey (1995, who contributed significantly to the development of the strengths based approach) simply and clearly stated 'safety and security are always the first order of business' in a strengths based approach.

Gray (2011) and Leadbeater et al. (2004) were also alert to the potential for this approach to be distorted and state that self-determination should not mean the client becomes responsible for the situation and its solution, nor that individuals and families should only be supported to draw on their own and the community's strengths, without due attention being given to the role of the social structures, community norms, values and prejudices in the creation and maintenance of the problematic situation. This caution was supported by Katz (2007) who wrote that

strengthening families and informal networks alone is likely to not offer the level of change that ensures the longer term protection to the child nor builds the family to a point of independent growth.

In applying a strengths based approach to research, it is helpful to extrapolate from Gray (2011) writing about strengths based social work practice and apply her principles to social work research. This notion proposes that the 'social worker: believes the client; explores and discovers what is wanted; uses the client's words; and reaches mutual agreement through collaborative activity; it is an endeavour in which relationships are central' (p. 7).

In summary, this study will take a strengths based perspective rather than the more traditional problem focussed approach to policy development (Winter, 2009). This is a good fit with social work values and recognises extended family and friends are a naturally occurring resource who can be supported to enhance the safety and wellbeing of their own kith and kin. Understanding the potential difficulties and misconceptions of the approach as well as its intentions allows the study to be framed, conducted, and the data collected and interpreted in a way that is consistent with the intent of strengths based theory.

2.2.2 Social Policy Analysis

> 'All policy effectively is experimentation. But that does not mean flying blind—we still need a good rationale or a good theory' (Banks, 2009; 6)

In this section of the chapter, the social policy literature is reviewed to provide an understanding of the way social concerns are situated in the public arena, and to identify and understand the theoretical frameworks that direct policy development, to enable the integration of theory and methods in this study.

Bardach (2005) draws attention to the vexing question of when it is legitimate to expect public resources to be directed toward a specified part of the population, rather than the populace as a whole. With regard to the subject of this study, the difficulty for the government is in defining what it should reasonably expect all families to provide, so that if that standard is not met it means the government

must act (Hills, LeGrand and Piachaud, 2007). Oftentimes, this quandary has not been resolved happily. Keddell (2014) explains the difficulties that governments have in legislating for, and subsequently providing, services within the scope of 'family business' as being a tension between increasing risk aversion, shown in the pressure on child protection practitioners to predict, curtail and punish when the small nuclear family is unable to parent safely, against the rights and needs of children and parents to be supported so that they may live safely together wherever possible. Humphreys et al (2009) also recognise that there is a balance to be struck between the need to protect children and the expectation of respect and support for the sovereignty of the family. Haigh (2012) proposes that this conundrum can be answered by considering whether the issue is one that the general public would consider as being 'relevant for political intervention' (p. 63). Although, families have always been considered to be the primary source of welfare for those who are dependent, and governments have been able to 'take for granted what they [the family] are able and willing to do' (Hills et al., 2007: 59). Hills et al. (2007: 148) then conclude that at times this premise has been used to legitimize policies of 'benign neglect'.

Berger and Waldfogel (2011) suggest that whether there is a need for any particular public policy is generally studied from the points of view of efficiency and equity. The case for efficiency is very simple, the short- and long- term price of child abuse and neglect is considerable; the moral, social and economic costs for society and the personal detriment to the child who experiences maltreatment are well recognised (and will be detailed in the next chapter), and so cost-effective early intervention is easily justified (Berger and Waldfogel, 2011). Berger and Waldfoegel are also blunt in their response to the question of equity: maltreatment of children is clearly inequitable, it breaches their human rights, is morally unacceptable, and 'responsible societies have an obligation to do all they can to prevent it' (Berger and Waldfogel, 2011: 13). Chapin (1995 citing Towle, 1944) argues that all children and families have fundamental human needs and rights that must be met to achieve a society where there is a basic level of equity. This approach sits in contrast to a problem fixated, punitively driven approach that defines those who are struggling as needing to earn 'their place' in society (Chapin, 1995). For children and families in this situation the relevant human right

is for children to be raised safely within their family, and by their parents wherever possible (Miller, 2010). Thus, if the child and family cannot make use of their own resources to live safely and provide developmental opportunities for all those in the family, society has an obligation to provide what is needed for the child or family to be able to exercise their recognised rights (as stated in the *UNCRC* and *CYFA*). In line with this, Chambers (2000) refers to 'proportional equity', this is the notion that it is fair (equitable) that people receive social support in relation to what they need (proportionality), as Marx put it, '...to each according to their needs' (Marx and Engels, 1947).

It has been clearly established that, from moral, social and economic standpoints, it is the role of government to intercede where child maltreatment is a risk or a fact. Legislation and policy in the area of child protection is necessary and a legitimate sphere in which to expend public resources. Indeed, all governments across Australia recognise a responsibility to children and families where maltreatment is a concern - which is easily illustrated by the most obvious examples of the *Framework for protecting Australia's children* (COAG) and the *Children, Youth and Families Act 2005* (State Government, Victoria). For all that, there are a number of cautions learned from history about the development, and unintended consequences of child protection policy.

Humphreys et al. (2009) draw attention to a constant concern in any policy development activity, namely that of decision makers wanting to apply simple, uncritical solutions to complex, chaotic problems. Lawler et al. (2011) make the observation that child welfare policy has mostly been developed from the perspective of addressing the 'child maltreatment *problem'* rather than being based in considerations of child welfare (and wellbeing), demonstrating the difference between the problem-driven and strengths based approaches. Healy (2011) notes that policy and legislative change often occur in the wake of a critical incident (for instance, a child's death), with the resultant policy showing attempts to decrease specific identified risks (particularly the risks of child maltreatment, and political and social censure of the bureaucrats and government) despite the fact that accurately predicting the occurrence and recurrence of child abuse is fraught and generally unreliable (Munro, 2011). These papers draw attention to

the difficulties of policy development where a problem driven approach has been employed, leading to an undiscerning response. Of course, not all policies are developed in that context.

In Victoria, the development and implementation of the *Children, Youth and Families Act (2005),* is a good example of significant legislative, policy and practice change in the child protection space. Humphreys, Holzer, Scott, Arney, Bromfield, Higgins and Lewig (2010) reason that in Victoria at the time of the legislative change, there was (and perhaps continues to be) the belief that a paradigm shift was necessary. In this context, the term paradigm refers to 'theoretical approaches that encompass a number of related theories' (Chenoweth and McAuliffe, 2008: 112). The paradigm shift to which Humphreys et al. (2010) refer will be briefly discussed below. Firstly, they see that it is important for the policy to allow for a less risk-averse approach to keeping children safely with their families where child protection concerns are present. Munro (2011) is very detailed in her findings about the need for child protection systems to become less risk averse, emphasing that both assessment of risk and risk management approaches were problematic. She notes that making an assessment of risk in child protection is notoriously fraught and unreliable; thus interventions based on such an assessment are likely to be poorly directed and potentially ineffective. She also notes that risk management cannot eradicate risk (however much we would like and hope for this) and so to expect obviation of risk also places unrealistic pressures on workers and the system. Munro (2011) also finds that the system takes an overly bureaucratic view of how to manage risk, namely by imposing increasing amounts of rules, reporting and review on workers, which ironically leave children more vulnerable as their needs are made secondary to the demands of the bureaucracy. Thus, relying on a an approach that promotes risk aversion, is at best unlikely to succeed and, at worst leaves children more vulnerable - clearly this needs to change. Secondly, Humphreys et al. (2010) note that one of the policy directions derived from the *CYFA 2005* is the emphasis on early intervention and diversion from the system, rather than merely responding after the fact, as had previously been the case; and significantly, it moves away from the child rescue mentality that polarises the concepts of (on one hand) protecting children, and (on the other) the notion of parental rights. Kilmer, Cook

and Munsell (2010) contend that programs and services that understand, engage with and support the family (rather than 'rescue the child') are likely to produce better outcomes and be financially more viable over the life time of the child - and it is the more civilised and compassionate thing to do. Emerging research in Family Finding shows that engaging and supporting kith and kin prior to court involvement is more effective than waiting until after that process (Campbell, 2015; Child Protection Placement and Family Services, 2012). The *CYFA 2005* refocusses the government's rhetoric to one of providing support to the family to remain intact (with the safety of the child remaining the paramount concern) and so, reflects a human rights position and is aligned to the strengths based perspective.

In general, the need for paradigm change in practice within child protection and child welfare services is well supported. Kufeldt (2002) neatly encapsulates this remodelling as replacing the concept of *least intrusion* with that of *maximum inclusion*. Other authors (Bessant and Broadley, 2016; Fox et al., 2015; Nupponen, 2007) are also clear about areas of practice and policy that need to align with the rhetoric of the *CYFA 2005*, naming: better integration of services; increased, considered risk taking; and working collegially with clients and services, framed in policy to inform and support a change practice.

In summary, it has been established that child protection is a legitimate area for legislation and public policy and funding. Policy development should happen in a way that is not simply a knee-jerk reaction to a difficult event, it should be thoughtfully constructed, be underpinned by the values and practices outlined in the *CYFA 2005*, and not simply expound more rhetoric that does not translate to a difference for families, children and workers. The next section of this chapter, then, will review the thoughts of academics and policy makers to distil the theoretical basis for making good policy, particularly in the area of child protection; the actual application to the policy development process will be covered in the Chapter Five, Methods*,* of the thesis.

The stages of strengths based social policy analysis

Haigh (2012) and Bardach (2005) outline similar policy analysis theories (to each other) and Chambers (2000), and Gilbert and Terrill (2012) agree with and have added to those conceptualisations. The stages of policy analysis detailed by the mentioned authors are closely aligned (and do not contradict each other), but some give greater attention to the elements of particular items than others, and so all the points of view are synthesised to yield a more thorough approach than simply following one author.

The strengths based perspective is based in the work of Chapin (1995) who was an early proponent of policy being developed from a strengths based perspective. This approach is discussed in more detail in the next section of this chapter, and Chapin's conceptualisation is explored more thoroughly there; nonetheless it is important to state that the more widely used approaches (such as Haigh and Bardach) begin the process of policy analysis by requiring 'a clear definition of the *problem* to be addressed' - this is obviously not a strengths based approach. Chapin's (1995) directive is to commence the process by identifying which human needs are not being met, thus showing the Human Rights foundation of the strengths based model, rather than taking a deficit approach. Having a starting point of upholding human rights, rather than a problem focus about those who are in need, notwithstanding, Chapin's strengths based framework closely follows the steps outlined by each of Bardach (2005), Chambers (2000), Gilbert and Terrill (2012) and Haigh (2012), and so her thoughts have been integrated into the composite framework. The phases of social policy analysis form the sub headings for this part of the chapter, and under each heading (or phase) there is a detailed explanation of what should be considered at that stage.

Defining and engaging stakeholders in the development process

There was agreement between many authors that before beginning the active steps of policy development it was important to engage a broad representation of stakeholders (Banks, 2009; Bardach, 2005; Chambers, 2000; Gilbert and Terrill, 2012; O'Dwyer, 2004).

Bessant emphasises this point by stating that:

> Given that policy-making processes are always collective and involve the objectives of many players, including government ministers, lobbyists and the media, we cannot sensibly talk of policy intent as something that belongs to the individual (Bessant, 2008: 284)

Mullen et al. (2005) cite Grayson and Gomersall (2003) who state '(I)n evidence-informed policy few would discount the role of public opinion, political expediency, and ideology as shaping even the most rational use of research evidence' (p. 80). And Haigh (2012) states clearly that consultation with a wide array of stakeholders in the defining of policy issues, alternatives and decision making is now embedded in policy making in Australia, which confirms that the advice of many authors to engage stakeholders throughout the process has been heeded, in the local context.

Haigh (2012) and O'Dwyer (2004) specifically name researchers, policy makers and practitioners as being the three main groups of stakeholders in the policy development process, along with people who are affected by the policy. Banks (2009) also defines the recipients of the policy as an essential stakeholder in the development of policy but, along with O'Dwyer (2004), qualifies this by saying the recipients should have a lesser role in the development process than other groups. Further, supporting the involvement of practitioners and families, Healy (2011) observes that, if their voices were not sought or heard, it was not uncommon for the policy development to be driven primarily to meet political interests rather than address the concerns of children and families - again this is not a strengths based or human needs informed way to proceed. Chapin's strengths based approach recognises the need for policy makers to clearly understand the clients' perceptions of the situation, and this is a widely supported contention (Banks, 2008; Healy, 2011; O'Dwyer, 2004; O'Flynn et al., 2011). O'Flynn et al. (2011) comment that, as the circumstances that policies attempt to address become more complex and seemingly intransigent, it is increasingly necessary to explore the values, beliefs and hopes of the people affected by them.

So, with some consensus about the breadth of stakeholders who should be involved, O'Dwyer (2004) then notes that most of those groups do not have

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sufficient knowledge of each other to be able to communicate effectively, unaided, and so she identifies a challenge to the method of policy development - the support and promotion of effective communication between potentially disparate groups.

Addressing this issue, Bardach (2005) recommends obtaining feedback in an iterative process where the policy maker (or in this case, researcher) should be a facilitator and broker, acting as a conduit from one person to another. Haigh (2012) notes that acceptable consultation mechanisms include using a survey method or focus groups, although Banks (2008) disagrees with focus groups as a mechanism for policy development, and they would be potentially difficult to use iteratively. Banks (2009) later writes that policy decisions should be determined in line with democratic process and be strongly influenced by values, interests and the particular circumstances of the time, not just evidence or research. Marston and Watts (2008) also note that we should use an open, democratic process that is not driven by the need to control, but rather to facilitate learning, and enact the primacy of values in policy making. Bardach (2005) further asserts that the process should allow broad and equitable consultation, but that not all opinions should be weighted equally. The Delphi method offers the opportunity to meet all of these criteria - inclusion of various stakeholder groups, facilitated discussion, inclusion of research but not at the expense of stakeholder values and needs, and the ability of the moderator to transparently weigh comments and opinions of the panellists (and this will be explored more fully in Chapters Four, Methodology and Five, Methods).

Thus, with the understanding that good policy making requires a representative group approach, the specific stages of policy development will now be discussed. This section provides a theoretical understanding of the process, whereas the integration of social policy analysis theory with the study methods will be detailed in *Chapter Five, Methods*. The sequence of phases in the combined policy analysis framework used in this study briefly, is: recognition of need; collect the evidence; construct alternatives; project the outcomes; confront the trade-offs; select measurement and evaluation criteria; and decide on the policy elements and tell the story (write the policy).

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1) Recognition of need

Bardach (2005) suggests having the forethought, before trying to develop any policy, to recognise that the first question to ask is, 'is there a need for a policy at all?' As evidenced by the earlier part of this chapter, the answer for this study seems to be yes; but, as policy is not written simply on the basis of a review of the literature, this question is something that should be put to the stakeholders. Assuming the answer to be 'yes' other authors offer suggestions about how to commence the process. Chapin (1995) directs the policy-maker to identify the specific human needs that should be the subject of the policy; she elegantly describes the broad intention of social policy as being that the individual achieves 'inclusion rather than services' (p. 511) - meaning the inclusion of people in family, community and social groups. This is a significant change away from the notion of child rescue and problem-based approaches, toward a human rights focus (the right for children to be raised in their own family and that their parents receive the support needed for them to be able to raise their children in an environment that is safe, stable and promotes wellbeing). These rights are required by the *UNCRC* (United Nations, 1989), to which Australia is a signatory and which forms the platform for the *Children, Youth and Families Act, 2005.* Not inconsistently, Chambers (2000) envisaged that this first step of policy development should incorporate establishing the goals and objectives of the policy, or what is it we want to achieve rather than just defining what is the problem. Banks (2009) reflected that accomplishing this is an often lamented difficulty; he believes that policy objectives are rarely clearly articulated at the outset of any analysis, and so this study will provide clarification of the policy's objectives as a specific part of the development process.

2) Collection of evidence

This stage incorporates assessing the nature and extent of the issue (Bardach, 2005; Haigh, 2012) for instance, identifying how many people are affected by this, who they are, whether there are particular characteristics of their situation that should be a focus of intervention. The other evidence that should be collected at this point is to 'consider how similar situations have been addressed by others' (Haigh, 2012: 83) and whether those interventions led to success or otherwise. Chapin also focuses on people's resilience and resourcefulness and promotes the

practice of learning from successes (Chapin, 1995). This knowledge then informs, for instance, the identification of individual elements of a program, the probable scope and type of service response, and supports and resources that are likely to lead to a successful policy and program.

3) Construct Alternatives

Generating options is seen as an (inter)active process rather than an academic or political exercise of offering only what the research suggests, or what the current government perceives as the way forward (Chapin, 1995; Haigh, 2012). The clear identification of values is also essential to this step.

Taking the need to identify values first, Marston and Watts (2008) recognise that policy making is an interaction between values, interests and research, and relate that Parsons argued it was often values rather than the research evidence that were instrumental in whether a policy 'worked'. Kay (2011) notes that ambiguity of values was one of the characteristics of poorly developed policy. Being clear about values is crucial to the direction for practice as it informs both the means enacted and the ends sought by the policy (Kay, 2011). Kilmer et al. (2010) writing about family-centred care and family support (specifically in the practice area of families where at least one child has severe emotional disturbance) warned that in their experience there was often a disconnection between the values and principles underpinning the policy and what happened in practice, and this contention is supported in the local context by Bessant and Broadley (2016). For instance, policies that described their value base as family-centred practice that are (incongruously) translated to programs that only focus on or are resourced to provide responses that address issues of a particular child, or possibly one parent and do not consider the needs of other family members.

Bardach (2005) also encourages policy makers to identify and overt the underlying values of the policy being developed, and there seems to be several reasons for doing this, in addition to those noted above. Firstly, it means that the discussion between the stakeholders about intent and process of the policy is guided by an agreed values base - or where there is not agreement, this can be noted to inform further discussions and understanding; and secondly, values and beliefs guide the

analysis of the data generated by the stakeholders and therefore are germane to the construction of the final options and final position.

Turning to the development of options for the policy, the four constituent items that need to be addressed to generate alternatives (Chambers, 2000; Gilbert and Terrill, 2012) are:

Entitlement (eligibility rules), or the 'bases of allocation'
These are broadly defined as either universal (available to all) or selective (those made on the basis of need). Selectivity can rest on any of a number of criteria, financial means testing is one example (Gilbert and Terrill, 2012) or age or developmental level, for instance. In the case of child welfare services the criteria is often based on 'diagnostic differentiation' (Gilbert and Terrill, 2012: 110) - where a professional makes a particular assessment about the client's situation. In the case of this study, specifically, eligibility would require the substantiation of child protection concerns. Another axis along which to consider the basis of allocation is whether the policy should be an 'institutional entitlement', which means it is applied as a normal, first line function of society; or if it is a 'residual entitlement', which comes into play only when people or other mechanisms fail to meet the needs required for safe and healthy functioning (Gilbert and Terrill, 2012). In the current context, family support services are clearly residual, being located at the secondary and tertiary tiers of the public health model approach. Thus, the policy generated through this study will be one that has a selective basis of allocation.

Clearly, it is essential to identify the criteria under which people are considered to have the greatest identified need, given that the purpose of being selective is to direct services to those in that situation. Additionally it is important to be able to show that the social policy has made a positive change to people's quality of life, thereby being able to justify the selective nature of the benefit and hence why society should put resource into a particular part of the population. Thus, it is also essential to define a measurement of cost effectiveness and/or social effectiveness for each policy aim.

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From there the next question is, are those who are eligible actually accessing the services, are they participating? Are we hitting the target? This includes analysis of how aware people are of the services, and what facilitates and discourages them from participating. Of importance in this particular area is the reality that the extended family exist outside the formal child protection system, and so they cannot be compelled to engage with the service (or be punished for not doing so). Thus the basis of involvement with any policy or program in this area is voluntary participation - and so the identification of facilitating and discouraging factors is brought into very sharp relief. As Twigg (1989) put it 'they [kith and kin] are an essentially uncommandable resource that cannot be created by policy decision' (p. 57). This is likely to be an uncomfortable reality for the forensically driven, risk-averse child protection sector where program funding is often tied to targets defined by quantitative measures of participation, and assumes compulsion to attend, and where decisions about support and resource allocation rest with the worker or program, not the family (Humphreys et al., 2009).

Forms of benefits or services delivered (What sort of service or provision will this policy underpin?)

In general social policy theory the forms of benefits and services can include cash, vouchers or in-kind services (which can include giving people goods or services, opportunities, or power over the distribution/decision making). Gilbert and Terrill (2012) advise that the specifics of the form of benefit did not have to be nailed down in the policy development process, in essence this is a programmatic issue; but they caution that with an increasing level of abstraction in the policy comes the concern that when the program is implemented the actual benefit provided may not be what the various stakeholders specifically envisaged, which may lead to conflict, non-compliance or ineffective interventions.

Although not specifically defining a service type, Lawler et al. (2011) propose that programs need to provide relationship based services in order for workers to give attention to the breadth and depth of relationships that children need to thrive. This way of thinking is located clearly within the attachment theory and ecological theory literatures and research, which recognise that healthy child development only occurs within the context of safe, predictable and attuned relationships (Perry, 2006) and that factors beyond the child and family, such as the parents' work, social values and morès impact on their health and wellbeing (Bronfenbrenner, 1986).

Administrative or organizational structure for service delivery

This concept begins by locating the policy along the public/private divide; services offered to Child Protection clients in Victoria, other than the actual statutory Child Protection role, are predominantly funded by the State Government and located in the not-for-profit sector known collectively as the Community Service Organisations (CSOs). In a specific contradiction to this arrangement, Breman (2014) found that Child Protection has retained the delivery of services to most (about eighty per cent) of the kinship care families, while family services are placed within the CSOs. Consequently, there is some disconnect within the existing system, about the potential placement of this type of policy, and so this is an area for exploration in its development.

Next, issues about organisational structure and the intersection of agencies are considered. These include: to what level there is standardisation of services or individual tailoring; provision of responses to client need; level of engagement or coercion of clients; where authority and decision making is located; who carries out the tasks (and with what qualifications) and specifics about how the service or benefit will be delivered. The sorts of concerns that should be addressed in the development of the policy, so they do not impeded the delivery of services can include: fragmentation - how what happens in one service relates to what is happening in the others, for instance duplication of programs or gaps; discontinuity - what happens between the services, for instance, linking case plans, communication and coordination; level of accountability to clients; and accessibility of the service - referral systems, availability of information about the program, role attachment (which is about workers prioritising the use of formal services, and hence their own role, over naturally occurring supports), cultural concerns and the rationing of services.

Ways to finance

Financing considerations encompass identifying the source of the funds (for instance, user pays, taxation, insurance, philanthropic contribution) and the system of transfer, including how the funding flows and what funding and program conditions are attached (for instance: rigid categorical expectations, which means purchase of a specified service, or broader block-funding that allows programs to work more flexibly; inclusion and exclusion criteria; procedural expectations; and time or other limits for receiving the service/benefit).

Fiscal rationalisation is always a paramount consideration for government in forming or retaining policy and programs. Despite (for some of us) the discomfort of having to link the fulfilment of human needs to dollar costs, and the rhetoric of the importance of families and children as an investment in our future, the attendant funding implications are 'a clear driver behind early childhood policies' (Winter, 2009: 1239). Humphreys et al. (2010) in their critical appraisal of the *Children, Youth and Families Act (2005)* reform process reported the reflections of people involved in the change. Of particular note, in terms of the economic imperative and securing funding for changed and new programming, one

respondent said she became aware of the constant tension of 'how am I going to get Treasury over the line?' (p. 158), and another interviewee observed the strain brought by practitioners and economists working to differing standards - quantitative data for economic modelling were influential in Treasury decisions rather than those data that helped to understand and measure outcomes for clients, preferred by practitioners (Humphreys et al., 2010). Where economics and regulations become the focus, the actual tasks of building relationships and working towards outcomes where children are safe and the family is thriving are often pushed to the margins (Rustin, 2013), leaving the client goals as secondary to the demands of the bureaucracy. This alerts us to the importance of paying attention to balancing the mechanics of securing funding with the needs and rights of the clients and workers.

Clearly the considerations outlined above show that there needs to be some permeation in the boundary between policy and practice. As an example, Chambers (2000) - more strongly than Gilbert and Terrill - stated that it was important to identify exactly how the 'benefit' should be delivered (for instance defining if the program hands out vouchers, provides direct client services, focuses on compliance, and so on), as this clearly makes a difference to the level of funding required, and the expected outcomes. O'Flynn et al. (2011) strengthened the policy/practice-nexus argument by reflecting on a successful example of policy development (the Australian response to HIV/AIDs) where they identified that the 'issues of delivery were understood as intrinsic' (p. 314) were crucial to the design of a policy.

Further clarity was offered by Humphreys et al. (2010) who suggested that the principles of policy need to be clearly defined and delineated, while programs need to be able to respond to differing contexts and needs - be flexible within the expectations set by the policy principles. In the child and family area particularly, Hills et al. (2007) instruct that the balance in writing policies and programs about the family exists between the need to both recognise the increasing diversity of family form and function and yet retain connection to each person's ideas and beliefs of what a family should be. There is no suggestion that the policy should outline the program specifications in detail, nor its implementation, and it is

certainly beyond the scope of this study to do so - but identifying the essential program elements (to meet the requirements of identifying the forms of service or good to be delivered, particularly) does form a part of the area of inquiry.

In addition, Fixsen, Blase, Metz and Van Dyke (2013) who are authorities on the implementation of evidence-based programs, identify that a communication loop between policy and program - an information cycle - operating iteratively, is necessary to ensure successful implementation. These observations will form a part of the recommendations attached to the policy, to direct program development.

Thus, in generating the alternatives to be considered in the development of the policy, the critical elements are: defining the underpinning values and beliefs; determining the bases of allocation, the forms of services that might be offered, the administrative structure and the funding source. Each of these elements crosses into considering the potential program that may be developed and delivered from the policy and so, some higher level discussion about the program is an essential part of constructing a successful policy.

4) Project the outcomes

This phase in particular needs the input of stakeholders (Banks, 2009; Haigh, 2012) to review the potential outcomes of the various alternatives, and to think about the possible interactions between the elements (Bardach, 2005; Chambers, 2000) and specifically, what the unintended outcomes may be if particular alternatives are combined (Banks, 2009). Banks (2009) offers the further thought that using an evidence-based approach to policy making should help to minimise unintended consequences or poor outcomes.

Surprisingly, though, there is little written on a specific definition of evidence-based or evidence-informed policy. Banks (2009) seems to mean taking heed of the knowledge gained through research about program delivery and outcomes, which fits with what seems to be a common (misinformed) assumption that 'evidence-based' simply means 'involving research'. Whereas, the definition of evidence-based *practice* has been evolving since the 1990s, and its implementation is the

subject of many articles. The lack of attention to this definition in the world of policy seems inexplicable, and appears to reflect the truism that policy is often divorced from practice. To promote congruence between policy and practice, it seems reasonable to suggest that the definition of evidence-based policy should parallel that of (the more advanced notion of) evidence-informed practice. A full discussion about this point and a newly formed definition of evidence-informed policy will be given in the Methods chapter (Chapter Five). Suffice it to say that the more thorough definition given for evidence-based programs involves not just research about the broad area and outcomes from interventions, but considers research through the lens of the specific needs, wishes and desires of those being served, the client's current resources and possibilities, and uses the professional's insight, training and understanding to integrate all those components. The newly formed definition of evidence-informed policy provided by this study will direct some elements of the method and, as suggested by Banks, will also help to reduce the likelihood of unintended consequences.

5) Confront the trade-offs

This part of the process can be thought of as encapsulating two areas for consideration. Firstly, and more commonly, is the consideration of what is possible, given the inevitable funding restrictions (Bardach, 2005). What is desirable but has to be dropped or curtailed? Or, where stakeholders have varying priorities and opinions, directing the desire to work through these to a consensus. Kay (2011) called this a 'constrained optimisation problem' (p. 242) by which he means achieving a balance between the limits of a defined budget and the need to rank multiple options and priorities. Chambers (2000) observes that there are always choices that have to be made between the alternatives, which represent the 'trade-offs among what policy planners think is desirable, what circumstances necessitate, and what the public will countenance' (p. 62). Given that stakeholders can hold different views about the purpose and goals of any program and policy, these views are also a part of working out what can be traded and what is considered essential.

The second type of trade off discussed is that not every point of view or suggestion can have equal weighting. The policy maker (or researcher in this case) has to decide which thoughts will be privileged over others (Gilbert and Terrill, 2012). Briefly, decisions about the prominence of any thought should be consistent with the underpinning theories, principles and values, as well as fit with what the group has agreed; the process undertaken for making these decisions in this study will be discussed in Chapter Five, under the heading of the role of the researcher/moderator.

6) Select measurement and evaluation criteria

Evaluation is an essential part of policy (Banks, 2008; Humphreys et al., 2010; O'Flynn et al., 2011). Yeatman (O'Flynn et al., 2011) gave an example of what she considers to be good practice in the development of policy, which clearly includes that the policy has to be subject to ongoing evaluation. Banks (2009) also considers evaluation to be a mandatory component, seeing each policy as an experiment that needs to be monitored, evaluated, modified and assessed for ongoing viability (what Gilbert and Terrill call a performance study). It was also noted that policy evaluation has been conducted very poorly both in Australia and internationally (Banks, 2009; Gilbert and Terrill, 2012). Yet, evaluating (and publishing the findings) is an important part of the evidence-based *practice* approach, now favoured by the Australian and many international governments and services (Banks, 2008; Mullen et al., 2005; O'Flynn et al., 2011; Shlonsky and Ballan, 2011). What constitutes evidence-informed policy and practice will be discussed in detail in Chapter Five, but to briefly outline the necessary considerations for evaluation and reporting, this means being clear about what decision making principles were used, ensuring that the aim/s of the policy were clear, that the rationale was well explained, and gave a clear idea of what measures constituted reasonable evaluation criteria.

Historically, evaluations have been seen by government as a measure of financial accountability - that is, a measure of inputs and outputs rather than outcomes (Banks, 2009). Social policy usually uses benefit-cost analysis, which can include break even estimates, such as *what does it cost now and later for one child to be in care, compared to the cost of the program to keep them at home*? (Bardach, 2005).

In terms of evaluating from a financial point of view Kilburn and Karoly (2008) offer evaluation perspectives based on a choice of cost-saving, cost benefit, or return on investment, additionally they described a number of categories on which to base other forms of evaluation of a policy. They offer a framework to direct evaluation of program outcomes, which included defining outcomes in terms of being: 'needs based' - to make a difference in a particular area; 'outcome based' - to achieve a specific result; effectiveness based - giving the greatest impact for a specified level of funding; and, cost saving based - the money that will be saved over time because particular difficulties have been prevented. In terms of how to measure effectiveness, Chambers (2000) alerts his readers to the difficulty in demonstrating long term outcomes, particularly when reporting occurs in the short term, and suggested that, in services that are provided to meet specific personal needs, intermediate or proximal measures may have to be used. Rapp et al. (2006) and Fixsen et al. (2013) suggest the use of a reflexive cycle that identifies the good to come from a policy, and works to continually develop and improve the policy's responsiveness to current and changing circumstances; which is supported by Healy (2011) who proposes that child protective services need to undertake outcome evaluations that seek both the positive as well as the negative stories. The clear message in this literature is that regardless of the model, evaluation relies on transparently identifying what is the priority outcome, at least.

Unfortunately, most of these evaluation formats measure program outcomes, which certainly should reflect the policy, but do not actually appraise the policy in its own right, or define the difference or link between policy and practice. Chambers (2000) offers a bridge between the policy/practice divide and simply frames the important questions; 'does the program or policy direct benefits to those it claims to serve?' and 'does it have the ability to actually meet the needs?'

There are some frameworks that more fully evaluate the policy itself, rather than the program, these include a matrix (Gilbert and Terrill, 2012) and a step by step policy analysis (Chambers, 2000).

Gilbert and Terrill's matrix has been conceived as a policy development tool that clarifies the degree to which various policy options fit with the underpinning theories, values and evidence, before presenting a final position (Gilbert and Terrill, 2012). Alternatively, it seems possible to use it to test the internal consistency of a particular policy position. Its method provides a systematic analysis of the policy design, rather than focusing on the outcomes of the program derived from it, and that is how it will be used in this thesis. Because this study is also underpinned by strengths based principles, it is important to integrate them into the Gilbert framework. The six principles of strengths based policy development (already outlined in Chapter Two, in the strengths based approach section of the thesis) are: the recipient's views are represented; the starting point is to identify human need not seek deficiencies in the client; prioritising naturally occurring supports over formal services; voluntary engagement of the client; offering choices and not standardised responses; and, adequate funding to address concerns for the family that are structural in nature as well as ability to develop client strengths.

The matrix employs a two-step process, where the first stage identifies the core elements – the what and how - about the options that were generated: what are the bases of social allocation; what are the forms of social allocation; how will they be organised, delivered and financed? (Gilbert and Terrill, 2012: 61). The next stage establishes purpose - the 'why' - which is answered by examining each of the four core elements against three axes: (a) the range of alternatives within each dimension; (b) the social values that support them, and (c) the theories and assumptions that underlie them. In this study, the range of alternatives was canvassed by the panel using a Delphi format rather than this grid, and given the elements of the policy position have been identified, that specific process (determining the preferred alternative) will not be conducted in this analysis.

The values used to analyse the policy elements should be both those of social policy in general, which are equality, equity and adequacy (Gilbert and Terrill, 2012), as well as the values that underpin the policy position, which in this case include strengths based principles, collaboration, relationship-based practice, and taking an ecological understanding. The Gilbert and Terrill matrix will be used (in Chapter Nine), to assess the internal congruence of the policy position that is generated from this study and its method will be discussed in more detail in Chapter Five.

7) Decide on which elements will form the policy and tell the story (write the policy)

Bardach concludes the policy development process by telling the policy analyst to "decide", and then tell the story (Bardach, 2005). Banks (2009) also notes that the data, assumptions and methodologies on which the policy is based should be available and reported, such that it is able to be replicated. In those terms, this thesis is the story in general and the policy position, given in Chapter Eight, will tell the specific story. The position will be developed by synthesizing the elements agreed by the panel and will be presented in a policy format rather than simply reporting individual findings. As for Bardach's (2005) directive to 'decide', the final determination clearly resides within the purview of the government of the day. The recommendations, considerations and cautions of the stakeholders and the researcher will be reported, so this work will fulfil the role of the policy analyst, which Haigh (2012) records as being to provide the best advice to policy makers in government.

2.2.3 Ecological Theory

> 'The task of understanding child abuse is particularly well-suited to the ecological model of human development' (Garbarino, 1977: 722)

Berger and Waldfogel (2011) recorded that the conceptualization of the determinants of child maltreatment was most commonly approached from the perspective of ecological or developmental-ecological models (also Henderson and Scannapieco, 2006, citing Garbarino, 1997) and they support the belief that abuse and neglect result from a combination of many factors. This belief is supported by many authors in the area (Barlow et al., 2011; Blakester, 2006; Child Protection Placement and Family Services, 2012; Cullen et al., 2010; Daro, 2007; Geeraert et al., 2004; Gockel et al., 2008; Hunter, 2011; Miller, 2010). Therefore, taking an ecological perspective to policy and then programs in this area is germane to good practice.

The ecological model was first proposed by Bronfenbrenner, as a way to consider the broad array of factors that influence the development of a child, and although it has been applied more widely, the definitions derived with the child as the centre of the systems will be used in this document. According to Bronfenbrenner (1986) the basic systems that are the building blocks of ecological theory are the:

≈ Micro system - individuals or groups with whom the child or young person has close relationships and 'face-to-face' interactions, such as immediate and extended family, neighbours, day care, or school. As the child ages and engages more with peers and society independently, they are likely to be a part of a greater number of micro-systems. Bronfenbrenner (1986) observed that the family is most often the primary setting in which a child grows and develops, but the child interacts with other people and environments, and other extended family members also; and importantly, 'what happens in one setting can and does influence the child's interaction in other settings' (Brooks-Gunn, 1995);

- ≈ Meso-system - describes the links between micro systems or groups that the child or young person directly engages with, such how the school relates to the youth club, or the parent to the grandparent (Bronfenbrenner, 1986) and includes communication between the groups, beliefs about the role of each and the ability for resource sharing;

- ≈ Exosystem - systems that interact with people who are close to the child or young person and other family members, but the child or young person is not a part of that system – such as parent's work, carer/grandparent's health provider (Bronfenbrenner, 1986). Government services also form a part of this system;

- ≈ Macrosystems – values, culture, beliefs, laws and customs that surround the child or young person, as dictated by broader society (for instance rules about family benefits, or the societal view of single parents); and,

- ≈ Chronosystems - which refers to the passage of time, the patterns over time and the changes to the other systems as seen in that context. These patterns might be: anticipated and 'scheduled' (normative) such as the developmental stages of a child and life transitions; known but not scheduled (non-normative) such as death; or, within the realm of known possibility but cannot be assured or scheduled, such as marriage or separation, major illness or unemployment (Bronfenbrenner, 1986). Particularly for children, the chronosystem directs attention to the ongoing consequences of maltreatment on the child's development and functioning, and the importance of anticipating future as well as current needs.

An ecological perspective to understanding abuse and neglect is not only concerned with negative consequences but also with resources, adaptations and strengths (thus supporting and being supported by the strengths based approach). It is more than a bio-psychosocial approach, as the focus is as much on the positive interactions and the barriers between the systems, as on each of the systems (and each person within the systems). This perspective avoids locating the problem entirely within the individual or the environment, and indeed considers that for a person to be competent in any given situation both their own attributes and those of the environment must be considered (Libassi and Maluccio, 1986).

Nupponen (2007) gives support to this notion in the current context, saying that it is not sufficient to be concerned only with child's development but that any approach must meet the diversity of needs of the family.

Garbarino (1977) outlines four characteristics of the ecological approach that show why it is so well suited to deal with the complexity of child maltreatment, being that it: focuses on the mutual adaptation of person and environment; recognises the interdependent interaction of systems; considers how well the environment meets the needs of people; and, considers 'political, economic and demographic factors in shaping the quality of life for children and families' (p. 722). Note that the wording of these characteristics suggests both a strengths based discourse and a constructivist epistemology for instance, the focus on mutual adaptation rather than espousing a preordained social order to which people comply or fail. (More detail about this concept will be given in the Chapter Four, Methodology, the comment serves as a marker for that discussion.) By paying attention to the interdependence of systems the policy maker's attention is directed beyond an individual focus, and even beyond expecting the extended family to alone provide and support the solution to the existing difficulties (Bronfenbrenner, 1986). Writing for the Australian Research Alliance for Children and Youth (ARACY) Fox et al. (2015) report that the literature shows that the ecological model allows a thorough understanding of potentially effective interventions to improve the wellbeing for children, and this is supported by Coman and Devaney (2011).

Interdependence and communication

Scannapieco and Hegar (1994), who research in the field of child and family issues (and particularly kinship care) note that the ecological perspective allow the researcher to recognize the interdependence of socio-cultural factors, resources and kinship carers (or in this case, the extended family network). An example of this is in the Victorian context is the *Cradle to Kinder practice guidelines* that illustrated the application of ecosystems thinking in program development and delivery, noting '(I)n recognition of the influence of relationships on infant development, the child is viewed in the context of the multiple relationships and interactions they have with their primary caregiver, parents, family and community' (Couper, Jackson, Milburn, Black, Lyons and Sibilin, 2013: 17).

An expression of the importance of the interdependence of professionals and family members can be seen when a collaborative process is used. Valuing the knowledge, skills, values and wishes of the family is crucial to the collaborative process and to work that aims to strengthen and enhance the family system - after all, if workers don't know what families want or what they have, how can they provide support and direction? Equally, the skills, knowledge and experience of workers needs to be acknowledged by families, so their assessments are given due consideration in the family's thoughts and deliberations.

Somerville and Rapport (2000, cited in Green and McDermott, 2010) similarly value the interaction between individuals, agencies and community as a way to gain more intricate insights into the increasingly complex situations of contemporary society. Collaborative, interdisciplinary work aims for maximum information about strengths and concerns in and between the various systems, and helps to identify what options there may be to support safety and growth in the family, through work with other agencies. In practice there is seldom that level of integration of services and so, little that reflects the understanding of interdependence that ecological theory makes so clear. Crucially, the Department of Health and Human Services *Policy and Funding Guidelines 2015* is organised to show a clear separation of funding and performance measures for each service and program, with little attention paid to integrative initiatives beyond the rhetoric of 'joined up services' and 'whole of government' approaches. Coman and Devaney (2011) argue that because of this 'siloed' approach to policy and funding, the programs that are developed are fragmented. Assessment and intervention happen in a narrow (and often individualistic) way, leaving the family with other, related needs that remain unmet and continue to impede their realisation of a safe and thriving life. They recognise that an ecological approach allows a vision of a more congruent system (Coman and Devaney, 2011).

Katz (2007) also notes that viewing the system through the ecological lens is essential to end the fragmentation of early intervention services. He champions the need for services to work together so that children and families are able to access the type and spread of services they need, observing '(M)ost of the problems encountered by children and families are multi-faceted and cannot be

addressed by one intervention or agency alone' (p. 20); nor can they be met by the formal (restricted and temporary) service system alone. A further concern raised by Tarabulsy, Pascuzzo, Moss, St-Laurent, Bernier, Cyr and Dubois-Comtois (2008) is that intervention at only one level of the ecological system is likely to be ineffective in making a meaningful and long term impact to the child's wellbeing - 'There does not appear to be a domino effect' (p. 325) - and so understanding and intervening at different levels of the system are necessary.

Complexity

More recent writing about ecological approaches (Green and McDermott, 2010) notes that advances in the understanding of neurobiology, attachment and trauma theories should also underpin assessment and interventions across all levels of the system. This newer knowledge also promotes an understanding of the complexity of the chronosystem - that the interaction between and within different systems (such as the meso and micro systems) may influence and be caused by effects beyond that particular point in time. So, for instance, early parenting will greatly influence brain architecture and children's understanding of and response to the adult world, far beyond their early years.

One significant observation offered by Green and McDermott (2010: 2422, drawing on the work of Walker and Salt, 2006) and supported by Leadbeater et al. (2004) about social-ecological systems is that they are 'complex, adaptive, self-regulating systems, always evolving in the direction of greater complexity'. The notion of being self-regulating does not sit easily with the forensically-driven, risk-averse child protection system where practice is impelled by compliance to the external demands of courts and uniformly written case plans. Forensic systems have a linear view of the world, and make decisions about the family, at one point in time, which is in direct contradiction to the understanding of the ecological model. This simplified view of the world does not serve children and families well, as quoted by Humphreys et al. (2009):

> '... There is always a well-known solution to every human problem - neat, plausible and wrong' (M.L. Mencken, US journalist and commentator)

Ecological theory allows a broader and more sophisticated perspective to understanding and responding to social difficulties (such as child protection concerns), using it (and other informing theories) policy makers can divest themselves of the 'skewed understanding of the social, of exercises of power and other sociological questions including meaning and intent' (Bessant, 2008: 289) helping to avert a skewed policy and then practice responses.

Despite the ecological understanding of the many levels of strengths and difficulties families involved in child protection experience, it is beyond the scope of this study to provide a policy position at an interdepartmental or all-of-government (macro) level (for instance, at the state level directing interaction between housing, child protection and health; nor can it provide a federal level policy position, which would include, for instance, creating economic redistributive policies). And so, although the policy position will be located in one part of the service response to families (the child protection sector) both the policy and practice must recognise that families do not function in silos that equate to the governments' administrative categories or disconnected output measures.

Contemporary policy and program development would be well served if the view was from the more holistic perspective of the client, and there was specific emphasis on strengthening and privileging the micro systems, the relationships that exist within, and between them (meso) and rather than seeing the professionals, welfare system and government (the exosystem) as the focal point of the system. The aim of Child Protection and welfare involvement is for the situation to change (if not resolve) so the family does not need to be involved with that system. When the professionals 'close the case', it is up to the family and the child to maintain safety and wellbeing. Thus a focus on the micro and meso systems, as those that will remain when the family support and child protection services have left, seems more likely to provide a basis for sustainability for the child and family than the current system's focus on what the bureaucracy and agency workers can provide.

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Evaluation

In terms of the evaluation of policy and programs, ecological theory offers several directions. Anglin (2002) alerts evaluators to consider each of the systems surrounding the program, for instance the qualifications and retention levels of staff in a program that requires specific skills, or understanding the extra-agency factors (political climate, economic priorities or media reporting) and the fit and interactions between the systems. In considering outcomes for children and families, viewed through the chronosystem, short term or indicative measures would be identified as proxies and guides for the longer term success that is sought, and meso system analysis would yield information about the fit and interactions of the people and the resources in various systems that include the child.

This section of the chapter has shown how ecological systems theory provides another lens through which to view the child, family and the system, as well as its consistency with the values base and other theoretical concepts that underpin this study. Ecological theory emphasises the need to not merely see the child as a collection of isolated strengths and needs, or a problem to be solved or rescued, but as a vital part of a complex system. It allows and requires assessment and intervention at various points within the system, with the understanding that each intervention may cause a change for the child, whether or not the child is the direct object of the intervention. This theory can be used to show why respecting the family as experts in their own life and supporting them as an important part of the solution, not merely an object for the professional system to work on, is likely to provide better outcomes for the child and family (and indeed the workers). The next section describes how the informing theories - strengths based and ecological - fit with social work values, and support each other in the policy development process.

2.3 How the theories fit together

The interlinking of the theories that inform this study will commence with their fit with social work values. The social work *Code of Ethics* refers social workers' attention to the needs and empowerment of people who are vulnerable and oppressed. It also emphasizes the need for awareness of the social beliefs and environmental systems that create and sustain them and could also redress those inequities (AASW, 2010: 15), reflecting both ecological and strengths based perspectives. Rapp et al. (2006) support this alignment, stating that the strengths based approach is more congruent with the values and ethics of the social work profession than other frameworks. Noble et al. (2000) write that the strengths model embodies a holistic respect for the dignity and uniqueness of individuals, and requires genuine collaboration with the client - all of these are social work values. In writing about strengths based policy development Chapin (1995: 508) (Chapin, 1995: 508)notes that 'the social work profession is rooted in a value base that insists on the belief in self-worth and preservation of the dignity of the client'. She goes on to say this does not limit the definition of the social difficulty to be about the individual, rather, the understanding encompasses the role of structural barriers; thus integrating social work values with the ecological approach. Social work's defining mantra is that of 'person in environment' (Green and McDermott, 2010); essentially it is work with people within and between systems. Fook (cited in Green and McDermott, 2010) describes social workers as those who work *with* environments, not despite them and indeed, with people rather than over or against them. This clearly demonstrates how the social work value base links to the strengths based approach and ecological theory.

Gray (2011) also observes that the strengths perspective is indeed very compatible with ecological theory. Chapin (1995) shows the integration of strengths based and ecological concepts when she writes that when one chooses to focus assessment and interventions only on the individual, the role of social beliefs and institutional rules in the genesis and maintenance of the problem is ignored, leading to punitive and ineffective interventions. The individually focussed approach is counter to the practice that would be taken under either or both theories. Weick et al. (1989) concur with this contention, and state that despite the

understanding that the individual lives in a multi-layered, complex system many assessments are ineffective because they do not consider the role or influence of social variables. Gray (2011) contends that even when practitioners quote a strengths based perspective, structural barriers rarely become the focus of intervention; and this is particularly true if the definition and understanding of a strengths perspective is distorted to mean looking simply for the client's strengths without taking on the full human rights perspective and collaborative approach. Extending her concerns about the lack of acknowledgement of structural barriers, Gray (2011) identifies that if the strengths approach is misrepresented as looking only at the client's resources and abilities, and lauding self determination, it could be interpreted that their difficulties have resulted or continue because of their own choices, without reference to the social situation. By purposefully observing the ecological model as being at the heart of the strengths approach, Noble et al. (2000) reinforce that each theory identifies people's difficulties as having a systemic, and not just an individual, component. The two theories are not just compatible but integral to the proper understanding of each.

2.4 Conclusion

This section of the thesis has outlined the main theory (social policy analysis) and the two informing theories (strength based perspective and ecological theory) and discussed how it is that they interact and support each other. It has shown how strengths and ecological perspectives are innately entwined, and how a strengths perspective, although not traditionally used in policy development, is certainly able to inform policy development work. The understanding of these theories will be used to aid the choice of the methods, inform the data analysis and the interpretation of the findings. The next chapter considers the content of the literature review and uses the material covered to provide specific substance to the policy development framework.

Chapter Three
Literature Review

This chapter firstly outlines the process by which the literature review was conducted. It then gives a critical review and a synthesis of the peer reviewed and grey literature in the areas of: contemporary family services and kinship legislation and policy directions in Victoria; the program elements that are believed to make a significant difference in delivering family services and kinship programs; and, the outcomes for children, parents and kin. The information obtained from the literature review informs the content of the questions in the study and is used to understand the findings and locate them within the current context of policy and practice. Significantly, there are no papers about the intentional involvement of kith and kin in family services, no relevant Randomised Evaluations of family service programs and none of kinship care. Other searches were conducted to identify and review literature that was relevant to the underpinning theoretical concepts for the study (reported in Chapter Two) and the methods that were ultimately employed (reported in Chapters Four and Five).

3.1 Systematic review of the literature

A systematic review is a 'highly formal, quantitative information synthesis' (NHMRC, 2000: 1) and is often chosen as the method employed when writing policy (Jesson, Matheson and Lacey, 2012: 23).The parameters of a systematic review of the literature are that the question is very tightly and narrowly defined, criteria for the inclusion and exclusion of literature is predetermined and unyielding, and the methodology of the studies determines their value and level of contribution to the final product (Jesson et al., 2012). Usually the studies that are included in a systematic review have used a randomised control design, or matched sampling, or at least pre and post testing; qualitative interviews and narrative studies are assessed as having little credibility (Cochrane Collaboration, 2016; Jesson et al., 2012).

A systematic review begins with a clear question (Cochrane Collaboration, 2016) and then proceeds to scope or map the literature, the aim of which (in part) is to quantify key sources, theories and concepts; identify the main areas of interest and debate; and recognise the epistemological and ontological basis of the area (Jesson et al., 2012: 108). The primary purpose of a systematic literature search for this study was to determine if there was research evidence to support (or counter) the involvement of extended family in family support services; with a secondary purpose of seeking the policy and program details where this was the case. This information would allow the study to include strategies and interventions that were shown to have proven effectiveness in the child protection area, for consideration in the development of a policy.

That said, for this exploratory study, it was anticipated that a systematic review might be too restrictive to allow for the generation of new ideas and approaches, given the subject of this study is a novel area. Moreover, randomised control trials, and even case controlled studies, are rare in the area of child protection and welfare. Despite this, the literature review commenced with a scoping study, which was approached in a systematic way. This required a clear question from which to focus the review (this is not the study question but, clearly, is inextricably entwined to it). The National Health and Medical Research Council (NHMRC, 2000)

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suggests a literature review question can have three parts: the study factor (for example, the intervention - in this study, the involvement of extended family with family support services); the population (in this study, the children who are at risk of or have experienced maltreatment, and their kith and kin); and the outcomes (in this study, the minimum aims are for improved safety, stability and wellbeing for children, and wellbeing of extended family). Although it is noted that often including specific outcomes is too restrictive and so this is not a necessary component of the question. In this study, information is sought about a broad range of outcomes for a number of groups, including the children, kith and kin, parents as well as implications for workers and the system, and so, as advised by the NHMRC (2000), specific outcomes were not incorporated into the question. Thus, the question posed for this literature review was: "What is the evidence base for the involvement of extended family with family support services where there is child protection involvement?"

The second step in the scoping review is to identify the relevant literature. The NHMRC (2000) notes that it is helpful to begin by searching for existing systematic reviews; after which the search should be guided by breaking the question into components, looking for synonyms for each component (search terms), and then constructing combinations of inquiries using standard Boolean operators (NHMRC, 2000). Inclusion and exclusion criteria were also defined at this stage (Jesson et al., 2012). The search terms, inclusion and exclusion criteria for this study are provided in Appendix One.

In summary, a manual search of the Campbell Collaboration and Cochrane Databases was conducted (as both are the pre-eminent sources of systematic reviews in health and welfare). There was one potentially relevant systematic review that focussed on in-home support to parents and preschool children who are socially disadvantaged, but crucially it did not allude to extended family, nor was it a requirement that the families in the sample group had child protection involvement. Thus this search yielded no articles that fitted the search criteria.

3.2 Narrative Search

As anticipated, a traditional narrative review was then undertaken to allow the identification of a broad range of potential considerations for the development of policy in this area. Additionally, the literature that described and evaluated the theories and methods that underpinned this study was reviewed.

A narrative review aims to interrogate the literature in order to explore issues, develop ideas and identify research gaps (Jesson et al., 2012: 76). As well, the findings of the literature review are used at the completion of this study to identify points of agreement and divergence between the thesis and current policy and practice, and inform the final policy position and recommendations. Thus, the aims of the traditional literature review, for this study, were to critically appraise and: explain the theoretical concepts that underpin the study and the policy discussion; outline the legislative, policy and practice directions in the state of Victoria; identify research and case examples that name factors that may promote positive outcomes or have been shown to be detrimental for children and (extended) families, where there are substantiated child protection concerns.

A detailed breakdown of the outcome of these searches is provided in Appendix Two, which outlines: databases and key words used; number of articles found; number of articles discarded using criteria that included: duplication of the article; lack of relevance to the study determined on the basis of the title of the article or on reading the abstract. Additional literature was also located throughout the life of the study. The identification of literature to inform this study continued until the end of March 2016. The initial search yielded a total of sixty-nine papers of potential relevance to the study, none of which were systematic reviews. After evaluating and including or discarding the articles based on their title and then the abstract (with a focus on key words and concepts linked to extended family and family support services) no articles remained.

Given that the practice approach of specifically working with kith and kin via family services had not been reported, it seemed likely that it was a novel approach to working with children and families in child protection. It is, of course possible that

there are programs that work in this way, and anecdotally there is information about some Aboriginal and Torres Strait Islander programs in Australia that may work along similar lines, but without any publication it is not possible for this study to identify or report on them.

3.3 Findings of the literature review

The literature identified in the systematic and narrative searches was examined to establish existing knowledge and practice approaches that might be used inform different elements in the development of policy in this unchartered area. By disaggregating the content areas of the question, the review focussed on the individual areas of family services and of extended family (through the kinship care studies). Family services articles provide an understanding of underpinning theories, objectives, program elements, and researched outcomes, which gives an appreciation of what is currently on offer to families, and the current policy and practice contexts. Kinship care literature sheds light on the strengths and concerns of extended family when they are engaged with the child protection system. Clearly, kinship care occurs at a different (later) stage of the child protection process than is the focus of this study, and consequently some of the issues may be different. For instance issues for kinship carers who are responsible for the day-to-day care of children will not all be relevant to the consideration of non-resident, non-custodial support. Also, there will be differences in the needs and circumstances of children and families at this later point. Put simply, children who are removed from living with their parents have experienced more or greater maltreatment compared to those who remain living together. Nonetheless, there are lessons to be learned from their involvement and there is negligible other research available to inform this study about the strengths and concerns of extended family who are not carers but are intimately and consistently involved with the child's immediate family.

The research findings and practice issues identified in this literature review link directly to the methods, as they provide the foundation for the items and options (content) considered in formation of the policy. To provide a structural link between the literature being reviewed and the study methods, the literature review is reported using a framework drawn from the stages of strengths based, social policy analysis, as it is the key theoretical underpinning for this study. Specifically, the subheadings are those of the exploratory stages of policy development (steps one to three) and step six as outlined in Chapter Two of this thesis, and so the subheadings are: recognition of need; collection of evidence; constructing

alternatives; and, identifying measurement and evaluation criteria. Although there are subsequent stages in policy analysis (being: project the outcomes; confront the trade-offs; and decide the elements to be included and write the policy) these relate to the actual development of the policy, rather than the exploration of what is known about the issue at hand.

The findings presented cover: the historical, legislative and policy context of the area; whether there needs to be a policy at all; the nature and extent to which this issue affects families in Victoria; what international and local research evidence there is about achieving successful outcomes in the areas of family services and kinship care; the current guidelines and tools used by services in Victoria; the theories and values that are associated with successful programs; the administration situation in the current service delivery model; potential eligibility criteria; funding sources; and how the policy and any subsequent programs may be evaluated.

This next section begins with a discussion about why the government should have any regard for what happens within the family; it answers the question of why should this area be a consideration for government policy and intervention at all?

3.3.1 The need, evidence about what works, and alternatives

1) Recognition of need

> Governments and society have 'a moral imperative to protect children [which] is seen as so strong that it can even trump society's interest in protecting the privacy of the family and the rights of parents' (Berger and Waldfogel, 2011: 13)

<u>The historical context</u>

In order to understand the issue at hand, Haigh (2012) recognised the need to understand the social and political context so that policy development was located within what has gone before, as well as defining what the change was that it was trying to effect. In the area of child welfare, legislation that reflects the government's assumption of some responsibility or response to citizens who are suffering disadvantage dates back many centuries to the Poor Laws of England, 1601 (which enshrined the idea of the 'deserving' and 'undeserving' poor - concepts that have currency today). This is commonly cited as the first law to

acknowledge such a responsibility (Chenoweth and McAuliffe, 2008). Subsequently, the notion of responsibility for the welfare of citizens was brought to the Australian context. Specifically, the Australian Federal Constitution (The Parliament of the United Kingdom at Westminster, 1900) states that the Federal Government is able to make laws in relation to s. 51 (xxi) marriage and s. 51 (xxii) divorce, parental rights, and guardianship and custody of children where they pertain to divorce. There is no mention of child welfare or practical and emotional family support (beyond the ability to make laws about family allowances s. 51 (xxiiiA), which means it was delegated to be mostly the responsibility held by each state (Australia's constitution enunciates what the Federal Government is responsible for, with all else being assumed to be devolved to the states); but this does not mean that the federal government is disinterested or uninvolved in the provision of policy or services to children and families.

The foundations for the current child welfare and Child Protection sector were fashioned over seventy years ago, when there was a major reform of welfare provision in post-World War II England. At that point in history, what was required was a response to the immediate and large scale social issues and needs of the post war society. These reforms (authored by William Beveridge) led to changes in the legislation and policy of many (Commonwealth) countries, including Australia. Their aim was to equitably address issues such as universal health care, education, and social welfare payments and support, and arguably, they have done this reasonably well:

> The Beveridge welfare state transformed Britain [and Australia - my comment]: it led to longer life spans, good health, universal education and a safety net for those out of work. But today, in the 21st century, it is not working (Participle, *Our Vision*)

In fairness, these reforms were never intended to operate at a personalised, relationship-based level nor to encourage people to thrive; they were about survival. What remains, though, is the by-product of a firmly entrenched idealisation of bureaucracy as being the fair and unarguable dispenser of social care and justice. The focus is on the system. Clients need to adapt and conform to

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the bureaucratic expectations and guidelines to gain a benefit or service that is often engaged without regard to their personal views, strengths, circumstances or even an understanding of their particular needs.

Federal (Australian Government) policy

More recently COAG, through the Australian FAHCSIA Australia (2010) developed a national plan to guide child welfare services, known as *The National Framework for Protecting Australia's children 2009-2012* (*The Framework*). Importantly *The Framework* referenced principles from the United Nations Convention on the Rights of the Child (United Nations, 1989) and, in part, stated unequivocally:

> The safety and wellbeing of children is primarily the responsibility of their families, who should be supported by their communities and governments. Australian society values, supports and works in partnership with parents, families and others in fulfilling their caring responsibilities for children (FAHCSIA Australia, 2010: 8)

The Framework named twelve priority areas, and those of particular relevance to this study are: joining up service delivery; seeing early warning signs and taking early action; building capacity and expertise; enhancing the evidence base; filling the research gaps; and sharing information. There were six outcome areas that COAG wished to achieve through the *Framework*, the one most relevant to this study called for an invigoration of responses offered at the 'secondary' level. The service system was conceptualised within a public health model approach, where services are defined as being: primary or universal (services that all the population uses); secondary (early intervention, targeted to populations where there are identified risks); and tertiary (responding to established or diagnosed problems - a last resort, Babington, 2011). As well as providing an organising framework for service targeting, this model also recognises that 'just as a health system is more than hospitals so a system for the protection of children is more than a statutory child protection service' (COAG, 2009: 7); that is, child protection needs to be more than a court driven, tertiary response.

In the area of child protection the secondary level encompasses those services that target children and families where risk factors have been identified, and there may (or may not) be an administrative determination of initial concerns (in Victoria

this is called substantiation). The secondary level is linked to *the Framework's* principle of taking early action where early warning signs have been identified (Babington, 2011). Additionally, the importance of engagement with universal services was noted (COAG, 2009).

The work emanating from *the Framework* was divided into sequential three-year action plans. The second action plan (2012 - 2015) brought a specific focus to the change and development of the system to offer early intervention, strengthen families and realise collaboration between services. Thus COAG, being an amalgam of the federal and state governments, acknowledged the need for both of these levels of government (at least) to be concerned and have interest in the area of preventing child maltreatment and expediting family support - that is, they all see a need for policy and legislation in this area.

State (Victorian government) legislation and policy

The main Victorian legislation that guides child protection assessments and interventions is the *Children, Youth and Families Act, 2005 (CYFA,* State Government Victoria, 2005). This is broad legislation that covers not only the assessment, obligations and relevant actions to be undertaken for the direct protection of children, but is also concerned with the registration requirements for funded organisations (CSOs), accreditation for out of home care providers, and the constitution of the Children's Court - family (child protection) and (youth) criminal matters. Policy and practice are both directed by *The Best Interests Principles* (s. 10) that state 'the widest possible protection and assistance should be given to the parent and the child', s. 10(a), in order for children to live safely and to support their wellbeing. The importance of relationships with kith and kin are also given significance. The way the *CYFA 2005* considers the family is discussed in the paragraph below; other matters of interest to this study related to this legislation are the requirement to conduct research and evaluation about maltreatment and the programs that attempt to address this situation, s. 16(1)(h), and the need for ongoing development of the system, s. 16(1)(i). At a program level, in summary, section 22 of the *CYFA* requires that community based child and family services are: easily accessible; provide early intervention responses;

undertake assessments; provide services and referrals that assist the family; work collaboratively to support the family; and provide ongoing support services.

It Is notable that in the *CYFA*, the term 'family' is not defined; nor is it defined in the child protection practice manual (DHHS Victoria, 2014b). The *CYFA* identifies the 'parent and child as the fundamental group unit of society', s. 10 (3)(a), and also states 'the need to strengthen, preserve and promote positive relationships between the child and the child's parent, family members and persons significant to the child', s. 10(3)(b); these sections mirror the United Nations Convention on the Rights of the Child (1989). Certainly the *Best Interests Principles* clearly identify the importance of extended family and significant other people (kith and kin), if the children are unable to safely remain living with their parents, s. 10(3)(h) - that is, if the 'fundamental unit' breaks down in any way, those who are identified as being emotionally and biologically closest to the child and parent should be the first port of call (not stranger or institutional care). And there are other references to the need to consult and inform 'relevant family members', contained in the Decision-making Principles, s. 11. Despite this, other than at the point of removal of the children from their parents' care and for the purpose of alternative care, the legislation is all but silent about the potential role and need for active engagement of the extended family, other than a few cursory nods to their importance to the child. So extended family is valued in the rhetoric of the legislation, but not supported in practice to be involved at an early stage with children who have substantiated protective concerns and are living with their parents; there is clearly a policy gap.

Moving from the legislation to the high level policy documentation that guides policy, practice and programs, the current Victorian State Government recently released *the Roadmap for Reform,* which works toward a sustainable service system (DHHS Victoria, 2016b). The policy and practice directions contained in this framework that relate particularly to the areas of interest to this study were: improved 'access to prevention and early intervention at all life stages and risk levels'; that services needed to be funded more flexibly to enable a more tailored service response; building cross sector collaboration and 'break down the silos'; use of a strengths based approach; engaging the whole family; and building a

strong, skilled workforce (DHHS Victoria, 2015b: 1 & 2). Prior to the change of state government in late 2014, the framework for sector reform and development was the Victoria's Vulnerable Children's Strategy (Victorian Government, 2013), and prior to that (in 2007) it was the 'every child, every chance' reforms (DHS Victoria, 2007b). Although each in the series of changes of government has brought a change of high level planning document, many of the initiatives and concepts of the earlier frameworks, and certainly the underlying concerns, remain current. All champion the need for early intervention and prevention, collaborative practice with families and other sectors, and take a strengths based approach. It seems though that a unifying policy, underlining the specific implementation of practice elements so that these ideals are realised, is lacking.

To summarise this section of the chapter, there is clearly a need for a policy that enacts the agreed priorities of the federal and state governments in their quest for early intervention that decreases risk and increases the chances of children remaining safely with their (extended) families. It is agreed that strengths based, collaborative practice should form the basis for flexible, tailored approaches to families, and research and evaluation should provide a platform for continued reform and refinement of policy and programs.

<u>What happens if we retain an unchanged policy and practice situation; if the present trend continues undisturbed?</u> (Bardach, 2005)

What is the current trend? Mikton and Butchart (2009) believe that child maltreatment prevention will soon become a worldwide health priority (given that epidemiological studies show that this is a worldwide phenomenon), and give three reasons for this. Firstly, the long lasting effects to the child (later adult) that impede psychological functioning, mental health, social functioning, life expectancy and lead to an increase in chronic health care costs; secondly, these difficulties lead to poor social and economic outcomes that affect not just the child and family but the rest of society; and finally, research supports the notion that trying to provide remediation is less effective and far more costly than prevention. (The specific human and financial costs will be detailed in the following section, which outlines the information about the needs, goals and objectives of a policy).

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'The AIHW [Australian Institute of Health and Welfare] is a major national agency set up by the Australian Government to produce independent and authoritative health and welfare information and statistics' (AIHW, 2016a). Its most recent annual national report on child protection services clearly shows that in Australia the number of children entering the child protection system continues to increase, (AIHW, 2016b). In 2014 -15, 151,980 children were the subject of child protection services across Australia, this was a six per cent rise over the 2013-14 year (AIHW, 2016b: vii), which was consistent with the trend for at least the last five years, '(F)rom 30 June 2011 to 2015, the rate of children aged 0–17 on orders rose from 7.7 to 9.1 per 1,000...Over the same period, the rate of children in out-of-home care increased from 7.4 to 8.1 per 1,000' (AIHW, 2016b: vii).

Undeniably, despite the seemingly ingrained beliefs about the essential nature of an impersonalised bureaucracy and homogenously applied welfare measures to a well-run society, social inequality, child maltreatment and inconsistency of access to needed support and services have not been eradicated or even diminished. Indeed, the number of children and families entering the system is increasing, and more children in Victoria are now being removed from the care of their parents to live elsewhere than in, at least, the last five years (AIHW, 2016b: 56).

In Victoria, against the backdrop of a strongly formed practice framework, *the Best Interests Practice Framework*, is the reality that many children and families are still not doing well within the child protection system. Bessant and Broadley (2016) although discussing the out of home care part of the sector, nonetheless make cogent points about this state of affairs recognising that decades-worth of enquiries have, 'ad nauseum' (p. 94), identified the same issues and responded with recommendations about the same types of solutions. Their paper recognises that the problems across the system are 'wicked' - that is, they are complex, multifaceted and do not respond well to a 'rational, systems-engineered approach' (Bessant and Broadley, 2016: 94)

The point is that, although there is clear legislation, government rhetoric, goodwill on the part of workers, successive plans, initiatives and roadmaps, the situation is still deteriorating. Legislation or policy changes that are interpreted in a way that

support existing or similar practices will simply deliver more of the same. To paraphrase a quote attributed to Einstein, it seems foolish to expect different results if we continue to do the same thing. This means without a different approach (working with an unchanged policy and practice paradigm) the sector will deliver more children and families into the child protection system, generally, and out of home care specifically. The short and long term outcomes in terms of the human price that children and families pay and the economic and social costs to the community will not only continue, but based on the evidence, be exacerbated.

The current projected outcomes for many children and families within an unchanged system are poor, quite simply a different approach is required. Again then, the answer to Bardach's question, is 'yes' a policy is needed.

<u>What (human) needs should be served by the policy?</u>

In any child protection work the ultimate need is that of child safety (Miller, 2010; Weick and Saleebey, 1995) - this is also a core requirement of the strengths based approach, and is common to all child protective interventions. Yet, child wellbeing is more than simply safety, it is about ensuring that children grow and thrive, not merely exist.

As previously identified, the United Nations Convention on the Rights of the Child (United Nations, 1989) states in its preamble, that '(T)he family…should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community' (p. 1). And while acknowledging that there are times that children may need to be removed from living with their parents when they are maltreated (Article 9:1) the spirit of the Convention is that it is a basic human right for children to be reared safely within their (extended) family (particularly noted in Article 5) and that parents should be supported to nurture safe, healthy and thriving children. Importantly, one of the factors recognised as being strongly protective of children who may be at risk of maltreatment is having safe and strong relationships with caring adults in addition to their parents (Lietz, Lacasse and Cacciatore, 2011).

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Mendes, Johnson and Moslehuddin (2012) in writing about youth leaving care, assert that there is general acceptance of the notion that children and youth who have positive relationships with their family while in care, are likely to have better outcomes. They specifically note (quoting Courtney, Dworsky, Lee and Rapp, 2010) that family and other supportive adults:

> Typically offer a range of emotional and practical social support including advice regarding concerns and fears, assistance in a crisis, participation in leisure activities, physical affection, and help with health problems (p. 358)

There seems no reason to think that these types of supports would not accrue to younger children who are in contact with family. Thus, in any policy analysis, ensuring the right for children to be raised safely within their family and community should be an explicit aim.

2) Collect the evidence

In this section, literature about what works, for whom, under what circumstances, the theoretical and value underpinnings, and any cautions for policy or program development will be critically appraised by considering individual papers. The aim is to be able to identify and understand the breadth and depth of the elements that may potentially form the policy. The following step in policy development and so, in this literature review (construct the alternatives) is where the literature is synthesized to provide more specific options for consideration in the policy.

What are the nature and extent of the issues?

The magnitude of the immediate concern about children and families who are involved with the child protection system can be seen in the most basic of statistics, as reported by the Australian Institute of Health and Welfare (AIHW). In Victoria on 30 June 2015, there were approximately 8,567 children in out of home care (some new to care and some who remained in care from previous years), which is a significant increase from 6,500 at 30 June 2013. In the financial year 2014-15 in Victoria, children who were the subject of investigations that resulted in the substantiation of child protection concerns numbered 13,300 (AIHW, 2016b: 22); of those 3,545 children were removed from the care of their parents (AIHW, 2016b: 56). This means there were 9,755 children and families (where the children

remained living with their parents) who were formally recognised as needing support to attain their right to a safe and thriving home - they could have been offered services at that point.

In terms of the outcomes for children in the child protection system and particularly for those who have entered the out of home care system (where the level of harm to children has increased to the point that the court believes living away from their parents is necessary for the child's safety) there is a litany of human costs at the individual and social level. The research names the outcomes as including: mental and emotional health problems (Ammerman, Stevens, Putnam, Altaye, Hulsmann, Lehmkuhl, Monroe, Gannon and Van Ginkel, 2006; Berger and Waldfogel, 2011; Blakester, 2006; Dunne and Kettler, 2008; Kilburn and Karoly, 2008; Sykora, 2005; Tarabulsy et al., 2008); chronic and acute physical health difficulties, (Berger and Waldfogel, 2011; Blakester, 2006; Kilburn and Karoly, 2008; Sykora, 2005; Tarabulsy et al., 2008); addiction/substance misuse (Berger and Waldfogel, 2011; Blakester, 2006; Dunne and Kettler, 2008; Tarabulsy et al., 2008); poor educational achievement (Ammerman et al., 2006; Berger and Waldfogel, 2011; Blakester, 2006; Dunne and Kettler, 2008; Kilburn and Karoly, 2008; Tarabulsy et al., 2008); higher levels of unemployment, and therefore a need to receive income support and an inability to pay tax (Berger and Waldfogel, 2011; Geeraert et al., 2004; Kilburn and Karoly, 2008; Sykora, 2005; Tarabulsy et al., 2008); early and higher levels of criminal behaviour (Berger and Waldfogel, 2011; Blakester, 2006; Geeraert et al., 2004; Kilburn and Karoly, 2008; Sykora, 2005; Tarabulsy et al., 2008); and premature death (Brown, Anda, Tiemeier, Felitti, Edwards, Croft and Giles, 2009).

It is also important to note that when children are removed from living with their parents, and extended family become the carers to children (currently about 55% of children in out of home care in Victoria) often neither the carer nor the child tends to do well. Issues of concern for kinship carers, which have been well established, include: financial distress and practical concerns (Barnard, 2003; Boetto, 2010; Cuddeback, 2004; Dunne and Kettler, 2008); anxiety and depression (Lawler and Iwaniec 2006 cited in Coman and Devaney, 2011; Dunne and Kettler, 2008); poorer quality and inadequate housing (Berrick, 1997; Boetto,

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2010); unmet and exacerbated physical health needs (Cuddeback, 2004; Kelley and Sipe cited in Dunne and Kettler, 2008); social isolation and relationship breakdown (Boetto, 2010; Dunne and Kettler, 2008); and ongoing conflict within the family (Barnard, 2003; Boetto, 2010; Breslin, 2009). That there are human costs of child maltreatment is clear. These extend well beyond the financial burden that is carried by the individual and society, and although it is technically possible to isolate the economic costs of current and future programs, it is not in keeping with the rhetoric of governments or the practice of human services to simply consider the economic burden without also seeing the personal and social costs. Having said that, for the purpose of clarity in this study, some of the economic facts and theories will be discussed independently below.

Fox et al. (2015) used a 'rapid, strategic and pragmatic' approach to an extensive review of the early intervention/prevention literature for the Australian Research Alliance for Children and Youth (ARACY). This method provides 'reviews of existing evidence which are not fully developed systematic reviews. They are descriptive...' (Jesson et al., 2012: 108). Their report identified the factors that promoted positive child development, and looked for programmatic and systemic factors that supported early intervention and preventative approaches. They raise the conundrum of government having to determine the balance of funding between early intervention and the tertiary response. They report consistent evidence that it was far more costly to act later (that is, after the maltreatment has occurred) than to invest in prevention and early intervention responses and note that there are financial savings related to increase productivity (when the children became working adults), as well as the expected savings in child welfare and health services, and through a reduction in crime.

Berger and Waldfogel (2011) writing for the OECD, reviewed the research about child abuse and neglect taking an economic viewpoint, although their report included a number of other considerations (such as the determinants and consequences of child abuse, theoretical and empirical evidence) and looked across a range of disciplines. They emphasise that the call for child wellbeing programs to be seen as cost-effective is becoming louder and more insistent. An example of cost-saving from an early intervention program in the United States in

2004 was given by Blakester (2006, citing Schweinhart, 2004). The estimate was that for every dollar spent in early life, seventeen dollars could be saved by the time that child is in midlife. Katz (2007) writes simply, that resourcing early intervention is justified and cost effective, and Tomison (2002) identifies that benefit-cost analyses show that early intervention is a 'lucrative social investment(s)' (p. 5). Kilburn and Karoly (2008) report that cost savings to government and society over the long term, produced by prevention and early intervention services, are likely to be many times that of the initial program costs.

> Early childhood programs have the potential to generate government savings that more than repay their costs and produce returns to society as a whole that outpace most public and private investments (Kilburn and Karoly, 2008: 11)

So, what are the financial costs? In an often cited Australian study, Taylor, Moore, Pezzullo, Tucci, Goddard and De Bortoli (2008) conservatively (their characterisation) estimated the total annual cost of child abuse and neglect in Australia as nearly $4 billion. Looking at only the direct financial costs, child protection and family services in Victoria had a final budget for the 2014-15 year of $866 million. *The Policy and Funding Guide* 2015 (DHHS Victoria, 2015a) showed that, considering program costs only, the most expensive of the family support services (Stronger Families) has a unit cost (the cost allocated to the service per family) of $19,279 (the funding provided for other family support services ranges from about $963 to 18, 592, for Cradle to Kinder per family). Funding allocated to out of home care programs begins at about $23,500 per child for program and carer reimbursements (general foster care of a young child) and peaks at about $255,000 for a therapeutic residential care placement. Already, it is clear that it costs more to act later.

This section of the thesis has shown that there is an increasing number of children and families entering the child protection system, and this trend does not seem likely to be reversed with the current approach. The figures in the paragraphs above, show the increased financial cost when intervention occurs later, something about which all governments should be concerned. Of greater concern, though, is the personal cost to children, families and to communities, which have been shown to also increase when the phase of intervention is later, because the

maltreatment experienced is more extreme. The literature has shown that the financial and the moral arguments are in agreement, intervention at the earliest stage aimed at keeping children safe with their families yields greater benefits for the child, family and society than trying to remediate any harm done.

The current Victorian policy and practice context

This section of the thesis will commence by outlining the policy context in Victoria, and will then move to discuss the current practice context. The rationale for considering current services and practice, although the development of a program is out of scope for this policy study, is that the policy analysis literature requires that policy makers pay attention to how the policy directives will be implemented in the practice context. Details about specific programs currently offered in Victoria will be discussed in the section of this chapter that deals with program elements and won't be included here. The current practice context will be understood through a brief discussion of the theories, values and practice principles.

Administratively, in Victoria, the Department of Health and Human Services (DHHS) is responsible for all State Government funded programs to do with child protection, family support and out of home care. Despite being held within the same government department, family services and kinship care belong to different policy and funding areas. Support to extended family who are direct carers for children in the out of home care system (kinship care) comes mostly via child protection workers although for about twenty per cent of families (Breman, 2014), child protection refer the family to Community Service Organisations (CSOs) where the kinship program is usually located in the out of home care portfolio. There is no capacity for self-referral for anything beyond a brief, information and advice service. Whereas, family support services are delivered by CSOs, who receive referrals from the Child FIRST (Child and Family Information Referral and Support Teams) service. Child FIRST is located in defined CSOs, and is a regionally-centralised point for early assessment and referral. It accepts referrals from a wide range of community and professional sources, including self-referral.

Despite the administrative segmentation of the kinship and family services, the policy and practice in both areas, and indeed across all phases of the Victorian child protection system, is provided by the *Best Interests Case Practice Framework* (Miller, 2010), which is informed by a large body of international literature, and was written during the 'every child every chance' era in Victoria (approximately 2007 - 2010). It is a record of the government's view of the main considerations for successfully working with families who are involved with the child protection system. The services and programs that offer direct family support services (outlined in the glossary section of this thesis) to families involved with Child Protection where children live with or are returning to live with their parents are expected to fulfil the principles outlined in the *Program requirements for family services and parenting support services* (Child Protection Placement and Family Services, 2012) which were developed directly from *the Framework* (Miller, 2010). The guidance for promoting children's stability, written during the same 'every child, every chance' era exhorts:

> Wherever possible, earlier and preventative work should be undertaken to keep children protected from harm and have their needs met within their family to prevent the impact of separation, disruption of care and relationships, and placement adjustment (Papageorgiou, n.d: 3)

The *Framework* clearly identified theoretical and value bases, which include: taking an ecological perspective, building from Bronfenbrenner's work; utilising a strengths based approach; practicing with cultural awareness and the necessity of collaborative practice with clients, colleagues and other services. All work is to be framed in consideration of the child's safety, age, culture, gender and stage of development.

To give a summary of the *Framework*, it advises programs and workers to: undertake strengths based practice; engage in collaborative practice with the family (including kith and kin, if they are engaged) across all phases and processes of child protection involvement; tailor plans to meet the individual needs and circumstances of the family; support opportunities for parents and children to have positive connections with family and community. Of particular interest to this study is the directive for professionals to consider the potential role of not just the

known family, but to consider all past significant relationships and those who have become estranged (Miller, 2010: 32); strengthen the stability of relationships; view the child in the context of multiple relationships [that is, within an ecological framework - my comment]; offer collaborative practice to other services; provide direct support and referrals (specifically to universal services to (re) engage the family); and recruit staff who have appropriate skills and training, particularly considering competency and safety requirements. Respect for Aboriginal clients' cultural identity and need for cultural safety was also emphasised. The development of care plans should describe the family, roles of extended family and environmental factors that may have influenced the outcomes wanted by and for the family.

The *Best Interests Case Practice Model* also suggests some qualitative evaluation fields that include: the indicators of successful engagement being parents report a stronger social network; measures of improved parenting capacity; and links to formal supports, although the current funding and policy guidelines predominantly use throughput and output measures (such as number of case plans written, and number of families receiving a service).

With the exception of the Aboriginal Preservation and Restoration services (DHS, Victoria, 2007a) where the family's willingness and ability to benefit from the service, make changes and improve the child's safety is considered, service prioritisation for all programs within the Victorian Child Protection system is determined by the level and number of risk factors for the child (DHS, Victoria, 2007a). There are two areas of concern with this approach: assessing risk accurately in child protection is notoriously difficult; and, regardless of how concerned the system may be about a child, no intervention can occur with the parents if they are not willing and able to engage with a service. Munro, Taylor and Bradbury-Jones (2014, citing Taylor, Baldwin and Spencer, 2008) clearly identify that despite significant attention the assessment of risk 'remains an imprecise science with ethical, methodological and theoretical flaws' (p. 67). This means a system of prioritisation based on such assessments is likely to target poorly, and potentially miss those who are most in need of support. Further, one of the unintended consequences of giving precedence to families based simply on level

of risk (even if it could be accurately assessed) is that families who are allocated a place in the program may choose to not engage with the workers, or they may simply not have the ability to change. In this situation, having an open case but no engagement, the workers' only course is to try to stay in contact with the parents and monitor the child's situation. Quite simply this is a form of social control (Lawler et al., 2011), which in itself (as Munro, 2011, points out) is likely to be difficult to practice, if not ineffective, as it relies on the parents' cooperation with this process. Certainly, monitoring on its own will not produce any change in the child or family's circumstances. Tomison (2002) records the problematic nature of services having a purportedly open case, where parents are not engaged with the program, as including case plans being incapacitated, and referrals or engagement with other services not being taken-up. Consequently, safety and case planning for improved child wellbeing are unable to be put into effect; despite the service expending resources (money, worker time and emotion) neither the child nor parents fare better than before.

Tools and program elements and for supporting children and families in the Victorian child protection system

This section offers a critical appraisal of the programs offered in the Victorian child protection sector to support children and families; the purpose of this is two-fold, firstly, it gives the service context into which any new policy and program would be placed, and, secondly, program elements will be identified and can be added to the pool of those gleaned from the government's other guidelines and offered for consideration in the formation of the policy. Although the services and programs that are aimed at supporting family and community connection within child protection sector have been outlined in the glossary section of this thesis, they will also be mentioned below. Other services that provide support to people who are likely to be also clients of child protection (such as family violence support and sexual assault services) will not be discussed, as their focus is not specifically on family preservation or the prevention of child maltreatment - nonetheless, they are important players in the sector and essential in any consideration of service collaboration.

Most family support and kinship support programs in Victoria are funded through the State Government and so conform to consistent standards and offer similar services, although there are a few programs that operate using independent funding (which are therefore not within the scope of the standards nor use the same throughput/output measures).

The child protection case planning guidelines, the *Looking After Children* (LAC) framework and the *Cultural Support Plan* are tools that are used to promote planning and review of children's safety and wellbeing, and ensure their developmental needs are addressed (DHS, Victoria, 2007a). These are currently used mostly within the out of home care system but are potentially valuable for planning for children where specific attention needs to be paid to their safety, development and wellbeing, wherever they live. Many of the program guidelines name 'naturally occurring supports' (a main subset of which is extended family and friends) and acknowledge the importance of kith and kin, but most do not specifically focus on finding or prioritising the engagement of the extended family with the service or with the family. Where the programs have the mandate to seek and engage a greater kith and kin network (such as Family Led Decision Making) workers are not afforded the time nor trained in the skills necessary to successfully complete those tasks, and after holding a decision making meeting, this program withdraws and does not continue to support the family nor enact the plans made.

Cradle to Kinder has an extended time frame (from the ante natal period until the child turns four years of age) in which to continue work with the family, compared to most other family support type programs (for instance kinship support is supposed to last for six months at a maximum). Re-referral (that is, where the family wishes or needs to return for support at a later time) is not discussed within the guidelines for most of the services mentioned (Child Protection Placement and Family Services, 2012; Couper et al., 2013).

Common program elements across family support (and many other programs offered within the sector) include: counselling; family meetings; brokerage; in-home support; educational and support groups; and the need for holistic assessments and interventions, and 'joined up' service delivery. This indicates that

the family should be understood as functioning in many different arenas (not just in relation to child protection) and the other services that are, or could be, involved with the family should be consulted and engaged so that there is one plan for the family rather than segmented (and often contradictory) expectations and interventions. An example of the existing tensions that occur when services are not coordinated is when one program focuses on helping the parents gain employment and so requires them to attend interviews and training, while another program may expect the same parents to attend random drug screenings whenever the service determines, while child protection requires those parents to have contact with their child and worker when they arrange. It is not uncommon for each of those appointments to occur at a time or place that makes the others impossible to attend. Currently, each of the services are likely to expect that their appointments be given priority to without any coordination and sometimes no consideration of the other appointment times or places.

In summary, there are a number of common elements that are offered within the programs, and all use the *Best Interests Case Practice Model* as a foundational practice guide. All program guidelines value strengths based practice and take an ecological approach; they use the rhetoric of holistic approach and 'joined up services', although in practice this seems to be more an ideal than a reality. There are several planning tools (such as LAC and Cultural Support Plans) that focus on the child's safety and development, which are used in out of home care but whose use could be extended into family support services. Programs within the Victorian context are generally short-lived and do not clearly offer a re-referral pathway. Extended family is generally acknowledged as a valuable natural resource for families, but almost none of the program guidelines talk about purposefully finding or engaging them, nor how the workers should work with the kith and kin in the context of the child and parents.

<u>What does the literature say about successful family support services and extended family?</u>

The research suggests that the outcomes from current family support programs are often mixed (Daro, 2007; Drummond, Weir and Kysela, 2002); although, in at least partial explanation for this, Miller and Eakin (2012) found, in trying to conduct a meta-analysis for Campbell Collaboration about home support services for vulnerable families, that for the most part what had been reported did not show sufficient rigor. On the other hand, Berry (2004) notes there was 'clear and convincing evidence' (p. 21) that there were some specific practices that consistently yielded positive results, when delivered in a supportive rather than punitive way. There are several large literature reviews and some meta-analyses in the area of family support services, and these, as well as smaller, individual studies will be reported below. Their findings will be used to develop the items offered for consideration in the study, along with the government guidelines discussed above.

An analysis of the early intervention and prevention literature, provided in an extremely detailed a report by Fox et al. (2015), would serve the development of specific programs very well. In acknowledging that, given the scope of this study, only the main points that could be used to inform government level policy development will be reported. In brief, their findings suggested that an integrated systems response is what is needed, which is able to move flexibly and responsively to meet the emerging needs of families, rather than providing families with a single, defined solution. They pointedly state that the programs must be designed to meet the needs of the child and the family, rather than current situation that favours 'the convenience of funders, systems, and providers' (Friedman, 2006 cited in Fox et al., 2015: 7). They identify crucial program approaches, which include: supported relationships between the child and parent (or carer) that provide social, emotional wellbeing and a sense of safety, predictability and security; and a connection to community and a sense of belonging, with a particular emphasis on culturally competent systems and services. They additionally quote Friedman (2006) who strongly emphasizes individualised and family-driven care, and the need for the sector and programs to be based on a clearly articulated set of values and principles. In terms of targeting

the service, they cite work by Hemphill and Smith (2010) and determine that priority categories of clients include: young children; those in a life stage transition; those with the well-known antecedents of child protection involvement such as family violence, drug and alcohol problems and mental health difficulties; and, they note that 'there is support for the notion that early to middle adolescence (10 - 14 years) is a time of vulnerability' (Fox et al., 2015: 22).

At the system level they quote the Victorian Department of Human Services' (Child Protection, 2011) review of international literature that identified a set of common difficulties in the current family services paradigm, these included:

- o A fragmented and poorly coordinated system in which specific service sectors largely focus on particular issues or groups of vulnerable people without a whole of system view.
- o Program focus instead of a client focus, where the onus is on people to make sense of services, navigate from door to door and 'fit' a program to qualify for support.
- o Services which fail to consider the family circumstances of clients, in particular the existence and experience of children.
- o Traditional welfare approach that focuses on crisis support and stabilisation, and that may encourage dependency.
- o A focus on solving problems after they occur rather than anticipating and intervening to prevent them arising.
- o Finally, they argued that there was a need for 'robust accountability (including evaluation - my interpretation) and governance mechanisms' (Fox et al., 2015: 1).

Cullen et al. (2010) report on a family preservation model from the United States (Healthy Families America) in a paper that reviews the theoretical and research evidence, discusses a meta-analysis of evaluations and then reports the findings of their own evaluation of one program (n=64). The theoretical framework that underpins the program is an integration of attachment theory, the ecological perspective, and constructivist views of child maltreatment. The program begins work with families in the antenatal/peri natal period and aims to promote positive parenting, enhance child health and development, and prevent child maltreatment.

Successful completion of the program takes between three to five years and an evaluation showed that parents who stayed the course 'showed significant positive change in parenting attitudes and practices' (Cullen et al., 2010: 335). Parents who disengaged, most frequently discussed the difficulty of being at home at a time when the home-visitor was attending, particularly in relation to the parent's need to retain employment.

The practice guidance for the program focuses on the realisation of twelve critical aspects in the worker/client relationship, rather than having a formulaic approach to the services and tasks offered; so the guidelines focus on the values, skills and knowledge of the program staff and on the quality of their interactions with clients. The twelve elements are reported as:

1. Intervening early to facilitate warm, secure and nurturing child/caregiver relationships.
2. Using standardized assessments to identify families who are most in need of service.
3. Relying on voluntary participation and trust-building to engage and retain families.
4. Offering intensive services entailing weekly home visits for minimally the first 6 months after the birth of the baby and then tapering off to a leaner schedule and lasting for a period of 3–5 years.
5. Assuring that services are respectful of differences in cultural values and tradition.
6. Focusing services on three areas:
(a) Stress reduction;
(b) Positive parent– child interaction; and,
(c) Stimulating child social, cognitive, and physical development.
7. Linking all families to appropriate services in the community.
8. Maintaining limited caseloads so that practitioners can devote sufficient time to meeting the unique and varying needs of each family.
9. Selecting service providers based primarily upon personal qualities, openness to cultural diversity, and skills for performing key job functions.
10. Giving home visitors a sound professional framework that includes knowledge of cultural differences, infant and child development, mandated reporting, domestic violence, mental health conditions, substance abuse issues, and community resources.
11. Providing home visitors with intensive training specific to their role, including principles of (a) family assessment and home visitation, (b) preventive health care and home safety, (c) trust building with consumers, (d) individualized family support plans, (e) behavioral observation, (f) basic teaching skills, and (g) crisis intervention skills.
12. Providing home visitors with ongoing, effective supervision. (Cullen et al., 2010: 337)

Cullen et al. (2010) note that there have been mixed findings with regard to the impact of the Healthy Families America (HFA) program. Nonetheless there seemed to be sufficient positive indicators from this program to believe it is reasonable to take some of the elements of this model to be offered for consideration for inclusion in a policy.

One difficulty that HFA faces in being evaluated, in a way that is considered to be valid, stems from the fact that it is not a replication model. This is a much discussed issue in the evidence-informed policy/practice debate, which is outside the scope of this thesis and so won't be fully explored here, but giving an understanding of this issue is important. Using the HFA as an example, the dilemma can be outlined as such; rather than using step by step directions, the HFA relies on relationship based practice and individualised, tailored solutions. Systematic and meta analyses, which are based in the positivist model, require the intervention to be delivered in a standard way, so 'apple to apple' comparisons can be made. Where it is considered that that judging model fidelity is difficult-to-impossible to achieve, the evaluation is deemed to be unreliable, because the positivist belief is that it is not feasible to determine whether the model was the cause of delivering the outcome, and so is not included as valid evidence (Fixsen et al., 2013). Qualitative studies are also seen in this light. So, many evaluations in the welfare field simply do not stack up as valid evidence under the current definitions used to determine evidence-informed practice/policy. There is more to be said about the need for evaluation, and the still reigning positivist view of what constitutes good or valid research, and this will be explored (although not in depth) in the Chapter Ten, the Discussion, in the section dealing with the definition of evidence-informed policy.

Sykora (2005) also probed the international literature and searched for knowledge about good practice and program quality. She, too, noted variability in the outcome studies. One explanation offered for this finding was that not all programs were well developed and thoughtfully constructed; of concern, her review found that poor programs were not merely ineffective but that some actually did harm. Thus in this area of policy and practice 'doing anything is not necessarily better than doing nothing'. This information extends the answer to social analysis

question 'is there a need for a policy at all?' (Bardach, 2005) from a mere 'yes' to add 'but only if it is well researched and conscientiously constructed'.

Sykora's (2005) review found a number of elements that occurred repeatedly across successful family support programs. She lists these as:

≈ High program quality, meaning that there was a clear theoretical framework, which included a strengths based focus; the service was not stigmatising; and was culturally respectful;

≈ Personnel and staffing; well trained, paid and supported, non-stigmatising, and had low worker caseloads;

≈ A comprehensive range of services; to enable matching of the family's specific needs to the services provided; easy access to the services;

≈ Timing of service provision; families were allowed to return to the service when they needed a supportive response to crises or dilemmas that presented in subsequent life stages. Tully (2008) recorded that one of the significant findings of studies that identified poor longer term outcomes for families that had participated in early intervention programs, was that the they were unable to re-access the services if they needed them after the point when the program withdrew;

≈ Duration of service delivery matched to the needs of the family; and the service allowed for follow up or 'booster' services, over time, to support and embed the gains the family has made. Again, Tully (2008) found that short early intervention program duration was associated with children ultimately being taken into care;

≈ Intensity of services, which should also be tailored to the family's needs, balanced with their other commitments and be flexible to meet changing circumstances;

≈ Location of services - often in the client's home, but balanced with some office attendance (for instance for parenting groups); and

≈ Engagement and retention of families in services; used parent and community involvement, and offered flexibility (Sykora, 2005).

These elements are consistent with those detailed in existing program guidelines in Victoria and because they arise from a critical reading of the research, they lend weight to the notion that there are some elements of policy and program design that are agreed within the sector as useful.

The review will now turn to individual studies to gain more information about possible elements and options for policy or program development.

Professor Eileen Munro (in June 2010) was commissioned by the UK Secretary of State for Education to conduct an independent review of child protection in England, and reports that there are eight principles upon which the child protection system should be based, in summary they are:

≈ The system should be child-centred, recognising and responding to the fact that children and young people have rights;

≈ The family is usually the best place for bringing up children and young people, but this must be balanced with their right to protection from abuse and neglect;

≈ The quality of the relationship between the child and family and professionals directly impacts on the effectiveness of help given;

≈ Early help is better for children;

≈ Children's needs and circumstances are varied so the system needs to offer equal variety in its response;

≈ Good professional practice is informed by knowledge of the latest theory and research;

≈ Uncertainty and risk are features of child protection work: risk management can only reduce risks, not eliminate them;

≈ The measure of the success of child protection systems, both local and national, is whether children are receiving effective help (Munro, 2011: 43).

These principles, again, are consistent with other research and the *Best Interests Practice Framework.*

McArthur and Thomson (2011) observe the changes to child protection policy and practice in Australia, which include but are not limited to the *National Framework for Protecting Australia's children* 2009-2012 (COAG, 2009) include: an increased commitment to early intervention; increased recognition of the complexity of families; and the need for (cross sectoral) collaboration. They also underline the points made in the earlier studies and list eight characteristics they believe are present in successful programs, namely, the program: was underpinned by theory; worked in partnership with families and recognised the family as central in defining its own needs; took a child-centred, family-focused approach; offered support for the length of time required by the individual family and offered post-care availability; worked in strengths-based ways; worked collaboratively with other services, and proactively connected families with needed services; had multiple avenues of intervention; and met the practical needs of the family. They also emphasize that children and families live in an ecology of relationships, and observe that this is a fact that has rarely been acknowledged and has been poorly supported in service delivery in child protection. In their own study (a small evaluation (n=17 families) of the pilot of the Integrated Family Support Project) which in part asked parents what they found helpful in family support services, two particular elements consistently arose - case coordination (including family meetings) and brokerage.

Nupponen (2007) offers significant insights into the area of strengths based family services. The paper: reviews the literature in the area of prevention and early intervention programs; describes Australian policy directions in relation to young children and the child protection system; describes and offers additional elements of a program; and suggests an evaluation framework for such programs. The program elements she lists are too detailed to be within the scope of this policy study, but would be instructive in the development of a program. At a higher level, the underpinning components of the model described by (Nupponen, 2007: 380) show many of the characteristics that remain current in the literature, they are: 'permanency/stability focussed; safety focussed; family centred; honours and nurtures birth family connections; individualised and strength-based; culturally competent; outcome focussed; collaborative; ensures the continuity of relationships and community centred'.

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In a small study (16 families and 21 practitioners) Brotherson, Summers, Naig et al. (2010) used interview, observation and focus groups to determine how well home-visiting, early intervention programs recognised and met the emotional needs of families, believing that this is a crucial element of engagement and intervention. Although the program's target group (families of young children with a disability) is not exactly that of this policy, the findings seem relevant given the emphasis on relationship based practice, home visiting (outlined in more detail in the next section of the chapter), and engagement with parents who are showing difficulties in meeting the needs of their children. Their finding is that although relationship building certainly formed a part of practice, workers used it as a strategy of engagement to enable a focus of work on parenting, child development and access to services rather than the relationship being a means of addressing the emotional needs of the parent and family.

The point made by Brotherson et al. (2010) is crucial - the relationship itself, between workers and clients, can be healing and should be valued and supported. Given our understanding of the need for healing through relationship (Gockel et al., 2008; Lawler et al., 2011; Munro, 2011; Noble et al., 2000) it is essential that program interventions are not seen in isolation from the client-worker relationship. Workers do not simply enact interventions, their relationship with the client is an essential intervention in itself (Lambert, 2013). Without paying attention to this, it is likely that programs will produce a situation where neither the family's nor the worker's emotional needs are met. Even though detailed consideration of the type of support needed by workers to remain effective and healthy is beyond the scope of this policy study, it is noted that this is a critical component in the development of a program.

The above articles, guidelines and reports showed many points of overlap in the identified theories and values, qualities and expectations of workers, organisational structure, the forms of services that are most effective, ideas about demand management (for instance specified target groups) and most importantly, the role of the family in the service. These elements will be recalled and integrated in the section of this chapter where options for the policy are generated, and this

knowledge will then be used to inform the items and choices considered during the study. There are clearly many more reports, articles and books that speak to these points, but given the consistency and level of agreement of recommendations and findings it seems needlessly repetitive to detail them here; some of the other authors will be referred to in the 'Construct the Options' section of this chapter to reinforce the depth of support for any particular item.

What else has worked in this situation?

Engaging kith and kin

The literature does not offer examples of family support programs (where children are living at home) that specifically include extended family as a necessary part of the work. Clearly kinship care programs respond to this need when children are removed from their parents (although then, often the kinship carer becomes isolated rather than it being the beginning point of gathering the family network). Winangay, a New South Wales based Aboriginal Community Controlled Organisation (ACCO) that provides resources to support Aboriginal kinship carers and workers, takes a strong and well recognised strengths based, collaborative approach to assessment and support work (Winangay, 2014). It is considered to be a model for work in the area of family engagement. Its resources are based on an ecological and systemic understanding of community and have led to the development of other resources for people using mental health services and within the criminal justice system (AIFS, 2015). Many of the program guidelines acknowledge the potential role, but do not specifically seek to engage, develop or support a sustainable broader kith and kin network; although, the basis of their work is consistent with this direction as it seeks to address isolation, lack of support and the need for connection to naturally occurring supportive relationships. This approach is a tangential to that taken by many family service programs, in that improving parenting skills is not the primary platform on which interventions are based; it is not a 'more of the same' response.

> "…Do you want him for anything?" (Winnie the Pooh)
> "I don't want him", said Rabbit, "But it's always useful to know where a friend-and-relation is, whether you want him or whether you don't" (A.A. Milne, 1928, The House at Pooh Corner)

Not to diminish the value of professional and particularly therapeutic intervention, it is crucial that workers locate and support relationships with the child's extended family and community, which can be ongoing when the program ceases to be involved (Berry, 2004; Tomison, 2002). Nupponen (2007) reports the conclusion reached by Dunst (2000) that interventions should not be simply focussed on the supports and services offered by the system, but must recognise the value of informal networks - kith, kin and community based groups (such as communities of faith). In strengths based work, Weick and Saleebey (1995) write of the importance of going beyond what is known and already available, to actively seek naturally occurring resources (such as extended family) and social supports offered by community based and service system organisation. Hayes (2006) also identifies that sustaining social systems is vital work in ensuring children and families remain safe, well and healthy. Cullen et al. (2010) state that a primary focus of family support programs should be developing and maintaining extended family support. At a basic level, the informal networks need, simply, to be recognised; lack of acknowledgement of the existence of and therefore the support offered by kith and kin, leaves a vital part of the family system without support and without an effective voice (Twigg, 1989). Importantly, research has found (cross-cultural studies) that high levels of social support, particularly those provided from within the extended family, are associated with healthy, well-functioning families (Lietz et al., 2011). Using the language of attachment theory, Fox et al. (2015) write that supported relationships between the child and parent (or carer) provide: social and emotional wellbeing; and a sense of safety, predictability and security; connection to community, and a sense of belonging.

Participle was a UK social enterprise group whose mission was to develop and help enact social 'transformation that comes with an approach that puts people and communities in the lead and develops their capabilities and relationships: an approach we have started to call Relational Welfare' (Participle, *Our Vision*). They recognised that one of the underpinning contentions of social welfare policy and programs that led to people and communities being able to thrive was seemingly obvious; people who have strong connections to friends and family are able to address smaller problems before they become overwhelming (Cottam, 2015). Services need to recognise the significance of the problem for children and for

families that disconnection from a known, safe group (such as the broader family and community) brings. Service responses that do not promote specific, ongoing supportive relationships fail to address the basic human need for connection. The increased understanding of neurobiology and its role in the need for human connection and relationship has shown that it is essential for people to have a sense of belonging and security to be able to survive, and then thrive (Perry (2006). The flip-side research is compelling, several studies have now shown that loneliness can significantly (up to 20 years) decrease a person's average expected lifespan, and lower the quality of their health before they die prematurely (Brown et al., 2009; Flood, 2005). Actively seeking and engaging kith and kin, and valuing and supporting the extended family as one unit, is a frequently recurring theme throughout the literature, and so should form a part of the policy expectations.

One model of practice that supports the caseworker to find, engage and support kith and kin, in family support and child protection services is Family Finding. This model was developed by Kevin Campbell in the United States, and has been evaluated and refined over the past ten years. In essence, it is a well-structured approach to engaging the kith, kin and communities of children within the child protection system (Babington, 2011; Campbell, 2010). The model is based on a human rights framework and is underpinned by strengths based, trauma informed principles and relationship based practice (Campbell, 2010). The steps of the model require: professionals to meet and agree to the process and define their goals (such as finding members of the paternal side of the family, seeking a placement); the child and family are engaged once the professional system is aligned; at least forty kith and kin to the child are sought; a meeting is held between professionals and the family to exchange and clarify information about the child's current situation and future needs; a planning meeting is held where the family develops plans aimed at achieving emotional and physical (living arrangement) permanency for the child; kith and kin who commit to the plans and agree to remain a constant presence and support for the child for life, meet regularly to enact the plan for permanency; and the child's emotional and physical needs are specifically addressed at each stage of the process. Although this is not a family support program, the model is clearly instructive in how extended family

can be found, engaged and supported to be an ongoing and integral part of providing for the safety, welfare and wellbeing of the child and family, and it can be incorporated into the usual tasks of case workers.

Relationship based practice

Relationship based practice is widely reported as essential to work with families. Gockel et al. (2008) report that parents describe effective programs as those that are delivered by workers who take the time to form nurturing relationships. Munro (2011) is forthright in the expectation that practice should be relationship based, and must move away from bureaucratic, tick-box exercises. Ammerman et al. (2006) note that home visitation programs (family support), allocate considerable resources to the recruitment and engagement of clients in the first weeks and months of service - that is, forming the relationship. Extending this, Brotherson et al (2010) write that the development of the relationship between worker and family relies on both, and that the aim is for respect, openness and shared responsibility. Interestingly, they go on to note that although the relationship and emotional work formed a significant part of most interventions, this was under reported (and presumably its value was poorly understood). This belief is supported by many other authors in the area (Ammerman et al., 2006; Fox et al., 2015; Gockel et al., 2008; Nupponen, 2007).

In a further illustration of the need for effective, early engagement, Brotherson and her colleagues (2010) note that some parents prematurely disengage from family service programs, and have been found to do less well than those who remained in the program. Supporting this, the Ammerman, Stevens, Putnam et al. (2006) evaluation reports nearly 32% of a cohort of 515 mothers accessing the Healthy Families America program, disengaged within the first month of the program. Nupponen (2007) found that early successful outcomes were achieved with families when the worker had an existing relationship or the family were part of an existing network. This draws attention to the need to strongly support the early engagement of the whole family with the worker.

Good engagement and relationship building is of particular significance even at a superficial level because, in contrast to many programs in the area of child

protection, the engagement of extended family (as a client) with family support services is truly voluntary; they cannot be compelled to attend the program. Cullen et al. (2010) emphasise this important insight by linking it to the need for trust-building between workers and members of the extended family, as crucial to engage and retain kith and kin in the program. Once this is seen to be a necessary part of practice, it becomes clear that establishing a level of trust in the worker - client relationship is also critical when engaging parents and children. Thorpe (2007) also champions the idea of family inclusiveness (involving parents and other family in a respectful and meaningful way) as one way of making child protection interventions more effective and sustainable. This leads to a 'do with, not to' approach, and therefore the values of client participation and empowerment are integral to family support services (Katz, 2007; McArthur and Thomson, 2011; Miller, 2010; Nupponen, 2007; Sykora, 2005).

So, what works for the longer term in this situation seems universally to be connection to kith, kin and community. It is clear that a central platform of any family support program must be to find, engage and build a network of supportive adults around the parents and children, and work with them in a truly relationship based, collaborative way.

3) Construct the alternatives

The knowledge gained from the review of the individual articles will now be integrated, and matched to the various components of this stage of policy development. This will show clearly how the underpinning theory has been used to frame the content of the method, the items and options offered for consideration in the study. As a reminder, the broad components of the 'construct the alternatives' stage of policy development are identifying the: theories and values underpinning the policy; entitlements and eligibility criteria; program elements; administrative situation; and financing considerations.

Theories and values

It should go without saying… the safety of the child is the primary purpose and ultimate value of all programs that have to do with child welfare. The *Best Interest Principles* (s10, *CYFA*, 2005) and many authors make this principle abundantly

clear, along with the priorities of meeting the child's needs for stability and good developmental experiences (McArthur and Thomson, 2011; Miller, 2010; Munro, 2011; Nupponen, 2007; Sykora, 2005).

As discussed in the previous chapter the main underlying theories that are reported as informing work with children and families in the family support sector are the strengths based perspective and ecological systems theory. Inherent in each is a value base that promotes the understanding of the client as an active participant who is valued and whose strengths and needs are assessed in a collaborative way. This information is then framed in terms of the impact and contribution of the various social systems to which the family belongs. Naturally occurring social resources, such as kith and kin are valued, engaged and supported. Relationship based practice is crucial.

The following sections of the literature review consider the type of service that will emanate from the policy, and so will be more service delivery focussed.

Entitlements/target group - criteria
Determining who the program aims to help is central to both offering the most effective service, as well as being used as a tool of demand management. Issues for consideration in this component include: targeting, inclusion and exclusion criteria (predominantly this means defining the characteristics of the child or family) or the stage/s of child protection involvement; referral pathways; assessment content and process; service duration; and conditions for re-referrals. These issues will be discussed in turn below.

Targeting of programs in child welfare and prioritisation of service has often been defined by the age of the child. Many papers suggest that a criterion of families where children are young is the optimal targeting: Brotherson, Summers, Naig, Kyzar, Friend, Epley, Gotto and Turnbull (2010) underline the benefits of engaging families when children are relatively young (before the age of five years); Ammerman et al. (2006) note that providing services when the child is young maximizes the impact on the child's development and addresses parenting problems before they become crystallized and resistant to remedial intervention;

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Heckman (2008) argues for the prioritisation of young children experiencing disadvantage (cited in Fox et al., 2015); and Geeraert et al. (2004) nominate the preferred target group as children under three years of age. Differentially, Fox et al. (2015) found that the research suggested additional target groups, which include: those in a life stage transition; those with the well-known antecedents of child protection involvement such as family violence, drug and alcohol problems and mental health difficulties; and, they note that 'there is support for the notion that early to middle adolescence (10 - 14 years) is a time of vulnerability' (p. 22).

In the Victorian system, currently, referral pathways to family services are mostly via the Child FIRST service (the central point for early assessment and referral for children and families needing family support in the state of Victoria) which accepts referrals from a wide range of community and professional sources, including self-referral and child protection. Demand management is guided by determining who is in most need, which is defined as those with the most (co-occurring) risk factors (Child Protection Placement and Family Services, 2012).

The content and process of the assessment phase clearly sets the scene for all further work. In terms of the way the assessment could be conducted, there is a standard Australian assessment, referral and support tool (CAARS) that has been developed with the purpose of providing a shared language and understanding across sectors (Fox et al., 2015) but this has a strong child focus, rather than looking at the family more holistically; also, Winter (2009) observes that where a standardised assessment process is used, understanding and support of diversity remains a practice blind spot, leading to poorer outcomes for families. Regarding the scope of the assessment, there is strong support for it being holistic rather than merely focussing on parents' abilities and difficulties (Miller, 2010; Nupponen, 2007; Tomison, 2002) and so subsequently, the intervention (guided by the individualised, holistic assessment) should be tailored to the strengths and needs of the family rather than providing a formulaic response (Child Protection Placement and Family Services, 2012; Easton, Featherstone, Poet, Aston, Gee and Durbin, 2012; McArthur and Thomson, 2011; Nupponen, 2007; Sykora, 2005). Tomison (2002) specifically notes that a holistic assessment had to include the needs of the extended family.

There is considerable variation in the length of involvement across the reported programs. Some intensive programs such as Cradle to Kinder (Victoria) and Healthy Families America offer service from the antenatal period for three to five years, beginning with a more intensive visiting schedule and reducing the frequency of contact as the intervention progresses (Couper et al., 2013; Cullen et al., 2010). One consistent concern is that in many services the length of time is often curtailed, and the interventions are focussed on a 'locked down' goal or set of outcomes rather than services being provided for the length of time and the intensity that families require to address the complexity of issues that are present in all families involved with child protection services (Berry, 2004; Couper et al., 2013; Gockel et al., 2008; McArthur and Thomson, 2011; Tomison, 2002). Tully (2008) found that having a short early intervention program duration is associated with children ultimately being taken into care.

The option of 'follow up or 'booster' services is suggested by Sykora (2005) and McArthur and Thomson (2011); and Leadbeater et al. (2004) draw attention to the fact that throughout each lifecycle, families and children develop both new vulnerabilities as well as new strengths, and so re-referral or tailored follow up services may be needed, along with a new assessment to identify the family's changing needs and capabilities.

What is the nature of service delivery; what sort of elements should be present in any program derived from this policy?

The first question to resolve is about the nature of the service delivery, either direct or indirect support. Although most family support programs in Victoria are provided using direct contact with the family, there are examples, such as the Aboriginal Children's Specialist Advice Support Service (ACSASS) where advice is offered to workers rather than direct service provision to the family; there are also a number of peak bodies within the broader child protection sector that offer advocacy, research and support at the governmental and societal (the exosystem) level (such as CREATE - the peak body for children in out of home care). Within the area of direct service provision, a decision needs to be made about whether the program should it be a crisis response, a short or long term service or have some capacity to span all these.

A remarkable omission from the literature of program development is that, until recently, there has not been a published set of criteria defining 'what, actually, is a program?' (Fixsen et al., 2013). Their definition will be repeated here because although program development is out of the scope of this study, the points will be able to be used to form the basis for the creation of any program that is derived from the findings of this study. In brief the criteria are:

1. A clear description of the program (including philosophy, values and principles; inclusion and exclusion criteria);

2. Clear description of the essential functions (what has to be present to say the program actually is in existence?);

3. Operational definitions of the essential functions (to allow consistency and understanding of what in fact, the practice should look like); and,

4. Assessment of the practitioners who are delivering the program, including: their values and principles; their ability to perform core activities; and evidence the program is being delivered with fidelity (Fixsen et al., 2013: 219).

Some of the above elements will be addressed in the study, being those that are directly derived from or parallel to the policy making process. For instance, the values and theory base can be clearly determined in the development of the policy. Whereas the study (nor the policy) cannot, of course, conduct an assessment of the practitioners who will deliver the program, although some characteristics will be defined by the values and theory base (such as taking a strengths based approach which requires a collaborative, respectful attitude to clients).

The potential elements of a program, gleaned from the literature, will now be outlined as these inform the parameters of the program, what should and could be its aims, and therefore are a crucial in determining the content of an evaluation.

Home visits

The program element with the strongest association to successful outcomes is that of home visiting or, having much of the work take place in the home (Barlow et al., 2011; Berry, 2004; Bowes, 2004; Daro, 2007; Gockel et al., 2008; Hunter, 2011; Mikton and Butchart, 2009; Miller and Eakin, 2012; Nupponen, 2007; Solomon and Gwynne, 2011; Tarabulsy et al., 2008). Ammerman et al. (2006) comment that frequent and regular visits are essential to the formation of a trusting relationship, which is seen as crucial to the success of the program. Explanations given for why home visiting was of help include: it reduces the parent and child's social isolation (Montague, 2003; Solomon and Gwynne, 2011); and may help to join the parent to the community through friendships and taking other local opportunities (Montague, 2003). Ammerman et al. (2006) found that delivering services directly to the client in the home is effective in promoting the wellbeing of children, across several domains (including education and pro-social behaviour). They offered the opinion that this could be for several reasons, including that clients feel more comfortable in their own home, the focus of what is happening is directly applicable to their needs, and the planned contacts occur without the client having to organise transport. As a counterpoint, Cullen et al. (2010) report that parents who need to maintain employment or have other commitments can find it difficult (and therefore leave the program) because they cannot be at the house when the home-visitor is attending. Although one assumes that the difficulty is actually about the timing, not the site of the delivery of the service. Sykora (2005) adds that it is helpful to balance home visits with some office attendance (for instance for parenting groups). In a specific example of the economics of home-visiting, Montague (2003) produced an evaluation of a small (n=39) volunteer-based early intervention program targeting parents with infants and young children and reports that the '(E)vidence suggests that they [in-home volunteer programs] are particularly cost-effective in delivering positive outcomes for vulnerable families' (p. 2).

Relationship based practice

In enacting the policy, an important consideration is the breadth of relationships that need to be taken into account, developed and supported. Although a clear focus of family work has been on the relationship between family members, this has not always been the case across all areas of child protection. Additionally, of importance is the relationship between workers and clients in the success or otherwise of the interventions. This is a poorly researched and under-acknowledged area, even though we have known for years that the quality of the relationship between the worker and client is the most significant part of any intervention (Lambert, 2013). Maintaining limited caseloads to allow workers to develop a relationship and be responsive to the client needs is also seen as important (Cullen et al., 2010; Sykora, 2005), and this could be extended to mean the worker could maintain their working relationship across several phases of child protection involvement rather than the family having to engage with a different worker in a different program any time their situation changes (for instance if the child moves from their parents' care into the out of home system).

Cultural sensitivity and competence

A basic component of service delivery that is well recorded in the literature, and applies to both policy and program delivery, is the need to be culturally informed, safe and competent (Child Protection Placement and Family Services, 2012; Cullen et al., 2010; Fox et al., 2015; Nupponen, 2007; Sykora, 2005). Cultural considerations are obviously an essential element of any human rights-based endeavour. Miller (2010) writes plainly that the need for cultural competence (for the worker, program and agency) cannot be overstated; and that cultural differences must be respected and form an essential lens through which any contact is filtered. Indeed the *CYFA 2005* has several sections specifically designated for directions about work with Indigenous families (for instance s. 12, which focuses on decision making for Aboriginal children).

Workers

Although worker recruitment is out of the scope of this project, in the implementation of any program derived from the policy, it will be important to select and support the right workers. The literature pointed to the consideration of skills, qualifications, knowledge, values, and cultural competence (Child Protection Placement and Family Services, 2012; Cullen et al., 2010; Miller and Eakin, 2012).

Other elements that are successful in family based work

Berry (2004) champions the use of practical support as a means to achieve initial 'wins', where the family identifies specific support they want to receive, and the worker is able to establish a relationship through meeting those needs; this finding is supported by others (Gockel et al., 2008; McArthur and Thomson, 2011; Mikton and Butchart, 2009; Miller and Eakin, 2012). Other program elements that were suggested as leading to positive results for families included: brokerage (McArthur and Thomson, 2011); knowledge resources (Mikton and Butchart, 2009; Miller and Eakin, 2012); parenting skill development (Mikton and Butchart, 2009; Miller, 2010; Miller and Eakin, 2012; Nupponen, 2007); mediation and family work (Barnard, 2003; Boetto, 2010; Breslin, 2009; DHS Victoria, 2009; Dunne and Kettler, 2008; Miller, 2010).

Administrative/organisational structure

Early intervention is clearly the preference for where this policy and its subsequent programs sit within the child protection system, in terms of saving both human and economic costs, (Berger and Waldfogel, 2011; Berry, 2004; Cullen et al., 2010; DHS Victoria, 2012b; McArthur and Thomson, 2011; Munro, 2011; Papageorgiou, n.d). Consideration also needs to be given to where the program fits relative to the existing system, and how it links to other parts of the service system. In the current structure, the area under consideration in this study potentially crosses both family services and kinship services, and so any policy formed from it might be placed in either, or have divided funding and accountability to each, or may form a new hybrid of the two (or be subsumed elsewhere).

System fragmentation, or the existence of silos of practice, has long been a much lamented feature of the system. The *Policy and Funding Guidelines* (DHHS Victoria, 2015a) show the discontinuous nature of the system. For all the rhetoric about holistic service delivery, 'joined up services', and 'breaking down the silos', service targets and funding retain a discrete, individual-program based focus. Coman and Devaney (2011) insightfully comment that for as long as services only collect and interpret data and performance measures specifically related to their individual area (for instance, education only collects data about educational outcomes; health only retains statistics that relate to health outcomes) their assessments and interventions will also remain silo-ed. The aphorism, 'what is measured is what gets attention' reinforces the idea that until the currently segmented funding and policy positions of the sectors, agencies and programs are able to move to a point where they can each and together broaden their lens to 'see' the holistic picture for the children and families, their responses will continue to fall short of what is needed. Service delivery organised around separate programs impedes individual workers remaining engaged with families across the complexity of issues with which they present (Tomison, 2002); with workers being tied to one specific program, they have to cease contact with the family if the family's needs or circumstances change, and the family must engage with different workers to meet their evolving needs. The government recognises the ineffectiveness and inefficiency of a fragmented and poorly coordinated system in which specific service sectors largely focus on particular issues or groups of vulnerable people without a whole of system view (DHHS, 2012a) but has not yet been able to find a way to move beyond it.

From the client's perspective, this results in services that can duplicate, leave gaps or at worst contradict each other. McArthur and Thomson's (2011) review of parents' appraisal of family support services found that one of the most helpful elements of support was case coordination, and Fox et al. (2015) make the observation (citing a DHS Victoria, 2011, study) that services and workers need to move away from the situation 'where the onus is on people to make sense of services, navigate from door to door and 'fit' a program to qualify for support' (p. 6).

At the next level, 'who is the focus of engagement' (in sector speak, who is the target or client) needs to be considered in the administrative situation and subsequent implementation of any program. In the *Best Interests Practice Framework,* Miller (2010) directs workers in the sector to consider all past significant relationships and specifically adds the injunction to pay attention to those who may have become estranged from the child and family. Brotherson et al. (2010) draw attention to the problem that many family support programs target mothers rather than both parents (and at times they do not include children, and rarely engage with the extended family and supportive friends).

Who comprises the 'kith and kin' and what role extended family should play must also be defined in the development of the policy. Twigg (1989) poses an interesting point at issue - how should kith and kin be conceptualised by the system - are they resources, co-workers, co-clients; all, none or a combination of these? The suggestion is that as co-clients, extended family become a concern/interest of the agency rather than 'resources to be exploited or workers to be co-opted' (p. 61); someone to whom an obligation is owed.

The type and intensity of support given to the extended family will, naturally, depend on how their role is defined, nevertheless some general thoughts about this were able to be recorded based on the kinship literature. The expression 'the road to hell is paved with good intentions' seems sadly reflective of the current system, which increasingly expects extended family members and close friends (with little training or support) to care for children who have been traumatised, and to retain an amicable if not supportive relationship with the child's parents as well - as Humphreys et al. (2009: 7) write, 'well-meaning people may need very significant support to look after traumatised children and young people'. Although this quote is written in reference to kinship care the point remains valid - to be able to understand, support and care for children and families where maltreatment is a concern, kith and kin need significant educative, practical and emotional support - not to be left to 'just get on with it'. 'They're family' does not translate into an ability to understand and respond the complexity of effects of trauma (as evidenced by the literature about the difficulties faced by kinship carers, and frankly, that are still faced by the less emotionally-invested, better trained, supported and remunerated

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foster carers). Authors such as Cullen et al. (2010), Montague (2003) and Solomon and Gwynne (2011) writing about volunteer home visitors concur with this assessment, and note that although the skills and qualities of the person are crucial, training about the system, trauma and other issues specific to the family (for instance family violence) should be a mandatory part of the program. Aligned to training is the need for some type of supervisory relationship (Cullen et al., 2010) where kith and kin can be supported and offered guidance to deal with the complexities and concerns they face within their own family (Solomon and Gwynne, 2011), the dilemmas they may feel in balancing necessary risk, as well as a recognition of the strengths they bring to the situation. Peters (2005) explored workers' views of kinship care, and found that while maintaining a decidedly favourable view of kinship carers, workers simultaneously struggle to withstand and meet the complexity and demands of the extended family, saying there was a paucity of supportive policy to guide or aid them. One wonders, if the family situation is experienced as overwhelmingly complex by the worker, what must it be like to be a member of the family? This clearly calls into question the often stated mantra that 'training and supervision are insulting and not relevant to family'. Nonetheless, this position is often stated and forms a part of the current beliefs and values of policy and program guidelines in the field.

Another consideration about where the program should be situated is that of programs delivered to Aboriginal children and families. The quandary is whether policies or programs need to be culturally specific (for instance, Family Led Decision Making and Aboriginal Family Led Decision Making) or whether it is sufficient to write into the policy the requirement that cultural differences (not only for Aboriginal people) must be respected. This includes workers adjusting their engagement, assessment, communication styles and behaviours (Sykora, 2005) to meet the cultural needs of the family and community.

Finally, in terms of the administrative requirements of the program, attention needs to be given to the type of assessment that will guide whether clients and the worker decide to proceed to engage in the program. This is not a needs assessment but rather an appraisal of whether this is the response that the parents, kith and kin want (remembering that this area of practice entails voluntary engagement) and whether the worker believes the program can be of benefit. It is a collaborative process.

Cullen et al. (2010) suggest using standardized assessments to identify families who are most in need of services; although, Fox et al. (2015) note that standardised assessments are often unyielding and unhelpful in the face of very complex situations. Another approach to matching families to a program is offered by the guidelines for Aboriginal Preservation and Restoration services (DHS, Victoria, 2007a) where the assessment includes the willingness and the capacity of the family to address protective concerns and work toward the goals of safety and wellbeing. Bakermans-Kranenburg, van Ijzendoorn and Bradley (2005) conceptualise this as determining whether families are at a point of 'readiness for change'.

Ways to finance

There is little in the literature about ways to secure the funding for programs that predominantly rely on government. To state the seemingly obvious, Montague (2003) and Solomon and Gwynne (2011) each write that the program needs to be well resourced (although they do not offer any further insight as to how funding might be secured). Bessant and Broadley (2016) write that the funding in Victoria has suffered as a result of a more neo-liberalist approach in government, where funding cuts are leading to short cuts in the protection and support of children and families where maltreatment is a concern. The DHHS *Policy and Funding guide* (DHHS Victoria, 2015a) notes under its "Initiatives" section that Child FIRST and family services are to be expanded, yet, the budget projections show a decrease in funding from the 2015-16 year to 2016-17, followed by a return to the 2015-16 funding level in 2017-18, which will be a decrease in real terms.

3.3.2 Measurement and evaluation criteria

The final area of consideration in the development of a policy is how it and its programs might be evaluated. Evaluation and research in child welfare has taken on renewed importance, driven by the desire for policy and programs to be 'evidence-based', although the literature also identified that research in the area is sparse. *The Protecting Australia's Children Framework* specifically names the need for research and evaluation to build the knowledge base and promote evidence-based practice (COAG, 2009), which was echoed by Bessant and Broadley (2016) and Babington who bemoan the 'relative paucity of data' (Babington, 2011: 16) in the area. Berger and Waldfogel (2011) call for better research and evaluation in the area of child protection, and state that a 'full range of long-run costs about child abuse and neglect are lacking' (p. 16). Fox et al. (2015) note that research and evaluation are poorly defined. Daro (2007) expands on this point, saying that although there are instances of outcomes being positive, there are also many studies that 'draw a more sobering conclusion' (p. 7), which he explains as having at least as much to do with the poor definition of the expected outcomes as it does with the effectiveness of the program.

Many of the performance indicators for services funded by the government are quantitative measures of program outputs rather than reporting on outcomes or impact to the child's welfare (Bessant and Broadley, 2016; DHHS Victoria, 2015a) or on evaluating the policy itself. And so what gains or benefits the various programs deliver is often unexamined.

In terms of evaluation at the policy level, there are several frameworks available (for instance those developed by Gilbert and by Chambers). In this study, the Gilbert matrix (Gilbert and Terrill, 2012) will be used in Chapter Nine to demonstrate how well the suggested policy position meets the needs identified in the literature and by the study participants. Although general measures of effectiveness for a program can be nominated, the specific evaluation criteria for outcomes from any one program developed from this policy cannot be determined in advance of the policy and then the program being written. This work should be a collaborative effort between service users, agencies and funders.

3.4 Conclusion

It is well established that for both moral and economic reasons governments should intervene when children are at risk or have suffered maltreatment (Chenoweth and McAuliffe, 2008; Cottam, 2010). When parents and children are living in circumstances that do not allow them to exercise their human rights - particularly in this case, to live safely and thrive within the family - it is society's obligation for them to be supported to achieve those basic rights (Chapin, 1995; Rapp et al., 2006; Weick and Saleebey, 1995). Both the federal and state governments have recognised this obligation in legislation and policy. The statistics that describe the numbers of children entering the system are alarming, not the least because they continue to rise in Australia (AIHW, 2016b) and internationally (Bakermans-Kranenburg et al., 2005). There is extensive research support for programs to be offered as early as possible - preferably to anticipate and prevent maltreatment but where concerns are established to act swiftly to address them (Berger and Waldfogel, 2011; Fox et al., 2015; Kilburn and Karoly, 2008).

A strengths based perspective (which is one of the preferred theoretical underpinnings for family support) in concert with a relationship based approach, is increasingly recognised as the antidote to the now outmoded, bureaucratically-based approach of tick boxes and denial of individual difference (Brotherson et al., 2010; Gockel et al., 2008; Lambert, 2013; Lawler et al., 2011; Munro, 2011; Noble et al., 2000; O'Donnell et al., 2008; Participle, n.d.)Paticiple, *Our Vision*). Acknowledgement of the need for cultural safety for clients (and staff) and culturally informed approaches is also increasingly clearly documented (Fox et al., 2015; Miller, 2010; Nupponen, 2007; Sykora, 2005). The other main theoretical foundation for work in this area is ecological theory (Cullen et al., 2010; Gray, 2011; Miller, 2010; Noble et al., 2000; Weick et al., 1989). This guides practitioners and policy makers to redirect their attention from just the child, their maltreatment and behaviour, to consider their extended family, community and the social structures that may be hindering and should support them.

A review of the literature found no programs that reported specifically working to engage and support the extended family to be a part of family support services for families where children who have substantiated child protection concerns are living with their parents (this was estimated to be about 9,755 children in 2014-15). There is rhetoric about acknowledging the importance of (extended) family and other community supports in family support services, but certainly no direction to find, engage and help them move toward becoming a self-sustaining unit; for instance see guidelines by Child Protection Placement and Family Services (2012), Couper et al. (2013) and Miller (2010). The family finding model provides a framework for searching, engaging and planning with kith and kin (Campbell, 2010) and could be used within family services, although it is a model of work and not a program in itself. Thus, current practice guidelines in Victoria do not seem to put into operation the intent of the legislation (*CYFA 2005)*, nor the knowledge gained from theory and research, which emphasises the importance of extended family in the life of children and families (Lietz et al., 2011).

From the Victorian government policy and funding perspective, the areas of kinship care and family support are regarded as separate, with discrete accountabilities, performance measures and program structures (DHHS Victoria, 2015a). This fragmented approach fails to capitalise on the potential to provide holistic services and support to children and their parents when they are in a position of being unable to enact their human right to live together in an environment that promotes safety, stability and the opportunity to thrive. Where kith and kin do provide support through kinship care, they are generally offered low levels of assistance to understand and deal with children who have experienced trauma (Cullen et al., 2010; Montague, 2003; Solomon and Gwynne, 2011) and they often suffer poor outcomes themselves (Cuddeback, 2004; Dunne and Kettler, 2008).

The literature does identify elements of family support programs that have been found to be successful, for instance home visiting (Barlow et al., 2011; Berry, 2004; Bowes, 2004; Daro, 2007; Gockel et al., 2008; Hunter, 2011; Mikton and Butchart, 2009; Miller and Eakin, 2012; Nupponen, 2007; Solomon and Gwynne, 2011; Tarabulsy et al., 2008) and having good recruiting and support practices for

workers. It also cautions against some approaches and recognises some of the concerns associated with the under-support for kinship care: including poor training and support opportunities (Humphreys et al., 2009); lack of search or identification of broader kith and kin; and the extended family being left to deal with family conflict and dysfunction alone (Boetto, 2010). Difficulties in the current family support paradigm include: a fragmented service system (Fox et al., 2015; McArthur and Thomson, 2011) a focus on mothers, excluding fathers and other family (Brotherson et al., 2010), the practice of monitoring, rather than engaging and working with, families (Tomison, 2002) and inadequate duration of service (Berry, 2004; Sykora, 2005; Tomison, 2002).

Finally, research, evaluation and program reviews are acknowledged to be minimal in number (Banks, 2009; Fox et al., 2015) often focussed on outputs rather than outcomes for children and families, and give a mixed view of the outcomes or impact of programs (Cullen et al., 2010; Miller and Eakin, 2012). This leaves the sector with a poverty of information upon which to build and improve policies and programs and so the outcomes for children, their families and workers remain a concern. For instance, Sarah Miller and colleagues (2012) conducted a systematic review of the literature pertaining to interventions for preschool children from socially disadvantaged families for the Campbell Collaboration. And although they were able to identify some elements that seemed to lead to positive outcomes, they concur with so many others, that more high quality research is needed to understand both the positive and adverse outcomes that derive from family support programs.

This section has recorded the content of the literature review, arranged so as to link it to each policy analysis phase, and will be used as the basis to construct some of the individual options in each area of consideration in the study.

Chapter Four
Methodology

'A prudent question is one-half of wisdom' (Francis Bacon)

Previous chapters of this thesis have outlined the values of the researcher and the extant literature in relation to the underpinning theories and the historical, legal, policy and practice context of the subject matter. From this, a clear research question, with subsidiary questions, has been developed. The purpose of the methodology chapter is to explicate the philosophical and values base of the study (Neuman, 2006) and in considering the research question, explain how the methods chosen are congruent with those values, the context of the area under investigation and how they will provide data to answer the question (Grix, 2002). Therefore this chapter will discuss the ontological and epistemological bases of the study, restate the research question and discuss the chosen research methods in relation to their congruence with the values and beliefs of the researcher and the area under investigation. Further detail about the method employed and the incorporation of the theoretical approaches to this study, will be provided in Chapter Five, Methods.

4.1 The elements of the research process

Grix (2002) is well recognised for his clear and simple explanation of what are the essential concepts of research design and how they are sequenced and fit together. He places particular emphasis on a specific progression in determining the main elements of the research process, which is illustrated below, and which he acknowledges may be less linear in practice. He starts with the research question, and clearly articulates the rationale for beginning with a question rather than with the method, which encompasses the techniques or procedures used to collate and analyse data (Blaikie cited in Grix, 2002). Grix's argument is that it is illogical to decide on the method (what strategies you will use to find out what you want to know) before you determine the question (what it is you want to know about). So, armed with a research question, he advises the researcher to commence by recognising the philosophical bases from which they view the world.
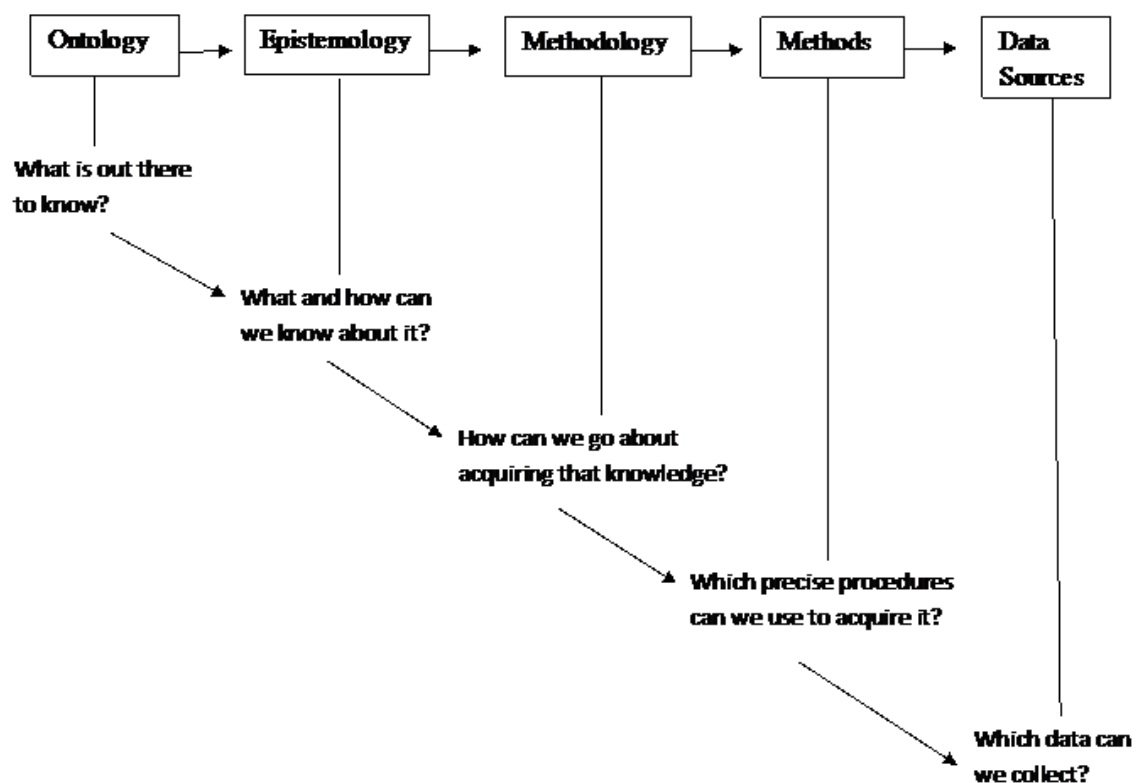
Source: Figure adapted from Hay, 2002 (cited in Grix, 2002: 180)

Figure 4.1. The interrelationship between the building blocks of research

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There are two layers to the researcher's philosophical standpoint, being ontology and epistemology. Grix (2002) illustrates the broad dualities of each of these belief systems (recognising there are clearly more than two ontological and two epistemological positions that one may take, but this dichotomy is used for the point of the illustration). Ontology is concerned with what a person believes is 'the nature of the social and political reality to be investigated' (Hay, 2002, cited in Grix, 2002: 176). A person's ontological position can be encapsulated as either believing there are fixed social realities regardless of the people involved (known as objectivism or naturalism) or believing society is in a continual state of redefining and reworking, based on the beliefs and actions of its members (constructivism or hermeneutics). Epistemology is concerned with how we understand and generate knowledge ((Blaikie, 2000 cited in Grix, 2002) or, 'what and how can we know about it' (Grix, 2002). The epistemological duality can be thought of in terms of whether the researcher believes people and their interactions can be measured using the techniques of the natural sciences, for example assigning participants as standard-form objects whose environment is unconsidered (Bell, 2012) - known as positivism - or holding the belief that people and their situations are not homogeneous or totally predictable and the interactions between people and environments is one of constant negotiation and accommodation (known as interpretivism or agency). Clearly, how any phenomenon is considered and investigated will depend on the researcher's beliefs. For instance, someone who has a constructivist ontology would not believe that a single, point in time objective measure would give relevant information about the nature or processes of people or the problem and so that researcher would not construct a methodology along those lines.

The initial points in the progression of Grix's (2002) sequence for choosing the elements of the research study are: identifying the area of inquiry, and specifically defining the question; then articulating the foundational beliefs about what can be known and how we can know it (ontology and epistemology respectively). As noted, each of these elements are interrelated; the way the question is posed and what is of interest will be inextricably entwined with the researcher's philosophical position.

The next of Grix's (2002) steps is to determine the Methodology. This is the description or plan of action that gives the rationale for the choice of particular methods (techniques and tools) in a study (Crotty, 1998). In as much as the methodology is informed by the question, ontology and epistemology, the selection of methodology is not derived from the researcher's beliefs, and is (ideally) decided through thought, analysis and logic (although that which is defined as 'logical' is often coloured by one's beliefs). A part of that rationale should be the identification of values (for instance, in this study the values and ethics of the social work profession) and the theories that will be used to underpin the methods, data collection and analysis. By identifying all these underpinning concepts the researcher has a clearer way forward to determine exactly which methods can be chosen to answer the research question in a way that makes sense to the researcher, and holds the entire study together in a coherent way. From there, the parameters about what data might be collected and how it can be analysed and interpreted should be clear.

In this study, the area of investigation was developed by the researcher's interests - as outlined in the introduction - that children and families in the child protection system should be provided with assistance at the earliest opportunity, and that involvement of extended family and kith should be supported as essential to the longer term wellbeing and good functioning of the entire family group. It is illogical, if not immoral, to leave children with parents who are struggling (and have little or no support, guidance or care) until things become so bad that the child is removed. Currently, at that point the system 'discovers' the kith and kin, expecting them to provide a home and healing for the child. Research outcomes are clear - neither children nor kinship carers fare well from this situation. If kith and kin can be involved at the point of removal, it seems very likely they are able to be involved earlier, if the system could just recognise that they are already there - apparently hidden in plain sight. The need for a new approach to families and to the way of organising work with the families, requires support from government and management levels of the Community Service Organisations (to provide authority for the change, as well as funding, program development, organisation and training of the workforce and so on) - top down; this then, means the place to start is to develop a policy. Altogether, the information about the subject area, the

researcher's values and beliefs and the understanding of the current system, lead to the research question.

4.1.1 Research Question

The research question posed for this study is:

What should be the policy considerations for the involvement of extended family with family support services, where children have substantiated child protection concerns and are living with their parents?

Derived from social policy theory, the areas of exploration for the study generate the subsidiary questions that frame the inquiry. First, does there need to be a policy? Second, what should be the purpose/s (or intent), scope and essential elements of the policy? Third, how should the policy (and any resultant program) be evaluated?

The research questions are central to explicating the choice of methodology and methods. Following Grix's (2002) schema, identification of the researcher's ontology and epistemology were identified next. Dixon and Dogan (2004) have developed a methodological taxonomy to explain varied philosophical approaches to policy analysis. They essentially utilised a two-by-two grid to assemble the characteristics of each of the ontological positions (naturalism or hermeneutics) when considered through the lens of each of the epistemological views (structuralism or agency). Using this schema, the researcher's position is one of the hermeneutic structuralist. The structuralist ontology sits within the grouping that includes interpretivism and constructivism. A researcher with this position believes that no-one has a preordained place in society, and 'reality is constructed' (Scotland, 2012: 11), it is not waiting to be uncovered, like a fossil or mathematical proof. Gray (2011) records that for the social constructionist, there is no 'objective' reality but only that which is constructed through our understanding of self, others and the context; therefore a positivist approach to research is inconsistent with this viewpoint. In terms of how this perspective fits with social work values and the area of study, Bell (2012) cites and supports Dominelli's (1996) contention that social work should be based firmly on a collectivist, inclusive ontological

foundation. Chapin also cites Weick's (1992) belief that 'a social constructionist approach to the understanding of social problems is basic to the strengths perspective' (Chapin, 1995: 508). In this particular practice area, Cullen et al. (2010) write about family support services as taking a constructivist approach to understanding child protection issues.

> 'The real voyage of discovery consists of not in seeking new landscapes but in having new eyes' (attributed to Marcel Proust (1923) *Remembrance of things past*)

A hermeneutic approach defines the researcher's opinions and understanding as a critical part of the process. Blaikie (2007) contends that all social inquiry reflects the standpoint of the researcher. Patton (1990) notes that the researcher's bias is always present and cautions that to retain integrity in the research process, steps should be taken to ensure the 'investigator does not set out to prove a particular perspective' (p. 55). Bloor, Sampson, Baker and Dahlgren (2015) and Arminio and Hultgren (2002) point out that value is placed on our own life experiences as researchers. They describe the hermeneutic approach to research as one that finds exposed themes, recognises interwoven threads and creates new insights from this, with the findings being used to guide improvements to practice. Importantly, a central understanding of this epistemology is that it is the research process itself that ensures the quality of the findings, not merely the content expertise of the researcher (Dixon and Dogan, 2004).

Specifically then, the characteristics of the hermeneutic structuralist perspective include seeing human nature as emphasizing cooperation, with underpinning notions of justice, equality and fairness, and as these values are in common with the profession, they also locate this as a social work study. People who hold the hermeneutic structuralist perspective place high value on personal relationships and derive identity from group membership (Dixon and Dogan, 2004). These beliefs about the need for belonging and the value of human relationships both personally (that is, in relation to family and friends - kith and kin) and professionally (as a member of the social work profession) are strongly held by the researcher. This also seems to be true of supportive extended family (the focus of the study) who involve themselves in often difficult, interpersonal relationships - out of concern for the children and parents and the desire to preserve the familial

relationship - often against the odds. In thinking about the nexus between the hermeneutic structuralist position and kinship support, this view also understands that people: tackle difficulties by seeking common ends that provide fairly-achieved civil order; are influenced by those around them and conformity to norms (family and social values); determine their actions by defining the "right thing", which is achieved through consideration of what is a good outcome for the group, spurred by good intentions and a tradition of giving (Dixon and Dogan, 2004) - which describes kinship networks well.

The hermeneutic structuralist position directs that the study's 'decision analysis' be based in 'the continual striving to unearth the collectively determined sensible and practicable good, achieved by a group consensus on the desirable outcomes with respect to who gets what, when and how...' (Dixon and Dogan, 2004: 569).

The collective process should be "moderately structured" and allow for everyone involved to have a say, anticipating that disagreements will centre on determining a just and equitable outcome. Compliance with the decision (in this study, the extent to which the policy could be enforceable) would be seen as voluntary, and for this thesis, that position makes sense, given that not every child has extended family who are willing and/or able to provide the type and amount of support needed by families where child protection concerns have been substantiated, and if the extended family is able to support the child and parents, they cannot be compelled to do so.

Thus a methodology based in the hermeneutic structuralist position must allow for collectively determined findings, offer practical and applicable options, and provide an openness of the researcher's position and use of self in the development of the study and interpretation of the findings. For this study specifically, the rights of the child and family are used as a guide, the value of voluntarily engagement and cooperation (of participants in the study and as a reality of the subject matter) is recognised, and the involvement of representatives of the main stakeholders, being kin or extended family, family services, kinship care services and child protection, is considered essential.

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4.2 Determining the elements of the method

In seeking to answer the research question, the choice of method/s is bound by the methodology and is informed by the academic literature and research - what has gone before, by values (those of the researcher and the Australian Association of Social Workers), by the choice of theories as directed by the methodological approach, and by pragmatic considerations such as time and resources. For this study, the choice of underpinning theory (Social Policy) was evident from the outset - that is, when the question was formed - and has already been discussed in the Chapter Two of this thesis. The informing theories and concepts - strengths based and the ecological approaches (also discussed in Chapter Two) fit well with the ontological and epistemological views of the researcher and are supported in the literature and research as relevant, indeed they are often the basis of policy and practice in this area.

Reviewing the literature is fundamental to the preparation of the study but it would not produce a helpful outcome by itself, as there is no history of policy or programming in this area (Linstone and Turoff, 1975). What is needed is leading edge knowledge and thoughtful prediction. From the perspective of policy analysis, Bardach (2005) underlines the need for a facilitated, iterative feedback process with stakeholders, and Murray and Hammons (1995, cited in Franklin and Hart, 2007) propose that group decisions are more reliable than those of a single individual. Additionally, the researcher's beliefs about participation, fairness and the strength of cooperatively designed solutions to social problems clearly influenced the choice of methods, and helped to achieve congruence across the various parts of the study.

So, the methods sought have to provide an opportunity for people with varied interests to be able to participate collectively in a fair and reasonable manner, with recognition of the heterogeneity of expertise within the group. There needs to be a moderately structured process that allows time to share thoughts and refine opinions, identify and work on areas of uncertainty or concern and arrive at a group consensus.

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It can be argued that there are a number of methods that would achieve the goal of involving groups of people in idea generation and decision-making. For instance, it is possible to use one or several focus groups; telephone or video conferencing; or aggregate information from (semi) structured individual interviews to seek the opinions of the members of the group. Banks (2009) clearly states that focus groups are good for market research, but are unsuitable for policy development. There are several reasons for this lack of suitability. Firstly, focus groups tend to occur only once, rather than people having a sequence of meetings, which would allow ideas to be discussed and developed and consider how well the options meet the needs and what the unintended consequences may be. Second, given the complexity of developing policy at this level, it is likely that without significant training and support the task would be an unreasonable imposition on individuals who lack a good understanding of the process. Third, when deliberating about how to best engage a group of people using a method that includes any form of conferencing or meeting, there can be a number of well documented difficulties such as strong disagreements, overpowering personalities, and respondents being affected by a power differential with others in the group (de Vaus, 2002). On the other hand, merely surveying individuals (whether by interview or questionnaire/s completed in isolation) also has its shortcomings; Okoli and Pawlowski (2004) decidedly point out that averaging survey responses for a group 'is inferior to the averages produced by group decision processes' (p. 19).

The method that best meets the requirements for this study and addresses any concerns is the Policy Delphi, which is most useful when the researcher seeks to understand the varied perspectives of stakeholders on a matter of policy analysis and when the current literature will not yield a complete state of knowledge (Adler and Ziglio, 1996; Linstone and Turoff, 1975). The method, broadly described, involves sending a series of questionnaires iteratively to a group of identified experts, who represent various stakeholder perspectives. All respondents are posted (either by traditional mail or on-line) the same survey/s. The formats of the response options are usually Likert type scales, multiple choice or checklist questions, with some free text options to allow comments and suggestions. It is usual for a Delphi to take this mixed methods approach; Walker and Selfe (1996,

cited in Brown, 2007) propose that the Delphi technique 'bridges the gap between qualitative and quantitative data collection because of its quasi-experimental nature (gathering statistical and free text data within an iterative process)' (p. 136).

Although the respondents are called a panel, they do not meet and remain anonymous to each other. After the first round, each respondent receives the group's aggregated, anonymous responses from the previous round, as well as a copy of his or her own individual answers from that round, which can be used to inform the participant's thinking in the next iteration (Adler and Ziglio, 1996; Delbecq, Van de Ven and Gustafson, 1975; Landeta, 2006). Each phase of the survey becomes more focussed, moving from general identification to the specific deliberation of points of agreement, disparities, and thoughts about the various issues. Thus there is a nominal group process (Delbecq et al., 1975) that is structured to promote clear communication (Linstone and Turoff, 1975). Respondents are able to see what the group is thinking - which options are popular or not, as well as read comments about each of the items - and respond to these in the next questionnaire either by modifying their responses or commenting directly about the expressed thoughts. The benefit of the group process is not impeded by the concerns of power plays and dominant personalities, or by respondents becoming distracted by others in the group, because the identity of the members of the panel are not disclosed, and the engagement is not in real time. Because the Delphi process is iterative, each round allows participants to build on their own thoughts and understanding of the previous round, and so allows all respondents to develop their ideas over time, and is not constrained by a single point in time interview without the opportunity for reflection (Delbecq et al., 1975). The method is more fully explained and explored in the section below.

4.3 The Delphi method

The development of the Delphi method is attributed to Helmer and Dalkey of the RAND Corporation (Adler and Ziglio, 1996). RAND is 'a non-profit institution that helps improve policy and decision making through research and analysis...' (RAND Corporation, 2013) and has a wide focus, which in part includes health, education, international affairs, and the environment. As unlikely as it seems given the subject of this current study, the first application of this method was to 'explore the potential bombing strategies that Soviet military leaders might implement in the event of an atomic war' (Novakowski and Wellar, 2008: 1485; Linstone and Turoff, 2011). Delphi methods have been used across many disciplines and areas of inquiry, including: forecasting the most important elements of an impending social or political issue, or the likelihood of particular circumstances; identification of the core components of a program or curriculum; development of frameworks for teaching or practice; to rank the probability of events; seeking to explore and expand differing viewpoints or generate alternative scenarios; and aiding the development of policy and recognising consensus and areas of contention (Okoli and Pawlowski, 2004). The primary purpose of a Delphi approach is to structure group communication processes (not to just seek consensus, as is often reported) (Linstone and Turoff, 1975; 2011).

There are now three specific, divergent applications of the Delphi-based method (Novakowski and Wellar, 2008). They are to: forecast something that cannot be reasonably ascertained by reading the extant literature (this was the initial use of the method); seek a normative and full understanding of the issues and gain an understanding of where there is consensus or divergence of opinion (Linstone and Turoff, 1975); and, aid the development of policy (Adler and Ziglio, 1996) by providing policy advice including information, alternatives and explanations (Turoff, 1970). Unsurprisingly, this study utilises the Policy Delphi method.

It is well stated in the literature that there are three fundamental elements in any Delphi method, namely the selection of expert panellists, administration of sequential questionnaires, and giving aggregated feedback to allow panellists to change and refine their initial positions (Delbecq et al., 1975; du Plessis and Human, 2007; Landeta, 2006; Linstone and Turoff, 1975). Linstone and Turoff (1975), Gupta and Clarke (1996) and du Plessis and Human (2007) add to this by identifying as a requirement of the process, the anonymity of panellists to each other. This is in agreement with the rest of the literature about the technical nature of the Delphi, although it is not always quoted as one of the essential elements. The role and expertise of the moderator or researcher is also a crucial component of this method - in fact, many Delphi studies use a team to moderate the process. The role of the moderator will be discussed in the section of this chapter that looks at the specifics of the Policy Delphi. The elements of anonymity, selection of an expert panel, aggregated feedback, and administration of sequential questionnaires are discussed below.

Anonymity

The participants in this process remain anonymous to each other; the purpose of this is to avoid the issues of group think, or domineering personalities taking all the air space or worse, deferral of the group to the most senior or powerful person (Delbecq et al., 1975; Franklin and Hart, 2007; Klenk and Hickey, 2011). Specifically, power dynamics can affect the quality of the experience for participants, as well as the quality of the information gathered and integrated through the process. For example, as Rowe (1998, cited in Klenk and Hickey, 2011) suggests, some individuals may dominate the conversation while less confident participants are silent (or muted), the group may become polarized around contentious perspectives, or the group may reach a conclusion prematurely. Gupta and Clarke (1996) point out that anonymity and time to consider the reply allow participants to develop their own thoughts and responses and not feel constrained to take on a 'cautious institutional position' (p.186).

On the other hand, there are some issues to address so that anonymity does not lead to participants to either feel a lack of connectedness to other group members ((Gustafson, 1992, in Adler and Ziglio, 1996) or a lack of accountability about their responses (du Plessis and Human, 2007). Feeling disconnected could lead to the respondent dropping out of the study and a sense of unaccountability may lead to poorer quality responses, neither of which is desirable. Group connectedness is important from the values perspective of this study as the hermeneutic structuralist places high value on personal relationships (Dixon and Dogan, 2004) and understands that people derive identity from group membership. Delbecq et al. (1975) suggests, to counter the potential for disconnection, that participants need to have at least some idea of the positions, skills and experience of the others in the group; this aims to reassure the panellists that their responses will be understood and, as an expert, that their time is not being squandered. In this study, the recruitment method includes correspondence outlining the need for a panel who individually have expertise in direct practice, carer experience, research, or policy analysis within the nominated fields of practice (child protection, kinship care and family services), so potential respondents are assured of the parameters of the group membership. They understand their value is derived from their personal beliefs and experience, not as a representative of an agency or government. Thus anyone who agrees to participate in the study is clear about the selection criteria and therefore the level of expertise and competence of the other panel members. In terms of the potential lack of accountability, the respondents are only anonymous to each other, not to the researcher; and indeed the researcher is not anonymous at all, and is very available for feedback from the respondents, allowing for two-way accountability.

Although this study did not instigate a facility for the group to have side conversations, this is sometimes provided for the purpose of encouraging group identification and coherence, and depth of exploration of issues (Rotondi and Gustafson, 1992, cited in Adler and Ziglio, 1996). In that case, it would be important for the researcher to moderate comments before they were released to the group, and to assign pseudonyms to participants, to ensure anonymity. Potentially, the time cost for this could be considerable (which is why it was not used in this study) and it would require technical expertise to achieve successfully.

It is also important to remember when aggregating the qualitative comments, before returning them to the group, that any identifying references are removed or made indistinguishable.

Selection of expert panellists

Novakowski and Wellar (2008, quoting a personal communication from Turoff) say that to begin the process of selecting expert panellists it is necessary to identify which areas of expertise allow full examination of the question (in policy analysis terms, who are the stakeholders?). They go on to note that the areas of expertise required for participants should be derived from the literature review. Meskell, Murphy, Shaw and Casey (2014) and Haigh (2012) argue that people who live with the end product of the policy should also be included in the panel of experts; and Novakowski and Wellar (2008) agree that for a Policy Delphi 'ordinary citizens' can be considered experts in the context and content of the study and so should be included as participants. And, Jamrozik (2005) suggests that people in service delivery may be involved and influence policy formulation. These views are supported by Adler and Ziglio (1996) who note the value of both 'lay' and professional expertise. Franklin and Hart (2007) value the views and understanding of those who live and work in the relevant area as providing authenticity that the researcher alone cannot provide, despite experience and a literature review. Höijer (2008) also underlines the strength of the study as being linked to the heterogeneity of those surveyed - 'via good informants, you get access to generality' (p. 281). Delbecq et al. (1975) found that heterogeneous groups come to a higher rate of good quality and well accepted solutions, than groups that are homogeneous. This position fits well with the underpinning hermeneutic structuralist values of the study, which define the view of the panel, and not the content knowledge of the researcher, as forming the significant substance of the finally determined position (Dixon and Dogan, 2004); additionally the method strives to achieve solutions that are determined by a collective approach.

Deciding on specifically who is able to be included in the panel is contingent on the definition and identification of 'experts'; this rationale is crucial to the credibility and value of the study (Colton and Hatcher, 2004; du Plessis and Human, 2007;

Franklin and Hart, 2007; Okoli and Pawlowski, 2004) thus it is essential to develop a sound recruiting protocol early in the planning process. Okoli and Pawlowski (2004) and du Plessis and Human (2007) note that, by definition, sampling for a Delphi method does not depend on a statistical sample that attempts to be representative of any population, as specifically identifying experts who hold potentially differing views is the requirement. Thus the sampling technique employed is non-randomised and often uses non-probability techniques such as purposive, convenience or snowballed approaches. In a study that specifically addresses the task of identifying experts in a Delphi process, Okoli and Pawlowski (2004) - based on work by Delbecq et al. (1975) - developed a systematised approach to this process, which has since been replicated in other studies, such as Rixon, Smith, McKenzie, Sample, Scott and Burn (2007), and Colton and Hatcher (2004).

Giving aggregated feedback and opportunity to revise positions

The purpose of giving aggregated feedback to the panel is so each respondent can be informed of the overall thoughts of the group, to enable assessment and possible revision of their position (Delbecq et al., 1975). Landeta (2006) extends this idea by recognising that when respondents see their ideas presented to others in the group (for instance, when comments are reported back verbatim), they have a real sense of being a part of the study (and so may feel a greater imperative to remain fully involved through the entire process). As well as providing a sound approach to refining concepts and understanding the policy issue at hand, the element of iteration allows the group to feel increasingly connected to each other and to the research, and to see how their individual contribution is acknowledged, and then appraised by the group. It becomes clear that the goal of everyone having an equal opportunity to express her or his opinion can be met, and that disagreement does not need to halt or stymie the process. Indeed it is an expected part of any group activity and particularly of policy development that there will be different agendas and opinions, and the Delphi method builds in a process to contain and support this situation.

Surprisingly, there is not much written about specifically what and how feedback is given to panellists in a Policy Delphi. Almost invariably, texts and studies simply report that feedback was given, sometimes noting it was a statistical summary (and which analysis was used to produce it) or report giving a summary of any qualitative comments without any detail of the method used. For instance, Smit and Mason (1990) outlined the process as being that the researcher 'statistically summarizes the responses for the panellists and summarizes comments that were made' (p. 458). Okoli and Pawlowski (2004) in their detail about the tasks and intricacies of running a Delphi method, outline the statistical analysis and treatment of the quantitative data but are silent on the presentation of the feedback. The way the present study dealt with giving the aggregated feedback was to emulate the feedback experience of panel members, and this is explained in detail in the Chapter Five, Methods, of this thesis.

Administration of sequential questionnaires

The Delphi method directs the researcher to follow a particular three-phase sequence, although the number of questionnaires or 'rounds' is not prescribed (Delbecq et al., 1975; Rao, Anderson, Sukumar, Beauchesne, Stein and Frankel, 2010). So, depending on the responses gained, and the amount of clarification or discussion needed, any phase of the study may entail more than one questionnaire; alternatively, in a truncated version of the method, the phases may be covered in less than three questionnaires. In the current study, three questionnaires are used - one for each of the phases; the detail of this will be offered in the following chapter in the section discussing the Policy Delphi method, although, in order to offer an understanding the overall plan of the study, the next paragraph gives a broad overview of the focus and sequence of the phases.

Phase One/Questionnaire One of the method focuses on 'scoping and discovery', it is largely exploratory (Turoff, 1970). This first phase asks the respondents to determine which items they believe are important to include or exclude, as well as giving the opportunity for them to identify other items or issues that might be included in subsequent questionnaires (Adler and Ziglio, 1996). If the study begins with a scoping questionnaire, then this phase will have at least two questionnaires: one being the initial scoping and discovery, asking the group to list all that they

think is important; the next will provide aggregated group feedback, where the group is asked to consider everything generated from the first questionnaire and identify the items from that list that they consider to be most important. Phase Two utilises the responses from phase one to refine and gain greater detail about the ideas that will form the policy position. du Plessis and Human (2007) advise that if there are items added to the pool at this point, they should be generated by the panel, should be presented in 'the respondent's own words' and that the researcher should not introduce any new concepts. Further refinement of the group's position continues in Phase Three which is used to clarify issues to do with contentious areas or further refine points of agreement, and come to a conclusion - it ties up the loose ends. From this rudimentary understanding of the Delphi method, the next section of the chapter will discuss, specifically, the concepts that inform the Policy Delphi.

4.3.1 The Policy Delphi

In the early formulation of the Policy Delphi, Turoff (1970) informs us that there were many uses for the tool, and that it could be applied *at any part of the policy making process* (my emphasis). Rayens and Hahn (2000) writing on understanding the Delphi process, used the policy method and found its value to be in the clarification of areas of agreement as well as identifying the polarised opinions of varied stakeholders. Baker and Moon (2010) posit there are three potential aims of a Policy Delphi, and depending on the outcome sought, the researcher may choose to pursue one, two or all three. The potential outcomes are to:

(1) Ensure that all possible options have been proposed for consideration;
(2) Estimate the impact and consequences of any particular option; and
(3) Examine and estimate the acceptability of any particular option. (p228).

To achieve these aims, the Policy Delphi conforms to the broad parameters for all Delphi methods as explained above, and additionally employs a specific progression of stages, namely: (1) formulating the issues; (2) exposing the options; (3) determining initial positions on the issues; (4) exploring and obtaining the reasons for disagreements; (5) evaluating the underlying reasons; and (6) re-evaluating the options (Klenk and Hickey, 2011; Turoff, 1970). As noted previously, several stages can be combined within the one questionnaire.

Turoff (1970) suggests that a Policy Delphi may take four or five rounds, although three is considered sufficient if there has been careful planning and the issues to be discussed are offered in the first questionnaire, rather than offering a 'green fields' (getting the respondents to identify the issues themselves) approach. Franklin and Hart (2007) clearly identify the development of an accurate and engaging initial questionnaire as crucial to the success of the Policy Delphi process, because it is the foundation for all subsequent iterations. Rayens and Hahn (2000) note that a more open approach should be used in this first phase, particularly, if the researcher is unfamiliar with all the issues to be considered. In the case of the researcher being confident of their knowledge in the area, it is acceptable to specify the items in the initial questionnaire, although, in either case, respondents need to be able to add, disagree or comment on the options (Rayens and Hahn, 2000). Researcher confidence about offering contemporary and critically appraised knowledge can be improved by a thorough literature review, as well as the researcher having significant experience, current knowledge and contact with the field. So, in brief, the first phase of the Policy Delphi seeks to gain a broad understanding what constitutes the relevant issues and a beginning appraisal of what is important in the formation of the policy.

The second phase involves the refinement of ideas by giving further opportunities for the panellists to identify more specifically their positions on each issue, as well as exploring the reasons for disagreements. The process is to specifically ask the respondents to rate the options for each item on both a scale of desirability (is it something they want in the policy?) and a scale of feasibility (how likely is it that the item is able to be achieved?) with the purpose of finding which policy alternatives are supported, which are discarded and where there is contention. If the study was seeking to generate clarity about arguments, it would ask about 'importance' and 'validity' at this stage (Turoff and Hiltz cited in Adler and Ziglio, 1996).

Because the Policy Delphi seeks not just a final agreed position, but an understanding of the areas of contention or concern, the concluding phase seeks final confirmation about any prior agreed items, and about how the panel wants to deal with contentious issues and unintended consequences.

The role of the researcher/moderator

'Let a thousand flowers bloom, but don't ask me to water them all' (Gordon Horobin, quoted in Bloor).

The role of the researchers, or moderators as the Delphi method styles them, has a number of facets, and is, indeed, very demanding. Clearly, one of the considerations in deciding whether to use this method, is the need for the researcher to be available for the breadth and depth of time required (Landeta, 2006). And although this method is cost efficient compared to a number of other group or survey methods, the financial and other workload costs need to be assessed before committing to it (Brown, 2007). The researcher needs to be highly organised in order to coordinate the vast administrative demands (Meskell et al., 2014), as well as being able to fulfil all the requirements of good survey design and apply that to the Policy Delphi method, all of which need to be underpinned by the coordinator/researcher being knowledgeable about the area (Delbecq et al., 1975). The tasks include, but are not limited to: conducting a thorough literature review and using the review to identify the key areas to be explored; devising the questions, question order and response types; writing background papers and covering letters for each iteration of the survey; and constructing and sending out the questionnaires, which in itself requires the researcher to have expertise in summarising, and presenting the aggregated responses (Landeta, 2006). Although they are not entirely separate, the skills and knowledge of the researcher fall into four broad areas - administrative, technical, and subject matter expertise, and the initial and ongoing engagement of the panellists, and these matters are detailed below.

Administrative considerations begin with the responsibility of the moderator to ensure that the process and timelines are clear, so respondents know what to expect in terms of workload/time, the timing of the questionnaires, how they can respond to and contact the moderator if needed (Bloor et al., 2015). Most of this information is also used in making the initial decision about whether conducting the study using this method is feasible. The specific tasks include: having a comprehensive list of the addresses for the respondent panel, allowing adequate time to prepare the accompanying letter, send out many surveys en-masse, and

respond to panellist's questions quickly. A significant time commitment is required at the completion of each round, when the responses must be aggregated and analysed quickly, to meet the requirements of an expeditious turnaround time (this clearly involves more than good administration, and will be discussed in 'subject matter expertise' below).

The term 'aggregated' feedback belies the effort involved in this task, seeming to suggest the researcher just needs to add it all up or gather all the comments together. In thinking about what this element of the process entails, a reasoned outline includes: ensuring the maximum number of responses have been received before the quantitative data analysis commences; prior consideration of the type of statistical analysis and set up of any coding structures for either quantitative or qualitative data; deciding how the analysis of each item will be presented to the panellists; and then how the feedback as a whole should be presented, given it will form a part of the next 'mail out' to the panellists. Qualitative responses must both retain as much of the respondent's own response, while ensuring anonymity.

The information that needs to be prepared to send to the panellists with the next questionnaire includes a copy of their own response to the previous questionnaire, and an estimate of the time between rounds, which is calculated by considering the time taken to perform the analysis, aggregation, modification and presentation of the next questionnaire. Returning their own responses allows panellists to compare their answers to those of the group, and then revise their position in the next questionnaire should they choose to do so (Franklin and Hart, 2007). Given the centrality of the aggregated feedback to the method, and the need to keep panellists engaged, it is crucial that this be completed diligently and in a timely manner. Honouring commitments made about the process (for instance keeping to time-lines, ensuring promised anonymity and prompt responses to enquiries) show that the moderator and the method are predictable (Bloor et al., 2015) although the situation is novel. The value of ensuring there is a balance between what is known and what is new is outlined by Perry (2006) when he discusses neurosociology - in order to be creative or learn, a person needs to be in what he describes as a neurobiological 'hot spot', where the demands and challenges of the situation are not overwhelming and are balanced by what is known and feels

safe. So predictability within this novel situation is important in retaining the panellists involvement and interest, and in gaining the most creative and fruitful responses.

Technical skills include: being able to develop a survey, and additionally having skills in disseminating it through an online platform (if that is the delivery system chosen); efficient use of the platform from which it will be run; development of a data base to record the type and number of pieces of correspondence sent, the date sent, number of responses, and within what time-frame (given the reporting required when undertaking this method). There needs to be the capacity to generate the aggregated reports, which includes statistical data analysis, thematic analysis of qualitative comments and the presentation of results.

Subject matter expertise is necessary so the moderator can critically appraise the literature (which forms the basis of the items in the questionnaires), and so respond with discernment to the views of the respondents (Bloor et al., 2015). Bloor et al. (2015) also note that it is not necessary (and one would think impossible) to include every point made by the respondents in the final outcome. Contentiously, they then advise that '(G)ood practice should require that all participating panellists explicitly state their agreement before consensus is claimed and the [policy] Delphi Group is concluded' (p. 66). The initial point of disputation with this assertion is that consensus is not unanimity (all panellists agree) and is not intended to be so - consensus means that the majority agree. Furthermore, in contrast to this assertion, this method actually seeks both to clarify and report differing views as well as any consensus. Indeed, some of the panellists' statements might be discarded after the concluding round, if they do not fit with the agreed position of the group, what Bloor et al. (2015) call 'reasoned exclusion of antithetical arguments'. Consistent with this perspective is the view of Gilbert and Terrill (2012) who say that for good policy development, although everyone must have a say, not every opinion has equal weight. This raises potential ethical considerations, related to the trustworthiness and accurate representation of the thoughts and opinions of the group. To provide trustworthiness, the reasons behind exclusions must be transparent or there is the risk the researcher will analyse and report in a way that reproduces their own thoughts rather than

representing the views of the group. This approach is consistent with the hermeneutic structuralist perspective, which states that it is the values and priorities of the group, not the content knowledge of the researcher, which is the driving force of the end product. To address this, prior to receiving the responses, the criteria about what to leave in and what to reject should be determined. It seems consistent to begin by considering whether the response/s is consistent with the agreed underpinning theories and values that are derived by agreement within the group. For instance, if the group agrees that taking a strengths based approach is a necessary principle of the policy and subsequent practice approach, qualitative comments that do not support that foundational principle are discarded.

The researcher's personal engagement with the panellists is crucial, as it is essential to keep the respondents involved for the entirety of the Delphi process (no respondents, no process, no study). This parallels the importance of relationship based practice, so plainly noted in the research, in the area of child and family welfare. The researcher needs to clearly communicate the value each respondent brings to the study, and show an appreciation of the participants' time and thoughtfulness. The researcher must convey reassurance that if the respondents are uncertain of the content or process at any point, their concern will be respectfully addressed; as any sense of disregard by the researcher is likely to affect the response rate or investment of the panellist. Finally, this method seeks not just fact-based analysis, but encourages the panellists to extend beyond and use their skills and knowledge to generate new thoughts and responses (Adler and Ziglio, 1996) - that is, there is an emotive and intuitive element to it. Given that, it seems reasonable to think that the personal perception of the researcher may influence the respondent's interest, commitment and willingness to be creative. The skill required for this type of engagement is to be able to present as personable and accessible but not to engage with any one or number of panellists to the exclusion of or in preference to the others.

On a final note about the role of the researcher, Schmidt (1997) and also Hasson and Keeney (2011) observe that there has been no consistent method for reporting the findings of Delphi surveys. Boulkedid et al. (2011) reviewed eighty papers from studies using the Delphi method and found enormous variability in the amount of detail given - for instance, only thirty-nine per cent of articles reported the response rates for each of the rounds. This inconsistency led Hasson and Keeney (2011) to suggest that details about each round should be provided separately to help clearly illustrate the array of themes generated and to give an indication of the strength of support for each round. This may work well for Delphi studies that seek only consensus (and so pare back the options that have been discarded for the next round) or have fewer items than this study. The added complication of the Policy Delphi is that it seeks not just areas of agreement but also those of contention (where there is strong disagreement about a particular item or where the options are desired but believed to be infeasible). Also the items that have been clearly rejected should be recorded so any future development of the policy does not retrace those steps. Using Hasson and Keeney's (2011) suggestion of reporting on each round would entail listing the findings that concurred about what to accept, what to reject, as well as information about those items that did not receive sufficient interest to be considered important, and that level of reporting would happen for at least two rounds. Unlike the consensus format, in a Policy Delphi there is significant repetition of the questions in the first and second rounds. Thus, the suggested outline for the presentation of the results does not seem to be a helpful fit for this study, and so a novel reporting framework will be developed, which is based in providing consistency between the method and the way the findings are described. The detail of this format is reported at the start of Chapter Seven, the Findings Chapter and discussed further in Chapter Ten, Discussion.

4.4 Conclusion

This chapter has outlined the researcher's ontological, epistemological and value bases; linked these to the choice of methodology, and subsequently the methods chosen for the study. This section also demonstrated the consistency between the researcher's philosophical position, professional values, the conduct of the study and what the researcher assumes to be broadly, the values and beliefs of the client group (based on previous contact with extended families involved in child protection. It is clearly noted that they are NOT a homogenous group, but do seem to retain some features in common). The chapter then outlined the theoretical bases for the Delphi method and the Policy Delphi in particular, and has shown the links to the researcher's philosophical position. The basis for the practice of the methods in this study has also been provided. The other main ingredient for the methods - the theoretical underpinning - has been identified as the framework offered by social policy analysis, as outlined in Chapter Two. Chapter Five, Methods, will now show how these two elements (social policy analysis and the Policy Delphi method) are integrated to direct the conduct of the study.

Chapter Five
Methods

This chapter commences with a discussion and formation of a definition for evidence-informed policy (which will be used as a reference for the development of the methods so it will help to achieve the aim of constructing an evidence-informed policy). The chapter then outlines a point by point integration of strengths based, social policy theory within the method of an online Policy Delphi. It shows both the development of the study's methods and implementation, and gives specific detail about the number of people involved, the time taken for each phase and how the iterative process unfolded. Benefits and limitations beyond those already discussed are also outlined.

5.1 Evidence-informed policy

As noted in Chapter One, Introduction, there is little written about the definition of evidence-informed policy, and what there is seems to indicate that only research outcomes are considered evidence. Although there is ongoing contention about the definition of evidence-informed practice, this definition has been discussed and refined for several decades. Thus, although this is a policy study, this section begins by outlining the most current definition of evidence-informed practice, and identifies what constitutes evidence in the constructivist epistemology (which underpins this study and strengths based policy development); clarifies the choice of terminology, specifically the use of evidence-based or evidence-informed; and then links the elements of evidence-informed practice to what is considered to be a good policy development process, offering a new, more rigorous definition of and process for evidence-informed policy development.

5.1.1 Evidence-informed practice

Sackett, Rosenberg, Muir Gray, Haynes and Richardson (1996) established evidence-based practice in the 1990's initially within medical practice, but it soon extended to other human service areas such as social work. The innovation that this definition offered was that practice decisions were not simply a matter for what the professional thought or believed, and that valid evidence was not only that espoused by the outcomes research, but included what the client wanted. More recently, Drisko and Grady (2015) proposed a further development in defining evidence-based practice, extending the work of Haynes, Devereaux and Guyatt (cited in Drisko and Grady, 2015, and also cited in Mullen et al., 2005) which extended the Sackett (1996) definition and added elements that improved its fit with social work practice and values, specifically the consideration of the client's circumstances and context. Drisko and Grady (2015: 275) assert that fulfilling the requirements of evidence-based practice entails the equal weighting of: identifying the client's need and situation (context and circumstances); seeking the best research evidence that addresses those criteria; being directed by the values and views of the client (in general and specifically with reference to the evidence presented); and putting these elements together throughout the process by using

the experience and expertise of the practitioner. Nevo and Slonim-Nevo (2011: 1195) neatly summarise evidence-informed practice as being a client-centred, not an evidence-centred approach.

The detail of the definition is crucial as it clearly shows that evidence-based practice does not simply mean 'do what the research says', a misconception commonly noted in the literature (Drisko and Grady, 2015; Hammersley, 2004; Marston and Watts, 2008; Mullen et al., 2005). To address the consistent misinterpretation, Nevo and Slonim-Nevo (2011) refer to Epstein's (2009) use of the term 'evidence-informed' rather than 'evidence-based' as being more easily understood to mean that although research findings should form a part of the decision making process they do not solely determine the path forward. This is a semantic difference (because the model is no different, just its label) but it seems to be a helpful one. This study uses the phrase and concepts of evidence-informed practice and policy (unless quoting from the work of others who use the phrase 'evidence -based').

Although governments speak to the requirement of evidence-based policy and practice (Banks, 2009) yet do not routinely establish or support the measurement of outcomes (Fox et al., 2015; Frew, 2009) nor evaluation that assesses or aids fidelity in the implementation of programs, nor offers the data needed for evaluation or to improve the policy or program (Banks, 2009). Fox et al. (2015) go further saying that there has been 'a systematic under-investment in efficacy studies and cost-benefit analyses in Australia' (p. 11). The rhetoric, quite simply, does not match the practice.

In part, this is because the concept of 'best evidence' itself and the definition of terms offers some disquiet in the social sciences, and Marston and Watts (2008) note that 'what constitutes good evidence' in policy making is contentious. 'Best' research is generally defined to mean those studies that are quantitative and derived from controlled scientific research, particularly meta-analyses of randomised controlled, or matched sample trials (Mullen et al., 2005). Although Hammersley (2004) argues that there is a disproportionate regard for quantitative research, when a qualitative understanding of the outcomes of policies and

programs is the basis for strengthening good practice. In terms of consistency with the epistemology of this study, specifically, and social work generally, Nevo and Slonim-Nevo (2011) and Kay (2011) note that restricting the definition of 'best research' to the findings of quantitative, randomised trials or matched sample research is a positivist approach. Whereas a constructivist view, which is the one taken in this study, would also encompass qualitative studies, client views and opinions and would recognise that practice relies on the interpersonal and clinical skills of the professional. This is an interesting dilemma that continues to fuel discussion in the literature, although it won't be explored in detail in this thesis. I will, though, note the potential incompatibility of the positivist requirements of meta and systematic analyses of evaluations, to the understanding of what constitutes good evidence and preferred practice from a constructivist perspective.

Research evidence that supports the constructivist view includes research such as Lambert's seminal (1992) study of the factors of effective psychotherapy showing that the relationship with the clinician and the client's expectations accounted for 45% of the reason for change, with the specific technique having only a 15% influence (Lambert, 2013). Additionally, the notion that there cannot be fidelity unless there is a step-by-step process belies the possibility that values, beliefs and processes can be applied in a consistent way, even if the actual interventions vary, and that these 'soft skills' can be examined for consistency.

In a previous publication, Sackett et al. (2000, cited in Mullen et al., 2005) also suggest that practitioners evaluate their own clients' outcomes, to seek evidence about the effectiveness of their own practice, and then report this to add to the research base. This type of evaluation serves a dual purpose. Firstly, Fixsen et al. (2013) write that lessons from the implementation of the policy can be fed back to policy makers so that, iteratively, the policy is able to be refined to meet its objectives. Information sought would include: the client's experience and circumstances (Shlonsky and Stern, 2007); outcomes; satisfaction and concerns of the client or practitioner, alongside the understanding of experts (Banks, 2009). To support the reflective nature of this process, Arney and Bromfield (2008) have developed the 'Cultures in Context Model' that firstly employs an ecological framework to consider the interactions between research, policy and practice, and

offers particular insights into how practitioners and policy makers are influenced by the social, political and institutional contexts. Secondly, as shown above, the strengths, challenges and outcomes can be reported so as to add to the broader evidence-base (Mullen et al., 2005).

Clearly, there is still much development to be done in the area of defining evidence-informed practice, and determining if it is the best approach for those with a constructivist view of the world; nonetheless, the progress that has been made surpasses the efforts made with regard to defining the term evidence-based policy, and so may offer insights into how to progress that work.

The rationale for attempting to parallel the definitions of evidence-informed policy and evidence-informed practice is sourced from Anglin (2002) whose in-depth study used grounded theory to identify the core categories of a well-functioning residential care home. Although residential care is a clearly different domain from the subject of this study (family services) the two exist in the same continuum - the child protection sector - and both need to negotiate the same hierarchical system, work with the same policy makers, and both have the same intention - serving the safety and best interests of the child.

Anglin (2002) found that congruence was the integrative element that provided a 'theoretical touchstone' (p. 62) for understanding and directing practice at all levels of the system; he particularly identified those levels as: child/youth; carer; supervisory; managerial; "extra agency" (including policy, contractual and other macrosystem factors). Those levels are consistent with those found in the family services system. The value of this work to the current study is that it promotes the idea that the decision making framework and practice approaches at different levels (in this case, policy and practice at the agency, worker and client levels) of the system cannot be viewed as being isolated from each other, and indeed that they should demonstrate 'consistency, reciprocity and coherence' (Anglin, 2002: 64). This position is consistent with the ecological theory that underpins this study. And so, by taking the step of accepting that policy and practice should be developed in a way that promotes congruence; and noting that there are clear parallels between the elements of evidence-informed practice, and those of good

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policy development (which will be outlined below) - the creation of a parallel definition of evidence-informed policy does not seem like too much of a leap.

5.1.2 A more congruent definition of evidence-informed policy

The expectation that Australian policy will be 'evidence-based' has been much discussed and is written about as being the preferred, if not necessary, way to proceed (Banks, 2009; Frew, 2009; Kay, 2011; O'Flynn et al., 2011; Tomison, 2002). Which sounds fine, except that there seems to be an elementary problem in that '(F)inding a clear definition of evidence-based policy is difficult' (Marston and Watts, 2003: 144). O'Dwyer (2004) defines evidence-based policy simply as being 'based on research' (p. 7); Marston and Watts (2008) come at it from a different angle by categorically refuting the proposition that evidence-based policy can mean simply 'the calculation of effectiveness and costing of well-defined policy options' (p. 144). Although few other papers offer a definition, there seems to be a general assumption that 'evidence' means solely the quantitative research about effectiveness and outcomes. In the policy world, then, research apparently dictates the directions of an 'evidence-informed' policy. Compared to the definition and discussion surrounding the concept of evidence-based practice, the policy definition seems to be unevolved.

Notably, Banks in his paper delivered to the Australian and New Zealand School of Government (ANZSOG), framed good policy development as requiring: definition of the sought outcome or purpose of the policy; seeking of data about effectiveness; consultation with those who are likely to be affected by the policy; and, the data, assumptions and methodologies on which the policy is based should be available and reported, such that it is able to be replicated (Banks, 2009). This framework is not very different from other authors' appraisal of how good policy is made (Chambers, 2000; Gilbert and Terrill, 2012; Haigh, 2012) and so the process is considered sound. It is also consistent with a strengths based approach, and significantly, the process outlined by Banks is also resonant of recent iterations of the definition evidence-informed practice, specifically considering its application to social work.

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For instance, Mullen et al. (2005) reported on the Hayes, Deveraux and Guyatt (2002) definition, which is much quoted in the social sciences literature, that the evidence-based process should:

≈ convert the information needed (prevention, assessment, treatment, risk) into an answerable question, which means making the best holistic assessment and formulation of the client's situation;

≈ track down the best evidence to answer the question;

≈ critically appraise the evidence for its validity (closeness to the truth), impact (size of the effect), and applicability (usefulness in our practice);

≈ integrate the critical appraisal of the research with practice experience, client's strengths, values and circumstances;

≈ evaluate effectiveness and efficiency in exercising steps 1-4 and seek ways to improve them; and

≈ teach others to follow the same process, which includes reporting the findings of the client evaluations to feed back into the research/practice loop.

Synthesis of the above information provides a suggested new definition of evidence-informed policy (leveraging off the Hayes definition of evidence-based practice and using strengths based principles), which is:

1. identify the client group's needs and situation (context and circumstances) through consultation and discussion with clients and other stakeholder groups;

2. seek the best quantitative and qualitative research evidence that offers options that address those criteria;

3. seek direction, given by the values and views of the stakeholders;

4. put these elements together throughout the process using the experience and expertise of the policy maker;

5. build in evaluation; and

6. report on the outcomes and use the newly generated knowledge to refine the policy.

By incorporating the six principles of strengths based policy development outlined by Rapp et al. (2006) already noted in the strengths based part of Chapter Two of this thesis, the steps to implement evidence-informed, strengths based policy development, should be:

≈ Defining a question, or recognising a need to be addressed, as per the strengths based approach (Chapin, 1995; Rapp et al., 2006); in a non strengths-based approach, this is the problem definition stage;

≈ Understanding the strengths, context and circumstances of the stakeholders, which includes at least the end-users of the policy, practitioners, researchers and those who can speak to the political and fiscal environments;

≈ Identifying qualitative and quantitative research that has addressed the specific question for stakeholders, in those defined circumstances, in order to generate options (clearly also a part of the collection of evidence stage). The options must: prioritise naturally occurring resources (family and community); be based in voluntary engagement; and ensure adequate funding to recognise and respond to the need for development of the client's existing strengths and difficulties produced by the social structure;

≈ Consulting with the stakeholders (who will include past and potential clients, workers, researchers, and government) about what the research says, in order to consider their preferences and values; and to identify preferred options and unintended consequences;

≈ Draw on the expertise of policy makers in synthesizing the above elements throughout the process and to make a final decision, which must include the capacity for different responses to meet the specific needs and situations of clients;

≈ Building in a policy-practice loop that allows policy development to be a critically reflective process, which is then shared with the sector through academic journals, conference presentations and training opportunities.

This definition will be instructive in the development of the study methods, and limitations and strengths of the study will be drawn from comparison to this suggested definition and process.

5.2 Survey design and on-line delivery, with particular reference to the Delphi method

This section discusses the research and literature informing survey design (simply, the nuts and bolts of developing the actual questionnaires) and also shows the application of this knowledge in the design and implementation of this study.

de Vaus (2002) has written extensively about the technical issues around the use of surveys in social research, and is the primary source of information for this part of the study. Dillman (1991) critically reviewed major developments in the design and administration of mail surveys over the period of the 1970s and 1980s and his is the underpinning research used to inform the overall design considerations in the present study. Of particular note is Dillman's (1991) assessment (which was borne out by a review of the literature) that there are very few areas of survey design and administration where the research is in agreement about what is the most helpful practice; indeed there are several areas where findings are contradictory. Thus, the design and administration of the questionnaires in this study, while informed by the research and theory about survey design, mail and online delivery methods, correspond to the requirements of the Delphi method and social policy theory.

After conducting a Policy Delphi study, Franklin and Hart (2007) critically reflected on the experience, and give recommendations to consider in the development and implementation of such a study. The first recommendation is to use web-based technology to deliver the questionnaires. There are many advantages of on-line delivery over other forms of survey administration, which have been thoroughly outlined by de Vaus (2002) and Dillman (1991), these include: the responses can be returned faster than mailed hard copy; multiple addressees can be easily sent the survey at the one time, and will receive it simultaneously (no differences in postal times); together these mean the turnaround time can be faster; it is cheaper than printing and posting; and easier and cheaper than having a researcher conduct interviews, or hold a focus group in terms of time and travel expenses. From the respondent's point of view, on-line surveys allow time to give due

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consideration to complex issues, which is not possible in a face-to-face survey where answers are required contemporaneously; the respondent can complete the survey at a convenient time rather than a specific predetermined one; and there is no travel involved as there may be for a group forum. Both Dillman and de Vaus direct the researcher to be aware of the need for potential participants to have the required level of literacy to read, respond and return the survey (de Vaus, 2002; Dillman, 1991). Given the requirements of the professional positions held by each of the experts on the panel, it is presupposed they have both the ability to read, understand and respond to the questionnaires and the computer literacy to use an online format.

In the questionnaire development phase, this study is most concerned with: how to maximise the response rate; presentation of the questionnaires; effective use of SurveyMonkey; question order; the length of the questionnaire; developing the questions; clarity of the question and ensuring that terms had the same meaning for all participants; constructing multiple choice and checklist questions; constructing and presenting a scaled question; open text field responses; depth and authenticity of response; and conducting a pilot of the questionnaires. These issues are discussed in turn, below.

5.2.1 Maximising response rates

Dillman (1991) reports that for mailed questionnaires, a response rate of 60 to 70% is a reasonable expectation, when the respondents 'do not have a poor level of education' (and this study group is certainly well educated). De Vaus further quotes and extends Dillman's beliefs identifying that when the respondents are a homogeneous group and the administration is via computer, that equally good response rates should be expected. Clearly the sampling for respondents in this study sets out to ensure all viewpoints are sought and so the response group is not homogenous in that sense, but given the common interest by the stakeholders, it seems possible the same principle will hold here. Notably, the Delphi method is reported as having a poorer return rate compared to other surveys, particularly toward the final stages (Bloor et al., 2015; du Plessis and Human, 2007; Meskell et al., 2014). Therefore, strategies for gaining best return

rates for postal and on-line surveys are a significant consideration in the design of this questionnaire-based study, such as: the inclusion of a dated cover letter with letterhead; explanation of the background and purpose of the study; the criteria by which the respondent is selected; assurance of confidentiality; what will happen to the results and feedback to the participants; and the timing of the various iterations (de Vaus, 2002). Novakowski and Wellar (2008) note that the opening statements and information in a Delphi method are linked to the literature review, and give participants a brief but comprehensive statement about current knowledge and context, gaps in knowledge, theory and research in the area. Landeta (2006) believes that clearly identifying that the endeavour has institutional support, and showing the purpose is for the benefit of others (as opposed to profit making) helps to engage experts. The Monash University Human Research Ethics Committee (MUHREC) process requires that the researcher address all these issues (a copy of the certificate of approval from MUHREC is provided in Appendix Three) and in this study they are all incorporated in the Covering Letter and Explanatory Statement for participants, examples of which are provided in Appendices Four and Five, respectively.

Although it seems self-evident, Franklin and Hart (2007) note that gaining a good response rate for a Delphi method requires the respondents to stay engaged with the process, given there is more than one questionnaire to complete. Dillman (1991) asserts that the single most important procedure in optimising the response rate is to use follow up contact. And du Plessis and Human (2007) exhort the Delphi researcher to build a relationship with each of the panellists, and to try to give a sense of group participation; because the panellists are anonymous to each other, there is no group momentum to help keep each person engaged. Franklin and Hart (2007) make two suggestions about how to keep respondents engaged, the first of which is that the researcher stays in contact with the panel during the data collection period, the second is to choose those who have an abiding interest in the area (and the study). The process for the choice of the panel for this study is discussed in detail later in this chapter, under the heading *Integration of the method and the informing theory.*

Delbecq et al. (1975) draws attention to the notion of socio-emotional rewards as important in retaining each respondent's interest, and Dillman (1991) identifies financial (or other forms of remuneration) as improving response rates. Although no financial advantage is gained by participating in this study, it is likely that socio-emotional reward may be in play, with participants staying involved simply because they are committed to developing the policy and practice in this area. And the notion of interest in, and gaining the experience of participating in, a Delphi method study should not be underestimated.

In the current study the researcher actively engaged with participants from before the surveying began, maintained email contact that was planned and predictable (for instance, sending reminders of the completion dates), and asked for help in recommending others who have expertise in the area (snowballing). Additional strategies used in this study, as suggested by du Plessis and Human (2007) include: reminder emails being posted to respondents should they not submit the questionnaire by the closure date; offering an extension of time; acknowledging the time and thought the panellist is giving; personalised thank you emails sent to each respondent within two days of them submitting their questionnaire; and all other contact with the researcher, external to the questionnaire (individual questions or suggestions for further reading for example) also receiving a response within two days of being sent.

A corollary consideration to the retention of participants, which is not well discussed in the literature, is that of each participant's ability to opt in and out of the rounds. Brown (2007) studied this question as a part of running a Delphi process. It was concluded that allowing people to opt in and out - that is, if a panellist does not submit a questionnaire for one round, they be able to continue to submit in future rounds rather than being excluded from the study, gave better results. Although it was not explicitly discussed with respondents in the current study, the opt in and opt out the method was employed in this study. Chapter Six of this thesis details the response rates of the participants for each round and for the study overall.

Another important practice in keeping the panel engaged is for the questionnaires to be sent out in a timely manner. Bloor et al. (2015) and Brown (2007) note that participants may lose interest if the time between rounds is perceived to be 'too long', which is an understated way to say, the researcher needs to provide a quick 'turn around' time between the panellist completing a questionnaire and receiving the next one. In searching for the optimum (not too short, not too long) timeframe, it is important to balance the need to have the next survey delivered to the participants as soon as possible after the last (to retain engagement) while leaving sufficient time for the researcher to complete all the tasks required in between rounds of the Delphi. There is little written specifically outlining the suggested time-frame for questionnaire delivery and response, in either the general survey research (which one imagines is usually reporting on a single application survey and so turnaround time is not relevant) nor in the Delphi literature in particular.

The calculation for optimum time was made as follows, extrapolating from de Vaus (2002) who suggests that the researcher follow up mail surveys if there has not been a response received within three weeks. Allowing five working days for post both ways, this intimates that respondents have two weeks to complete a questionnaire, before follow up is advised; anecdotally, this seems to be reasonable. It is also wise to expect that not everyone will complete and submit on time, therefore there needs to be a determination about how long after the 'closure' date it remains possible to return a questionnaire. This estimate, again, needs to be factored in to the 'turn around' time, because the longer it takes for the researcher to receive all the completed questionnaires, the longer it takes to construct and deliver the next questionnaire. The next iteration of the questionnaires depends on analysis of all of the data, and so can't be completed until all the surveys are received. So the calculation needs to consider how long someone who submitted promptly might have to wait, if the analysis and delivery of the subsequent questionnaire is delayed because of late responders, and requires a judgement call about how long is too long. On top of the two weeks for the completion of the questionnaire, in this study, there was an allowance of an extra week to ten days to receive completed questionnaires. This piece of information is not initially shared with the respondents, with the aim of having a

firm 'return by' date, in the hope of encouraging promptness. How this is handled is detailed in the *conduct of the study* section of this chapter.

The next part of the calculation is to estimate the time for the researcher to complete the tasks between the rounds. This entails: running through the qualitative analysis for a mock survey (and then multiplying this time by the number of respondents); allowing time for additional analysis of the aggregated qualitative and quantitative data; generating some mock graphs and feedback formats (again multiplying to represent the number you expect to generate for each questionnaire); and trialling a hypothetical rewriting of the questionnaire for the next round. For this study, the estimate for the researcher to complete all the tasks was three weeks. It was also helpful to realise that not all the data analysis has to wait until all the responses are received (so that if some questionnaires were received after the due date, the researcher can still be working on some data). For instance, qualitative coding of individual responses can begin as soon as a single response is received. A final task to consider is pretesting and revising the questionnaires, for each round. In this study there was a one-week allowance, which is a very tight timeline.

Pragmatically, it is also important to consider public and school holidays (which may not be good times for respondents to be focussed or even available to complete the survey) as well as overlaying the proposed dates on a calendar to allow the researcher to see what existing commitments they have. There is further detail about this in the section of this chapter dealing with the conduct of the study. The actual response dates for each questionnaire are published in the initial contact information sent to the panellists, so they have a clear expectation of when the questionnaires should be delivered, and the timing for this study is detailed in a diagram later in this chapter, under the heading *Conduct of the study*.

5.2.2 Presentation of the questionnaires and online design

Because there are potentially many guidelines for the completion and submission of any questionnaire de Vaus (2002) suggests the design handles this by: giving instructions for the overall questionnaire at the start of the survey; any information that is particular to a section is given at the beginning of that section; and where there are specific instructions for any particular question, these are given immediately before the question. This advice forms the shell for each of the questionnaires. de Vaus (2002) also notes that it is important to present the content of the questions before the response items, and this is what most surveys do, it is the norm. Although it seems obvious, Christian, Parsons and Dillman (2009) found that presenting the questionnaires as people expect is advisable because when the visual layout of the questionnaire differs from what is expected, respondents may experience confusion, and provide incorrect or unintended answers - clearly not the hope of any researcher. Other suggestions informing the design of each questionnaire include: ensuring each page remains uncluttered; using left hand justification for each question (de Vaus, 2002); and that subheadings are useful for each section (Bloor et al., 2015). In this study, major headings were used as markers for each of the main areas of the study (the intent, scope and major program elements), with each item of consideration also having its own subheading.

Use of SurveyMonkey

There are several online vehicles that deliver questionnaires, receive the responses and provide some basic analysis of the returned surveys; this study used SurveyMonkey, which is easily accessible, not too costly and is a reasonably well known format. The program provides a number of helpful features for the researcher. It allows the link to each questionnaire to be sent simultaneously to all recipients; and for individual reminders to be sent incorporating the link (to be used when a participant has not returned the questionnaire within the time limit requested). Identification of which respondent has returned the questionnaire is possible because the program can be enabled to capture the return email addresses, negating the need to ask for identifying details in each questionnaire. In this study, each respondent is clearly informed that their questionnaires are tracked through the computer based program; that is, SurveyMonkey records

which email address has returned the survey. This also adds to the level of accountability of each of the panellists so, even though they are anonymous to each other, the researcher can track of who has responded and what their content has been. Additionally, where there is more than one researcher, it is possible to identify which participants responded to each.

As an aid to guiding the respondent, it offers an inbuilt function that allows the use of commands to assist the flow and completion of the questionnaire. Examples of this include forced completion of one question (rather than having the ability to skip or miss) before progressing to the next, and rules for branching. Branching is where a respondent is given the choice of several response options, and if (for instance) they choose (A) they will be led to a particular next question, whereas a different response (B) will lead them to a different 'next' question (de Vaus, 2002). Because these commands are embedded into the program, the transitions and reminders occur seamlessly and do not demand any thought about the process from the respondent. From their point of view the questionnaire seems to flow, which leaves them free to concentrate on their responses to the questions rather than be distracted by the technical detail of completing the survey.

Finally, the program gives collated responses across the group to each question, as well as allowing the researcher to see each individual's response; and it is possible to export the data in Excel and SPSS compatible formats for further analysis.

For this study in particular and the Delphi method generally, one limitation is the inability to tailor individual copies of the questionnaire. So, for instance, the Delphi method requires that in round two participants receive: the second questionnaire; the group's aggregated responses, and a copy of their own response to the first questionnaire. Although inserting the group's aggregated graphs and collated comments is easily achieved within the next questionnaire, SurveyMonkey does not allow the researcher to insert each participant's individual response (for instance, the way a mail merge function would) into their next questionnaire. The only way to achieve this is to construct one 'template' questionnaire with the group feedback, make a copy for each respondent, and then insert their individual

responses to each of the individual questionnaires - certainly too time costly to be considered a reasonable approach. In this study, the quandary of how to return an individual's own responses to them was overcome by constructing the new questionnaire that included the group's responses, which was sent to everyone, and sending a separate email with the individual's responses in a pdf format, at the same time as the second questionnaire is posted.

An additional consideration is that, for all the benefits of delivering a questionnaire online, the one difficulty that endures is that there is no way to know who (or how many) people complete any individual questionnaire, as the researcher is not present when it is being completed. SurveyMonkey specifically attempts to address this concern by blocking the ability for the survey to be forwarded, so it must be received, completed and sent from the specified email address linked to each respondent. In this study, it seems unlikely that people who have voluntarily opted to be a part of the study, who had the ability to pass the invitation to others who wanted to be involved, and who do not receive a penalty from the researcher for not submitting a questionnaire would delegate the task to someone else. Although it is not foolproof, it is therefore assumed that the responses are completed by the person to whom the questionnaire was addressed.

Question Order

It is reported that the interest and concentration level of respondents decreases over the time of completing a questionnaire (de Vaus, 2002); making a similar point, Dillman (1991) recommends putting the more interesting questions at the start of the questionnaire. Thus, in this study, the sections that require thoughtful consideration are located at the start of the questionnaire and the demographic information is sought at the end, as these responses require a minimum amount of thought for the respondents.

de Vaus (2002) suggests ordering the questions or sections to run from the concrete to the more abstract. This is in contradiction to the sequence that is required by social policy theory, which is to determine the purpose and scope of the policy - what is offered to whom (Gilbert and Terrill, 2012) - before being able to determine the program elements and then the evaluation criteria (Gilbert and

Terrill, 2012), thus requiring the abstract notions to precede the concrete. So, the decision about section order was resolved using the following course of thought. Each of the sections require thoughtfulness (none are particularly easier than the others). The formation of the purpose and scope must be clear before consideration can be given to what program elements would meet those criteria and how you would evaluate the outcomes; that is, purpose needs to precede practice, not practice dictate purpose - the abstract must be determined before the concrete. Consequently, the sections were ordered according to the progression needed for policy development: purpose, scope, program elements, and evaluation.

Length of questionnaire

Dillman's (1991) review of the literature suggests that the length of the questionnaire is not a factor in how many responses are received (response rate), although mail surveys are likely to be a single issue rather than a part of an iterative process. In spite of that, the length of the questionnaire may adversely affect the quality of response and Okoli and Pawlowski (2004) who write specifically about the Delphi method, note that no questionnaire should take more than thirty minutes to complete for this reason. This study aimed to allow respondents to reasonably complete each questionnaire within thirty minutes; although, it is also noted that because respondents are able to complete some of the questionnaire and return to it, as and when they choose, this is less of an imperative than it would be for other survey methods where the time the respondent has is limited to a single session.

5.2.3 Developing the questions

Franklin and Hart (2007) assert that a two-fold approach to developing questions and response options is required to meet the purpose of the Delphi method. Firstly, gain the panel's responses to current knowledge and practices (identified in a literature review). Novakowski and Wellar (2008) agree that the literature review allows the researcher to provide a critical lens to what is known as well as identifying the gaps in current policy and practice, and so present the panel with the most current published ideas, to which they can respond. Secondly, it is an

essential part of a Delphi process that panellists are able to share their own insights and experience, and to proffer their own, original ideas and proposals (Franklin and Hart, 2007) as these are likely to exceed those offered in the literature (du Plessis and Human, 2007). For this study, the development of the questions and response options derived from the literature has been discussed in Chapter Three, Literature review. The requirement of panellists being able to offer their own views was simply facilitated via the use of open questions, as outlined earlier in this chapter.

Another theoretical perspective informing the development of questions and response options is provided by Yin, who writes extensively about conducting qualitative research. In considering which data to seek, Yin (2008) advises the researcher to identify their personal hypotheses (called descriptive theory - what the researcher believes and why) and, importantly, identify rival explanations (*if it isn't what you think, what else might it be?*). This approach, also known as analytic induction, promotes trustworthiness of the findings as the researcher is not seeking to only support their own beliefs, but is actively seeking to explore alternative explanations. This involves factoring in the different ways of asking questions so as not to present a particular bias, as well as framing the response options to allow divergent opinions. In terms of philosophical congruence in the study, this position develops from a constructivist epistemology because it recognizes that explanations themselves are constructions, and that more than one version is possible (Mason, 2006).

Thus, most of the content of the questions and response options in this study are derived from a critical analysis of the current literature, including family support program descriptions and evaluations, kinship care research papers, theoretical constructs, and an understanding of the culture and work practices of the Government and Community Service Organisations (CSOs). In any topic area where I have a strong belief, or where there is an existing clear program or policy direction, the list of response options were written specifically and intentionally to include some that do as well as some that do not support that belief or current direction. Broad, open-ended questions ("Briefly, if you wish, please write comments about either the items chosen by the group, or comments to clarify your

response/s") were placed at the end of each section (de Vaus, 2002) and were optional, to allow participants to add depth to the responses without the onerous requirement of commenting if they feel their views have been already adequately presented.

Clarity of the question and ensuring that terms have the same meaning for all participants

de Vaus (2002) offers extensive advice for developing clear, individual questions. He lists seventeen items to consider, which include: ensuring the simplicity of the language; asking positively oriented questions; eliminating double barrelled questions; and placing the question/comment before the response choices (p. 97). Krosnick (1999) notes that during direct interviews or surveys, participants are able to clarify the meaning of questions or responses, and subsequently, the validity of the responses is substantially increased (p. 543). To address the need for clarity and consistency in the respondents' understanding of the terms used in the study, a glossary was provided at the start of the first two questionnaires. Additionally, if, through the analysis of the respondents' free text responses to each questionnaire, I believed there may be confusion, misinterpretation or where further clarification was sought, the glossary was amended and the respondents' attention was drawn to this in the email accompanying the next questionnaire. Although the questionnaires in this study were administered indirectly (via email) each one was accompanied by a personalised email, which encouraged the respondents to contact the researcher if there was anything about the survey they wanted clarified, and the response was then emailed to all participants so they had the same information. (An example of an accompanying email is provided in Appendix Six and the content of each of the questionnaires is provided in Appendices Seven, Eight and Nine).

Constructing multiple choice and checklist questions

The literature provides not just a wealth of items to consider when defining what should be the purposes, scope and essential elements of a policy in this area but also differing points of view and approaches within each. In order to ensure that the various alternatives are considered by the panellists, multiple option responses are offered against each of the identified areas. Additionally, I ensured that the

options offered contrasting views, some that were diametrically opposed, or offered a graded position, as counselled by Yin (2008) and Bloor et al. (2015); for instance, I believe (and there is research and theoretical support for) the position that some supportive contact/supervision of the family is needed and so this was one of the options, therefore, the antithesis - 'supervision should not be a requirement of the policy' - was also offered.

Whether the order of the options offered within each question affects the response given is unclear and potentially varies with the educational level of the respondent and the delivery method of the questionnaire, (Christian et al., 2009; Dillman, 1991) and so there was no science behind the order of the response options within the multiple choice or checklist questions.

Constructing and presenting a scaled question

Scaled questions are used to elicit an understanding of the strength of respondents' attitudes and beliefs by asking them to select a point on an 'implied continuum' (Christian et al., 2009: 394; Dillman, 1991). Scales are often used by policy analysts because they offer an efficient way to summarise and explore complex concepts; Trochim (2002) explains scaling in this context as allowing the quantitative measurement of a qualitative construct (cited in Lutabingwa, Tlhoalele and Jarbandhan, 2006). Lutabinga and colleagues also outline the differences between indices and scales, and give a brief overview of the purpose and construction of a number of different scales (such as Likert, Thurman and Guttman). This information will not be recounted here, but supports the use of Likert scales for this type of inquiry, as is the practice in the Delphi method.

de Vaus (2002) recommends: presenting the scales in a consistent grid format, with which they are traditionally associated; and that the points are equally spaced to aid the passage of the respondent through the survey. Krosnick (1999) reports that validity and reliability are enhanced if all points on the Likert scale are verbally labelled; and also notes that respondents report being more satisfied if the points are labelled, which one might speculate would contribute to the retention of participants. This advice is followed in the construction of this survey. An example

of the verbal labelling of Likert scales in this study is the ordinal progression: 'not desirable; somewhat desirable; very desirable; essential'.

Open field text responses

Some of the considerations in the use of open text questions have been discussed in the preceding sections. To summarise those points: free text gives respondents a chance to add information and clarify points that they feel are not adequately addressed by the existing questions; it is recommended to not use too many open questions as they are more difficult for the respondent to answer; and that the recommended placement is at the end of the questionnaire or specific section (de Vaus, 2002). Additionally, de Vaus (2002) makes the point that free text responses are more difficult for the researcher to code than fixed alternatives.

In this study, open text fields were offered at the end of each section in the first two questionnaires (the third questionnaire sought entirely open text responses), and for a limited number of specific questions. They were used to elicit strong feelings or beliefs related to the purpose, scope or essential elements of the policy; as well as providing the respondents with a chance to include additional thoughts that were fed back for consideration by the group. Heeding the warning about them being more taxing and that the respondent may not have anything further to add, these questions were optional in the first two surveys.

5.2.4 Depth and authenticity of response

Because the Delphi seeks clearly differing opinions, or areas of clear agreement rather than passive, midpoint responses, Rayens and Hahn (2000) suggest the use of a 4 point Likert scale for the Policy Delphi, which does not offer a neutral or non-response option. Removing the option for the panellist to say they are unsure or do not have a firm opinion one way or the other raises the issue of whether this impedes the authentic representation of what each of the panel members knows; in response to this question, the research findings are mixed. On the side 'for' offering a non-response option, Schuman and Presser (1981) suggest that validity of responses may be enhanced by giving the 'no opinion' option, and de Vaus (2002) agrees that the 'non response' should give more trustworthy data. Simply,

offering this response means that when people don't have an opinion or knowledge of the area this is able to be represented rather than them having to select an option to which they are not committed - this seems an intuitively reasonable argument. The counter contention is that, in this study in particular and the Delphi method in general, a foundational requirement is that the people participating are considered to be experts in the field, so it seems unlikely they won't have an opinion or be able to determine an informed position. Further Krosnick (1999) cites several studies that found, under forced choice conditions, people who would have taken the 'no option' choice if it was offered, did give valid responses. de Vaus (2002) also notes the advantages of forced choice questions as including they are faster and generally easier for the respondent than open questions, and they are easier to code for the researcher. Additionally, where there is a non-response option, what interpretation to make is unclear; it may mean the respondent is unsure of the meaning of the question, or what answer they want to give, or can't be bothered with the question…. Thus, this study did not provide a 'no response' option, required forced choice for the multiple choice, checklist and scaled questions, and gave a limited number of open questions for respondents to note any thoughts or concerns. On a technical note, the SurveyMonkey system provides inbuilt reminders and redirections (such as 'please give a response to question 'X' before moving on') in case the respondent fails to answer a question (de Vaus, 2002), and this was used in each of the questionnaires. Coding and interpretation of responses in this study will be discussed in Chapter Six - Data Analysis.

Survey literature suggests that another way to ascertain the depth of the respondent's understanding of the issues (to aid with interpretation of responses) is to use a question that asks respondents how confident they are in their answers (de Vaus, 2002). This study chose not to use this option for several reasons. Asking this for every question is likely to be seen as tedious by the respondents (the first two questionnaires have about 27 questions each) and so would be counter to the aim of keeping them engaged. Using a general measure at the end of the questionnaire asking about confidence across the entire questionnaire would yield data that is not sufficiently nuanced to be interpreted with any helpful result (and I suspect it would be aggravating to the respondents). Finally, again,

the respondents are chosen by virtue of having expertise in the area, so it seems not unreasonable to assume confidence in their responses; and, should they feel in any way uncertain, there was the option of them stating any concern they have in the open text fields, or by contacting the researcher directly.

5.2.5. Piloting/trial run

Novakowski and Wellar (2008) writing specifically about the Delphi method, and de Vaus (2002), du Plessis and Human (2007) and Landeta (2006) discuss the need for pre-testing or piloting, and offer suggestions about the different stages at which this can be undertaken (for instance, testing the broad ideas before the questionnaire is constructed; or trialling any, some or all of the questionnaires). Unhelpfully, there is no clear requirement about when or how to pre-test in the Delphi model (Turoff, 1970). As discussed earlier in this chapter, the questions and response options for the first questionnaire were underpinned by descriptive literature, research, theory, the researcher's knowledge of the area, and had consciously constructed options to seek a breadth of views, and so I did not feel it necessary to pre-test the broad content of items or options being put forward. In this study, pretesting was used, and occurred as a 'trial run' to assess the level of ease of use (is it understandable, and easy to complete?). Krosnick (1999) outlines a method of piloting called cognitive pretesting, where the pilot respondents sit with the researcher, who, at each question, asks what they are thinking and understanding about the questions to ensure the questionnaire is clear and being interpreted as the researcher intended. Although this method undoubtedly has merit, the tight timelines in getting each questionnaire out to the respondent group meant that this was not feasible for this study. Curtailing the pretesting to accommodate favourable turnaround times may be a limitation; it is certainly a conundrum.

To deal with this puzzle, two people who were part of the study's response panel agreed to pre-test and report their experiences via email to the researcher. The piloting took place sequentially, so that the suggestions made after the first pilot were incorporated into the questionnaire and the revised version was trialled in the second pilot. As well as asking about relevance of topics, clarity of questions and

adequacy of response options, the time taken to complete the questionnaire was noted, with the aim that it not exceed the 30 minute ideal suggested by Okoli and Pawlowski (2004). The potential difficulty with using people who are within the sample group to pilot the questionnaire is that, if the subsequent revision differs significantly they would have to complete a second version, which is likely to be frustrating for them, and so there may be a risk of them dropping out. On the positive side, given the purpose of the Delphi is for people to have time to consider their responses and modify them through the iterations, and that the questionnaires are completed asynchronously, there does not seem to be a concern about having them complete the questionnaire ahead of others in the group. There is no direct contact between the group members and so there is no chance of those who pilot suggesting responses to the others. Consequently, there does not seem to be any reason to believe that using members of the panel to pilot the questionnaire impacts adversely on the outcome or significantly deviates from the intended method.

The survey literature therefore is instructive in the design of the Delphi questionnaires and is used to maximise the response rate, retain the engagement of the respondents, gain the greatest depth of responses, and strong trustworthiness in the data collected. Attention will now be paid to the specifics of the Policy Delphi method, and so will build-on and refine the information gained from the survey and online delivery literature.

5.3 Integration of the method and the informing theories

In the research literature that reports using the Delphi method, much of the focus is on the pragmatics or technical issues - for example how people were recruited, the number of questions per round, time taken, etc - but there is little written in the method sections about the specific integration of policy theory into the method. This may be because the Policy Delphi was conceived as an aid to the policy analyst 'at any stage of policy development', rather than an attempt to undertake the entire process (Turoff, 1970). This study moves beyond that segmented focus, as it seeks to identify and appraise all the elements that are required by a state-level government policy, and integrate the principles of strengths based policy development. In order to achieve this, the study pioneers an extension of the Policy Delphi method by: showing how it can be integrated with strengths based requirements and social policy analysis theory; and then applies it to the entire process of developing a social policy. The following section shows the integration, and how this approach was achieved in the study.

5.3.1 Determining the number of questionnaires

The Delphi is an iterative process, which fits well with the recommended approach to social policy development that supports the notion of sequential consultation with stakeholders; as Bardach (2005) notes, with each iteration the policy analyst becomes more confident that they are on the right track. Neither the method or the theory, though, prescribe the number of iterations that should be undertaken, although, it is suggested that there should be at least three rounds in a Policy Delphi (Turoff, 1970). From a pragmatic point of view both the researcher and the panel need to have some idea about how many rounds are likely to be involved (that is, how much time they need to commit to the process) and so in this study a decision was made to predetermine the focus of each round, and so decide how many questionnaires were needed. To insure against the risk that there would be issues that remained unresolved in the predetermined time frame, participants were advised that the researcher retained a proviso to recontact panellists if further clarification was needed, beyond the proposed end point of the study.

The process of working out how many rounds would be sufficient was approached by integrating the requirements of the two methods (social policy analysis and Delphi) and refining the content of each questionnaire accordingly. A table showing the integration of the phases and content of the method with the theory, and their alignment to each questionnaire is detailed below. Although before this integration can commence, the researcher must make a decision about when to engage respondents in the process; and for both policy analysis and the Delphi there is a choice of (the same) two starting points. The first option is a 'green fields' questionnaire asking respondents to nominate the issues of interest or importance. This approach was not chosen for this study, for reasons including: not wanting to overburden the participants with an additional questionnaire, which may lead to a poorer response rate - research shows that the more iterations, the higher the dropout rate (Bloor et al., 2015; du Plessis and Human, 2007; Meskell et al., 2014); the need for the study to cover all areas of policy development (such as funding source or being explicit about all the theories underpinning the policy) which may not spontaneously be suggested by the panellists; and wanting to ensure the use of the most current research and theory to inform the policy. The second option is to have the question items and options initially defined by the researcher, informed by a critical literature review, which includes: legislation and political directions; underpinning theories and values; statistics and outcomes data; program descriptions and evaluations. Additionally, as recommended by Yin (2008) the researcher ensures that there are options that represent both the expected findings and those that suggest an opposite or differential position. In keeping with both the social policy analysis requirement that participants are included at all stages of the process, and the purpose of the Delphi being to expose new thinking, in this study there were also free text fields in each of the three domains, and an 'other comments' option. These fields allow the participants to record additional options for the next questionnaire, without expending an entire round on that. Thus phase one (discovery) is offered in a single questionnaire. Having established a starting point, the integration of method and theory evolved, and an outline of the rudimentary alignment is provided in the table below.

Table 5.1. Schema of the integration of social Policy theory and the Policy Delphi Method

Social Policy theory	**Policy Delphi method**	
	Questionnaire	**Task**
Recognition of need	One	
Collection of evidence	One	Formulate the issues
Construct alternatives	One	Expose the options - ensuring all options are considered
	One	Determine initial positions
Project outcomes, including unintended consequences	Two/Three	Identify the impacts and consequences of options
	Two/Three	Estimate the acceptability of any option
	Two/Three	Explore and obtain reasons for disagreements
	Two/Three	Evaluate underlying reasons
Confront the trade offs	Three	Re-evaluate options
Evaluation	Three	
Decide on the position and tell the story (write a coherent policy)	Three	

Table 5.1 illustrates that there are clear gaps in the ability of the existing Policy Delphi to meet the requirements of social policy analysis at this level and these are amplified when the integration is considered in greater detail, which will be reported later in this chapter. What follows for the rest of the chapter is the integration of theory and methods, and how the methods of this study were developed using this synthesized framework. The headings follow the stages of the Delphi method to clearly link the theory with the methods.

5.4 Implementation of the method

5.4.1 Before the consultation/questionnaires - selection of panellists

Before the first questionnaire is sent, the respondents must be identified, contacted, and agree to participate. Both the Delphi method and social policy theory require the researcher to seek a broad variety of opinions. Each recognises the need for the main stakeholders in the final policy to be included and to have their views heard, and so panellists are chosen to ensure representation of those groups (O'Flynn et al., 2011). In terms of strengths based policy making, the first principle, according to Rapp et al. (2006) is that the people who are the target of the policy should have their views and experiences represented throughout the process. The Delphi method is more particular and requires a panel that is comprised of people who are considered to have expertise in areas identified as germane to the successful development and implementation of the policy. How expertise is defined has been the focus of several articles. Particularly, Okoli and Pawlowski (2004) conducted a study that was reported in great detail, giving the specifics of developing a-priori criteria to determine if someone is considered to fit the 'expert' category, and this work is widely cited as the source for determining the composition of the panel. To give examples of how Okoli and Pawlowski (2004) suggest determining the criteria, for academics there is a focus on the number and quality of publications and conference papers; other panellists may be discovered through identifying well-regarded institutions and nominating positions at a particular level (for instance, senior researcher, or team leader or above). In general terms, the demarcation of experts for the panel in this study was defined as those who have lived experience in kinship care or professional expertise in any of the fields of family services, kinship care and child protection, and who could claim expertise in representing at least one of the practice areas of: the client's point of view; practice, or the worker's perspective; policy development; or, research.

Based in the method developed by Okoli and Pawlowski (2004) this study further developed its identification of potential panellists by:

- o Determining which Victorian organisations are active in the practice areas of child protection, family services or kinship care - academic departments, service providers, policy analysis or policy/practice development units; and
- o subsequently identifying the holders of high level positions that are relevant, to the study, in those organisations (for instance, the policy director or lead/principle practitioner), or
- o Identifying academic or professional individuals who have a record of academic publications, as well as grey literature, particularly conference papers, or
- o Naming individuals who are known for their experience in the practice fields, including personal contacts (Colton and Hatcher, 2004), or
- o The peak bodies or others who represent the client viewpoint (such as Kinship Care Victoria).

Also, a snow-balling recruitment technique was used (where those identified as forming part of the sample are asked to contact people who have like skills, experience or qualifications) to allow a potentially broader and greater sample size (Alston and Bowles, 2003).

Because of the need to balance the potential interests and positions of the members on the panel, when replying to their invitation to nominate, respondents are asked to identify the areas of expertise and fields of practice with which they most identify. These responses are appraised by the researcher to ensure the potential panellist fits the criteria before being confirmed as a member of the panel. Also balance in the numbers of people across the various groups is important; although, having said that, it was anticipated that those representing the client view would be in the minority for several reasons. Of the three fields of practice, extended family are only represented in one (kinship care, given they have no formal role in either of child protection or family services at this point); and there are very few consumer representative groups (for instance carer peak bodies) compared to the number of CSOs, universities and policy positions.

Additionally, the scope of the study did not allow for direct contact with clients, firstly, because identifying the kith and kin, of children who are living with their

parents while having substantiated concerns, would be difficult (as there are no programs that target this group) and secondly, because there were insufficient time and funds to provide the training and support that this group needed to be able to meaningfully participate in the study. Finally, in terms of balance on the panel, in these fields of practice, woman are overwhelmingly represented across all of the areas of expertise - the carers, workers, academics and policy analysts - and so it was expected that the gender breakdown of the panel would reflect this, although gender does not form part of the initial selection criteria. Age was also not considered to be a relevant factor, although experience is clearly part of the criteria.

Given that children and families are the end-receivers of policy in this area, Aboriginal and Torres Strait Islanders hold a revered place in the country and suffer overrepresentation in the child protection population, and the State Government, specifically the Department of Health and Human Services, is the ultimate framer of any policy in this area, it is acknowledged that they are all significant stakeholders, and therefore could reasonably be expected to participate in the process. So, at this point it is necessary to acknowledge that, and explain why, there were no children or families or representatives of the government, or Aboriginal or Torres Strait Islander people included on the panel. Their absence is clearly a limitation of the study and the suggested 'next steps' to remedy this are offered in Chapter Ten; for the moment, attention will be given to why these groups were not included in the current study.

The decision not to include clients directly in the study was made on a number of grounds. Clients, generally, have only specific knowledge of their own circumstances and not insight into the needs or strengths of families across the spectrum of the client group, which is needed to form a high level policy. In an attempt to address the lack of client participation in policy and other fora, a pilot program in New South Wales supported individual carers to become representatives of that group on policy and other committees, and provided specific training and 'the full range of research and resources as back-up at all times' (Delloso, 2007: 11). Delloso (a carer, and journalist by profession) reflects that training is invaluable, citing her own experience of it helping her to put her

'often unformulated and idiosyncratic experiences into a wider social and institutional context' (Delloso, 2007: 11). In this observation, she succinctly shows some of the difficulties and dangers of randomly calling for volunteers to participate in policy formulation, based only on their own personal experience and without specific support. The scope of this study simply did not allow the level of support and training that is required to ethically involve children, parents or extended family members. As a small redress to this, the panel included the two Victorian peak bodies that particularly represent Kinship carers (Kinship Care Victoria and the Foster Care Association of Victoria) as well as the peak welfare body from another state. Additionally, some professionals had personal experience of kinship care or had specific expertise in representing the views of kin carers.

There were also impediments due to the expected lack of DHHS cooperation (based on recent previous refusals of research applications to involve children in kinship care studies) in being able to involve children in any part of the study - leading to the well-based assumption that it would not be possible to secure the point of view of children involved. In Victoria there is no umbrella-body that represents the views of children within the child protection system who live with their parents (the CREATE Foundation represents children and young people in the out of home care system). Should engagement of children have been possible, the scope of the study resources does not allow the researcher to provide the potentially high level of contact required to support those children to fulfil the expected level of discussion, conceptualisation and commitment required for a Delphi study. So for these reasons, children and young people were not included in the respondent panel.

The government's policy makers were not included because, firstly, the Delphi seeks new and independent views, or as du Plessis and Human (2007) citing Powell (2003) assert, panel members should be relatively impartial (although interested) to the topic. In direct contrast to this requirement, bureaucrats necessarily need to advocate for the established policy direction of the government of the day, rather than offering a non-partisan and autonomous view. Banks (2008) states that the reality of public policy development in the public

service sector is that evidence is gathered to support an identified, preferred policy position, rather than being critically analysed. Secondly, members of the panel need to have a recognised expertise in the subject area (extended family and family support). The area of interest for bureaucrats is the implementation of government policies. Notably, Haigh (2012) cites her own and the work of other authors when she states 'there is a growing recognition that government agencies do not have the appropriate knowledge base from which to develop and implement effective public policy' (p. 144). This concern is supported by O'Flynn (in an address on the abilities of the Australian Public Service to deliver effective policy development) who opined '(W)hether we have the existing competences and capabilities to do this [deliver effective policy development] is, in my mind, unknown' (O'Flynn et al., 2011: 311) and quotes the statistic from an APS (Australian Public Service) survey that less than half of the agencies (public sector departments) seek feedback about their performance from the Minister (who, after all, is their primary stakeholder). The Sax Institute which 'is a national leader in promoting the use of research evidence in health policy' (The Sax Institute, 2015), is partially funded by the NHMRC. Frew, Director of the Sax Institute, writes that 'genuine collaboration between government and researchers in planning research projects that meet clearly defined policy objectives, is rare' (Frew, 2009: 52). In total, these opinions support the view that bureaucrats are recognised as not having expertise either the areas of practice nor in policy development (identified as necessary to participate in the panel for this study), and they have a particular agenda to fulfil. Thus, a considered decision was taken to not include representatives of the policy arm of government within this study.

The study also did not seek to specifically engage Aboriginal or Torres Strait Islander people, and this is clearly a limitation to the study and potentially the policy. It is the belief of the researcher that there needs to be sufficient consideration given specifically to Aboriginal and Torres Strait Islander issues within the study to warrant asking people for their time and expertise - and then, there needs to be a sufficient number of people participating in the study for it to yield findings of benefit to the Aboriginal community; without meeting at least these two conditions their inclusion becomes tokenistic. This was an investigative study seeking a broad understanding of the area and aiming to provide the basis

for a general policy, and given the limited time, scope and resources it was believed that the meaningful inclusion of Aboriginal and Torres Strait Islander people as a specific interest group was not feasible. Where the policy makes any recommendations about its relevance of provision to Aboriginal clients, the position needs to be discussed and tested with Aboriginal Community Controlled Organisations (ACCOs) and clients before being taken forward. This point will be taken up in Chapter Ten.

The above omissions notwithstanding, having determined which categories of people should be involved, the next question then is, how many experts is sufficient for the panel to produce a credible outcome? du Plessis and Human (2007) reviewed the Delphi literature and found that there was no recommended sample size; although others quote what they suggest is a 'usual' size - sadly these estimates vary greatly. For instance, Rayens and Hahn (2000) identifies 10 - 30; Okoli and Pawlowski (2004) 10 - 18; Novakowski and Wellar (2008) cite Turoff, who says that the aim is five, but three is sufficient to give overlapping responses, and in another paper, Turoff has suggested a panel can be between 10 - 50 people (although, it should be noted that Turoff was not specifically discussing the Policy Delphi in that instance). Regardless, in all, panel size is secondary to ensuring the breadth of stakeholder opinions is represented (Adler and Ziglio, 1996; Novakowski and Wellar, 2008) and that the numbers across the subgroups is balanced (Bloor et al., 2015).

The researcher retains an option to not include every person who responds, in order to promote evenness of representation across the fields of practice (in this study - child protection; kinship care; and family services) and areas of expertise (research and policy; practice and representation of extended family/kin perspective). In this study it was anticipated that the vast majority of the panellists would have experience in more than one field of practice and that many would have experience across more than one area of expertise. In fact, it was expected that it would be difficult to find distinct 'groups' given the potential breadth of experience each of the panellists were likely to have. Using the estimates from the research listed above, the aim in this study was for at least eight people to

nominate expertise in each of the practice fields and from this, ensure that there was a balance within the panel across the areas of expertise.

At a pragmatic level, once the potential panellists have been identified, contact details for each must be obtained. It is a requirement of the Monash University Human Research Ethics Committee (MUHREC) approval that all contact from the researcher is made via publicly sourced (email) addresses. For most potential participants, a specific email address is accessible from a public source (such as a university contact page) although for some people in management positions in Community Service Organisations (CSOs) personalised email addresses are not readily available. In these cases an email was sent to the 'enquiries' email address or via the 'enquiries tab' on the organisation's website, headed with "ATTENTION TO" the specific person or naming the relevant position (for instance, Manager of Family Services). Information provided to potential participants at this stage includes: the background to the study; how participants are chosen; the number and expected timing of surveys; expected length of time to complete each questionnaire; and a request that they pass the information to anyone the recipient thinks will be suitable and interested in participating - a practice known as snowballing (Novakowski and Wellar, 2008).

The purposes of this initial contact are to establish the person's interest and ability to be a part of the study, and also provide the opportunity for snowballing. A copy of the generic letter inviting people to nominate as panellist, and the explanatory statement about the research are provided in Appendices Ten and Eleven respectively. In each email the potential participants (whether selected or snowballed) are asked to contact the researcher to express interest in joining the study, as a check that their participation is voluntary, and to gently remind them that there is a selection process. Final selection of the panel is determined by considering: the potential panel member's anticipated ability to enhance the study based on their knowledge and experience (Colton and Hatcher, n.d.); their willingness and availability (du Plessis and Human, 2007) and the balance of expertise and areas of interest represented.

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In terms of the technical details of this study the invitation to participate was sent seven weeks before the planned commencement of the study and the invitees were given four weeks to respond. Reminder invitations were sent to anyone from the initial (identified) list, who did not respond by a week before the closure date for expressions of interest. The selection process took place immediately on closure and emails confirming (or not) the person's participation on the panel were sent as soon as possible after this. For those who were invited to be participants, this email was accompanied by further background information and a consent form (provided in Appendices Eleven and Twelve respectively) and was sent three weeks before the commencement of the survey, or on receipt of the expression of interest to participate when the person responded later than the 'cut off' date for expressions of interest. Participants returned the consent form either via their work email address (so it was clearly, uniquely linked to that person) or in hard copy, as they chose.

5.4.2 Conduct of the study

Taking the selection and initial engagement of the panel as complete, this section will deal with the administration of the questionnaires, and contact with the panellists - how the actual study worked. Dillman (1991) advises that questionnaires should be sent at intervals that are "carefully timed" and de Vaus (2002) also recommends considering the other time commitments of recipients, although, as previously noted, no-one seems to offer an optimal time frame for completing a questionnaire. To this end, the dates are chosen so they do not occur during school or university holidays and are not at a time associated with university submission/marking of assignments. On 20 May 2013, the identified potential participants were contacted by email or internet portal, and asked to confirm their interest by 17 June 2013 (four weeks later); in the week 17 - 24 June 2013 panellists were contacted to confirm their place in the study. (As it happened in this study, the people who nominated formed a reasonably balanced selection, and so no-one was declined membership to the panel). The study commenced two weeks after the panel was assembled, and was conducted between 7 July and 13 October 2013; formally, the timing of the questionnaires was: Questionnaire One was open from 7 to 21 July 2013; Questionnaire Two, from 11

to 25 August 2013; and Questionnaire Three, from 10 September to 4 October 2013. Clearly the issue of turnaround time is crucial in the administration of the questionnaires, and this is dependent on the panellists returning the questionnaires within the designated timeframe, and the researcher allowing immediate and sufficient time to prepare the subsequent questionnaire and panellists' feedback. In reality, the study allowed a week to 10 days after the formal close of the response time for each questionnaire (although this was not advertised to the participants) as it was anticipated (quite rightly) that not everyone would complete within the nominated time frame. Appendix Thirteen gives a dated time line for the various phases of the study, and a diagram outlining the tasks and timing is provided below. The time frames were very tight, and were able to be achieved because the survey was administered on line and so postal delays were not a concern, and because the researcher devoted large amounts of uninterrupted time to the analysis and presentation of the aggregated responses. In order to keep respondents engaged with the survey and the researcher, Novakowski and Wellar (2008) advise the researcher to establish a good working relationship with the respondents, for better satisfaction of the panellists and faster responses from them. To this end, within two days of a questionnaire being submitted, the panellist was contacted via email to confirm it had been received, to thank them for their time, and remind them when the next questionnaire would be open; participants were also reminded they could contact the researcher with any questions or comments via email. Reminder emails were posted to respondents who had not submitted the questionnaire at one week before and at three days after the closure date.
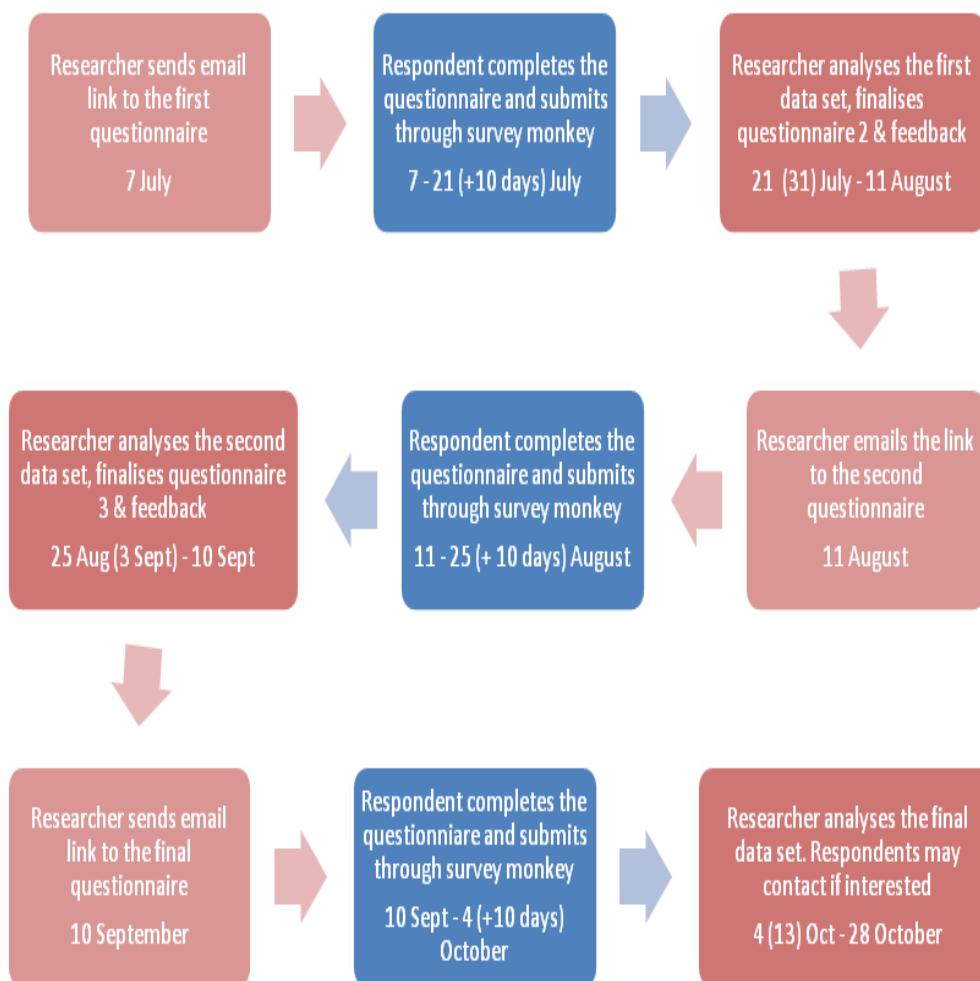
Diagram 5.1. The flow of tasks and timelines for the researcher and participants

The pragmatic detail of the method will now be discussed, using the Delphi's structure of iterative 'rounds' as the primary headings; and with the steps and elements of social policy analysis being specifically identified as sub headings. This approach means there are *many* subheadings, the aim, though is to convey the detail of the integration of the method and the theory.

Round One (Delphi)

Constructing the questionnaire

The focus of the first questionnaire is on ensuring that all the issues are identified and on establishing the level of importance participants attribute to each option in terms of its contribution to the formation of a policy, what Linstone and Turoff (1975) call determining initial positions. It is also possible to see if there are any areas of early agreement (either in favour or against any particular item). In total, in this study there were twenty-four main items that were constructed by the

researcher, and offered for the consideration of the panel. Most of the questions were presented in multiple choice or checklist format for ease of response and coding. Baker and Moon (2010) also utliised open ended responses to encourage the panel to formulate additional issues and goals, although de Vaus (2002) recommends that open questions are kept to a minimum. In this questionnaire, open text fields were used at the end of each of the sections as well as in the specific instances of identifying or including additional thoughts about: the type of support offered; referral criteria; culturally specific considerations; theoretical underpinnings and what an unchanged policy situation would yield. All but one of the open questions (that being the question about what the respondents would expect to see in an unchanged policy situation) were optional.

1) Recognition of need (Strengths-based Social Policy Analysis, step 1)

There are two prongs in the recognition of need, do we need a policy at all, and if so, what are the human needs that we should be addressing? Bardach (2005) suggests that the development of a policy always begins with thinking about what would be the outcome if the policy was not developed. Conversely, because the Delphi method was designed to be used as an aid to the development process, it assumes that the policy should be written and so, traditionally, does not begin with this concept. This is a gap in the traditional Delphi method in its fit to policy analysis. In this study, the first question in the first questionnaire was 'does there need to be policy in this area?'. If the panellist responded that a policy was not necessary, the automatic guidance on the SurveyMonkey took them directly to the final section that asked general and demographic questions, and not through the policy formation items. As long as the respondent answered 'yes' there needs to be a policy, they completed they entire questionnaire. At the end of the questionnaire, when the areas of intent, scope and essential elements had been canvassed, so the panellists were cognisant of the breadth and depth of issues, the questionnaire asked the open text question "If the policy situation remains unchanged - that is, there is no policy development in this area - what benefits and/or difficulties do you anticipate?" This question sought to gain an early estimate of the factors that might be used in evaluation to show success in the policy or program. The idea is to use the identified benefits to begin to consider what the aims or measures might be to show success, and similarly to use the

difficulties or indicators of no change as the basis for measures or outcomes that would show the policy had not been effective.

Rapp et al. (2006) state the strengths based policy development process should not commence with the usual problem focus, but rather seek to help people enact their human rights. In this study there are several areas of need to consider; particularly, but not limited to, how we ensure that children who have substantiated protective concerns, and are living with their parents have their needs for safety, stability and development met by the involvement of extended family in a way that is safe, respectful and sustainable for all parties (which, as well as clients, includes the experience of workers within the system). Also, rather than taking a deficit view of social difficulties, the foundation for this study is in the acknowledgement of the tenacity and care of a family who comes together to try to meet the needs of children and their parents. The involvement of extended family in supporting children and families is seen as a strength within their lives and for the system. Having said that, the language of most policy analysts remains one of being problem-based although, often, simply substituting the word 'need' for 'problem' allows a reframing of the perspective to occur.

It is important to state again that a strengths based approach does not suggest that we focus only on the positive and deny any concerns. As noted in the theory section of this work, Weick and Saleebey (1995: 148) so clearly state 'safety and security are always the first order of business', and so, establishing the degree to which the extended family should responsible for the child's safety, was the first item in the section looking at the intent of the policy. Other items provided options to address intra-familial tensions, if not feuds, and asked about working with people individually (not just focussing on parenting) as well as focussing on supporting their relationships.

2) Collection of evidence (Social Policy Analysis step 2)

Chapin (1995) advocates the strengths based idea of finding out what is currently working successfully for people in the situation that the policy aims to address. Unfortunately, the scope of study does not allow for the time and cost of identifying and contacting people who have been successful at remaining *out* of the child protection system, through the support of extended family - this would be a huge and exceptionally complex task. Also, there are no existing family support programs that seek to specifically engage with extended family, and so it is not possible to gain information that way. Even if finding people in this situation was possible, it is outside the scope of this study to be able to adequately educate and resource individual clients to participate and so, as a proxy, their views were represented by peak bodies and those on the panel who felt they have sufficient knowledge and connection to kith and kin clients. The evidence about the current situation for families and workers is therefore mostly derived from the literature review, which sought evidence of successful elements, approaches and outcomes of current family support programs, as well as identifying the needs of kinship carers. Additionally, evidence is collected from the panellists who are asked at the end of Questionnaire One to name any program or policy that is similar to the subject of this study.

3) Construct alternatives (Social Policy Analysis, step 3)

Bardach (2005) notes that it is best to begin with a comprehensive list of options and then discard or combine them to form the policy options - a variant on brainstorming, high rates of inclusion to begin with and then shaping or discarding. Specific points considered in this phase are: the entitlement (eligibility rules), or the 'bases of allocation' (Gilbert and Terrill, 2012); the forms of benefits or services delivered (Chambers, 2000); what should be the administrative or organizational structure for service delivery (Chambers, 2000; Gilbert and Terrill, 2012; Haigh, 2012); and ways to finance (Haigh, 2012). In this study, examples of questions that address these elements include: what should be the basic offerings of the program, what additional support should be offered; what are the preferred referral sources, eligibility, length of support, engagement with out of home care, conditions for re-referrals, identifying the target group; should this be a standalone service or allied to/integrated with another?, should it be a part of kinship care or

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family services, or should there be a different administrative arrangement; should the government redirect or find new funds?

Bardach (2005) also speaks of the need to introduce values and philosophy into the discussion at this point. Rapp et al. (2006) define the prioritisation of naturally occurring support (family and community) over formal intervention, and the understanding that participation in any program is voluntary, as two of the principles of sound strengths based policy making, and those values are integral to the development of this policy position.

Drawing on the work of Bessant (2008) it is clear that values across the stakeholder groups should be expected to differ and therefore the process (and the researcher) has to be able to facilitate hearing and understanding the various points of view, and allow participants to come to some consensus about the final values position of the policy. The values of the policy position are sought from the panel through questions that ask about the theoretical underpinning of any program that comes from the policy, and might be gleaned from questions that identify what should be the intent of the policy, such as questions about eligibility and re-referral criteria (which can indicate, for instance, the propensity to see things in terms of the deserving and undeserving) and types of support offered.

Pretesting Questionnaire One

The first questionnaire was piloted sequentially by two participants, using a variant of cognitive pretesting (Krosnick, 1999), which asks the person piloting to discuss their experience of completing the questionnaire in an attempt to identify any confusion, misunderstanding and gain a general sense of how the questionnaire is experienced by 'new eyes'. Additionally, this phase is used to gain an estimate of the time that completing the survey will take. The first pilot resulted in significant changes to the format of the questionnaire, while the content remained the same. For instance, the pilot survey asked for a rating, ranging from "should never be a part of the policy" to "crucial to the policy", for the item "Priority should be given to pre and antenatal families, infants and preschoolers". Feedback from the first pilot showed that this question format was too limiting as it did not allow the respondent to nominate other options about prioritising (such as priority should be given to

families at transitional points of the family life cycle) as it only allowed the respondent to record the level of agreement with that specific condition. The second iteration of the pilot questionnaire provided more options for each item. So, considering the previous example; this item changed to "priority should be given to (Choose as many as apply): pre/post-natal; infancy; preschool; school years; adolescence; major developmental transition points; age should not be a factor in deciding priority of service". There were no major changes originating from the second pilot, and so with minor, clarifying amendments, this was the version sent to participants. (The questionnaire is provided in Appendix Seven). Each pilot showed that, as anticipated, this questionnaire should take no more than 30 minutes to complete, as recommended by Okoli and Pawlowski (2004).

Implementation and data analysis of the aggregated responses (Delphi)

The first questionnaire was sent to the remaining participants (that is, everyone other than the two people who piloted) on 7 July, via survey monkey, with a reminder that the closure date was 21 July (i.e. 2 weeks). A late nominating participant was included in the study after the initial questionnaire had been sent to the larger group; the balance of numbers across the stakeholder groups was not unsettled by this addition, and indeed this participant was very active in making suggestions and comments and added great value to the final policy position. As each respondent submitted their questionnaire, the researcher sent a personalised email to confirm that it had been received, to thank them for their time and work, and to remind them of the expected date of posting for the next questionnaire.

A reminder email was sent to those who had not submitted the questionnaire by the requested date. A second reminder email was sent, five days after the nominated closing date, to the participants who had not submitted by that time.

Information from the first questionnaire was analysed using simple percentage comparisons of the multiple choice items, and thematic analysis that matched the free text items to the specific question topics. Where there were comments from the panellists that suggested additional items or options for consideration in the policy position these were added to the relevant part of Questionnaire Two. More

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detail about the analysis is provided in Chapter Seven - Data Analysis plan and findings of the study.

Round Two (Delphi)

<u>Constructing the questionnaire</u>

The second questionnaire specifically sought to understand the desirability ("your belief about whether the item is something you would want to see as a part of the policy") and feasibility ("feasibility asks if you believe this is something that could be implemented") of the items that are deemed important in the first round (Turoff and Hiltz cited in Adler and Ziglio, 1996). In this study, this questionnaire also began by asking if the respondents thought that policy development in this area was necessary, which repeats this inquiry from Questionnaire One, giving a point of data validation; and also a sense of whether, after consideration of the issues associated with policy in this area, the panel considered it was still worth pursuing.

The presentation of the second questionnaire essentially mirrors the format and content of the first questionnaire, the question order remains the same. The modifications to the questions in this study included that the options within each question were reordered according to the frequency with which they were chosen in the first questionnaire, shown in descending order (that is, the options considered most important were presented first in each question). The purpose of keeping the questions in the same order are: to provide consistency for the participants (keeping the order and content essentially the same); and, to help facilitate the comparative analysis of data gained across the two questionnaires (compare question one to question one). Modifications to the option list within each question occur either because there is a new option that is generated by the respondents (added at the end of the option list) or, where an option is overwhelmingly disapproved of, it is removed. The rationale for these changes is to show the panellists that their views are integral to the conduct of the study (through use of their suggestions in the new questionnaire) and to try to not frustrate them by continuing to offering alternatives they clearly dislike. This questionnaire must also provide aggregated feedback about the group's responses to Questionnaire One. Given the large number of questions and options in Questionnaire One, the approach here was to give the feedback from

each question immediately before the same item in Questionnaire Two. The thinking behind this was that if all the responses were presented together at the start of the questionnaire, people were likely to feel as though they were drowning in them, or may have just skipped over them, or they would have had the inconvenience of flipping backwards and forwards between the aggregated responses and the current questionnaire. Having said that, there may be an advantage in providing all the feedback together so people can identify patterns or themes in the responses, but, on balance, the focus on individual questions seems to give the greater benefit. Feedback to the panellists included the graphed aggregation of the responses to each of the scaled items, followed by a list of the free text responses that related to each particular question; other than some editing (for clarity or to ensure anonymity) or amalgamation of similar responses, the respondents' own words were reproduced. A copy of the panellist's own responses to Questionnaire One was also emailed at the time the second questionnaire is sent.

4) Project outcomes (Social Policy Analysis, step 4)

Chambers (2000) sees this as a more specific discussion of goals and objectives; and in this study, they were covered in Questionnaire Two and refined in Questionnaire Three. In particular, this is the stage of policy development where the panellists need to estimate the impact and consequences of any particular option (in Delphi terms, the desirability) and examine and project the acceptability of any particular option (in Delphi terms, the feasibility). One parameter in deciding the desirability of any option is that, for the policy to take a strengths based position, clients must be able to be involved in assessment and be involved in the choice of intervention - the outcome cannot be a cookie cutter, or 'one size fits all' response (Rapp et al., 2006). Also, Rapp et al. (2006) in defining the principles of strengths based policy making, require that the funding allocation is commensurate with what is needed to help clients redress structural difficulties they face as well as allowing them to develop the strengths they already possess; thus these values and principles form an essential layer in the analysis of potential options.

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In an article giving a critical reflection of the use of the Policy Delphi method Franklin and Hart (2007) report their use of Likert scale responses for the desirability and feasibility questions, and one of their suggestions is that there should be no 'no response' or 'neither agree or disagree' options presented. In this study, the ordinal points on the desirability scale are: not desirable, somewhat desirable, very desirable, essential. The nominal points on the feasibility scale are: not feasible, feasible but unlikely, feasible - so although there is technically a midpoint, the label does not offer a neutral response. No further clarification of what each of the categories meant was given, as they seemed self-explanatory to the researcher; on reflection, it can be argued that providing an explanation may give a firmer foundation to assert that the respondents had the same or similar notion as to what was meant by each label.

Although it is more the focus of Questionnaire Three, in this second round, each respondent has the opportunity to begin to consider the impacts and (unintended) consequences of particular options and to give reasons for any disagreements with the group's position; in Delphi terms, this is exploring and obtaining the reasons for disagreements (Baker and Moon, 2010). In this questionnaire, there are several free text fields offered (one at the end of each domain of questions) - predominantly for panellists to note their thoughts and concerns about items or previous responses, although they can record other reflections here as well.

Pretesting (Delphi)

The second questionnaire was piloted with one of the respondents, who was asked to comment on the clarity of questions and response options as well as the ease of use of the survey; the time taken to complete the survey was also noted. The feedback from this process yielded minor changes (clarification) to the wording of some questions, but the questionnaire remained basically the same, and so no further pretesting was done and the pilot response was included in the data.

<u>Implementation and data analysis of the aggregated responses (Delphi)</u>

The second questionnaire began by reporting some basic data about how many questionnaires were completed in the first round, the average years of experience in this area of the panellists (20 years!) and gave an aggregated, anonymous list of the panellists' responses about whether a policy is necessary and what outcomes they would expect in an unchanged policy environment. Then, for each item, the panellists' aggregated responses to each item in Questionnaire One (which asked about how important an option was) was shown immediately before the same/similar item in Questionnaire Two, which asked about desirability and feasibility. The questionnaire was sent via SurveyMonkey on 11 August to the remaining (non-pilot) participants, with a reminder that the closing date was 25 August. Each participant was emailed a copy of their responses to round one, to allow a comparison of their ratings to the amalgamated responses of the whole group. At the midpoint of the survey being open, on 19 August, a reminder was sent to the participants who have not completed the survey. A further reminder was sent on 27 August, giving an extended closing date of 3 September, to those who had not submitted at that time - each reminder carried the link to the survey. Each respondent received a thank you email within a two days of submitting the questionnaire; and was reminded of the proposed dates for the final questionnaire.

The analysis of data for this questionnaire involved simple percentage calculations for the desirability and for the feasibility of each response, which were then statistically evaluated as supporting the item or not. Again, qualitative comments were coded against the item to which they referred, regardless of where in the questionnaire they were written.

Round Three (Delphi)

<u>Constructing the questionnaire</u>

In this round, the focus is on member checking the points of agreement to help to show the trustworthiness of the data; as well as negotiating consensus on policy goals (Chapin, 1995), which includes the panellists giving final deliberations about the projected outcomes (Bardach, 2005) and making final decisions and suggestions about the purpose and anticipated outcomes of the policy. The first item in this questionnaire was a synthesis of all the agreed points (determined

using a confidence interval formula) into the basis for a single policy position. There are then questions that: seek to gain an in-depth understanding of the contentious issues; ask for thoughts about improving the feasibility of the items considered highly desirable; and, enquire about how the policy and any program might be evaluated. The open question format was used to allow panellists to respond as broadly and creatively as possible, and because there were fewer questions, the requirement for coding was not as onerous as it would have been for the earlier questionnaires.

As for the previous rounds, SurveyMonkey was used to deliver the questionnaire, and an email is also sent to each participant, which contained a copy of their responses to Questionnaire Two. Participants received the final questionnaire on 10 September, and the closing date was set for 4 October. This is a slightly longer time frame than the earlier questionnaires, as the responses were all open field and required greater time and potentially more thought to complete. A reminder was sent at the midpoint of the survey, on 21 September; and a further reminder was sent on 5 October, the day after the survey closed, which gave an extended closing date of 13 October. Respondents were able to access their completed survey and amend it, until the closure of the round. Each respondent received an email from the researcher thanking them for completing the final questionnaire and for being a part of the study; they were also advised that they could contact the researcher if they wanted to know the results from the final round.

4) Project the outcomes (Social Policy Analysis, step 4)

This step has commenced in the previous round, and so only new considerations for the method at this stage will be presented here. The first question in this third and final questionnaire asked if the researcher's synthesis of the agreed points was acceptable, represented what each panellist understood to be the items agreed, and asked for comments; in social policy terms, this is estimating the impact and consequences of the synthesized data (Baker and Moon, 2010). This approach is informed by Chambers' (2000) advice, in regard to social policy development, that there needs to be consideration of the interaction of the proposed elements. Additionally, panellists were asked what would make the agreed position more viable or increase feasibility.

Where the group's previous responses to any item showed no clear position about whether it was accepted or rejected in terms of being important, or desirable or feasible, respondents were asked to try to offer a resolution and in particular to note what the unintended consequences may be if any one of the options was the final position. To illustrate, the generic question template was "Please comment on the place of *this particular item* in to the policy, and what may be the unintended consequences of requiring *this item* or the unintended consequences of not requiring it." This change in perspective encourages the panellist to shift from feeling stuck about determining if the item can 'work' in the policy, to thinking about whether there is any harm in including it (or not including it).

5) Confront trade offs (Social Policy Analysis, step 5)

This phase of policy development is represented in the Delphi method as 're-evaluate the options'. In this study, items to be re-evaluated were those which the group considered either highly desirable but not feasible, or where the researcher believed the desirable items were infeasible when taken together. In this study, it is expected that one category of trade-off will stem from items that are considered highly desirable (the group wants them in the policy) but have low feasibility (it seems unlikely this will be able to happen). Another driver for needing to trade off was likely to be the reality of very limited funding, and so not everything that was considered desirable was feasible.

6) Select measurement and evaluation criteria (Social Policy Analysis, step 6)

'The systematic evaluation and review of policy have not been pervasive—and arguably have been less evident in the social and environmental domains than the economic' (Banks, 2009: 4)

In this study, Questionnaire Three asked how the participant would know if the policy was performing effectively. Specifically, there was an item in that asked about the types of measures that should be used to show the effectiveness of the policy. This item also tied to the question asked in Questionnaire One - 'what would be the impact of an unchanged policy position' - which allowed a comparison between what the experts believed would be the outcome if nothing changed as opposed to what they expected if their new policy position was

successfully implemented. So, given adequate time to take effect, should the outcomes that were identified as likely if there was an *unchanged* policy position occur after the policy is enacted, it could be concluded that the policy or its execution have failed miserably.

Pretesting

The final questionnaire was piloted by two of the respondents for clarity and ease of response. Slight formatting changes were made, but the questionnaire remained essentially the same as that sent for piloting, thus, these responses were included in the final data.

Implementation and data analysis of the aggregated responses (Delphi)

In the current study, the presentation of Questionnaire Three differed significantly from One and Two, and did not follow the previous format based on the three domains (intent, scope and program elements). The changed format reflected the group agreement about the desirability and feasibility of many items and options, and so the researcher was able to integrate those responses into a synthesized statement, which was presented as the basis for a policy position. The aggregated information about each of the items that were included in the response were presented as a block before the synthesised statement was given - reflecting the practice of the earlier rounds. Respondents were asked to comment on this policy base - is it desirable, does it seem feasible and what might be the unintended consequences of such a position?

The rest of the questionnaire dealt with the items that remained contentious in the group's opinion, and sought respondents' views about what might constitute helpful and reasonable evaluation of the policy and any program derived from it. These conundrums were presented as individual questions, with the direction to comment on how the situation should be resolved. In all, Questionnaire Three asked seven qualitative questions with all but one of the responses in free text format.

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This study did not formally send the outcome from round three (the final round) to the participants, but they had the option to contact the researcher with any further questions, and to request the outcome of the final questionnaire.

7) Decide on the elements of the policy and tell the story - write the policy (Social Policy Analysis, step 7)

The items, which form the elements of the policy, were analysed according to the data analysis plan in this Chapter, which is outlined under the headings *Implementation and data analysis of the aggregated responses*, and in Chapter 7.2 *Data analysis plan for the questionnaires.* Briefly, as described above, in round three the group members were asked whether they agreed with the initial position, which had been synthesized by the researcher from their earlier agreed responses. And in this study they did. Thematic analysis of the open text fields gave the researcher a final group standpoint, and an understanding of the strength of feeling that the panellists had for items being either necessary or of concern across each of the domains. This additional information was then incorporated into the existing, initial policy position to form the final policy position, which is reported in Chapter Eight.

> Having worked extensively with adults who have been in the care system and with their still grieving families, I am convinced of the need for a different level and type of engagement with families of children considered to be at risk, Best of luck on behalf of families in trouble (Respondent, Professor)

Chapter Six
Data Analysis and the technical aspects of the Methods

As the Delphi method is of interest from a technical point of view, as well as for the content it delivers, this Chapter will deal with the technical findings related to the methods. It will initially outline the plan for analysis, then report on the findings. This Chapter precedes the study's findings presented in Chapter 7.

6.1 Technical issues and their analysis in a Policy Delphi method

Because Delphi studies are so dependent on the recruitment and retention of the panel, quantitative data about the 'how many' and 'when' can be of as much interest as the qualitative who and how of obtaining the expert panel. The content reported in the literature is variable both in terms of whether the statistics to do with the technical aspects of Delphi method are given at all, and what is disclosed when they are. In this thesis, figures are given for how many people were approached to participate, what was the timing, when reminders were sent, how many people constituted the panel, and comments about expected rates of retention and attrition.

Additionally, there is attention given to how many questions and options were offered (what it was the panel had to deal with) and the progress toward agreement or identifying areas of contention in each iteration.

6.1.1 Panel size and balance of stakeholders

As identified in the Methods Chapter, the aim was to secure at least eight people with significant experience (as pre-defined in the eligibility criteria) in each of the areas of expertise, and eight in each of the fields of practice, with the expectation that many of the panellists would have more than one area of expertise, and experience in more than one field of practice. It was anticipated that people who represent the clients' view would form a smaller number within the panel than other groups. The demographic information sought from the panellists in the first questionnaire relates to the selection criteria - to allow analysis of whether those criteria conditions are met, and an analysis of how much overlap there is between

the groups, or whether discrete main stakeholder groups can be identified. A summary of job titles and an average of the years of involvement in this area of work will also be reported, as a way to evaluate the credibility and authority of the panel's recommendations.

6.1.2 Panel retention and attrition

Bloor et al. (2015) report that 'high rates of panel attrition' can be one of the difficulties in using this method, although they do not quantify what that might mean. Brown (2007) reports on a three round Delphi where participants could opt in and out; of the 256 original participants, fifty (20.6%) completed all three rounds, with an average participation rate of about forty per cent in each round. Other studies have reported response rates of: in a purposively sampled group of seven, using three rounds, fifty-seven per cent; twenty-eight per cent; and zero per cent, respectively (Bloor et al., 2015) as compared to Meskell et al. (2014) who achieved an astounding ninety-six per cent; ninety-eight per cent; one hundred per cent with a panel of fifty - she does not say if respondents could opt in and out but even if they were dropped from the study if they did not respond, she lost only three participants from go to whoa. Franklin and Hart (2007) began their study with twenty-two panellists, but only seventeen continued to the end. Rao et al. (2010) began with twenty-three experts, and received seventeen responses in round one; subsequently corresponding with the seventeen. In round two, there was a one hundred per cent response rate, then ninety-four, and finally seventy-one percent for round four. Rixon et al. (2007) had an eighty-eight per cent response to his first round and then reported that it dropped for the subsequent rounds, but did not give specific detail. Baker and Moon (2010) give an initial size of the panel, but don't report on retention; and in a recent review of the Delphi literature du Plessis and Human (2007) discuss the size of the panel but not retention or attrition. Okoli and Pawlowski (2004) go into great detail about how to identify experts for the panel, but do not report on attrition or retention of their study. Then, there is the Dillman (1991) estimate for mailed questionnaires, a response rate of sixty to seventy percent can be expected for respondents who do not have a low level of education. Thus, it is difficult to make any specific judgement about the expected retention rate; the polar ends being the assumed ninety-seven percent retention of

Meskell et al. (2014) and a final round of no responses (Bloor et al., 2015) both are remarkable and it is unlikely that either would be the expected rate. The studies that had a similar size panel to this one (about twenty two) retained an overall response rate of about seventy-seven per cent for three rounds, and so this will be used as the figure for comparison for this study.

Whether the respondents feel engaged with the researcher has also been identified as a factor in their retention, although no information about this was sought directly in this study, and there does not seem to be a reliable proxy measure (other than retention). This is a limitation in understanding the success or otherwise of the method, and the 'if I had my time over' suggestion is to include agreement to post study contact about the method as one option in the study's consent form, to be able to explore this issue.

6.1.3 Response rates and timing

Analysis of the specific response rates and times (whether they responded within the set time frame or outside it) for the panellists, when reminders and thank you notes were sent is reported. Where panellists did not respond to a round, there is analysis of how many, the timing and impact of reminders on the response rate.

6.2 Technical outcomes of using the Delphi method

6.2.1 Recruiting participants

To begin at the end of this process, the participants in this study were of very high calibre, which adds to the importance of the findings. The positions held by the twenty-four final panellists included: Professor/Associate Professor (5); head or senior manager of a peak body (3); manager of family services, child protection, out of home care program or policy unit in a large CSO (9); Director of social policy/research unit (1); specialised researcher in kinship care (2); PhD (1). The other panellists held senior positions in practice or in policy development in one of the nominated fields of practice. Panellists were asked if they would like their participation to be acknowledged in this thesis, not all accepted; a list of those who agreed (and signed a consent for this) are listed in Appendix Fifteen. Table 6.1 gives figures with regard to the process of recruitment.

Table 6.1. Outcomes for the recruitment of panellists

	Emails sent	Identified potential participant contacted	'Snowballed' candidate contacted	Potential participants refused or not contactable	No response
Initial contact	33	9	6	3*	21
Reminder email	24	7	4	1	13
TOTAL	**57**	**16**	**10**	**4**	

*Two addresses returned the email as 'unknown recipient' and no other open source was found to contact either.

As discussed, panellists were approached via their own email address, or through an 'inquiries' tab if their address was not publicly available. In cases where more than one person responds to an invitation sent via an 'inquiries' address, the most

senior staff member in each program area was considered to be the initial contact and other participants were recorded as having been snowballed, on the assumption that the request was addressed to and therefore opened by the senior person, who then 'snowballed' to those further down the hierarchy. The technique of snowballing worked well for this study, securing ten of the final twenty-six respondents, although how many people were contacted to achieve this number cannot be known, as the study did not make this inquiry of the participants.

Final selection of the panel is determined by considering the potential panel member's anticipated ability to enhance the study based on their knowledge and experience (Colton and Hatcher, n.d.) and their willingness and availability (du Plessis and Human, 2007). Expressions of interest are analysed to try to achieve balance across the stakeholder groups, with the aim (for this study) of having eight panellists with expertise in each of the practice fields and each of the areas of expertise. Based on their reports of their primary area of expertise, given in the response to the invitation to participate, the potential panellists (responses received from twenty-four of the original twenty-six) had the following breakdown: carer representation (3); policy development (3); direct practice (10), and academia (10). The low number of carer representatives was not unanticipated, and it is believed that other panellists would have some experience in being able to also represent the extended family viewpoint. Similarly, policy analysis in this area is expected to have a lower primary rating, than academia or practice, given the lower number of policy development positions compared to those in universities or practice settings. Given the size of the responding group, and the researcher's understanding of the breadth and depth of experience of those who nominated, it was decided that they would all be asked to participate.

Questionnaire One pursued this issue further, by offering a matrix where the areas of expertise formed the rows and the fields of practice formed the columns. The panellists were asked to check the cells that showed each of the areas in which they believed they had sufficient experience and expertise to represent that particular view point (tick all that apply). The breakdown of the group's responses is given in the table below.

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Table 6.2. Breakdown of expertise across fields of practice and areas of interest (more than one possible) for panel members

	Child protection	Family Services	Kinship	Total
Practice	6	8	7	**21**
Research	3	7	8	**18**
Policy	4	7	9	**20**
Carer/ client	N/A	N/A	4	**4**
Total	**13**	**22**	**28**	

As anticipated, many of the panellists had several areas of practice experience and also had more than one area of expertise (so for instance, it was not unusual to have people with practice and academic experience; academics who have policy experience, and policy writers with research experience across several fields of practice). On average, respondents nominated between two and three areas of experience and expertise. The average length of time the panellists had been working in these areas was twenty years. There was no clearly identified discrete stakeholder group, given the large overlap of skills and experience.

6.2.2. Panel attrition and response rates to the questionnaires

Fourteen people completed all three questionnaires (nearly sixty per cent); with a further seven completing two of the three questionnaires. Of the two people who submitted only one questionnaire each - one submitted a completed questionnaire after the analysis period and so this was unable to be included in the analysis or response rate; and the other submitted one questionnaire that was about half completed. Only one person did not respond to any of the questionnaires and two people withdrew during the first questionnaire - one stating that he believed he did not have the specific knowledge to participate; the other respondent declined to reply to an email enquiring about her withdrawal. The number of comments varied

between the questionnaires, and between the respondents. A table summarising the completion rates and numbers of comments is provided below.

Table 6.3. Summary of Responses to each of the three questionnaires

	Questionnaire One n = 26	Questionnaire Two n=24	Questionnaire Three n=24
Completed ˜	21	19	20
Submitted incomplete	2*	0	1
Not submitted	3	5	3
Panellists who made comments	20	7	21
Number of (disaggregated) comments	108	18	248
Panellists who withdrew	2*	0	0

~ This number includes the pilot questionnaires; note one panellist did not submit any of the questionnaires, but did not formally withdraw from the study

* The same two panellists submitted incomplete questionnaires and then withdrew from the study

In general the level of engagement of participants seemed high. As well as the number of surveys returned, this can be judged by their level of engagement with the researcher, although no formal measure or inquiry was made about the panellists' views. Some participants contacted the researcher via email (generally in response to acknowledgements by the researcher): to confirm their interest in the study; to direct the researcher to other articles of interest; and on several occasions, thanking the researcher for the reminder email and noting that it had been helpful to receive this.

6.2.3 Round One

The first questionnaire was sent to two people (who piloted) and then to the remaining twenty-three participants. A late nominating participant was included in the study after the initial questionnaire had been sent to the larger group, bringing the total number of participants to twenty-six. Sixteen people completed the questionnaire within the nominated time frame (two weeks) - a response rate of sixty-two per cent. A reminder email was sent to those who had not submitted the questionnaire by the requested time - this resulted in a further four responses, along with the response from the later applicant. A second reminder email was sent five days after the nominated closing date, to the three participants who had not submitted by that time. Of the three non-responders, two participants' email auto responses indicated an absence of several weeks, and indeed, no response was gained from those respondents to this first questionnaire (although one of them did complete the questionnaire later, but as it was received after the analysis had been completed, it was unable to be included). No response was received from the other panellist. Two other people (from the initial response group) withdrew before completing the first questionnaire. Thus at the completion of round one, twenty-one complete responses were received from a potential twenty-six giving a final response rate of eighty-one per cent, which is slightly higher than the average seventy-seven per cent that was the benchmark for this size group.

Round One findings that influenced the technical development of Questionnaire Two

The Delphi method requires that the researcher offers more refined options with each iteration, being directed by the beliefs and statements of the panellists as expressed in the preceding round. Of interest for the technical aspect of the study is how many changes, additions and deletions were made. There will be some mention of the content of the changes so the process is grounded in the study itself, although the findings of the study, in total, will be reported in the next Chapter.

In this study, the findings from Questionnaire One and the refinements that were made as a result of these were:

≈ On two occasions there were two questions where the panellists' responses suggested they considered the questions were asking the same thing (these were questions about the conditions for referral and re-referral; and about the length of time for which support that should be offered). Questions 13 and 14; and questions 11 and 16 were merged to form two aggregated questions, respectively;

≈ The responses to two questions suggested the panellists needed to be able to discuss the issues in more detail. A qualitative comments component was added to two questions: question 16 - about the conditions under which re-referrals would be accepted - given the group's response was clearly that re-referrals should be allowed; and question 22 which considered whether training should be mandatory - the group response was variable, and there was some suggestion that it should be mandatory for some topics, thus the additional question asked the group to say specifically, which areas should be mandatory (and a list was offered, that was derived from the literature, with the option for panellists to add their own suggestions);

≈ From the analysis of the free text field responses, additional options were identified for three items - that is, the panellists made comments that were converted into options for specific items. In particular, options were added to: Question 18 - administrative funding and program situation - three options added; question 26 - what should be offered in the direct work with clients - two options added; and question 27 - other optional areas of work focus - two options added. All options were derived from comments made by the panel, the researcher did not add any further items or options;

≈ There was clear agreement (defined as an item having 70 per cent support - see the data analysis plan for the study in Chapter Seven) about the importance of twenty-seven options, which were contained in seven items;

- ≈ Ten options received no support at all; and where there was clearly little or no support for an option (generally defined as ten per cent or less) or where there was clearly very high support for the some options (generally defined as over seventy per cent) within an item, the lower rated options were discarded or the item was modified to reflect these findings (this happened for twenty options across six items);

- ≈ One option that had minimum support in the first round (targeting the program at life transition points, particularly infancy, commencement of school and adolescence) was retained as the panellist's comments made clear there was strong research evidence for prioritising these groups.

- ≈ There were three broad, open text fields (one in each of the domains) and eight related to specific questions. The responses were disaggregated (when a panellist made comments that applied to more than one item in the questionnaire) and the component parts of the comment were matched to specific items for analysis, yielding 157 comments.

6.2.4 Round Two

The second questionnaire replicated twenty-four of the twenty-eight items asked in the main body of Questionnaire One. (Demographic questions, and those relating to knowledge of any similar policies, and beliefs about an unchanged policy situation were not repeated).

Questionnaire Two was sent to twenty-three participants (so, with the one pilot case, there were twenty-four questionnaires in all). A reminder was sent to the participants who had not completed the survey at the midpoint (one week after posting and before submission was due); fourteen people responded within the requested time frame (two weeks); a response rate of fifty-eight per cent. A further reminder was sent to any panellist who had not submitted, three days after the advertised closure of the survey, giving an extended closing date of a further week. This resulted in five more responses, giving nineteen responses from a possible twenty-four; a final response rate of seventy-nine per cent, which is minimally higher than the seventy-seven per cent benchmark.

Round Two findings and the development and presentation of Questionnaire Three

Again, the findings from round two informed the development and presentation of the next questionnaire. There was a high degree of consensus across the group, with there being agreement for fifteen of the twenty-four items. The refinements to the items and options offered in Questionnaire Three as a result of the findings for Questionnaire Two were:

≈ Of the seven additional options included in Questionnaire Two, derived from the panellists' comments, four gained agreement from the group. There was a high rate of agreement for at least one option in many of the items and the agreed options were synthesized to form the basis of a policy position, which was offered for comment as question one in the third questionnaire.

≈ Four items that individually had high desirability and high feasibility, when taken together became infeasible (essentially, no age-related criteria, whether the child had lived in out of home care was not a consideration, no time limit for involvement with the program, no cap on re-referrals); one question was developed that asked about increasing the feasibility of those items.

≈ There was a lack of clear agreement about the preferred position for four questions; panellists were asked to offer suggestions to resolve these dilemmas in the third questionnaire.

The qualitative data from the open text questions was disaggregated, yielding nineteen comments and these were coded against twenty-one items.

6.2.5 Round Three

Questionnaire Three varied significantly in its presentation to the earlier two. It offered free text as the only response option for each of its six questions, with a final open text box for general comments.

Twenty-three participants received the final questionnaire (as well as the one pilot case) with a three and a half week time frame for completion. Respondents were able to re-access their completed survey and amend it until the closure of the round; only one person chose to utilise this option. A reminder was sent at the midpoint of the survey, and fourteen responses were submitted by the closing date; a response rate of fifty-eight per cent. A further reminder was sent the day after the survey formally closed, giving an extended closing date of a further week, which yielded seven more responses, although one was incomplete. At the closure of the final survey, twenty-one responses had been received (with twenty being complete) from a potential twenty-four respondents; a response rate of eighty-eight per cent, which is considerably above the goal of seventy-seven per cent.

All the responses for this round were qualitative; a disaggregation of the responses coded against the question/item areas yielded 406 comments. There was sufficient agreement to be able to form a policy position, and to note the areas that had been considered and discarded, as well as those where there may be value in reconsidering the final position - these form a part of the policy as well, and the policy position is provided in Chapter Eight.

6.3 Conclusion

Overall the technical findings add to the body of literature about how to conduct a successful Delphi method - it is reasonable to consider this study technically successful given the accomplishment of recruiting the number and quality of experts as per the recruitment protocol, the higher than anticipated response and retention rates, and the fact that all administrative, technical and subject matter requirements were met by the researcher. The following chapter details the content findings of the study.

Chapter Seven
Data analysis plan and Study Findings

'So the problem is not so much to see what nobody has yet seen, as to think what nobody has yet thought concerning that which everybody sees' (Shopenhaur, 1851, *Parerga und Paralipomena*, trans. Amy West)

This chapter reports the plan for the analysis of the data received from the questionnaires and shows how the plan is directed to provide trustworthy and credible findings (and where there was a deviation from this plan, what and why that occurred). It then discusses the presentation of the results, and finally gives the findings of the study itself.

7.1 Trustworthiness and confidence in the data and its analysis

The early part of this thesis contains information which reflects on the role of the researcher in the research process in an attempt to set aside undue influence on the process or outcomes of the study. This also gives the reader a basis for determining if biased outcomes emerge in the study (Trotter, 2016). Efforts to minimise the influence of the researcher are inherent in the Delphi method, which is a particularly open process. They include:

〉 the use of Likert scales for participants to be able to quantify the strength of their own responses, which also means a broad understanding of the group's position can be given in simple numbers and graphs rather than relying on the researcher's interpretation;

〉 member checking (Brown, 2007; Franklin and Hart, 2007) through the group's responses (in aggregate) being returned to the panellists. The quantitative data were presented in graphic form and all qualitative comments were repeated, mostly in the respondents' own words, unless there were several similar comments that could be summarised, flanked by a bracketed number to show how many people had expressed that view;

〉 predetermining which quantitative formula was used to determine what constituted agreement; and

〉 how an assessment of what to include or exclude is made.

Additionally, in this study, trustworthiness has been enhanced by:

⟩ the high level of detail recorded about the method;

⟩ the number of participants and their level of expertise gives credibility beyond that of an outcome based on a literature review and the experience of a single individual (i.e. the researcher);

⟩ Panellists were also able to contact the researcher directly (via email) to discuss concerns or ask questions, which helps to establish authenticity (is this really the way the participants view the world? Neuman, 2006);

⟩ Options were added into the surveys which were at variance with the researcher's views, to promote a wide scope of options. Open text fields were offered in each of the questionnaires so that participants could comment if they were not in agreement with the interpretation of the data.

⟩ Testing the policy position's refutability, which is a concept describing whether a thing is reasonable, believable and reflects how the panel sees the world (Trotter, 2016). The researcher constructed an initial policy position by synthesizing the panel's agreed points. This position was tested in the final round, by being presented to the panel for their response about whether they agreed with that interpretation, and whether it was considered to be desirable and feasible.

In sum, the methods generally, and their implementation specifically in this study, have given the results a high degree of trustworthiness.

7.2 Data Analysis Plan for the Questionnaires

7.2.1 Questionnaire One

Because this is the initial questionnaire, there are demographic data that form a part of the questions that will not be repeated (and so will not be a part of further analysis) in other rounds. This data is generally presented as an aggregate or summary, to show the depth and breadth of experience of the panellists (which is helpful for both reassuring them that they are participating with people of similar qualifications and expertise; as well as helping to establish the trustworthiness of the data through the demonstrated credibility of the subjects of the study). There is also the technical analysis with regard to how many questionnaires are sent out and how many returned (which is sent back to the panellists at the start of the next questionnaire, and subsequently forms a part of the technical findings about the method) which aims to remind the panellists they are part of a group.

The items in Questionnaire One were offered mostly with multiple choice (choose one) or checklist (select as many as apply) options with the purpose of determining which items and options are considered important to the development of a policy in this area. Analysis of these questions is a calculation of simple percentages for each option within an item. Where any item or option receives less than ten percent support, the belief was that the group had chosen to reject that option and so it was discarded from the next questionnaire, but retained within the results and discussion parts of the study. At a practical level, the responses are recorded in a table format, showing the percentage of responses for each option per item in the rows.

For the questions where the format is open text, SurveyMonkey delivers a table showing each panellist's response to each question. As there were only a few text fields, mostly placed at the end of the sections (and twenty-seven items to consider) it is likely that the comments in any one box will refer to more than one item in the questionnaire. To deal with this for analysis purposes and to unlink the respondent from the comment (so the comments are analysed without consideration of who made them) a qualitative data template in a grid structure was used. The top row lists each of the options (per question) individually (that is,

one column each). Additional columns (fields) are also added, with the expectation that there will be comments that are a corollary to those asked - for instance a comment about the benefits or dilemmas associated with policy development generally, or comments about program implementation.

The analysis is conducted by: deconstruction of each response into constituent parts (where there is more than one point made in a single responses box); the individual points are then coded against one of the study's items (questions) or the additional fields. A taxonomy approach is used - that is, the comments are simply grouped under a heading (item) and not attributed to the particular participant - to aid the anonymity of responses. The responses pertaining to each item are then coded again, to show agreement, areas of contention, and the breadth of responses or thoughts in each, which gives the researcher a consolidated view of the panellists' qualitative responses. The 'other comments' are also analysed thematically to extend the coding options, which may prompt additional questions in the next questionnaire or enhance the findings.

In some Delphi studies it would be possible to also analyse responses per stakeholder group to identify differences and convergence of opinion - in this particular study, though, the analysis of the expertise of the panellists showed that each panellists had multiple areas of practice experience and fields of knowledge and so there was no easy way to isolate particular groups. Thus, all the analyses conducted used the data from the entire group.

7.2.2 Questionnaire Two

Analysis of the data for round two begins with establishing whether each option is considered desirable or feasible or both by the group, as reported on four and three point Likert scales respectively. This analysis proceeds by simply calculating a) on the desirability scale, how many respondents rated the option as either "essential" or "very desirable"; where respondents marked the item as either "somewhat desirable" or "not desirable", the study considered the item to not be supported. Then, b) for the feasibility scale, only those items rated as 'feasible' were considered to be supported - meaning those rated "feasible but unlikely" or "not feasible" were considered to be not supported.

At this point of planning the analysis, it is necessary to make a decision about what the benchmark will be for establishing that there is a consensus to include or exclude particular options or items. Rayens and Hahn (2000) note that the approach to measuring consensus is the least-developed component of the Policy Delphi method (citing Crisp, Pelletier, Duffield, Adams & Nagy, 1997) and that how the point of consensus is determined varies from study to study. Rapp et al. (2006) understand that gaining unanimity seems to be an unrealistic task and suggest that 'the majority of the group could agree on the goal of the proposed policy and later generate a variety of options reflecting varying opinions and perspectives from which the client population may choose' (p. 5). Kay (2011) cites Bardach (1999) who makes the important distinction that it is consensus not unanimity that is needed and refers to this as 'sufficient consensus' meaning it will attract 'an adequate degree of political support to ensure that policy can be effective and move forward' (p. 241).

In this study, a confidence interval formula was used to determine when the participants' response rate represented a 95% likelihood of the item being supported by the stakeholder groups (the true population). The underlying assumption is that the respondents were a representative sample of those who potentially could have been involved in the study - that is, of those who are well qualified and have extensive experience the fields of practice and the areas of expertise, and so can speak with authority in determining the policy

considerations. Rao et al. (2010) and Meskell et al. (2014) each used a figure of seventy percent or greater to show the participants' endorsement of any item as having received consensus that it is important. This figure was tested in a confidence interval formula to show its validity.

The formula determining the confidence interval is:

$$p \pm 1.96 \sqrt{\frac{p(1-p)}{n}}$$

Where

p = actual population agreement

n = number in the sample

Using the above formula, and Rao et al. (2010) suggestion of 70% level of agreement to test his assumption; in this round there were 22 respondents, and so, if p = 0.7 then the confidence interval is

$$0.7 \pm 1.96 \sqrt{\frac{(0.7)(0.3)}{22}}$$

= 0.7 ± 0.19 = (0.89, 0.51)

Thus, where the observed proportion (the percentage of respondents who agreed with the desirability or feasibility of the item) is greater than 0.7 (70%) we can then be 95% certain that the actual proportion (what the stakeholder groups would say) is greater than 0.5 or, in other words, is not due to chance. So, in this study, where at least seventy per cent of the respondents deem an item is either essential or highly desirable and feasible, it is considered that the group has reached a significant level of agreement and the item can be included in the policy position.

The question items were almost entirely replicated from Questionnaire One to Questionnaire Two (for ease of making comparisons). This meant a table format could be used to record the round two - desirability and feasibility scores - in columns next to those for round one (the outline for this grid is provided in Appendix Fourteen). Any item where the group reaches consensus about it being important in Questionnaire One (that is, has at least seventy per cent agreement) is shaded, and at the completion of round two, the percentages shown in the

table, against the items that gain agreement in either of desirability or feasibility are also shaded (in a different colour to those for round one) for ease of identification in further analyses. This particularly allows the tracking of items that retained this level of support across the first two questionnaires. A different shading (yes, data analysis can be colourful!) was used to identify those options that had been generated by the panellists, to aid in tracking whether those options gained acceptance by the group.

Analysis of the qualitative free text comments, which give a deeper understanding of the group's beliefs and thoughts, is treated as per round one - being a taxonomic collation of responses per question item, and then thematic coding to understand the points of agreement, those of contention and identify any new options or ideas.

7.2.3 Comparisons between Questionnaires One and Two

The use of the a grid format (as provided in Appendix Fourteen) with the results from Questionnaire One sitting next to those for Questionnaire Two means that the results for each item can be read sequentially across the table. In the first instance, the interest is in whether an item has over seventy per cent support as being desirable and feasible; the second analysis is of those items that have over seventy per cent agreement as desirable, but were not considered feasible - these items need further discussion in the final round. The third cut of the data identifies which items were considered seventy per cent undesirable and infeasible - these items are rejected as a part of the policy but should be noted for the discussion of the findings as they are the options that the panel certainly did not want to be included, that is, there was a clear agreement to reject them.

The percentages for agreement between an option's importance (Questionnaire One) and desirability (Questionnaire Two) are noted by comparing the shaded items (that is, all those that have over 70% agreement for importance and for desirability). It is anticipated that items that rate highly on the scale of importance will also rate as highly desirable (although the concepts are not identical, it seems improbable that an item would be considered very important but not desirable or vice versa) providing a check on the reliability of the data, or potentially the changing perceptions of the panel.

7.2.4 Questionnaire Three

The third questionnaire used entirely open text, qualitative response options and so no quantitative statistical analysis is relevant. These data are treated in the same way as the free text responses in the previous questionnaires, the taxonomic categories are defined by the items discussed in the questionnaire, and the responses are then coded further to identify areas of consensus, disagreement and any new ideas.

7.3 Reporting the study results in a Policy Delphi method

There is no agreed framework for the presentation of the findings of a Policy Delphi (Boulkedid et al., 2011; Hasson and Keeney, 2011; Schmidt, 1997) and what seems clear is that to report on a Policy Delphi is a more complicated task than that of reporting the achievement of consensus. How the reporting format for this study was developed is outlined in Chapter Ten of this thesis; but the practice will be reported here. Essentially the aim was for consistency between the structure of the method and the way the findings were reported, as well as the desire for the results to be an easily understood and digested. The presentation adopts a framework derived from the social policy analysis stages, with the reporting being structured in the same way the feedback of each round of the Delphi was given to the participants in rounds two and three. The format of the findings section aims to give the reader an experience that parallels the process undertaken by the respondents in a Delphi study.

Under each of the headings, the specific steps or items will be named (and question numbers given) to show how each stage and concept in policy development was addressed. As a reminder, there is significant repetition of the questions and options from Questionnaire One to Two, and so instead of reporting each questionnaire sequentially and in its entirety, the findings will begin by reporting the state of affairs at the end of the second questionnaire. At that point, it is clear which are the items the group has agreed to either support or reject, and which remain in contention. In line with the purpose of a policy Delphi - to seek areas of clear agreement or those of clear disagreement - any option within an item that was in the middle ground (not sufficient agreement to be clearly accepted or to clearly identify it is an option that the panel agrees should not be included in the policy) is discarded and will not be reported or discussed.

The presentation of the findings will show the quantitative results in the form of bar graphs per item that give the aggregated position of the group for that item's importance, desirability and feasibility. As desirability was calculated from the categories of "essential" and "highly desirable" on the Likert scale - this differentiation is shown on the graphs by colouring the proportion representing

'essential' as slightly darker than the part of the bar representing 'highly desirable'. Where there are qualitative comments, a summary is given under the quantitative response for each item. Where possible the respondents' own wording is used, at times though, in order to summarise the same or a very similar comments made by several respondents, they are shown in aggregate and a figure in brackets is given at the end of the phrase or sentence to show how many respondents held that view. Although Questionnaire Three was focussed on specific areas where agreement hadn't been reached, in some instances, comments made in Questionnaire Three related to already agreed items (in Questionnaires One and Two), those comments are provided with the relevant item in the section of the findings dealing with Questionnaires One and Two.

The final questionnaire sought to address areas where there was contention within the group, or where items that were considered desirable were thought to be not sufficiently feasible to be supported to be a part of the policy position. In terms of social policy development, this phase of the Delphi deals with the final stages of the process, being: project outcomes; confront trade-offs; select measurement and evaluation criteria. The findings for each of these questions are given as aggregated and summarised comments.

Demographic data about the panel has been reported in the technical findings section of this chapter. As a reminder, the positions held by the twenty-four final panellists included those holding: Professorial positions; Head or Senior managers of peak bodies, family services or out of home care program or policy units in large CSOs, child protection, social policy/research units; and specialised researchers in kinship care. On average, participants nominated between two and three areas of experience and expertise, and remarkably, the average length of time the panellists had been working in these areas was twenty years.

7.4 Findings of the study

7.4.1 Findings from Questionnaires One and Two

1) Recognition of need

The answer to the question posed by Bardach (2005) - is there a need for policy at all? (Item 1) - was 100% yes, in both Questionnaires One and Two; the question was not repeated in Questionnaire Three. Comments made with regard to this item emphasised the voluntary nature of engagement by extended family, and clearly underline the need for this policy to exist within a broad suite of child and family support services - it is not a policy that will be relevant or acceptable all families, nor can it be enacted by compulsion. The comments were:

- *Could not be prescriptive that all families are supported by extended family; and so there must be more support options than just this program, as families would be excluded because the extended family could not/would not meet the requirements for being a carer if needed* (Questionnaire Three, Respondent, Professor)

- *May suit only a certain type of family. I imagine many families would not have the skills to put aside their own differences and put the child's needs first* (Questionnaire Three, Respondent, Kinship care manager)

Further exploration of what the needs were, and conversely what doing nothing (unchanged policy situation) would yield were also explored in Questionnaire One, only, through open text answers (item 28). Comments included:

[Should there be an unchanged policy situation…]

> *I feel that the important role of the extended family in supporting families raising children will continue to be overlooked and devalued in the OOHC system* (Respondent, Researcher in kinship care)

Respondents wrote both about the potential effect of no change in the policy environment, and what they would like to see as a result of any change. Their comments are reported below, mostly verbatim, however when more than one person made a similar observation, one summarising statement is given, with numbers in brackets indicating the number of participants who made the same suggestion.

What we would see if there is no change to the policy environment...
- o *An increase in OOHC placements (7).*
- o *Less home return, and children being stuck.*
- o *It is progressively more difficult to recruit foster carers and an out of home care experience for children has already been proven to have a significantly negative impact of children in the longer term (2) so not sure why we would keep seeing this as the way forward.*
- o *Service system will stop working entirely.*
- o *Services that do not align to legislative requirements and Best Interest principles; a policy is critical in terms of getting this message (need to work multi systemically with the whole family) across to other service sectors (2).*

A change of policy should:
- o *Need strengthening and scaffolding of extended family (3) to decrease the strain on families who are already traumatized and distressed.*
- o *Look at what promotes best outcomes for children - particularly working holistically with the family and across systems.*
- o *We need to recognise that family work needs skilled, well paid experienced people and put some investment into this area instead of continuing to pour it into the "black hole" of out of home care.*

Identifying the goals and objectives (items 2, 5, 8, 12)
Chambers (2000) uses the phase 'establishing the goals and objectives of the policy' to denote one of the functions of this step. Chapin (1995) would reshape this to be more strengths based by quantifying the notion to mean 'what need/s are being addressed?' In this study there are several areas of need to consider; particularly, but not limited to how we ensure that children who have substantiated

protective concerns, and are living with their parents have their needs for safety, stability and development met by the involvement of extended family in a way that is safe, respectful and sustainable for all parties.

As an overall statement, one respondent wrote:

> *Family are the best resource a child can have so supporting family to care for their child safely is the best resource we can provide* (Respondent, Senior Manager, CSO)

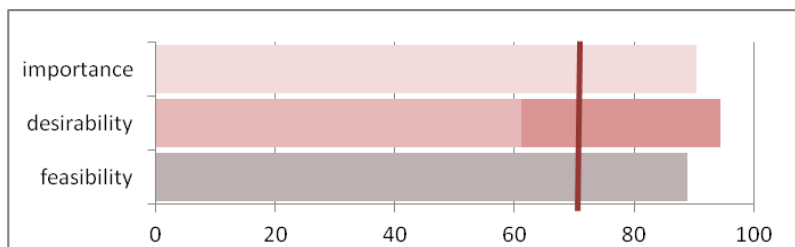The intent of the policy should include:

Figure 7.1. Level of agreement that the intent of the policy should include that the child is linked to at least one person who will provide an enduring relationship

COMMENTS:
- *Extended family stay committed through the difficulties.*
- *Those extended family who are already concerned about vulnerable siblings/children already have an involvement and try to support when find their interventions welcome.*
- *Extended family may be difficult to keep involved depending on their own time/energy commitments.*
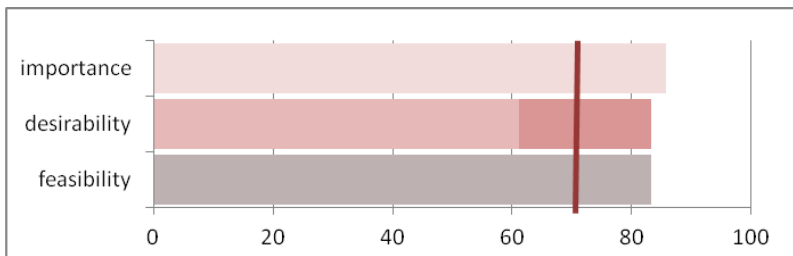
Figure 7.2. Level of agreement that the intent of the policy should include that there is an increase the likelihood of placement prevention

COMMENT:

The extended family members participating or identified should be willing and able to provide kinship if needed.
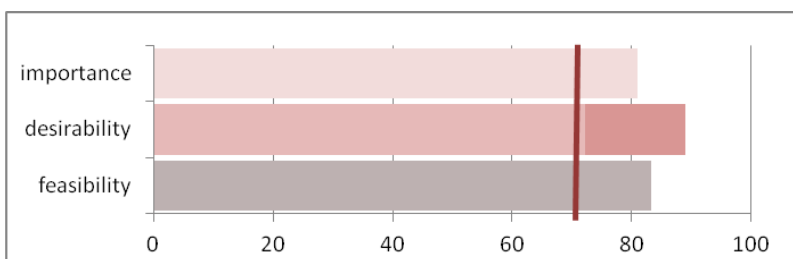

Figure 7.3. Level of agreement that the intent of the policy should include that extended family members participating in the program should be willing and able to provide kinship care if needed

COMMENTS:

- o *I would hope that the policy would not lead to families being excluded as possible carers purely because of strict policy guidelines.*
- o *The extended family may have to assume care, hopefully only for the short-term.*
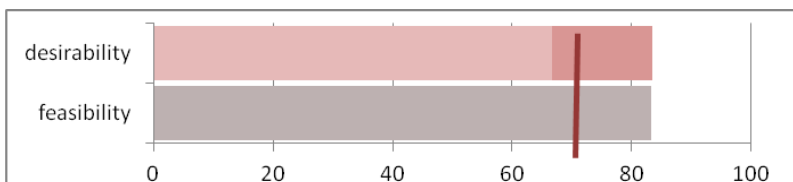- o *Fostering child's network.*

Figure 7.4. Level of agreement that the intent of the policy should be to foster the child's network

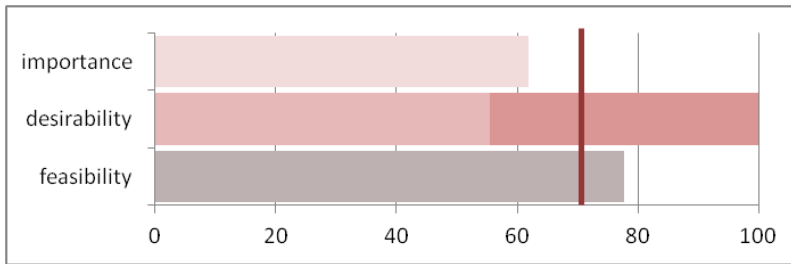There were no comments about this item.

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Figure 7.5. Level of agreement that the intent of the policy should be that the involvement of extended family should improve the child's safety and security

Researcher's note: The group unanimously rejected the option that 'the extended family should not be responsible in any way for the child's safety'.

COMMENTS:
- o *Policy needs to be child focused and clear about priorities for the child.*
- o *Regular monitoring, being careful to not lessen the level of supervision based on familiarity (worker with family) or decreased sense of urgency (for the extended family) rather than improved safety.*
- o *Involve extended family as part of child well-being and safety plans.*

Cautions and potential unintended consequences:
- o *Problem if children are considered 'safe' and the family relationship may be considered to be supervised, when this is not the case (can't supervise 24 hours a day) or not to the extent assumed (2).*
- o *Don't leave it 'too late' in removing a child - any escalation of concerns should see the immediate removal, hard as this might be (strength based is not pollyanna).*
- o *Concern if the focus becomes supporting the extended family rather than keeping our eye on the child's safety.*
- o *One of the unintended consequences may be that the family members see the risk to children still in parents care and want them in a different/safer placement.*
- o *Often there are conflicting loyalties and concerns for the child and their parent in kinship placements.*
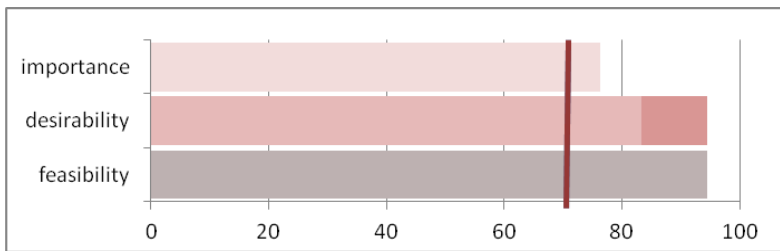
Figure 7.6. Level of agreement that the intent of the policy should include that extended family to support both the parent/s and the child

Researcher's note: In considering to whom the extended family should offer support, the group unequivocally rejected the options (they were only able to choose one response):

- o the child
- o the parent
- o either one of the parent or child
- o complement the work of the family-support program staff.

COMMENTS:

- o *if the child is living with parents, the program supports the extended family to support the parents & child (2).*
- o *Ideally, the extended family could simultaneously support parent and child but it is possible for family members or service providers to support children directly.*
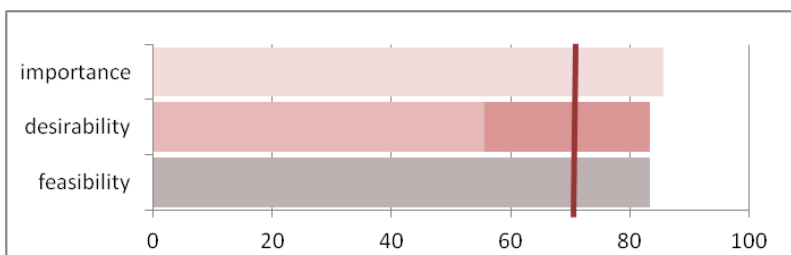

Figure 7.7. Level of agreement that the scope of the policy should include actively seeking out extended family

There were no comments about this item
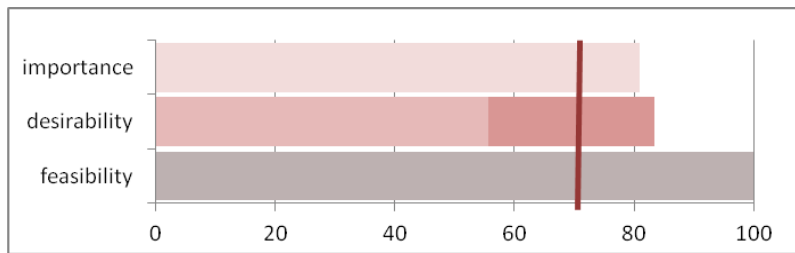
Figure 7.8. Level of agreement that the scope of the policy should include working with family who are already in contact with the family and the child

There were no comments about the options in this item.

2) Collection of evidence

This phase is where the policy maker should grasp the particular aspects of the issue, and 'consider how similar situations have been addressed by others' (Haigh, 2012, p. 83).

The group were asked if they knew of any other policies that directly addressed and supported extended family being involved with families within the child protection system, while the children are living at home - 'what policies have been used in similar situations?' (Item 30). Many of the responses related to kinship care - that is, the extended family is involved and the children live with them, having been removed from the care of their parents. In as much as these comments give insight into the strengths and needs of the extended family network when it is involved in the child protection system, they do not directly address the issue of children living with their parents, and extended family being an essential and prioritised constituent in the service response.

Policies that were suggested, which can be used to guide the involvement of extended family in providing support to children and their parents include:

- *For involving extended family in supporting parents/children to ensure their safety: Family Group Conferencing (2); Signs of Safety - Safety Networks; Family Systems/Family Therapy approaches.*
- *You also have co-production/co-design approaches to the development of interventions with clients, which may be relevant if you are starting with nothing.*
- *Children's Advocacy Centre's may also include extended family.*
- *I know of many practitioners who work this way without a specific policy in place. I had not realised (and not sure why) practice was so restrictive.*

Listed below are the other policies, identified by the panellists that include the notion of support potentially being offered to the extended family, although they either: do not necessarily target the extended family as an integral or required part of the family support policy; or the targeting of the policy is out of home care:

- *Troubled families UK - does not directly address this area but works systemically with families of the most difficult children.*
- *Cradle to Kinder and Aboriginal Cradle to Kinder and Stronger families and Aboriginal Stronger families in Victoria. Researcher's note - these programs work with children living with their parents, and have a theoretical base to support working with kith and kin, but it is not a requirement, and the practice guides do not draw attention to finding and engaging kith and kin.*
- *Child protection in Ireland - ChildrenFIRST. Researcher's note - in reading about this policy, its guidelines encourage a strengths based approach and specifically include, as a part of the protective assessment, the direction to identify any extended family members who are a source of strengths and protective factors - Guideline 5.4.2 (v). Nonetheless, there is no requirement that they be engaged and supported by the program (Guideline 5.6.3).*
- *Kinship Connections (from the US) Kinship care program guidelines - although these are limited and require further development.*

- *Mirror Family Work by PPSS (now Permanent Care and Adoptive Families) in Victoria.*

As well as collecting research evidence in this phase of policy development, Bardach (2005) speaks of the need to introduce values and philosophy into the discussion. The group were asked to identify principles, values (item 29) and theories (item 24) that should underpin the policy and any program derived from it.

<u>Underpinning principles</u>

> *It has to be less risk focused and in so doing it has to allow for more risk taking. And that seems intolerable in so much current policy and practice. Government and governance would need to embrace a different view of risk - and that does not include the acceptance of foolhardiness* (Respondent, Professor)

Other thoughts offered by the panel were:
- *Family support would help to normalise the support that should be a right for these families. Researcher's note, this statement echoes the Chapin view of strengths-based policy development.*
- *I would prioritise the specialist nature of family-based practice - informed by a Family of origin perspective in which the worker/family relationship is informed by self-knowledge, professional knowledge and skills of relationship-based practice (3) at every stage in the supporting processes.*
- *It does demand an openness to opportunities and engagement with strength.*
- *Extended families and communities are a major untapped (2) and unacknowledged (3) arena in Australia, and should be should be part of the family service intervention and seen in the same regard as the immediate family. This is the way Indigenous services already work. This approach would allow families to focus on child safety as a whole.*
- *Recent whole of family services are demonstrating positive outcomes for the child family and community (ie. family coaching and cradle to kinder).*
- *Constant honouring of 'clients' (individual, families, communities).*

- *Engagement of families is the crucial point (2).*
- *Merely by being heard and involved in the relevant issues/times/situations the extended family is likely to feel supported,*
- *Social work here should not be the same as other work in out of home care- it must be dictated by the family and pace at the family's timetable.*
- *Focus on child/young person (2) but work with whole family as per cradle to kinder service model.*
- *Need for connected relationships with family members who understand the needs of children, including trauma and attachment recovery, who will stay committed throughout difficulties. Mirror families principles.*
- *In the context of the multicultural nature of family forms in Australia this is an important policy focus.*
- *The policy should reflect evidence-based practice in this area (2), which includes involving consideration of the role of extended family.*
- *Need to focus on pre placement.*

Cautions and unintended consequences

General comments from the panel were:
- *There are times when the extended family is not in a position to support the parent, but this should and does occur wherever possible.*
- *We need to stay focused on the intent of the policy and not try and script every angle. This always seems to lead to people working to the letter, rather than thinking about why it was written in the first place. Good luck.*
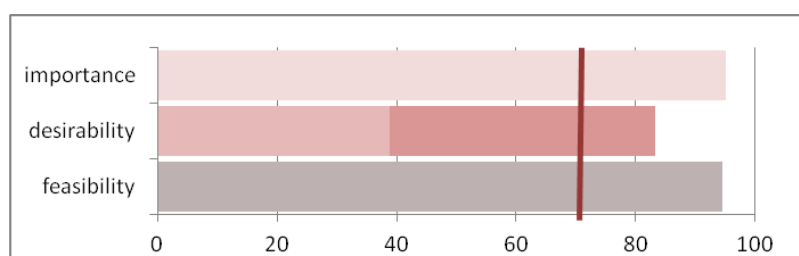

Figure 7.9. Level of agreement that the theoretical underpinning of the policy and any program should be based in therapeutic engagement and strengths-based approaches

There were no comments about this item.
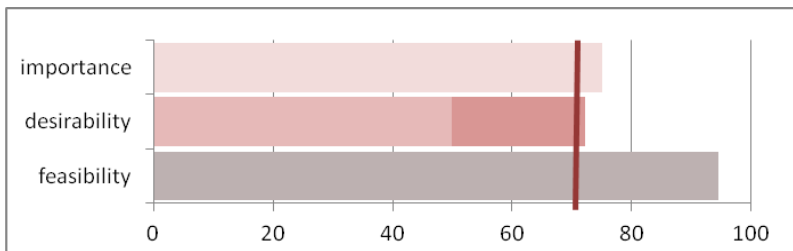
Figure 7.10.   Level of agreement that Core theories and frameworks which underpin practice directed by this policy include: LAC; (Looking after Children) or another organising framework; attachment informed; trauma informed; child development theories; family systems theory

COMMENT:

The Looking After Children framework should be helpful.

The service system and the need for paradigm change

A finding that extends the concepts relating to underlying principles, values and theories is that of the clearly reasoned need for paradigm change within the sector. Beyond the specific goals and aims of the policy, yet a part of the underpinning philosophy, these comments urge a new approach to families and a new vision for relationships within the sector:

- *I again stress the importance of sectors and programs working together so that expertise, resources etc are shared (4).....this would make some of these areas more realistic to achieve....systemic thinking is required.*

- *The need for realignment of some service sectors (2) and sharing a universal language in relation to the protection and best interests of children...*

- *Systemic thinking would argue for a family-based placement assessment and decision-making set of practices - not another silo!!*

- *One concern is that the system will not move to be less risk focussed and so will remain risk-averse and unable to support this approach.*

The comments below are a summary of the various points made by the group in relation to the policy position and how it should direct paradigm change in practice:

> *Having worked extensively with adults who have been in the care system and with their still grieving families, I am convinced of the need for a different level and type of engagement with families of children considered to be at risk* (Respondent, Professor)

- *We are yet to embrace the potential of the extended family as a protective factor.*
- *[I would like to see] mirror family work becomes the norm.*
- *I also want to move the paradigm to more collegiate, mutual growth of ideas*
- *Preventative as well as reactive... would enhance the processes for finding family carers for short-term placements - and integrate with the more statutory placement-finding tasks.*
- *If one is to truly engage with families, the shared understanding of their situation and the issues they face alongside the workers' understanding and knowledge are pivotal to success. This would require mutual exchange around teaching and learning, setting goals and targets etc etc. This all requires monitoring and discussion.*
- *The outcome I would like to see is to afford children the opportunity to be with their parents while enjoying improved extended family relationships and having the capacity to find that person they identify with and can relate to.*

- *Specialist Service that targets the whole family for the purpose of holistically supporting all the extended family members (2).*
- *Program that supports and understands the mix and need for both professional input and support to informal and family links (2).*
- *We need to offer the same support to the family as a whole, not turn them into pseudo workers.*
- *Charles Rapp so many years ago identified this model as an ideal one and called it client based management and outcomes. He evaluated his model extensively.*

Some of the concerns and unintended consequences of attempting to change the way workers practice are outlined below:

- *Difficult for workers to support placement prevention and support extended family, who may be a carer if needed.*

- *Don't let things go on so long that we contribute to poor outcomes for children.*

- *That it will be interpreted differently to retain the status quo (or to add to the existing workload) as much as possible rather than there being a joint understanding of what needs to be done differently (2).*

- *I have some reluctance about 'diluting' the specialist therapeutic focussed/skilled KC team who are specialised in unique OOHC issues. Whilst it would be great for FS workers to develop this same level of skills, I don't think it's possible for everyone to have all these skills.*

3) Construct the alternatives

Chambers (2000) and Gilbert and Terrill (2012) outline the following specific considerations for this phase, which are: forms of benefits or services and how they are delivered; entitlement (eligibility rules), or the 'bases of allocation'; administrative or organisational structure for service delivery; Haigh (2012) also notes this step; and ways to finance.

<u>Forms of benefits and types of social provision (Items 7, 25, 26)</u>
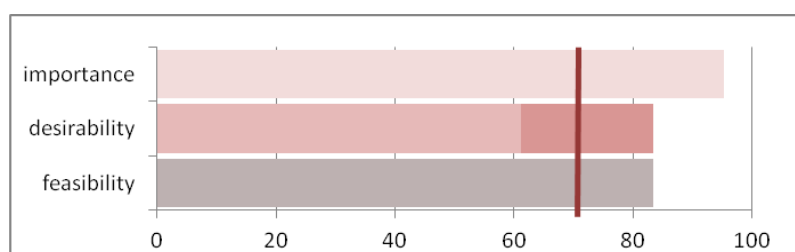
Figure 7.11. Level of agreement that the type of service delivered should be via direct service provision rather than at the system level [for instance via a peak body or through systems advocacy]

There were no comments in relation to this item.

Specifically, the services that the group deemed central to any program derived from the policy were:
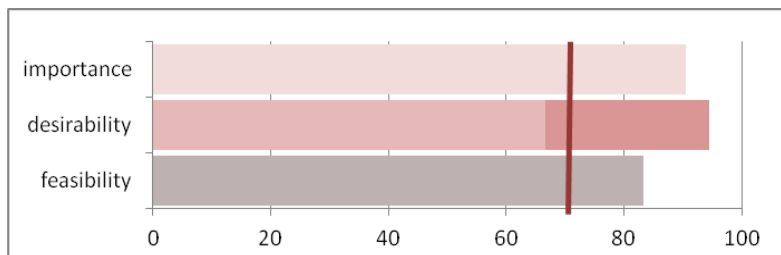
Figure 7.12. Level of agreement that essential program elements include Family conferencing and Family Decision Making meetings

COMMENTS:

- *In addition to case plans it may useful to hold family group conferences (2) at designated intervals to assess if all family members are happy with involvement, want more or less involvement with parent/s child and to resolve any ongoing conflicts/problems.*

- *Family Group Conferences are mandated in New Zealand but used at the discretion of child protection workers in Australia.*

- *I believe the use of family decision making meetings cannot be underestimated and the importance of these meetings being facilitated at the commencement of Child Protection involvement would allow an opportunity to bring together extended family members with the purpose of exploring what support they can provide to the family unit (2).*

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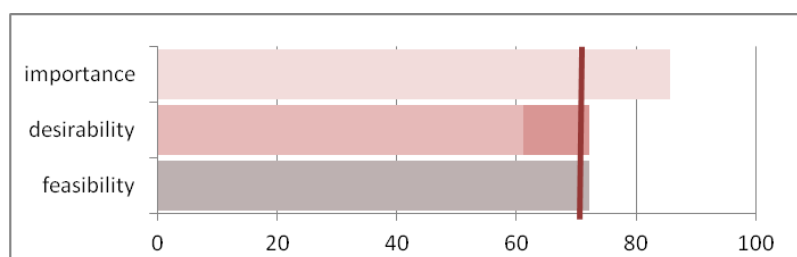
Figure 7.13. Level of agreement that essential program elements include family therapy/counselling

COMMENT:

I think that families would benefit from having access to mediation, counselling (2) and/or family therapy (6) to assist them with issues relating to the parent as they arise.
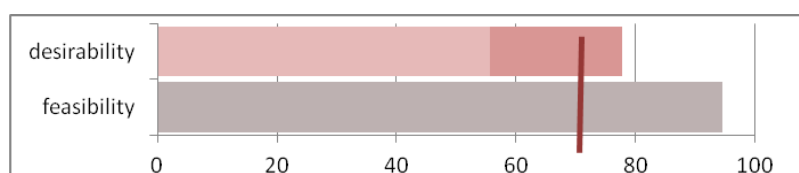
Figure 7.14. Level of agreement that an essential program element is collaborative practice

COMMENTS:
- *Needs to also be case work, not just case management, especially if they are families with generational disadvantage (3).*
- *Use principles of Kent Case management model (which involves the devolution of decision making and service engagement to a point of contact between the worker and client) to help with accessing services.*

General comments about the types of service options that should be delivered under this policy were:
- *The provision of supports and services for extended family are essential if a 'whole of family' approach is to be feasible (2).*
- *We need to be mindful of the possible complex dynamics of families at play and put in place various opportunities for these to be addressed.*
- *whatever works (2)*
- *mediation (3)*
- *decided on a case by case basis*

Cautions and unintended consequences:

- *May not be ready/able to participate in mediation if the relationships are very acrimonious (4).*

- *In attempting to reconcile the various parts of the family (through mediation or counselling) the unintended consequence may be that acrimony increases (2), particularly if birth parents do not show improvements in their parenting practices or problems (e.g. substance abuse) (2).*

The group rejected the option of family based group work (Researcher's note, this option was suggested by a respondent).

Other supports that may be offered to support the extended family members, to enable and facilitate their support of the child and family included:
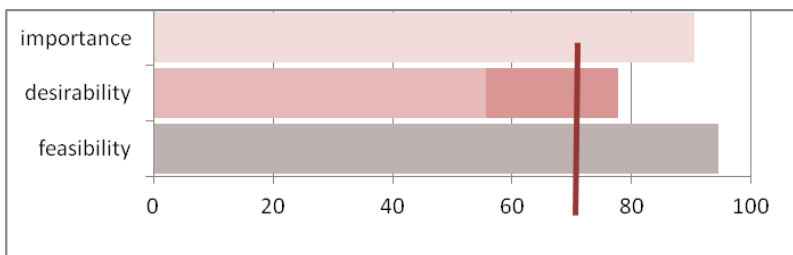
Figure 7.15. Level of agreement that peer or support groups could be offered to families as a part of the program

COMMENTS:

- *Groups to cut down on sense of isolation and increase support (2).*

- *Facilitated support groups for extended family to attend either with parents or separately.*
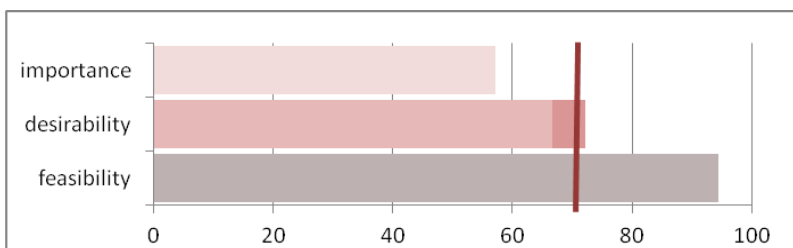
Figure 7.16. Level of agreement that personal counselling could be offered as a part of the program

There were no comments in relation to this item.

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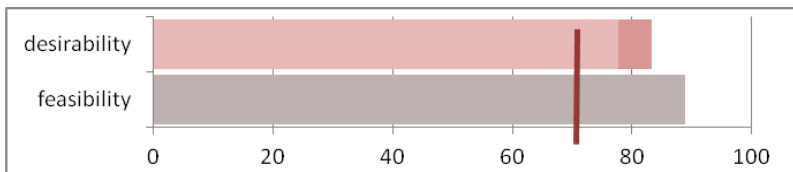
Figure 7.17. Level of agreement that advocacy could form a part of the program

COMMENT:

Both on an individual and systems level to navigate what are sometimes baffling and complex approaches to supporting and caring for children.

General comments about the program support that might be offered to extended family members:

- *Any supports that are identified as being appropriate and useful for the family.*

- *Worker and extended family may experience burn-out if the considerable effort they put into families does not result in positive outcomes.*

- *Unintended consequences could be more pressure on time and money. Transport, time, over committed.*

The group did not support the option of provision of structured information about the OOHC system and legal systems. This item was formed from a suggestion from one of the respondents, and is consistent with findings in the literature. And, although there were a number of comments supporting the need for options for brokerage and reimbursement (and the literature shows this as an important element in offering support), neither did this receive sufficient support across the group to be considered as an agreed option.

Entitlement/eligibility (items 4, 10, 11, 13, 14, 15, 16, 17, 19, 21)

There was widespread agreement within the group when considering referral criteria, such as not wanting to limit eligibility due to: the child's age; family stage; the child's history of living in out of home care; whether child protection needed to have current involvement; and no restriction of referral source. When these individual items were incorporated to define the eligibility criteria, they formed an unworkable policy position. The resolution of this difficulty will be discussed in the later section that reports on the findings from the third questionnaire, which dealt

with the contentious issues. This section will report on other items in the eligibility criteria to which the group agreed and were considered feasible, as well as the criteria the group agreed to reject.
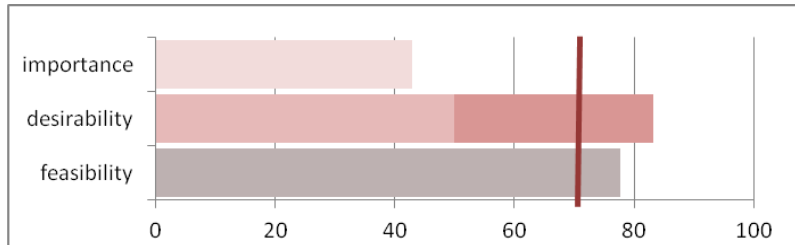
Figure 7.18.   Level of agreement that families undertake an initial needs and risk screening prior to commencing in the program

The group rejected the notion that the assessment would be limited to program specified and required areas:

> *I can only say again that if we are talking about being child and family focused we need to listen to the family about what they need* (Respondent, Professor)

COMMENTS:
- *Children need to be on relevant orders.*
- *The intensity of the assessment will vary and be flexible and take into account the type and extent of risk to the child.*
- *Review the family's and child's complete history including past service involvement (2). The goal would be for them to take into consideration past progress and history with services. The family's capacity and ability to implement changes (5).*
- *You need to include issues like the unexplained loss of previous children in history. Issues of criteria for engagement should be substance use (all adults in household) mental illness, cognitive impairment.*
- *Particular attention to intergenerational issues (such as chronic disadvantage) and prior involvement with the system.*

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- *We need to be mindful of gender bias in relation to any policy context. All aspects should include responsibility of both parents and interventions should include involvement from both parents. We see too much shame and blame placed on mothers who are already structurally disadvantaged.*
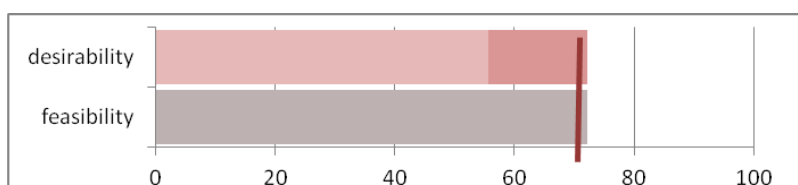
Figure 7.19. Level of agreement that there must be evidence of the capacity to change for the program to accept the referral of the family

> *Research shows that families in crisis enter and exit the system when issues are resolved then may re-enter with another crisis situation such as a bereavement, employment loss etc. Fluidity of support is perhaps more significant than long term. That is families need to be able to reengage and receive a service when required, even after years have passed* (Respondent, Senior Manager, Peak Body)

COMMENTS

- *I learned about the difference between a crisis (a new situation) and a furore (a repeat crisis); a crisis fits with thinking about openness to change while a furore can result in "Here we go again" thinking - what we did last time and openness to services but not change (2).*
- *Services should not be used for monitoring of families and should not be involved when there is no capacity of change.*
- *Dependent on whether progress has been made (3) and well-being and safety of the child has been considered appropriately.*
- *Allowing an unlimited number of re-referrals (3) would allow the policy to be sensitively tailored to the needs of each child and family and may prove more cost-effective than resorting to out-of-home care; it may also be less disruptive for the child and have result in better outcomes for all concerned.*

The expectations of extended family, for the child and family to be eligible under this policy, include a positive assessment of:
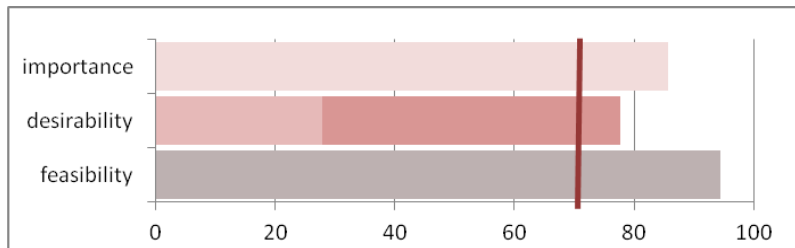
Figure 7.20. Level of agreement that the extended family must show some capacity to be able to meet the needs of the family to be eligible to participate in the program

There were no comments about this item.
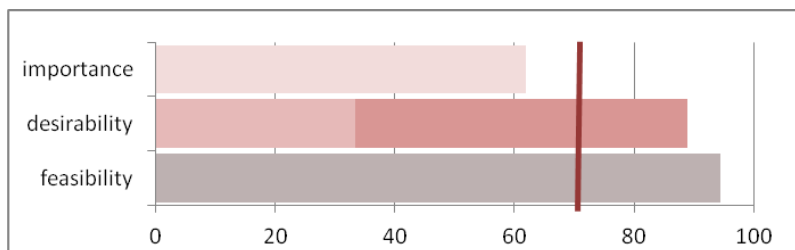
Figure 7.21. Level of agreement that the extended family must be able to demonstrate an ability to protect the child

There were no comments about this item.
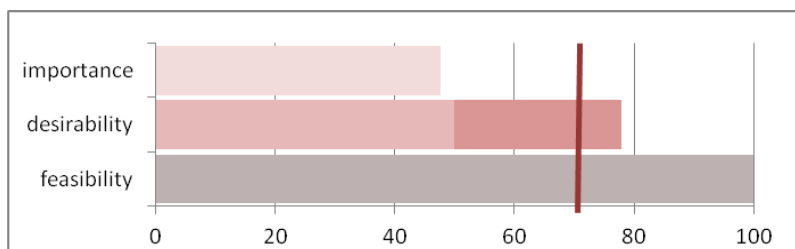
Figure 7.22. Level of agreement that the extended family must be able to demonstrate the capacity to provide kinship care if needed

COMMENTS:
- *Where it is needed, assessment of kinship care placements should remain in the domain of child protection or another statutory body who have the power to investigate.*
- *Families should not be excluded because they are not able to provide kinship care.*
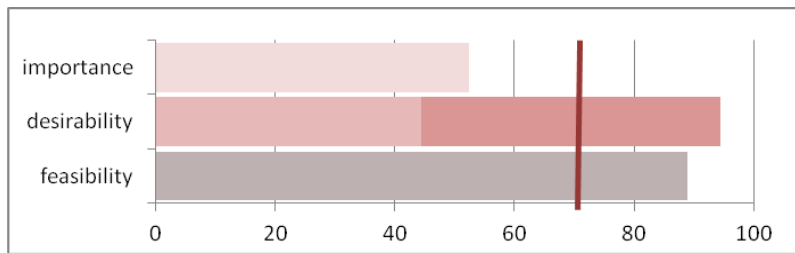
Figure 7.23. Level of agreement that the policy should apply to both Indigenous and non Indigenous families

COMMENT:

Some specific cultural differences need to be acknowledged e.g. definition of who is extended family.

The group very clearly rejected the notion that the policy should either: only apply to Indigenous families or: only apply to non-Indigenous families.

Administration, and the organisational structure required for service delivery (Items 3, 18, 22, 23)

This item considered: where the policy would be best positioned administratively (for instance as a part of kinship care, or family services, or in a different configuration); the responsibilities of the workers in any program derived from the policy; and similarly, the provision of training and supervision of the participants in the program. The role of program staff was agreed, but there was contention about the administrative situation of the policy, and about the organisational response to providing supervision and training to the participants in the program - these items will be discussed in the later part of this chapter, which reports on the findings from Questionnaire Three, dealing with the contentious issues for the group.
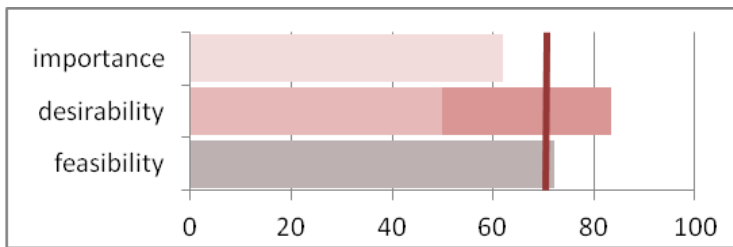
Figure 7.24. Level of agreement that program staff need to be aware of specified case-related interactions between extended family and the child & family

The group rejected the suggestions that the case worker:

- Needs to be aware of all interactions between extended family and the child and family.
- Should be responsible for all interactions between extended family and the child and family.
- Should only work directly with the extended family member and not the child and family.

COMMENTS:

- *Program staff should be cognisant of extended family requests, within child safety parameter.*
- *Unless the extended family have a caring role, the role of services is to holistically support the extended family to support the parents and child (2).*
- *Workers skills can be sorely tested when the family are within the statutory system.*

Financing method (Item 6)

This item did not receive a clear direction from the group in the first two questionnaires and so will be discussed in the section that reports on Questionnaire Three.

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7.4.2 Findings from Questionnaire Three

This questionnaire was used to explore unresolved issues, and gain further information from the group to enable the move to a final policy position. Bardach (2005) goes into detail about what to consider in negotiating the final policy position, he includes: project the outcomes; ascertain what might be the unexpected outcomes or unintended consequences; what is the interaction when the policy elements are put together; and, confront the trade-offs. At this stage of policy development, evaluation and measurement criteria are also identified (Haigh, 2012).

To recap, the format of Questionnaire Three was, firstly, a synthesis of the options that had received clear agreement for inclusion was offered as the basis of a policy position, which was submitted to the group for comments as to its desirability and feasibility. The questionnaire then asked the group to consider the issues that had been unresolved in the first two questionnaires. These were: how the policy could be feasibly translated to a program, when considering the preference for unlimited referral, open eligibility, and no defined limits to service provision criteria; determining the preferred arrangements for funding and administrative position; and a resolution to the polarised views about the supportive supervision and training expectations of the extended family. Finally, the issues of policy and program evaluation were explored. As for the previous part of this chapter, the subheadings are provided according to the structure of policy analysis theory.

4) **Project the Outcomes**

The panel were asked, if the synthesized policy position (developed from the items where there was agreement in the group) was desirable and feasible?

> *This is an area that Australia needs to become very serious about providing policy and programs. I hope we can hit the ground running as we have much time to make up... Working with the whole family and extended family is not only an immediate safety intervention for the child, it is a process that can have far reaching impacts across communities* (Respondent, Senior Manager, Peak Body)

This policy is both feasible (10) and desirable (8) and underpinned by a body of research that supports this approach to outcomes-focused family support; with the clear proviso it is properly resourced (4).

Across the first two questionnaires, the option 'the program provides a differentiated, tailored response to each family - based on a collaborative assessment with the child (where reasonable), parents and extended family member' was considered to be important and desirable, but just less than 70% believed it was feasible. Final comments about how to improve feasibility were:

- *Viability will come from what could be described as a step down model whereby the as stability increases and risk decrease, families can be referred to less intensive support services.*
- *Any policy which acknowledges that flexible tailored approaches are more likely to be successful that assuming a one size fits all approach.*

5) Confront the trade-offs

The group showed strong agreement about the desirability of the following individual items: referrals should be accepted from any source; support should not be limited to whether the child and family are within the child protection system; the length of any program involvement should be open and flexible; the number of times a child had been living out of home is not to be a material consideration; and eligibility should not be limited according to the child's age.

At a broad policy level these options recognise the important role that extended family can offer to the safety, stability and wellbeing of children and families at any point of their lives and regardless of their current or past involvement with child protection services; and that the amount and timing of support they receive should be determined by their need not bureaucratic rules. Sadly, as a specific policy that directs a program for which funding and resources will be limited, taken together these items are not feasible. Thus, in policy analysis terms, there needs to be trade-offs.

The referral source remaining open received specific support from one respondent, who noted that there needs to be the option for self-referral so as to not limit early intervention opportunities; in contrast other panellists noted that in practice, programs may become overwhelmed with professional referrals and so may not pick-up self-referrals.

There was agreement that offering support beyond the timelines of child protection involvement and for "as long as is deemed necessary by the service and extended family member" was important and was desirable but the group believed this was probably not feasible. The group absolutely rejected the notion that the program's involvement should be limited by specified lengths of time (less than 6 months; between 6 - 12 months; 1 - 2 years).

Comments that supported this position were:
- *Allowing flexibility of length of involvement within the program appears important given that for some very excluded families short term involvement does not address the issues (4) and that often engagement with these families takes time.*
- *Key planning process of a needs and risk assessment by child and family professional practitioners - arriving at informed judgements rather than age or time formulaic decisions.*
- *Length and intensity are linked to specific needs and outcomes.*

Comments that suggested ways to limit time (ration the resource) in the program included:
- *Short term/time limited involvement (5).*
- *Including single session work and the impact of short term service involvement - moving away from creating dependency to sustainable family functioning (2).*
- *Waiting lists, short term; longer term streaming.*

Initially, in considering whether eligibility should include or exclude families on the basis of their length, intensity or phase of involvement with the child protection system and other related services, all options that were put to the group were rejected, they were:

- A defined 'no less than' limit to the number of attempted home returns, if the child has been previously removed.

- The child and family must be currently engaged with other support services.

- The child and family must at least be on a waiting list for another support service.

- A defined 'no more than' limit to the number of attempted home returns, if the child has been previously removed.

In response to this item, the second questionnaire offered the option that the child's placement history "should not be considered when deciding if the family falls within the scope of the policy". The response to this option was reasonably evenly divided (that is, inconclusive) in terms of its desirability; which may have been because the option was put in the negative, and so this item was included in Questionnaire Three to seek clarification.

There were only three responses that directly addressed this issue, and they supported the idea that the policy should not exclude families on the basis of the child's placement history, the responses were:

- *I believe it would also be important to consider children who have had multiple placements (2) given the importance of stability to allow children to address other issues is critical.*

- *Child's placement history should be irrelevant as every child would benefit from external family involvement.*

Responses to the initial questionnaire very soundly rejected the options related to using the child's age to determine priority; and in Questionnaire Two, the options (generated from comments from the respondents) of choosing to prioritise either 'prenatal, infant and preschool' or where the family was 'at a transition point - ("infancy, beginning either preschool, primary or secondary school") were also not supported. Thus, 'the child's age does not define priority for service' was overwhelmingly supported in terms of being desirable and feasible.

> *I would say that the data highlights that parents require more support around transition stages because that is when they need new information. Having better access to extended family at these times would increase the likelihood that appropriate support is offered to them (*Respondent, Senior Manager, CSO)

Other comments were:

- *Age and stage transitions data trends in both secondary and tertiary services show peaks at the antenatal - 4yrs (14) and then the 10-13 years age groups (11).*

- *Infants and adolescents are not only at increased risk of harm/transition ages (5), they are potentially more demanding on the extended family (2); this needs to be factored in and more support may need to be provided to family members.*

- *Priority groups include 5-6 year old children (2), given they are missing out*

- *There is an enormous prioritising of resources/services for Early Years services so my preference is to not have this policy based on age or trend data but for services to be open to any ages as long as they meet the initially stated criteria (4).*

- *Should be based on need not age (5).*

- *I still feel that setting [age grouped; OOHC returns, etc] targets would make the* program less effective for families (2).

- *Timeframes linked to brain and other developmental needs (2).*

- *I guess having program staff with skills at working with very young children and early adolescence could be difficult. This is why making targets specific to age may be easier.*

The group rejected limiting access to the program by:

- allowing only one referral per family;
- limiting to one referral per child protection episode (i.e. for any subsequent re-substantiations);
- refusing clients who did not demonstrate a clear willingness to work with the service (this option was added by the group but did not achieve significant support).

But they were also clear that they did not want a new referral to be routine, at any time the child is returned home from out of home care.

Program administration

Where the program should be situated for administrative purposes – that is, where the government should align the policy and subsequent programs - received a mixed response from the group. None of the offered options gained clear support as being desirable and feasible, yet the comments made by the group were consistent in calling for a change to the 'silo-ed' approach. The panel wanted collaboration between in-home support and out of home care, and an improved relationship between child and family welfare services and other services that are also engaged with the family (such as adult focussed services dealing with mental health problems, drug and alcohol addictions, criminal justice, and family violence).

COMMENTS:

- *Change the focus of existing Family Services or Kin Care to work with the whole family (2).*
- *Ideally family services and Kinship care programs would be joined together. The fewer program boundaries the more likelihood we get flexible service options to suit individual families (2).*

- *Part of family service intervention, the same as immediate family to allow a whole family focus on child safety.*
- *Mirror Indigenous services that engage extended family.*

The group clearly rejected the notion of this policy creating a standalone program.

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The third questionnaire asked the group to discuss the issue of Administrative position more specifically, again, the answers were mixed. At times the responses discussed kinship care (i.e. out of home care) rather than family services. Where the comments were relevant to extended family being involved with children living with their parents, they were retained; if a comment was particularly about the out of home care system, it was discarded (for instance, 'suggest retaining this within child protection' this is a comment about kinship care, where families are predominantly managed within child protection, as opposed to family services, which is exclusively delivered through the CSOs). In all, the finding was that change was needed. Whether the policy sat within an existing, or merged area, it needed to be properly resourced, work for alignment with existing services and provide early intervention/prevention responses as well as services to children and families at the tertiary end of the system.

COMMENTS:

- *It would seem essential that the vision behind this policy and program is embedded in preventative as well as reactive interventions (3)*
- *Wherever it sits, it needs both independence and the capacity to work collaboratively with others (2).*
- *This change in policy may require current programs and/or policies to be immediately updated and aligned (ie youth support with family support where a sibling may be involved in the primary care).*
- *This would seem to me to be a component of a family support program, not a program. It looks very similar to existing processes or tools such as Family Group Conferencing, Signs of Safety - Safety Networks, and Winangay Kinship Carer Assessment Tools. The benefit of these other tools and processes are that they are clearly defined as a tool or process compatible with rather than replacing other program models (2).*
- *bring together family support and kinship care (8); break down the silos (4) - especially for respite (8), so kin carers can use family support services (2).*
- *Unfortunately at times it seems the Out of Home Care processes and family support processes work in opposition, so a linkage of family support with kinship care seems desirable and supports the intent of this policy/program.*

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- *There needs to be a clear decision point about whether the child remains with parents or is removed (2) if removal is necessary the child should go to family, and the family should be supported.*

Funding considerations

That this policy area needs significant funding to provide an adequate service was a theme of the comments, conversely, the group thought that it was simply not feasible to believe the government would recognise and respond to the need for proper support and funding in the area. In terms of funding considerations, the group emphatically rejected the notion that the intent of this policy should be to 'decrease the cost-burden' of providing intervention to families; the group also very clearly rejected the notion that the funds for any program should be reallocated from the provision currently given to either kinship care or family services.

When asked how to increase the feasibility of securing government funding, the group suggested:

> *Savings to governments will probably occur over the longer-term with lots more cost involved in the short-term. With small cycles of both state and federal governments, it would be hard to find anyone to look at the long-term outcomes despite the obvious benefits for some families. Many child protection inquiries have recommended more money be put into early intervention programs but if never seems to happen. Without good data (very few indicators are available) on program outcomes governments will not invest* (Respondent, Senior Researcher, Policy Analysis)

COMMENTS:
- *This policy and subsequent program delivery will be labour intensive and potentially financially costly in the short term. It will save billions in the long term.*
- *Perhaps the question is are governments prepared to be progressive and fund now to save later (4).*
- *While I recognise that the family support service may provide the ideal suite of service, I am concerned that resourcing in the family services area is poor, and should recognise the risk and complexity of the area.*

- *I do acknowledge that funding might be easier to secure if policy supported these peak age ranges as a priority for services.*

Concern with regard to funding:

- *Poor resourcing leading to services being lumped together and becoming strangled - thus leading to an increase in worker stress, burnout and poorer practice (2).*

Supervision and training

Training

Whether extended family members (if not parents as well) should receive training was a vexed issue for the group. The notion of compulsory training about any topic was rejected by the group. There was greater support for the policy nominating a mix of compulsory and optional topics than for training being totally optional; but the support for this was not sufficient to be considered desirable, yet there was sufficient support to suggest it was not an idea that the group rejected.

COMMENTS:

- *It will not be possible to enforce compulsory training to family members, extended or not. Unintended consequences of making training/supervision compulsory could be a drop off of extended family members preparedness to participate in this program and thus add support to their struggling family.*
- *Families are likely to avail themselves of supportive supervision and training as long as it is not too onerous (2); time and place would need to be flexible.(2) training delivery needs to be respectful and mindful of their fuller live experiences and capacities.*
- *Rather than mandatory training you could have required skills to undertake certain functions, which may be obtained through offered training or through life experience or other avenues. Not a one-size fits all approach (6).*
- *Need to also consider that just doing the training will not ensure that people have the skills required. Completing training is a process not an outcome indicator.*

- *It may be best to require all families to undertake some training rather than singling out some.*

- *Training and support could be given to 'whole' family, but if there is acrimony would need to be delivered to extended family separately (2).*

- *Timing of training important - not when the family is in crisis (2).*

- *Also consider different learning styles.*

- *Families must determine entirely- if useful training offered with transport then needy families will take up.*

- *I believe that all families need supportive supervision and training sessions.*

- *It will ensure all family members know how to communicate and send a consistent message to each other and the child.*

<u>Supervision</u>

In a similar vein to the group's thoughts about training, the provision of supervision to extended family received varied responses. Certainly the term 'supervision' was not favoured, which fits with the change of paradigm that the group advocated:

> *I think the term supervision is the problem for me - although I note its elements.* (Respondent, Professor)

- *Some personal counselling/professional supervision type processes could be extremely beneficial for family members to sort through their own triggers with regard to children's acting out behaviours.*

- *Access to a practitioner or a volunteer to enable reflective conversations about the repercussions of the decision to provide extended family services.*

- *The group clearly rejected the idea that supervision (or the preferred concept) should be mandatory, in either individual or group sessions.*

- *If I was required to attend 'supervision' and I was a member of an extended family in I might resist. If I was invited to engage in ongoing support and feedback and to grow new ideas about how things were going and what we*

were all learning, I might feel differently. For me it is not just about language but about the paradigms that inform the language and the activities.

- *Term supervision is not helpful (3) may be better to term this as extended support rather than supervision.*

- *Ensuring support is in place would appear to be more important than offering supervision.*

- *Aim of supervision is to increase the family's understanding and skills in dealing with child and family (3) and to assist the family towards becoming more self sufficient thru better understanding of the issues and learning strategies to deals with the issues and complexities impact on the outcomes of the child.*

- *Supportive supervision should be offered to all extended family members involved and strongly encouraged (6) supervision only mandatory where there are immediate concerns for the child (4).*

- *Supervision should be tailored to family's needs and skills (10).*

- *If family carers are not willing to participate in the training and supervision, I would suggest a different stream in the program and make training and supervision optional. There would then be the basis of an evaluation study with an in-built comparative sample.*

Concerns and unintended consequences

COMMENTS:

- *If supportive supervision/training is not handled well the unintended consequences may be that concerned members will withdraw their support or the birth family will resent what they may perceive as an 'intrusion/interference' into their family affairs.*

- *Supervision may be too onerous for extended family (2) which may make them less likely to stay in the program (2).*

- *Considerations of time and travel - needs flexibility of time and place (2).*

- *If not supervised, children may be at greater risk.*

Evaluation

Banks (2009) supports the need for evaluation of policy and programs in terms of fidelity, intention and outcome. The evaluation of this policy position and any program developed from it should examine what and how the service is delivered as well as whether it is achieving the outcomes sought.

The specific suggestions made by the group about evaluation focussed on the program level rather than evaluating the policy itself. In the Chapter Nine of this thesis, an evaluation matrix, developed by Gilbert and Terrill (2012) will be used to make an assessment of the 'goodness' of the policy, regardless of how or what future program is developed from it.

Although no program has been developed as a part of this study (as is it outside the scope of the question) there were many responses across the three questionnaires that offered hoped-for outcomes, and implementation and evaluation ideas that focussed on programmatic issues. The remainder of this Chapter, therefore, will report the findings about proposed program development and implementation, outcomes, and evaluation from this policy position. The rationale behind reporting these findings, even though program development falls outside the scope of the study is two-fold. Firstly, the participants in the study have a high level of expertise and it seemed wasteful to ignore their wisdom in this area - should this policy position become the source for a government policy and programs be derived from it, this information will be invaluable; secondly, policy development does include making decisions about the forms of services and benefits, and how they will be delivered, and so detailing the respondent's thoughts about these issues is within the scope of the study. What is reported has been limited to those comments coded against: question twenty-eight in Questionnaire One (what would happen in an unchanged policy situation); and comments in Questionnaire Three, which was the only questionnaire to asked specifically about evaluation. The comments relating to an unchanged policy situation are shown framed in curled brackets as they suggest the antithesis of the sought outcomes, so their opposite would be used to direct what one might look for to show successful outcomes. Clearly there are many more proposed program outcomes, methods and potential measures that can be gleaned from the findings

already reported in this Chapter, information from the research and literature, and discussion with families, workers and policy makers. Given that program development and program evaluation fall outside the scope of the study, these issues will not be explored further here.

The following table uses an ecological framework to provide structure to the summarised proposed program outcomes, and the possible measures that the group suggested (mostly in their own words); nothing has been added. Where a measure was specifically related to an outcome by a respondent, they have been aligned on the table. When an outcome or a measure was suggested individually, the researcher paired items that seemed to go together; where the items did not seem to correspond, they have been shown on a row their own.

TABLE 7.1. Summary of suggested outcomes and measures for a program derived from the policy, organised according to an ecological systems approach

Proposed outcome	Possible measurement
Child	
Improved child wellbeing & safety (8) - not simply about safety/security for the child - what if their educational/medical needs are still not being addressed by parents due to their inability to recognise the problems (2) improve child development (2) health and wellbeing decrease in trauma related behaviours (2) improved attachment (2)	Decreased notifications; children's safety improves (8) The number of children who report an improved self esteem
More stability of long-term living situation (5) {no policy change - increased risk of removals/more children entering the care system (6)}	Decrease in fostercare and increase in kin care - although decrease in OOHC overall (5) Decrease in placement moves/stability of placements (3)
Continuation of family and cultural connections (4) Positive family connections (3)	Where OOHC is needed, that be with family The number of children who note a positive relationship within their family arena The number of children who report more respectful relationships across their family from the information, support and supervision provided.
Children's needs acknowledged	

Leaving care outcomes enhanced (better outcomes at closure)	(outcomes at closure)
Children evidently safe at home (4)	Number of (re) notifications to child protection should decrease (3) Reduced amount of time out of parental care (6); Number of reunifications
	School attendance and performance outcomes (4)
Work with children so they understand what to expect of extended family - i.e. help seeking	
Look at what promotes best outcomes for children	

Parents and nuclear family	
Better engagement with biological families	More children and their parents receiving family support, and feeling supported fewer court contests
Self supporting families with parental and family capacity (3) built to provide protective and supportive factors	
A decrease in traumatised based behaviour, mental health, violence and drug and alcohol use.	
Addressing family issues	An increase in access to family therapy (2)

Extended family	
Strengthen and scaffold extended family (2).	
Sense that the family is in it together rather than problematising some or one.	
Better recognition of the need for support for kin and for extended family; and of the crucial role they play in children's safety- not just an 'on paper' acknowledgement (5).	
Greater capacity for families to support each other and through skills and supervision and support gained to take this knowledge wider into the community,	
Family Led Decision Making.	

Community	
Improvement in community responses to children.	
Greater capacity for families to support each other and through skills and supervision and support gained to take this knowledge wider into the community,	

Workers	
Child protection workers should find family engagement easier.	
Family work needs skilled, well paid, experienced people.	
Workforce indicators.	More multi-skilled workforce.

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Program	
	[more] Families taking up the option.
Better communication a more problem solving approach.	
Measure implementation success.	Fidelity (2) through strong implementation and degree to which they (workers) are able to demonstrate skills required.

System	
Breaking down the silos; less division between out of home care and family support processes (3) {Unchanged policy situation - services that do not align to legislative requirements and Best Interests Principles}.	Reduced number and focus on programs provided.
Need to work multi systemically with the whole family, across to other service sectors. {no policy change - fragmented service system}.	
{Unchanged policy situation - service sectors do not work with the whole family and are unfamiliar with that way of working}.	
Reducing red tape and focusing services on child outcomes not service inputs (2).	
More flexible and responsive case plans (2).	
Mirror family work becomes the norm (2).	

	Children and families having fewer workers.
I would hope to see sectors working more collaboratively together with more open and transparent communication and a clear idea as to what constitutes the child's best interests.	

Government	
Prioritise pre-placement programs.	Increase funding to pre-placement programs.
Most dynamics of difficulty have a more wide reaching cause and ensuring those issues are addressed (2) not only assists the children and families for now but also assists the next generation.	
	Cost reduction in providing residential and therapeutic foster care, in particular.

Comments that related to the evaluation process itself, covered: the need for evaluation; the preferred types of evaluation; and cautions and concerns. The primary purposes given for why evaluation was seen as necessary were to influence government and funders, and to build an evidence base from which to further develop the program:

- *Developing an evidence base on outcomes of extended family support (6).*
- *I think this model deserves a solid trial. It will be in its achievements (or otherwise) that its value and ongoing feasibility will be measured.*
- *Without good data (very few indicators are available) on program outcomes governments will not invest.*
- *Cost benefit analysis is essential.*
- *Needs review and change as outcomes are recognised.*

The suggested methods and focus of evaluation included:

- *Process indicators (is practice occurring as prescribed).*

- *Should not be about throughput (2).*

- *Need individual and collective outcomes.*

- *Presumably these could be measured before and after by rating scales designed for a mix of worker and adult family member assessment and child self-assessment and family specific goals (5).*

- *Outcome stars (2).*

- *Qualitative feedback from child/parents/extended family members participating (10).*

- *Short-term measures, using a program, such as LAC, is feasible.*

- *Worker assessment (5).*

- *Vic already has a survey of wellbeing of children ('How are Victoria's children faring'), which has had one iteration about children in touch with DHS so that would be a good start (8).*

And finally, the cautions noted to address some concerns with program evaluation in this area of practice were:

- *Unless the agency stays in touch with the family there is no way of knowing/understanding the longer-term outcomes.*

- *Long term more difficult - to get measurement and also to attribute success or otherwise to a particular policy/program. You could compare this population to the kids in OOHC - particularly the 'post leaving care group'.*

- *Entry to care rates are notoriously difficult to use - how could you ever know which interventions would have occurred 'naturally'.*

Development and implementation of a program

> *'However, it is worth noting that no matter how sound the policy, it does not translate to practice unless it is systematically implemented (see Fixsen et al. 2005)'* Respondent, Professor.

- *I am concerned generally that within Australia, Family Support Programs are developed based on consensus and theories rather than from an examination of the evidence-base (4) - particularly given that this is one area of practice in which we have good evidence (3) (e.g. the Australian developed Parents Under Pressure program or the US developed Project Safe Care).*

- *Program development needs a logic model and functional analysis. A shared service intent is not enough.*

- *Use a systematic process such as developing a Theory of Change or a Context-Input-Process-Product (CIPP).*

- *Where there was a lack of specific research base, i would be doing a broader evidence review to identify the evidence-based components of practice that have been found to be effective in addressing the different component parts of the problem and achieving the desired outcomes.*

- *I expect the families to be interviewed and to guide the policy. The best outcomes are achieved through consultation with the service users (4). This will make it work.*

In terms of implementation of a program:

> *My assumption is that successful implementation lies in the 'recipe' for referral, assessment and engagement. The decision making about who, how, why and what will depend on early clarity about purpose and function, the strength of theoretical underpinnings and the capacity of the team to engage, discern, evaluate and change. One can only hope they develop a capacity to do all of this alongside families who need to be involved in evaluations too. In other words, a bottom up approach which can still use the top down knowledge of evidence from other experts* (Respondent, Professor).

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- *Implementation would depend on the service sector's ability to support extended family members.*
- *Implementation of the program from the policy needs to be strongly monitored and supported (2). See the work of Fixsen and colleagues (2005) about the importance of systematic and sustained implementation efforts.*

With regard to program staff and the way the program works with families:
- *Will depend on the capacity of workers to engage differently and relationally with families (2) being clear about the purpose of the program and responding to feedback.*
- *Workers need specific training, supervision and support… (4).*
- *Also consultation with workers to iron out issues.*

And finally, notes of caution and concern, in light of the current service system, worker training and support:

> *The expectation is unrealistic given caseloads and skill level of family support program workers, and will present a further burden on the workforce contributing to workplace stress, burnout and turnover - and as a result ultimately contributing to poorer practice with and outcomes for vulnerable children and their families (*Respondent, Professor).

≈ *If the programs are combined may 'dilute' the Kinship worker expertise - could be difficult to recruit.*

7.5 Conclusion

In summary, there was agreement within the group about what was valued and what should be rejected in two-thirds of the items offered. The finding that fundamental change in policy is needed was absolutely clear and well supported. Where the group showed difficulty resolving items that were contentious or infeasible, reference back to the proposed practice paradigm change supported a position of greater inclusion, and developing a truly collaborative approach with families and across systems. In short, a response that respected and valued families, that sought to support and ensure their rights to live safe, healthy and stable lives together rather than approaching them in a punitive and traditionally bureaucratic manner was pervasive through the questionnaires and areas of inquiry. How these findings accord with the current literature and research, the implications of the group's suggestions, and the 'goodness' of the policy position itself, will be addressed in Chapters Nine and Ten.

Given the panel returned such strong agreement across most items, it is possible to go beyond merely reporting the findings as a list of elements, and so a coherent policy position has been written, and this is reported in the next Chapter.

Chapter Eight
The proposed policy position

8.1 Introduction

This Chapter presents a policy position that moves beyond answering the research question, (W)hat should be the policy considerations for the involvement of extended family with family support services, where children have substantiated child protection concerns and are living with their parents? Given the high level of agreement by the Policy Delphi panel across most of the domains offered for consideration it was possible to exceed the study's aim, of basically identifying elements for a policy, and to produce a coherent policy position. The options offered in the construction of this position were based on information from research, theory and values, current legislation, policy and practice, as reported in the extant literature. As well, this position has benefited from the experience, insight and foresight of the twenty-three panellists, who had an average of 20 years experience in the field of child and family welfare.

The policy position begins by giving background information to establish the need and the context, and then answers the subsidiary questions of the study by outlining: the intent and scope of the policy - including the principles and values, target group and eligibility criteria, and the administration and funding arrangements; the essential elements for a program developed from this policy; and the foundations for evaluation, by identifying a method of evaluation for the policy, and suggesting sought outcomes and potential measures for the program.

8.2 The proposed policy

> 'It is not economic growth as it is counted in money terms by which we should measure the progress of improvement in our society, but by the attention given to people and their development' (Rustin, 2013: 31)

8.2.1 Background to the policy position

The number of children who are the subject of substantiated child protection concerns in Victoria is steadily rising as is the number of children who are removed from the care of their parents (AIHW, 2016b). Research shows poor outcomes in many areas when children and families are involved with the child protection system, including: child stability; the outcomes and wellbeing of children and (potential) kinship carers; family preservation; and short and long term economic considerations. The Victorian Government is legislatively obliged both by the Victorian *Children, Youth and Families Act, 2005* and its commitment to the International Convention on the Rights of the Child (UNCROC), and community expectations to ensure the safety of these children and their families. Family and close friends (kith and kin) are considered a natural source of lifelong support to children and their parents and in Victoria, and internationally, kinship involvement is rising as the preferred way to support parents and help keep children safe. Specifically a key principle of the *Children, Youth and Families Act 2005 (CYFA 2005)* is that 'the widest possible protection and assistance should be given to the parent and the child', s. 10(a). The 'need to strengthen, preserve and promote positive relationships between the child and the child's parent, family members and persons significant to the child', s.10(3)(b), is also noted, underlining the importance of immediate family and kith and kin in the life of a child. Should a child be judged as needing to live away from their parents, again the *CYFA 2005* is clear, s. 10(3)(h) states 'consideration is to be given first to the child being placed with an appropriate family member or other appropriate person significant to the child...'

There is recognition that to be effective, family support services must attempt to holistically address the needs of the family, including key members of the kith and kin network (Tomison, 2002); as well, early intervention is far more effective for the child, family and community's wellbeing, and in terms of financial considerations

(Berger and Waldfogel, 2011; Fox et al., 2015; Nupponen, 2007).Taking a strengths based perspective, being grounded in human rights (Rapp et al., 2006; Weick and Saleebey, 1995), using an ecologically informed approach (Bronfenbrenner, 1986; Green and McDermott, 2010) and relationship-based practice are acknowledged as the bases for good policy and practice (Gray, 2011; Noble et al., 2000). There is also clear research about which program elements and parameters contribute to successful outcomes for children and families in family services and in kinship care. An expert panel of workers, policy analysts, academics and representatives of families in the areas of family services, kinship and child protection was convened, via a Delphi method. They determined which of the elements, identified in the literature and through the contribution of the panel, should be included or rejected as building blocks of the policy.

The primary intent of this policy position is to provide program-based support to extended family members to enhance their ability to assist both parents and children in improving the safety, stability and security of children, where there are child protection concerns.. Program responses that are based on 'more of the same' are proving ineffective in protecting children, supporting families, and providing workers with positive and sustaining work experiences. The proposed policy position could form a part of the suite of freshly generated responses based on the Victorian *Best Interests Practice Framework,* and increase understanding of and program response to a whole of family level (see for instance the Cradle to Kinder and Family-Led Decision Making programs). The work which would flow from such a policy is both preventative and responsive, and provides a targeted secondary-level program to children who have been substantiated as being at significant risk of harm, while being able to meet the needs of families where maltreatment has occurred. Extended family members (including kith) are recognised, respected and supported as a part of the family to work with professional providers in supporting the child's safety, wellbeing and development. The panel considered that simply recognising the contribution of kith and kin would make a significant difference to the way practice is approached in this area (not suggesting that recognition by itself is in any way sufficient); and building on that recognition with respectful collaborative relationships will ultimately strengthen the safety and wellbeing of the whole family.

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The safety of children is the paramount consideration in this policy and subsequent programs. One its subsidiary aims is to increase the number of children who remain living with their parents, but this can only occur when the child's safety, security and developmental needs are being met.

8.2.2 Principles of the policy position and the model of work

The policy position, and consequent programs, are informed by the principles of therapeutic engagement, collaborative case management and require a strengths based approach (over 80% of panellists supported this approach). The importance of relationship-based practice cannot be underscored enough. Core theories and frameworks which underpin the practice directed by this policy position include:

- ≈ Strengths based approaches
- ≈ Relationship-based practice
- ≈ LAC (Looking after Children) or another organising framework
- ≈ Attachment informed
- ≈ Trauma informed
- ≈ Child development theories
- ≈ Family systems theory

The model of work is based on collaborative case management and has as a basic tenet that the extended family, children and parents are actively involved in all assessments, decisions and plans about case goals and directions. The relationship between the worker and the family is a crucial part of all interventions, and its maintenance is therefore critical. (Panellists were clear that there needed to be a significant practice change that began with voluntary engagement of both the family and the program workers and that the practice of monitoring should be abolished). Workers are aware of case-related interactions between the extended family members and the children and family. The policy position clearly acknowledges the heterogeneity of families, and so there can be no formulaic response, although any program will have clear boundaries beyond which it is unfeasible for it to extend.

Program staff work with not only extended family members who are currently engaged with the family, but actively identify and seek out other extended family members (over 80% of panellists supported this across the measures of important, desirable and feasible) and assess their interest and abilities to be involved with the child and family, and the program. It is acknowledged that some families do not have extended family members who are willing or able to offer help and support; or who do not wish to be supported by a professional program. It is not the intention of this policy position that it be applied as a blanket response to all children and families involved in child protection. Involvement in any program delivered from this policy must be a voluntary undertaking for the parents and extended family members. As panel members pointed out, if there are no extended family able to participate in the program, children and families should be referred to other child and family support services to enable them to receive the support they need.

Families (extended family members, parents and children, where appropriate) will participate in a collaborative needs and risk assessment, prior to their acceptance into the program (this was a suggestion made by the panel and received over 80% support as being a desirable element for the policy). This is the commencement of building a working relationship between the worker and family. The assessment will initially determine:

〉 If there is a basis for belief the family can work with the service to make changes necessary to improve the safety, stability and developmental opportunities for the child; this includes consideration of the outcomes of any past involvement with services, the changes made or maintained since then, or subsequent changes in the family's situation that would inform an assessment of ability to change (again, this was a suggestion made by the panel and was strongly supported). This does not suggest that the responsibility for engagement lies with the family, and initial caution or resistance on the part of the family is not sufficient to assess that they have no potential for change;

〉 The extended family members' ability to support immediate child safety, and their potential to protect and support the children in the longer term (this was supported by 100% of the panellists), although the panel were clear that there could not be an expectation that the child's safety be guaranteed by the extended family;

〉 The capabilities (functional strengths) of the extended family members to meet the needs of the family; and,

〉 The capability of the extended family members as potential kinship carers, if they agree to that role.

When the initial assessment indicates that involvement in the program is likely to improve the child's safety, development and wellbeing and change is probable within the family due to the support of the extended family member, the child, parents and extended family will be offered a place in the program, and (should they accept) a collaborative strengths and needs assessment would be undertaken. This assessment would consider the ability of the extended family to provide, or be capable with support to provide:

〉 At least one enduring relationship for the child, regardless of where s/he lives (well over 80% of the panellists agreed this was desirable and feasible);

〉 An increased likelihood of placement prevention;

〉 A way to foster relationships with the child and expand the child's support networks;

〉 The possibility of engaging several or many other extended family members to provide various levels of support to the child & family.

The assessment must consider the burden placed on the extended family (including areas such as financial, emotional, practical, and relational expectations) and workers need to be continually mindful of the ability of the extended family to continue to provide the desired level of support. Ideally, extended family engaged in this program will be able to provide kinship care, if the situation requires it, but they should not be excluded from the program if they are unable to offer alternative care to the child. Most people have a larger number of

supportive friends and family with whom they will never live than those with whom they do.

This assessment will lead to a differentiated, tailored intervention and goal plan for each family. The family and workers together will determine goals, and these will either be met from the resources of the program, or the workers will refer and advocate for the family's participation with other services as necessary. In particular, it is important that the family is supported to (re) engage with universal services so that basic primary needs are met early and the family receives support from services that are a part of the everyday life of their community, which will endure when the family support services have ceased involvement.

The collaborative approach aims to minimize the level of felt intrusion of protective services and the program staff for the family, and work toward redressing the power differential. Again, the children's safety will remain paramount in any intervention and regular contact with the children or with those able to assess potential safety concerns is an integral part of the role of the workers. It is crucial that there is ongoing assessment and review to allow for some reasoned and supported risk taking in exploring non-linear solutions to the complex situations that characterise families involved with child protective services. This point was made by a number of panellists and is a strong theme in the literature see for instance, Munro, 2010 and Humphreys et al, 2010. All work must be linked to clearly defined and agreed goals; it must be reviewed in a timely way and in consideration of the child's ongoing safety and the family's progress to achieving their goals. This is particularly important where the family's circumstances change (for instance if a child moves to kinship care). A collaborative re-assessment at that point, would revisit the initial threshold question of whether the family wishes to continue to be involved and what change is needed, wanted and likely.

Caseload expectations of workers must acknowledge that the service being provided has been traditionally covered by a number of programs and that the services offered may not have been as extensive as the individualised responses given by this program. Thus both the time taken to perform the necessary parts of the role, and the training and supervision requirements to properly support

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workers need to be factored into workload formulae. The panel were concerned that workers with one skill set would simply be assumed to be able to increase their workload, and that under those conditions there would be insufficient support, training and supervision, which may lead to high levels of stress and staff turnover - the antithesis of the policy position. In particular, the supervision and support needs of workers, who are working from a relationship base, must be considered. The development of any program should explore how to sustainably configure the workers' time (for instance, two people may co-work with a family).

8.2.3 Target group and eligibility

The target group for this policy position are the extended family members of children who have substantiated child protection concerns and live with their parents. Substantiation is currently far less likely to lead to Children's Court involvement than not, and so families who are eligible for inclusion under this policy position are not defined on the basis of whether they are the subject of a court order. Where there is a court order it must be consistent with the intent of the policy (that is, the children must remain in or be returning to the care of their parents) for the family to be eligible for service.

There is no prioritised group of clients, which relates to the age of the children, nor to their history of out of home care involvement or not. The panel believed it was important for the policy to not limit who or when children and families were eligible, citing gaps in service provision (for instance, there are very few services that target 7 - 12 year old children); although it is recognised that any program developed from this position will have to create some clearly defined parameters to enable demand management. The rationale should be stated transparently, and its development should take account of what other services are offered to families in its region, be informed by research about risk factors, and should be made in consultation with the major stakeholders.

The policy position covers both Indigenous and non-Indigenous communities and acknowledges the wealth of knowledge about and the immense value of recognising the essential role of extended family and community within the

Indigenous community. Collaboration with Aboriginal service providers is essential in the development and implementation of any program to ensure it is culturally sensitive, and recognizes and respects the diversity of each family and each family member. The collaborative assessments and individually tailored responses that form the basis for intervention with families should be clearly informed and responsive to cultural issues and concerns.

8.2.4 Administration

There are several options for the administrative situation of this policy position; it has clear links to the current funding and policy streams of family support services and kinship care programs. The intention of the policy position is to change not just the programmatic response to families, but to advance the responsiveness of the service system according to theory, research and evidence-informed practice. This policy position advocates for revision and extension of the structure of the service response, the panel adamantly agreed that although this should be a new program response, it should not be a standalone service, which would create another division within the system. Administratively, this policy should sit within the nexus of the two services (family support and kinship care) to provide the opportunity to harness the expertise of each program in areas such as respectful and collaborative (extended) family engagement, assessment and support for the whole family, and proactive consideration of kinship care options for respite or longer term care, should they be needed. The purpose of the revised structure is to allow work with the family to continue with the same workers, regardless of the family's potentially changing situation. There should also be improved administrative practices, and time and cost savings as a result.

Given the criteria for families to be involved in a program under this policy position includes that they engage voluntarily, and that the children are living at home or are about to be reunited, within the current configuration of services the entry point for the service will be held with the Child and Family Information Referral and Support Teams (Child FIRST). Child FIRST is offered in sub-regional catchments across Victoria and provides a community based referral point into Family Services. It provides service interventions with a whole-of-family focus, to

strengthen parent capability to provide basic care, ensure safety and promote their child's development and improve the family's community connections and access to community resources. This allows referral from the widest possible base, while performing 'gate keeping' role, for what will be a limited resource. The program will be delivered through Community Service Organizations, with a reporting function to child protection with regard to the family's progress, where they have ongoing involvement.

8.2.5 Funding for the program

Intervening with the aim of keeping children living safely with their parents has been shown to provide better long term emotional and behavioural outcomes for children and families and better fiscal outcomes for the sector (Berger and Waldfogel, 2011). Imortantly, though, the panel very clearly rejected the notion that the intent of this policy should be to provide cost savings to the government, and emphatically rejected the notion that funds should be diverted from existing kinship or family services programs. Funding must be comprehensive, and recognize the financial burden to (extended) families in working to keep children safe, where there are protective concerns. Many children and families who have involvement with the child protection system have diminished resources, included poor housing, lack of basic household items, poor mental and physical health, poor educational outcomes and high levels of unemployment (Cuddeback, 2004; Dunne and Kettler, 2008). Although the program cannot be funded to the level that provides for total redress of the broader issues, program funding must acknowledge the family's need to remedy these inequities, and so allow some discretionary funding for clients.

The funding formula must also acknowledge the need (and therefore cost) associated with the desired changes and so, at least initially, allow for the costs associated with training and supporting workers in the new way of practice, as well as supporting cross sector program redevelopment. The training and support needs of workers is reflected in salaries and provision for support to attend further training, and allocation of time and resource for supervision - it is essential to ensure the workforce is highly skilled and well supervised in order to provide a

comprehensive service to clients who have a wide age range and whose needs for support cross a number of areas. At its most immediate, the financial benefits of this program include a decrease in the number of children taken into out of home care, associated legal costs and often medical treatment costs; at the system level, lower staff turnover rates, and hence lower cost of recruiting and training new staff, as well as a significant decrease in the duplication of services and administrative burden, stemming from the realignment of various programs and sector collaboration.

8.2.6 Development of a program from this policy

Program development needs to be in keeping with the stated collaborative, relationship-based nature of the policy, and so parents, extended family members and children (in a way that is developmentally informed) should form a part of the group (alongside practitioners and departmental representatives) that works to create a program from this policy position.

Although the policy does not direct priority groups, nor length or intensity of engagement, given the finite nature of resourcing for programs, in the program's development and implementation, consideration needs to be given to how and under what circumstances the service is offered and what may be the potential limitations. For instance, as suggested by the panel, it may be necessary to 'triage' referrals and deal with those who have the most significant needs, or privilege families where children are within particular age groups (for instance, major life stage transition points) or have had multiple out of home placements and need stability of place and relationships. The type and intensity of service is likely to vary directly with the perceived risk/s to the children's safety. Whatever the criteria for priority access or the decisions about length and intensity of service, there must be clear guidelines to ensure program fidelity, and so the child, family and extended family are clear about what is being offered. This is not to invalidate the need for flexibility of response, but to build clear boundaries for the program's scope.

8.2.6.1 Practice considerations

The workers' relationship with all members of the family (children, parents and extended family) with regard to all work and particularly the assessment and management of risk, is crucial in navigating various points of view, particularly with regard to the living situation of the child. Already noted in this policy position is the need for supportive, regular and robust supervision to enable the worker to form and maintain strengths based, collaborative relationships with clients, An important change in the approach to work with families, put forward by the panel and in the literature, is to enable assessed, supportive risk taking rather than interventions being driven by an unyielding, risk-averse perspective. Workers will have highly developed skills, and thoughtful, regular supervision, in order to make assessments that balance the need for: children to be safe, with the understanding that there are risks associated with removal; and, connection to family with the risks of remaining at home.

In keeping with the current (2017) plans for work in child protection practice, family led decision making meetings/family group conferences/mediation will be offered early in the assessment and intervention phase, but will not be limited to this stage, nor to points of crisis. The focus of these meetings will extend beyond making a limited number of point-in-time decisions about specific concerns to promoting the healthy, sustainable functioning of the child, parents and extended family. Prior to the meetings being convened, a clear assessment about the ability of each family member to participate in a positive and cooperative way will be made. It is acknowledged that many families have difficult and at times acrimonious relationships, and so work with individual family members may need to occur before any attempt to bring the family together as a group. Support for extended family members may be offered to them separately or with the whole family or via peer groups, depending on an assessment of which method will move the family closer to being cohesive and supportive in their interactions. (The panel noted that, for instance, extended family members may need individual time for support if they begin to feel frustrated with what they believe is lack of progress or regression of the parents; or, psycho education may be helpfully delivered to the whole family. Each situation will be determined by the worker and family together.)

Contact between the worker and extended family members is best viewed as a meeting of collegiate parties rather than the more formal and hierarchical notion of supervision. The panel were firm that the collegiate, relationship based approach should be consistent across all stages of intervention and that the family (child, parent and kith and kin) should be treated as one unit, not have the kith and kin co-opted as pseudo workers. An agreement about contact must be negotiated to balance the need for the worker to remain apprised of the current family situation (and must be commensurate with the level of assessed risk to the children) and provide adequate support to the extended family with the recognition of the impost this may present to the extended family members. The method of contact and service delivery should always be guided by 'what is going to be most helpful in promoting a strong, cohesive and sustainable extended family?'

Information about core concepts such as attachment theory, the effects of trauma, principles underlying responses to children and adults who have experienced trauma, and child development may be delivered to a peer group, to the whole family within the framework of psycho education, or through individual sessions with workers. A skills assessment (which may be gained through a simple interview) for the family members could be used to direct which training is offered. Ongoing assessment of the ability of the family to understand and utilize these concepts as required in their situation must be made as a part of the assessment of their progress; as one panellist noted, there needs to be evidence of actual change, not just attendance at a form of training.

As well as the required elements outlined, additional elements of the program that may be offered to families (depending on the family's individual plan) include:
- Advocacy
- Peer support group
- Family counselling/family therapy
- Personal counselling
- Other interventions which are within the knowledge and expertise of the staff and the capacity of the program.

Exiting the service should be conducted in a planned way and may involve a 'step-down' program response. Regardless of the reason, when a family leaves the service, it will be clear if there are any conditions or expectations that would be linked to re-engagement, from either the family or the program. It is envisaged that families may re-engage with services at subsequent crisis points, including family transition points, and this needs to be factored into the eligibility criteria, the workload formula and assessment processes. It should be the aim of the program that families who re-engage are allocated the same workers.

8.2.7 Evaluation measures and expected outcomes from the policy and programs which are developed from it

Outcomes from this policy are expected to be far reaching and impact on many levels of the sector and those engaged with it. Long-term the benefits will include lower financial resources needed to address subsequent difficulties for children and families, as their informal networks will be stronger and more able to recognise and address difficulties earlier. Because intervention is targeted before the children and families need intervention services, there should be a significant decrease in the emotional, relational, psychological, medical and legal consequences suffered by children and families where issues of risk and harm remain effectively unaddressed.

Specific evaluation of the policy could be accomplished by utilising the matrix developed by Gilbert and Terrill (2012) to ensure that any changes to beliefs, values or research evidence are used to update the bases of allocation, eligibility, how the service should be delivered or funded.

The program will be evaluated at a number of levels; program reviews (for outcomes and fidelity), and action research will inform regular review of the policy and programs. Standardised recording practices, clear goal setting, baseline measures, feedback from clients and targeted reporting of program inputs and outcomes will form part of an action research strategy that is embedded into the program. The purpose of this is twofold. Firstly, action research allows specific program elements to be explored and enables quality improvement; secondly,

routine and contemporaneous collection of data allows for a more robust evaluation and therefore contributes to the research base of expected outcomes and good practice within the area, as directed by the principles and definition of evidence-informed practice.

The panel determined that there should be clearly sought outcomes (as opposed to outputs) and identified expected changes in the system and in population level statistics; the concepts they suggested, with some particular measures are listed below:

For children, the changes expected include: general improvement to children's wellbeing and safety; a decrease in trauma related behaviours; improved recognition of children's needs; increased stability for children including a higher proportion of children remaining in (or returning to) their parents' care after a substantiation; a decrease in contact with the child protection system (subsequent to the current involvement); improved relational contact for children provided by the family; and an improved sense of identity. Measures that may be used to show the level of achievement of these goals include:

At the individual level: the LAC dimensions to guide goal setting and review particularly related to developmental needs; school attendance rate and achievement; increase in the children's number of friends and extent of their support networks.

At the population level: decreased rates of out of home care; when out of home care is needed, it is more likely to come from within the kinship network; decrease in re-notifications; longer term outcomes for children in the program could be compared to those of children who were taken directly into the out of home care system, or families where there was no extended family to participate in the program. Links could be made to measures used in 'How are Victoria's children faring?' or reported against the child outcomes framework.

For parents, the changes expected include: feeling more supported by the system and by family; improved parenting ability; decreased risks to children and adults associated with mental health problems, drug and alcohol dependency or family violence. These could be measured using 'outcomes stars' which are targeted to specific needs (and can include broad parenting and relationship

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improvement as well as attention to specific issues such as drug use or family violence); and direct feedback about the parents' experience of the program against its expected performance.

For the extended family, the expected outcomes include: feeling supported, not simply receiving lip service of their importance; demonstrating the ability to meet the challenges of providing a safe, nurturing environment for the children; having improved connections within the family, and a sense of the whole family being more cohesive. Measures for these goals can include: the number of positively involved members of the extended family who offer support to the child or the parent; self-report of feeling valued and supported by the system.

Goals for the workforce include: the expectation workers will demonstrate a high skill level and a commitment to continuous improvement; achieving better employment retention; child protection workers will be better engaged with families; children and families will experience fewer worker changes; and will have overall contact with a lesser number of professionals than is currently the case.

At a programmatic level it is anticipated that: work practice will be more collaborative with the whole family and frameworks focussed on the whole family such as Mirror Families will gain greater currency; case plans will be more flexible and have improved relevance for the family and workers; fewer families will become involved in the court system and there will be less contests with regard to court action. The measures that may be used to appraise whether these goals are met could include: rates of employment 'turnover'; qualitative feedback about the successes and challenges of the program (from the worker and the family); lower numbers of workers engaged with each family, and number of families lodging contests in court compared to a benchmark or matched sample; fidelity of program implementation; and appraisal of skill development.

The system is expected to show significant changes in terms of: improved collaborative work (including improved communication and a shared understanding of the family's goals) within the sector and across sectors; a concerted effort to engage the various service sectors to support the family where

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there are difficulties due to structural issues (such as housing and employment); a reduced number of programs with which the family is involved - particularly showing a greater integration between family support services and out of home care programs; and, less duplication of administrative tasks. Evaluation of system level goals could include: reviewing if the practice in the program is reflective of the values, underpinning theories and principles of the policy and program; as well as cost/benefit and other financial analyses.

8.3 Conclusion

This chapter has presented a policy position that is based on research, theory and values, current legislation, policy and practice gained through a literature review. This knowledge was then filtered through the understanding and insight of a panel of twenty-three senior and well-respected academics, policy analysts, practitioners and representatives of families within the child protection system. The initial intent of this study was exceeded, and rather than just identifying considerations for a policy about the involvement of extended family in family support services, this coherent policy position was able to be developed. The policy position also answers the subsidiary questions of the study by outlining: the intent, and scope of the policy; the essential elements for a program developed from this policy; and gives strong foundations for evaluation of the policy and program outcomes.

The next chapter offers an evaluation of the policy position against the specific requirements of a social policy, and then considers whether these elements fit the stated values, theories and research that is applicable to both social policy, generally and those that have been espoused by this policy position in particular.

Chapter Nine
Analysis of the policy position

The purpose this Chapter is to provide an analysis of whether the policy position demonstrates congruence with its stated underpinning theories, values, and current research. Specific reference is made to strengths based policy development to show adherence to this model. The Gilbert and Terrill (2012) matrix will be used to frame the analysis; an explanation of this construct is given in Chapter Two under the heading of Social Policy theory: Select measurement and evaluation criteria, and won't be repeated in detail here. As a reminder, it is a two-step process, where the first stage seeks answers to the 'what' questions about the dimensions of the policy: what are the bases of social allocation; what are the forms of social allocation; and how will they be organised and financed? (Gilbert and Terrill, 2012: 61). The next stage establishes purpose - the 'why' - which is answered by examining each of the four dimensions against three axes: (a) the range of alternatives within each dimension; (b) the social values that support them; and (c) the theories and assumptions that underlie them. Each of the categories will include information about the types of considerations that are undertaken for each concept and then apply this knowledge to both the options that gained agreement to be included, as well as those that the panel clearly rejected for this policy position. Where there was uncertainty or confusion about the preferred option, this will also be noted and analysed to seek a suggested resolution. Research is used both in the development and analysis of the range of alternatives in the study itself, and in the final step in this analysis (that filters the policy's theories and assumptions) which is consistent with the evidence-informed approach to policy development that was constructed in Chapter Five of this thesis.

The matrix will be used in a narrative form rather than in its literal sense (a three dimensional grid) for ease of reading. Each 'cell' will be presented as a taxonomy of points; there does not seem to be a helpful way to present this as flowing prose, and unless otherwise specified the concepts informing the analysis are derived from Gilbert and Terrill and will not be attributed any further in this Chapter, unless there is a specific quote.

9.1 Analysis of the domains of the policy position

9.1.1 What are the bases of social allocation in this policy position?

A selectivist approach and the residual view of service provision at the secondary service system level

Because this policy position is written for use in the child protection system it cannot be considered a universal approach (something that applies to everyone). The particular form it takes is of a residual approach, that is, a temporary response that is put into play when so-called life as usual does not meet the human needs, and the entitlement ceases when the difficulty has been overcome. Often, selectivist, residual services are delivered as a 'safety net approach', focussed only on stopping the family falling below a predefined minimum level of functioning; in contrast this policy position aims for practice that enhances the family's ability to live sustainably outside the child protection system (Rapp et al., 2006).

This policy position recognises that the service system does not offer sufficient responses at the universal end of the continuum to engage and meet the needs of families with additional needs (and indeed, this is not the target or purpose of the universal level services). Nonetheless, it is important that families are well engaged with universal services, and so the policy directs this as an area of specific attention. Responding to groups who are identified as being 'at risk' is the role of secondary services (O'Donnell et al., 2008) and so this policy position is located at that level. The underpinning values and principles for work are based in a strengths approach, work is voluntary, collaborative, client driven and based in human rights not in the belief of human failing (Rapp et al., 2006). Given that participation by extended family is voluntary, one important caveat to this policy is that it cannot be the only approach to supporting families, as noted by some panellists.

> *Could not be prescriptive that all families are supported by extended family; and so there must be more support options than just this program (*Respondent, Professor)

In social policy terms, targeting a particular group of society is called a selectivist approach, when intensive support generally occurs after problems have been identified. Rapp et al. (2006) would reframe this into strengths based language to recognise that families for whom this policy is relevant have identified needs that must be met in order for them to enact their human rights. There are several ways that are recognised of implementing the notion of selectivity, which are: attributed need - being defined into a certain group that is considered to have additional needs, for instance, living in a low SES area; compensation - where a specific group of people are recognised as having made a specific contribution (e.g. war veterans) or have suffered unfair disadvantage (such as racism or sexism); diagnostic differentiation - which is conditional on a professional judgement of individual circumstances (e.g. medical diagnoses, or special education needs); or means-tested - where there is a predefined criteria to inform an assessment of whether an individual has the ability to pay for a service. The selection process for this policy position is initially based on diagnostic differentiation, where the criteria are children having substantiated child protection concerns (as established by child protection workers) and who are living with (or about to reunite with) their parents, regardless of whether they have a court order.

Eligibility and targeting

The policy position is not restrictive about eligibility for referral, although it is acknowledged that when this is translated into a program the agencies will have to impose some restriction of access to the program as a form of demand management. To address direct some of the eligibility criteria for programs, the policy offers the following recommendations:

- o An initial screening with families is targeted to establish if there is reason to believe the extended family and the parents are able to and want to engage with the workers and the service, as well workers being able to form a view about whether the family are able to make necessary changes to improve the safety, stability and wellbeing of the child. It also covers whether the extended family are able to contribute to the protection and support of the child. The assessment of extended family would also include assessing their capacity to provide kinship care if necessary, and their capacity to

meet the needs of the family. The very clear message from the panel was 'services should not be used for monitoring of families and should not be involved when there is no capacity of change' (Questionnaire One, Senior Out of Home care manager). This is an appreciable transformation in practice from the current situation, which prioritises families primarily on the basis of being assessed as having the greatest amount of risk. The need for change stems from the fact that the present approach disregards: the evidence that risk assessment is often inaccurate (and so can leads to poor targeting); and importantly, whether the family have interest or intention to participate with the workers; or if there is the capacity for change, in their given circumstances. This realignment supports the notion that there must be a productive relationship for the family to have any chance of benefitting from intervention, and for the worker to be able to offer something of value to the child's safety and wellbeing. Having said that, the policy position rejects determining whether the client has the ability and interest in changing based on a-priori measures such as whether they are involved with other services, or on the number of times there has been attempted reunification, and places the responsibility for engagement with the service rather than the client.

o There is no policy restriction based on the age group or whether the child has been in out of home care, although there will need to be some eligibility criteria developed by the program to manage demand, and these areas might be the basis for that. Some groups may be prioritised to meet the expertise or raison d'être of the agency, or to fill gaps in the service system (for instance, at the moment in Victoria there are few services that are targeted to families who have children aged 7 - 12 years). The risk for maltreatment increases, according to research, when families are at major transition points of the life cycle (specifically, risk increases when children are in the age ranges of: prenatal to preschool; and moving into adolescence). Although this may suggest that these families should be prioritised, the panel was cognisant that not all children and families fit the 'transitional life stage' categories most often used for service targeting currently, and so they are effectively excluded from programs. This leaves tertiary child protection as their only service option, which only becomes

engaged when the situation becomes worse (Leadbeater et al., 2004). Not to put it too finely, that is not a strengths based or early intervention approach.

- o Families are able to re-refer. The policy is not restrictive in only allowing families to have one chance at any program, it is clear that the panel believed that there should be no limit on the number of times, or the timing of when the family seeks to re-engage with the service. This approach directly responds to the concern that welfare services often only help the family enough to get through the immediate crisis but do not afford them the support they need to thrive, thereby leaving them in a position where the intervention merely 'maintains minimal standards of living and downward trajectories across generations' (Leadbeater et al., 2004: 26). The recommendation is that for each new referral there is a new initial screening, to establish if the service can offer anything useful to the family, and again, if the family wants to engage and seems able to change.

- o Similarly, should a family's circumstances change significantly (for instance if a child moves from living with their parents to living with kith) there should be a collaborative review of goals, of the family's interest in remaining with the program, and should seek evidence of their capacity to change.

In common practice, eligibility for a child welfare program 'expires' after a certain time or amount of service received (for example, 6 months or 10 sessions); this is usually determined by the service or as per the service agreement the agency has with the government funder. Whereas, this policy position requires the service provider and the family to jointly determine when the (extended) family is in a sustainable position and it is reasonable for them to disengage from the service, which is consistent with the collaborative approach and the strengths based belief in helping people to thrive not merely survive.

The policy position does not support a separate program for Indigenous clients (this position may reflect the lack of representation of Aboriginal people on the expert panel and further consultation with Aboriginal Community Controlled agencies should occur before the policy is enacted; this is discussed further in the Chapter Ten, Discussion, of this thesis). It was clear that workers must be culturally aware and tailor interventions to meet the needs and circumstances of

each of their clients (who include kith and kin as determined by the family), and that programs must recognise and respond to the undeniable need and over-representation of the Aboriginal people in child and family welfare services.

Cost effectiveness and social effectiveness

Another reason for defining the bases of allocation is to reflect how the policy intends to be effective; in social policy, the two areas that are most often considered are those of cost and social effectiveness. This policy position aims to achieve both through providing an earlier intervention response to, at a minimum, prevent children who are known to be at risk of future maltreatment from having additional and increased episodes of neglect or abuse, and optimally to promote and support a home and family environment that allows them to thrive. The requirement for an initial screening about whether the family are likely to engage and benefit from the service, is expected to show cost effectiveness, through delivering the program when there is an assessed belief in its ability to be effective. The contemporaneous cost savings associated with earlier intervention include: decrease in medical and other health services at the point of maltreatment, and costs of out of home care (court costs, program and carer costs. There are also longer term social and financial savings, which have been outlined in the Literature Review, Chapter Three, of this thesis (such as better educational attainment and so better employment prospects meaning a lessened burden on the social security payment system and increased financial input to society via the tax system).

Ensuring access to those who are eligible

It seems obvious but, in policy analysis it is important to find out who actually benefits from the policy and program and so the question is about not just who is eligible but who in fact accesses the services. Much of the answer to this can only be known once there is a program that is operating, which will enable an assessment of: what proportion of clients decide to or are able to link with the service; how well potential clients know about and understand the service; and what it is that encourages or deters them from taking up the opportunity. The first two points are difficult to speculate on, but the third question about what would encourage or deter clients may be open to hypothesising about what may be

potentially gained and lost for them, and so can be used to gauge how well the policy has undertaken similar considerations.

Referrals are accepted through the Child FIRST gateway, which is open to anyone, there does not need to be a formal assessment (although in this case, there will have been a substantiation of child protection concerns) and the focus is on supporting families and attempting to help them stay out of the tertiary system. These seem to offer positives, being less stigmatising that services that are associated with child protection specifically and those that have a more punitive focus or profile in the community. The Human Services Standards (State of Victoria, 2015) and the collaborative, strengths based approach required by the policy should inform the conduct of the program and workers in making every effort to ensure the family is not treated in a stigmatising way. Goals and plans are individually tailored for the family, rather than formulaic responses that may not be relevant to the family, and so it is hoped families will feel valued, engaged and motivated to work with the program.

In terms of what the family loses, they initially give up autonomy for collaboration with the service, for the potential gain of improving their situation. This means they lose privacy about some of their family matters, specifically those that relate to the negotiated goals they are working towards, which is balanced by the family retaining decision making power in collaboration with the service provider and having an active part in determining the goals to which they aspire. The collaborative needs and goals assessment should identify, quickly, whether there are impediments to the family being able to physically access the service - such as the need to work when the workers are visiting the home, or transport difficulties. Any structural issues that operate against the family's participation should be jointly acknowledged and resolved.

The situation for individual clients and programs will naturally differ in the detail, but on the face of the gain/loss question, it seems reasonable to say that the policy does not seem to inherently deter clients.

9.1.2 What are the forms of social allocation offered by this policy?

Direct practice service

The nature of service offered from this policy position is direct practice, rather than (for instance) system advocacy, vouchers, or cash. In the current welfare system, the notion of people having an allocation of funding to 'take' to different providers is often discussed although not widely practiced (the National Disability Insurance Scheme (NDIS) is the most obvious, recent attempt to configure service delivery in this way). There is sometimes funding available for brokerage to purchase some services but again that is limited; and in fact, although it was not resoundingly discarded, the option of brokerage failed to gain sufficient support to be included as a part of the policy position. Given the strong research and practice support for brokerage to be included, this option should be revisited before the implementation of programs.

Engagement of families and workers.

Engagement begins with a collaborative initial screening (between the worker and family), to determine if the family want to be involved and to assess if there is a reasonable likelihood of change, not just 'monitoring' the situation. This point is the formation of the relationship between the family and worker. After this, assuming the assessment is positive, the policy directs that the program should commence with the family and workers participating in a collaborative and transparent assessment process that considers strengths, needs and risk. A critical part of this assessment is understanding the voluntary and collaborative nature of engagement. There is no capacity to compel extended family to accept or engage with services from the program, and workers need to ensure that clients feel welcomed and empowered - engagement is not a "wait and see (if the client engages)" game on the part of the workers. The policy also requires the workers to support extended family members, so they can support the child and the family, not selectively attend to some people and not others. Because the workers remain involved with the family regardless of which phase of child protection system they move to (that is, if the child is at home or with kin carer or other out of home options) engagement should be enhanced. Both the worker and the family have the opportunity to see the relationship as an investment (as opposed to the current

system) because the worker won't leave simply because the family's circumstances have changed.

Elements of any program

Because this policy is specifically designed to provide services that are responsive to the client's needs and situation, there is a level of abstraction about the service options. Given the individualised approach the panellists believed was necessary, and is a requirement of a strengths based social policy (Rapp et al., 2006), the type and intensity of service will vary according to the perceived risks to children's safety and other factors to do with the family's functioning; consequently there needs to be flexibility in the response of the service. On the other hand, Gilbert and Terrill (2012) note that this must not be used to obscure the spirit or intention of the policy, recognising that where policies are distorted in this way, it is most likely to lead to later conflict because the implementation of the policy is not consistent with what the various stakeholders believed. The policy does define program elements that are to be offered to all families and outlines the services that may be offered, depending on the client and program circumstances, so the what is on offer and how the program may work is not entirely unknown or intangible. Additionally, the study used methods that sought to identify areas of interest, agreement and disagreement in a panel that was comprised of the different stakeholder groups, which included people who could represent the client's perspective, as this is a requirement of strengths based policy making Rapp et al. (2006). Thus, although the program response offered to each client cannot be specifically stated (it is not formulaic), the clearly identified options are valid in terms of the policy representing the views of the various stakeholder groups.

The policy position does define some specific services that should be offered to all families (not that they have to engage in these, but they must be available) including: counselling, family therapy or mediation; family group conferencing and searching for family members who had become disaffected or disengaged, for the purpose of re-engagement of those who are willing and able to provide assistance to the family. Better known to kinship services (than family services) is the need for mediation or other approaches that help the family to deal with (sometimes)

longstanding grievances, so they are able to move on from their own conflicted feelings to focus on the children's need for a well-functioning, supportive extended family. A primary purpose of the policy position is to help family members move beyond their current difficulties so they can all resource and support each other. Therefore any program derived from this policy should not exclude families or specific members on the basis that the family 'don't see eye to eye'; one assumes if family members were able to independently resolve their differences they would have done so.

The policy outlines that the role of the extended family includes them: working towards children remaining safely at home with their parents; providing at least one enduring, life-long relationship for each child; helping children increase their number of informal supports; and providing ongoing support to the family. Ideally, also, if children need to live away from their parents, the extended family members who are engaged in the program would be the clear preference to provide the alternative care arrangement, although the provision of kinship care is not a requirement of the policy. Thus, there is an expectation that the kith and kin will support to the child and the family, and the expectation of the service system is that it recognises and supports this effort. This policy advocates for the same workers to support the family, regardless of whether the child is living with the parents or has to temporarily move into the care of extended family.

The policy also suggests that other service options could include: advocacy; peer support or groups that have a specific focus (psycho education for example); and other interventions which are within the knowledge and expertise of the staff and the capacity of the program. This recognises that families within the child protection system have varied and complex needs, but they are not homogenous.

The final type of social provision is that of opportunity, which is realised in this policy in several ways. To begin with, interactions between the workers and the clients are expected to be characterised by collegiate contact. The collaborative nature of service delivery offers the opportunity to rebalance power toward the client, and the ability to discuss and negotiate their preference in terms of goals and priorities.

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Significantly, many of the opportunities that are created for the family come through the involvement and support of kith and kin. For instance, the aim that, if children need to move away from their parent they would have the opportunity to live with a known extended family member. Additionally, the policy position aims to increase the child's social networks (not simply target its attention to the parents). This is in line with research findings by Lietz et al. (2011) who found that children were more robust and resilient if they had a greater number of contacts outside their immediate family. The opportunity for developing and increasing the child's support network and connection to community has a strong chance of occurring under this policy position, which actively seeks a wider circle of family members, particularly those with functional strengths, to support the child and family. Quite simply, the policy position seeks to strengthen the capacity of families to live safely and happily within the community, and so enjoy the opportunity to participate in 'everyday' activities, in an 'every day' way.

9.1.3 How will the services and benefits be organised and delivered?

Secondary service system, delivered through Community Service Organisations (CSOs)

This policy targets children and families who are on a continuum that runs between the secondary tier (voluntary engagement with family services who respond to an identified level of risk of future harm) and the tertiary response (child protection and court involvement). Child welfare services for both the secondary and tertiary level within the state of Victoria (except for Child Protection services itself) are provided through a purchase arrangement between the State Government and the non-profit sector, it is a privatisation approach rather than a commercial one. Philosophically, the Australian and Victorian governments recognise an obligation to meet the needs of people who are struggling to achieve their basic human rights by providing access to services. Pragmatically, many families involved in the child protection system are financially impoverished and so would not be able to afford to pay for privately provided services. As an alternative, there are certainly some private providers, particularly in the area of counselling services, but they are less likely to be recognised or accessed by clients than the CSOs who are seen as a 'known quantity' and are generally easier

to access. This policy specifically locates program delivery with the CSOs, which fits with the administrative situation of Family Services (and some kinship care) currently, and so maximises the chance of families knowing about the service and how to access it.

Standards of service delivery

While this policy position requires that programs need to be flexible about services, the government needs to account for public money and to assure some basic levels of how and what services are provided. The *Children, Youth and Families Act 2005* s.59 requires that CSOs meet basic standards, these are also outlined in the Human Service Standards Policy, and cover areas as diverse as the presentation of the office space ('welcoming'), governance of the agency, information and knowledge management, partnerships and coordination, seeking feedback from clients and financial management. At a more specific level, each program is funded according to a service agreement, which outlines the composition of the service delivery, who should carry out the basic tasks, who makes decisions, and it specifies the performance measures. This policy position recognises that direct service delivery can occur in a number of ways, including: with individuals, the extended family group (including the parents, and the child where appropriate) or through peer or support groups, using various approaches (counselling, mediation, education, practical support).

The requirements of good service delivery

A number of generalised barriers to the provision of good service delivery have been well recorded. These areas of potential concern and the suggested remedies will be outlined, together with an explanation of how this policy position has specifically worked to annul them.

Fragmentation (what happens within each service and how that relates to what happens within others); the suggested solutions include eliminating duplication, and the development of single case plans. One aim of the policy position is the notion of a reduced number of programs that families have to negotiate. The well-known cry of 'pull down the silos' was particularly clear in the study - thus, this policy position should not be used to set up a different, stand-alone program.

Having said that, a clear concern expressed by some panellists was that the tasks and functions of the policy may not be funded but would be added to the expectations of existing services, given there would not necessarily be a 'new and shiny' service. If that situation arises, there are several unhappy consequences anticipated: firstly, there would be an increase in the expected work load of individual workers with no extra resources (potentially leading to poor practice and high worker turnover); secondly, the prominence and legitimacy of the changed approach to practice would be lost because there would not be any specific, new platform and it may be seen as more of the same; and thirdly, the ability for the system to provide a holistic response would be extremely compromised as a result of both decreased worker time for interagency discussions and the sense of business as usual without a new funding and a new performance measure framework.

So, where to place the new hybrid in the current organisational structure so duplication and fragmentation are avoided? There are several options for the administrative situation of this policy as it has clear links to the current funding and policy streams of both family support services and kinship care programs. A program nexus between family support and kinship care would provide the opportunity to harness and extend the expertise of each program in areas such as respectful and collaborative (extended) family engagement, assessment and support for the whole family, and proactive consideration of kinship care options for respite or longer term care, should they be needed. From an administrative point of view, the revised structure will allow work with the family to continue within a single program, with the same workers regardless of their changing situation, rather than be shifted to different programs and workers. There should also be improved administrative practices and time and cost savings as a result of not having to deal with case closures, transfers, multiple files for the one family and so on. One note of caution offered by a panellist was that she believed there was a difference in the current level of knowledge and skill between the two sectors, so any combination of the programs should aim for the higher level of each, not the lowest common denominator.

Discontinuity (where there is lack of communication or coordination between the services); solutions offered include increased coordination at the case level, co-location, and improved communication and understanding of the roles of services. This policy promotes the use of specific efforts to engage likely referrers from the primary sector (such as GPs, teachers and Maternal and Child Health Nurses). In general, the level of coordination between service sectors is expected to show significant changes in terms of improved collaborative work for clients. This will be evidenced by the client's experience of being supported to become more active in defining the goals of the service intervention and of having workers actively address difficulties that are due to structural issues (such as housing and employment). Collaboration between the CSO and child protection is also crucial given that (within the current system) only child protection are able to make the assessment about the suitability of potential kinship carers (should the family need this, the CSO workers can't just arrange it themselves) and so timeliness and priority need to be negotiated between the services with the client's needs and preferences informing any decision. Continuity of service delivery should also be enhanced by the changed administrative situation of the program, which allows it to encompass work within the traditionally-understood areas of family support and out of home care, meaning that the one worker (or allocated workers) can remain involved with the family as their needs change, rather than moving them to a different worker in a different program.

Unaccountability; for which the suggested solutions may include input and decision making by clients at assessment and when developing and reviewing the case goals, client feedback and participation in service planning and evaluation. One of the basic building blocks of this policy position is collaborative practice with clients, they are intrinsically involved in all assessments, goal setting and review. This includes the assessment and understanding of the support needs of the extended family. The assessment must also consider the burden placed on the extended family (including areas such as financial, emotional, practical, and relational expectations) and workers need to be constantly mindful of the ability of the extended family to continue to provide the desired level of support. Also, the role of structural factors in creating and solving some of the family's difficulties must remain a live consideration, to retain the view and options for potential

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interventions at the exo and macro systems levels not simply resting responsibility with the parents.

Traditionally tools for promoting accountability in welfare services have been supervision and training. Although the panel did not like the terminology of 'supervision' or the idea of mandatory training for extended family, they did believe that family members needed skills, knowledge and support to be able to work with children and families who have experienced trauma. There is a significant focus on training for residential and foster carers in trauma and attachment theories, self-reflection and self-care practices (With Care and Step-by-step being the current training packages offered in Victoria), which gives recognition of the need for carers to gain a solid understanding about the particular needs of children who have experienced maltreatment. It seems at odds to suggest that kinship carers or supportive extended family do not need these skills, knowledge or support, when the children to whom they provide support and care have experienced the same types of trauma (although the degree may vary) as those in other out of home care programs. In keeping with a collegiate approach, rather than a hierarchically-based interview, lecture or workshop style delivery, the panel preferred the notion of the whole family being seen together to participate in discussions or psycho education about topics of relevance to their situation such as problem solving, attachment and communication. Timing and place of delivery was also a prime consideration for promoting the ability of the family to be present at such supportive training sessions.

Similarly, fulfilling the training, supervision and the support needs of workers is critical to the successful implementation of this policy. These needs were eloquently described by Carrillo (2003) in her study of strengths based case practice, (discussed in Chapter Two of this thesis) as '*consistent support for personal stress management, ongoing attention to team building in the agency, and relationships with supervision that model strengths based philosophy*' (p. 54).

Accountability is most clearly demonstrated via robust evaluation and ongoing development of the program. This policy position clearly identifies the need for action research and other evaluation methods as a standard part of the

implementation of any program, and suggests the repeated use of this matrix to evaluate the policy against any change in theoretical or research knowledge, or a change in the values perspective. Ideally, through client feedback and other structures (such as focus or review groups) clients would offer insights into the evaluation and future development of the policy and program. Accountability requirements for workers also encompass having the required skills and knowledge to provide a comprehensive service to the wide age range and potential areas of needs that clients will bring.

Inaccessibility, which may include difficulties in accessing information, unclear processes for referral, unwieldy program expectations of parents or family. The beliefs and values of the system can also potentially block the participation of clients or other service providers. Possible solutions can include allowing referrals from the widest sources, providing transparency of process, and offering services to support the natural network rather than falling victim to role attachment (which is prioritising the professional as most pivotal to the family's success).

The current system provides a specialised structure (Child FIRST) as the entry point for family support services. In using this existing part of the system, the policy position takes advantage of that readymade gateway, which allows referral from the widest possible base (anyone can refer) while providing some 'gate keeping' of what will be a limited resource.

Accessibility may also be a function of whether clients feel their ethnicity blocks or facilitates the engagement process. Where there is a smaller population or specific identification with one community, having workers of the same ethnicities as their clients may aid connection but may also hinder it, if the clients feel too exposed within their community. The policy position advocates for strong supportive supervision and for culturally sensitive practice, which should scaffold the workers and the program to be ethnically and culturally aware and sensitive in their practice, and this is also a requirement stated in the Human Service Standards (State of Victoria, 2015). Further, workers are required to reflectively develop their approaches to clients and community; although needless to say, it is not as simple as that sounds.

The essence of this policy position is to identify and support the family's natural resources, with the aim of them becoming a sustainable unit within the usual bounds of social and community support. For many reasons kith and kin may have become disaffected with the parents or the system and excluded themselves. This policy position strongly supports the view that program staff should not only work with extended family members who are currently engaged with the family, but should actively identify and seek out other extended family members and assess their interest and abilities to be involved with the child and family, and the program. The caution with this is there may be compromised child safety and program quality, and unreasonable expectations on the extended family to provide the solutions, if the family are not sufficiently supported, informed and skilled. Attention needs to be given to where, how and what training and collegiate approaches could be offered to the family network, as outlined in the section above.

Finally, while wanting to provide services to the greatest number of clients, there is often the need to restrict access to programs, given that invariably there is more demand than services that the government is prepared or able to fund. In social policy analysis, rationing is sometimes achieved by the use of demand inhibitors (making it difficult to get to the service) this is clearly inconsistent with the policy's values of addressing unmet human need through respectful and open processes and understanding. Thus, the strategy most often used in this sector, given that there does need to be the ability to say no while retaining the values of this policy position, is to use service inhibitors, that is restricting the breadth or depth of the service. Most often this is given effect by the program developing eligibility criteria (which is consistent with the diagnostic nature of basis of allocation in this policy), limiting the ability to re-refer (clearly not an option favoured by the panel) or defining the length of time or number of sessions allocated to each client before the service ceases (again, this was not favoured by the panel). In practice, the balancing consideration to these inhibitors is that families continually change, both their strengths, difficulties and the life challenges they face (Leadbeater et al., 2004). A one-off provision of service is likely to be of limited value in helping the family to continually adapt and learn over time and redress intergenerational disadvantage. The panel were aware that families needed the ability to reconnect

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(re-referral) with services, to be able to negotiate changes that often come with new life stages, and the policy deals with this by recognising that there would need to be a new screening process for each re-referral, beginning with appraising the family's ability to change and their interest in participating in the program.

> *Fluidity of support is perhaps more significant than long term. That is families need to be able to reengage and receive a service when required, even after years have passed* (Respondent, Senior Manager, Peak Body)

The policy position clearly acknowledges the heterogeneity of families, and panellists strongly advocated that there can be no formulaic response, although the program will have clear boundaries beyond which it is unfeasible for it to extend. The policy position clearly rejects the notion that demand management should be made through rigid time lines for involvement. Whatever the criteria for priority access or the decisions about length and intensity of service, there must be clear guidelines to ensure program fidelity and accountability. This is not to invalidate the need for flexibility of response, but to build clear limits to the program's scope; it can't be all things to all people. In developing the expectations of the service, caseloads of workers need to be based on a reasonable estimate of the time taken to perform the necessary parts of the new role, and adequate training and supervision time, these elements provide accountability to the client as well as to the worker. Support that is provided at an intensity relevant to the family's need and capacity, and over time (including intermittent help - i.e. re-referral) allows the family to build at least a base of sustainable support, skills and knowledge. It is recognised that, in the implementation of the policy position, there will need to be transparent guidelines to manage demand and so services might limit how many times or the conditions of re-referral.

9.1.4 What are the funding arrangements?

There are a number of potential sources for funding social programs, most usually they include: user pays; tax; insurance; voluntary contributions or philanthropic.

Community Services Organisations funded by the Victorian State Government

Although the Victorian State Government does not derive any direct taxes, it benefits from the redistribution of federally collected income and other taxes, as its predominant source of income. CSOs receive a substantial part of their income from the State Government through the service agreements system; that is, the Government pays the CSO to deliver a specified number of services, with minimum requirements. To a small extent, other funding sources are also used across the agency to support its work, these may include bequests and other donations as well as income derived from investments, and the use of these funds is solely at the discretion of the CSO and is not directed by government.

Although it may be an outcome, the panellists rejected the idea that the intent of the policy should be to reduce the cost burden to the government. The panel was strident that the funds used to provide a program from this policy position should not be derived by decimating existing programs. And cautioned that if the policy was executed in a way that was not in keeping with its intention and values, existing programs may be lumped together and presented as a 'cost saving' thereby inadequately funding the new approach. The policy position expects that programs should be government funded, and delivered from the CSO sector. As the funds are public money, it is expected that there will be some conditions tied to their disbursement (such as eligibility criteria and time frames for service) and the agencies must be accountable for the way the money is expended as an essential part of the arrangement.

Sufficient funding for the purpose

The government's responsibility is to provide sufficient funding to enable the CSO to do the job expected of it. Rapp et al. (2006) define one of the principles of a strengths based policy as designating sufficient resource to help remediate the social disadvantage and continuing cycle of need (which is likely to contribute to

intergenerational problems) to a point where families can begin to flourish. It is not an expectation of this policy that it will redress issues of inadequate housing, education, employment options or multi generation disadvantage but the funding must allow the workers to advocate for and work with clients to seek changes more broadly than simply child protection. One consideration noted by the panellists in determining adequate levels of funding in this area is that children involved with the child protection system cost more money to raise than children in the general community (because of needing more support and services to redress past trauma). Many families who provide support or kinship care have impoverished resources, thus funding to a program must recognise and respond to the financial burden that is likely to be experienced by the extended family.

Adequate funding, at a system level, also incorporates (but is not limited to) the needs of: reasonable payment of staff; adequate amounts of supervision time and training opportunities; limited caseloads; program support for on-costs such as cars, office space and equipment, mobile phones; and support equipment for home visits.

Accountability for government funding

In Victoria, the government uses categorical funding as the norm, this is when funding is tied to specific programs and most of the performance indicators are input or output measures (how many services, functions and clients have been involved) rather than more qualitative measures that give an understanding of how well the clients have fared in the service, or what the achievements and difficulties were at the individual, interpersonal and system level. This is consistent with the finding of Emmons who noted, in her 2006 masters study of the implementation of strengths based policies, that current funding practice most often relies on the identification and measurement of problems (Emmons, 2006). There has been earlier discussion about the Victorian government's use of the Human Service Standards (DHHS Victoria) as a frame for scrutiny of Community Service Organisations. This process requires minimum levels of service provision and expertise of staff, as a part of quality assurance in the sector; it does include the requirement for the agency to seek client feedback, but does not require that this be made available publicly or to the government, nor that it is acted on.

Whereas, the vision that Weick and Saleebey (1995) give of a strengths based approach is that it is interested in qualitative outcomes, and seeking evidence of collaborative approaches that ensure families can live safely and well within the community. Thus the evaluation component of this policy includes methods that provide quality improvement information that is derived from workers and families, such as action research.

Cost savings and cost benefit

One of the aims of this policy is that by assisting the family at an earlier phase of the child protection system, children and families will ultimately function better in the short and long term. If the long term aspiration of the policy is realised, this will mean that those children will be less likely to use tertiary and intervention services in their adulthood, for instance, mental health, criminal justice, homelessness and medical services (Berger and Waldfogel, 2011) as discussed in Chapter Three of this thesis.

9.1.5 Evaluation of the service to promote responsiveness and accountability

To try to remain current and responsive in the administration and delivery of services, the policy advises that the program should be evaluated at a number of levels. This information should be fed back through a loop where the evaluation informs further policy and practice development, and the practitioners are actively involved in all stages of evaluation. What is clear is that throughput measures are of no benefit as a tool of evaluation of the worth of the program. The panel suggested a range of expected outcomes and potential indicators, across the various ecological levels of the child's world, to show whether the program was successful. They also outlined what was likely to happen if there was no policy and practice change (continued increase in out of home care placements; further collapse of the foster care system - generally, system demise) offering the inverse view of the wanted outcomes. Examples of the positive changes anticipated as a result of this change in policy, at a general level, included strengthening and scaffolding of families, work that is more holistic with greater expertise and resources targeted to families at an early point of the child protection continuum. Specific changes were also discussed and these included: safety and wellbeing

measures showed improvement; better school attendance; increased social support networks; and improved kith and kin connection and support. Measures that were suggested to evaluate those goals included: use of outcome stars to track progress; the level of felt support by clients; worker 'turnover' rates; cost/benefit analysis and client feedback about the program. Mechanisms for facilitating evaluation and program development were based in action research methods as well as measuring inputs and outcomes. It is also important to be mindful that one of the reasons to collect (and disseminate) robust data is to contribute to evidence-based practice and policy development (Fixsen et al., 2013) so merely evaluating is not enough, this information must be shared.

9.2 Conclusion of the assessment of the domains of social policy

The above analysis completes the first part of the Gilbert and Terrill (2012) two-step process, it outlines what the policy requires in terms of who should benefit, what should be provided in the service response, how services should be organised and delivered, and the funding arrangements. Within each category, there is an explanation of the policy position's strengths and how it deals with potential concerns, as well as discussion of the options that were appraised and discarded. The next section of the chapter provides the second part of the analysis of the policy as directed by the matrix, assessing whether the policy position is consistent with social policy values and its own stated values, and then considering whether it is consistent with its underpinning theories, the research and assumptions in the area.

9.3 Analysis of the policy position against the values of social policies, its own underpinning theories and values and the research evidence

9.3.1 The core values of social policies

The core values of any social policy - equality, equity and adequacy - aim to achieve social justice (Gilbert and Terrill, 2012). This policy position is based in the notions of human rights and the strengths based approach, relationship based practice, collaborative case management and individualised assessment and intervention. The policy's values will be discussed and demonstrated under the three headings of social policy values.

Equality

This concept is about redistribution, whether the allocation of goods and services under a policy helps the recipient move toward a more equal share of opportunities and resources. At a broad level the preventative nature of this policy aims to redistribute the need for (and therefore the cost of) resources from the tertiary and intervention services to those at the preventative/early intervention level. There is an underlying belief that this change will impact children's services in the short term and subsequently benefits will flow to adult services. The policy recognises that a dollar spent at an early stage provides far more benefits to the child, family and community than the current distribution, which funnels large amounts of funding to the tertiary sector. In practice, referral to any program derived from this policy will be via the Child FIRST gateway, giving the broadest latitude to referrers and families to access the services, rather than restricting the access to service provision.

At the personal level for the child, the immediate aim is to prevent maltreatment and potential social isolation or rejection. It aims to improve the longer term outcomes traditionally associated with child maltreatment, giving children the best opportunity to grow and thrive, as would be expected and hoped for all children in society. The specific outcomes sought for children, in an effort to restore some opportunities that may have been lost, include having at least one enduring

supportive relationship with an adult, and the hope that if children need to live away from their parents they will be afforded the opportunity to be cared for by someone they know and trust and who will remain a part of their lives beyond the age of eighteen and regardless of whether they return to the care of their parents.

The policy also alerts practitioners to the likelihood of families being under resourced across a number of areas compared to people in the community in general, and expects some work with the client and other services to attempt to redress these inequalities.

Equity

Equity is concerned with a sense of fairness, sometimes seen as deservedness. The selectivist nature of the policy specifically attempts to address an identified need (to ensure the human right for children to be cared for safely within their families) rather than exclude anyone who needs and wants the service. Human rights are a basic measure of what is reasonable and fair to expect. That there should be very little restriction to whom the broad policy applies also underlines the fundamental attempt to ensure that children and families are not condemned by their (already disadvantaged) history or by simply being at a particular part of the life path. Additionally, the policy does not require that the family makes a financial contribution and so is accessible to people with limited funds, who would be unable to purchase services from private providers. '…*to each according to his needs.*'

The difficulty that many families have negotiating the system is well known (Fox et al., 2015), the administratively convenient categories and requirements of the bureaucratic approach do not reflect the workings or needs of the family; from the family's perspective changes of worker and reassessments must seem unfair and unreasonable. This policy position argues for administrative changes that include maintaining the relationship with one worker across the phases of the child protection system, thereby reducing the number of people and so, strengthening the critical relationship that is formed. There is a known power imbalance between families and workers in the child protection system.

This policy position also recognises the family are giving up some privacy and autonomy as the service system becomes engaged with their day-to-day lives, also noting that there may be a reporting function to child protection services. Furthermore, should children need to be cared for by someone other than their parents, the kith or kin will need to undergo an assessment, (a necessary process) but intrusive for the potential carer. The policy aims to redress the power imbalance and sense of imposition on the family, inherent in these arrangements, through the use of strengths based approaches with the requirement that the clients are active participants in open and collegiate assessments, goal setting and choice of interventions. The policy position also champions the belief that taking calculated risks to address complex problems is necessary, rather than following lock down, risk-averse, punitive and linear strategies, which are exhausting for the client and worker, are often mired in the worker attending to bureaucratic requirements rather than to the child or family's needs, and are known to be ineffective (Munro et al., 2014).

Adequacy

The concept of adequacy encompasses beliefs about what is sufficient support for people to function, and relates to the conviction of human dignity - is it enough? In the current system the *Human Service Standards* (DHHS Victoria, 2016a) outline what clients and workers should reasonably expect from the program and agency by setting a minimum level of what is considered adequate, this policy position would be enacted under these conditions.

There are some particular services that were considered to be fundamental to this policy, so that any program could provide reasonable services to meet the needs of the family, these included: searching and engaging family members who may have become disengaged; counselling and family therapy or mediation to allow families where there had been conflict to retrieve relationships and be able to move forward; group work focussed on specific areas to improve parenting, communication and other skills; and, family based psycho education and support to provide the basis for skills and knowledge to understand and respond to the needs of each family member.

The policy position clearly directs practitioners to be culturally aware and to tailor programs to the individual strengths and needs of the clients, and to do so in collaboration with them. The Best Interests Principles and the Aboriginal Decision Making Principles in the *Children Youth and Families Act* (*2005*, ss. 10, 12,13, 14), and the Victorian *Human Service Standards* (DHHS Victoria, 2016a) show that these approaches are basic to the provision of reasonable and sufficient services. The option of a specific program or policy aimed at Indigenous clients was not supported, however given that there were no representatives of Indigenous services or clients on the panel, this should be reviewed with Aboriginal Community Controlled Organisations.

9.3.2 Is the policy consistent with the theories, assumptions and research evidence in the area?

The policy was derived by offering a panel of experts options within the areas of intent, scope and essential program elements. The options were initially derived from the research evidence, with the potential for panel members to add thoughts from their own experience and beliefs. Most of the options finally agreed to by the panel were those that were based in the research, and so in essence, the policy is based in research findings, although there are no meta analyses to inform this area. There is nothing in the policy that is inconsistent with legislation in the area, and in fact the main underpinning theories (strengths based, relationship based practice, trauma and attachment, child development and family systems) are consistent with the existing practice framework, which is also based in research about which approaches help families the most. Of note is the panellists' comments that practice does not always reflect the rhetoric or policy directives and this has hampered the ability of programs to effect the sought outcomes, this commentary is also supported by research (Bessant and Broadley, 2016).

The nature and extent of the need

Research about the extent of the problem of children who are at risk of or who have experienced maltreatment is unequivocal, with an increasing number of children being removed from living with their parents every year. One of the aims of this policy is to improve the natural and ongoing support to children and their

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families, and in doing this, improve their safety and the chances of the family being able to sustainably move out of the child protection system. The purposeful focus on engaging the extended family is an expansion of the current policy, which directs that they are an important part of the child's life, and yet current practice rails against this and mostly engages mothers to the exclusion of any other family members (Brotherson et al., 2010).

Early Intervention focus

The early intervention focus of this policy is consistent with the plethora of evidence about its effectiveness. Berger and Waldfogel (2011) exhort policy makers to embrace preventative and early intervention approaches, citing the human rights perspective (preventing or responding to the injury of a child at the earliest time with the aim of healing the current hurt and preventing future harm) and to improve the social and economic outcomes of the child in particular and society in general. The policy clearly also directs service providers to allow for re-referrals, so that if the child's situation deteriorates, or the family's ability to cope wanes, the family can be re-engaged (hopefully at an early stage) with supports and again keep the child safely at home.

Threshold for involvement in the program

Of significance, this policy prioritises families on their agreed potential to work with the program with the intention of change. This strengthens the emerging move away from assessment being based simply on the degree or number of risks presented by the family, and away from the idea of programs monitoring families. It seems to be obvious, if there is no active work between a program and the family, there is little hope of the parents growing to be more competent simply by being 'monitored', or by receiving the label of being 'at risk' (Tomison, 2002). The threshold assessment is reviewed at any point of significant change, such as if a child moves out of the care of their parents into kinship care, to ensure the family wishes to continue to be involved and that there is a reasonable chance of change to promote the child and family's safety and wellbeing.

Working with the extended family

There is good research evidence and theoretical alignment for the practice of engaging naturally occurring supports to be co-clients with the child and parents (Twigg, 1989) and to promote the notion that they should be resourced to provide ongoing contact and nurturance to build resilience and counter potential loneliness and disconnection for the child and parents (Berry, 2004; Cullen et al., 2010; Hayes, 2006; Lietz et al., 2011; Tomison, 2002).

The nature of support for families

The strengths based approach fits with research by, for instance, Berry (2004) and Fox et al. (2015), that found work with families can be successful if the approach is supportive rather than punitive; and relationship based, collaborative practice is a good example of this. Trauma theory illustrates that people who are involved with those who have suffered trauma (in this case at least the children and parents, and possibly the extended family) need to understand its impacts across the various life areas in order to be able to effectively and safely help to heal. Thus, some form of support, education and skill development will form a part of the interactions between the worker and the family. The use of an organising framework, such as LAC, to retain focus on the needs of the child, is consistent with current policy and practice. In short, the program should provide a collaborative environment that offers relationship-based interventions focussed on providing for the safety, stability and developmental needs of children, through understanding and working with the parents and extended family.

There are a number of practice elements that form a part of the policy, including: that the main site of delivery of the service should be the client's home (Berry, 2004; Hunter, 2011; Miller and Eakin, 2012; Nupponen, 2007) with some office based activities (Sykora, 2005); the need for cultural safety and responsiveness (Fox et al., 2015; Nupponen, 2007; Sykora, 2005); the importance of actively seeking and engaging kith and kin at the earliest time (Campbell, 2010; Child Protection Placement and Family Services, 2012): to extend the child's informal network as a factor in resilience (Lietz et al., 2011); active assessment and remediation of any disadvantage experienced by the extended family in offering support to the child and family (Cuddeback, 2004; Dunne and Kettler, 2008); the

importance of case coordination (McArthur and Thomson, 2011); and the essential contribution of the skills, knowledge, beliefs and attitude of the worker (Lambert, 2013) all of which have research support for their effectiveness.

Expectations of the service system

The literature and practice experience show that most of the families who are involved in the child protection system suffer multiple disadvantages, for instance, the need for income support, housing, or employment opportunities. Simply stated, to respond to these needs requires policy that is aimed at a higher level of government than this study; that is, not just child protection. What is within the scope and the intention of this policy position is the need for vastly improved collaboration between the various services with whom the families work, not simply the rhetoric of 'we must break down the silos'.

The policy position recognises and extends the view of the *Best Interest Practice Framework* (DHS Victoria, 2007b) and the current administrative structure, in line with current policy and research, by taking the notion of collaboration to the next level within the service sector (and with client participation). The policy advocates for specifically integrated, flexible approaches to children and families, as reported in Fox et al. (2015), by providing services and administrative arrangements which centre on the child and family, not the usual silos of disconnected programs. At a practice level, an early indicator of this change will be the that the same workers continue to support and work with the family, regardless of the phase of child protection involvement (thus offering consistency to the child and family). Also, the worker will engage the kith and kin network (holistic practice) to help the child and parents gain a sense of sustainability. These initiatives move away from the policies and practices that offer different programs at different stages, focussed mostly on the mother of the children, and involve kith and kin only when children have suffered sufficiently to be removed from living with their parents.

Program fidelity and outcomes evaluation

It is increasingly recognised in the research and evaluation literature that implementation must take account of fidelity to the stated parameters of the program (Fixsen et al., 2013) and this is a requirement of any program that is

derived from this policy. The conduct of research and evaluation about the program outcomes is also a requirement of the policy, and the areas of investigation are based on the sought outcomes for children, families, workers and the system and so will add to the research base and support evidence-informed practice.

9.4 Conclusion

In all, this evaluation matrix shows this policy position has fulfilled the requirements of: addressing the four dimensions of social allocation (eligibility, forms of services and benefits, delivery and administration, and funding); considering in detail the underlying concepts for each; showing the policy is consistent with the values of social policy, internally consistent with the its own stated values; and is based on theories and research findings that show effective practice in providing services to this client group. The policy position, while being consistent with current legislation and practice guidelines, extends and refocuses several concepts and approaches to provide a more flexible and relationship based approach, and challenges inconsistencies between current policy and practice, and research, values and theory.

Using this matrix as the criteria, this policy position is sound and should support changes to practice through well considered options. Whether the changes that could be attained from this policy position are embraced by the government or sector is yet to be seen.

The next Chapter discusses the new and significant findings of the study, draws attention to the paradigm change that is suggested by the findings, and also considers the novel processes and new contributions to the field that were generated by this study.

Chapter Ten
Discussion, recommendations and conclusion

'The only thing worse than being blind is having sight but no vision'   (attributed to Helen Keller)

In this chapter I will briefly discuss the new findings and novel approaches that arose in this study, most of which have already been covered as a part of the development and conduct of the study or in the analysis of the policy position. There will be discussion about the meaning and utility of the findings to policy and practice. The significant finding of the study, which is incorporated in the new policy position presented in Chapter Eight, is a transformed paradigm of policy and practice that encompasses: moving away from bureaucratically convenient categories and provision of services to placing a higher value on relationships within the family and between the family and the worker (this is particularly, but not exclusively, evident in the recommendation of retaining the same workers even if the family's circumstances mean they move to a different level of child protection involvement); the specific, active engagement, inclusion and support of the extended family of children involved with Child Protection services; a changed threshold for access to services that requires the voluntary and active participation of both the family and the workers; and active engagement of the family in the intervention, moving away from the social control of so-called monitoring. The previous Chapter, as well as providing an analysis of the policy, has allowed considerable discussion of the outcomes of the study and so those points will not be revisited here.

New processes that were developed during the course of the study are: a workable definition of evidence-informed policy that aligns with both good policy analysis and the definition of the evidence-informed practice; the integration of the Delphi approach with social policy theory and the strengths based approach; and, a format for delivering the findings from a Policy Delphi method that is consistent with the method. The limitations of the study, which will also point to limitations in the current practice of policy development, will also be outlined.

10.1 Points of interest in the newly developed policy position

10.1.1 Confirmation of a new approach to determining the threshold for being a part of a program - capacity and willingness to change

One of the significant shifts offered by this policy position relates to the basis of allocation of service. Currently, prioritisation of clients is determined by workers having to gauge the number or extent of difficulties that threaten the child's safety Tomison (2002). Notwithstanding that trying to make an accurate determination of future risk is fraught and generally understood to be an imprecise science (Munro, 2011) this approach does not consider whether the family is able or ready to change. This can lead to a situation where the service accepts (or is allocated) clients who are at high risk, but who are unwilling or unable to engage with the workers to change child's situation of unsafety. In these cases workers are unable to actively work with the family, and thus their so-called intervention is limited to monitoring the child and their environment (as discussed in Chapter Three). The clear message from this study is that monitoring is not helpful to the child nor the family and is a poor use of limited resources (Campbell, 2010); Tomison (2002) makes the cogent point that assessing and then simply applying a label of 'at risk' will actually not aid the family, safeguard the child nor support them to be able to make a better life. This new policy position moves away from that actuarial approach to require an initial collaborative, strengths based screening that seeks to establish whether the family has an interest and capacity to change within their circumstances. Under this new policy position, when the family with the workers establish that the program will be of benefit, a collaborative strengths, needs and risk assessment is made to direct the goals and the work.

10.1.2 A new paradigm of work - seek, engage and work with the extended family unit

Co-existing with beliefs in strengths-based approaches, collaborative practice, and the understanding gained from the ecological perspective, is the requirement for a holistic approach to working with families. At its simplest this means working to engage the whole family - including fathers, and equally seeking and valuing the extended family from the paternal side and maternal side - something which is not

a feature of the current system (Barnard, 2003; Boetto, 2010; Breslin, 2009). The notion of actively searching for, and engaging with the broad family as a unit, not simply focussing on the mother (parents) with a head nod to others who push themselves forward, is a significant move away from the immediate-family focussed practice that so easily leads to blaming the parents as deficient and isolated. This is a first crucial step in seeing the extended family as a whole unit (child, parent, kith and kin), and in understanding that all families have those who may struggle as well as many more members who are likely to have functional strengths and an interest in supporting their kith and kin (Lietz et al., 2011). Further, this change of focus moves the system from seeing itself as providing the solutions to people's difficulties to valuing and supporting naturally occurring supports (Kilmer et al., 2010). The significance of this is that extended family remains involved and supportive of the child and parents long after programs and agencies have withdrawn their service (Miller, 2010).

The ecological point of view directs that engagement with the extended family proceeds from recognising them as integral to the nuclear family, and therefore, they are one of the child's microsystems. Which seems obvious except that… often workers and the system nominally transplant the extended family members to the realm of the exosystem to be seen as a resource (to be depleted) or to be co-opted as 'pseudo workers' (Twigg, 1989). This happens because seeing family as pseudo workers fits with the notion that anything that is helpful comes from the system (the Beveridge, bureaucratised world view, which still dominates the welfare sector); the family is deficient if it needs assistance, by definition, therefore anyone who is helpful cannot be conceptualised as being a part of the problematic family. Using the ecological approach as a theory of explanation, what this policy position proposes is that the child protection system (exosystem) should be attempting to do, is to strengthen the child's microsystems and the mesosystems (what is happening between the various systems that involve the child) so that they become more robust and resilient, if not self-sustaining.

10.1.3 A new paradigm of practice - maintaining the same workers regardless of where the family is on the child protection continuum

Under this policy position, should children move from living with their parents to a kinship care arrangement, the entire extended family (child, parents and kith and kin) would continue to be supported by the same workers, from within the same program. This change would trigger a collaborative review of the engagement, goals and potential for change within the family so the service remains targeted and everyone is clear about the needs of the family and of the child protection system. This retains a focus on the needs of the microsystems and supports the value of relationships, while keeping the safety of the child as paramount in everyone's consideration. Whereas, currently, the administrative response to a child leaving their parents' care is to cut off ties with one worker and reallocate work with the family to a different worker who is employed in a different program (and possibly a different agency).

Some panellists pointed out that having one worker, regardless of where the child lives and whether the protective concerns escalate or diminish, could place both the workers and the extended family members in tricky territory. The concern expressed was that the worker would have to juggle: the primary desire that the children live with their parents, but if that situation is judged to become unsafe; the extended family and their care of the child becomes more of the focus for worker support, while not losing sight of the needs of the parents. Currently this dilemma rarely occurs for workers by virtue of the system treating the two conditions (child at home, child with kin) as being discrete (as would be the case for foster care); as though they are different children because who their carer is has changed, and as though the parents and carer have no involvement or common interest other than the child. Administratively, in the first condition (child living at home) the child would be a client of family support services, in the second (child living with kin) they would be a client of out-of-home care, and thus removes workers from the balancing act needed to support both extended family/carer and parents. Crucially, although this is bureaucratically neat, the family remains submerged in the problem and so the system response simply does not reflect the reality for the child, parents or extended family. Without wanting to suggest the answer is

simple, it seems instructive to consider that if the family can deal with this knotty problem (and many do) then it seems very reasonable that well trained, well supported workers should be able to negotiate this territory with them.

This policy position provides a fresh approach to work with families by moving from the view that the bureaucracy (macro and exo systems) has all the answers, to recognising that the involvement of Child Protection and child welfare services is temporary and peripheral to the actual, long-term life of a family; it is the family that endures and must be acknowledged as the best solution we have. It is, if you like, affirmative action for the legislative and policy rhetoric about the importance of kith and kin, and the use of strengths based, collaborative, holistic work that Bessant and Broadley (2016) unequivocally show are currently not being translated to practice.

10.1.4 Implementing the ecologically informed, strengths based policy position

Given that families in the child protection system usually live with challenging problems (Noble et al., 2000) it may not be entirely clear what resources are needed, which parts of the ecosystem to target or engage, nor what 'the solution' is; what changes are required, what is possible? Authors such as Chapin (1995), Rapp et al. (2006) and Cuddeback (2004) recognise that the family needs to be viewed within its ecological system, thereby drawing attention to not just the needs and strengths of the family system but those of the social and economic structure in which they live. When the part of the holistic assessment and intervention that targets the micro and meso systems is undertaken, the family should be afforded all support to participate in a collaborative and relationship-based program that takes account of their strengths, wishes and expertise in their lives. The family's views are also important when coming to an understanding of the impact of broader social policies and difficulties - what is important in terms of housing, what needs to be considered and targeted to identify reasonable employment opportunities, what is the meaning for the family of multigenerational disadvantage, and what would help them to move forward? Clearly, the practice of

making these assessments will not be straightforward, and should not be limited to the family's immediate situation.

The ecological and strengths based underpinnings of the policy move away from individualising problems and blaming, and require an examination of the role of that the broader exo and macro systems play in the destiny of children and families. For a strengths based approach to be fully enacted, it needs to be supported by other policy initiatives that address structural difficulties that may contribute to the child's and family's situation, for example poor provision of housing, or the lack of education or work opportunities (Bronfenbrenner, 1986; Dunne and Kettler, 2008).

One perplexing outcome of the study was that brokerage gained insufficient support to be considered an agreed element in any program derived from the policy. Some panellists were keenly aware that many kith and kin of children in child protection do not have an abundance of resources at their disposal, and this is often reported in the literature (Fixsen et al., 2013; Rapp et al., 2006). Ecological theory (Gray, 2011) and strengths based policy principles (Leadbeater et al., 2004) would clearly direct the policy maker's attention to considering the need for adequate social, financial and physical resources for the family; and where there were gaps, to ensure the program recognised the role of social structures in creating or maintaining the deficit, as well as its responsibility to try to mitigate the situation. This does not necessarily translate to mean "there must be brokerage", but that should be a point of consideration in the funding arrangements. Research in the area suggests that brokerage may be very necessary, and so this element may need to be revisited when there is additional evidence about whether it is needed to implement the intent of the policy. This could be done as a part of the continuous review cycle (Marty et al., 2001).

10.1.5 Safety and Risk

One caution raised by the panel and emphasised in the literature (Chapin, 1995; Munro et al., 2014; Rapp et al., 2006; Weick and Saleebey, 1995) is that collaboration and strengths based approaches do not mean ignoring or colluding with difficulties. This has to be an active stance on the part of the worker and the family, the value position of the child's safety as paramount demands that the efforts to empower the family do not degenerate into a benign neglect or misinformed 'empowerment' stance, where the children are assumed to be safe merely because kith and kin have been more prominently involved.

Where grave problems abound, assessment is complex, and the options for addressing the family's concerns will require the ability to think laterally and an acceptance that there is a certain amount of reasoned and supported risk that needs to be taken. This is well recognised in the literature and in the field (reflected in comments made by the panel); tragically it does not seem to translate to practice (Bessant and Broadley, 2016).

Combining the study findings that: families and workers should work collaboratively; the extended family should have some responsibility for the child's safety; there needs to be an improved ability to take risks to address the complexity of situations in which families live; and the worker should be aware of the case related issues, leads to the conclusion that there be some form of regular reporting or discussion about the child's welfare and the family's situation between the worker and the family. In the current system this would be called supervision, but this sounds more hierarchical in nature than a collaborative approach would tolerate; as well (looking at it from the ecological perspective) it suggests the extended family member is more aligned to the child protection system than to the family.

'Term supervision is not helpful; also want to move the paradigm to more collegiate, mutual growth of ideas' (Respondent, Professor)

This is more than a semantic point, the panel's resistance to the terminology very clearly demonstrates the commitment to collaborative, relationship-based exploration and support, rather than the more usual hierarchical, bureaucratic, formalised notion of supervision.

10.2 New contributions to processes used in this study

10.2.1 A stronger and more congruent definition of evidence-informed policy

Another development in this study, which is a surprising omission from the extant literature, is that there seems to be no well developed definition of evidence-based or informed *policy*, in the same way that the concept of evidence-informed *practice* has been discussed and developed over the past few decades. The development of this definition has been thoroughly discussed in Chapter Five, and so will not be repeated here. To bring the definition and its implementation back to mind, the suggested new definition of evidence-informed policy entails: identifying the clients' needs and situation (context and circumstances); finding the best quantitative and qualitative research evidence that offers options that address those criteria; seeking direction, given by the values and views of the stakeholders; and putting these elements together throughout the process using the experience and expertise of the policy maker. The steps of implementing evidence-informed policy development (using a strengths based approach) have also been spelled out in Chapter Five and so won't be revisited here, other than to recall that implementation includes ongoing evaluation and a feedback loop that links policy and practice.

Without too much difficulty, we can see how the practice of good policy development, as outlined in Chapter Two (and throughout the thesis) already includes many of these features, and so the leap to using this definition to encapsulate the process of strengths-based evidence-informed policy making is actually not a large one. What is important, though, is to make the required shift from rhetoric about the aspiration of 'good policy making' to the requirement that policy development has to be conducted this way to be considered 'evidence-informed'.

10.2.2 Reflections and lessons about the Delphi method

Given the demanding nature of the Delphi method, the process seemed to work well in this study. Chapters Four and Five detail points about the conduct of the study, which will be helpful for those who may want to undertake this method of research. The work of the researcher/moderator is demanding; in particular, being thoughtful and strategic about engaging with the panellists, maximising the response rate, calculating and maintaining timelines, and being very well organised and disciplined were the keys to the successful execution of this method. It is a limitation of the study that feedback from participants about the process was not sought after the study concluded, thus limiting knowledge about the experience of the panellists, and it is recommended this is added routinely to the process.

10.2.3 Integration of the Delphi method with social policy and strengths based theory - a novel synthesis

The study pioneered an extension of the method by specifically marrying the stages of policy analysis and strengths based principles with the Policy Delphi method. It seems surprising that this has not been done before, but one of the developers of this version of the Delphi method, Turoff (1970) views the Policy Delphi as being something that is helpful for 'any part' of policy development, rather than it being created as a tool to construct the policy from 'go to whoa'. The steps of the integration have been outlined in Chapter Five of this thesis and so will not be relayed again here, although it is worth recognising that this method is a very congruent and effective vehicle for supporting the development of strengths based, evidence-informed policy.

10.2.4 An innovative way to report the findings of a Policy Delphi

Another aspect of the process that is worth noting, because of its novel approach, is the way the findings of this study have been reported. As observed by Schmidt (1997) and also Hasson and Keeney (2011) there has been no consistent method for reporting the findings of Delphi surveys. Boulkedid et al. (2011) reviewed eighty papers from studies using the Delphi method and found enormous variability in the amount of detail given, for instance, only thirty-nine per cent of articles reported

the response rates for each of the rounds. This inconsistency led Hasson and Keeney (2011) to suggest that details about each round should be provided separately to help illustrate clearly the array of themes generated and to give an indication of the strength of support for each round. This may work well for Delphi studies that seek only consensus (and so pare back the options that have been discarded for the next round) or have fewer items than this study. But the Policy Delphi seeks not just areas of agreement but also those of contention (where there is strong disagreement about a particular item or where the options are desired but believed to be infeasible). Arguably, the items that have been clearly rejected should be recorded so any further development of that policy or policy area does not retrace those steps. The suggestion by Hasson and Keeney (2011) of reporting on each round, would entail listing the findings that concurred about what to accept, what to reject, as well as information about those items that did not receive sufficient interest to be considered important; and that would happen for at least two rounds! Unlike the consensus format, in a Policy Delphi there is significant repetition of the questions in the first and second round. To be specific, in this study there were at were twenty-four items (areas of inquiry) in the first questionnaire, and twenty-two were repeated almost exactly in the second questionnaire; in each, the items often had five options. Quite simply, the amount of feedback given in reporting round by round would be overwhelming and cloud the understanding of the findings. The solution to this was guided by the aspiration to have consistency between the structure of the method and the way the findings were reported, as well as the desire for the results to be easily understood and digested. The presentation of the findings adopted a format that used a framework derived from the social policy analysis stages, with each section being structured in the same way the feedback of each round of the Delphi was given to the participants in rounds two and three. The format of the findings section aimed to give the reader an experience that parallels the process undertaken by the respondents in a Delphi study.

10.3 Reflections and limitations of the study

Throughout this thesis there has been reflection of the method and acknowledgement of limitations, with suggested ways to redress these in any further like-study. Some of the limitations already mentioned include: not being able to embed the panellist's own responses in the questionnaires alongside the group's responses when using SurveyMonkey; the curtailed timeframe of the pilot phase for each of the questionnaires, which limited the amount of follow up and reflection that was possible; offering two questionnaire items framed in the negative; and, lack of follow up with the participants about their experience of the method. Of importance for further studies and for further development or implementation of this policy position is the limitation that derived from not including some specific stakeholder groups in the study.

10.3.1 Lack of representation of some stakeholder groups

A clear limitation of the study comes from the omission of direct representation of three stakeholder groups, namely: potential recipients; Aboriginal and Torres Strait Islander people; and representatives of the government. The decision making processes that led to these groups not being included are outlined in Chapter Five of this thesis, and so only a very brief summary will be given here. In short, potential clients (children, parents and extended family members) were not included because: identifying them would have been difficult; the time and cost needed to provide training and support so they could participate meaningfully was outside the scope of the study; Aboriginal people were not included because the size of the study meant that only a few people could be involved and so the data generated would not have had validity as a sub group, meaning their inclusion would have been tokenistic; and government representatives were not involved because they were unlikely to be impartial or offer suggestions different or counter to prevailing policies. A proxy was sought for non-Indigenous clients through the involvement of peak bodies and practitioners who believed they could represent the views of the clients with whom they worked. No proxy was sought for the government or for Aboriginal or Torres Strait Islander clients or workers. In taking

the policy forward it is imperative that the views of these groups are sought, so the final policy meets the criteria identified for strengths based, evidence-based policy. O'Flynn et al. (2011) note the inclusion of service users in policy making is important, and say that policy makers must ensure their voices are heard; they are experts in the experiences of clients, and are not a homogenous group. They are able to report on both the positive impacts of the system and successes they have had, as well as outlining the difficulties and stressors that need to be addressed for effective change. A part of the evidence, which will help to form the interventions offered by the program derived from the policy, are stories from potential end users of how they have successfully dealt with the particular issue (Chapin, 1995; Haigh, 2012).

It is important to underline the caution offered by Banks (2009) that stakeholder participation should not occur in the form of a focus group. Given the thoughtful nature and expertise of the panellists who were engaged in this study, and the enormous ramifications of a policy, a couple of tokenistic focus groups to represent various stakeholders, would not provide the depth of understanding needed, nor be respectful of the needs or concerns of clients.

The structure that should underpin the consultation process for those who are not policy makers (that is, clients or workers of any and all cultures) needs to be informative, supportive and respectful. It should involve information and discussion about the policy making process, group work, and skills development for full and meaningful participation in meetings before any consultation. Adequate time for discussion, negotiation and 'trade-offs' must be factored in, and support in the form of resources to allow people to participate (which may include travel reimbursement, a mentor or support person to discuss concerns or questions, or access to technology) must also be supplied. Involvement of stakeholders is a requirement of the definition of evidence-informed policy, and the recommendations and understanding generated by this thesis will provide a strong basis for the successful implementation of this valued approach.

10.4 Conclusion

This study sought to identify the policy considerations for the involvement of extended family (kith and kin) with state Family Support Services, for the purpose of providing a thorough and comprehensive work that the government could readily finalise, and then implement. This aim was exceeded and the thesis has provided a new policy position, which will direct a change in the practice paradigm. In terms of the question, "what are the considerations", the answer is... As well as utilising policy and program elements that have good research and practice support, and that are consistent with the values and theories also shown to be of benefit to families (which include: strengths based, collaborative practice; valuing relationships and voluntary engagement; home visiting, family relationship work, using a developmental framework (such as LAC) and provision of information and support) the essential considerations for writing policy in the area of extended family engagement with family support services are:

≈ Extended family must be actively sought and engaged in the program as a co-client not be involved as a pseudo-worker:

≈ The worker and family relationships must take priority over bureaucratic convenience and so should transcend the more traditional, administrative program boundaries (particularly the divide between family services and kinship care);

≈ Engagement must be an active collaboration between the family and worker, with a clear belief and assessment that positive change in the child's situation with regard to safety and stability is likely;

≈ The policy should fulfil the requirements of evidence-informed policy as developed in this thesis, rather than offering an attempt at good practice.

The current system has been well critiqued as lacking in the areas of: child safety; respectful family engagement; moving beyond a superficial and linear approach to the complex situations of the families; and, reasoned risk taking and any systematic evaluation of outcomes or processes for the children, families or practitioners. This policy addresses those areas directly. Critically, the paradigm suggested by this new policy position moves the focus from blaming parents and seeking solutions from a minimal part of the family to the working with the range of

micro and meso systems (particularly the kith and kin of the child and parents), and understanding the impact of macro and exo systems. The aim is to support each of the child's microsystems (such as the nuclear family, extended family groups and the child's friendship groups) and their interactions, while being very cognisant that families in this position present with wicked problems that invariably involve difficulties at the macro and exo systems levels (such as inadequate access to housing, education systems that are not responsive to idiosyncratic needs, castigatory social security provisions and so on). Further, by valuing the relationship between the worker and the family and allowing that to continue, even if the child moves out of their parents care for some time, the system is responding to the family's need for connection, rather than what seems to be the bureaucratically easier silo approach to service provision - the focus must be on the needs of the family not the convenience of the system.

In all, the thesis has conclusively shown that there is a place for extended family in the support and care of children and parents who are involved in the child protection system. The study presents a coherent policy position based on values of relationship based practice, voluntary and collegiate participation, and is underpinned by a human rights perspective. It is clearly a social work study and has maintained its stated values, been informed by cogent theory and employs the concept of the person in context. The method of developing the policy utilised a consensus approach that reflected the processes and values expected in any program subsequently derived from the policy position. The main recommendation is that this position should be adopted by the Victorian Government, after being reviewed with properly supported, potential recipients and representatives of Aboriginal communities, with a clear view to implementing this new and essential change to policy and practice. Crucially, its implementation requires the careful development of a program, based in the findings of this study, and the construction of an evaluation and reporting cycle to further advance policy and practice in this area.

Currently, there are far too many children and families who are left to hope that the bureaucracy and paid workers will provide long term answers to the dilemmas they face, while the system continues to fail many (despite the best attempts of workers). It is not the whole answer to this wicked problem, but this policy position appreciates and shows how extended family, who are often ready and waiting to be a committed, lifelong and caring support, are able to be respectfully involved and provide a crucial part of the solution.

They are in plain sight, we just need to have the vision to realise it.

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Appendix One. Search terms, inclusion and exclusion criteria for the literature review

<u>SEARCH TERMS:</u>

"family support"; "in home"; "family services"

"Extended family"; kin*; grand*

Child*; Young pe* (person; people) OR adolscen*

"Child abuse"; "child welfare"; risk; vulnerable; "early intervention"; prevent*

"Social policy"

<u>INCLUSION CRITERIA:</u>

Children – 0-17; involved with Child Protection or secondary service, living with parents.

Extended family (kith and kin) are used purposefully in the program.

The aims of the program are described; program elements and underpinning theories are described

Role of parents and interaction with extended family is described

Where outcomes are described for the child and extended family, they are measured using

standardised tests (at least post-test) or

scaled comparison pre / post

<u>EXCLUSION CRITERIA</u>

No English abstract

Not peer reviewed

Pre 1992 (20 years from the start of the study)

War, refugee or single event (e.g. bushfire) as point of trauma

Appendix Two. Strategy and results for scoping literature review

Date	DATABASE	Databases covered	SEARCH STRATEGY - terms and delimiting	No. of results	discard on title, leaves	relevant to the scoping question
7 April 2012	Campbell Collaboration	Campbell	child OR young pe* Coord group = Social welfare doc type = review; user ; data; other Date:2002 -2012	33	4	0
7 April 2012	Campbell Collaboration	Campbell	child abuse OR child welfare AND social policy Coord group = Social welfare doc type = review; user ; data; other Date:2002 -2012	1	1	0
9 April 2012	Campbell Collaboration	Campbell	child welfare AND *family* Coord group = Social welfare doc type = review; user ; data; other Date:2002 -2012	0	0	0
9	Informit	Australian	child* OR young	14	8	0

April 2012		Public Affairs (APA); APAIS (Australian); FAMILY; Families and Society; Humanities and Social Sciences Collection	pe* AND family preservation. limits - English; peer reviewed; no duplicates; scholarly journals; theses and dissertations; conference papers; government documents; reports DATES: 2002-2012			
9 April 2012	Informit	As Above	child* AND ("extended family" OR kin) AND "family Support" OR "in home". limits - English; peer reviewed; no duplicates; scholarly journals; theses and dissertations; conference papers; government documents	10	1	0
9	ProQUEST	SOCIAL	child* AND	27	5	0

April 2012		SERVICE ABSTRACTS (Australian); British Humanities index; ProQUEST social science journals; ProQUEST research library; International bibliography of social sciences; sociological abstracts	("extended family OR kin) AND "family Support" OR "in home". limits - English; peer reviewed; no duplicates; scholarly journals; theses and dissertations; conference papers; government documents; reports			
9 April 2012	ProQUEST	SOCIAL SERVICE ABSTRACTS (Australian); As above	(extended family OR kin*)AND "family preservation OR early intervention" OR "family support". limits - English; peer reviewed; no duplicates; scholarly journals; theses and dissertations; conference	18	0	0

			papers; reports; working papers; reports; 2002 - 2012; search Abstract			

Appendix Three. Monash University Human Ethics Committee (MUHREC) Human Ethics Certificate of Approval

MONASH University

Monash University Human Research Ethics Committee (MUHREC)

Research Office

Human Ethics Certificate of Approval

Date: 22 March 2013

Project Number: CF13/611 – 2013000266

Project Title: The policy considerations for involving extended family with family
                support services

Chief Investigator: Prof Thea Brown

Approved: From: 22 March 2013   To: 22 March 2018

Terms of approval

1. The Chief investigator is responsible for ensuring that permission letters are obtained, if relevant, and a copy forwarded to MUHREC before any data collection can occur at the specified organisation. **Failure to provide permission letters to MUHREC before data collection commences is in breach of the National Statement on Ethical Conduct in Human Research and the Australian Code for the Responsible Conduct of Research**.

2. Approval is only valid whilst you hold a position at Monash University.

3. It is the responsibility of the Chief Investigator to ensure that all investigators are aware of the terms of approval and to ensure the project is conducted as approved by MUHREC.

4. You should notify MUHREC immediately of any serious or unexpected adverse effects on participants or unforeseen events affecting the ethical acceptability of the project.

5. The Explanatory Statement must be on Monash University letterhead and the Monash University complaints clause must contain your project number.

6. **Amendments to the approved project (including changes in personnel):** Requires the submission of a Request for Amendment form to MUHREC and must not begin without written approval from MUHREC. Substantial variations may require a new application.

7. **Future correspondence:** Please quote the project number and project title above in any further correspondence.

8. **Annual reports:** Continued approval of this project is dependent on the submission of an Annual Report. This is determined by the date of your letter of approval.

9. **Final report:** A Final Report should be provided at the conclusion of the project. MUHREC should be notified if the project is discontinued before the expected date of completion.

10. **Monitoring:** Projects may be subject to an audit or any other form of monitoring by MUHREC at any time.

11. **Retention and storage of data:** The Chief Investigator is responsible for the storage and retention of original data pertaining to a project for a minimum period of five years.
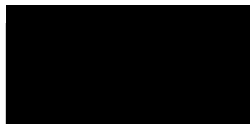
Professor Ben Canny

Chair, MUHREC

cc: Assoc Prof Rosemary Sheehan, Ms Jennifer McConachy

Appendix Four. Letter to potential Research Participants

20 May 2013

Dear

Re: research study - The policy considerations for the involvement of extended family with family support services.

My name is Jennifer McConachy, and I am a PhD student in the Department of Social Work at Monash University in Victoria. My research is investigating what should be the policy considerations for the involvement of extended family with services providing family support, where there has been a substantiated child protection concern and the child is living with his/her parents.

I have attached an Explanatory statement about the research to this email, which outlines the purpose of the study, who will be involved, what time commitment I am asking for, and information about anonymity.

The process from here

If you are interested and able to participate in the study, could you please respond to me on this email by 17 June 2013 to agree to be contacted again. At this point, I am only seeking possible participants.

At this initial stage, could you also indicate your area of expertise; I know it is likely that most people will have multiple areas of interest, knowledge and experience, but for the purpose of trying to ensure even representation, I am asking that you nominate the program area, and the expertise you most identify with. That is:

• family services OR child protection OR kinship care

AND

• research and policy OR practice and/or representing the perspective of kinship carers.

It would also be of great assistance to me if you could pass this email to others, who work in Australia, who have research, policy or practice experience or understanding of the perspectives of kinship carers, in any of the areas of child protection, family services or kinship care, who you believe may be interested and able to participate in the study.

After receiving all of the expressions of interest, I will recontact you to confirm your participation in the study. I anticipate this will be about 24 June 2013

Thank you for considering this request.
with best wishes

Jennifer McConachy
PhD Candidate
Monash University

Appendix Five. An example of the Explanatory Statements

MONASH University

Explanatory Statement

20 May 2013

Explanatory Statement - Academics and Researchers

Title: The policy considerations for involving extended family with family support services

This information sheet is for you to keep.

My name is Jennifer McConachy and I am conducting a research project with Professor Thea Brown and Associate Professor Rosemary Sheehan in the Department of Social Work towards a PhD at Monash University. This means that I will be writing a thesis which is the equivalent of a 300 page book.

You are invited to take part in this study. Please read this Explanatory Statement in full before making a decision.

Why were you chosen for this research?

I obtained your contact details either from academic publications or from conference presentations that showed you have expertise in the areas of kinship care, child protection or family services.

The aim/purpose of the research

This study seeks to identify if those with expertise in the areas of family services and kinship care (including social welfare practitioners and representatives of kinship carers, researchers and policy writers) deem policy development in this area to be desirable, and if so, to develop the intent, scope, program elements and evaluation criteria of such a policy.

Possible benefits

Although the direct benefits to you from this study are likely to be limited to your interest in the area and the unfolding of the iterations of the survey, the benefit more broadly is anticipated to be that children and families within the child protection system, and their extended families will be provided with a more supportive experience. The study is founded on the well researched benefits of early intervention and the importance of extended family in ameliorating the difficulties experienced by children and families within the child protection system.

What does the research involve?

In order to explore this area, I am using a series of three questionnaires (called the Delphi method). If you choose to participate, you would simply complete each questionnaire (online) when the link is sent to you, as detailed in the next section.

How much time will the research take?

There will be three surveys sent out, through survey monkey, I estimate that completing each will take no longer than 30 minutes. If you agree, I may also contact you to seek further or clarifying information. In terms of return time, the following is the best estimate of when the surveys will be available for response - if there are changes to these timelines, you would be notified by email as soon as possible.

	Commencement of survey	Closure of survey
Phase One	7 July 2013	21 July 2013
Phase Two	11 August 2013	25 August 2013
Phase Three	15 September 2013	29 September 2013

Inconvenience/discomfort

I anticipate no inconvenience or discomfort to you as a result of participating in this study.

Payment

There are no payments offered as a part of contributing to this study.

You can withdraw from the research

Being in this study is voluntary and you are under no obligation to consent to participation. However, if you do consent to participate, you may withdraw from further participation at any stage but you will only be able to withdraw data up to two weeks after the closure of each survey, for that survey, not earlier ones. This is because the data analysis occurs as a part of the survey process and so your data will be incorporated in an ongoing way during the study - not analysed after the event. There will be no penalty to you of not participating or withdrawing from the study.

Confidentiality

Your name will only be made available to the researchers for the purpose of data analysis (to match each iteration of the survey) and for follow up if you have not been able to submit any of the questionnaires within the expected timeline. All data analysis and feedback will be of aggregated data and no names or identifying information will be matched to the participants. The consent form asks if you wish to be recognised in the final thesis; if you do, your name will be noted in the acknowledgements page - however there will be no link to any specific data reported.

Storage of data

Data collected will be stored in accordance with Monash University regulations, kept on University premises, in a locked filing cabinet (hard copy information) or in a secure part of the University's computer system (soft copy data) for 5 years. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

Results

If you would like to be informed of the aggregated research finding, please contact Jennifer McConachy on 0409 42 66 49 or email at jemcc2@student.monash.edu The findings are accessible from January 2014 for six months. Additionally, if you agree, a link will be provided to you via email to the completed thesis.

If you would like to contact the researchers about any aspect of this study, please contact the Chief Investigator:	If you have a complaint concerning the manner in which this research CF13/611 - 2013000266 is being conducted, please contact:
Professor Thea Brown Department of Social Work Monash University Post Office Box Caulfield East 3147 Telephone: Email: █████████████████████	Dr Souheir Houssami Executive Officer Monash University Human Research Ethics Committee (MUHREC) Building 3e Room 111 Research Office Monash University VIC 3800 Tel: ███████████ Fax: ███ █ ████ ████ ████ █████████████

Thank you.

████████

Jennifer McConachy

PhD Candidate

Department of Social Work

Monash University

Appendix Six. Copy of the email sent with the first questionnaire

Dear

Thank you for agreeing to participate in the study "Policy considerations for the involvement of extended family with family support services."

This is the link to the first questionnaire.

You are able to save the survey and return to it later, if you wish, simply by clicking back on to the above link. I estimate this questionnaire should take you about 30 minutes to complete.

This phase of the study will close on 21 July; and I will send a reminder email 3 days before this and 3 days after, if you have not been able to submit the questionnaire.

If there are any difficulties with either understanding or completing the survey - please feel free to contact me on either ███████████████████████████ ███████ Where there are questions about clarification with regard to the questionnaire, I will de-identify the query and send an email to the group.

thank you once again

with best wishes
Jennifer

Appendix Seven. Content of the first questionnaire (sent via SurveyMonkey)

About this questionnaire

This questionnaire begins by asking whether you think there needs to be a policy developed for the involvement of extended family with family support services.

If your opinion is that there is no need for a policy, there are only two subsequent policy related questions, and the survey will take you directly to them.

If you think there should be policy development in this area, you will be directed to respond to the rest of the questionnaire.

This questionnaire has been divided into several sections dealing with:

whether policy development is necessary in this area

- o the intent of a policy - what you hope would be achieved by enacting this policy
- o the scope of a policy - which areas it can reasonably cover
- o the essential practice elements - not the minutia, but what broad practices would you expect to see offered in any given case.

There is also a free text option in each section for comments about the options, or for you to offer other options.

The last page of the questionnaire asks about your thoughts about an unchanged situation [that is, where there is no policy] and if you are aware of any policy or practice documents in this area. Each section will have more detailed instructions to aid with the completion of the survey.

A final page asks for some demographic information so the researcher can report on the various areas of knowledge within the respondent group.

In terms of extended family becoming recognised and supported by family support services, where the child has had a substantiated protective concern and is living with her/his parents policy development for this area is (please choose one):

Q1   necessary   not necessary

Key word definitions and contextual information

• The main legislation guiding the policies and practices of child protection and the Community Service Organisations working with children who are 'at risk' and those who have substantiated protective concerns, in Victoria, is the *Children, Youth & Families Act (2005).* The Act is based on "Best Interest Principles" (as listed in section 10 of the Act). Section 10(1) states "For the purposes of this Act the best interests of the child *must always be paramount"* [my italics]. So, although this study considers the extended family and family services, the best interests of the child is recognised as always being the primary and underlying consideration for any policy or practice.

Currently within Victoria, family services are administered separately to kinship services. There is discussion about- and interest in- joined up services, and some new program areas have begun to recognise and work with the 'informal supports' families have (such as the Cradle to Kinder program), however, the funding and policy development between kinship and family support services remains predominantly separate.

In the questionnaire, 'extended family member/s' refers particularly to those people who are agreeable to being involved with the family services program.

Differentiated response - means the goals and interventions are linked specifically to the assessed needs of the family rather than following a formulaic plan; this includes services being culturally aware.

Family Decision Making is a meeting that includes members of the child's immediate and extended family; workers discuss the current concerns, any requirements for the child's safety and clarify any requirements of the parents or child. The family members then discuss what they are able to offer and suggest solutions.

The Looking After Children (LAC) framework directs practitioners and carers to collaboratively (through use of a care team) consider seven domains of the child's life [health; family & social relationships; emotional and behavioural development; identity; education/employment; self care skills & social presentation] with the aim of meeting the child's developmental needs in a coordinated and thoughtful way. It is central to practice and administration in the out-of-home care field in Victoria.

INTENT OF THE POLICY

The intent of the policy should include:

Select one Q2	The extended family member: • guarantees child safety and security • improves child safety and security • only monitors and reports any concerns about the child's safety to program staff • should not be responsible in any way for the child's safety
Select as many as apply Q3	Program staff: • should be responsible for all interactions between extended family and the child & family • should be responsible for specified case-related interactions between extended family and the child & family (for instance case planning goals) • need to be aware of all interactions between extended family and the child & family • need to be aware of specified case-related interactions between extended family and the child & family (for instance case planning goals) • should be guided by the extended family member as to the issues they work with

Select as many as apply Q 4	Program assessment and support: • is guided by program specified and required areas • is guided by the extended family's requests • is guided by the child & family's requests • the program provides a differentiated, tailored response to each family
Select as many as apply Q 5	Role of extended family • increase the likelihood of placement prevention • to provide kinship care if the child's situation deteriorates to a point where s/he is removed from parental care • engage several or many other extended family members to provide various levels of support to the child & family • to seek at least one enduring relationship for the child, regardless of where s/he lives • none of the above
Select as many as apply Q 6	Funding • for the government to decrease the cost-burden of providing intervention to families • for the government to reallocate funds from kinship care to support the extended family • for the government to reallocate funds from family services to support extended family • for the government to fund this serviced as a new program
Select as many as apply Q 7	Program support type: • the program supports the extended family member/s directly, via the program staff • the program supports extended family member/s at the system level [for instance via a peak body or systems advocacy] • none of the above FREE TEXT FOR OTHER

Select one	Who is supported?
Q 8	• the extended family member provides support to the parent
	• the extended family member provides support to the child
	• the extended family member provides support to both the parent and child
	• provides support to either one of the parent or child
	• complement the work of family-support program staff

9. FREE TEXT - please write (briefly) any clarifying comments or thoughts you have about the options provided, or if you feel there are other considerations with regard to the intent of policy in this area

Please rate the following items in terms of which should be included in the scope of the policy:

This program should

Select as many as apply	Referral source/s. The program should accept referrals from
Q 10	• child protection
	• any other child/ family focussed service
	• any other support service (such as drug and alcohol services)
	• the child's family
	• extended family

Select as many as apply Q 11	Referrals should only be accepted if they fit the following eligibility criteria • the child & family must be currently engaged with other support services • the child & family must at least be on a waiting list for another support service • A defined 'no more than' limit to the number of attempted home returns, if the child has been previously removed • A defined 'no less than' limit to the number of attempted home returns, if the child has been previously removed • None of these criteria should be a part of the scope of the policy
Select as many as apply Q 12	Engagement of extended family • actively identify and seek out extended family to participate in the program • attempt to engage extended family known to child protection or other involved services • work with extended family identified by the parent or child, whether s/he is currently involved or not • work with extended family who are already in contact with the child and family
Select one Q 13	Length of support. The program should remain engaged with the extended family • **only** while the child is a child protection client • for no more than 6 months • for between 6 - 12 months • for 1 - 2 years • for as long as is deemed necessary by the service and extended family member • beyond the involvement of child protection

Select one Q 14	Length of support. Regardless of ongoing child protection involvement, support will be offered to the extended family member for • No more than 6 months • Between 6 - 12 months • 1 - 2 years • As long as is deemed necessary by the service and extended family member • Program should be involved while child protection involvement is current
Select as many as apply Q 15	Child's living situation. Priority should be given to families where children • have never lived out of home • have returned to the care of their parents from kin care • have returned to the care of their parents from foster or residential care • are currently in out of home care, and attempting home return • Define a limit of the number of attempted home returns • Placement history should not be defined in the scope of the history
Select one Q 16a	Re-Referrals to the program • Allow unlimited re-referrals • Be limited to a one referral per family • Limit to one referral per child protection episode (i.e. for any subsequent re-substantiations) • Allow a new referral any time the child is returned home from out of home care • Allow re-referrals, but under specified circumstances
Q 16b	Please specify these below: FREE TEXT

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Select one Q 17a	Cultural considerations. The program should • apply to both Indigenous and non Indigenous families • only apply to non Indigenous families • only apply to Indigenous families • apply to all families and have culturally specific modifications for Indigenous families
Q 17b	Please specify what type of modifications
Select one Q 18	Funding and program development. The program should be • a stand-alone program • allied to- but not a part of- the program that supports the child or family • a part of a family support program with which the child or family are engaged • a part of a kinship care program
Select one Q 19	Target age group; prioritise the provision of services to families where the child is: • prenatal, infant and preschool • primary school-aged • adolescent • at a transition point (infants, beginning preschool, beginning primary school, beginning high school) • the target population should not be defined by the child's age or stage of life

Q 20 FREE TEXT - please write (briefly) any clarifying comments or thoughts you have about the options provided, or if you feel there are other considerations with regard to the scope of policy in this area.

Please rate the each item in terms of whether it should be represented in the essential elements of the program:

Select as many as apply Q 21	In terms of deciding whether the program will work with the family, it should conduct an assessment of: • the extended family member/s regarding immediate child safety • the extended family member as a potential kinship carer, if they agree to that role • the needs of the extended family member to meet the needs of the family • the capabilities of the extended family member to meet the needs of the family • Acceptance to the program should not be linked to assessment of the extended family's capabilities or needs
Select one Q 22	Training for the extended family member should be: • mandatory (minimum) training • a mix of compulsory and optional training • mandatory and aimed at case related goals (such as parenting, Drug and Alcohol issues) • optional and aimed at case related goals (such as parenting, Drug and Alcohol issues) • offered, but it is not compulsory
Select as many as apply Q 23	Supervision of the extended family member would be: • Required, regular, formal individual supervision • Individual supervision would be offered, but it is not compulsory • Required group supervision • Group supervision would be offered, but it is not compulsory • supervision would not be a component of the program

Select as many as apply Q 24	Which theoretical underpinning/s should be used in this program? • LAC (Looking after Children) • strengths-based approach • problem solving approach • attachment informed • trauma informed • family systems • ecological theory other, please specify
Select as many as apply Q 25	The program should offer the extended family member and the child & family • Family decision making meetings • Family counselling • Dyadic work with the family member and the extended family member • Other reparative approaches, please specify • The program should only work directly with the extended family member and not the child & family FREE TEXT
Select as many as apply Q 26	Other supports offered to the extended family member should include: • a peer support group • brokerage funding • reimbursement funding, for specified purposes • personal counselling • other • none FREE TEXT re other

27 `FREE TEXT` **-** please write (briefly) any clarifying comments or thoughts you have about the options provided, or if you feel there are other considerations with regard to the essential elements of policy in this area

General comments

28 If the policy situation remains unchanged - that is, there is no policy development in this area - what benefits and/or difficulties do you anticipate? `(FREE TEXT)`

29a Are you aware of other policies (in Australia or internationally) in the area of involvement of extended family with children who have substantiated protective concerns and are living with their parents

     YES   NO

29 b If yes, please list these

This section asks you to record information about yourself as a respondent. This is to allow for data analysis using the demographic information, and will only be reported in aggregate form.

Some identifying information is requested. This is so that I can return your responses with subsequent iterations of the survey; and so that I am able to track submitted surveys.

Your name

Your position

Main workplace   University   Community Service Organisation

     Government Department   Peak Body

State

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Areas in which I have substantial knowledge (please tick as many as apply):

Child protection	**family services**	**kinship care**
research	research	research
policy analysis	policy analysis	policy analysis
practice	practice	practice
		carers

The number of years experience I have had within the child protection, kinship or family services field

is: _____

Thank you for your time in completing this phase of the survey. Aggregated results from the group will be sent to you with the second phase survey.

Feel free to review the questionnaire by choosing the "prev" button - please submit the survey when you are satisfied with your responses by choosing the DONE button

Appendix Eight. Content of the second questionnaire (sent via SurveyMonkey)

About this questionnaire

This questionnaire is again interested in defining the broad policy that will direct service provision aimed at the involvement of extended family with family support services, where children are living with their parents. The questions will be, again, listed under the categories of intent, scope and essential elements. Additional items have been listed in the key terms and definitions section given in the first questionnaire.

The structure of the document: there is some initial feedback about the participants in the first round of the study, whether policy development was considered necessary; and comments that were made with regard to this.

Then follows the questionnaire. Each question begins with aggregated feedback from the first questionnaire, reflecting how important the group believed the item was to development of the policy; and comments that were made, which were relevant to that question. (A copy of your individual responses has been sent in pdf form to your email address, so you have them as a basis of comparison).

Each question has a modified list of items (according to responses to Questionnaire One) with the addition of options that were generated from feedback obtained from the group. Each question asks you to respond on two scales; the first asks how <u>desirable</u> you consider each item to be; the second, how <u>feasible</u> you think it is that each item would be acceptable as a policy position. Desirability and feasibility in this questionnaire refer to **your** belief about whether the item is something **you** would want to see as a part of the policy; feasibility asks if **you** believe this is something that could be implemented. In the next round of this survey, questions of desirability and feasibility will be reviewed specifically in terms of the main stakeholder groups; this round is interested in how you see the situation.

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Each category has a section for you to add any comments about the options presented or to further clarify your answers.

Key word definitions and contextual information

The main legislation guiding the policies and practices of child protection and the Community Service Organisations working with children who are 'at risk' and those who have substantiated protective concerns, in Victoria, is the *Children, Youth & Families Act (2005).* The Act is based on "Best Interest Principles" (as listed in section 10 of the Act). Section 10(1) states "For the purposes of this Act the best interests of the child *must always be paramount"* [my italics]. So, although this study considers the extended family and family services, the best interests of the child is recognised as always being the primary and underlying consideration for any policy or practice.

Currently within Victoria, family services are administered separately to kinship services. There is discussion about- and interest in- joined up services, and some new program areas have begun to recognise and work with the 'informal supports' families have (such as the Cradle to Kinder program), however, the funding and policy development between kinship and family support services remains predominantly separate.

In the questionnaire, 'extended family member/s' refers particularly to those people who are agreeable to being involved with the family services program.

Differentiated response - means the goals and interventions are linked specifically to the assessed needs of the family rather than following a formulaic plan; this includes services being culturally aware.

Family Decision Making is a meeting that includes members of the child's immediate and extended family; workers discuss the current concerns, any requirements for the child's safety and clarify any requirements of the parents or child. The family members then discuss what they are able to offer and suggest solutions.

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The Looking After Children (LAC) framework directs practitioners and carers to collaboratively (through use of a care team) consider seven domains of the child's life [health; family & social relationships; emotional and behavioural development; identity; education/employment; self care skills & social presentation] with the aim of meeting the child's developmental needs in a coordinated and thoughtful way. It is central to practice and administration in the out-of-home care field in Victoria.

Supervision refers to a supportive process where the worker meets with the extended family member to discuss how s/he is coping. Supervision has components of support, education and monitoring.

Therapeutic approach to clients has been variously defined. The aim of work is to promote healing, not just problem solving. Establishing and maintaining a (physically and emotionally) safe relationship between the client and worker is crucial. The worker is empathic, respectful, emotionally regulated, and self reflective.

Strengths-based approach. The strengths approach is based on the assumption that people have strengths and resources that they can use to improve and change their situation. This does not suggest that there are no system difficulties or structural inequalities in society, rather it moves away from blaming the client and from assuming they have no ability to contribute to their own solutions.

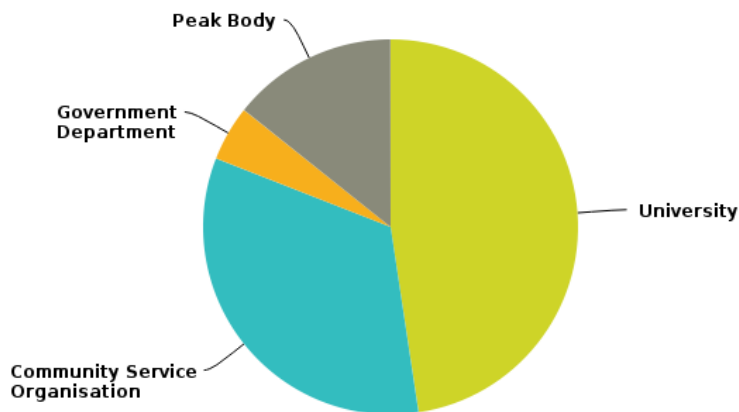**RESEARCHER FEEDBACK TO PARTICIPANTS**
Number of questionnaires sent: 26
responses received: 23 (including 2 respondents who withdrew from the study)
        total completed responses: 21

Total years experience = 420; average per person = 20 years

Primary workplace of respondents

Is this policy development necessary?

Comments from respondents

- In the context of the multicultural nature of family forms in Australia this is an important policy focus

- We need to recognise that family work needs skilled, well paid experienced people and put some investment into this area instead of continuing to pour it into the "black hole" of out of home care.

- Extended families and communities are a major untapped arena in Australia.

- Extended family need to feel heard and be involved in relevant issues

- Simply by recognising their existence and place

- The policy should reflect evidence-based practice in this area, which includes involving the considerations of the extended family

- All research shows, across the western world, that even when not planned for or agreed to more than 80% of children with a care experience return home. The more support for families and extended families in increasing their capacity to care for and have healthy relationships with children and young people, the better the long term outcomes for these children and families as a whole.

- The out of home care system is becoming increasingly unwieldy as more and more children and young people get stuck in the system. If we do not respond to this proactively by increasing the emphasis and funding support to pre placement programs and initiatives then the system will eventually stop working altogether.

- Should be noted that policy does not translate to practice unless it is systematically implemented

Comments about the benefits and concerns of an unchanged policy situation; and the need for policy change

- Involving extended family is critical to the work we do and assist children in trauma recovery and attachment.
- need for connected relationships with family members who understand the needs of children and stay committed throughout difficulties
- There are times when the extended family is not in a position to support the parent, but this should and does occur wherever possible.

- a policy as critical in terms of getting this message across to other service sectors
- service sectors do not and are unfamiliar with whole of family work. This hinders the ability to fully support the wellbeing of children.
- enhanced understanding of the significant role that extended family play in the well being of children

- No change [in policy] will lead to increase in OOHC placements, need strengthening and scaffolding of extended family - look at what promotes best outcomes for children - through FDM & Mirror families principles. [Five people noted that no policy change would lead to more removals and less chance of reunification]
- It is progressively more difficult to recruit foster carers and an out of home care experience for children has already been proven to have a significantly negative impact of children in the longer term so I'm not sure why we would keep seeing this as the way forward.

- fragmented service system
- services that do not align to legislative requirements and Best Interest principles

Questionnaire Two

Is policy development necessary in this context?

Aggregated responses from Questionnaire One: 100% of respondents believed that policy development was necessary..

(Q1) On reflection do you believe that a policy is necessary to direct practice, policy and funding for the involvement of extended family in family support services where children are living with their parents?

    necessary   not necessary

The intent of a policy for the involvement of extended family with children who have substantiated child protection concerns and are living with their parents

General response from one participant in Questionnaire One
- The intent of the policy should recognise that kinship families present in specific situations and so the intent cannot be generalised easily.

The role of the extended family member includes that s/he...

Aggregated data from questionnaire 1
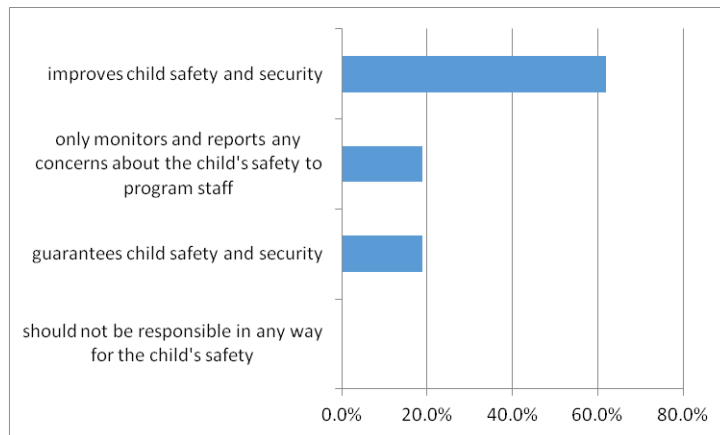
Comments from participants:

- ❧ extended family cannot guarantee child safety
- ❧ Policy needs to be child focused and clear about priorities for the child.

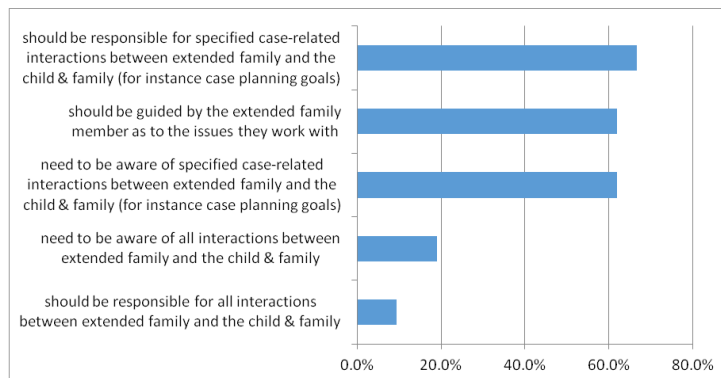Q2 In terms of the intent of the policy, the extended family member should:

improve child safety and security

not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

only monitor and report any concerns about the child's safety to program staff

not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

guarantee the child's safety and security

not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

Responsibility of the program staff

Aggregated data from questionnaire 1

Comment from participants:
- ❧ program staff should be cognisant of extended family requests, within child safety parameters.
- ❧ holistically support extended family

Q3 Program staff:

should be responsible for specified case-related interactions between extended family and the child & family (for instance case planning goals)
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

should be guided by the extended family member as to the issues they work with
not desirable, somewhat desirable, very desirable, essential
*not feasible, feasible but unlikely, feasible*

should be aware of specified case-related interactions between extended family and the child & family (for instance case planning goals)
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

The parameters of the program's assessment and support

Aggregated data from questionnaire 1
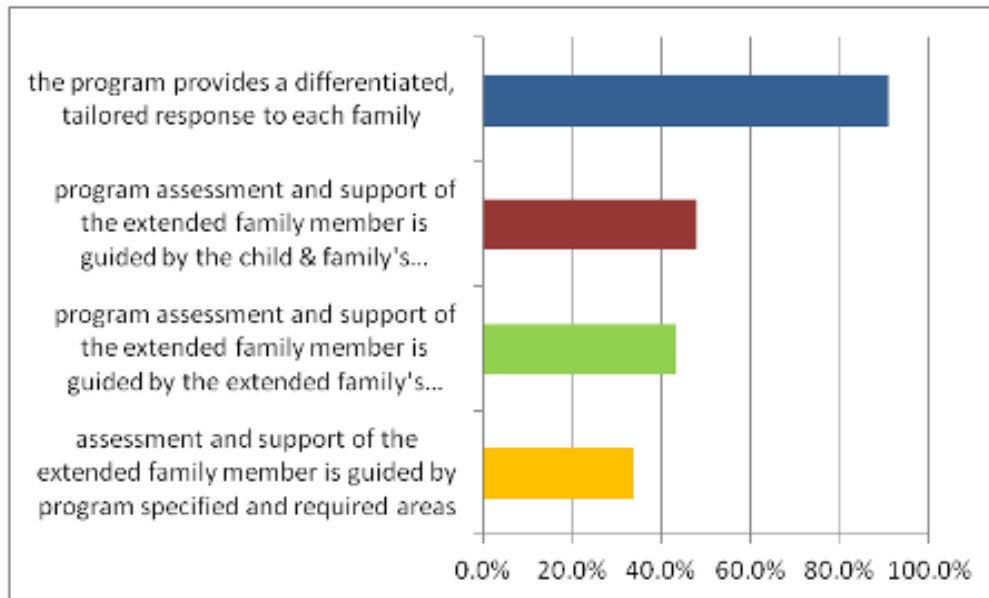
Q4 Program assessment and support:

the program provides a differentiated, tailored response to each family - based on a collaborative assessment with the child (where reasonable), parents and extended family member

not desirable, somewhat desirable, very desirable, essential
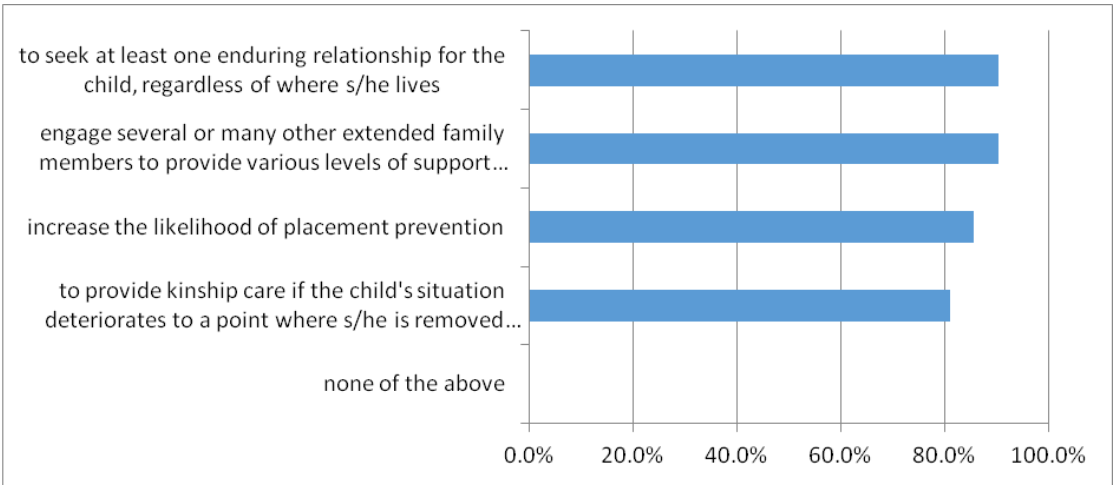
not feasible, feasible but unlikely, feasible

a needs and risk assessment prior to involving extended family

not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

In terms of support to the child, the extended family should

Aggregated data from questionnaire 1

Comments from one participant:
- ❧ Family should be assessed to ascertain the potential for them to protect and support the child. Foster relationships with the child and expand the child's support networks

Q 5 The role of extended family, in supporting the child, should
be to provide at least one enduring relationship for the child, regardless of where s/he lives
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

include engaging several or many other extended family members to provide various levels of support to the child & family
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

increase the likelihood of placement prevention
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

be to provide kinship care if the child's situation deteriorates to a point where s/he is removed from parental care
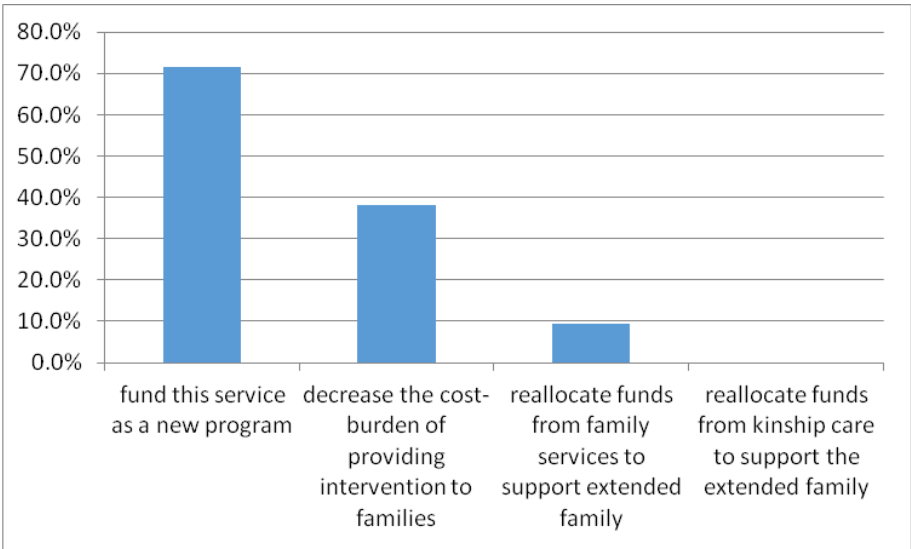
not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

include fostering relationships with the child and expand the child's support networks

not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

Government funding arrangements

Aggregated data from questionnaire 1

Q6   Government funding:

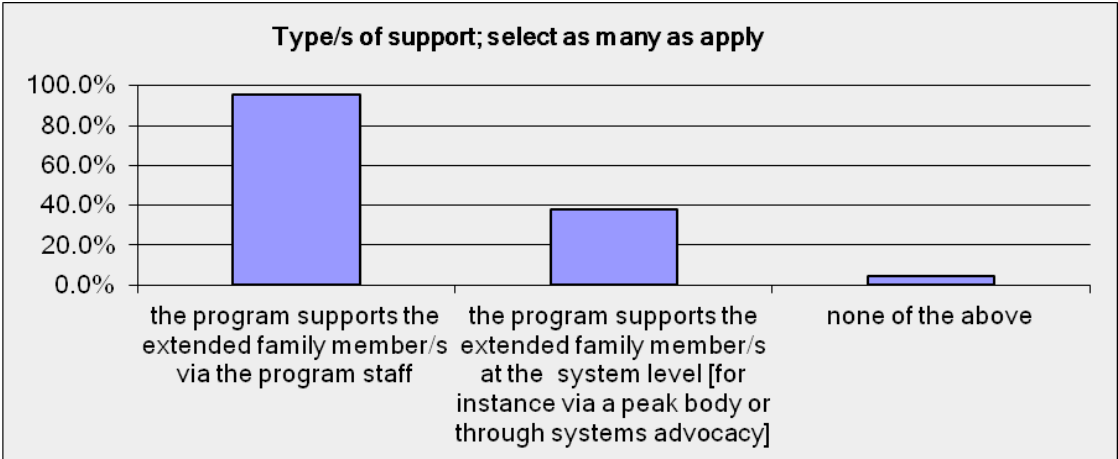The policy intent should be for the government to fund this service as a new program

not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

decrease the cost-burden of providing intervention to families

not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

Support to extended family could be through either (or both) direct work or a peak body

Aggregated data from questionnaire 1

There were no comments made in relation to this question

Q 7 Support mechanisms for the extended family should be provided:
Via the program staff directly
not desirable, somewhat desirable, very desirable, essential
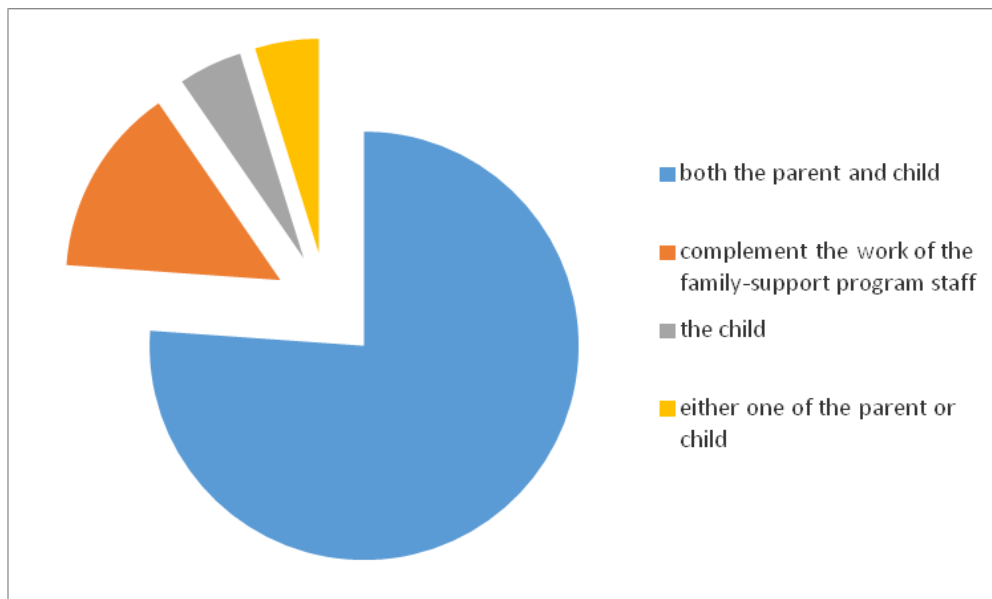*not feasible, feasible but unlikely, feasible*

At the system level (for instance via a peak body or systems advocacy)
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

The extended family member provides support to?

Aggregated data from questionnaire 1
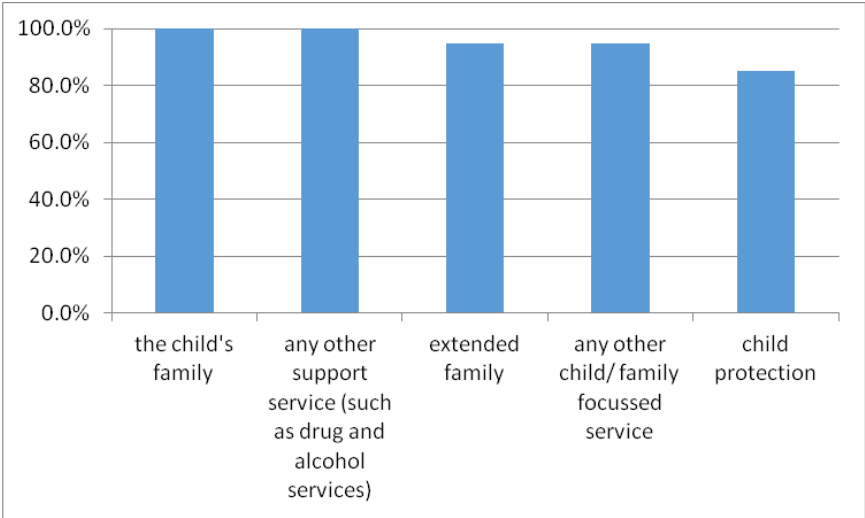

Comments from participants:

- ☞ the program should support the extended family to support the child & family (2 participants)
- ☞ Should both provide support to parent and child and complement the work of the family support program staff

Q8 the extended family member provides support to both the parent and child

not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

Q9 Briefly, if you wish, please write comments about either the items chosen by the group, or comments to clarify your response/s.

The scope of a policy for the involvement of extended family with children who have substantiated child protection concerns and are living with their parents

Aggregated data from questionnaire 1

Comment from one participant:

   ❧ need self referral to not limit early intervention opportunities; but programs may become overwhelmed with professional referrals so not pick up self referrals.

Q 10 Referral source/s should be open; anyone should be able to refer to the program.
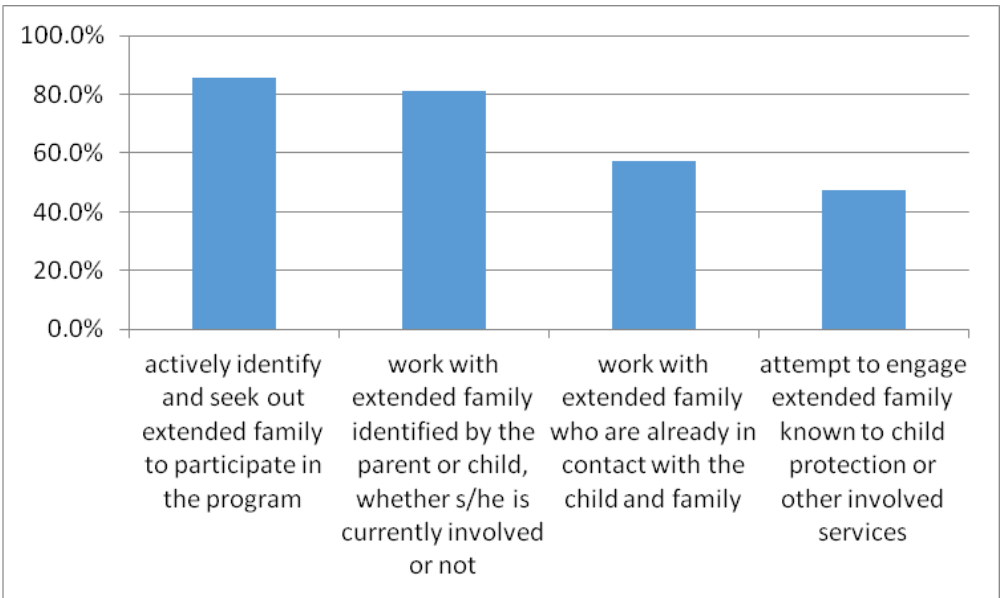*not desirable, somewhat desirable, very desirable, essential*
not feasible, feasible but unlikely, feasible

Q 11 Eligibility criteria

This question has been combined with question 16, which now discusses referral and re-referral

Identifying and engaging the extended family

Aggregated data from questionnaire 1

There were no comments related to this question

Q 12 Engagement of extended family. the program should

actively identify (including utilising knowledge from the child, parents, and other involved organisations) and seek out extended family to participate in the program
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

work with extended family who are already in contact with the child and family
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

Q 13 This question has been combined with question 14, to consider the length of support that should be offered under this policy

Aggregated data from questionnaire 1
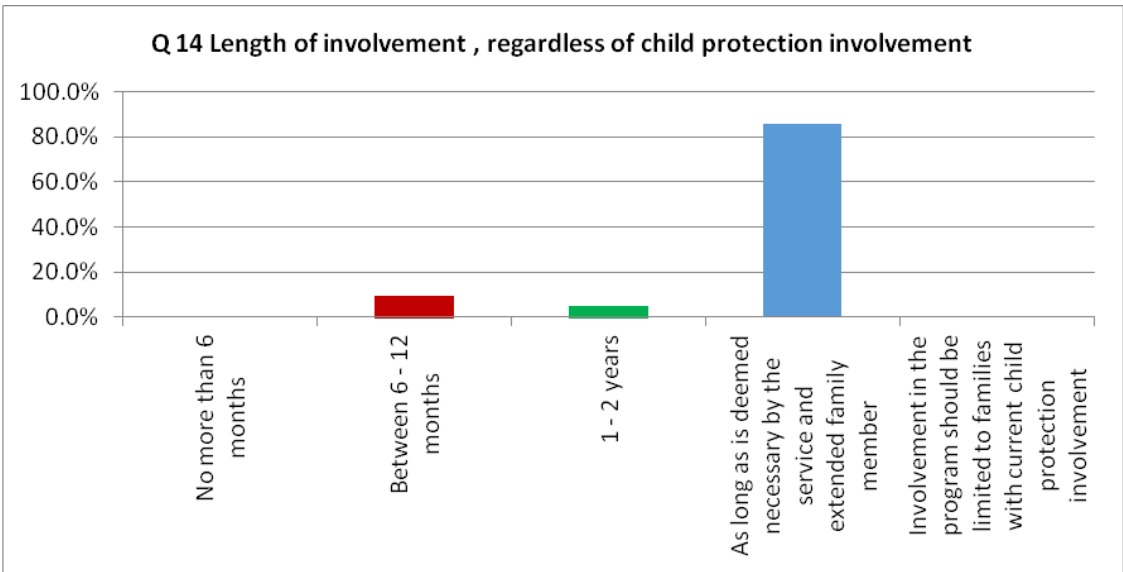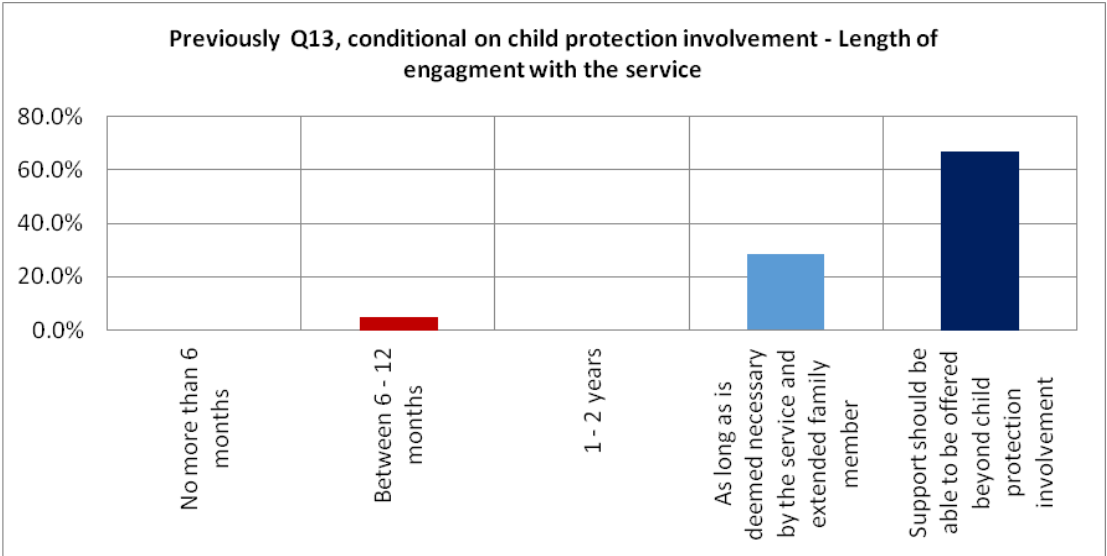
Comment from one participant (although it seems to relate to question 26, I think it has some relevance here)

❧ Need to allow some support for self referrers or others who may not receive service based on prioritisation

Q 14 Length of support

Regardless of ongoing child protection involvement, support will be offered to the extended family member for

As long as is deemed necessary by the service and extended family member
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

Families should be assessed and then 'streamed' into one of several levels/ duration of intervention and support, such as a 'waiting list group'; short term, longer term
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

Child's previous and current living situation

Aggregated data from questionnaire 1
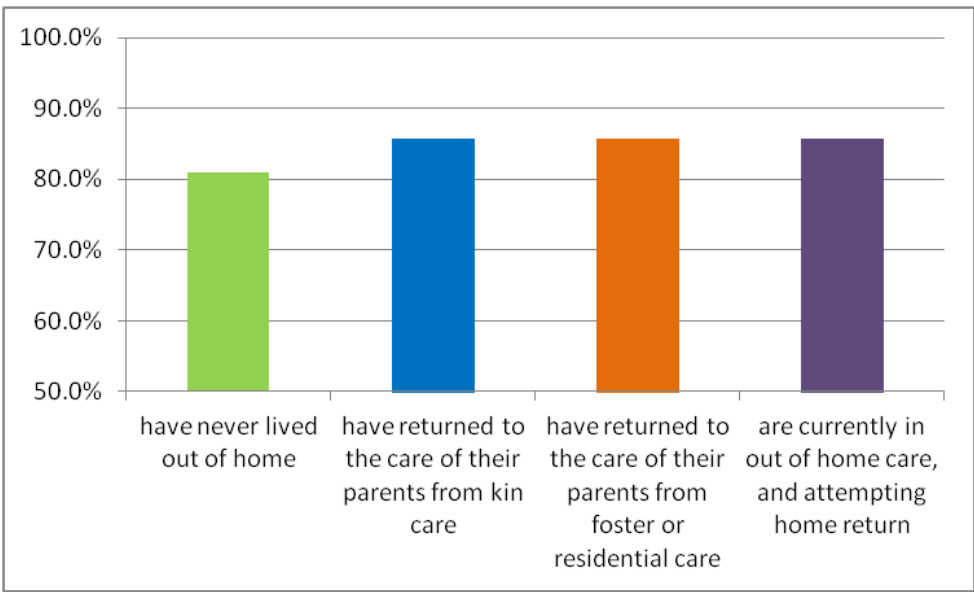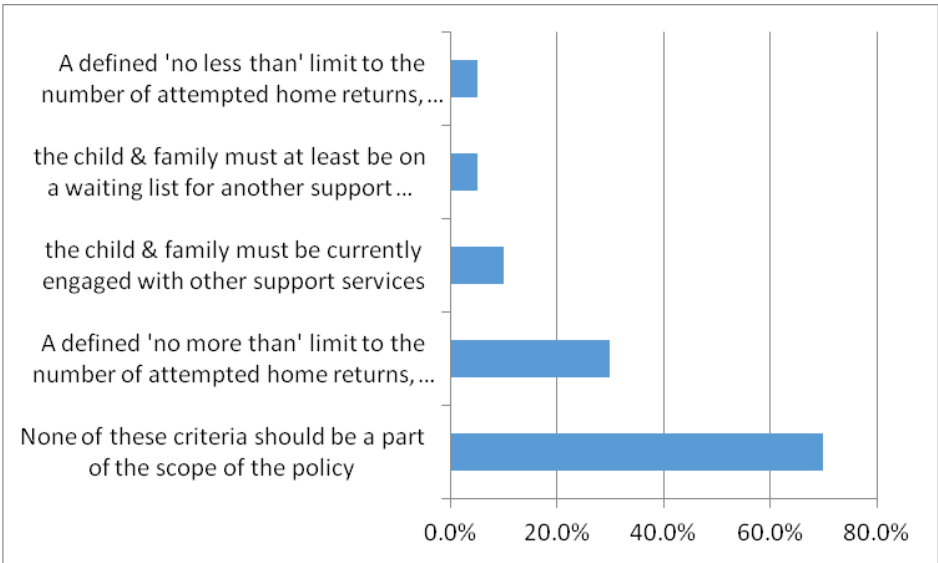
Q 15 Child's living situation

The child's previous living situation/s should not be considered when deciding if the family falls within the scope of the policy
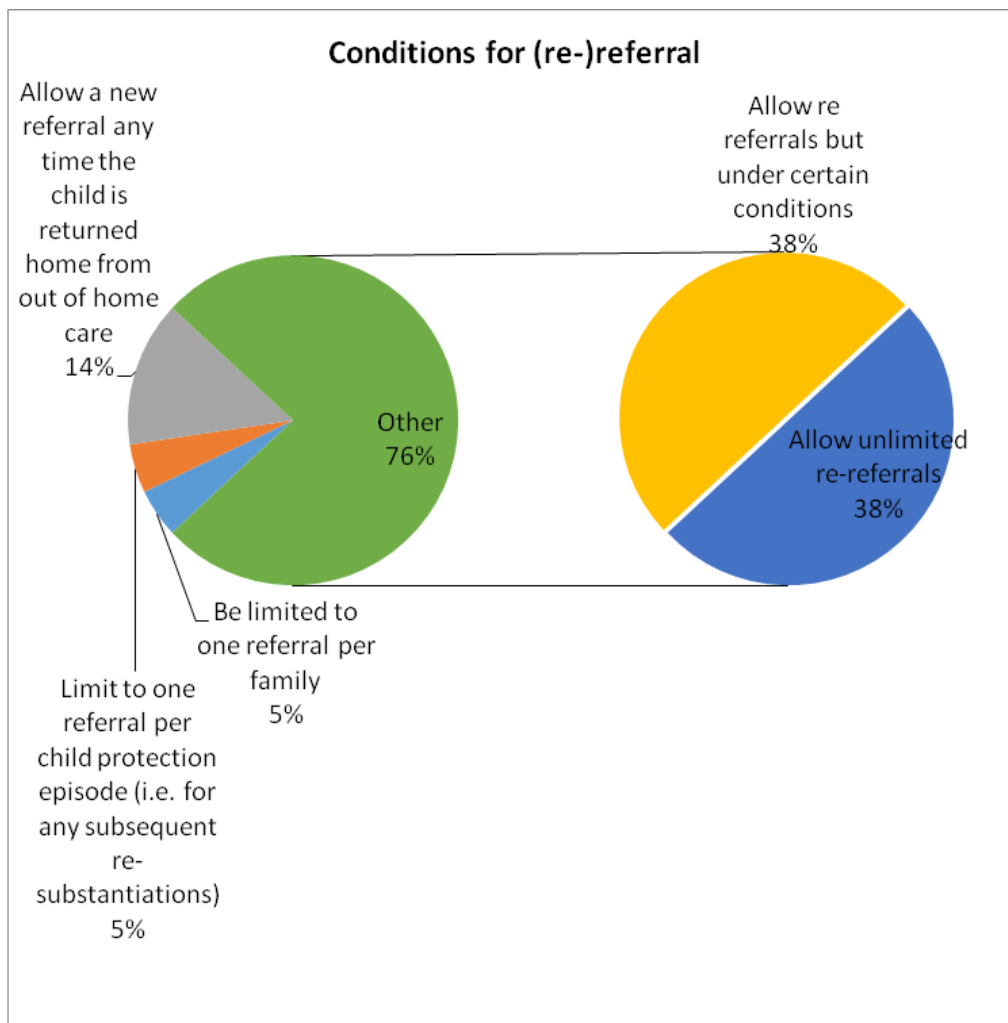
not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

Eligibility and referral criteria

Aggregated data from questionnaire 1

Conditions for (re-)referral

- Allow a new referral any time the child is returned home from out of home care — 14%
- Allow re referrals but under certain conditions — 38%
- Allow unlimited re-referrals — 38%
- Other — 76%
- Be limited to one referral per family — 5%
- Limit to one referral per child protection episode (i.e. for any subsequent re-substantiations) — 5%

Comments from participants:

- Needs to be a valid basis (need and context) for re-referral but not necessarily limited by number of previous referrals to the service [2 participants]
- Re-referrals should require evidenced changes to the family/ extended family that indicate the ability/ potential for sustained changes. [5 participants]
- if there is a willingness to work with the service toward change (3 participants)
- To be decided on a case by case basis.
- re-referrals may prove more cost-effective than out of home care
- Re-referrals would hopefully promote more stability for the child and better outcomes than going to out of home care

Q 16 Referrals and re-Referrals to the program should be allowed

Evidence of changes to the family or extended family that demonstrate an ability to effect changes

not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

Only if there is a clear willingness to work with the service

not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

Cultural considerations

Aggregated data from questionnaire 1

There were no comments with regard to this question

Q 17 Cultural considerations. The program should

apply to both Indigenous and non Indigenous families

not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

apply to all families and have culturally specific modifications for Indigenous families

not desirable, somewhat desirable, very desirable, essential
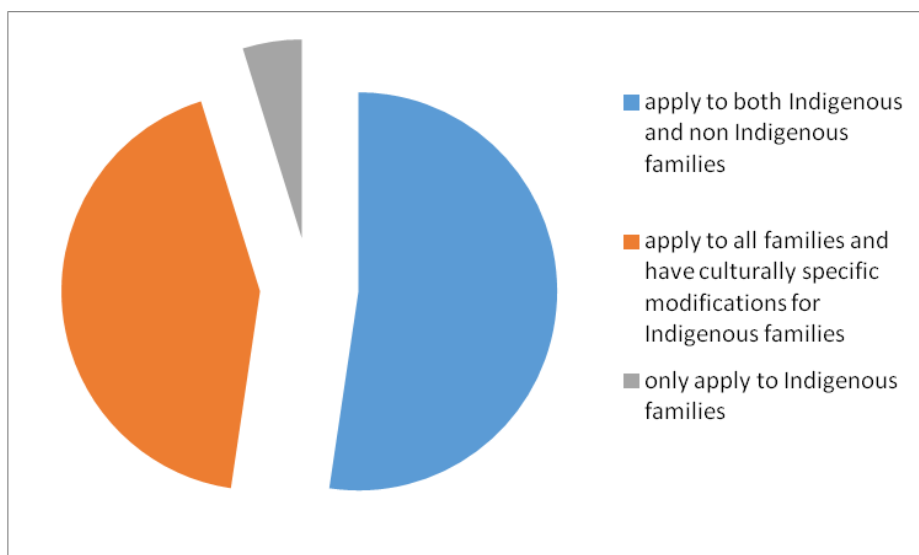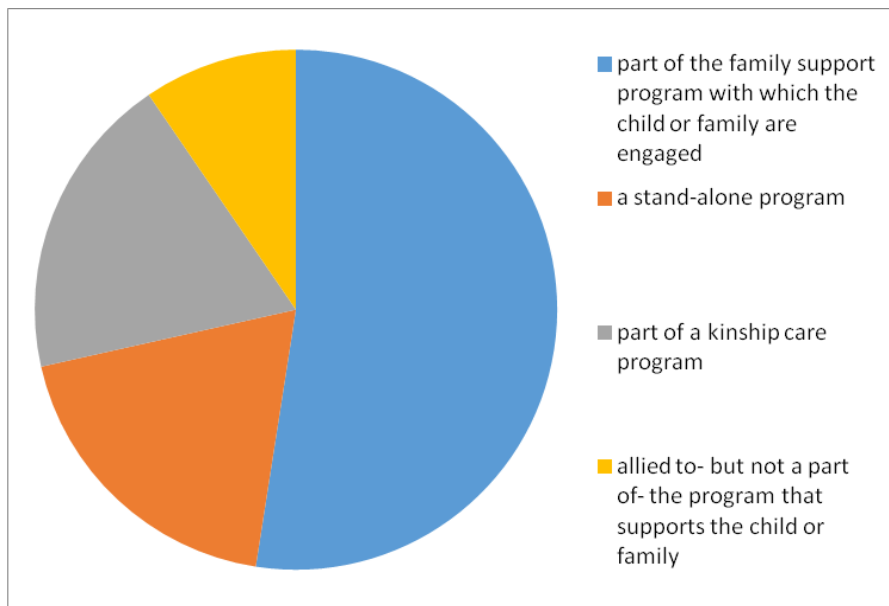
not feasible, feasible but unlikely, feasible

Funding and program development

Aggregated data from questionnaire 1

Participant responses:

ა change the focus of existing Family Services or Kin Care to work with the whole family (as happens for Indigenous services) to allow a whole family focus on child safety and to allow more flexibility of service options. [5 participants]

ა The more we can work holistically and soundly with extended families the better the life opportunities are for children. (2 participants)

ა Ideally family services and kinship care would be joined together. The fewer program boundaries the more likelihood we get flexible service options to suit individual families.

Q 18 Funding and program development. The program should be

a part of a family support program with which the child or family are engaged
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

change the focus of existing Family Services or Kin Care to work with the whole family (as happens for Indigenous services) to allow a whole family focus on child safety and to allow more flexibility of service options
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

located in a merged program area covering both family services and kinship care
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

a standalone program focussed on the extended family
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

Priority of entry to the program

Aggregated data from questionnaire 1
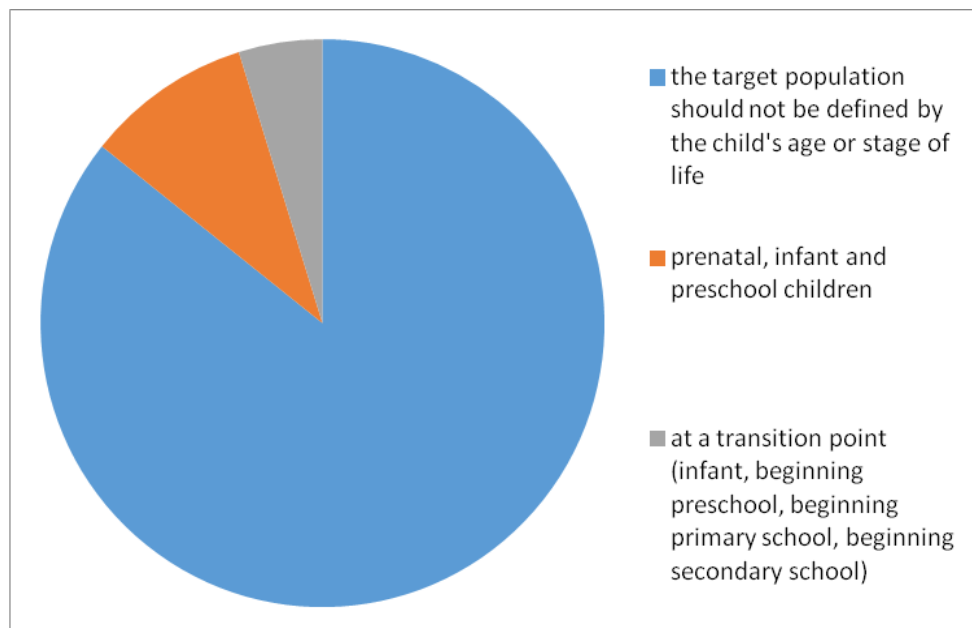
Comments from participants

- ✍ transition points have some focus [2 participants]
- ✍ need to include all age groups, but prioritise ante/ post natal through to school age (over represented in Victorian child protection stats)
- ✍ There can be high risk at infancy, and also adolescence - eligibility should not be linked to age, but need

Q 19 All age groups are eligible for inclusion in the service. In terms of prioritising service engagement

 The child's age does not define priority for service.

not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

Priority for service will be given to families where the child is prenatal, infant and preschool

not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

Priority for service will be given to families where the child is at a transition point (infants, beginning preschool, beginning primary school, beginning high school)

not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

Q20 Briefly, if you wish, please write comments about either the items chosen by the group, or comments to clarify your response/s.

The essential elements for a program under a policy for the involvement of extended family with children who have substantiated child protection concerns and are living with their parents

Elements of the program that would be directed by the policy.

This section seeks to consider which are the essential elements of any program that would be directed by policy in this area. It is not seeking to build a program or delve into the details of practice, but to define the broad elements. In Social Policy development theory this is the consideration of "forms of benefits or services delivered" (Chambers, 2000). Haigh (2012) also discussed the need to consider policy resources in the development of social policy, that is, the components that are necessary to bring about the desired policy goal.

Areas of assessment of the extended family's capabilities

Aggregated data from questionnaire 1
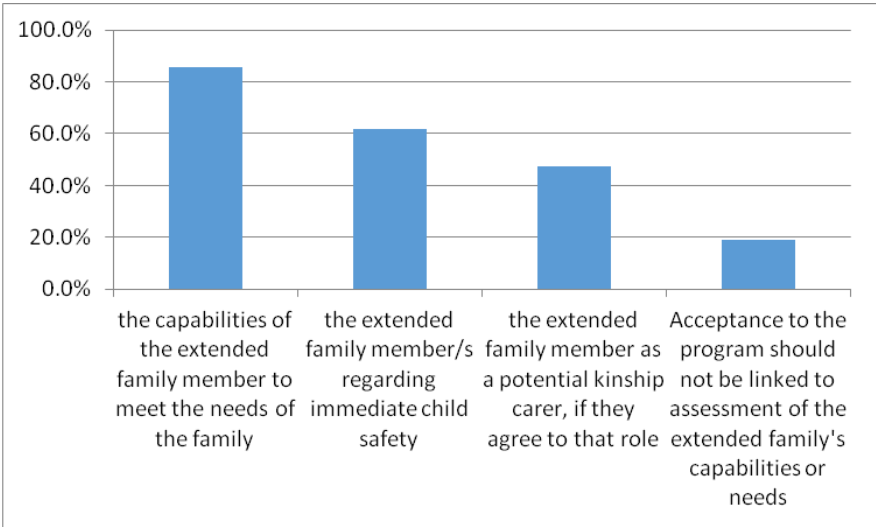
Comments from participants:

  ➥ Assessment of kinship care placements should remain in the domain of child protection or another statutory body who have the power to investigate.

  ➥ Family should be assessed to ascertain the potential for them to protect and support the child.

Q 21 In terms of deciding whether the program will work with the family, it should conduct an assessment of:

the capabilities of the extended family member to meet the needs of the family

not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

the extended family member/s regarding immediate child safety, and their potential to protect and support the child

not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

the extended family member as a potential kinship carer, if they agree to that role

not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

Training for extended family

Aggregated data from questionnaire 1

■ optional and aimed at case related goals (such as parenting, Drug and Alcohol issues)

■ a mix of compulsory and optional training

■ offered, but it is not compulsory

■ mandatory and aimed at case related goals (such as parenting, Drug and Alcohol issues)

■ mandatory (minimum) training

Participant comments:
- ❧ Extended family need an understanding of childhood development
- ❧ the impacts of trauma
- ❧ child behaviour

Q 22 Training for the extended family member should be:

Totally optional

not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

A mix of compulsory and optional

not desirable, somewhat desirable, very desirable, essential
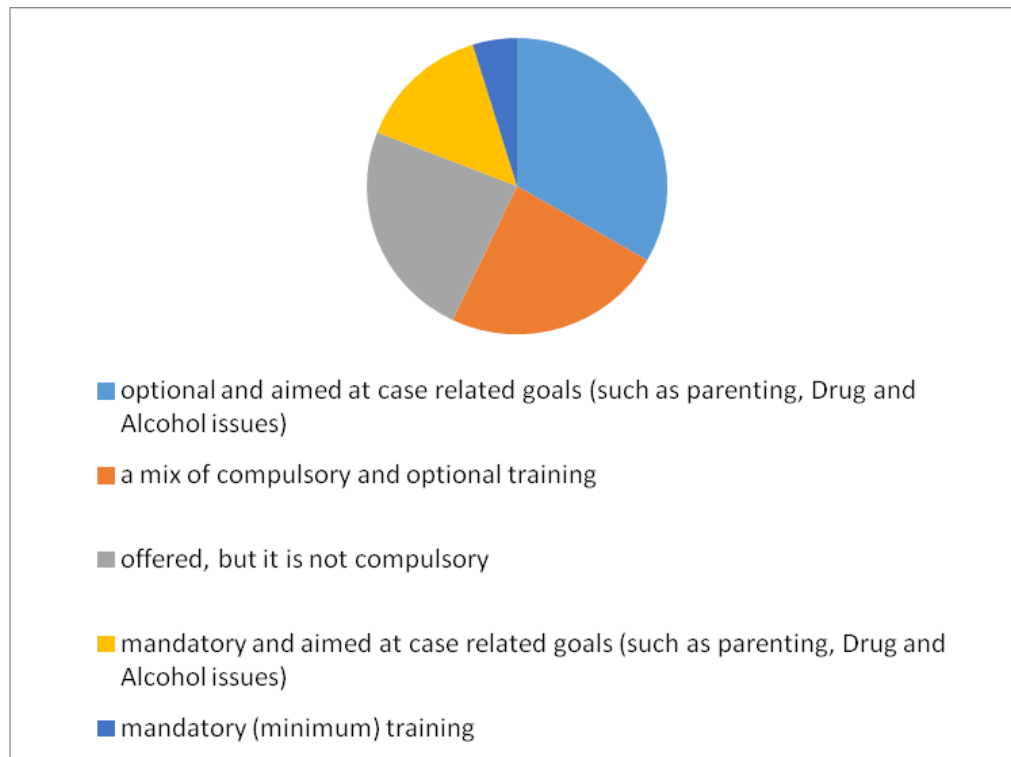
not feasible, feasible but unlikely, feasible

23 Which, if any, training for extended family members should be mandatory, (choose as many as apply)
- Child development
- Trauma
- Attachment
- Child behaviour
- Basic first aid
- Family systems theory
- Family violence
- Mental health
- Alcohol and drug addictions
- Any of: family violence, mental health, alcohol and drug addictions, if they are relevant to the concerns within the family
- No training should be mandatory

Supervision of the extended family member

Aggregated data from questionnaire 1
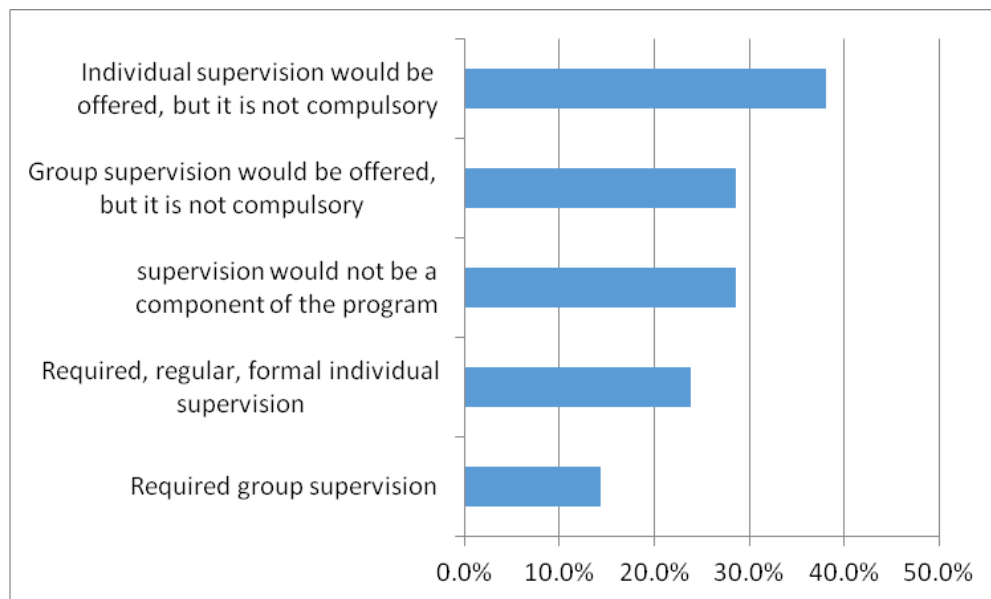
Respondent comments:

- some personal counselling/professional supervision type processes could be extremely beneficial for family members to sort through their own triggers with regard to children's acting out behaviours

- I don't think supervision is the right term here. Supervision suggests we are seeing the extended family as "responsible" for the safety of the child. Supervision should remain with the child, as child safety is a community responsibility.

Researcher's response. Thank you for the comment. The term supervision was used in the sense of offering support and information/ education to the extended family member, as well as allowing the worker to monitor the progress of the case; it was not intended to imply that the extended family were responsible for the child's safety. Apologies for the lack of clarity on my behalf. The key terms now contains an entry in the with regard to supervision.

Q 24 Supervision (to fulfil the functions of support, education and case monitoring) of the extended family member would be:

Individual supervision would be offered, but it is not compulsory
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

Group supervision would be offered, but it is not compulsory
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

Supervision would not be a component of the program
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

Required, regular, formal individual supervision
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

Theoretical underpinnings of the policy

Aggregated data from questionnaire 1
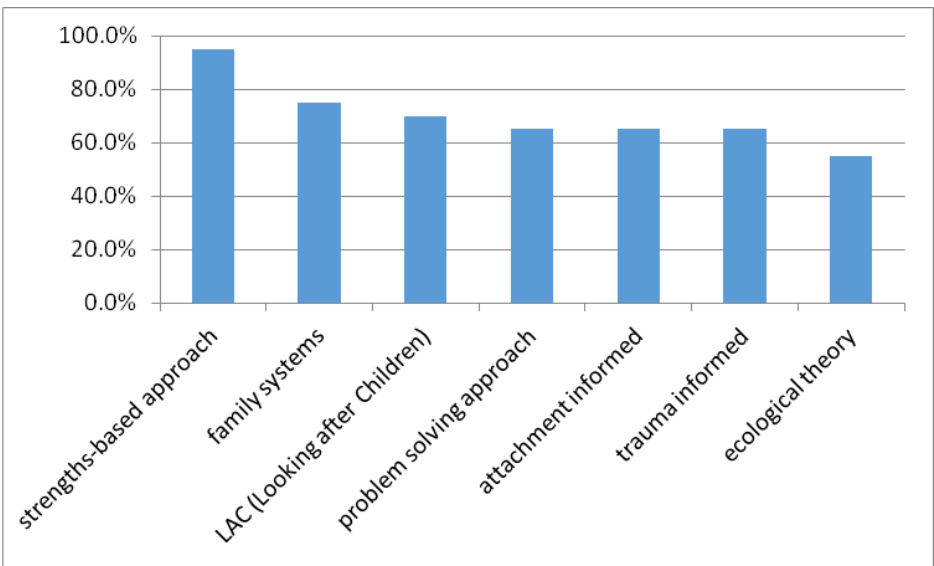
Participant comments:

- ☙ therapeutic intervention
- ☙ often therapeutic processes to be in place

Q25 Theoretical underpinnings of the policy

The policy is informed by the principles of therapeutic engagement and the strengths-based approach. (definitions for therapeutic engagement and strengths-based approach are provided in the key definitions section).
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

Core theories and frameworks which underpin practice directed by this policy include:

- LAC (Looking after Children) or another organising framework
- attachment informed
- trauma informed
- child development theories
- family systems theory
- not desirable, somewhat desirable, very desirable, essential
- not feasible, feasible but unlikely, feasible

Additional theories which inform practice with extended families in family support services include:

- problem solving approach
- ecological theory
- child behaviour
- not desirable, somewhat desirable, very desirable, essential
- not feasible, feasible but unlikely, feasible

Direct work approaches offered to the extended family and to the child & family

Aggregated data from questionnaire 1

The program should offer the extended family member and the child & family: (please select as many as apply)
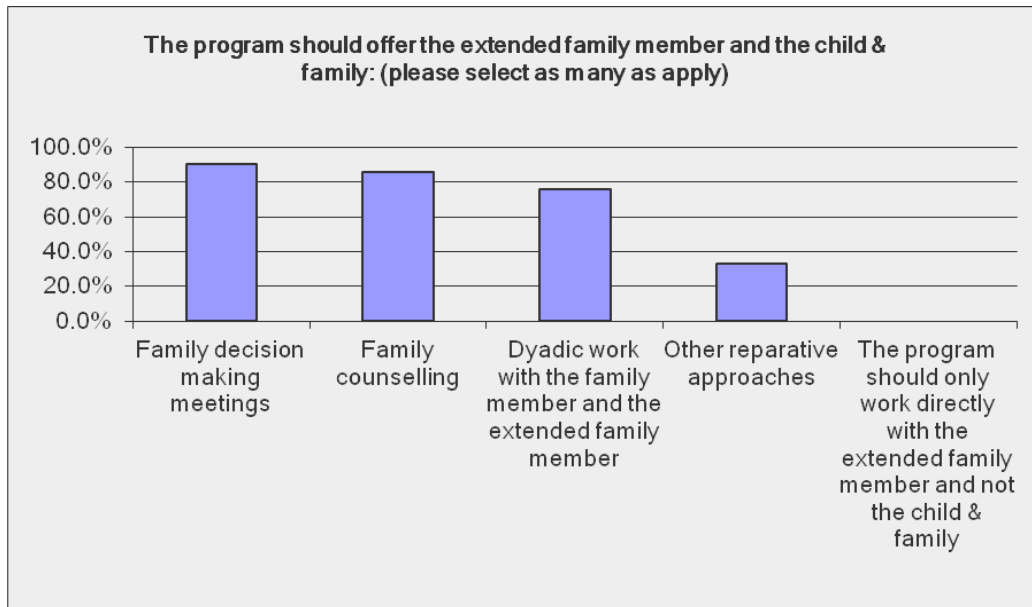
Participant comments:

- ❧ Case management/ case work (based on the Kent model of devolving power from the system to the client focussed on decision making and service engagement) especially if they are families with generational disadvantage [3 respondents:]
- ❧ In addition to case plans it may useful to hold family group conferences at designated intervals to assess if all family members are happy with involvement, want more or less involvement with parent/s child and to resolve any ongoing conflicts/problems
- ❧ Family therapy (3 participants)
- ❧ family based group work [2 responses]
- ❧ mediation (2 participants)

Q 26   Direct work offered to the extended family member and the child & family should encompass

Family decision making meetings/ family group conferences / mediation
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

Family counselling / family therapy
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

Family based groupwork
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

Collaborative case management
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

Other supports offered to the extended family member
Aggregated data from questionnaire 1
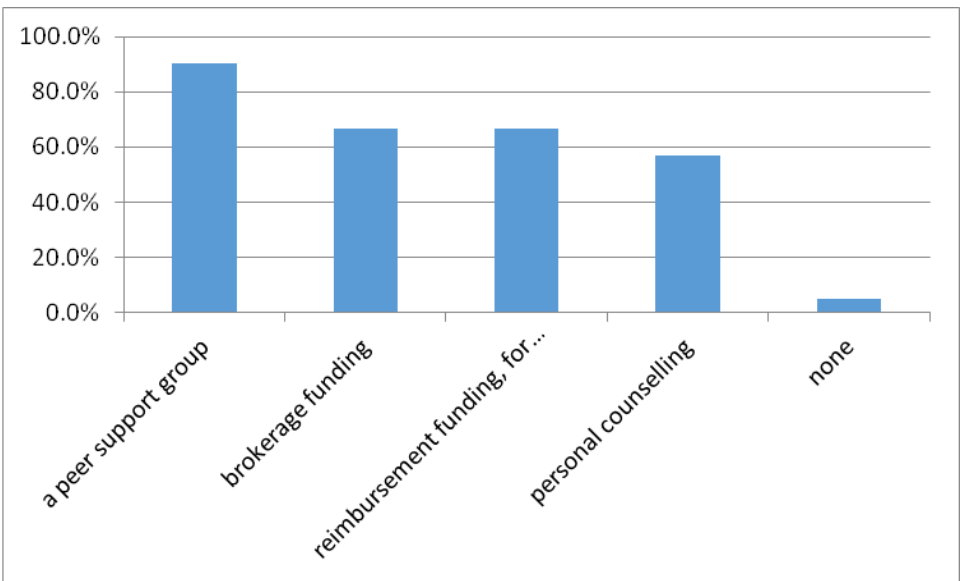
Participant comments:

- ❧ facilitated support groups [2 respondents]

- ❧ It is essential that all parties in the extended family are supported in dealing with their own respective relationships and tensions

- ❧ personal counselling/professional supervision type processes could be extremely beneficial for family members

- ❧ Structured information provision about the OOHC systems and legal systems

- ❧ funding to cover costs incurred (2 repondents)

- ❧ Advocacy - both on an individual and systems level to navigate what are sometimes baffling and complex approaches to supporting and caring for children

- ❧ Any supports that are identified as being appropriate and useful for the family.

- ❧ whatever works (2 respondents)

Q27 Other supports offered to the extended family member should include:

a peer support group
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

brokerage funding
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

reimbursement funding
not desirable, somewhat desirable, very desirable, essential
not feasible, feasible but unlikely, feasible

personal counselling

not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

Structured information provision about the OOHC systems and legal systems

not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

Advocacy

not desirable, somewhat desirable, very desirable, essential

not feasible, feasible but unlikely, feasible

28 FREE TEXT - please write (briefly) any clarifying comments or thoughts you have about the options provided, or if you feel there are other considerations with regard to the essential elements of policy in this area

Thank you for completing the second questionnaire in the survey. The aggregated results of this survey will be sent to you with the third (and final) questionnaire.

Feel free to review this questionnaire, when you are happy with your responses, please choose the DONE button.

Appendix Nine. Content of the third questionnaire (sent via SurveyMonkey)

About this questionnaire

This questionnaire provides the final phase of questions in forming 'what should be the policy considerations for the involvement of extended family with family support services, where children have substantiated child protection concerns and are living with their parents'. The aggregated group responses and your individual responses to the items in Questionnaire Two have been sent to your email address for the purpose of your own interest and comparison.

There are four sections in this questionnaire;

The first gives the basis of a policy position developed from the areas of agreement reached by the group. At the end of this section there is a question about whether you think (recognising there are still contentious areas to resolve and add) this part of the policy is desirable and feasible, and what, if anything, would make it more desirable or feasible. You are then asked to comment on unintended consequences if this was the policy position adopted by the government.

The second section deals with the items that remain contentious within the group's opinion. For each point that is unclear or unresolved the feedback from that particular question will be given, followed by a field for comments aimed at resolving the issue.

The third section considers evaluation of the policy and asks specifically how its efficacy can be measured and assessed.

Finally, there is a field for any additional comments you wish to make.

Part A

BASIS FOR A PROPOSED POLICY FOR THE INVOLVEMENT OF EXTENDED FAMILY WITH FAMILY SUPPORT SERVICES, WHERE CHILDREN HAVE SUBSTANTIATED PROTECTIVE CONCERNS AND ARE LIVING WITH THEIR PARENTS.

The primary intent of this policy is to provide program based support to extended family member/s to enhance their ability to support both parents and children for the purpose of improving the safety and security of children. The target group for this policy is the extended family members of children who have substantiated protective concerns and live with their parents. There is no prioritised target group according to the age of the child. The policy and covers both Indigenous and non-Indigenous communities and acknowledges the wealth of knowledge about- and the immense value of- recognising the essential role of extended family within the Indigenous community.

The policy, and consequent program, are informed by the principles of therapeutic engagement, collaborative case management and require a strengths-based approach. Core theories and frameworks which underpin the practice directed by this policy include:

- strengths-based approaches
- relationship-based practice
- LAC (Looking after Children) or another organising framework
- attachment informed
- trauma informed
- child development theories
- family systems theory

The model of work is based on collaborative case management and has as a basic tenet that the extended family, child and parents are actively involved in all assessments, decisions and plans about case goals and directions. The worker will be aware of case-related interactions between the extended family member and the child and family. The policy and program clearly acknowledge the heterogeneity of families, and so there can be no formulaic response, although the program will clearly have boundaries beyond which it is unfeasible for it to extend.

Program staff will not only work with extended family members who are currently engaged with the family, but will actively identify and seek out other extended family members and assess their interest and abilities to be involved with the child and family, and the program.

Families (extended family member, child (where appropriate) and parents) will participate in a collaborative assessment, prior to their acceptance into the program, which will initially determine:
- the extended family member/s ability to support immediate child safety, and their potential to protect and support the child
- the capability of the extended family member as a potential kinship carer, if they agree to that role
- the capabilities of the extended family member to meet the needs of the family
- a basis for belief the family can work with the service to make changes necessary to improve the safety, stability and developmental opportunities for the child

Where the initial assessment indicates involvement in the program would improve the child's safety and that change is probable within the family, due to the support of the extended family member, the child, parents and extended family would be accepted into the program, and a collaborative strengths and needs assessment would be undertaken.

This strengths and needs assessment would consider the ability of the extended family to provide, or be capable with support to provide:

- at least one enduring relationship for the child, regardless of where s/he lives

- kinship care if the child's situation deteriorates to a point where s/he is removed from parental care

- an increased likelihood of placement prevention

- a way to foster relationships with the child and expand the child's support networks

- the possibility of engaging several or many other extended family members to provide various levels of support to the child & family

This assessment will lead to a differentiated, tailored intervention and goal plan for each family. The family and worker together will determine goals, and these will either be met from the resources of the program, or the workers will refer and advocate for the family's participation with other services as necessary.

Elements of the program, which may be offered to families (depending on the family's individual plan) include:

- Family decision making meetings/ family group conferences / mediation
- Advocacy
- Peer support group
- Family counselling / family therapy
- Personal counselling.

Having read the above broad policy statement (given there are unresolved issues to be considered in the next section, which cover program viability; administration of the program; and supervision and training of extended family members), please comment on whether you consider any part of it to be:

undesirable or infeasible, and how that might be resolved (note that "tailored, differentiated responses" was rated at slightly under 70% of respondents believing it was feasible, but many comments indicated the importance of this).

what the unintended consequences may be if this policy position was adopted (you might consider this from the point of view of government, extended family, child & family and/or CSOs/ workers)

Part B - Issues for further discussion

PROGRAM VIABILITY

All of the following items have high desirability but low feasibility and when considered together, would make the program unsustainable.

- Referral source/s should be open; anyone should be able to refer to the program
- Regardless of ongoing child protection involvement, support will be offered to the extended family member for as long as is deemed necessary by the service and extended family member.
- The child's previous living situation/s should not be considered when deciding if the family falls within the scope of the policy.
- The age of the child should not be a determining factor
- Family life stage
  - o Priority for service will be given to families where the child is at a transition point (infants, beginning preschool, beginning primary school, beginning high school)
  - o Priority for service will be given to families where the child is prenatal, infant and preschool

Participant comments with regard to this area were:

398

- ↬ age and stage transitions data trends in both secondary and tertiary services show peaks at the antenatal - 4yrs and then the 10-13 years age groups.

- ↬ The program should be available to children of all age groups while prioritizing those at highest risk e.g infants, very young children and at-risk adolescents.

- ↬ Families should be assessed and then 'streamed' into one of several levels/ duration of intervention and support, such as a 'waiting list group'; short term, longer term

Please comment on how to increase the feasibility of these items (either singly or as a whole).

WHERE SHOULD THIS POLICY AND PROGRAM SIT?

The preferred options were to change the existing family services or kinship programs to work with the whole family, or maybe to incorporate this work into existing family services. Neither had a very high desirability. Currently, in Victoria, kinship services sit within the out of home care area and family services are funded and administered separately, however the policy rhetoric is to develop services that 'break the silos'.

Program administration and development.

There was support for a number of options as outlined below

The program should

- Change the focus of existing Family Services or Kin Care to work with the whole family (as happens for Indigenous services) to allow a whole family focus on child safety and to allow more flexibility of service options
- A part of a family support program with which the child or family are engaged
- Located in a merged program area covering both family services and kinship care
- A standalone program focussed on the extended family

Please comment on where you think this policy is best situated, and what the unintended consequences of placing it elsewhere may mean

Funding

Having the program funded from a new source was clearly desirable, but not considered very feasible.

Government funding: The policy intent should be for the government to
- Fund this service as a new program
- Decrease the cost-burden of providing intervention to families

Please comment on what options there may be to make these funding options more feasible.

SUPERVISION & TRAINING

Of the options given, the group was very divided about whether supervision (offering support and education to the extended family member) should be regular & required or optional; although not offering supervision was not considered desirable. Similarly, training received a mixed response to the options of it being totally optional; or a mix of compulsory and optional. Elements of the policy, which received strong group agreement, that may inform the response to this question include: the intent of the policy is for the extended family member to improve the child's safety; the extended family member needs to be able to support the child and the parent; should be assessed as a potential kinship carer; the worker needs to be aware of the case related interactions between the extended family member and the child & family.

Training for the extended family member should be:
- A mix of compulsory and optional
- Totally optional
- No training should be mandatory

Supervision (to fulfil the functions of support, education and case monitoring) of the extended family member would be:

- Required, regular, formal individual supervision

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- Individual supervision would be offered, but it is not compulsory
- Group supervision would be offered, but it is not compulsory
- Supervision would not be a component of the program

Please comment on the place of supportive supervision and provision of training sessions for extended family,

and what may be the unintended consequences of requiring the extended family to participate in either/ both or the unintended consequences of not requiring this.

The final consideration in policy development is how the policy should be evaluated.

Please write your thoughts about what changes you would expect to see if the policy was performing effectively.
What, specifically could we measure to show the efficacy of the policy?

Concluding comments.

Please write any further thoughts, points of clarification or issues for consideration with reference to the development of policy for the involvement of extended family in family services, where children have substantiated protective concerns and are living with their parents.

Thank you for completing the final questionnaire in the survey and for participating in this study. The aggregated results of this survey will be available from January 2014 - if you would like to receive the results, please contact me at ████████████████████

Again, thank you for the interest, thought and time you have given to this study.

Jennifer

Feel free to review this questionnaire, when you are happy with your responses, please select the DONE button.

Appendix Ten. Email asking people to nominate for the panel

Dear

Re: research study - The policy considerations for the involvement of extended family with family support services.

My name is Jennifer McConachy, and I am a PhD student in the Department of Social Work at Monash University in Victoria. My research is investigating what should be the policy considerations for the involvement of extended family with services providing family support, where there has been a substantiated child protection concern and the child is living with his/her parents.

I have attached an Explanatory statement about the research to this email, which outlines the purpose of the study, who will be involved, what time commitment I am asking for, and information about anonymity.

The process from here

If you are interested and able to participate in the study, could you please respond to me on this email by 17 June 2013 to agree to be contacted again. At this point, I am only seeking possible participants.

At this initial stage, could you also indicate your area of expertise; I know it is likely that most people will have multiple areas of interest, knowledge and experience, but for the purpose of trying to ensure even representation, I am asking that you nominate the program area, and the expertise you most identify with. That is:
•   family services OR child protection OR kinship care
AND
•   research and policy OR practice and/or representing the perspective of kinship carers.

It would also be of great assistance to me if you could pass this email to others, who work in Australia, who have research, policy or practice experience or understanding of the perspectives of kinship carers, in any of the areas of child protection, family services or kinship care, who you believe may be interested and able to participate in the study.

After receiving all of the expressions of interest, I will recontact you to confirm your participation in the study. I anticipate this will be about 24 June 2013

Thank you for considering this request.

with best wishes

Jennifer McConachy

PhD Candidate

Monash University

Appendix Eleven. Additional background information given to panellists

Background information for participants in the study

'What should be the policy considerations for the involvement of extended family in family support services. where children have substantiated child protection concerns and are living with their parents?'

Thank you for agreeing to participate in this study.

The aim of the study is to, firstly, ascertain if a policy should be developed to support the interaction of extended family members with family support services, where children have substantiated child protection concerns and live with their parents. If the consensus of participants is that policy development is desirable, the study will go on to build an understanding of the areas and elements that should be considered.

CONTEXT OF THE STUDY

In Victoria in the financial year 2011-12 the child protection system substantiated concerns about the welfare of 9,075 children. Nearly half (over 48%) of these children did not become the subject of a court order. Of the children who were admitted to children's court orders, 2,286 were placed in supervision orders. The figures suggest that between 6,654 and 7,489 children (allowing for temporary orders) were shown to have substantiated concerns about their welfare and remained living with their parents (AIHW, 2013). Should the child be considered to be at greater risk, the next course of action is for the child to be removed from the care of his/her parents, and placement within the extended family (kinship care) is the first response sought. It is well documented that neither children in out-of-home care nor kinship carers fare well (Downie, Hay, Horner & Wichman, 2007; Bromfield, Higgins, Osborn, Panozzoa & Richardson, 2005; Mason, Falloon, Gibbons, Spence & Scott, 2002; COTA, 2003; Dunne & Kettler, 2007; Coman & Devaney, 2011; McGushin, 2005; Kropf and Kolomer 2004; Cuddeback, 2004).

Currently, in Victoria, there is no policy or practice direction to tertiary family support services for the involvement of extended family with families and children

where there are substantiated child protection concerns and where the child is living with his/her parents.

This can been seen as a policy gap for at least two reasons. Firstly, given the paramount importance of kin if/when the child is removed, it is extremely incongruent that extended family members are entirely unrecognised before this point. (Although it is not the focus of this study - if the extended family were known to, and involved with the system at an earlier phase of child protection involvement, it is hoped that the situation would not deteriorate to a point of removal; but if that did happen, the child and family would have undergone assessments and received support to allow the whole family's situation to be as stable as possible.)

Secondly, research shows that intervention before the child is removed to be the most effective means of responding to child protection issues - that is, getting in early is better than waiting for the situation to deteriorate. Given such large numbers of extended family care for children who are removed (2,046 households provided statutory kinship care placements as at 30 June 2012) it seems reasonable to assume that some extended family members may have, or would have been willing to, offer support to the child and/or family before the point of removal; currently, the system simply does not acknowledge or aid the extended family to do this. As these children have substantiated concerns, the government (through the Secretary of the Department of Human Services) has a responsibility to provide support so their safety, stability and development is not further jeopardised. The assumption of providing stability though kinship care, then, could well be extended to providing stability through the extended family's supported contact with the family when the child has been assessed as being at risk, although not at a level requiring removal.

Alternatively, many governments have struggled with the notion of 'interfering with family business' or with being seen as more interventionist than is considered necessary for the wellbeing of the child. There is also the dilemma of sourcing increased funding if a new program area is identified. Thus, the current policy position, of leaving the family to care for itself, has some acknowledged philosophical and fiscal underpinnings, which may suggest that policy development in this area is not warranted.

This study seeks to identify if those with expertise in the areas of family services and kinship care deem policy development for the involvement of extended families with family services to be desirable, and if so, what would constitute the intent, scope, program elements and evaluation of such a policy.

EXPECTED TIMELINES

The survey will be sent to you in three phases, the expected timelines for each of the phases of the survey are:

	Commencement of survey	Closure of survey
Phase One	7 July 2013	21 July 2013
Phase Two	11 August 2013	25 August 2013
Phase Three	15 September 2013	29 September 2013

You will be sent a reminder email a week before the closing date for each questionnaire; and three days after the closure date, if you have been unable to submit the questionnaire. You will receive confirmation of submission of the questionnaire.

DELPHI METHOD AND POLICY DEVELOPMENT

The Delphi method allows experts in several fields to contribute to the development of an idea (in this case a policy) as a group without needing to meet in real time (Adler & Ziglio, 1996). The surveys provide the researcher with thoughts and opinions from each person, and after the first questionnaire, each subsequent phase provides feedback to each respondent about what the rest of the group is thinking; the feedback is given as aggregated scales, tables or themes, and so is not identifiable. The process allows the benefit of each person understanding the thoughts of the rest of the group, without the potential difficulties associated with 'group think' or dominance of time or opinion by one group or person.

Policy analysis and development literature outlines several phases and requirements for good policy development. The first is ensuring that all stakeholders have a voice in the discussion, and gain an understanding of the views of others. The Delphi process does this, as outlined above.

Clearly defining: the need the policy should address; what can be included, where the policy 'ends'; and considering how the policy can be enacted are outlined as stages in the development of any policy. This survey aims to do this by considering what the intent, scope and essential elements of the policy should be. Using an evidence informed approach is also an integral part of the process; hence the involvement of experts with knowledge from different aspects (research and practice) of the relevant program fields (child protection, kinship care and family services). This phase of development is carried out in the first and second questionnaires.

Finally, considering: the policy options; the potential outcomes (including unintended consequences) of each; working with the trade-offs from one position to another; and considering how to evaluate the policy are the final stages in policy analysis, before proposing a final position. These steps are brought into being in the third (and final) questionnaire.

ABOUT PHASE ONE OF THE SURVEY

The initial questionnaire asks if respondents think there should be policy development in this area. If you think there should be a policy, the questionnaire asks you to consider what should be included in the intent, scope and practice elements. In terms of policy development, the sections asking about intent and scope replicate the process of identifying the needs and purpose of the policy. These two sections, together with consideration of which elements to include allow for consideration of alternatives in developing the policy. The options outlined in each section have been derived from the research, evaluation and theoretical literature in the area.

The final page of the first questionnaire asks for some demographic information so the researcher can report on- and analyse data according to- the various areas of knowledge within the respondent group. Every respondent has recognised expertise in the areas of child protection, family services and/or kinship care, as either a researcher or policy writer, or from practice in the area; many respondents will have more than one program or practice area of expertise.

PHASES TWO AND THREE OF THE STUDY

Whether or not you consider this is an area that needs policy development, the results of this first phase will be sent to you, integrated with the second questionnaire. This second phase of the survey will report aggregated responses from the group; alongside your own responses. This is so you have a information about the thoughts of the other participants (and a reminder of your own). The questionnaire section will ask you to rate the items in each section in terms of their desirability as being a part of the policy and also the feasibility of their inclusion in a policy.

If the consensus of the group is that policy development is desirable, the third phase will propose several policy options based on the results of the first two phases, and will ask for comments from you about potential unintended consequences, possible trade-offs to increase feasibility and evaluation. After this you will be asked to rate each option according to your preference.

QUESTIONS

If you are unclear about the process, or about any part of any of the questionnaires (for example the meaning of a question) or if there are circumstances that make submission of the questionnaire by the expected date non feasible please don't hesitate to contact the researcher by email on

██████████████████

All questions will be de-identified and along with the researcher's response, sent to all participants so everyone has the same information.

Thank you again for agreeing to participate in this study

kind regards
Jennifer

Appendix Twelve. Consent form for panellists

Consent Form

Title: The policy considerations for involving extended family with family support services

I agree to take part in the Monash University research project specified above. I have had the project explained to me, and I have read the Explanatory Statement, which I keep for my records. I understand that agreeing to take part means that:

I agree to complete and submit three online questionnaires asking me about the intent, scope, program elements and evaluation of a policy for the involvement of extended family with family support services, where children have substantiated child protection concerns and are living with their parents.
I agree to be contacted on email by the researcher for the purposes of clarification or further information about my responses to the questionnaires.

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way.

I understand that any data that the researcher extracts from the questionnaire / survey for use in reports or published findings will not, under any circumstances, contain names or identifying characteristics.

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In the acknowledgement section of the final thesis (please tick one)

I agree to the publication of my name

OR

I do not agree to the publication of my name   .

I agree to the researcher contacting me via email to send a URL link to the completed thesis

          YES   NO

Participant's name

Signature

Date

This consent form may be posted to: or scanned and emailed to:

Jennifer McConachy   ███████████████████

Department of Social Work

Monash University

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Caulfield East   3147

Victoria

Appendix Thirteen. Dated timeline of the study, with number of responses

Date	Action		Acceptances received	Decline or bounce back and no response
20/5/13 - 7/6	Invitations to participate sent out, to specific addressee	22	6	2 - bounce back
	to info or general enquiry address with "ATTENTION TO"	11	3	1 - decline
	Snowball responses		6	
8/6	Reminder re participation - specific addressee	14	5	1 - decline
	Reminder re participation - specific addressee	7	2	0
	Snowballed responses		4	
"closed"	TOTAL participants		26	
18 / 6	Did not reply at all			13 (8 specific addressees; 5 "enquiries" addresses)

Date	Action	How many sent	Responses received
7/7	First q'aire sent - closing date 21/7	21 + 4 late starters (+1 pilots) = 26	12 including 1 withdrew; 1 submitted incomplete = 10
19/7	reminder	14	9
21/7	Closing date		
3/8	Q1 final reminder	5	2 (=21); 3 non responses + 2 withdrawals
11/8	Q2 sent - closing date 26/8	23 (+1 pilot) = 24	8
19/8	Q2 reminder	16 (one partially complete)	7
26/8	Closing date		
27/8	Q2 final reminder	9	2 (=18)
10/9	Q3 sent - closing date 4 October	24	7
21/9	Q3 reminder	17	8
4 /10	Closing date		
5/10	Q3 final reminder	8 (not to incomplete as just started)	5 (=20 + 1 incomplete)
13/10	Survey closed		

Appendix Fourteen. Format for the comparison of data from Questionnaire One to Questionnaire Two, with examples

Questionnaire One		Questionnaire Two	
1. In terms of extended family becoming recognised and supported by family support services, where the child has had a substantiated protective concern and is living with her/his parents policy development for this area is (please choose one):		1. In terms of extended family becoming recognised and supported by family support services, where the child has had a substantiated protective concern and is living with her/his parents policy development for this area is (please choose one):	
Answer Options	Response Percent	Answer Options	Response Percent
Necessary	100%	Necessary	100%
not necessary	0%	not necessary	0%

2. The extended family member (please choose one):		Q2. In terms of the intent of the policy, the extended family member should:	not desirable	somewhat desirable	very desirable	essential	not feasible	feasible but unlikely	feasible
improve child safety and security	61.9%	improve child safety and security	0	0	10	8	0	4	14
only monitors and reports any concerns about the child's safety to program staff	19.0%	only monitors and report any concerns about the child's safety to program staff	7	7	3	1	2	4	12
guarantees child safety and security	19.0%	guarantee child's safety and security	2	5	6	5	8	5	5
should not be responsible in any way for child's safety	0.0%								

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Appendix Fifteen. List of Participants in the Delphi process

(Please note, not everyone gave permission to have their names published, and so this is not a complete list of the participants)

Mrs Anita Pell

Anne McLeish AM

Professor Cathy Humphreys

Ms Debbie Tokic

Ms Eloise Neylon

Professor Ilan Katz

Ms Katie Hooper

Professor Leah Bromfeld

Ms Lisa Sunderland

Professor Maria Harries AM

Dr Marilyn McHugh

Dr Menka Tsantefski

Dr Meredith Kiraly

Professor Michael Clare

Ms Michelle Hall

Ms Pip Lyons