Partnership Rhetoric and Risk Realities

The implications of risk in government/non-government family services partnerships

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Bachelor of Arts (Humanities)

This thesis is submitted in total fulfilment of the requirements for the degree of

Doctor of Philosophy

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Submitted December 2014

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Summary

This empirical study examined risk transfer from the government to the non-government sector within a public/non-profit child and family services delivery partnership. The focus of the investigation was to determine if risk had been transferred from the government to the non-government partner, and how this had impacted on welfare practice, service provision and outcomes for service users. A case study of a 2007 government/non-government child protection and child and family services partnership in the state of Victoria, Australia provided the context for the study. The research framework involved a predominantly qualitative methodology, with the researcher embedded at two Victorian Community Service Organisations (CSOs) for a 12-month period. Individual clients were tracked in order to identify links between organisational decision-making and case pathways and outcomes. The researcher attended weekly case allocation meetings as a participant observer and conducted interviews at three-month intervals throughout the data collection period with Family Services practitioners. One-off interviews were also conducted with CSO executives and managers. This study identified that systemic level risk aversion in government/non-government social service delivery partnerships has resulted in vulnerable children being perceived as risks to be managed, rather than as being at risk of harm. A power imbalance between the state and the non-profit sector was also found to be facilitating the ability of the government to transfer risk to non-government partner agencies. Together, these findings provide evidence for future social policy makers and stakeholders of the profound influence socio-political risk aversion can have on how social services are delivered and service users impacted.

Statement of Authorship

Except where explicit reference is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part for a thesis by which I have qualified for or been awarded another degree or diploma. No other person's work has been relied upon or used without due acknowledgment in the main text and in the bibliography of the thesis.

Signed: 

Date: 18th December 2014

List of Abbreviations

CBCPW	Community Based Child Protection Worker
Child FIRST	Child and Family Information, Referral and Support Teams
CYF Act, 2005	*Child, Youth and Families Act, 2005*
CSO	Community Services Organisation
DHS	Department of Human Services
DMS	Demand Management Strategy
IRIS	Integrated Risk Information System
Non Sub	Non Substantive
NPM	New Public Management

1. Introduction

This introductory chapter comprises of three sections. The first section outlines the research rationale through a review of the socio-political drivers of risk transfer from government to the non-profit sector via social service partnership models. Existing knowledge gaps in how the role of risk shapes social service delivery partnerships will also be outlined. The final section provides an overview of the situational context of this study, which was the 2007 Victorian Child and Family Services reform agenda.

1.0. Research Outline

Research Rationale

Government contracting out of social services has seen a substantial increase over the past few decades, with research into this method of public service delivery emerging in parallel to implementation (Brinkerhoff, 2002; Hart, 1988; Hood, 1991; Lipsky & Smith, 1990; Salamon, 1989; Smith & Smythe, 1996). In the early 1970s, public service delivery in the United Kingdom and the United States of America underwent major reforms. Services that had hitherto been the responsibility of the state were shifted from the public to the private and non-profit sectors. This meant that intrinsic liabilities of accountability, cost, administration and risk were no longer worn by the state alone (Di Domenico, Tracey & Haugh, 2009). The growing popularity of this social service delivery model was inextricably linked to the global development of particular administrative trends, including contraction of government, privatization, automation of systems and a global, rather than national agenda (Hood, 1991).

The partnership model of social service delivery became known as the New Public Management (NPM) (Hood, 1991) and, since its inception, has had both detractors and advocates. Supporters asserted that it achieved the objectives for which it was designed, namely efficiency and effectiveness in public service delivery (Keating, 1993; Lynn, 2006; Osborne & Gaebler, 1992; Savas, 2005; Smith & Lipsky, 1990). Detractors argued that it reflected and serviced a particular neo-liberal political agenda of economic rationalism at the expense of equitable service (Bezdek, 2001; Brinkerhoff, 2002; Clarke & Newman, 1997; Connell, Fawcett & Meagher, 2009; De Hoog, 1985; Dereli, 2010; Wallace & Pease, 2011). Critics also contended that government/non-government partnerships provided the ideal platform from which governments could ‘power shift’ through the privatization of public services that were traditionally the responsibility of the

state (Bezdek, 2001; Connell, Fawcett & Meagher, 2009; Salamon, 1989; Van Slyke, 2006). Consequently, service delivery partnerships came to be seen as a method that enabled the transfer of political and operational risk and accountability from government to the private and non-profit sector (Bezdek, 2001; Connell, Fawcett & Meagher, 2009; Healy, 2009; Munro, 2009; Munro, 2010; Salamon, 1989).

That social service delivery partnerships might facilitate the shifting of risk from the government to the non-government sector has long been flagged in the literature. There are several risk types, including political, reputational and organisational, that may arise as a result of high-risk issues being transferred from the public to the non-profit realm. How, and in what ways, risk shifting may impact upon the non-government partner and, as a consequence, service users, has remained relatively untested. What is known is that generally, an increasingly risk-averse environment presents new challenges for how the non-government partners manage various risk types (Alaszewski & Manthorpe, 1998; Brett, Green, & Moran, 2009; Brown, 2010; Hayes & Spratt, 2009; Healy, 2009; Munro, 2009; Munro, 2010; Murphy, 2009; Murphy, 2010; Spratt, 2000; Spratt, 2001; Stanford, 2009). Such challenges include an increased focus on organisational risk management and on managing high case risk at the expense of other service objectives (Baulderstone, 2008; Brett et al., 2009; Casey & Dalton, 2006; Housego & O'Brien, 2012; Meagher & Healy, 2003; Munro, 2009; Munro, 2010; Murphy, 2009; Murphy, 2010; Van Slyke, 2006).

Yet while such literature demonstrates that risk transfer within government/non-government partnerships is occurring, a shortcoming of these studies is that the findings are based on a restricted set of methodologies, timeframes and data collection methods. For example, the predominantly qualitative studies are heavily reliant on interviews, focus groups and open-ended surveys. Such methods primarily garner information from individuals on what they say they have experienced. What is missing from these studies is outcomes data, so that the experience of the service partnership can be plotted against service outcomes. Conversely, other empirical studies (including those that focus on different aspects of the partnership model, such as performance management) employ quantitative methodologies. With these studies the focus is on analysis of client outcomes data from government and non-government agency caseloads, earlier research outcomes and closed question surveys. Relying on such quantitative measures can also be problematic, as outcomes data will often have little to say about other

effects a particular program or approach may have on service delivery, such as community perceptions and client engagement (Ferguson, Wu, Spruijt-Metz & Dyrness, 2006). To address the deficit of knowledge specific to these issues, this study was designed to apply a triangulated methodology. This allowed for the application of a qualitative methodology using a mixed methods approach. These methods included:

- One off, semi-structured interviews with non-government agency executives and managers;
- Case tracking interviews at three monthly intervals with case management staff over the 12 month data collection period;
- Participant observation in weekly case referral meetings and consultations over the 12 month data collection period;
- Analysis of statistical outcomes data; and,
- Analysis of policy and procedural documentation.

Such methods facilitated an examination of both the experience of risk within the non-government partner agency and the recording of individual case entry and exit points from the non-government service. It also examined the type of service delivery each case received while involved in the service. Together, this approach enabled three distinct levels of analysis – of the system, of the service and of service use. This enabled the building of a more comprehensive data set on the impacts of risk shifting within government/non-government social service delivery partnerships than is currently available in the literature. Addressing the existing gaps in both methodological approach and in knowledge building provided the rationale for this study.

The following section will now outline the context within which this study was framed.

In 2007, a government/non-government child and family services partnership was introduced in the state of Victoria, Australia. It marked a profound change in how child protection and child and family services was managed and delivered. Using this partnership reform as a case study provided a mechanism for the examination of how risk is constructed within government/non-government partnership arrangements.

1.1. Contextual Framework

In 2007, as a result of the enactment of the *Child, Youth and Families Act, 2005* (*CY&F Act, 2005*), a partnership model of service delivery was implemented. Known as the Child Protection and Integrated Family Services program (*CY&F Act, 2005*), this partnership model brought together the statutory child protection service with what were formally disparate, non-profit provided child and family welfare services. Of importance in how these two services were integrated is that the statutory service remained a wholly government provided service. Decision-making responsibilities within the child and family welfare service were to be shared between the government and non-government partners. The partnership itself arose as a response to various systemic drivers that included a growing international shift from an investigative to an intervention and prevention approach to child protection services. Alongside this shift in how child protection was conceptualised was a rise in popularity of public/non-profit service delivery models. These models were characterised by notions of partnership and shared decision-making. Chapter 2 will outline how such partnership models were, and are, largely viewed as being driven by a neo-liberal agenda and as such, are highly risk-averse. The history and structure of the Victorian Child Protection and Integrated Family Services partnership, along with the roles of the government and the non-government within the partnership, will be fully detailed in Chapter 4.

Within two years of the enactment of the Victorian Child Protection and Integrated Family Services partnership, preliminary research was undertaken to examine how the partnership was impacting on Community Service Organisations (CSOs) (Murphy, 2009; Murphy, 2010). Among other findings, this research suggested that the implementation of the partnership had resulted in CSOs managing more complex 'high-risk' cases. This had led to a greater focus on risk management over the core function of early intervention and prevention (as originally conceptualised in the Reforms). Findings from two other studies examining risk management within this Victorian service partnership indicate that risk transfer from the government to the non-government partner was impacting on the non-government partner's ability to effectively manage risk (Brett et al., 2009; McDonald, 2009). These early studies illustrated that risk management and risk transfer were emerging as significant issues for CSOs and for how they delivered complex family services. Despite such impacts of partnership having been predicted, and to some extent validated, in the social work literature, the empirical evidence base necessary for establishing the validity of such predictions was still missing. A key

objective of this study was therefore to ascertain not only *if* risk was being transferred, but also *how*.

1.2. Study aim and research questions

Based on a review of the early research, this study aimed to examine how the construction of risk within government/non-government family services partnerships may be impacting on the non-government partner and service users. The following three research questions were developed to achieve this aim:

1. *How is risk constructed within the partnership?*

Current knowledge of socio-political conceptualisations of risk within government/non-government partnership models for social service delivery are discussed in Chapter 2. Chapter 6 draws on these discourses to inform an analysis of how risk is constructed and actualised within the case study. This question facilitated an analysis at the system level.

2. *How is the construction and management of risk impacting on the non-government partner and on service provision?*

Chapter 7 examines how risk within the non-government partner is conceptualised and managed at the organisational and practitioner level. Implications for CSO service provision and practice of such constructs are investigated. This question facilitated analysis at the service/practice level.

3. *What are the implications of evolving risk constructs for service objectives and outcomes?*

Drawing from the discussions raised in chapters 6 and 7, Chapter 8 investigates how the actualisation of risk constructs within the partnership may in turn impact upon how the community perceives and engages with the service system. How risk constructs affect service user outcomes are also examined. This question facilitated analysis at the service use level.

1.3. Definitions

Several definitions of risk were identified for this study. These definitions occurred across the three levels of analysis. As some of these definitions arose as a result of the data collection and analysis process, the definitions have been appended as Appendix E, rather than included here or in the chapters preceding the final results chapters.

1.4. Research Summary

This study utilised a case study approach to investigate how risk is constructed and managed within government/non-government partnerships for child and family services delivery. The contention in the literature that such partnerships are characterised by a neo-liberal, risk-averse ideology that encourages governments to risk shift to the non-government partner was critically analysed. Qualitative and quantitative data was examined in order to develop an understanding of how constructions of risk within the partnership are impacting on service provision and practice and on service outcomes.

1.5. Structure of Thesis

The thesis consists of nine chapters and is presented in the following format:

Chapter 1 introduces the research rationale, the specific context and the focus of the thesis.

In Chapter 2, a critical review and analysis of the literature is presented that explicates the three research questions. These are conceptualisations of risk at the societal, system and service level and the effects of such constructs on contemporary social service delivery models. A specific focus on government/non-government service delivery models was undertaken as part of the analysis of the literature. Empirical research and findings on risk transfer within government/non-government social service partnerships were examined and discussed in order to ascertain current knowledge gaps.

The main theoretical framework that guides this study – Critical Theory – is outlined in Chapter 3. This chapter also describes and evaluates the theories of governmentality and performativity, which together informed the research foci and guided the analysis of the findings.

Chapter 4 details the 2007 Victorian Child and Family Welfare reform agenda and resultant service delivery partnership. The structural and procedural background of the two key programs within which data collection occurred, that of Child FIRST and Family Services, are described and key procedural and policy objectives are outlined.

The methodological approach that underpinned the research aims, study design (including sampling and procedure), data analysis and ethical considerations are presented in Chapter 5.

Chapter 6 is the first of the three results chapters. The focus of this chapter was on identifying how constructions of risk at the system level were effecting how risk was being managed within the case study partnership. This examination included an investigation of the role that the partnership itself may have played in how risk is 'shifted' between the two partner services and the consequences of this for the non-government partner.

The second results chapter, Chapter 7, investigated conceptualisations of risk at the organisational level and identified the key facilitators of risk transfer from the government to the non-government partner. How the transfer of risk had impacted on CSO risk management and practice and the ability of CSOs to meet core service objectives was also explored.

In Chapter 8, the final results chapter, the consequences of risk transfer and risk management on service use was examined, focusing on an analysis of case trajectories and outcomes. This chapter also discusses how power and control at the service level have impacted on the 'partnership' between the community and the CSO.

Chapter 9 presents a consolidation of the findings, the conclusion and recommendations for future policy and practice within the child protection and family support services context.

The thesis begins with a presentation of the literature relevant to the key foci of this study. Literature that examined contractual partnerships between government and non-government agencies for the delivery of social services was considered in order to clarify the existing knowledge on how risk manifests within such models. Contemporary conceptualisations of risk within the field of social work and social service delivery systems were explored. Specific attention was directed towards the continued influence of key socio-political 'risk' discourses on social service delivery systems. The chapter ends with a consolidation of the findings from the empirical literature examining risk transfer within public/non-profit social service delivery partnerships.

2. Literature Review

2.0. The influence of the neo-liberal movement on contemporary social service delivery systems

How governments across the world deliver social services has seen a notable transformation occur over a relatively short timeframe. Various responsibilities in social service delivery have been shifted from the public to the private and non-profit sectors (Di Domenico et al., 2009). Three enduring characteristics of this evolving service agenda are viewed as continuing to influence modern social service delivery paradigms. These are:

1) The government/non-government social service partnership model;

2) managerialism; and,

3) risk aversion.

The following section will explore the literature concerning these key features in order to outline how partnership, managerialism and risk aversion is thought to be influencing modern conceptualisations of risk within social service delivery systems.

New Public Management and the partnership movement

Government contracting out of social services has seen a substantial increase over the past few decades (Brinkerhoff, 2002; Hart, 1988; Hood, 1991; Lipsky & Smith, 1990; Salamon, 1989; Smith, 1996, Butcher & Dalton, 2014). Public housing, aged care, disability support and child and family welfare services are among some of those traditional social support services that are now being either partly or wholly managed through an often complex matrix of public, private-for-profit and private-not-for-profit contracting arrangements (De Hoog & Salamon, 2002; Laconte, 1997; Morison, 1998; Lipsky & Smith, 1990; Smith, 1996). Interest in what was to become known as New Public Management (NPM) (Hood, 1991) began to emerge in the 1970s and continued to rise during the mid 1980s. It was during this time that the popularity of many government programs waned as disappointment regarding costs and lack of efficacy grew (Salamon, 1989; Smith & Lipsky, 1990; Smith & Smyth, 2010).

The suggestion that NPM is at heart a neo-liberal approach to public management and reflects a neo-liberal agenda is supported in the literature through the scrutiny of the political systems within which it first gained popularity. ‘Thatcherism’ and ‘Reaganomics’

are two terms synonymous with neo-liberal ideals: deregulation, privatization, internationalization and cuts to social spending (Bab & Fourcade-Gourinchas, 2002; De Hoog; Jorgensen & Bozeman, 2001; Jessop, 2002; Van Slyke, 2006). In 1996, De Hoog argued that it was during the Reagan administration that contracting out of government services saw dramatic growth. A repositioning in both traditional Labor and Liberal standpoints further to the Right is thought to be reflective of a general global dynamic. From the late 1980s onward, governments worldwide – both Left and Right – adopted a NPM, economic rationalist agenda, albeit with slight differences in conceptualization and practice approaches (Bab & Fourcade-Gourinchas, 2002; Connell, Fawcett & Meagher, 2009; Wallace & Pease, 2011). Many argue that the implementation of economic rationalist policy platforms by Antipodean Labor governments in New Zealand and Australia spelt the demise of the 'old', Left wing, working class Labor and heralded in a 'New Labor' with more in common politically with the traditional conservative, Liberal platform (Connell, Fawcett & Meagher, 2009; Fairbrother et al, 1997; Wallace & Pease, 2011).

A contention in the literature is that NPM is, after nearly 40 years, now on the wane, having been superseded by other socio-political paradigms, notably the Third Way and more recently the Big Society models. This may be the case in the nations that initially heralded in the radical governmental NPM reformist agendas, such as the UK, USA, Australia and New Zealand. However, an interest in the NPM creed still exists in those countries transitioning to more market-based economies (Cheung & Scott, 2012). What is less contentious is that certain key characteristics of the NPM model - partnerships, managerialism and risk aversion - have proved particularly long-lived and have infused contemporary service delivery approaches. This literature review has identified that targeted, empirical research into what impacts the survival of these characteristics may be having on social service delivery remains limited. Before outlining these characteristics, a brief overview of the two most pertinent contemporary public service delivery models will be undertaken in order to frame the current research knowledge relevant to the discussion.

2.1. Since NPM: The Third Way and the Big Society

The Third Way

According to Giddens (2013), the latter half of the 20th century saw most Western democracies undergoing significant political shifts. The *Old Left* welfare state gave way

to *New Right* neo-liberalism in the early 1980s. Since then, various governments (but particularly those of the Left) have attempted to distance themselves from both political poles. As the name suggests, the Third Way model represented such an attempt. According to supporters, the central tenets of the Third Way are an acknowledgment of, and commitment to, the socialist conceits of equal opportunity and social justice and the importance of the role of government in delivering these outcomes (Giddens, 2013). However, 'Third Wayers' also adopted the view that innovation and personal responsibility are equally of value to economic growth and prosperity and conceded that the free market is better able to encourage these than the *Old Left* credo (Leggett, 2005).

Of relevance for this study is what the Third Way's articulation of a middle ground between the 'old' Left and the 'new' Right and a modernising, reformist agenda might have meant for social service delivery. Commentators suggest that, in the UK, notions of social inclusion initially underpinned the public service reformist agenda of the early 1990s. Consequently, during the Blair administration, policies were implemented with this aim in mind (Ferguson, 2004). What is contended, however, is that over time, the focus of New Labour shifted more towards a type of social authoritarianism in areas such as asylum seeker policy and mental health, resulting in the criticism that New Labour was creating and implementing policies more reflective of a neo-liberal world view (Ferguson, 2004).

An examination of how some of the central tenets of NPM heavily influenced and shaped Third Way public policy, and continue to permeate contemporary public service delivery models, will be undertaken in following sections. Prior to this, it will be necessary to outline the political model that has largely superseded the Third Way approach – the Big Society. In this model, the reach of key neo-liberal, NPM principles can also be seen to be actively influencing contemporary policy direction and design.

The Big Society

As with NPM, and the Third Way, the Big Society model was the result of a newly elected government repositioning the political pendulum, this time from central Left to central Right. Once again it was in Britain that this repositioning took place, as the Blair government gave way to the Cameron Conservative Party/Liberal Democrats administration in 2010 (Hazell & Yong, 2012). Originally articulated in 2010 by Philip Blond, the director of the British think tank ResPublica (Whelan, 2012), the model was

based on an amalgam of “ideas, assumptions, values and policies that have previously been associated with the ‘Third Way’, including a commitment to a smaller state and an expanded role for the community sector” (Whelan, 2012, p. 5).

Fundamentally, the Big Society model represented an attempt by the ‘new’ Right to re-introduce a neo-liberal agenda to a nervous, but discontented, electorate. At the same time, it worked to distance this discourse from the previous neo-liberal ideology of Thatcherism (Corbett & Walker, 2012; Jordan, 2012). Thus ‘society’ was reinstated after having been ostracized during the *there is no such thing as society* of the Thatcher years (Corbett & Walker, 2012; Jordan, 2012). It was redefined to encompass notions of grass roots people power and government working together for the common good (Corbett & Walker, 2012). The model therefore kept some of the key features of the Third Way approach, including the elevation of the third sector as a method for “…social control and the provision of services on an unpaid basis” (Levitas, 2012, p.330).

The key features and objectives of the Big Society model as outlined in the literature are:

- A reduction in public spending and in the public service, which reflects the model’s Right wing, neo-liberal roots (Levitas, 2012; Lowndes & Pratchett, 2013);
- A contraction of the power of state and a reinstating of ‘people power’ and democratic rights (Corbett & Walker, 2012; Ishkanian & Szreter, 2012);
- An emphasis on ‘localism’, which was seen as a continuation of the Third Way concept of harnessing local community volunteerism as an integral method of efficient public service delivery. In the Big Society model, this was re-articulated as “the need for intermediate organizations between the individual and the market and the individual and the state, therefore supporting co-operative production and social enterprises” (Levitas, 2012, p. 330).

What is arguable regarding these characteristics is that they are reflective of public/private and public/non-profit partnership delivery models more generally, rather than being specific to a Big Society approach. However, what is undisputed is that the Big Society model further embeds notions of ‘partnership’ into service delivery practice

and couples an agenda of public service spending cuts in the interests of furthering the small government, 'big society' ideology.

Although a relatively new social service delivery ideology, the Big Society model is being considered as a possible social service delivery instrument in other nations. In Australia, interest gained momentum when Philip Blond visited the country as a guest of the Menzies Research Institute, a Liberal Party think tank (Whelan, 2012). In 2012, the peak body for the non-government service sector hosted speakers at key conferences and sector gatherings, such as the *Centre for Excellence in Child and Family Welfare Incorporated*'s 2012 AGM, which advertised the talk in the following way:

> Dr Simon Longstaff from the St James Ethics Centre will be speaking on Big Society – the UK Conservative Party's 2010 program to empower communities through giving local governments' greater responsibility, while supporting charities and social enterprises, and enhancing government transparency (Centre for Excellence in Child and Family Welfare Inc, 2012).

In May 2012, the Centre for Policy Development released a report entitled, *Big Society and Australia: How the UK Government is dismantling the state and what it means for Australia*. In this report it was argued that particular aspects of the Big Society model are beginning to influence the political and policy discourse in Australia. Interest was stirred across the public, private and non-profit sectors, with various policy initiatives beginning to be implemented. Non-government investment in areas such as Indigenous health and housing, juvenile justice, parenting support, disability and mental health services, was likewise being encouraged. The relevance of a growing interest in the Big Society model of social service delivery in Australia for this current study is that the model corporatizes the non-profit sector, leading to a 'survival of the biggest' service environment (Baulderstone, 2008; Butcher & Dalton, 2014; Whelan, 2012). Such pressures may themselves be influencing decision-making and practice in those non-government organisations that currently contract with government for the delivery of social services.

Third Way and Big Society adherents contend that the central tenets these models have in common – the importance of small government, a free market and mutual obligation (community as stakeholder) – strike a balance between the callous insouciance of economic rationalism and the capricious obtrusiveness of social welfarism (Giddens, 2013; Ishkanian & Szreter, 2012; Leggett, 2005). Opponents argue that these shared characteristics are more representative of a somewhat watered down neo-liberalism that

favours the continued empowerment of the market and the State while further disempowering those already experiencing marginalization and disadvantage (Lowndes & Pratchett, 2013; Whelan, 2012). What both sides of the argument broadly agree on is that the Third Way and Big Society models fall somewhat to the Right of the social policy spectrum. Given that government/non-government social service delivery partnerships are crucial to the operalisation of these social policy models, it is not surprising that those on the Left view such partnerships with some trepidation. This literature will now be outlined.

2.2. The government/non-government partnership model for social service delivery

The public service NPM partnership contracting arrangements as they were originally conceived were designed to attain several key governmental objectives. According to Baulderstone and Earles (2009), Brinkerhoff and Brinkerhoff (2010), Flaherty, Collins-Camargo and Lee (2007) and Smith and Smyth (2010), these were:

- The streamlining of bureaucratic and administrative functions;
- Cost savings through locating managerial, administrative and 'front counter' services within the private or not-for-profit wing of the partnership arrangement;
- The promotion of a more responsive and results driven organisational framework, including accountability;
- Standardising practice and improving service performance.

This current study identified a significant amount of criticism of 'partnership' taking place in the literature, including on how the term is used and what it means. For example, Baulderstone and Earles (2009) identified that recent iterations of the term 'partnership' describe the government/non-government relationship as a 'partnership' regardless of the funding structure. Yet others have restricted the term to emergent iterations of 'partnership' that encompasses cooperation, with the non-government provider being involved in policy and program development and management (Baulderstone & Earles, 2009, p.18). This latter definition is not without its critics, with commentators arguing that the language of partnership as an equal relationship masks the very real power imbalances that exist between the funding agency and the provider agency (Butcher & Dalton, 2014; Tenbensel, Dwyer & Lavoie, 2013).

Regardless of the nomenclature, the NPM derived partnership model remains a popular

method for social service delivery worldwide and is seen as one of the most enduring legacies of the NPM movement. In Australia, government/non-government social service delivery partnerships have been evolving for almost twenty years and were generally predicated on a government as funder, and CSO as provider, model (Baulderstone & Earles, 2009). Similar partnership agendas are being considered and/or have also been implemented across Asia (Cheung & Scott, 2012). More recently, different models have arisen that challenge this traditional framework, such as where a lead non-profit organisation purchases services from the state or from other non-profit providers (Baulderstone & Earles, 2012).

Along with the partnership modality, NPM saw the adoption and adaptation of another organisational model that encompassed notions of performance management, a competitive process and incentives and a business style of management, collectively known as *managerialism* (Bezdek, 2001; Hood, 1991; Keevers, Treleaven & Sykes, 2008; Lynn, 2006; Munro, 2009; O'Reilly & Reed, 2011; Smith & Smyth, 1996; Van Slyke, 2006). The contention in the literature is that, despite its long history as a business model approach, the influence and reach of managerialism broadened significantly as the 'new management' of the NPM movement. Central tenets and ideological underpinnings of the model were reframed and recast to align with, and further advance, the NPM agenda (O'Reilly & Reed, 2010; Purcell & Chow, 2011). Furthermore, this 'new' managerialism has been shown to have subsequently dominated, influenced and shaped recent public policy reforms in Britain, Australia and New Zealand over the past 30 years (Haly, 2010; O'Reilly & Reed, 2011; Purcell & Chow, 2011; Tsui & Cheung, 2004; Whelan, 2012). The influence of managerialism in shaping modern social service delivery models will now be discussed.

The rise and impacts of managerialism in social service delivery

The NPM "new managerialism" is described in the literature as giving prominence to the organisational, practice and system objectives of performance, compliance, efficiency and the minimisation of various types of risk, but in particular, political risk (Brinkerhoff, 2002; Flaherty et al., 2007; Flynn, 2002; Lees, Meyer & Rafferty, 2013; Munro, 2009; Munro, 2010; Parton, 2003; Purcell & Chow, 2011; Smith & Smyth, 1996). It is argued that each of these objectives has been implemented in order to promote efficiency in, and control over, the social service system. A primary goal of this approach is thought to be the minimisation of possible risk to the state (Flynn, 2002). The early literature, in

particular, describes a conflict between the ‘costing’ approach of managerialism with the more traditional ‘caring’ social work practice, ideology and methods (Llewellyn, 1998; Parton, 2003). As the exploration of how the NPM, managerialism model has affected social service delivery is central to this study, the critical concerns raised in the literature in regard to the impact of managerialism on social service delivery need to be outlined.

Performance management over professionalism and professional autonomy

The advent of managerialism into social service practice is well documented, with, as outlined above, the reforms that took place in the UK and Australia being particularly singled out as examples of the emergence of very different and ‘transformative’ practice models (Burton & van den Broek, 2009). This transformation included a shift from a service model to a business model, with the practice of social work experiencing a concomitant shift. Professional social work practice became subject to organisational performance management demands, which were viewed as antithetical to the traditional practice model that placed client interests ahead of accountability (Burton & van den Broek, 2009; Munro, 2009; Tsui & Cheung, 2004).

In a case study of the UK’s child protection system, Munro (2009) argued that a societal level risk aversion could impact on how child protection systems respond to risk. Munro identified that stringent performance management measures introduced in order to monitor and improve social work practice has meant other, non measurable, but equally important, social work practices were being neglected. These included relationship skills and the role of emotions due to the highly sensitive nature of social work practices. Furthermore, Munro also argued that the performance of child protection workers had become linked to children’s outcomes, which Munro described as being in itself contentious, given that:

> [The] complexity of causation in the social world and the minor contribution made by social work to the whole of a child’s experience both create serious problems in determining what effect, if any, the social work intervention has for any child (Munro, 2009, p.1020).

Munro also discussed how another instrument employed within the UK child protection system was the setting of performance targets in order to control the amount and level of possible risks at the practice level. By encouraging practitioners to meet performance indicators, Munro contended that this had led to workers making decisions based on seeking to meet performance objectives rather than what might be in the best interests

of the client.

In a later governmental review, in which the academic and research evidence pertaining to the same UK child protection system was examined, Munro (2011) outlined how performance management approaches were intruding on professional practice and on client outcomes. These approaches included monitoring, compliance, punitive assessment procedures, and complicated rules and regulations within the child protection system. Munro concluded that:

> The anxiety about managing uncertainty has supported the creation of a performance culture and regulatory regime which searches for compliance with process, finds the scrutiny of practice difficult, and is ultimately distanced from learning and reflective practice (Munro, 2011, p. 37).

Importantly, Munro's review suggested that measuring the effectiveness of a service is not always comparable with indicators regarding how clients experience child protection services and on client outcomes. Munro determined that measuring performance (in this context, the 'goodness' of the service) within this child protection system was contradictory to other indicators that are equally, if not more, important. This includes indicators such as continued poor outcomes for children.

What Munro's two studies highlight is the difficulty, or perhaps even inappropriateness, of basing conclusions on effectiveness of service on performance measurements, rather than on (or inclusive of) indicators of outcomes. These studies also suggest that measuring performance within a practice that is inherently difficult to quantify may also be problematic. As Munro acknowledges, the practice of social work up until the arrival of managerialism was not easily articulated, able to be objectively measured or based on a particular theoretical framework (Munro, 2009). Confusion regarding performance targets and objectives not necessarily equating to outcomes for children is also challenging for evaluators. As such, it is difficult to assess how much impact more stringent performance measurement standards may be having on social work practice and outcomes for children in child protection systems when qualitative aspects of traditional social work are inherently difficult to quantify.

This literature highlights the failure of current research to provide insights into the experience of managerialism within modern child and family social work practice over the long term. Further research that facilitates the collection of qualitative and

quantitative data over the long term was identified as crucial in order to map other impacts against outcomes data. Such research would enable an exploration of practitioner performance and decision making that is not limited to measuring performance against predefined targets. It would also address the limitation of CSO practitioner perspectives being the only 'measure' to gauge the impact of risk minimisation instruments on service objectives. The examination of quantifiable data indicators, such as client case trajectories and outcomes, would also be achieved. Finally, this literature review identified that further research aimed at examining if, and how, performance management measures might impact on CSO practitioner *performance* was required. How performance measurement might subsequently impact on other service objectives, such as minimising risk of harm to children, was also identified as being necessary to explore. These insights influenced the framework and scope of this study.

Another key aspect of the managerialist credo examined in this literature review is known as *accountability*. Accountability is viewed as a vital method for reducing risk in public service delivery. The literature pertaining to the impact of accountability on contemporary social service delivery will now be outlined.

Accountability

Accountability is thought to minimise governmental risk through enabling the receptacle of the accounts (the state) to scrutinize the accounts of the service provider partner (often, but not always, a non-government organisation) for possible systemic or programmatic risk indicators (Kemshall, Parton, Walsh & Waterson, 1997). For example, the death of a child while that child is either known to, or is currently receiving, child protection services is a tragedy that triggers great societal angst and horror. Resultant public anger is most often directed towards the state (McLaughlin, 2007; Munro, 2010; Parton, 2010; Purcell & Chow, 2011; Turnbull & Spence, 2011). Managing such risks is therefore vital to democratically elected governments as part of managing the government/electorate relationship and the retention of power. As Flynn (2002) observed, modern democratic governments will implement managerialist systems and practices within the public service in order to gain or retain legitimacy. Such quests for legitimacy within the public realm can also be seen as a method of risk avoidance. The objective is to evade voter disdain – in other words, to minimise *political* risk, or at the very least, public perception of it. In their study into risk in youth policy in the UK, Turnbull and Spence (2011) contend that the managerialist model seeks to eradicate

risk and uncertainty despite these concepts being inherent to social work practice:

> Management systems prioritise the construction of regulatory systems and routines intended to standardise practice and thereby limit, or even eliminate, variations in practice and the risks seen to be inherent in uncertainty. In so doing, they divert practice away from relational trust building, creating a tension and heightening the insecurities at the heart of everyday practice (Turnbull & Spence, 2011, p. 942).

Finally, the literature more broadly views accountability as a managerialist instrument designed to minimise risk to the government itself through a 'sharing' of what were traditionally public risks (Flynn, 2002; Leung, 2008; Purcell & Chow, 2011; Smith & Smythe, 2010; Tenbensel et al., 2013; Turnbull & Spence, 2011). This study therefor sought to develop an understanding of how such risk sharing might impact on risk management and decision-making within the case study partnership.

As discussed earlier in this chapter, the impacts of a managerialist approach to social service delivery on social workers and work practice has been well canvassed in the literature. Findings indicate that a tension has arisen between notions of professionalism on the one hand and managerialism on the other, with the demands of accountability and performativity and risk aversion often seen be to be negatively impacting on workers' abilities to make decisions based on professional experience or expertise. Studies that informed these conclusions will now be outlined in further detail. It is important to note, however, that while these studies were conducted in both government and non-government organisations, they were not exclusive to government/non-government partnership arrangements.

Professionalism versus managerialism

Research examining social service delivery systems indicates that professional social workers have come to accept the introduction of a managerialist style of governance, as it is viewed to be of assistance in limiting various types of risks. Burton and van den Broek (2009) utilised interview data with social workers in Australian agencies to examine the bureaucratization of social work. They found that, in order to demonstrate accountability to stakeholders, an expectation on social workers to create and maintain 'paper trails' "for risk management purposes" (p.1334) had become increasingly apparent. This had resulted in more time and energy being devoted to such tasks at the expense of frontline client services. The study found that supervisors within the organisation viewed such measures quite favourably. It was thought that they

represented minimal inconvenience and were in any case warranted as they demonstrated accountability and professionalism. Workers had themselves also come to accept certain aspects of the new accountability measures, such as the technological systems used to manage client case notes and other data. This technology was seen as useful as:

> [It] reduced their work stress – one because there was an effective administration staff member whose role was to enter most of the service data and who also reminded staff of key deadlines (Burton and van den Broek, 2009, p.1335).

Another case study of a London borough's children's social services department examined interview data from social work professionals (Purcell & Chow, 2011). It was found that generally, managerialist performance management systems were now accepted as a necessary part of modern practice and service delivery. This acceptance was attributed in large part to the fact that management positions were almost exclusively peopled by professional social workers. Interviewees expressed the view that as such, core social work principles of practice had remained relatively intact despite major organisational restructuring. It is noted that:

> Interviewees… spoke of the benefits of key professional values in moderating the potential downsides of a potentially hasty organizational shift towards excessive managerialism (Purchell and Chow, 2011, p. 407).

Interviewees also expressed the belief that managers must continue to be recruited from the professional social worker pool, rather than the corporate sector. It was thought that this method would ensure that the social work ethos would continue to offset, and contain, the new managerialist working environment. However, Purcell and Chow (2011) warn that such hybridization might eventually result in a diminishing of the social work principles of practice. Their findings indicated that particular managerialist approaches such as risk management and compliance are increasingly seen to be the new drivers of decision-making within social service delivery systems. As such, the assessment was made that a climate of risk aversion, fear and defensiveness may be impacting on social work practice more broadly (Purcell & Chow, 2011).

Purcell and Chow's study also found that departmental managers believed that the introduction of more stringent accountability and performance management practices and procedures had proved effective in tracking resource allocation and spending. Clearer definitions of specialist roles and a more structured work environment were also

evident. However, while such monitoring was viewed as useful for managing particular types of risk, other monitoring protocols were observed to be affecting worker decision-making practice. Examples include overly punitive monitoring of performance objectives and workload compliance and risk assessment frameworks. Purcell and Chow reported that:

> Our interviewees said that social workers were becoming more conservative in their judgment of thresholds to accommodate the reduced tolerance for failure, such as those rules that determine the frequency of visits and the timing of case reviews. Working practices were also subjected to performance indicators and generally encountered significantly more management scrutiny. Professional autonomy was becoming more tightly bound (Purcell & Chow, 2011, p. 408).

Such studies suggest that professional social workers remain willing to make decisions based on professional experience, expertise and social work theory despite the introduction of a more managerialist-focused workplace. Decision-making based on moral or ethical considerations were also apparent, even when such decisions ran counter to risk management protocols and guidelines. These studies also indicate that the retention of professional decision-making practices can, in part, be maintained through a continued recruitment of professional social workers to managerial positions within social service organisations. The research cautions however, that a shift towards a more managerialist, risk-averse decision-making environment can occur quite rapidly given the right circumstances, such as the death of a child in care.

Largely absent from this literature was a critical examination of the role the *normalisation* of risk may or may not be playing in CSO worker practice and for service delivery more generally. Evidence from the studies outlined above suggest that workers have become accustomed to working in a considerably more risk-averse environment, and to the managerialist protocols and measures initiated by agencies to minimise such risks. However, a tacit acceptance within the non-government partner of the necessity of working with higher client risk as a result of the partnership agenda may also be occurring. How such risk normalisation might arise, and what the implications might be of a normalisation of high client risk, provided a crucial objective of this current study.

Finally, the research outlined to this point suggests that there is a growing tension between a managerialist approach on the one hand and professionalism and professional expertise on the other. Indications are that an increasingly risk-averse

environment can lead to the former superseding the latter. However, these studies do not investigate how a possible erosion of professional decision-making practice may be impacting on service delivery or service outcomes. As such, this current study sought to investigate if, and how, decision-making based on accountability and the mitigation of organisational risk might be displacing decision-making based on professional practice and expertise. Importantly, what the outcomes might be for service delivery and service delivery outcomes, if this was indeed the case, formed a major focus of this study.

Summary of key literature concepts: NPM and beyond

This literature review identified a common theme throughout the discourse on how modern social service delivery models were conceived. It also explored and critiqued the political motives underlying the creation and perpetuation of these models. In general, the literature views the emergence of current government/non-government social service delivery partnerships as being driven by an economic rationalist ideology that may be facilitating the transference of certain risk types from the public to the non-profit sector. Why governments would be so risk-averse, and what the drivers of this aversion might be, were identified as areas requiring further exploration. This was needed to understand how conceptualisations of risk at the socio-political level are shaping how risk is constructed within modern social service delivery models. As part of this process, this literature review identified that:

- Historical socio-political risk narratives have shaped the risk discourse in modern social service systems. These conceptualisations of risk have particular implications for the government/non-government partnership model;
- The empirical research base in risk management and transfer within public/private social service delivery partnerships is limited not just in size but in scope;
- Little research has been undertaken into the role of risk transfer in partnerships or how issues of multi-levelled ‘risk thinking’ may impact on service delivery and outcomes;
- The mechanisms and facilitators for how risk might be being transferred between partnership agencies and how such risk shifting is being managed and/or mitigated is likewise relatively unexamined in the literature.

Together, these gaps in the knowledge indicated that further research into how risk transfer might be occurring within government/non-government social service delivery partnerships was necessary. Developing an understanding of the facilitators of such risk transfer was also identified as crucial, for it is only through such an identification that risk transfer can be scrutinized, monitored and minimised as necessary. In order to explore the specific role of changing conceptualisations of risk within this dynamic, a review of the risk literature was undertaken. The findings from this review will be detailed in the following sections.

2.3. Risk at the societal level: the influence of contemporary socio-political discourses on modern conceptualisations of risk

Throughout the 20th century, the study of risk as a concept has flourished across a broad range of disciplines, including medicine, mathematics, law and economics (Lupton, 1999; Stalker, 2003). According to Althaus (2005) the conceptualisation of risk within the discipline of economics is particularly pervasive and has become the dominant paradigm. The suggestion in the literature is that social work theory came late to the discussion, only beginning to make a significant contribution in the last three decades as a managerialist, risk-averse approach to service delivery came to prominence (Stalker, 2003). While slow to engage, the social work literature is now replete with theoretical considerations of how risk is conceptualised, analysed, assessed, managed, balanced, perceived, reduced, rationalized and understood within a social work theory framework (Althaus, 2005; Brett et al., 2009; Brown, 2010; France, Frieberg & Homel, 2010; Kemshall, 2010; Macdonald & Macdonald, 2010; Munro, 2009; Munro, 2010; Parton, 1998; Parton, 2010; Stalker, 2003; Wilkinson, 2001).

The key foundational social theories on risk are generally agreed to be centred around three socio-cultural, constructionalist theories (Lupton, 1999):

- The risk society hypotheses of Beck (Beck, 1992) and Giddens (Giddens, 1993). Beck and Giddens, while developing their arguments from different standpoints (Althaus, 2005; Munro, 1999), postulate that the contemporary world is perceived as more risky as humankind develops the ability, through technology, to identify and monitor risk;

- Douglas's anthropological/cultural theory of risk (Douglas & Wildavsky, 1982); Douglas, along with Wildavsky, (Douglas & Wildavsky, 1983) conceptualised risk as being dependent on, and inseparable from, culture. The suggestion is that it is the sociological group to which an individual belongs that determines how an individual perceives and assesses risk (Tansey & O'Riordan, 1999).
- The governmentality perspective as originally conceived by Foucault (Foucault, 1991). An offshoot of the risk society model, the governmentality hypothesis, based on the writings of Foucault (1991), and iterated and developed by other social theorists. Risk is managed and controlled by government in order to further neo-liberal goals (Althaus, 2005; Rose, O'Malley & Valverde, 2006).

Governmentality, alongside critical theory and performativity, underpins and guides this current study. As such, a broader discussion of contributions these theories make to the conceptualisation of socio-political risk will be presented in chapter 4.

The most influential of the foundational socio-cultural theories on the contemporary 'Western' conceptualisation of risk was the *risk society* model. As Stalker (2003) observes, Beck and Giddens posited that a great risk conundrum exists in modern society. What they suggest has occurred is that, as risk becomes more globalised, the more humankind seeks to understand risk 'threats' in order to control them. However, as understanding grows, the appalling nature of threats like nuclear war, global warming and economic uncertainty is comprehended, inciting even more fear (McLaughlin, 2007; Stalker, 2003). McLaughlin (2007) describes it in this way:

> This heightened awareness of and anxiety towards an ever expanding list of dangers leads to calls for more robust risk management procedures and for the adoption of the 'precautionary principle'—a better-safe-than-sorry approach to engagement with science, technology, experimentation and life management (p.1264).

As the perception of the threat of risk increases, the need of governments to mitigate and regulate against it has grown. Brett et al. (2009) note that such a situation was predicted by Foucault and is heavily supported in the literature. Pollack (2010) suggests that one way this regulation manifests is through 'risk thinking,' whereby the state attempts to identify and predict risk in order to exert control. As Althaus (2005) explains:

> Control, using the technologies of calculation and with the goals of neo-liberalism, is seen to be the underlying ramification of risk for Foucauldians. Society uses risk technologies — insurance and actuarial tables, epidemiological data, financial information, government files, surveillance and screening techniques, performance measures, and benchmarking—to regulate populations and individuals and manage them toward stipulated objectives to minimize risk (p. 576).

The literature, by and large, attributes this need of governments to manage and regulate risk as a direct result of the rise of the risk society and the neo-liberal ideology. One consequence arising from this was a burgeoning public discourse on blame, fanned by the mass media (Althaus, 2005; Brett et al., 2009; Green, 2007; Healy, 2009; Kemshall, 2002; Lupton, 1999; McLaughlin, 2007; Munro, 2010; Parton, 1996; Parton, 1998; Pollack, 2010; Stalker, 2003; Stanford, 2009; Turnbull & Spence, 2011). The suggestion here is that those 'at risk' had come to be conceptualised as being 'a risk' (Stanford, 2008). Such a reconceptualisation will necessarily impact on how the most vulnerable in society are viewed and serviced by the state. These contentions, and possible ramifications, will now be discussed in detail.

2.4. Risk at the system level: modern conceptualisations of risk in social work

Stalker (2003) in an early, but comprehensive literature review into risk management and uncertainty in social work, explains how this body of literature described risk management as "…a process designed to minimize negative outcomes and maximize potential benefits. It can refer to a broad range of activities, and is open to different interpretations" (p. 227). She also suggests that the literature placed the various risk management approaches on a continuum "from control at one end to empowerment at the other, with legitimate authority occupying the middle ground" (p. 227). Stalker viewed one dominant theme in the literature as being how risk management in social work was increasingly taking a more 'controlling' approach. She argued that it might be better described as risk avoidance, rather than management, designed to detect risk rather than prevent it. Such an approach cultivated the emergence of a 'blame culture' with risk viewed as objectifiable and thus somehow knowable. Responsibility is therefore held by whoever doesn't locate it, identify it and fix it (Althaus, 2005; Brett et al., 2009; Green, 2007; Healy, 2009; Kemshall et al., 1997; Kemshall & Weaver, 2012; McLaughlin, 2007; Munro, 1998; Munro, 2009; Munro, 2010; Parton, 1996; Parton, 1998; Pollack, 2010;

Purcell & Chow, 2011; Spratt, 2001; Stalker, 2003; Stanford, 2009; Turnbull & Spence, 2011).

This view continues to dominate the social work literature, and is manifested in the issue of 'ultimate responsibility.' Social service organisations working in child welfare are often required to manage serious, high-risk cases involving vulnerable children. A concern for these organisations is that, if something happens to these children, blame could well be allocated to the organisation, or particular staff within the organisation (Brown, 2010; McLaughlin, 2007; Munro, 2009; Munro, 2010; Parton, 2010; Purcell & Chow, 2011; Turnbull & Spence, 2011). With the arrival of mass media and the 24-hour news cycle, the 'risk' of being held to account when things go wrong is also fuelling risk avoidance – particularly, as outlined earlier, in relation to rare, but distressing child abuse cases that lead to the child dying. Such events attract significant media attention, with the agencies involved in these cases often portrayed as particularly blameworthy (Green, 2007; Jagannathan & Camasso, 2011; Johnson & Petrie, 2004; Munro, 2010; Parton, 1996; Stanford, 2009).

Commentators therefore argue that social services has moved from having a welfare focus to having a risk management focus, with managerialism, rather than social work professionalism, dominating practice approaches and social policy making (McLaughlin, 2007; Munro, 2009; Munro, 2010; Parton, 2010). This has led to an organisational 'protectionist' agenda, in which "risk management is characterized in the literature as little more than social work watching its own back" (Stalker, 2003 p. 227). In other words, risk management becomes a way of managing potential political threats. The literature also suggests that such conceptualisations may, in turn, lead to organisations and practitioners making decisions based more on managing risk to the organisation rather than managing (or preventing) risks in client behaviour (Alaszewski & Manthorpe, 1998; Brett et al., 2009; Munro, 2009; Munro, 2010). This latter point is particularly pertinent to this study, for there is little critical, empirical literature purporting to examine the mechanisms – such as possible governance *technics* – that might be facilitating these changing constructions of risk within social service delivery systems. Such gaps in the knowledge, highlighted through an analysis of current research literature, provided validation of the need for an examination of the issue at the system, service and service use level.

The dominance of risk management as a determinant in decision-making is also thought to be influencing how societies delineate, control and manage their most marginalised citizens. Rose, (2000) suggested that this 'risk thinking' is characterised as governmental attempts to manage, control and prevent societal risks across whole populations rather than to intervene or treat individual offenders. As well as being a socially constructed concept, deviance is thus seen as a societal issue needing to be planned for and avoided, not addressed at an individual level. Rose proposes that such risk thinking has permeated modern social service practice, which as a result:

> [Has] increasingly become concerned with bringing possible future undesired events in to calculations in the present, making their avoidance the central object of decision-making processes, and administering individuals, institutions, expertise and resources in the service of that ambition (Rose, 2000, p. 332).

Thus the management of risk is now focused on assessing individuals based on the conditions in which they live and the risk they pose to the community. Such risk management involves complex risk assessments, inter-agency collaboration, surveillance and distribution of information. Individuals are either included or excluded based on their assessed 'dangerousness'. This has led to a blurring of the lines between disadvantage and criminality, with poverty, unemployment, drug abuse and difficult family circumstances being seen as a 'moral' issue (Pollack, 2010; Rose, 2000; Stanford, 2008).

As briefly outlined earlier, Stanford (2013), makes the important observation that contemporary conceptualisations of risk, as they apply to individuals and communities, can be represented as an artificial dichotomy between two constructs. There are those who are 'at risk' (vulnerable members of society) and those who are 'a risk' (dangerous to society). Stanford argues that these constructs are not at opposite ends of a continuum, but instead constitute two distinct, mutually exclusive, opposites. Thus a citizen or a community's status as 'at risk' or 'a risk' is wholly dependent upon an assessment made by those in power. This literature highlighted the need for further exploration to be undertaken that examines the risk terminology utilised by organisations and practitioners in reference to clients. The implication here is that being labelled 'a risk' or 'at risk' may result in different service outcomes.

As highlighted throughout this chapter, several studies have examined how decisions being made in social service delivery systems generally have become heavily influenced

by managerialist objectives. These include the need to meet targets, be accountable, manage risk and manage performance. However, there are very few studies that specifically address and empirically test how risk management may be affecting service delivery and service outcomes within government/non-government service delivery partnerships. More importantly, how and in what ways changes to decision-making in the non-profit partner may be taking place as a consequence of such partnerships remained underdeveloped. The small body of literature that purports to identify and explore the impact of government/non-government social service delivery partnerships on the non-government partner has concentrated on illuminating issues relating to accountability, performance management and autonomy. While these studies do not examine the conceptualisation and management of risk within such partnerships specifically, they highlight some of the issues exclusive to partnerships. Their findings therefore informed the direction of this study's exploration. An analysis of the literature pertaining to this study's main fields of enquiry will now be discussed in the following sections.

2.5. Risk at the service level: risk management, risk transfer and decision-making in partnerships

A concern raised in the literature is that government/non-government social service partnerships have been predicated on a neo-liberal, risk-averse model and as such, may be leading to a shift in how non-government organisations operate and deliver services. Several studies have examined community/social service partnerships in order to identify and explore the influence, and impact, of various managerialist instruments within government/non-government partnerships. These studies, and the managerialist devices they examined, will now be discussed.

Accountability and performance management

An exploratory study undertaken in South Australia in 2000 – 2001, with follow up interviews conducted in 2004, (Baulderstone, 2008) explored the impacts on the management of accountability within CSOs as a result of changing public sector funding arrangements. Fifteen CSO managers from 12 organisations and 11 public servants from state government and the state office of Commonwealth government funding departments were interviewed. Follow up interviews were conducted in 2004 in order to explore if the utilisation of 'partnership' rather than 'purchase' language had emerged. The strength of this study was that it was conducted at state level and was inclusive of a

wide range and number of CSOs and included interviews with managers from the government departmental funding agency. However, the study was only conducted with management level participants and so may not have been representative of front line and other worker experiences.

Baulderstone found that some of the concerns regarding the government/non-government partnership arrangements apparent in initial interviews had dissipated by the time the follow-up interviews were conducted. The research found that some positive service outcomes were reported. Baulderstone attributed this change to practical administrative and contractual changes and to the CSOs having adapted to the new partnership arrangements. However, Baulderstone found that CSO managers were frustrated that significant resources were being redirected from service provision to administration. In addition, Baulderstone's study suggested that there was a great deal of concern among the smaller CSOs that the partnership significantly advantaged the larger CSOs in South Australia. The larger CSOs were viewed as being better able to undertake the various accountability tasks such as insurance and quality assurance obligations and performance monitoring reporting. This finding is particularly significant for this current study, for it raised two fields of inquiry regarding specific conceptualisations of risk within social service partnerships. These are firstly, that partnerships advantage larger CSOs and secondly, that one of the main advantages for larger CSOs is in their ability to mitigate another risk – the capacity to 'be accountable.'

A 2003 case study investigated performance measurement as part of a New South Wales child and family services government/non-government partnership (Meagher & Healy, 2003). The authors sought to identify how two elements of NPM systems – performance management and public/non-profit contracting – might impact on each other, from the perspective of non-government family support practitioners. The study was undertaken as a staged field research method, involving focus groups followed by a survey. Nineteen participants were selected for the focus groups from a stratified random sample of Sydney based organisations that were funded by the NSW's Department of Community Services (DOCs) Community Services Grants Program (CSGP) that was implemented in 2000-2001. A telephone survey was then conducted with 59 practitioners from CSGP funded CSOs throughout NSW. Meagher and Healy note that there was a particularly high response rate (89%) for this survey, which the authors attributed to "the strong level of interest among practitioners about performance assessment regimes, which was heightened in the context of DoCS consultations

occurring at the time" (Meagher & Healy, 2003, p. 42). A key objective of this research was to develop and understanding of what CSO practitioners viewed as "good family support work" (Meagher & Healy, 2003, p. 43) and what they perceived DOCS priorities to be.

Meagher and Healy (2003) found that performance management requirements exacerbated already existing tensions that had arisen as a result of the partnership itself, with practitioners reporting that their own service provision and performance indicators differed significantly from that of the government partner. Some of these tensions were identified as divergent priorities. For example, in the interests of expediency, DOCs "…sometimes forced this kind of expedience on services" (p. 44) through expecting family support workers to accept DOCs client referrals despite full caseloads. Practitioners also reported that the department would 'hand over' high-risk cases to family support workers with little further involvement or follow up. Other findings included that:

- A perception among practitioners that the department was slow to respond to suspected child abuse cases that the CSO had referred to the department;
- The department expecting practitioners to monitor and report in child protection cases, which the practitioners took exception to, as they felt it inhibited their relationship with these families;
- Organisational accountability requirements being difficult for smaller agencies to comply with;
- There is the perception that worker practice is being shaped by the department's larger political accountability concerns, being both the protection of children and protection of the public purse.

The authors concluded that practitioners do not feel that the department valued their professional work. They also found that the funding process is capricious and not well specified, and that the evaluation of the work practitioners perform has little meaning. These findings reflect those of Munro's studies (2009; 2010) by suggesting that government partner performance management measures may have been negatively impacting on the ability of practitioners to effectively perform their roles and provide the best possible outcomes for clients.

These studies highlight significant concerns from the perspective of CSO practitioners regarding their experience and reflections on the impact of a government/non-government child protection and family services partnership. As such, it provided an indicator of how conceptualisations of risk within such partnerships may be affecting CSO worker practice and service provision. However, the study did not examine how such perceptions are in fact impacting on service provision, for no outcomes data was presented. The work to date, and the emergent gaps in the knowledge, highlighted the need for the collection of quantitative outcomes data. This method would allow client case trajectories and outcomes over time to be tracked against other qualitative data inputs. Examination of this literature therefore provided a strong directional indicator for this current PhD research study relating to new knowledge requirements.

In an analysis of the literature undertaken by Tenbensel, Dwyer and Lavoie (2013), they argued that accountability within public/non-profit social service partnerships is under theorized, which has caused difficulties for all stakeholders in conceptualizing and understanding tensions relating to accountability itself. One such tension involves the power imbalance between the funder and the non-government agency. In this instance, the funder is in the position of being able to stipulate how the agency demonstrates they are performing adequately. Drawing on both organisational and third sector literature, the authors outline three distinct accountability 'pulls,' "… 'upwards' to funders, 'downwards' to communities and 'sideways' to practitioners" (p. 2) and identify a fourth 'pull' – that which can arise as a result of needing to manage multiple contracts and accountability requirements. Tenbensel, Dwyer and Lavoie's (2013) study underscored the need for further research regarding the identification of the relationship between accountability and risk across the system, service and service-user levels within government/non-government social service partnership models.

Van Slyke (2006) utilised interviews with government and non-government managers within a social service contractual arrangement in New York State to investigate how the government partner is managing the relationship with the non-government partner. The study found that, in the USA, a culture of risk aversion has resulted in public managers only choosing 'reputable' non-profit providers to contract with. This method was believed to minimise the risk of provider fraud or non-compliance. It was also thought that if the provider was revealed to have acted inappropriately or contrary to the public interest, the public agency could legitimately claim that such behaviour was unforeseeable, as the provider had a 'good' reputation previously. In this way, the government partner could

shift some reputational risks within the partnership to the non-profit service provider.

These findings provide some early evidence regarding the impact of how a 'risk-averse' society may impact on how public/non-profit service delivery partnerships are managed and how certain risks are shifted within such partnerships. But like Munro's 2010 study, which also found that risk at the socio-political level was impacting on non-government practice, Van Slyke only conducted interviews with managers. This limited insights on the experience of these issues to non-government management staff. This further reinforced the need for such issues to be more fully explored using a case study design able to investigate both experiential and outcomes data, so that the two can be compared.

Autonomy

Lack of autonomy is seen as a significant source of concern in several empirical studies undertaken over the past fifteen years. The main findings from these works include that, as a result of contractual government/non-government social service delivery partnerships, the non-government partner can experience a reduction in autonomy in the following areas:

The type and range of clients provided for and of services able to be provided

Such constraints are seen to have emerged as a result of policy agendas, funding targets and service foci that require services to be undertaken for specific client groups that necessarily exclude any service or service user that falls outside a certain range. Baulderstone (2008) found that a perceptible reduction in direct service delivery provision, coupled with a concomitant contraction of services delivered, was a growing concern for CSO managers. This narrowing of service provision was thought to be occurring as a result of a more punitive funding model and service agenda. As Baulderstone commented, "such an approach risks leading to a 'one size fits all' model of available services" (2008, p. 6).

The ability of CSOs to advocate on behalf of service users

Casey and Dalton (2006) undertook a comprehensive review of the literature pertaining to the growing use of 'compacts' and partnerships for service delivery in Australia. The authors describe the perception in the non-government sector that the main constraints on advocacy are a combination of:

- A prescriptive funding environment, with government funding tied to particular service delivery objectives. This can result in CSOs having less available funds to finance advocacy work;
- A business model approach that can mean CSOs are focusing more on administration and accountability rather than more traditional roles such as advocacy;
- An increasingly competitive environment as a result of tendering processes has fragmented the CSO sector, making organisations less willing or able to work together on advocacy projects;
- Punitive and prescriptive contracts that explicitly restrict the contracted CSO from undertaking advocacy work.

Nevertheless, Casey and Dalton note that such findings are, by-and-large, based on the perceptions of CSO management and staff via focus groups and surveys and propose that "to date, research findings remain inconclusive" (Casey & Dalton, 2006, p. 29).

A recent Australian Productivity Commission study (Housego & O'Brien, 2012) examined data from several Productivity Commission reports between 2010 and 2011. Their objective was to consider the growth in government/non-government contractual funding arrangements, and what the benefits and challenges of such arrangements might be. The study identified several benefits for governments through the engagement of the non-profit sector in the provision of social services, such as:

- The ability of non-profit agencies to better respond to community need;
- Access to resources such as volunteers:
- Access to other resources such as experience and expertise in specialist fields, including mental health and disability; and,
- Greater flexibility in regard to client needs.

One of the notable challenges identified in this study was that the power imbalances between governments and non-government organisations. This imbalance was assessed as potentially placing the autonomy of the non-government provider at risk. Specifically, the loss of autonomy related to:

- The non-government provider having little input into the implementation of policies and programs despite having been involved at an earlier point;

- The receipt of government funding leading to an increase in accountability and reporting responsibilities;
- A compromise of the non-government agency's independence and ability to undertake advocacy work and 'mission drift' due to the agency's dependence on government.

While the studies above highlight possible outcomes for the non-government partner, they do not provide evidence of the mechanisms through which loss of autonomy is able to occur. The presence of governance *technics*, such as those outlined in Chapter 3 of this thesis, also needed to be identified and discussed, so that questions regarding how losses to autonomy as a result of partnerships are able to occur are answered. How such concerns may in turn be impacting on the clients utilising CSO services – particularly over the long term, was identified by this literature review as in need of further research. What the literature does suggest is that barriers to client engagement can, and will, impact on the ability of services to provide and deliver services to vulnerable families. This literature will now be detailed in the following section.

2.6. Risk at the service-user level: service provision in shifting risk environments

Research examining why families do not engage with, or disengage from, support services indicates that such non-engagement can be multifaceted, but generally involved the following barriers:

In approaches:

- Changes in social work orientation from professional 'helping' to managerialist 'accounting' (Rogowski, 2012);
- An investigative, rather than supportive approach (Palmer, Maiter, & Manji, 2006);
- An adversarial, rather than an 'in partnership with parents' approach (Palmer et al., 2006);
- Abrupt removal of children; lasting trauma from separations (Palmer et al., 2006).

In resourcing:

- Inadequate/inappropriate services, including a lack of staff training and education (Kemp, Marcenko, Hoagwood & Vesneski, 2009; Williamson & Gray, 2011);
- Lack of time to devote to parental engagement (Kemp et al., 2009; Williamson & Gray, 2011).

In client perceptions and experiences:

- Stigma, marginality and disempowerment (Dunbrill, 2005; Kemp et al., 2009; Palmer et al., 2006).

These findings indicate that the type of service a family experiences can shape how, or even if, a family will engage in services. If a family perceives and/or experiences the service system as being adversarial, punitive, hurried or disempowering, then successful intervention may be difficult. This aspect of the service use experience of government/non-government service systems was therefore identified as requiring further exploration. This will allow identification on how shifts in organisational risk management might also impact on service use uptake and engagement.

The findings above, together with the identification of various knowledge gaps pertaining to government/non-government service delivery partnerships and risk management more generally, shaped the direction of this study and greatly informed the key research questions. However, it was preliminary research and findings from studies that examined risk management and transfer within the context of the 2005 Victorian child protection and child welfare reforms that provided the critical framework for the study itself. The historical background and intentions of the reform process itself (which culminated in the *Victorian Child, Youth and Family Act, 2005*) will be fully outlined in Chapter 4. Prior to this, the studies that were undertaken post implementation of the Act will need to be detailed in order to discuss the emergent risk management and transfer concerns identified in the early research.

2.7. The 2005 Victorian reforms to child protection and child welfare service provision

Studies undertaken since the implementation of the Reforms in 2007 indicate that CSOs were now working with considerably higher risk families with more complex needs than prior to the Reforms. This had led to a greater focus on risk management over the core function (as originally conceptualised in the partnership reform agenda) of early intervention and prevention. A large study undertaken by Murphy (2009) investigated the impacts on CSO management and service delivery of the implementation of the Victorian Reforms. The study involved eight CSOs and the Centre for Excellence and Child Welfare. Seventy-nine participants, including CEOs, Program Managers and Team Leaders, were interviewed and 85 CSO staff and 41 board of management members were asked to complete questionnaires. Murphy's findings suggest that the shift for CSOs toward a more risk management focus has had significant impacts, suggesting:

> The stronger emphases on assessment skill, on administration and the increased focus on complex cases have been problematic, particularly for Family Services. The accompanying shift towards the most vulnerable was assessed as leaving many struggling families without support they would have received in the past. It has also had implications in terms of worker vulnerability, job satisfaction and skills training needs (Murphy, 2009, p. 31).

These findings provide evidence that not long after implementation, the Victorian Child Protection and Integrated Family Services partnership was experiencing similar issues to the other government/non-government partnerships previously discussed. Specifically, performance management and accountability were impacting on how the CSO operated and how CSO practitioners performed their roles. That the then new partnership had resulted in CSOs working with considerably more vulnerable families and complex cases, also suggests that the government partner was transferring risk from the department to the CSO. This is significant, for it indicates not just that such contractual partnerships might facilitate the transference of risk from the government to the non-government partner, but that such risk shifting was occurring. While Murphy's 2009 study highlights a concerning trend, the study could only provide a 'snapshot' of the experience of CSOs within the partnership at a particular time – in this case, within two years of the implementation of the Reforms. As such, it was not possible for Murphy's study to examine outcomes data regarding the effects that risk shift might have on service and client outcomes over time.

A follow up study in 2010 (Murphy, 2010) sought to consolidate the findings of the 2009 study and to track further changes. A large number of CSO staff (182) were surveyed on their experience and reflections on the impact of the Reforms on CSO programs, service delivery and the partnership itself. The author found that a positive outcome of the partnership was that professional practice and skills were considerably higher and that there were clearer and more consistent guidelines advising practice. Other findings confirmed Murphy's earlier, 2009 study that suggested risk transference from the government to the non-government partner was a major impact of the Reforms for the CSO:

> CSOs continue to work with increasingly complex cases that, without adequate resourcing, diminish the capacity of the sector to achieve earlier intervention and prevention, as defined and intended in the original conceptualisation for reform. The shift in case complexity has implications in terms of the imperative to divert children from the statutory system and has resulted in a greater focus on risk management over earlier intervention (p. 7).

This finding flagged an important issue regarding risk transference within public/non-profit social service partnerships. Essentially, if a CSO is working with an increasing number of clients at the high risk end of the case risk spectrum, then there is the possibility that clients of low to medium case risk may not be adequately serviced. If so, this would suggest that the Victorian Child Protection and Integrated Family Services partnership might not be meeting early intervention objectives. However, despite Murphy's 2010 study capturing data from a significant amount of CSO staff, the study could not compare this feedback with actual outcomes data.

Risk transfer as an effect of government/non-government partnerships within the context of the 2007 Victorian Reforms has also been raised as an issue of some concern (McDonald, 2009). McDonald suggests that the Victorian Government has transferred political, legal and financial risk to the non-profit sector via the implementation of a 'triage' style intake and referral program. Under this model, CSOs are increasingly managing "complex/crisis cases" whereas, before the Reforms, the profile of the families CSOs worked with was predominantly "presenting with low needs all the way through to high needs in both preventative and remedial models" (McDonald 2009, p.10). McDonald argues that one area within this case management system that is particularly problematic and extremely risky to both the CSO, and the families they support, are

those cases which are allocated to the CSO, but are put on hold for case management within the system. McDonald suggested that:

> From a risk perspective, the agency charged with that management has a very tricky job. By definition, these are high-risk cases, yet as they wait for assistance to lower that risk, the non-profit organisation 'managing' those families inevitably face what may well be an escalating risk of harm occurring to the notified children *because* there is no intervention (p.10).

This case study of the Victorian Reforms echoes the findings of Murphy (Murphy, 2009; Murphy, 2010) that risk transference from the government to the non-government partner is not only impacting on CSO service provision, but may also be impacting client outcomes.

In two recent investigations into the Child Protection and Integrated Family Services program, the Victorian Ombudsman proposed that risk is being shifted from Child Protection to the non-government partner via 'push back' (Investigation regarding the Department of Human Services Child Protection program (Loddon Mallee Region), *2011* and Own motion investigation into the Department of Human Services Child Protection Program *November 2009*). The findings in these reports suggest that Child Protection is under resource and policy pressure and so is 'pushing' cases onto the CSO, via the Child and Family Information and Referral Support Teams (Child FIRST) in order to meet governmental targets. The Victorian Ombudsman outlined several methods by which Child Protection was found to be attempting to reduce their caseload, including by closing high-risk cases prematurely and setting higher thresholds for investigation. Such methods enable Child Protection to shift risk by offsetting one risk set (meeting targets) with another risk (limiting high risk cases).

Another study, undertaken as a collaborative ARC Linkages study with LaTrobe University, the Department of Human Services and the Office of Public Advocate in 2009 (Brett et al., 2009), utilized semi-structured interviews with workers to investigate the impacts of risk management on Victorian services and clients. This study concluded that:

- Risk management, particularly in relation to risk decision-making, lacked a commonality of approach across services;

- Risk management strategies and approaches across agencies are based on business models which encourage risk shifting and discourage inter-agency collaboration;
- There is a lack of risk management guidelines for professional practice;
- Agencies identified that there are multiple and complex 'risk cultures' operating across the sector.

What these studies illustrate is that the risk management and risk transfer are emerging as significant issues for Victorian CSOs, and for how they deliver complex family services. This is especially true in relation to the management of high-risk cases and how this is impacting on early intervention strategies and decision-making. However it is apparent that apart from the Victorian Ombudsman's 2009 and 2011 reports, the literature does not make clear the processes or the mechanisms behind this risk transfer and how it is being facilitated. While these studies can suggest how such risk transference may be occurring, and how it may consequently be impacting on service delivery outcomes, their methodologies have limitations. A reliance on interviews with government department and CSO management and staff and quantitative data such as surveys and document analysis may not capture the processes and effects on – and effects of – decision-making in regard to service objectives. These studies are also not able to compare the experience and perceptions of CSO staff against service outcomes data. Research that can identify if risk transfer is occurring as a result of government/non-government partnerships, what is enabling it to occur, and how it might be impacting on service delivery and client outcomes as a consequence, remained to be undertaken.

Literature knowledge and this study

Though government/non-government partnerships for service delivery have been in existence for some decades, an outstanding issue endured. Specifically, the empirical literature was yet to identify if and how the management of risk might be impacting on decision-making and ultimately, service delivery outcomes, as a consequence of such partnerships. This literature review has illustrated that questions remain to be answered. Importantly, insights were needed on if, how, and in what ways contemporary government/non-government partnerships for child and family welfare delivery have impacted on risk management by non-government organisations who contract with government. This literature review highlighted the scarcity of long-term research that

incorporates the three service delivery levels – that of the agency, the agency workers and the service users. Consequently, this current study has focused on how risk management and risk transfer may be impacting on CSO decision-making. In order to consolidate the research rationale presented in this chapter, a map of the key concepts outlined is presented below:

TABLE 1: CONCEPT MAP: CURRENT KNOWLEDGE OF CONSTRUCTIONS OF RISK IN PARTNERSHIPS

3. Theoretical Framework

3.0. Introduction

The following chapter presents the theoretical framework that underpins and positions this study. As outlined in Chapter 1, the three key research questions were structured across three distinct, yet interconnected, levels of analysis – socio-political conceptualisations of risk and the impacts of these conceptualisations at the system, service and service-user level. In order to explore the complexities inherent within these interlocking contexts, the theoretical framework of this study was designed to inform and guide an analysis of these three tiers. Together, each theoretical perspective works in concert to provide a consistent, comprehensive research framework. The first section will consist of an overview of the overarching critical theory approach and a rationale for the adoption of this theoretical perspective. Critical theory, views matters of social justice as a complex interplay between power differentials and was applied to facilitate understandings of risk constructs at the system level. As a key tenet of critical theory itself is that any analysis of power differentials necessarily includes an examination of the role of the researcher and in the way the data is collected, interpreted and analysed, this chapter will include an overview of this assertion and its relevance to the study itself.

Two theoretical perspectives closely aligned with critical theory, namely governmentality and performativity, will then be discussed in order to illustrate how these two approaches assisted in the development of an understanding of the role of power within contemporary forms of governance. How these two theories guided an analysis of modern governance and organisational norms, and how such norms influence and direct the construction and resultant nature of social policies, will also be detailed. Governmentality informed an analysis of risk constructs at the organisational, or service, level. The utilisation of performativity facilitated an analysis of risk at the service and service user level. Finally, as an understanding of how risk is conceptualised, managed and transferred between agents was central to this study, it was necessary to detail how the three theoretical perspectives respond to questions of risk at a societal, organisational and individual level.

3.1. An epistemological overview

Critical theory, the guiding theory of this study, is positioned within the constructionist epistemology, in which “meanings are constructed by human beings as they engage with the world they are interpreting,” (Crotty, 2010, p. 43). Crotty, in his work, *The*

Foundations of Social Research (2010) provides a detailed examination of constructionism and how this worldview has been utilised in the building of various theoretical frameworks. It is Crotty's work that will be referred to in this section in order to explicate the constructionist position as it relates to social research and to the chosen theories of this study. In the constructionism worldview, reality, and what reality means, occurs as a process of human interaction and interpretation – the meaning of an object shifts as a consequence of subjective agency. However, constructionism does not, as is sometimes mistakenly assumed by those undertaking qualitative social research (Crotty, 2010), deny the possibility of objects having their own objective reality. Rather, the *meaning* of an object will shift depending on how the subject experiences and interprets that object. Meanings are not constructed out of *nothing* – the object is a *something* and meaning is ascribed to it. Constructionism insists that there is no one true *interpretation* of an object, but only "'useful', 'liberating', 'fulfilling', 'rewarding'" (Crotty, 2010, p. 48) interpretations. Objects may have an objective reality, but the meaning of this reality is not fixed or absolute. Nor is it entirely dependent on human interaction. Constructionism stands in contrast to the other dominant epistemological paradigms. These are objectivism, where meaning is thought to reside within objects independently of human agency, and subjectivism, where meaning is neither constructed, nor independent of, human interaction, but exists wholly as a consequence of the subjective experience (Crotty, 2010).

As Crotty (2010) observes, constructionism is the most common epistemological position "claimed in most qualitative approaches today" (p.16), due in large part to the qualitative methodology being primarily focused on understanding how human subjects experience, interpret and describe their particular reality. In contrast, objectivism is concerned with measuring and quantifying – not interpreting – human behaviour. Subjectivism, on the other hand, denies the possibility of a reality beyond that being experienced by the subject. A criticism Crotty (2010) makes regarding the popularity of constructionism in qualitative research is that many qualitative studies may claim to be constructionist, but are in fact subjectivist. For example, the researcher does not interpret the meaning of the data as arising through an interplay between the object and subject. Rather, the subjectivist epistemology *imposes* meaning on objects, which negates the possibility of objects having a role in the creation of meaning (Crotty 2010). Where constructionism and subjectivism meet is in how both positions *interpret*

meaning, rather than 'find' it. In this view, there is not one single, defined 'truth' but rather a subjective interpretation of it (Kreuger & Neuman, 2006).

Utilising a constructionist approach to frame a social study is therefore not limiting the study to an 'either/or' epistemological position. In this way, the use of both qualitative and quantitative analysis can be undertaken within the same study without compromising the integrity of the research stance. Constructionism also positions the researcher as an active agent in the research process. There is an open acknowledgement that how the researcher designs and undertakes the study, then interprets the findings, will be impacted by the researcher's subjective experience. Finally, as Crotty (2010) outlines, the constructionist worldview encourages the possibility of liberation through the application of interpretations that are 'useful' rather than oppressive or impoverished. It is in these latter senses that critical theory positions itself within the constructionist epistemology. The following section will provide an overview of this theory and a rationale for its inclusion in this study.

3.2. Critical Theory

Critical theory, with its Marxist beginnings, flourished in the Frankfurt School and continues up to the present day in the works of Habermas (Held, 1980; Carr, 2000). The central tenet is to expose the structural and cultural 'norms' that can potentially paralyse the weak in the grip of the powerful (Carr, 2000; Kincheloe & McLaren, 2002; Strydom, 2011). While there is no one, over-arching 'theory' of critical theory (Carr, 2000; Kincheloe & McLaren, 2002; Strydom, 2011), and the theory itself has as many detractors as enthusiasts (Kincheloe & McLaren, 2002; Strydom, 2011), Kincheloe and McLaren (2002) argue that:

> Indeed, qualitative research that frames its purpose in the context of critical theoretical concerns still produces, in our view, undeniably dangerous knowledge, the kind of information and insight that upsets institutions and threatens to overturn sovereign regimes of truth (p. 87).

With its radical, in the truest sense of the word, nature, critical theory cannot be pigeon-holed as a prescriptive, didactic, one-size-fits all theory of everything (Strydom, 2011). Strydom (2011) also argues that critical theory has a "dialectical and normative dimension," in that it "aims at enlightenment, emancipation and transformation, including self-transformation" (p. 9). This suggests that critical theory stands apart from the other two 'strands' of theory, namely Empiricism, which seeks to understand through an

examination of ‘the known’ and Interpretivism, which seeks to understand through an examination of ‘the meant.’ Critical theory can be seen then as seeking to understand through a *questioning* of ‘the known’ and ‘the meant.’

As outlined in Chapter 2, the literature views government contracting with non-profit organisations for the delivery of family services to be more ‘risky’ for the non-profit partner than for the government partner. However, critical theory proposes that this research is itself ‘buying into’ a neo-liberal, normative conception of risk as the responsibility of the individual, rather than of the state. This is thought to occur through a failure to challenge what ‘is’ and instead expounding prescriptive and reflexive admonitions of *what should be* rather than *what could be* (Culpitt, 2003). Culpitt (2003) argues that relying on a discourse that stares wistfully back to a golden age of the welfare state, before the uncontested divorce of universality and citizenship, is foolhardy. He reasons that the new market-driven notions of government as consumer rather than as service provider is now deeply entrenched (Culpitt, 2003). While self-reflective practice is strongly encouraged in the field of social welfare, critical theory advises that it is when this practice becomes *reflexive* that it is in danger of entering into, and enabling, the prevailing dogmatic discourse. What is more, it risks losing its relevance, and is perhaps even antithetical to the aspirations of those it seeks to service.

It is certainly envisaged that this study will go some way towards addressing an identified gap in current knowledge. Yet Culpitt reminds us that it is only through an examination of power itself that notions of power and risk shifting within such government/non-profit partnerships can be understood and, to some extent, addressed (Culpitt, 2003). If this project is to have any real legitimacy therefore, the theoretical lens through which it views the research setting and context must be able to critically examine the role of power at the system level and judge how this power may itself be affecting how risk is conceptualised. Perhaps more importantly however, the theoretical framework for this research must be capable of enabling and advancing the goals of the research itself, which was to uncover, elucidate and critique structural norms and strive for informed, structural change. The most appropriate theoretical framework for this undertaking was therefore critical theory, as no other social theory so decidedly questions the status quo in order to expose the underlying power plays to reveal how they influence the construction of the social world order (Carr, 2000; Kincheloe & McLaren, 2002).

Another value of critical theory is how it is predicated on the notion that critical research has the potential to uncover the incentives, political inclinations and constraints of research that is commissioned, funded or in other ways auspiced by governmental agencies (Muncie, 2006). Finally, as one of the other objectives of this study was to strive for informed, structural change, the adoption of a critical theory approach provided the means through which this intention could be met.

Critical theory and the role of the researcher

Critical theory is primarily concerned with affecting change, both through exposing competing power interests and challenging the assumed knowledge and beliefs that characterise the iniquitous nature of the status quo (Carr, 2000; Kincheloe & McLaren, 2002). What is also inherent in this paradigm, is that the researcher will necessarily affect the outcome of the research, but not necessarily deliberately or knowingly. This is somewhat akin to the observer effect in quantum mechanics, where the act of observation of itself can affect the state of the phenomenon observed (Griffiths, 1995). Critical theory suggests that the researcher is not merely a passive observer, but is as much part of the 'status quo' as the subject he or she is researching (Carr, 2000; Strydom, 2011). The researcher also interprets the world from his or her individual standpoint, thus the researcher is never purely an objective observer. Indeed, Critical theory argues that there is no such thing as an objective, passive observer, so consequently the ideological standpoint of the researcher will *a priori* affect that which is being observed. For example, by undertaking a study that adopts a critical theory approach, the researcher is signalling that he or she is seeking to question the status quo to expose power imbalances and inequities in order to emancipate and strive for informed, structural change. This then is the ideological standpoint from which the present study emanated and was therefore made clear from the outset of the study.

The chosen theoretical framework also entailed the researcher reflecting on how, and in what way, their presence might impact on the subjects being observed. How the findings were interpreted and made explicit were also necessary considerations. Furthermore, critical theory not only encourages the researcher to openly express the stated goal of the project, but, through this expression, further enable the achievement of this goal. Such openness itself challenges the prevailing norm that research must be passive, objective and uncritical if it is to have any legitimacy (Crotty, 2010). Finally, through the encouragement of open expression, critical theory enables the researcher to embody another stated aim of this study – *exposure* of prevailing power plays. By openly stating,

from the outset, a critical, emancipatory objective, the researcher is revealing and elucidating an ideological standpoint, thus rejecting the notion that such information cannot or should not be exposed.

While critical theory was considered the most appropriate grand theory to guide this study, two further schools of thought that are themselves viewed as appendages of the critical theory perspective, were also utilised. *Governmentality*, with its explicit and specific focus on governance and power, is central to the exploration of the second research question and the second 'tier' of analysis – *How is the deployment of risk impacting on non-government partner risk management and practice?* The third and final theory framing this study is *performativity,* a recent player that deliberates on agency and performance. This theory will facilitate an in-depth examination of the third research question – *What are the implications of the conceptualisations and deployment of risk for service objectives and outcomes?* Both governmentality and performativity will now be expounded in order to illustrate how these concepts both reflect and imbed the key theoretical and epistemological underpinnings of critical theory. They also provided a set of specific, analytic tools to guide explorations into the role of power on the deployment of risk constructs at service and service user levels.

The utility of Governmentality and Performativity in social policy research

3.3. Governmentality

> … political power has assigned itself the duty of administering life (Inda, 2007, p.2).

Foucault's late 1970s conception of governmentality originated as a way of understanding the changing attitudes and uses of power within differing social contexts. Some forty years on, it continues to enjoy a central place in the formation of our understandings of power across a diverse range of fields, but most particularly in the social and political sciences (Brockling, Krasmann & Lemke, 2010; McKee, 2009; Walters, 2012). While Foucault himself never viewed it as a formal methodology and scholars in governmentality have taken a similar view, it nonetheless plays a useful role when analysing theoretical social constructs against empirical realities in relation to each other (Brockling et al., 2010; Ettlinger, 2011; Inda, 2007). Additionally it is very clearly a relevant lens through which to better understand and examine the overarching theoretical framework of critical theory.

The central tenets of governmentality rest on the notion that the governing of discreet populations underwent a significant change in early modern Europe. At this time, self-serving sovereignties gave way to directing governmental activity towards managing the populace rather than the management of a state, in order to optimize productivity (McKee, 2009). Inda (2007) summarises this quite neatly when he states that, in Foucault's writings and lectures on modern government,

> [The] term 'government' generally refers to the conduct of conduct – that is, to all those more or less calculated and systematic ways of thinking and acting that aim to shape, regulate or manage the comportment of others, whether these be workers in a factory, inmates in a prison, wards in a mental hospital, the inhabitants of a territory, or members of a population (2007, p. 1).

Over time, governmentality has undergone a transmutation that has seen it widen beyond what Foucault originally posited to occupy the global stage of international relations and world politics, dominating the discourse in the ongoing analysis of neo-liberalism (McKee, 2009; Walters, 2012). Scholars, including Walters (2012) distinguish between Foucault's original conception of governmentality and "what came after" as "studies of governmentality" (Walters, 2012, p. 47). Led by British researchers Miller and Rose, such studies developed and flourished at the beginning of the 1990s when common concepts such as *government at a distance* were iterated (McKee, 2009; Walters, 2012). It was during this period that governmentality was linked to political agendas such as the growing dominance of economic rationalist approaches to governance and the changing welfare state (Walters, 2012). By applying governmentality to such political power issues scholars were able to frame the analysis of government power in the here and now, rather than on a study of the historical, as Foucault originally prescribed (Walters, 2012).

The movement of Australia from a welfare to a post or residual welfare state and how welfare itself has come to be governed is of particular import to this study. Though there are arguments to suggest that Australia's standing as a welfare state remains valid, at least from a purely fiscal analysis (Fenna & Tapper, 2012), many more contest this view. It is argued that the country is now predicated on economic rationalist structural policies and practices such as mutual obligation, outsourcing, increasingly prescriptive and punitive social welfare programs and highly regulated service delivery systems (De Carvalho, 2002; Fairbrother, Svenson & Teicher, 1997; Jamrozik, 2009; Wallace &

Pease, 2011). This has created a situation in which, “an entitlement to a service by right becomes an entitlement by deservingness – in effect, a shift back to the notion of welfare as charity” (Jamrozik, 2009, p. 95).

When analysed through the lens of governmentality, this post-welfare state view suggests that the *comportment* of welfare recipients (or indeed those seeking welfare services) is being *shaped, regulated and managed* in order to limit access to such services. Moreover, such *shaping*, it is contended, also consists of a calculated attempt to shift the responsibility of governance from the state onto the citizen. Individuals are seen as only having themselves to blame for their ill health, poverty, unemployment and the like (Jamrozik, 2009). Governmentality therefore provides an important tool in an analysis of how modern social service delivery partnerships might reflect a postmodern conceptualisation of *management of the populace* rather than a *management of the state* system of governance. Such a reconceptualisation may have significant impacts upon how clients of welfare are labelled, grouped and serviced. As such, the utilisation of governmentality assists in the development of an understanding of how constructions at the system level may be impacting on how service users are themselves conceptualised and serviced as a result.

A helpful framework for integrating governmentality into an empirical study design consists of making use of two inter-connecting analytical concepts that together guide the investigative process. These ‘analytics’ have been rendered palpable by Inda (2007), who draws heavily on the combined works of British academics Peter Miller and Nicolas Rose for their articulation. The following is predominantly drawn from Inda’s 2007 work, *Anthropology of Modernity*.

Reasoning and Problematising

Governmentality itself not only reflects the epistemological stance and critical theory perspective used to structure this research project, but provided the ‘how’ with which to embed these somewhat nebulous ways of constructing knowledge and examining power. As Inda (2007) observed, scholars of governmentality see governments, and the art of governing, as inextricably linked to the positivist, epistemological stance in regard to an understanding of knowledge and of what ‘is.’ ‘Truth’ in this view, is objectively knowable and identifiable. Moreover, the art of governing is seen as requiring specific institutions and institutional states to be identified that best articulate what is to be defined as ‘true.’ In other words, the practice of government requires that objectified,

quantified articulations of ‘truth’ are identified, prescribed, produced and disseminated (Inda, 2007, following Rose & Miller, 1999). For constructionalists, the act of governing is therefore not only limited in the way that it objectifies knowledge, but also in how such objectification can result in prescriptive, punitive interpretations of the practice of governance itself. Indeed, the reliance on particular institutions to not only identify and label ‘truth,’ but then to advise on how such truths shall be administered, creates its own set of epistemological conundrums. It is therefore critical, in all senses of the word, to observe the act of governing from a subjective viewpoint in order to identify such conundrums and to consider the ramifications a fully objectified system of governance may have on those who are being governed.

As this study sought to examine the interplay of power and risk within a government/non-government policy setting, being mindful of the epistemological underpinnings of governance was necessary. It is central to understanding the critical analysis of the role of power within the policy context and how that role is itself a manifestation of a positivist reality. For example, as outlined in Chapter 2, the ‘truth’ of risk has come to mean something that must be guarded against, minimised, controlled, managed and if possible transferred elsewhere. This ‘truth’ has been articulated from an economic rationalist position. This then charges the bureaucratic system with designing the policies and systems needed to administer this conceptualisation (Althaus, 2005; Brett et al., 2009). As critical theory then warns, such ‘truths’ can quickly become norms, with those who are privileged by such norms being in control and those who are disadvantaged by it unable to liberate themselves from the resultant status quo. The current study needed to illuminate if, and how, the conceptualisation and deployment of risk might be privileging an economic rationalist agenda and concomitantly disadvantaging or silencing the non-government partner and service users.

Inda (2007) also observed that studies in governmentality are concerned with the way governing tends to take a ‘problematised’ view of a world that must be administered and managed. In this view, events and trends are framed as problems to be dealt with. Governmentality seeks to articulate how the art of governing therefore objectifies various natural and sociological events and developments such as floods, epidemics, illicit drug use, slowing birth rates and so on as problems rather than experiences. Furthermore, governmentality requires that the institutions and authorities anointed by government to identify problems are themselves analysed to explore not only how various phenomena is problematised, but, to some extent, why. Such a perspective is necessary for any

study of social policy. This is because the act of policy making itself can be seen as a proposed *solution* to a defined *problem.* In examining the historical drivers, political and social imperatives and *players* involved in the formation of policy, it becomes critical to analyse the role that problematisation may have played in social policy development. Articulating what effects, if any, that problematisation rendered on the organisations and individuals charged with the delivery of policy objectives have been considered to be central to this current study.

Technics

The third *analytic* as outlined by Inda (2007) is *technics*. Technics refers to "that complex of techniques, instruments, measures and programs that endeavours to translate thought into practice and thus actualize political reasons" (Inda, 2007, p. 9). Scholars of governmentality pay particular attention to those tools and devices that enable the delivery of governmental objectives. These include:

- 'Systems' based formulae, rules and methods, such as reports, charts and plans;
- The utility of spaces, such as school buildings and public parks, and;
- Trending theories and methodologies for guiding bureaucratic and professional practice, such as the latest pedagogic or therapeutic interventionalist strategies.

Governmentality concerns itself with the analysis of such technics because these instruments of government bring thought into practice and, as such, are the tools with which governments forward and bring their agendas into reality. A further issue governmentality has with technics is that such devices illustrate how government is inherently "…programmatic in the sense that it assumes that the real can be programmed – that it can be made thinkable in such a manner as to make it amenable to diagnosis, reform and improvement" (Inda, 2007, p. 10). The 'programs' governments utilise are consequently designed to manage and fix problems that do not further particular governmental objectives. These instruments of governance therefore facilitate and bring into actuality the pragmatic, systemic, positivist underpinnings of governmental problematising. Social policies are themselves recognised as manifestations of such technics, entailing particular theoretical and methodological underpinnings, bureaucratic systems, formulae and prescriptive rules and regulations designed to 'fix' governmentally defined problems. Thus it is important for an

examination of a social policy to include an analysis of the various technics involved in a particular social service delivery program so that the inherently problematising, programmatic and punitive nature of governance can itself be made, and remain, manifest.

A consideration of this current study was what, if any, technics were being employed within the current Child Protection and Integrated Family Services program itself. Such technics needed to be understood and analysed in order to illuminate any underlying political agendas involved. Examination of the impacts such technics may be having on the non-government partner and on service users is an important step of critical analysis. Crucially, it was also considered necessary to uncover any technics that the participating CSOs themselves employ as a consequence of the programs they administer. As this study is primarily concerned with risk management and decision-making, the design and type of technics used in risk mitigation will now be explored.

3.4. Performativity

> Clarifying conditions of oppression, opening avenues of resistance, and refashioning liberating ideals is still the province of critical theory. New *political* perspectives are required to accentuate the transformative prospects for change within a new global society (Bronner, 2011, p.8).

As Crossley (2004) explains, in the early 1990s, Judith Butler argued that a problem with feminist theory was that gender has been limited to a state of being and thus conceptualised "as a property that one either has or is" (Crossley, 2004, p. 208). Butler contended that gender was instead something that can be done, or performed, much like other social constructs, and as such must be continually performed in order to remain in existence. In calling this phenomena *Performativity,* Butler was appropriating and expanding on a concept first developed by the philosopher J L Austin, who "identified a subset of speech acts as *performative*, in that they do things in their very declaration or utterance" (Mills, 2013, p. 325). While there is much that could be argued is problematic with Butler's original theoretical proposition as outlined above, not the least from an ontological and philosophical point of view, it has ramifications that stretch well beyond any discussion of gender. What Butler's hypothesis infers is that if an 'absolute' such as gender is essentially a performance, then just as gender norms can be contested, other 'identity' norms, like personhood, are likewise open to challenge.

Butler then went on to further develop this original hypothesis, so that it went beyond epistemological questions of gender to embrace questions of power. As Allen (1998) notes, Butler's contribution to feminist theory is as much an account of power as it is about performance:

> Her analysis is somewhat unique among discussions of power in its attempt to theorize simultaneously *both* the features of cultural domination in contemporary societies *and* the possibilities of resistance to and subversion of such domination (1998, p. 456).

Indeed, Allen (1998) argues that Butler's performativity can make a significant contribution to feminist critical theory (particularly in theorizing about dominant, hegemonic norms of cultural subordination) and as such, critical social theorists should give it the attention it deserves. The reach of performativity has nevertheless expanded markedly from Butler's earlier iterations of this concept and has been appropriated and redefined by academics and analysts, particularly in education reform research. The term now largely denotes a managerial tool that equates how an individual practices with how that person is *performing* in his or her role. For Ball (2003), performativity can be viewed as:

> [A] technology, a culture and a mode of regulation that employs judgments, comparisons and displays as means of incentive, control, attrition and change based on rewards and sanctions (both material and symbolic) (p. 216).

As such, any *performance* that stands outside a particular judgment has the potential to be viewed as non-conforming or 'wrong.' As with the Big Society model outlined in Chapter 2, Ball (2003) and Blackmore (2004) suggest that educational reforms that involve technologies such as performativity are being couched in terms of providing more autonomy, control and responsibility to individual public sector organisations. However, Ball cautions that this is not a symbol of deregulation but rather of "re-regulation" (Ball, 2003, p. 217) with prescribed and contrived performance indicators that leave little scope for individual creativity or innovation. Further, accountability and performance management is said to be leading to a sense of deprofessionalisation and loss of power, control, autonomy, creativity and alienation at the individual practice level (Ball, 2003; Blackmore, 2004; Mahoney & Hextall, 2001; Powell & Gilbert, 2007).

Performativity has thus come to be associated with a neo-liberal, market-driven approach, with the *performance* of a practitioner seen as quantifiable, and individuals needing to "organize themselves as a response to targets, indicators and evaluations"

(Ball, 2003). Consequently, performativity is therefore viewed as another technological device for the further alignment of public sector practice with market-based private sector systems, and in particular of the state, *steering not rowing* (Ball, 2003). More democratic systems based on professionalism and leadership practices have been demoted as the management of staff performance came to be linked with institutional performance indicators, accountability and disciplinary practices (Blackmore, 2004). Accordingly, as Blackmore explains in her investigation of performativity in the education sector, that:

> In this context, principals struggled, particularly those in disadvantaged schools, with competing demands between, on the one hand, their passion for leading and teaching to effect more equitable and socially just public schooling in ways that addressed the needs of all their students and, on the other, the necessity to adhere to the new performativities required by markets and management for their school's survival (2004, p. 440).

The need for management and workers in any organisation to be accountable, remain targets-focused and conforming is something well canvassed in the literature. Most commentators argue that performativity in the context of performance management is stifling independence, creativity, innovation and normative resistance (Allen, 1998; Alvesson & Spicer, 2012; Ball, 2003; Blackmore, 2004; Mahoney & Hextall, 2001; Powell & Gilbert, 2007). However, views differ in regard to the ability of individuals to subvert or resist within the confines of such boundaries. Butler herself has argued (as had Foucault before her) that resistance is certainly always possible, but the degree of difficulty will fluctuate (Hodgson, 2005). Yet academics examining the role of subterfuge and resistance, as it relates specifically to performativity, postulate several ways in which individuals can challenge the status quo. Hodgson proposes that:

> Performativity also suggests a broader subversive role for dissonance, satire, humour and other forms of non-conformity outside gender debates. In particular, such nonconformity is helpful in analysing the complex reactions to forms of workplace discipline based on the manipulation of employee identity (2005, p. 60).

Others see the possibilities of resistance as creating opportunities for positive organisational change. Courpasson, Dany & Clegg, (2007), coined the term *productive resistance* to encapsulate how non-organised forms of protest and activities serve to highlight areas of interest that normally remain beyond management spheres of awareness. In this context, resistance is reconceptualised as a positive, active and

creative endeavour. This is a conceptualisation that Courpasson et al., (2007) believe is missing from the literature, which predominantly views resistance as a negative action.

What this exposition of performativity illustrates is the importance of taking into account the conceptualisation of performativity as a managerial *technology*. As was argued in Chapter 2, government/non-government partnerships are based on an economic rationalist-styled service delivery structure that reflects and embeds an economic rationalist, risk management, outcomes orientated approach. This may therefore have implications for how non-government partner management and workers *conduct* themselves (Hodgson, 2005). For instance, it is possible that neo-liberal managerial practices may be conforming or limiting decision-making and general organisational practice through this conduit of performativity as performance management. This would suggest that, at the agency level, decision-making based on meeting performance targets, or to conform to regulatory limits, might take precedence over decision-making based on professional experience and expertise.

Performativity and the role of the service user

Performativity is not confined to the workplace or to the production of goods and services. Performativity is equally of value in facilitating a comprehensive analysis of how service user *performance* may be both determined by, and subverted within, service systems. As discussed earlier, the governmentality and critical theory literature seeks to illuminate power differentials within complex systems. Performativity theory can act as an instrument for recognizing such imbalances. For example, just as a managerialist governance model can dictate how an organisation or individual employees perform, such systems can also determine how service users need to perform in order to access services. The social theory literature cautions that social service systems have become increasingly focused on economic rationalist notions of the deserving welfare recipient (those assessed as needing a hand ‘up’) as the undeserving (those wanting a hand ‘out’) (Cortese, 2013; De Carvalho, 2002; Fairbrother et al., 1997; Jamrozik, 2009; Wallace & Pease, 2011). How a service user performs may therefore act as a determinant as to whether or not an individual is entitled to service support.

The ability of an individual to protest a service system is likewise restricted by power differentials and notions of what is morally ‘right’ between the citizen and the state. The act of performing a protest, either passively or actively, can risk a punitive response

(Pollack, 2010; Rose, 2000; Stanford, 2013). Finally, performativity can also illuminate how the status of service users can be determined and modified by how service user performance is interpreted within a service system. For instance, a compliant, receptive, and engaged client may be assessed as vulnerable – or at risk. However, another client, who is recalcitrant, unengaged or otherwise not 'performing' vulnerability may be assessed as *a risk* (Pollack, 2010; Stanford, 2013). Thus a service system can determine a service user's status (and resultant labelling and stigmatization) based on prescriptive notions of performance.

3.5. Epistemological conceptualisations and implications of risk

As outlined previously, a central component of this study was an examination of how a rising risk-averse discourse at the socio-political level may be impacting on how various types of risk are being managed and mitigated within the Victorian Child Protection and Integrated Family Services government/non-government partnership. Critical theory, studies in governmentality and performativity encourage the researcher to consider risk from the particular theoretical perspective common to all these theories. This perspective is outlined below.

Risk as dangerous

In Chapter 2, Althaus (2005) argued that the meaning of risk has become profoundly associated with uncertainty and danger, and thus is to be avoided, rather than courted. This relatively modern conceptualisation of risk has shifted significantly from that of the recent past, when certain risks were encouraged. In times past, risk *taking* had more positive connotations: think of the 'derring do' of the early explorers, naturalists, seafarers and colonists and ethically questionable medical and scientific experiments. Over time, a shift emerged, as typified by the entrepreneurs and 'high flyers' of the 1990s in the USA and Australia. While such individuals were admired in some circles, they were more usually seen as (and in some instances proven to be) morally corrupt and destined for catastrophic falls (Geisst, 2004; Herbig, Golden & Dunphy, 1994; Schwab, 2010). Risk aversion now underpins doctrinal agendas within the broader socio-political discourse. Culpitt (1999) contends that the then emerging neo-liberalist ideology greatly contributed to this escalating socio-political fear of risk. At the same time, it took advantage of this new culture of fear to further disempower the most vulnerable citizenry. It did this through problematising the disadvantaged as being

morally deficient and ultimately responsible for their own life situations. By reframing the disadvantaged as morally, and in all other ways culpable, the implication could be disseminated that welfare was therefore little more than a drain on the public purse (Culpitt, 1999).

Other observers have broadened this argument by suggesting that while the principles of neo-liberalism advocate deregulation and small government, those who are marginalized and are involved in the social welfare system are in fact *more* regulated. One way this regulation manifests is through a highly moralised 'risk thinking,' in which the state attempts to identify and predict risk in order to exert control (Pollack, 2010; Rose, 2000; Stanford, 2008; Stanford, 2013). In the context of this study, this risk thinking may manifest in such tools as punitive and complex risk assessments in both the statutory and voluntary wings of the child and family services 'partnership.' Such punitive measures may serve to disempower the individual through the assigning of labels such as 'high risk'. It also serves to move the responsibility for chronic poverty, marginalization, inequality, mental illness and the like onto the shoulders of the individuals being assessed. Consequently, "social exclusion is reconfigured to be 'a state of mind' amendable to cognitive restructuring and empowerment," (Pollack, 2010, p.1268).

In addition to the conceptualisations and possible ramifications of risk outlined above, performativity proffers a specific construction of how risk might manifest in an organisational context. Power, Scheytt, Soin & Sahlin, (2009) suggest that late modernity has been characterised by the emergence of "a gap between social demands for control and security, and the capacity for systems of rational management and administration to satisfy these demands" (p. 316). The authors describe this phenomenon as a *performativity gap*. This gap has necessitated the undertaking of increasingly complex organisational risk management processes. These have, in turn, resulted in impacts on workplace behaviour, ways of communicating and reasoning. Power et al. (2009) raise the importance that organisations attribute to the mitigation of reputational risk as a principally 'modern' malady associated with a preoccupation with appearances. This preoccupation with reputational risk, which the authors argue is essentially a "man made product of social interaction and communication," (p. 303) has implications for the performative role managers' play in reputational risk mitigation. The flow-on effect is then felt throughout the organisation. This study therefore needed to be cognisant of the possible effects of external forces on internal organisational risk

management discourses and how these discourses might influence performativity.

3.6. The application of the chosen theories in this study

A summary of how each of the chosen theories was applied in this study is provided below. This enables a consolidation of the three theoretical tiers and illustrates how each interconnects and supports each other. It also demonstrates their applicability to the data collection and analysis process.

Research Question 1: *How is risk constructed within the partnership?*

Level of Analysis: At the system level

Application of Critical Theory:

Critical theory explores and exposes the structural and cultural norms that can oppress the weak and work to the advantage of those who seek to maintain the status quo. Critical theory also facilitates enlightenment, emancipation and transformation and openly acknowledges the role of the researcher. The application of this theory therefore facilitated an examination of the role of power and control in how constructs of risk are formulated and how such constructs impact on the management of risk within the government/non-government partnership. Critical theory also served to position the researcher as an active agent throughout the research process – from study design, to data collection process and through to data analysis and interpretation. As a grand-order theory it provides the scaffolding for the entire study.

Research Question 2: *How is the construction and management of risk impacting on the non-government partner and on service provision?*

Level of Analysis: At the service level

Application of governmentality:

Within the framework of critical theory, and with its focus on the *conduct of conduct*, governmentality enables the analysis of political power issues that are thought to underpin modern governance systems. This middle-order theory provides a foundation for examination of how those operating within such systems conduct themselves. Such a perspective is crucial to the examination of contemporary government/non-government partnership arrangements.

Governmentality informed the research regarding how governments:

- Construct and articulate *truth*;
- Have an overwhelmingly *problematising* world view, and:
- Invest in several *technics* designed to further particular governmental agendas.

Governmentality thus provided a mechanism for the investigation of how socio-political conceptualisations at the system level can impact upon how government/non-government social service delivery partnerships are constructed. This then allowed an analysis of how such constructs may impact on service provision and practice.

Research Question 3: *What are the implications of evolving risk constructs for service objectives and outcomes?*

Level of Analysis: At the service user level

Application of performativity:

Performativity provided the researcher with the theoretical framework to understand and explore how particular governance systems could impact on how people perform their roles in the workplace and how these performances are judged. Performativity is not limited to managing worker practice. It can also apply to how service users themselves are perceived and serviced depending on their *performance* within the service system and how, and in what ways, they are able to protest it. Performativity therefore provides an analytical tool with which to examine how the construction and deployment of risk may be impacting on how practitioners perceive and perform their own roles and how service users are themselves perceived and 'managed.'

As was outlined at the beginning of this chapter, the three theories herein detailed play particular roles within the process of analysis. However, such is the closeness, epistemologically speaking, of the three theories in relation to each other, that all three can equally be applied to all three levels of analysis.

In summary, the three selected theories are embedded in constructionism, are inherently critical, and are concerned with governance and the role of power. All three are as equally concerned with how the powerful subjugate the less powerful and in the

emancipation and enlightenment of those oppressed. This, then, articulates the position taken by this study and informed the research design, intention and scope.

The following chapter will present a summary of the government/non-government child and family services partnership that is utilised as the case study for this research. The purpose of the outline is to provide a detailed background and discussion of the key elements of these Reforms. A specific aim is to contextualise the role of the partnered CSOs in managing risk within this partnership in order to explicate the legislative context within which the case study is located.

4. The Victorian Context

4.0. Introduction

This chapter begins with a brief overview of the historical drivers and influences of the Victorian child and family services reform process, which culminated in the implementation of a new Act, *The Child, Youth & Families Act (2005)*. This Act brought together the statutory Child Protection service with what had been, until that point, a community services-driven model of child and family welfare delivery. What follows is a summary of the two key principles that together guided action and decision-making by those bound by the legislation, the *Best Interests* and *Decision-making* principles. The primary role of Child Protection within the Child Protection and Integrated Family Services partnership will be outlined, including the specific Community Based Child Protection subdivision, in order to illustrate the role of the state within this service delivery model. Finally, the two key programs that constitute the focus of the data collection, *Family Services* and *Child FIRST*, will be detailed. Clarification of the intentions of these two models as they were initially conceived, and how each program operates within the participating CSOs, will also be outlined. The conclusion to the section will summarise the small body of research that has been undertaken into the impacts of the resultant Victorian Child Protection and Integrated Family Services partnership since its implementation.

4.1. Background to the reform process

In 2007, the culmination of a four-year child and family services reform process in Victoria resulted in the implementation of the *Child, Youth & Families Act (2005) (CY&F Act, 2005)*. This Act represented a radical shift in how child and family welfare services, including child protection, would be conceptualised and delivered (Humphreys, Holzerb, Scott, Arney, Bromfield, Higgins & Lewig, 2010; Lamont & Bromfield 2010; Murphy, 2009). The implementation itself followed a long consultative process involving the then Victorian State Labor Government, the Centre for Excellence in Child and Family Welfare (a peak body representing the child and family services sector) and CEOs from key CSOs. The consultative process was itself the zenith of several years of national and international research, concentrated and prolonged community sector lobbying and governmental engagement. The focus of the process was to shift the way child protection and welfare in Victoria would be addressed going into the future (Humphreys et al., 2010).

The lead up to the reform process began decades beforehand, when, in the early 1980s, there was a significant shift in how government viewed and sought to address child welfare and child protection issues (Humphreys et al., 2010; Lamont & Bromfield 2010). Prior to the 1980s, the Victorian child protection system was largely managed by the non-government sector with minimal input from government (Lamont & Bromfield, 2010). Research into child abuse and a rising public awareness of the issue prompted reforms, and in the late 1980s, the responsibility for child protection was assumed by the state and major changes to the children's court system were initiated (Boss, 1985; Humphreys et al., 2010; Lamont & Bromfield, 2010). Then, in the early 1990s, a moral panic, led by the media after the death of two-year-old Damien Valerio as a result of an assault by his stepfather (Goddard & Liddel, 1993), prompted further reforms until by the late 1990s virtually every aspect of the child protection service was legislated. Mandatory reporting of suspected child abuse was also introduced and a greater proportion of child protection worker time became focused on administrative and investigative matters (Lamont & Bromfield, 2010).

From investigative to intervention

Another major influence driving the restructuring of the Victorian child protection and welfare system was the introduction in the late 1990s of significant reforms to the child protection and welfare system in the UK. Led by another Labor government, the UK's early intervention model was based on a more integrated relationship between family services and child protection services (Gardiner & Flanagan, 2007). This model reflected and imbedded an emerging global trend of a shift away from an investigative approach to child protection towards a more holistic, child welfare focus (Platt, 2006). According to Tominson and Stanley (2001), many of the referrals to child protection were inappropriately labelled as child maltreatment. This, together with the recognition that investigative, forensic approaches could not prevent harm to children, impelled professional practitioners and stakeholders within the British social service sector to advocate government to shift the service system towards an early intervention, child well-being model (Parton, 2010).

Such a shift in service approach was, and remains, a popular model across the developed world, despite ongoing debate around the value of early intervention programs themselves (Geeraert, Van den Noortgate, Grietens & Onghena, 2004; Guterman, 1997; Parton, 2011; Wise, da Silva, Webster & Sanson, 2005). The attraction is understandable, given that it:

- Is generally low cost;
- Can have positive cost/benefits over the long term;
- Originated from established, evidence-based behavioural and developmental psychological research, which gave it a certain authority (Shonkoff & Phillips, 2000; Parton, 2011), and;
- Appealed to the 'common sense' notion that prevention is always preferable to cure, especially when there is no individualised/non-system-based cure for chronic child abuse and/or neglect (Parton, 2011).

However, the research also suggests that early intervention can only be effective if it is targeted, ongoing and very well resourced (Toth & Manly, 2011; Wise, et al., 2005). The fact that very few Australian intervention programs aimed at children and families have been properly evaluated is also viewed as being problematic (Wise, et al., 2005).

The popularity of early intervention has led to many governments across the OECD encouraging a shift in focus from a child protection/investigation model of service delivery towards a child welfare model. However, this shift is difficult and challenging in practice, particularly when organisations are trying to balance more than one 'type' of risk against another (Alaszewski & Manthorpe, 1998; Meagher & Healy, 2003; Munro, 1999; Parton, 2011; Spratt, 2001; Stanford, 2009). Part of the difficulty in shifting the focus from child protection to child welfare is in the fact that the investigative model remains dominant within the statutory child protection system itself. Even in Britain, which, as outlined above, was a vanguard of such reforms in the early 1990s, this challenge remains (Dumbrill, 2006; Morrison, 2000; Parton, 2010; Platt, 2006). The gap between the reform agenda and actual practice is, according to Morrison (2000), due to a number of identified issues:

- Vague and/or poorly defined policy guidelines and case management frameworks to guide decision making in high risk cases at the agency level;
- Non-statutory agencies acquiescing to their statutory partners in order to minimise responsibility in high risk cases;
- Agency managers embracing interventionist strategies as a way of reducing the number of child protection cases on their books but in actual

fact just shifting such responsibility for child protection cases onto inter-agency partners.

Several commentators also identify intense media scrutiny, passionate public reaction to child deaths, frequent governmental child death reviews and the vulnerability of individual agencies and staff to allegations of blame if a child dies, as chief amongst the challenges of moving from a child protection to a child welfare focus (Brown, 2010; Green, 2007; Johnson & Petrie, 2004; Munro, 1999; Munro, 2010; Parton, 1996; Parton, 2010; Stanford, 2009). Furthermore, there is little empirical literature investigating the efficacy of such interventionist programs that operate within government/non-government service delivery models. So while the literature suggests that early intervention programs can provide better outcomes for children at risk, intervention programs may remain an idealised policy approach rather than a practical service model unless effectively managed and resourced. Nonetheless, the worldwide trend towards intervention and prevention as an effective strategy for child and family welfare was undeniable and heavily influenced the 2005 Victorian child and family services partnership reforms (Humphreys et al., 2010).

Finally though, the most influential enabler of the early 2005 Victorian reform agenda was the aforementioned accord in the thinking of both the government and the non-government sector. For the first time in the history of child protection and welfare in the state of Victoria, the sizeable CSO sector was able to convince the then Victorian Labor government to make a shift away from a predominantly departmental investigative approach towards a more family and child welfare interventionist approach (in the tradition of CSO practice). This was done in order to facilitate what was thought would be better outcomes for children (Humphreys et al., 2010). Such lobbying, coupled with the contemporary emerging global changes in child welfare practice and a state government keen on change, shifted Victorian child welfare and protection approaches. The result was the introduction into legislation of the *Child, Youth and Families Act, (2005)* itself. This Act covered an extensive list of matters pertaining to child protection and child, youth and family welfare, ranging from procedural and decision-making protocols to performance, compliance and monitoring standards that spanned across Indigenous affairs, out-of-home care, child protection and youth justice (*CY&F Act 2005*).

The relatively untested design, scope and intentions of this government/non-government partnership model, along with the complexities inherent within such a system, presented an ideal mechanism for the critical analysis of how risk management and risk transfer within such partnerships may be manifesting. As detailed in Chapters 2 and 3, the social work literature, critical theory and governmentality literature all contend that government/non-government partnerships are inherently prejudicial due to power differentials that exist between these two entities. Furthermore, the sociological literature more broadly suggests that an economic rationalist, risk-averse discourse dominates contemporary society. As a consequence, states are increasingly responding to risk with policies designed to mitigate, transfer and minimise 'threats.' The Victorian Child Protection and Integrated Family Services partnership provided a unique lens through which such claims could be tested.

4.2. The Victorian Child Protection and Integrated Family Services partnership

In an attempt to reposition child and family services towards an interventionist, rather than an investigative response, the 2005 Victorian Reforms established a 'triage' or early intervention system for dealing with families with complex needs. Within this approach, families would firstly be guided into the community services system for information, referral and support rather than moving directly into the statutory system for investigation (Humphreys et al., 2010). This early intervention system, known as Child FIRST (Child and Family Information, Referral and Support Teams) was initially undertaken as a pilot scheme. The Family Support Innovations Project was introduced in 2003 at key locations across the state in order to test the validity of the proposed structure, which involved a coming together of Child Protection and CSOs (KPMG, 2011). This program was broadly viewed as successful by the participating agencies (though with several caveats relating to the need to address limitations and to conduct further research) (Centre for Excellence in Child and Family Welfare, 2006) and was consequently rolled out across the various regional catchments during 2006-2007.

The key role of the CSO within this new system was to provide, as a funded 'partner' of the Department of Human Services, both Child FIRST and Family Services. In essence, the government would continue to fulfil its role as the 'protector' of children while the participating CSOs would continue to fulfil their role as 'supporters' of families, albeit within new and quite rigorous, legislated guidelines. This required that each agency that

agreed to participate in this new partnership contracting arrangement be registered. According to the Child, Youth and Families Act 2005, registered CSOs must meet particular performance standards and responsibilities. The Act requires that:

> Performance standards may be made in respect of any matter relating to the operation of a community service including, but not limited to—
>
> (a) governance;
>
> (b) probity;
>
> (c) information management;
>
> (d) financial viability;
>
> (e) client care, including cultural standards applicable to client care;
>
> (f) pre-employment checks and pre-placement checks;
>
> (g) service delivery and case management; (h) privacy and confidentiality;
>
> (i) complaints management;
>
> (j) human resource management; (k) compliance with this Act and the regulations (*Child, Youth and Families Act, 2005*, p. 50).

Furthermore registration also required that registered community based child and family services must:

- provide its services in relation to a child in a manner that is in the best interests of the child;
- ensure that the services provided by the service are accessible to and made widely known to the public, recognising that prioritisation of services will occur based on need;
- participate collaboratively with child and family services alliance to promote the best interests of children (*A Strategic Framework for Family Services, 2007*, p. 71).

Non-compliance with any of these standards could result in CSO de-registration.

Underpinning the Act itself were two key principles that together provided guidance in the administration of the Act, which were *The Best Interests* and the *Decision-making* principles. These two principles will now be outlined in detail.

4.3. The Key Principles

One of the key objectives of the *CY&F Act (2005)* is that "…the best interests of the child must always be paramount" (p. 10). In order to further this aim, the Best Interest Principles were developed as a guide to decision-making. Division 3 of Part 1.2 – Principles of the *CY&F Act (2005)* outlines and details the principles that must guide the decision-making process (p. 23). Particular core standards are emphasised within the Act itself and these Best Interest Principles are included as Appendix G.

Cumulative Harm

Along with the Best Interest and Decision Making Principles, the *Child, Youth and Families Act 2005* recognised, and brought into legislation, the importance of cumulative harm as an impact on a child's wellbeing:

> These significant legislative changes intend to give greater attention to the cumulative effects of neglect and abuse on children's longer-term wellbeing and development, and shift away from an episodic focus on immediate harm (*Cumulative Harm: a conceptual overview*. Best Interests Series, 2007, p. 9).

This meant that the cumulative affects of longer-term low levels of family violence, parental substance abuse, neglect or mental health issues now needed to be taken into consideration when undertaking risk assessments, case monitoring and review and any other decision making regarding cases. Thus patterns of familial behaviour, rather than one-off or infrequent 'crisis' events, could trigger Child Protection and Integrated Family Services intervention.

4.4. Structure of the Child Protection and Integrated Family Services system

Child FIRST and Child and Family Services Alliances

Each contracted CSO operates within a particular Child FIRST catchment and is a member of this catchment's Child Protection and Integrated Family Services Alliance:

> The Alliance will include membership from Child FIRST, integrated family services, child protection, department partnership staff, representatives from other sectors/professional

> groups and representation from an Aboriginal Community Controlled Organisation (ACCO) where there is capacity and need for this to occur (Child and Family Services Alliance Catchment Planning, 1 January 2013 – 30 June 2015, p.4).

These Alliances are expected to form further partnerships with other universal and secondary services, and may also include other state, private and non-profit services such as schools, hospitals and the police. The three core functions of the Alliances are to:

- Undertake catchment planning;
- Provide operational management; and
- Coordinate service delivery at the catchment or local level (Child and Family Services Alliance Catchment Planning, 1 January 2013 – 30 June 2015, p. 7).

Each Alliance conducts their own catchment planning within the relevant planning guidelines, basing objectives and outcomes on a needs analysis, Alliance membership and consultation with key stakeholders. An action plan is then built on this process. A particular function of catchment Alliances pertinent to this study is the provision of case allocation. Case allocation is commonly facilitated through monthly case allocation meetings, with cases presented for allocation by Alliance member agencies and attending members make joint allocation decisions.

Child Protection and Integrated Family Service Statewide Agreement (Shell Agreement)

The Child Protection and Integrated Family Services State-wide Agreement (Shell Agreement), outlines the legislative, policy, practice and procedural requirements that underpin and define the relationship between Child Protection and Integrated Family Services program. The State-wide Shell Agreement also allows for the incorporation of separate local Shell Agreements, so that the various Child FIRST catchments can develop their own processes and procedures to suit their catchment's particular needs. The objective of the local agreement is to:

> Describe in detail the prescribed practice instructions and operational requirements, where transactions between the two service sectors occur, at the regional or catchment level. It will describe the mechanisms, timelines and responsibilities for local processes, such as:

- Prioritisation and allocation;
- Referral and reporting processes;
- Guidelines for resolving differences, formal mediation and dispute; resolution processes;
- Demand management and contingency responses;
- Formal review processes;
- Other key decision making points (*Child Protection and Integrated Family Services State-wide Agreement (Shell Agreement) 2013*, p. 4).

The most recent State-wide Shell Agreement in use at the time of this study was implemented in 2013.

The role of Child Protection and Community Based Child Protection

According to section 7.1.2 of the *Child Protection and Integrated Family Services State-wide Agreement (Shell Agreement) 2013*, the role of Child Protection is specified as the below:

> Child Protection intervenes to the degree necessary to promote the protection of children from significant harm resulting from abuse and neglect within the family unit, including cumulative harm, and to facilitate access to support and treatment services to address the impact of harm.
>
> Child Protection intervention processes include intake, investigation and assessment of reports of child abuse and neglect, the case management activities associated with protective intervention and preparing and making a protection application through the children's court, following substantiation of significant harm.
>
> Child Protection undertakes the supervision and management of children and young people on protection orders living at home, the statutory supervision of children and young people who are unable to live at home, and works toward the return home of children on protection orders where possible, when separation has been necessary.
>
> The target group for Child Protection is children aged 0 to 16 years inclusive (or 17 years where a protection order is in force), including unborn wellbeing reports (p.16).

The role of Community Based Child Protection is outlined in section 7.1.5 of the same document:

- Support the identification of cases within Child Protection requiring an integrated family services referral;

- Provide advice to Child Protection regarding making referrals to Child FIRST;
- Facilitate referrals from Child Protection to Child FIRST;
- Facilitate reports from integrated family services to Child Protection;
- Provide consultation and advice to integrated family services on specific cases, including risk management and safety planning to enable ongoing case management;
- Support and work in partnership with integrated family services to engage families as appropriate, through joint work, joint visits and case conferences, particularly relation to exit and transition planning;
- Foster positive working relationships and transparency between Child Protection, integrated family services and families;
- Participate in local professional and community education initiatives, as identified with the Alliance (p.18).

The objective of the government agency's service was therefore to continue to provide a statutory service and undertake investigations as necessary, but that this would only occur for those cases assessed as being of significant or cumulative harm. The Community Based Child Protection program was designed to provide a bridge between the statutory and the family services arms of the integrated system and between families and the two services.

4.5. The role of the CSO: Child FIRST and Family Services

Two subsets of service delivery undertaken by the non-government partner CSOs within the Child Protection and Integrated Family Services program – Child FIRST and Integrated Family Services – provided the focus of this study. These subsets will now be detailed.

Child FIRST

Part 3.1 of the *CY&F Act, 2005* outlines the scope and purpose of the community-based child and family services information, referral and support teams (Child FIRST) (pp.36-38).

According to section 7.2.3 of the *Child Protection and Integrated Family Services State-wide Agreement (Shell Agreement) 2013*, the role of the Child and Family Information, Referral and Support Teams (Child FIRST) is to provide:

> A central, community-based referral point to a range of integrated family services and other supports for vulnerable children and families within Victoria. The primary purpose of Child FIRST is to provide an identifiable and easily accessible entry point into integrated family services in a designated sub-regional catchment to ensure that vulnerable children and their families are linked effectively into relevant services. Child FIRST has a strong focus on establishing collaborative relationships with key local services and professionals (p. 19).

The Child FIRST programs are operated and managed by the non-government partner. As well as providing early intervention and referral, the Child FIRST team is also given responsibility for case allocation to the Family Services Alliance Network. Part of this allocation role involves managing cases in 'Active Holding.' For these cases, allocation is delayed in order to gain more information about the case or because the most appropriate service is at capacity and cannot accept new referrals (*A Strategic Framework for Family Services, 2007*). Guiding the decision-making process around intervention, referral, active holding and case allocation is the *Best Interests for Vulnerable Children and Youth Framework (2007)*. This framework sets out strict guidelines on decision-making with assessment, planning and action and,

> [C]reates a shared understanding, a common language and a consistent approach to ensuring the best interests of vulnerable children, young people and their families (A Strategic Framework for Family Services, 2007 p. 23).

Active Holding

The Active Holding program is embedded in the Child FIRST and Family Services programs and supports demand management and the prioritisation of case placements. According to the ideas outlined in *A Strategic Framework for Family Services, 2007*, it is acknowledged that it may not always be possible for a family allocated for Family Services to be provided with a caseworker at the time of allocation:

> The child and family will receive an active holding response, such as a one off Intervention and/or low level monitoring and support until the case is allocated. The active holding response may include phone contact with the client, an initial home visit, case conferencing, provision of brokerage funding, participation in a group, volunteer support, negotiation with other service providers and/or client advocacy. The active holding response will also provide short-term intervention that leads to case closure (pp. 49-50).

Cases in Active Holding are also reviewed and may be reprioritised in conjunction with other new or existing cases, as necessary. Each Alliance catchment decides which service point their Active Holding response will be delivered from and how Active Holding is activated. Some Alliances appoint separate Active Holding workers. The Active Holding programs at both of the CSOs participating in this study were embedded within their respective Child FIRST programs.

Family Services

The guidelines detailing the scope and intentions of the Family Services program are also outlined in the document, *A strategic framework for Family Services, 2007*. In essence, Family Services was designed as a child centred, family-focused model that:

> Is delivered through a casework framework that includes therapeutic home-based interventions such as: parent education programs; family skills training and family therapy interventions; short-term responses; family decision making to support children, young people and families to participate in discussions and influence decisions; advocacy, information and advice; crisis intervention; group work; counselling and parent-adolescent mediation (p. 9).

As with the Active Holding program, there is some flexibility in way that Family Services programs are structured within the various Alliance catchments and within individual CSOs contracted to supply this service. However, the casework framework is considered to be a core functionality of this program. Casework practice entails needs assessments (including ongoing assessment), working with families to establish an action plan and goals to be achieved, implanting the plan, engaging with the family throughout the intervention and reviewing and monitoring the case through to case closure.

The duration and intensity of the support provided by caseworkers is expected to depend upon the needs of individual families, with some families perhaps requiring longer-term intervention, while other families may only require a relatively short-term support. The structure of the Family Services program at both of the CSOs that participated in this study were broadly the same. These services will be outlined in further detail in the following section.

The Organisational Context

As outlined above, the various legislative frameworks and programs designed to facilitate the intentions of the Child, Youth and Families Act, 2005 provide explicit detail

regarding service delivery protocols and procedures. However, each Child FIRST catchment can also manage their legislated responsibilities to suit local conditions and needs, through the negotiation of a Child Protection and Integrated Family Services Local Shell Agreement. Furthermore, each non-government partner has some leeway in how their organisations undertake the services that they are contracted with the government to provide. For the purposes of this section, it is necessary to explain that two CSOs were examined as part of the case study. More detail specific to each CSO will be provided in Chapter 5, but for clarity and continuity, the slight variances in how the participating CSOs manage and deliver the Child FIRST and Family Services programs will be outlined at this point.

Child FIRST programs at the participating CSOs

The way in which both participating CSOs operate their Child FIRST programs differs in one crucial regard. One CSO undertakes weekly case referral meetings in which all Child FIRST team members participate and contribute (referred to in the study at the *Case Referral Meeting* approach). The other CSO utilises a more ad-hoc, consultative process between Child FIRST team leaders and individual workers on a case-by-case basis, herein referred to as the *Case Consultation* approach.

The Case Referral Meeting approach

In this model, the Child FIRST team leader and Child FIRST workers meet once per week as a group in order to discuss new referrals, current cases and possible allocations. The team leader also briefs the team on all new referrals that have been received during the preceding week from both the statutory agency and the community. The team leader then bases allocation decisions on discussions the group undertakes for each new case. Case allocations within these team referral meetings are made at two levels. The first level is where a decision is made whether or not the case should be allocated for Family Services. If, as a group, a decision is made in the affirmative, the case is then assigned for presentation by the team leader at the next monthly Child Protection and Integrated Family Services Alliance meeting. This establishes the second level.

As outlined above, each Child FIRST catchment is made up of a coalition of representatives from Child Protection, the CSOs who deliver Child FIRST and Family Services programs and other community groups whose work falls within the Alliance's

sphere of activity. Usually, if a case is assessed as suitable for Family Services, the case will be assigned to the Family Services program run by the CSO in question. If, however, there is no capacity for new case referrals within the CSO Family Services program, the case may be presented at an Alliance meeting as suitable for another agency's Family Services program within the same catchment area. Finally, allocation at another specialist agency or program (such as drug and alcohol services, mental health services, maternal child health or disability service) may take place if a particular case is assessed as needing a more specialised service response.

The Case Consultation approach

The alternative Child FIRST case assessment and referral model is bound by the same legislative context, state-wide agreements and agency policies and procedures and so decisions are based on similar criteria and recourse to local knowledge, staff expertise and inter-agency capacity and specialist service. Where the two models differ is in how initial case referrals are assessed and allocated. In the *Case Consultation* model, community referrals (including self-referrals) are initially taken by telephone and assessed by individual Child FIRST intake workers. The team leader then makes an initial assessment for how the case is to be allocated on a case-by-case basis, taking into consideration the Intake worker's knowledge of the case and professional opinion. In this model, the team leader is also sent referrals from Child Protection and other services via an internal database and also by e-mail. The team leader then assesses these cases and allocates them according to the criteria above. This model therefore requires that individual team leaders make the majority of decisions regarding assessment and allocation of cases. Collaboration with other workers is limited to initial and follow-up consultations with Intake workers and consultation with the Community Based Child Protection Worker on cases initially suspected of being of high risk.

All case assessment and referral decisions made in both the *Case Referral Meeting* method and the *Case Consultation* method are made within the bounds of (but are not limited to):

- The current Child Protection and Integrated Family Services State-wide Agreement (Shell Agreement);
- The Strategic Framework for Family Services 2007;
- The CSO's own policy, practice and procedure guidelines;

- The Best Interests and Decision-making Principles (as outlined above).

Family Services programs at the participating CSOs

The Family Services programs at both participating CSOs consist of one or more team leaders overseeing small teams of workers (depending on the size of the CSO relative to the population being serviced) with a manager overseeing the program itself. Family Services workers were usually allocated a maximum of 10 cases, with some casework leeway given for workers who are undertaking additional family support activities and groups such as men's behavioural change, youth mentoring, parenting classes and the like. However, the majority of workers at the two participating CSOs were at the time of data collection managing full caseloads. Workers would generally meet face-to-face with individual families between once a week and once a fortnight. If that were not possible, they would attempt regular telephone contact. Workers also engaged with other specialist service providers, organisations and interested parties such as medical practitioners, psychologists, schools, kindergartens, extended family members, law enforcement agencies and various other governmental departments. The length of time cases were managed was influenced by many factors and ranged from a few weeks to more than two years. Influencing factors included whether the family had met all of the goals they had set themselves, the level of engagement, the presence of complicating factors such as substance abuse, mental and physical illness or rapidly changing circumstances such as criminal behaviour, family breakdown, Child Protection involvement.

On the whole, workers practiced standardised therapeutic models of case management including strengths based and family focused approaches. As with Child FIRST, the Best Interests Framework was the primary assessment tool and guided the decision-making process. In regard to decision-making more generally, Family Services workers at both agencies met regularly for supervision with team leaders and also worked directly with Child Protection workers if Child Protection were also case managing, or became involved with, the family. An examination of the decision-making process (particularly as it pertains to risk and risk assessment) will be undertaken in the results and discussion chapters.

4.6. Summary of Chapter

The current Victorian Child Protection and Integrated Family Services program represents a complex and wide-ranging attempt to address the concerns of the government, the non-government sector, communities and the general public regarding child welfare in the state of Victoria. In designing a program with a focus on early intervention, rather than protection, the model represents a significant shift in how child welfare is conceptualised and addressed.

Given the many cautions in the literature concerning the public/non-profit social service partnership model, and the gaps in the knowledge regarding the role of risk within such partnerships, the Victorian Child Protection and Integrated Family Services partnership provided an appropriate model from which an examination of such issues could be undertaken. The features of this partnership that really determined its utility for the current study included the notions that:

- Both the government and the non-government partner are responsible for managing separate programs within the same partnership. This ensured that decision-making by the CSO could be mapped, and client case outcomes tracked, that are reflective of non-government decision making. The influence or otherwise of the government partner on such decision making could then be explored from this base;
- The partnership is relatively under researched and has retained much of the structure, policy context and programs that it had when first implemented. This contributed to the ability of the study to investigate if, and how, conceptualisations of risk had changed over time and how such changes may have impacted on service delivery and practice;
- As the partnership was implemented at the state level, and involves a generalist intake, it represents a large scale, multi-player service delivery model. Findings from this study therefore have a greater capacity to be generalised to a broad range of public/non-profit social service delivery partnerships.

The following chapter will now detail the methodological approach of this study, in order to illustrate how the study design was chosen to investigate the key research questions through an analysis of the Victorian Child Protection and Integrated Family Services partnership at the system, practice and service user levels.

5. Study Design and Methodology

5.0. Introduction

This chapter outlines the study design and methodology and is divided into three sections. The first section outlines the study's parameters, aim and methodology and presents the research questions. In the second section, the study design, the methods utilised and the data analysis approach are detailed. The third section presents the limits and scope of the methodology, a discussion of the ethical issues raised and how these issues were addressed.

5.1. Methodological Framework

As discussed in Chapter 3, critical theory, as well as governmentality and performativity, are central to this research project. The research logic for this study must therefore be one that utilises a qualitative methodology. This allows fundamental goals of exploring experience and enabling the researcher to have an active and 'activist' role to be met. Central to the research logic is the capacity to ascertain how the people working within the CSOs themselves *experience* risk and how this experience affects decision-making *in situ*. Statistical outcomes data or other quantitative measures only reveal certain facts, such as actual decisions made and the outcomes of these decisions. Studies in governmentality would also caution that such facts have been selected and controlled according to prescribed governance *technics* (Inda, 2007). It was accepted, during this planning, that only a qualitative methodology would be able to uncover *how* decisions were made, *why* decisions were made and thus what factors are impacting upon the decision making process (Patton, 2005).

To maximise the validity of the research, an extended intensive case study approach was chosen, using, as a central point of focus, a child protection (government) and child and family services (non-government) partnership located in Victoria, Australia. This case study was undertaken from the perspective of the non-government partner. It is asserted that this approach added significant validity to the research process through enabling a critical and 'real life' examination of the implications for the management of child and family services cases at the client, practitioner, management and CSO organisational levels. The researcher was embedded within two targeted CSOs as a participant observer to the Child FIRST and Family Services referral/allocation process over an extended timeframe of 12 months. Such a timeframe allowed for a range of factors specific to organisational decision making to be observed and documented, and

for a significant depth and complexity to be developed in the process of knowledge building. The rationale for the chosen methodological framework began with the articulation of a clearly defined case design. This will be outlined in the following sub section of this thesis.

5.2. Case Design

The case study method spans many disciplines and is not limited to qualitative, sociological studies. The traditional medical literature abounds with case study research that takes a decidedly quantitative approach to both the collection of data and analysis of the findings (Stark & Torrence, 2004). An oft-quoted definition by Yin (2009) provides a constructive and instructive explanation of the case study methodology:

> An empirical enquiry that investigates a contemporary phenomenon in its real life context when the boundaries between phenomenon and context are not clearly evident and in which multiple sources of evidence are used (p.13).

The case study can therefore, as Corcoran, Walker and Wals, (2004) suggest, explore why a specific event occurred and what may be worthwhile examining in a similar context. Further, as Yin (2009) argues, the case study method is especially useful when attempting to answer *how* and *why* questions, and when the investigator has limited or no control over events. Where the case study method is most powerful is in critically analysing particular practices so that others may learn from and modify their own practices in light of the findings (Corcoran et al., 2004).

Furthermore, as Stewart (2012) proposes, the case study is highly applicable to *governance* research:

> [T]hat is, research approaches where a case is investigated precisely because it is an example or instance of a problem that has emerged, or is emerging from the relevant governance literature (p.68).

Typically, governance research is undertaken in order to identify and understand intra and inter-organisational trends and processes such as administrative proposals and policy implementation and interpretation (Stewart, 2012). Thus the research methodology needs to facilitate the exploration of questions relating to programmatic interpretation, organisational manoeuvrability and problem resolution (Stewart, 2012). As this study explored the possible emergence of issues in risk management and

transfer within the context of government/non-government partnerships, the case study method assisted in furthering these aims.

Criticisms of the case study approach include that it is difficult to objectively critique and validate, is lacking in generalisability and in the scientific rigor usually associated with quantitative research (Corcoran et al., 2004; Stake, 2010; Stewart, 2012; Yin, 2009). These issues can, to a large extent, be addressed through the utilisation of a systemic, procedural approach to the overall study design (Stewart, 2012). As Stewart (2012) suggests, the case study method is essentially *process based*. It is a systematic approach to the ways in which the research questions are refined as the data is collected and interpreted. Such a process is essential if the study is to demonstrate a degree of internal and external validity. For example, Stewart (2012) observes that:

> …where the research aims for more definitive conclusions, the basis for the reliability of the study needs to be specifically addressed, by detailing for the reader the connections between research design, data collection and cross-case analysis (p.72).

This study sought to address the criticisms of the case study method through the development of a clear and focused study design and a strong data collection and analytical framework. Such undertakings enabled an integral validity of the study design and will be detailed in the following sections.

5.3. The case: the Victorian Child Protection and Integrated Family Services partnership

As outlined in Chapter 1, the context within which this study was framed was the government/non-government child and family services partnership that was implemented in 2007 in the state of Victoria, Australia. The Victorian Child Protection and Integrated Family Services program was chosen as the case study. The program effectively met the criteria developed to address the primary objectives of the research itself. These criteria were:

1). *That the government agency within the government/non-government social service partnership was involved in active service provision*.

This ensured that the government investment in the partnership was not limited to financial or legislative interests. The active engagement of the government partner

also allowed for an examination of the interaction between the two partners at the service delivery level.

2). *That there was a partnership where the non-government partner was contracted to deliver a separate program (or programs) within the partnership*.

This criterion facilitated a more targeted investigation of the risk management decision-making processes and responsibilities pertaining to the non-government partner organisation. It also assisted in the analysis of possible divergences in such processes between the two partners.

3). *That there was an adherence to a relatively standardised social service partnership structure*.

The chosen partnership was of a similar structure to, and had similar objectives as, other known and active government/non-government social service partnerships internationally. As such, the case study facilitated findings that are relevant to the broader partnership and risk management literature. A standardised structure was also assessed as encouraging and enabling future comparative analyses of social service partnerships more generally.

4). *That the case study location allowed efficiency expedience in data collection and observation*:

As suggested by Stake, (2010) the limits of the researcher's time and the case site's accessibility needed to be considered for the weekly participant observation method of the research. For this reason, an Australian service partnership was considered to be the most appropriate option as it was closest to the researcher's base.

5.4. Rationale for selection of sites for inclusion in the case study

Aligned with suggestions advanced by Yin (2003), a number of criteria were formulated to maximise the scope and primary objectives of the case study design. Five criteria were selected:

1. Membership of a sub-regional catchment Child and Family Services Alliance;
2. Willingness to engage in independent research;
3. Early and sustained participation in the reform agenda;

4. A demonstrated history of undertaking child and family welfare services as an independent, non-profit organisation prior to the 2005 Reforms;
5. Efficiency and expedience in data collection.

As a result, of the 24 potential sites available, only one CSO met all five requirements and only one other CSO met four. The criteria and results are included as Appendix F.

5.5. Study Design and Research Methods

This study utilised both quantitative and qualitative methods. Quantitative methods involved gathering objective data that included:

- The number of research participants;
- The number of cases tracked;
- Details of histories, presenting features, trajectories and outcomes of cases tracked; and,
- Summaries of case decision-making practices.

Qualitative data collected included:

- The views and opinions of participants regarding particular cases;
- Perspectives of risk management; and,
- Examples of case decision-making and inter/intra agency communication and workings.

The following subsection will detail the participants and procedures used to gather the data, including comments on participant observation techniques, semi-structured interviews and document analysis.

Participants

A total of 27 CSO staff members from the two participating CSOs were involved in this research study. The total number of participants and their titles/roles for each CSO are provided below. In consideration of anonymity, these CSOs will be referred to as CSO1 and CSO2, respectively.

CSO1:

Chief Executive Officer – 1

Manager, Family Services – 1

The CEO and Manager were both interviewed once within the first three months of the data collection period. These interviews took place in the staff members' offices at the CSO head office. Each interview took between one and one and a half hours. Details regarding the procedure and scope of the interviews are provided below in a later sub section.

Child FIRST Team Leader – 1

There was only one Child FIRST team leader employed at this CSO at the time of data collection. This Child FIRST team leader was not interviewed, but was present at 48 of the 52 Child FIRST team referral meetings that the researcher attended as a participant observer. Details of this method of data collection are also specified in a later sub section.

Child FIRST Team Member – 5

These five Child FIRST team members represent the total number of participants who were present at the 52 team referral meetings recorded during the data collection period. No single team member attended all 52 meetings. However, there were never less than three team members (including the team leader) present at any one meeting. The maximum number of attendees at any one meeting was four, not including the researcher. One team member only attended two meetings.

Family Services Worker - 4

The four Family Services workers represented the total number of workers employed at this CSO during the data collection period. All four workers were interviewed a total of four times at three monthly intervals. These interviews took place in meeting rooms booked for the purpose at the CSO head office. Each interview took between one and one and a half hours. Details regarding the procedure and scope of these interviews are likewise provided in the relevant sub section.

CSO2

Chief Executive Officer - 1

Manager, Family Services – 1

As with the interviews with the other CEO and Manager, both of these senior staff members were interviewed once. Both interviews took place within the first three months of the data collection period. These interviews were conducted in the staff member's offices at the CSO head office. Each interview took between one and one and a half hours. Details regarding the procedure and scope of the interviews are provided below in a later sub section.

Child FIRST Team Leader – 2

These two team leaders were 'shadowed' by the researcher at their place of work (the Child FIRST main office) over two days. The first team leader was shadowed during the first three months of the data collection period. The second team leader was shadowed during the final three months of data collection period. The particulars of this method will be outlined in a subsequent subsection.

Child FIRST Team Member – 7

Not all Child FIRST workers at this CSO were involved in this data collection. It was only those workers who met with the team leaders(s) during the 'shadowing' who are included in this number. The seven individual team members actively participated in the research through allowing the researcher to sit in on their case consultations with the team leaders. Four workers met with the first team leader and three with the second team leader. Three workers met with a team leader more than once during the data collection period. This was to either report back, supply new information or to seek further guidance from the team leader(s).

It must also be noted that a Department of Human Services employee, a Community Based Child Protection Worker (CBCPW), also participated in this study at this particular CSO. The extent of this participation was to consent for the researcher to be present when case consultations between the CSO Child FIRST team leader and the CBCPW occurred. Such consultations occurred a total of four times.

Family Services Worker - 4

At the time of the data collection period, a total of five Family Services workers were employed at this CSO's office. However, one worker was unable to be present for the duration of the data collection period due to being on extended leave. It was decided that, for data consistency, only the remaining four workers would be interviewed. These Family Services workers were all interviewed a total of four times at three monthly intervals. These interviews took place in meeting rooms booked for the purpose at the

CSO office. Each interview took between one and one and a half hours. Specifics regarding the procedure and scope of the interviews are detailed in the following subsections.

Procedure

All interviews, case referral meetings and case consultations were audiotaped and then transcribed verbatim by the researcher. The researcher also took handwritten notes. The use of handwritten notes served two purposes: firstly, as the study's three research questions revolved around how risk is conceptualised and managed at the participating CSOs, handwritten notes enabled the researcher to identify and record instances where decisions regarding risk were made. Secondly, these notes also allowed the researcher to create and record client codes and the names of individual participants who were speaking in team meetings. Importantly, note taking allowed the researcher to record the 'unspokens,' such as body language and other non-verbal interactions (Becker & Greer, 1957).

Child FIRST case allocation and referral meetings and Child FIRST case consultations

For the weekly case referral meetings, each meeting was audiotaped and transcribed in full and allocated a Word document folder for that week's date. The cases discussed during each week were added to a separate Word document and full names and codes were added in numerical order. The final stage in this process was the creation of an Excel spread sheet that listed each code in numerical order. Any references made about a code were added to this spread sheet under the allocated code. In this way, all references to a particular case were recorded. These were then cross-referenced within this spread sheet to the weekly case meeting transcripts where this code appeared. In this way, case trajectories and outcomes could be tracked throughout the data collection process. A similar system was employed for the other participating CSO. Individual case consultation transcripts were allocated a folder based on the date of the Child FIRST 'shadowing.' Another Word document was created to record the names of cases and their corresponding code. An Excel spread sheet was then created based on the identifying codes and these were cross-referenced with the transcripts.

The Child FIRST case allocation and referral team meetings were generally of between one and two hours in duration, while the Child FIRST case consultation meetings were generally between twenty to thirty minutes per individual consultation. The total hours

involved in data collection for this method was 87 hours.

Interviews with CSO executives and managers

A one off, in-depth, semi-structured interview was conducted with the two CEOs and two Managers at each of the participating CSOs. The objective of these interviews was to clarify issues from the perspective of the management and executive level regarding the partnership, conceptualisations of risk and the impacts of such conceptualisations on the organisation, staff and service users. These interviews were recorded with the permission of the interviewees and the researcher took hand written notes. All recordings from the interviews were transcribed into a Word document and the hand written notes were also incorporated into the transcripts. The interview questions for this method of the research are attached to this document as Appendix B. The questions directed the focus of the interviews and facilitated discussions relevant to the main research questions.

For the Family Services worker case tracking interviews, the same recording procedure was used as that undertaken with CSO senior management. At CSO1, the same coding system for recording client cases was used as that undertaken for the case referral meetings and consultations. In this method, as described above, each client's full name was allocated a code and these codes were recorded in an Excel spread sheet for cross-referencing with other data sets. This system afforded the researcher with the ability to note and record where individual cases appeared as Child FIRST referrals (and re-referrals) and as Family Services clients. In this way, the researcher could track where and when cases moved in and out of the non-government service system.

At CSO2, senior management made the decision that Family Services workers would not identify clients by their full names, but would use first name and surname initials. Where two sets of initials were the same, the Family Services worker would choose the next letter in the client's surname to create an individual identifier. As with the first CSO, this system facilitated the ability for individual cases to be tracked as they entered and re-entered the CSO service. The Family Services interviewees were all asked the same set of questions as the participating Family Services workers at CSO1 and the method for recording responses was identical for CSO1 and CSO2. The questions are provided at Appendix A. Questions on factual matters, such as presenting issues, service history, length of time in Family Services and reasons for closing were asked. This information

was then transcribed into a Word document under each individual Family Services worker's name. The factual information for each case (coded and de-identified) was then placed in a table. An example of one of these tables is presented below:

Client Code	New to Family Services and DHS	New to Family Services with DHS History	Family Services re-referral within 12 months	Family Services re-referral over 12 months	DHS History	Closed in previous 3 months	Re-opened after previous close
Worker M: Interviewed November 2011. Time fraction - .8. Number of clients - 6							
CODE 99							
CODE 122							
CODE 139							
CODE 133							
CODE 135							
CODE 115							

TABLE 2: EXAMPLE OF FAMILY SERVICES QUARTERLY INTERVIEWS TABLE

At each subsequent interview, factual data relating to each interviewee's current caseload was added to this table until all four quarterly interviews had been undertaken. The interviewee was asked, at each interview, for information specific to both current and previously recorded cases. In this way, the researcher amassed several forms of quantifiable data. This information included:

- Total number of cases for this worker during the 12-month data collection period;
- Case entry, exit and re-entry points;
- Assessed risk level of each case and any changes to the assessed risk level over time;
- Levels of engagement by the client with Family Services;
- Client involvement with the non-government agency;
- Family Services worker involvement with the government agency.

These interviews also facilitated data collection on how Family Services workers' experienced client case management over the data collection period. Interviewees commented on client risk and engagement, organisational processes, the methods they utilised to work with high risk and high demand and their relationship with the government partner. This information was then compared and contrasted with the three other Family Services worker interview data from that CSO and against the other four Family Services worker interviews from the other participating CSO. The particulars of how these and the other data sets described in this section were analysed will now be outlined. The aim of this section is to clarify the analytical process and procedure utilised for this study.

5.6. Analysis of the data

Thematic Analysis

The data collected was analysed using thematic analysis, with data from transcriptions from participant observation, interviews (including case tracking interviews) and relevant documents scrutinized for consistently appearing themes. Thematic analysis entails identifying and classifying patterns, subsequently organising these patterns into sub-themes or codes, which can be used to identify and codify themes at both the observer and latent levels (Aronson, 1994; Boyatzis, 1998). A useful definition comes from Fereday and Muir-Cochrane (2006) who state:

> It is a form of pattern recognition within the data, where emerging themes become categories for analysis (p. 82).

Boyatzis (1998) suggests that thematic analysis is not a discrete method such as ethnography or grounded theory, but rather a process used in order to aid understanding. However Braun and Clarke (2006) contend that:

> [It] is often not explicitly claimed as the method of analysis, when, in actuality, we argue that a lot of analysis is essentially thematic - but is either claimed as something else (such as discourse analysis, or even content analysis) (p. 7).

So while thematic analysis does not appear to be as widespread in the literature as other data analysis methods, it may be that this perception is based more on poor branding - or a lack of overt explication in research studies that use it but fail to name it – rather than its worth as a method of qualitative data analysis (Braun & Clarke, 2006).

As with other qualitative methods, such as the use of case studies, care must be taken to ensure validity when utilising thematic analysis. Such 'rigor' is achieved through corroborating the clustered themes against initial codes and data analysis, which assists in the counteraction of possible subjective expectations of the researcher (Fereday & Muir-Cochrane, 2006). Thematic analysis also allows for considerable flexibility, as it enables a more constructionalist, interpretivist approach rather than a 'realist' grounded theory methodology. As it is less prescriptive and procedure-driven, thematic analysis can also be adapted to suit the needs of the researcher (King, 2004). However, such flexibility can be seen as a potential liability: as with all qualitative, subjective approaches to research, it can lack the 'testability' of more prescriptive quantitative methods for interpreting data (Braun & Clarke, 2006). Furthermore, unlike other qualitative analytical methods, thematic analysis lacks a systemised and prescribed 'how to' process, which can leave it open to the claims of ambiguity and bias (Braun & Clarke, 2006).

Importantly, Braun and Clarke (2006) outline the main criticisms and potential shortfalls of the thematic analysis approach as not being inherent in the method itself, but rather in how it is employed. Thus researchers are urged to avoid the following pitfalls:

- Not acknowledging the active participation by the researcher in the process through use of generalised and passive terms such as 'themes emerged from the data';
- Confusing what counts as a theme and the importance (and use of) prevalence;
- Ineffective, unpersuasive or illegitimate analysis, such as where answers to interview questions are coded as themes, themes overlap or lack consistency or where the data contradicts claims being made.

In order for this study to retain both internal and external validity and rigour, the potential pitfalls that can arise when undertaking thematic analysis as outlined by Braun and Clarke (2006) were addressed in the following manner:

1). *Not acknowledging the active participation by the researcher in the process through use of generalised and passive terms such as 'themes emerged from the data'*.

The active role of the researcher in searching for and interpreting themes is openly acknowledged throughout the study and furthermore, as a central tenet of the

overarching theoretical constructs, this participation drives the study itself. As such, the role of power, the implications of risk management and risk transfer, determinants of decision-making and the role of the CSO provided the basis from which themes were drawn from the data.

2). *Confusing what counts as a theme and the importance (and use of) prevalence*.

The coding for themes in this study was based on a triangulation of the four data sets, namely data collected from the one-off interviews with CSO management; the case tracking interviews with Family Services staff; the participation of the researcher as an observer at weekly Child FIRST case referral meetings; and the document analysis. As such, the data included both qualitative and quantitative data with which to 'cross check' consistent themes against the main research questions and the overarching theoretical framework. Given the relatively small participant pool, saturation was not achieved (Mason, 2010). However, as Braun and Clarke (2006) advise,

> … the 'keyness" of a theme is not necessarily dependent on quantifiable measures – but in terms of whether it captures something important in relation to the overall research question (p.10).

For this study, the notion of *capturing something important* guided the thematic identification process. Indeed, one crucial subtheme was identified due to the researcher noticing conflicting accounts between three interviewees regarding a particular case management decision-making process. No other interviewees mentioned this process, so there was no 'consistency' within this data set. When this interview data was examined against the other quantitative data sets, it became apparent that the conflicting accounts had a direct impact on client outcomes. As such, the inclusion of this information as a sub-theme was not predicated on prevalence, but relevance and importance.

3). *Ineffective, unpersuasive or illegitimate analysis, such as where answers to interview questions are coded as themes, themes overlap or lack consistency or where the data contradicts claims being made*.

While this study openly acknowledges the active role of the researcher in interpreting the data, the use of the multiple case study and the triangulation of the data achieved through the data collection methods ensured that analysis took place within defined parameters and were limited to themes that were consistent across all methods. As

mentioned above, where there were contradictions between individual worker perspectives and the quantitative data, these contradictions were not only openly acknowledged, but the contradictions themselves provided sub-themes for exploration and explication.

The application of thematic analysis for this study

Braun and Clarke (2006) offer a template for the application of the thematic analysis process based on a set of phased steps. Braun and Clarke's guidelines were adopted for this study and these are described below.

Stage 1. *Familiarisation with the data*

Familiarisation with the data occurred through the repeated transcription of the raw data. This involved actively engaging in the initial semi-structured interviews and the weekly case allocation meetings; listening to these conversations on the Dictaphone during the transcription of these conversations to electronic format; reading and re-reading the transcripts during the analytic process itself.

Stage 2. *Generating initial codes*

With this process, the researcher clusters the transcribed data into codes based on the study's key areas of inquiry. For this study, this involved the creation of three broad clusters – conceptualisations of risk, risk management and decision-making – which were colour coded. Data that informed these clusters was highlighted using the coloured coding appropriate to the cluster it most aligned with. A total of five separate colour 'sub' codes were identified and recorded. These will be outlined at Stage 5.

Stage 3. *Searching for themes*

Links between the clusters and between the raw data set more broadly were then further investigated and examined for emergent themes. Identified themes were then analysed against the data set more broadly in order to test the strength of the themes against the objectives of the study and against each other.

Stage 4. *Reviewing themes*

This process involved reviewing the raw data and cross referencing between the identified themes, and looking for inconsistencies, similarities and correlations between

the coded themes and the study's stated objectives in keeping with methodological and theoretical principles.

Stage 5. *Defining and naming themes*

Braun and Clarke (2006) suggest that the labelling of each theme can assist the researcher in avoiding fitting the data into pre-developed themes. Aligned with this view, the researcher only named each theme once the thematic colour coding 'clustering' had been finalized. The final groupings were then separated and labelled according to the underlying identified theme. These themes were:

- Power and control in the purchaser provider partnership
- Risk shifting
- Determinants of decision-making
- Role of the CSO
- Spiralling and churning (case trajectories and outcomes).

Where this colour coding occurred in the interview and case referral/consultation transcripts, these sections of text were copied and pasted into a separate Word document under the appropriate theme. Once this was achieved, each of these five documents was then analysed to identify repeating ideas. As such, Braun and Clarke's (2006) format was repeated, in full, in two separate stages.

Stage 6. *Producing the report*

Though a necessary process of the study itself, the act of writing the thesis enabled for the further review and analysis of the identified themes and of how these themes reflected the overall objectives of the study. Patterns were identified and further refined and the text analysed to ensure the data represented the meanings described by the participants of the interviews and those involved in the participant observation method. This process also necessitated constant referral to the known literature and to emergent literature via electronic and other searches.

As the research proposal herein outlined utilised a qualitative, constructionalist approach, underpinned by critical theory, Thematic Analysis enabled data to be analysed in a way that respected the subjective experience of the participants and also the overall aims and objectives of the study.

Data Validity

According to Yin, (2009) four tests have come to be accepted as providing critical evaluation tools to test the quality of empirical research designs, including case studies. These tests are:

- *Construct validity*: identifying correct operational measures for the concepts being studied;
- *Internal validity*: (for explanatory or casual studies only and not for descriptive or exploratory studies): seeking to establish a causal relationship, where certain conditions are believed to lead to other conditions, as distinguished from spurious relationships;
- *External validity*: defining the domain to which a study's findings can be generalized;
- *Reliability*: demonstrating that the operations of a study – such as the data collection procedures – can be repeated, with the same results (Yin, 2003, p. 40).

Following Yin (2003), the case study design for this study established data validity through multiple source data collection, which enabled data triangulation to occur at three levels: in data collection, data analysis and research design. These are summarised below.

Construct Validity:

Multiple sources of evidence were utilised in order to collect the data. These methods were:

- Individual interviews and follow-up interviews;
- Participant observation;
- Document analysis.

Internal Validity:

As Yin (2009) notes, internal validity is only a concern where the case study design seeks to make inferences not based on observations. Thematic analysis necessarily results in inferences being made by the researcher. Given the critical theory approach also utilised in this study (where researchers are cautioned to remain mindful that they

are not passive observers in the research process), internal validity was achieved through evidence presented directly in interviews with CSO executives and managers and in quarterly follow up interviews with practitioners. Statistical data obtained through longer-term case trajectory and outcome tracking and through analysing documents against observations and interview data also assisted internal validity.

External Validity

The case study method assisted this study to achieve external validity. By utilising two study sites operating within the same legislated, contractual government/non-government partnership, the findings could be generalised within that service system and also to the broader government/non-government social services partnerships domain.

Reliability

A key test of reliability – being able to replicate results – in case study research can be challenging, given the possibility of change across multiple fields. These include, internal-to-agency areas such as in staffing, programs and procedures and also in system level areas such as policies, governments, and funding structures. Reliability can also be difficult to design for when using qualitative instruments such as thematic analysis and participant observation, as the researcher is actively involved in the data collection and analysis. As such, Yin (2009) advises case study researchers to increase data reliability through instruments such as documenting of procedures. This can entail the creation of a protocol and a database. Both of these tools can increase the likelihood that the same results will eventuate “in principle” (Yin, 2009, p. 45) if the same procedures are applied. For this study, an electronic database was developed that contained:

- All interview transcripts with cross-referenced data storage files;
- All participant observation transcripts (also with cross referenced data storage files).

This database can therefore be utilised to examine data reliability in relation to individual participants and to the case study sites. The data analysis process can also be monitored via linking this documentation to the research questions and thematic-specific documentation. For this study, the protocol included a methodology that enabled

triangulation of the data across several, interconnected data collection methods, as outlined above.

5.7. Data Collection Methods

Participant Observation

A critical method of the research process was for the researcher to undertake participant observation at the two participating CSOs. As outlined in Chapter 3, the few empirical research projects undertaken into risk management in community services generally rely on gathering and analysing information based on the recollections, reflections, perceptions and opinions of service users and staff working in both government and non-government roles in community services. This suggests that the participant observer and long-term tracking of case approaches have largely been ignored. As also detailed in chapter 3, empirical research into risk management in community services, particularly in relation to government/non-profit partnerships, is scant, and relies primarily on interview, survey and focus group data. Relying primarily on such data has several limitations, such as:

- Individual staff members may recall different events in diverse ways, depending on their perspective (Becker & Greer, 1957);
- There is no way of knowing if the staff member is accurately portraying their perceptions of an event (Becker & Greer, 1957);
- There is a difference between what people report they have done and what they actually have done (Deutscher, 1973 as cited in Hammersley, 2005).

Becker and Greer (1957) contend that as people can recollect events through “distorted lenses” (p. 31) it is imperative that, where possible, the two approaches of participant observation and interviews are combined in order to provide a “completeness of data” (Becker and Greer, 1957, p. 32). Utilizing the participant observer approach therefore greatly assisted in achieving triangulation of data and significantly strengthened the study itself. The participant observer approach also enabled the researcher to observe group dynamics, hierarchies and team strategies (Morrow, Malin & Jennings, 2005). It also allowed the researcher to track process rather than to document stated intent (Hammersley, 2005). Finally, the participant observer method can reveal the ‘unspokens,’ which are those events or issues that may be either so familiar or so

foreign that it is difficult to put them into words (Becker & Greer, 1957). There may also be issues and events that remain unspoken because they are too confronting or the fear of reprisals is too great.

As the stated goal of this study was to reveal and critique structural inequities and power plays, such 'unspokens' needed to be explicitly illuminated. The participant observer approach therefore permitted the researcher to observe events as they happened and to learn the language (in this case, the workplace patois) that would not and could not occur through interview alone (Becker & Greer, 1957).

Overview of the Participant Observation method at the weekly Child FIRST referral meetings

The researcher attended weekly case allocation and referral meetings at the CSO's main Child FIRST office. A total of 52 meetings were attended over a 13-month period. It was decided that the initially proposed 12 month period be extended by four weeks as three meetings were missed during the first 12 months due to illness and scheduling issues. In this way, a full 52 weeks of cases were successfully tracked within a 13-month timeframe. The Child FIRST team leader generally chaired the weekly meetings. When the team leader could not attend, one of the senior Child FIRST team members would assume this role. Throughout the 13-month data collection period, this Child FIRST team consisted of the same team leader and core group of Child FIRST workers. The total number of workers observed and recorded during the data collection period was five. To distinguish these workers from Family Services workers, these five Child FIRST workers were given an identifying letter preceded by the signifier 'CF.' They are therefore referred to as "CF Worker [letter]" throughout the thesis.

Description of the Participant Observation method at the weekly Child FIRST case allocation and referral meetings

The Child FIRST team would gather at a set time around a large, round table in the main Child FIRST office. The researcher sat at the table with the team. The meetings generally began with the team leader going through a list of new referrals the Child FIRST office had received during the preceding week. The first referrals discussed were those received from the government agency. Each new referral would be named using the full first name and surname of the person being referred. This person was either the parent or guardian of a child or children. The researcher recorded these names in a

notebook and used the acronym ‘DHS’ to signify that the referral was from the government agency. Each client name was then allocated an individual code from 001 as each new case was introduced. The team would then discuss each new case and make preliminary decisions regarding allocation and/or referral.

It must be noted at this point that the use of full names of clients was crucial for the tracking of cases in and out of the Child FIRST and Family Services system at this CSO. Only four names of the over 400 cases tracked utilising this method had similar first and second names (one person’s name being the same as another persons). When these two sets (a total of four cases) were identified, different spellings of these names allowed these cases to be distinguished from one another and for individual codes to be applied.

Once the new government partner agency referrals had been discussed, new community referrals were then listed and discussed on a case-by-case basis. With the community referrals, the source of the referrer was indicated, but not always named. For example, phrases such as, ‘the kindergarten’ or ‘the next door neighbour’ or ‘the maternal grandmother’ might be used. The researcher recorded these referrer details utilising the methods outlined in the previous section. Individual referrer’s names were not recorded. The researcher’s procedure for recording, identifying and coding these community cases was the same as for the government agency referrals.

When all new referrals had been discussed and referral/allocation decision-making undertaken, the team leader (or replacement Chair if the team leader was not present) would then go through all cases currently being managed by Child FIRST. These cases included those being jointly managed by both Child FIRST and the government agency. The discussion of each case would be led by whichever Child FIRST team worker was currently managing the case. Advice would sometimes be sought from the team regarding existing or anticipated issues. Possible options were also canvassed. At the conclusion of each individual case discussion, the team leader/Chair would voice an opinion on how the case would proceed from this point forward. Frequently, this action would prompt further discussion amongst the team regarding alternative options.

The role of the researcher in the participant observation method

It was decided during the development of the data collection methodology for this study that the researcher would use the term *participant observation*, rather than the more

passive *observer*, to describe this particular data collection method. This is because it was envisaged that the duration of the data collection period, coupled with the duration of each case referral meeting (between one and two hours per meeting) might encourage interaction between the researcher and the Child FIRST team participants. Anticipating such interaction was considered important for several reasons. Firstly, it was assessed that the sensitive nature of the information being discussed, along with the awareness of the team that their decision-making would be analysed, might promote guarded responses and/or an uncomfortable atmosphere (Zahle, 2012). By permitting the researcher to engage with the team, it was anticipated that the participant observation method might assist in reducing some of these possible barriers.

Despite not taking an active role in the decision-making process, it is not unreasonable to suggest that the presence of the researcher had the capacity to influence decision outcomes. Workers were made aware of the objectives of the research project, and thus may have had personal reasons for influencing the project findings. The researcher also may have contributed implicitly to the decision-making process through seeking clarification, overtly or inadvertently displaying empathy or disapproval during discussions, and generally through their role as a student observer (Hammersley, 2005; Morrow et al., 2005).

Description of the Participant Observation method at the Child FIRST case allocation and referral consultations.

As previously discussed, only one of the participating CSOs utilised a weekly team group meeting to discuss case referrals and allocations. At the other CSO, decisions regarding referred and current cases were made using a consultative approach between the team leader and individual Child FIRST workers.

The researcher attended two full days at the participating CSO ‘shadowing’ two different Child FIRST team leaders while they consulted with staff. For this research study, the researcher was not a silent, passive observer. The ‘shadowing’ technique utilised by the research included interacting with the ‘shadowee’ through asking questions and discussing decision-making, risk management and other organisational/procedural practices (McDonald, Postle, & Dawson, 2008). These discussions were not audio recorded, but the researcher took notes in long hand. Consultations between the Child First team leader(s) and Child First workers were audio recorded and notes were also

taken in long hand by the researcher. Each case was identified as either being a new or existing case and the referrer was likewise identified as being either from the government partner agency or from a community member. The same method for identifying, coding and recording the data was undertaken as per the other CSO. As part of this two day 'shadowing' exercise, the researcher was also able to participate in case consultations the Child FIRST team leaders had with that Child FIRST catchment's Community Based Child Protection Worker. A total of four such consultations were took place. As these consultations occurred as part of other, ongoing consultations between case managers and the team leader, the consultations with the CBCPW were not recorded or stored separately.

In-depth Semi-structured Interviews

In developing an understanding of how risk is conceptualised within non-government 'partner' organisations and how such conceptualisations might be impacting upon service delivery and service user outcomes, it was important to consider how CSO staff, including those at the management and executive levels, themselves reflect upon these issues. The qualitative interview method was chosen to elicit this information as this method best serviced the overall objectives of the study, including the expository stance of the underpinning theoretical paradigms. According to Kvale and Brinkmann (2009), the qualitative interview allows the formation of an understanding of how a particular person perceives his or her own lived experience. Meaning is thus interpreted from a subjective perspective with the aim of gaining insight into a situation through the opinions and views of the subjects themselves.

Case tracking utilising in-depth, semi-structured interviews over an extended timeframe

Another critical method to the collection of data for this study was in tracking cases that have been allocated to Family Services within the participating CSOs. As outlined in Chapter 2, the stated purpose of Family Services is to:

- Provide an entry point into an integrated Family Services Alliance network within geographical catchment areas;
- Receive reports and make assessments and referrals; and
- Provide on-going case management and support to families (*CY&F Act, 2005*).

Part of the Family Services worker role is to case-manage a prescribed amount of cases (usually to a maximum of 10) that have been assessed as being in need of longer-term support (*Strategic Framework for Family Services, 2007*). Tracking such cases over an extended timeframe of at least 12 months assisted in clarifying the relationship between decision-making and case outcomes and facilitated the mapping of incidences of 're-referral.' A re-referred case re-enters the Family Services system after having left it at an earlier time. The presence of re-referrals may indicate systemic issues at the agency, inter-agency and/or governmental level.

In terms of this element, a total of 85 cases were tracked over the 12 months at both locations in order to map outcomes. Cases were selected on the basis of each Family Services staff member's current allocated caseload at the time of the first interview. At both CSOs, each worker is responsible for a maximum of 10 cases at any one time. With four Family Services staff members at one CSO and four at the other, 85 cases per agency represents all cases allocated to Family Services at each targeted agency office for the duration of data collection for this project.

Tracking involved discussion on cases (coded and de-identified) to review the decisions made and the rationales for these decisions as they related to active holding, case allocation, referral or entry into the statutory system. Specifically, the analysis involved an examination of decision-making practices and workers' views on risk at the individual, organisational and systemic levels. In-depth, semi-structured individual interviews were conducted at three, six, nine and 12-month intervals to allow for a tracking of decision-making processes as they related to individual de-identified cases outcomes. Follow up qualitative interviews such as the case tracking interviews described above can assist not only in tracking case outcomes over time, but can also in identifying and understanding how change can impact upon, and is interpreted by, the people interviewed (Hermanowicz, 2013). The qualitative interviews with Family Services practitioners, repeated at three month intervals throughout the 12 month data collection period, provided information across a multiple data range, incorporating:

- Long-term case outcomes and trajectories;
- Case management decision-making practice;

- Practitioner reflections and observations on personal practice, the workplace, the organisation and systemic issues associated with managing risk.

Document Analysis

According to Bowen (2009), document analysis involves a systematic review and evaluation of printed and electronic documents “that have been recorded without a researcher’s intervention” (p. 27). As such, they are especially useful when coupled with observation and interviews to increase credibility and achieve triangulation of data. Within the qualitative methodological framework, meaning is extracted and understanding acquired through the interpretation of the documents that were analysed. The documents themselves provide a rich source of information regarding context, background information and relevant historical data and can also help track the development of ideas and processes (Bowen, 2009). The usefulness of document analysis must be weighed against possible limitations, which include the legitimacy and purpose of the documents, the context within which they were produced and possible bias in the selection or availability of documents (Patton, 2002; Yin, 2003).

An analysis of documents relating to the allocation of Family Services cases was undertaken as part of the data collection process. These documents included:

- Government policy and program papers;
- Records of organisational policy for Family Services planning, case allocation and service delivery;
- Program documentation and manuals for Family Services planning, case allocation and service delivery;
- Data on program delivery, including actioned cases, active holding, no action cases and re-presentations.

The governmental documents were chosen based on their influence on, and pertinence to, the formulation and activation of the policy that informed the Act from which the case study was derived. Record and program documentation was included as these instruments either direct and/or are used to inform case management decision-making. Data on program delivery was utilised as these acted as a method for comparing and crosschecking on actual decisions made by workers during the data collection process.

The chosen documents were analysed utilizing the critical theory approach in order to elicit and understand underlying power plays and agendas (Carr, 2000; Kincheloe & McLaren, 2002). Also, as consistent with the process of the Thematic Analysis approach outlined, documents were examined for underlying themes, which were then compared and contrasted with the themes identified in the other methods of data collection outlined in this chapter.

5.8. Summary of Methodological Approach and Study Design

The methodological framework and study design for this study is presented diagrammatically in Figure 1 to demonstrate the various methodological tiers and how each interconnects and supports each other. This framework facilitated the overall objectives of the study and is presented in this way to illustrate how the chosen methodology allowed a multi-levelled analysis of the data.

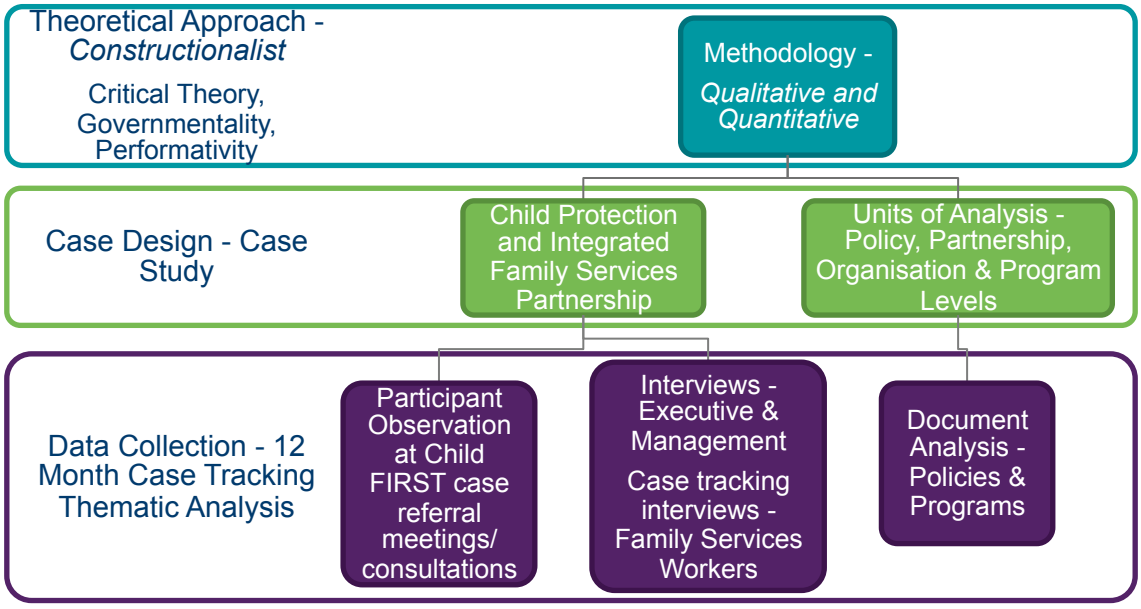


FIGURE 1: METHODOLOGICAL APPROACH AND STUDY DESIGN

Levels of Analysis

The methodological framework and study design for this study facilitated an examination of risk and risk management within a government/non-government service delivery partnership at three discrete yet interconnected levels of analysis. These levels of

analysis were informed by the three, key research questions. The explorations facilitated (Figure 2) were:

At the system level

How are socio-political constructions of risk impacting on how risk is constructed and managed at the system level?

At the service level

How is the construction and management of risk within the partnership impacting on the non-government partner as an organisation and on practice?

At the service use level

What were the key effects on service use of risk constructions and management within the partnership and at the CSO?

These three levels of analysis are depicted below as Figure 2.

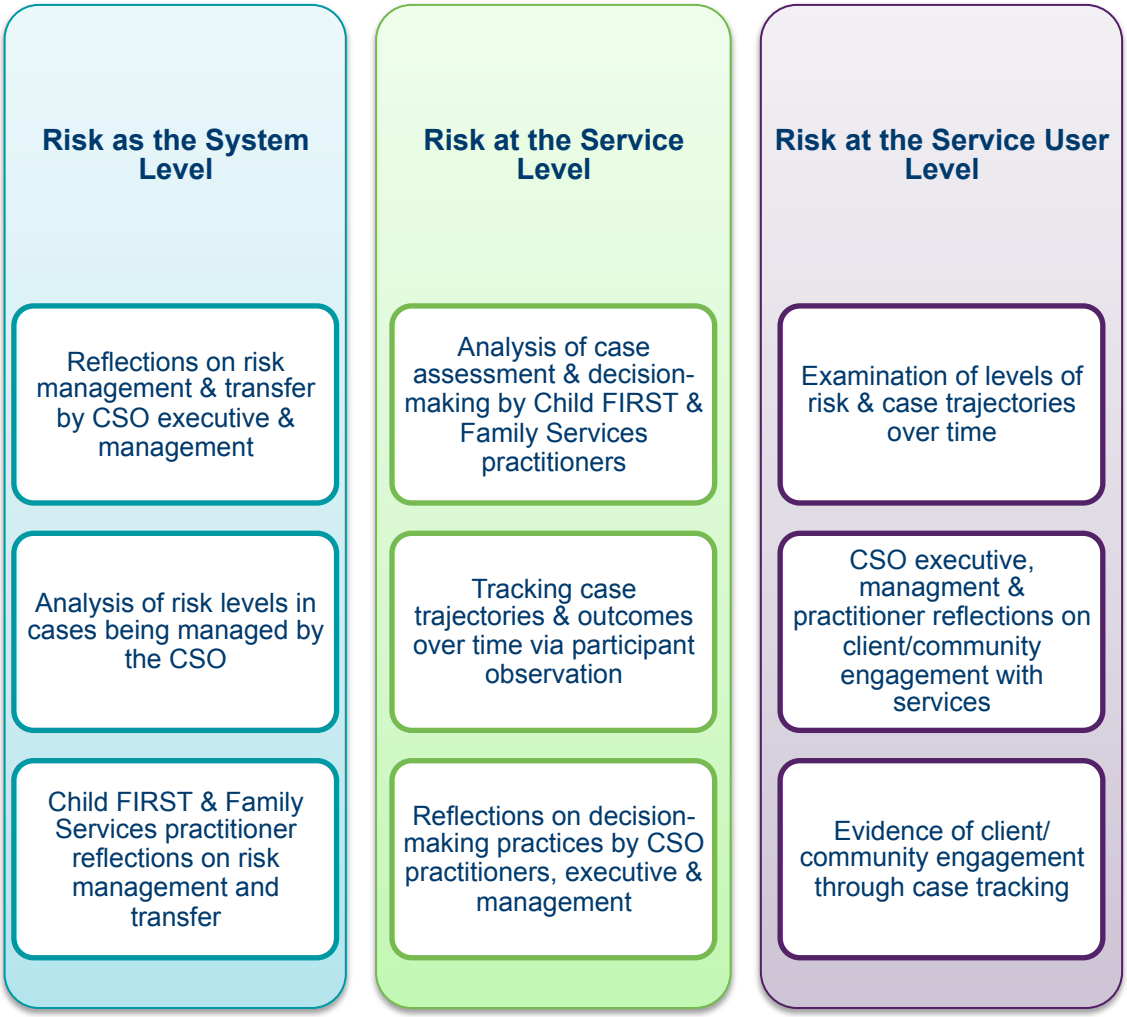


FIGURE 2: METHODOLOGICAL APPROACH, STUDY DESIGN AND LEVELS OF ANALYSIS

5.9. Methodological Shortfalls

Timeframe Constraints

A constraint of this study was the limited timeframe applied in the undertaking of case tracking data. The 12-month period enabled key findings to be developed regarding case trajectories and outcomes, as well as decision-making drivers and processes in case allocation and management. However, a longer time period of between five and 10 years would have yielded an improved mapping process. Nevertheless, as this study was undertaken as a PhD thesis, a timely completion of the thesis required that data collection be confined to a maximum of 13 months. Another timeframe limitation of this study is that the models, procedures, processes and legislative context outlined only pertain to the time of writing and may have undergone significant changes between the data collection period, the time of writing and the time of thesis examination. As the data collection timeframe has expired, the researcher no longer has ready access to the participating CSOs documentation or staff. This may result in understandable discrepancies between the current and future CSO practice models and those examined during data collection.

Anonymity Constraints

A challenge in protecting the identities of both the participating CSOs and CSO staff members was the small number of Child FIRST catchments, coupled with a relatively small number of staff employed in the Child FIRST and Family Services programs. The closely connected and generally collaborative nature of the Victorian child and family welfare sector was also identified as contributing to difficulties in assuring participant anonymity. To address these concerns, the participating CSOs were not labelled with any identifiers beyond the use of the terms ‘regional’ and ‘urban.’ Data provided in interviews and through participant observation were also not distinguished as having occurred at either the urban or regional CSO. Likewise, CSO staff were given gender neutral, de-identified, generic labels and any references to localities or individuals were either de-identified or not identified in quotes and case studies. An additional consideration was that both participating CSOs employed one CEO and one Family Services manager each. This meant that assigning an individual label or code to executive and management quotes might have further compromised the anonymity of these staff members. As such, direct quotes and indirect observations from CEOs and managers were only distinguished as either ‘CEO’ or as ‘Manager’ in order to protect the

identities of individual executive and management staff. Such constraints may have compromised the extent to which validity could be maximised. However, triangulation of the qualitative data, as well as quantitative statistical data on case trajectories and outcomes, minimised the effect of this limitation.

5.10. Ethical Considerations

Ethics Approval

Ethics approval involved the following process:

The research was approved by these agencies at the Board and/or CEO Level. Ethics approval was also sought and granted through Federation University Australia Human Research Ethics Committee. The HREC Ethics Approval is attached as Appendix C.

Anonymity of Participants – CSO staff

As indicated above, participant anonymity was integral to the original research design and mechanisms were utilised throughout the data collection process with this objective in mind. These mechanisms were:

- Both participating CSOs were never labelled with individual identifiers so that neither organisation can be identified;
- Interview transcripts from interviews with CSO executive, management and staff were not labelled with individual identifiers, which means no specific individual can be identified;
- Where direct participant quotes were utilised, identifiers were removed and replaced by a code;
- In case notes and recordings from case tracking interviews and from case referral meetings and consultations where service users were identified, service user names and/or initials have been de-identified and replaced with a code;
- Where service user cases studies are utilised or CSO participants refer to service users in direct quotes, pseudonyms have been adopted, based on the de-identified codes.

Informed Consent Processes

Prior to the commencement of the data collection process, an Informed Consent and a Plain Language Statement for the participating agency staff members was provided as they pertain to the individual staff interview and participant observation components of the research (see Appendix D). The researcher also visited each CSO prior to the beginning of the data collection process to provide opportunities for clarification of any issues. All participants gave written consent prior to individual interviews and the weekly case allocation meetings, and were given the option of withdrawing from the data collection process at any stage. It was also made clear that withdrawal from the study at any stage would have no consequences for participants.

A request to waive consent, as per the NHMRC guidelines, for a particular element of the research was submitted within the Ethics Approval process (Appendix C). According to Section 2.3.5 of the National Statement on Ethical Conduct in Human Research, researchers can request that the requirement for consent be waived if HREC is satisfied that a particular set of requirements has been met. In this instance a request was made to waive consent from the families who were discussed in the case allocation meetings and interviews. A rationale was outlined for this request and each requirement addressed in turn. This request was approved along with the HREC Ethics Approval process.

The request to waive consent was made due to the possibility that the Child FIRST case referral meetings and consultations and case tracking interviews with Family Services staff would reveal service user identities. As a crucial component of the study was to track service user case trajectories and outcomes over time, it was expected that services user identifiers would need to be utilised in order to maintain an accurate data set. Obtaining consent from these service users was viewed as being extremely difficult from an administrative/practical, rather than risk, perspective, therefore the researcher requested that the requirement of consent by service users who were being discussed at these case allocation meetings and interviews be waived.

Consent to identify (through the use of actual names or particular codes, such as service user initials) of individual service users was also sought from the CSO organisations themselves and with those CSO staff with case management responsibility who were participants at meetings or who were interviewed. This request also included an undertaking by the researcher to de-identify service users using a coding system.

Participant Support

Participants were at low risk of any emotional or physical harm from participating in this research. The level of risk was assessed as being no greater than, or in addition to, the risks encountered in their normal life. However, participants were informed that were they to find the questions asked of them during an interview to be distressing, the interview would be suspended and participants advised to contact their support network. For Family Services staff, this support could have been provided through their workplace or from Lifeline. The interview would recommence only after the participant indicated his or her willingness to proceed with the interview.

This information (along with the telephone number for Lifeline) was also outlined in the Plain Language Statements. These are attached Appendix D.

Researcher Debriefing

Support was provided to the researcher via the PhD supervisory structure at Federation University (formerly University of Ballarat). This occurred weekly with a capacity for additional support if any level of distress as a result of the data collection and analysis process occurred. At no point during or after the data collection process did the researcher need to seek support from a formal counselling service.

Security of Data

All data collected is stored in a locked cabinet in the Faculty of Education and Arts postgraduate research office, Mt Helen campus at Federation University with access limited to the researcher. Data was kept in a locked cabinet throughout data collection, data analysis, and thesis write-up. Upon completion of the research, data will be archived for five years in the Faculty of Education and Arts at Federation University's Mt Helen campus.

Dissemination of Results

De-identified results of this research will be disseminated to all stakeholders at the completion of the research. This information will be presented through a range of methods including the preparation of a doctoral thesis, journal articles, scholarly conference papers as well as a final report to participating agencies at the completion of the project.

The following is the first of three results chapters that examine issues of risk transference and partnership at the system, organisational and service delivery level,

from the perspective of those involved in the research process. This results chapter addressed the key foci of the first research question, namely, how constructions of risk at the socio-political level might be impacting on the way risk is deployed between government and non-government partners. As is contended in the literature, the partnership model, as a service system construct, may itself be a conduit through which risk can be transferred from the state to the non-profit sector. It is critical, therefore, that the facilitators and mechanisms of such transfer were identified and explored.

6. The Actualisation of Risk: implications for the non-government partner

I have a real dilemma with calling our contractor or contract manager our partner because they hold the purse strings but they also hold the power and you can't have power imbalance in a partnership, it just doesn't work (Manager).

6.0. Introduction

Utilising data collected from the case study of the Victorian Child Protection and Integrated Family Services partnership, this chapter presents the findings from an investigation into how government/non-government social service delivery partnerships might act as instruments through which risk shifting from the government to the non-government partner can occur. It also explored how the non-government partner is impacted by, and is reacting to, this risk transfer. Finally, the mechanisms that facilitated risk transfer within the partnership were identified and examined.

6.1. Partnership as aperture

Prior to enactment: ideological convergence

As outlined in Chapter 4, there was broad support from the community services sector itself regarding the overall intentions of the 2005 Victorian child and family services reform process (Humphreys et al., 2010). Ideologically, the Victorian state government and the CSO sector shared a common vision, with the reforms seen as marking a pivotal shift in how the state, and the non-profit sector, would provide essential social/welfare services to Victoria's most vulnerable children. The delivery of child and family welfare services was, for the first time, conceptualised as a 'partnership' between the government, the non-government sector and, less formally, the wider community. Key to the non-government sector's commitment to the reforms process was how critical ideological principles and theoretical approaches to the provision of child welfare were to be shared by both the state and the non-profit sector. These included early intervention and prevention, holistic service delivery, community engagement and the fundamental tenet that a child's best interests were, and should always remain, the first consideration in all decision-making. Commitment to the core characteristics of notions of partnership

– shared power, resources, risks, benefits and goals – were also apparent and were enshrined in the legislation itself (Brinkerhoff & Brinkerhoff, 2011; CY&F Act, 2005; Humphreys et al., 2010).

An analysis of CSO executive and manager interview data indicates that the reform process, as well as the resultant partnership model, was long awaited, warmly welcomed and broadly committed to by the non-government sector:

> People [the non-government sector] were totally on board with the notion that child safety and wellbeing is the whole community's responsibility. Everybody kind of went, yes! (Manager).

> I think the legislation was framed at a time, and in Victoria in particular, when the CSO sector was seen to be much more in a partnership arrangement with Child Protection and a lot of that's built into the legislation and there's the language of partnership (CEO).

Other CSO senior staff feedback emphasized how the legislative framework underpinning the new partnership had provided a more coherent approach to service delivery across the Victorian child and family services system:

> The main impacts have been the context of service delivery in relation to the alliance arrangements. The type of service that is delivered to clients [is] more consistent now, with agreed standards of practice across agencies. But I think also across Victoria there is a better understanding of what Family Services is. There was a view of family support as being something that was very different and the new legislation was more relevant to the sorts of presentations that were being seen through the Family Services system. So what we went from what was the old way of doing things with family supports being seen as para-professionals that went in and made beds and those really menial sorts of things, to looking realistically at the changes to the faces of the clients and the challenges the clients were presenting with (Manager).

The development of a stronger system-wide understanding of the nature of child and family support work was viewed as a mechanism through which the value of such work could be recognised and acknowledged across the Victorian child and family services sector. Finally, senior CSO staff indicated that a consequence of the regulatory aspect of the new legislation was the adoption by CSOs, and other Alliance members, of a

more comprehensive and coherent approach to their organisational management systems and practices:

> I think the single intake point has had its advantages as well, because it makes for consistent assessment at the front end and also an understanding about demand management, which I don't think there ever was in the Alliances before. I think that thorough assessment at intake is really crucial for down the track and that identification of issues at a point that doesn't waste time once they get allocated is important too (Manager).

> Part of the impact [of the legislation] has been that we've really had to lift ourselves up a level. There's been a lot of onerous things that we view as onerous, like increased accountability, far more scrutiny and monitoring, having to be registered and all that goes with that and at times it feels like a huge weight, however, I think it's also been really advantageous. And as much as I whinge about the amount we put towards budget of meeting the never ending, increasing regulatory and other requirements, I think it's meant that if you want to be in this business, you have to be serious about it and you have to really understand the seriousness for children and therefore you have to have an organisation and a workforce, that can respond to that (CEO).

This CEO and manager feedback suggests that the accompanying governmental compliance requirements were viewed as a something of a necessary evil. Indeed, these requirements came to be viewed as having facilitated a better system-wide consistency of service. They were seen as providing the impetus for service organisations to tighten and refine their systems and practices. Data from senior management involved in this study consistently showed that their CSOs entered into the partnership with a degree of willingness to compromise and to accept change.

Yet despite the predominantly positive and collegial environment in which the partnership had developed, this study found that a gap began to emerge between the early, ideological vision of the partnership and the realities of service delivery. Moreover, the data indicated that this divergence became apparent in a relatively short period of time after the implementation of the partnership. Feedback from the participating CSOs also suggested that a splintering took place between the government and the CSO partners' conceptualisations of risk. This splintering resulted in a number of organisational and service consequences. Importantly, the data also highlighted that

issues relating to power and control between the government and non-government partners were becoming manifest. The shifts that occurred in the timeframe between the phases of conceptualisation and early implementation and the later implementation phases (the focus of this study) will be explored in the following sub-sections. They illustrate how the conceptual vision and compatibility between the two partner agencies diverged over time, the ramifications of this divergence and how and why it may have transpired.

Emerging concerns

One of the key challenges the participating CSOs acknowledged as having profoundly impacted the ability of the non-government partners – and the service system more generally – to meet the vision of the early reforms, was an unexpected number of families presenting with high to very high risk entering the Victorian child and family services system. All CSO executives and managers involved in the data collection process voiced their concerns that this unprecedented rise in risk over the preceding decade was, on the whole, unanticipated:

> Even in the early days [of the partnership] we were seeing a much higher proportion of, you know, excluded families, so that really high level, complex, needy family. Already then, and I can't remember what year that was, but it was in much higher proportion than the department [sic] had predicted and we'd predicted (CEO).

According to the participating CSO senior staff members, accompanying this rise in case complexity over the preceding decade was a marked shift in the nature of client risk levels:

> The level of risk that we're managing has gone up significantly. Out of home care services have always managed a relatively high level risk in terms of the children that we accommodate and the behaviours that are often fairly extreme and some of the risks to staff from assault and so on. There's always been that level of risk within the organisation with that particular highly vulnerable client group, but with the implementation of Child FIRST there's this whole other influx of families that haven't reached the child protection and child removal threshold but are significantly at risk in many ways (Manager).

> We don't get the same sort of clients we got ten years ago in the same sort of proportion we get them. Ten years ago we had a real mix of families from that early intervention sort of families, the true, old early intervention/prevention through to children who'd been removed from home. And I think those days are gone (CEO).

> We had a period where we had Innovations [an early partnership program] rolled out, which was the beginning of that move towards the new way of working but now it is recognised that the majority of clients that come through Child FIRST and make it to a Family Services delivery or intervention are at the pointier end of the continuum than they once were (Manager).

As these comments indicate, there was a perception within the CSOs that a particular initiative of the partnership – the CSO managed triage intake, assessment and referral program - had in some way facilitated an increase in high case risk being channelled into the CSO. This study did not test the evidence around whether CSOs were indeed managing cases of higher risk and complexity post the reforms process. However, these senior CSO staff reflections do raise important issues for how the then fledgling partnership was managing, and being impacted by, risk. For example, the CEOs and managers at both participating CSOs all concurred that the current demand had not been predicted and, as a consequence, had not been planned for within the legislative framework or operational programs. Importantly, senior CSO staff members also suggested that the CSOs were now working with a greater proportion of high case risk, whereas in the years preceding the reforms, the families they were working with ranged across the case-risk spectrum. How the partnership was managing risk, and the role that risk shifting might have played in this management, will be outlined in the following section.

6.2. The movement of risk within the partnership

Resourcing and demand pressures

Senior managers at the participating CSOs consistently cited two main factors as having contributed to the phenomenon of CSOs now working primarily at the tertiary end of the case-risk spectrum. These were 1) resourcing; and, 2) demand pressures at both the government and non-government partner agencies. Analysis of the data presents a consistent view amongst participants to the research that cases were being diverted from government to the non-government partner because of the government agency's

need to preserve scant resources. This assessment that resourcing pressures had resulted in a deliberate shift of risk from the government member of the partnership (the funder), to the non-government member of the partnership (the funded agency), was identified by all senior staff involved in the data collection process. The following statement captures this view:

> We are always in a resource hungry environment, we're not resource rich and we never will be. So government and their agencies, the departments, have to make choices and if the key for getting money from treasury and finance is diversion from child protection then they've got to make sure we're working with those families before the door, not down the hallway. They've got to actually keep those numbers looking good. What that means is that they're feeling resource poor, so they risk shift down to us (Manager).

Such participant feedback illustrates that CSOs were aware that at least some level of risk shift was occurring as an outcome of the reforms, as resourcing was, and remains, an issue for the social services system more generally:

> The debate is all about who's the best financial manager, it's not about social policy. There is no social policy other than we [the government] have to reduce the public service, we have to demonstrate that we've made cuts and savings and that we're reducing the overall deficit and we're responsible and so on. To go back to the legislation, you can't advocate and get excited at one point about children's well-being and safety is the whole community's responsibility and then on the other hand, act as though it's the total opposite (CEO).

What observations and feedback from senior management participants to the research consistently reinforced was that a fundamental economic-rationalist agenda was undermining the original ideological vision of the reforms. Specifically, for these CSOs, the partnership 'vision' had become rhetorical due to being in conflict with the overriding focus on economic imperatives at the socio-political level. It seems that a discord had developed between the social policy ideals aimed for in the initial conceptualization of the reforms and economic rationalist imperatives. This situation reflects the contention in the literature that a neo-liberal worldview has come to dominate and drive government decision-making (Bab & Fourcade-Gourinchas, 2002; Connell, Fawcett & Meagher, 2009; Wallace & Pease, 2011).

A key external pressure viewed by the participating CSOs as driving the phenomenon of risk shifting from the government to the non-government partner was the aforementioned unpredicted and marked rise in external demand pressures. Participants attributed these demand pressures as hindering the ability of Child FIRST and Family Services to undertake an interventionist role, resulting in the service now primarily managing cases that were already at the high risk/tertiary level:

> To some extent they [Child FIRST] haven't been able to fulfil the preventive role that perhaps was intended and it's really been a quasi child safety role, child protection role, that they've ended up filling with a lot of the overflow from child protection coming into Child FIRST and the families who perhaps could've benefitted from a relatively brief Family Services intervention really not being given a priority, simply because the demands from the harder end have taken over. So the combination of increased demand, unanticipated, I'd have to say, it wasn't anticipated that demand would increase like that, and inadequate resourcing to meet the increase in demand but also probably inadequate to fulfil the original intention anyway (CEO).

There was a consensus among all CSO senior managers interviewed that the need to service high-risk cases was having a specific service impact. Essentially, the ability of the non-government partner to undertake early intervention work with families to prevent their risk issues from escalating was most effected. CSO executive staff comments indicate that this shift in service focus may have been as a result of external demand pressures on the service system. These views are captured in the following representative extracts from collected data:

> I think that we're working with far more complex and difficult families and I'm not sure who's filling the gap. My guess is it isn't being filled and I think that's another outcome of the early changes [of the reforms] (CEO).

> There's a whole group of families in that early intervention stage or early problem stage who aren't getting picked up and if they were getting services earlier they wouldn't be progressing into the system. So that's my fear that they're progressing further into complexity and difficulty than they might have in the past [CEO].

According to these observations, the capacity for the partnership to service families experiencing low to medium risk was being compromised due to the need to service

those at the higher risk end of the risk spectrum. The substance of this perception is corroborated by the case tracking data undertaken during the 12-month data collection period. During this process, there were several times, at both participating CSOs, where other services were not accepting new referrals from Child FIRST due to capacity issues. Concerns relating to capacity constraints within other services impacting on the CSO's ability to refer cases will be addressed in Chapter 7. Of relevance here is that, during the 12-month data collection phase, there were a total of 23 instances where cases were unable to be referred out from Child FIRST for intervention by other, specialist services. Such services included disability, psychiatric, young parent, drug and alcohol and domestic violence services. The following excerpt reflects this finding and indicates that the need to prioritise high-risk cases for services was impacting on the ability of the non-government partner to service low to medium risk families:

> I can't quote which part of the legislation but certainly the emphasis on the most vulnerable families is very constraining for us, because in fact that is what happens. And it's not necessarily the case that Child FIRST should not be working with the most vulnerable, but the issue for us is that we used to be able to work with the most vulnerable as well as the others. And if we can't do it someone needs to do it, but there is no capacity in the rest of the service system other than in very small pockets for other people to be doing this work, hence why maternal child health and everybody else is jumping up and down saying 'well you people are useless' (Manager).

These findings suggest that a general shifting of service focus to the tertiary end of the service system was impacting on the ability of the service system to manage other key traditional elements of their service delivery profile.

Importantly for concepts of partnership in service delivery, these shifts were consistently assessed as resulting from deliberate actions by government. CSO executives and managers reported that the shift in the levels and amounts of high-case risk that the CSOs were experiencing since the implementation of the partnership was due to the government partner either attempting to block, or directly transferring, high risk cases to the CSO:

> I think it's the pushback from Child Protection that places the responsibility back on the agency (Manager).

> We do have capacity to make decisions [about whether or not to accept a referral from Child Protection] and we have to remind ourselves of that all the time because we can easily be overwhelmed by the difficulties and the needs of Child Protection. We do tend to get their overflow and if we're not careful about that we can be working with cases that really don't belong in our domain, that are far too high a risk (Manager).

Such actions signify an emergent divergence between the government and non-government agency partners' conceptualisation of each agency's role within the partnership. As highlighted in Chapter 4, and validated through the research data, one of the critical reasons CSOs originally engaged with the reform process was because of the strong language of partnership that was apparent in the shaping, developing and early implementation of the new child and family service system. An arising theme in the collected data for this study was the developing tension between the two partners in relation to how high case risk was being managed within the partnership. Shifts in levels of risk, and in particular, risk transfer, were considered to be pivotal in defining how the breakdown in the conceptualization of partnership was playing out within the system. Both the extent of, and manner in which it was occurring, was assessed as representative of emerging power imbalances between the government and non-government members of the partnership. This view was universal across the participant pool of senior managers and is captured in statements such as:

> I have a real dilemma with calling our contractor or contract manager our partner because they hold the purse strings but they also hold the power and you can't have power imbalance in a partnership, it just doesn't work (Manager).

That demand and resourcing issues were encouraging the shifting of high case risk from the government to the non-government partner is externally substantiated in two Victorian Ombudsman's reports. These reports, which were released in the years after the implementation of the new legislation in 2007, support CSO executive and management contentions that external demand pressures were driving risk transfer within the partnership. In 2009 and again in 2011, the Victorian Ombudsman undertook investigations into the Department of Human Services (DHS) Child Protection and Integrated Family Services program, proposing that risk was being shifted from Child Protection to the non-government partners via 'push back' (Victorian Ombudsman, 2009; Victorian Ombudsman, 2011). Both reports suggested that the child protection

service was under resource and policy pressure and so was ‘pushing’ cases onto the CSO partners in order to meet governmental targets.

The Victorian Ombudsman outlined several methods by which particular child protection agencies were found to be attempting to reduce their caseload, such as by closing high-risk cases prematurely and setting higher thresholds for investigation. Both of these methods will indirectly affect the non-government partner in the integrated family services system. Specifically, if high risk cases are closed prematurely or not adequately investigated, then it is quite possible that these cases will again be re-referred for services, via the Child FIRST intake and assessment program. However, the method through which the Victorian Ombudsman found that some child protection agencies were able to directly ‘push’ cases to Child FIRST was by dramatically increasing departmental referrals to Child FIRST (Victorian Ombudsman, 2011). The Victorian Ombudsman noted that the CSOs involved in his investigation were able (and in some instances did) reject Child Protection referrals that the CSO assessed as needing further investigation. Nevertheless, he also cited examples where even though the CSO initially rejected the case, and recommended Child Protection investigate, no investigation was undertaken. This had resulted in the cases being re-referred to the CSO at a later date, either via a community referral or again by Child Protection. The Victorian Ombudsman also found that in some instances, Child Protection agencies were closing cases before Child FIRST had accepted the case. Closing a case before Child FIRST has formally accepted the case may leave a family without a formal service system response, which may have major ramifications for the family if high risk is involved.

Data collected from Child FIRST case referral meetings for this study supports these findings by the Victorian Ombudsman and represents the emergence of a consistent trend, across a range of data pools and methods, in regard to risk shifting. As part of the participant observation data collection method for this research, the researcher observed a Child FIRST team’s discussion of a particular group of cases that had been referred from the government partner to Child FIRST during the preceding three months. Approximately 25% of these referrals had been assessed as being either inappropriate for Child FIRST or of requiring additional information from the government partner before further assessment would be undertaken. None of these cases were therefore accepted and ‘opened’ in Child FIRST. Despite this, the government partner did not subsequently address these rejections and/or queries when raised. Child FIRST workers

voiced the opinion that a lack of response from the government partner agency had resulted in several of these cases not receiving service system intervention. The discussion is provided below:

> The Child FIRST team leader described how a report had been run of all the government partner referrals received by Child FIRST for the preceding three months - a total of 30 referrals. Of this total, 12 of these were either not accepted into Child FIRST or had been queried by the team leader, owing to either a lack of information, missing details (such as a contact number for the family) or other aspects of the case that needed further clarification before a decision could be made. The team leader said that there had been "no responses [from the government partner regarding the team leader's queries or non-acceptance of cases] to any of those."
>
> CF Worker D commented that, "then what happens is that someone else makes another report and it's sent back to Child FIRST, we do all the work and the families and the referrers say the system has 'let me down.'"
>
> The team leader then observed that Child FIRST had had instances where the government agency had told the family and/or the referrer, "Oh, Child FIRST are going to do this, that and the other thing" when the original referral from child protection had not been accepted (and therefore not opened or acted upon) by Child FIRST. The team leader continued, "Then the family rings Child FIRST and says they are waiting for Child FIRST service and gets angry at Child FIRST for breaking promises."

This excerpt highlights the concern that a proportion of families had been left without service system support despite having originally been considered for government partner protective services. Being considered for government protection services does not necessarily mean that these families were demonstrating high-risk behaviours requiring protective intervention. However, it does raise the possibility that such a service was viewed as warranted by the referrer. It also demonstrates the mechanism of 'push back' as described in the Victorian Ombudsman's reports, and reveals this push back as a governance technic through which the government partner was able to shift the responsibility of the service system response to the CSO.

A further pressure

Another external demand pressure that was assessed as emerging as a direct consequence of the legislation was revealed in the data from CSO management staff.

The implementation of the reforms included removing much of the capacity for government partner workers to undertake case management work (CY&F Act, 2005). An analysis of the participating CSO manager interview transcripts indicates that this had contributed to the management of high-risk cases being redirected to the non-government partnering CSOs. The following excerpt captures this view:

> Before the implementation of the reforms, [Child Protection] used to do a lot more case management themselves, and really that case work capacity has been removed from Child Protection practitioners, which has made them somewhat unhappy [as] they really get no follow through with clients at all. So all of that has been transferred to us. So there are people from the Child Protection system who made the cross over to work in our system who've really been shocked and appalled at the type of cases that we're working with that had never been seen in Family Services prior to the legislation (Manager).

A further implication taken from the CSO manager interviews was that the legislative changes had reduced the government partner's ability to manage cases that were not clearly cases of physical or sexual abuse:

> [Child Protection] have a case management role when children are on orders but in the initial response phase, they don't do case management. What they did historically was they would take them in and do the investigation. What they are relying on now is some form of investigation, or monitoring of the family to see how it's going, that's the same as a response investigation if you like. So the legislation changed whereby they're taking on literally only where there has been an incident of physical or sexual abuse (Manager).

This feedback suggests that the management of cases that could be viewed as causing children serious harm, such as those involving chronic neglect, accumulative harm, parental drug and alcohol abuse, or other, non-physical and potentially long-term abuse factors, have undergone a process of significant transference of responsibility from the government to the non-government partner. Such findings indicate that various pressures external to the CSO, and arising as a direct result of the partnership, were impacting on the ability of the CSO to service vulnerable families.

The presence of 'push back' also suggests that issues of managing demand and resource pressures were impacting on a key partnership objective of supporting low to

medium risk families. Importantly, not only were these pressures affecting partnership service objectives, but the partnership was itself being utilised as a mechanism through which one risk – many high to very high risk cases – could be transferred within the partnership in order to alleviate external resourcing and demand 'risks'. Specifically, the risks presented to the government by external demand and target pressures, coupled with the consequential need for the government to reduce high case risk load, saw both demand pressures and high risk in families catergorised as being dangerous to government. This reconceptualisation of risk had, as a result, compromised key partnership objectives.

An important task of this study was to examine the socio-political environment within which the case study was operating in order to discover how the former might be influencing the latter, particularly in relation to organisation decision-making. At the time of this study, the Big Society model of social services delivery was dominating the discourse. With this model came a new set of risks for CSOs, and, when coupled with an already risk averse atmosphere, further pressure on CSOs to conform. How the Big Society model and the need to conform may have further disempowered CSOs and affected not only their risk decision-making ability, but also their service delivery, will be discussed.

6.3. The reconstruction of risk – dangerous to the organisation

Survival of the fittest

In Chapter 2, economic rationalist, social service delivery models such as the Third Way and Big Society where identified as emphasising the importance of a *communal* service response. The role of the state was to work 'in partnership' with the broader community, and with individuals, in order to further key social welfare goals (Levitas, 2012; Whelan, 2012). Importantly, the emergence of a Big Society discourse in Australia may have itself provided another method through which governments can advance the shifting of various risk responsibilities from the state to the non-government partner. In essence, it is through the embedding of a *bigger is better* agenda into the non-profit sector that risk transfer can be achieved.

Interview data from the participating CSO executives and managers for this study indicates that the influence of 'communal' social service delivery conceptualisations such as the Big Society have created their own set of risks for CSOs. The most significant of these is the notion that only those organisations that can demonstrate political and service delivery 'fitness' will receive ongoing governmental support. For senior managers involved in this study, the chief risk CSOs were managing was the risk to organisational existence due to competing political risk responsibilities:

> Where's the biggest risk going to come from? The biggest risk is not going to come from the community; it's going to come from government making a decision that we will no longer receive our funding. We are dead then. And that's been one of the areas where there has been that risk that we've had to face in recent years. I think [the then current government] made it clear from day one that we're really not interested in your viability; we're interested in you doing the job that we want you to do. If you don't do it then you're gone. That's where the biggest political risk comes from. So all you can do, well you can do significant stuff, you've got to run a tight ship (CEO).

The ability of non-government organisations to remain viable was perceived as presenting a greater organisational risk management concern than potential community disengagement from the organisation and subsequent reputational damage. Such a possibility was viewed as becoming more likely going into the future:

> Part of a longer-term trend that is going to happen around the country that could be characterised partly as following the direction from the UK, the big society ideas of smaller government, a lot more responsibility put onto the community sector, not necessarily with more resources. So shift in responsibility, shift in risk, has significant consequences for CSOs down the track from that. I see at present we're actually in a transition phase where the viability of smaller CSOs really is being questioned and it's almost like there's a bit of a weeding out process. We've already seen three or four organisations go down (CEO).

Feedback from CSO executives also revealed that the threat of funding withdrawal was a risk that had forced the sector to 'rationalise' services and align their organisations with a more economic rationalist, risk-averse approach to service delivery:

> So although at times and many times it feels very onerous and there's problems with the data and there's just endless obstacles and road blocks along the way, it has meant that either you lift your performance and your commitment or you shouldn't be doing it. At that more profound level, that's a real impact [of the Victorian reforms of 2007] I've seen. And organisations have gone under and the department [sic] has taken them under and however we view that I think that's a very strong message to all of the sector about the need to either be seriously in the business or not (CEO).

CEOs further commented that the partnership had provided a mechanism through which structural realignment and power shifting within the non-government sector could occur:

> The move to the big CSOs represents a move to a much more corporate sort of model. And in fact, can include the for-profit providers, so if for-profit providers can provide the services competitively then they can come in and do it (CEO).

> The big ones probably become a lot more autonomous and the smaller ones a lot less so I think the big ones become almost like monopoly providers and to some extent they are then able to call the shots, whereas the smaller CSOs who are like the sub-contractors are in a very much weakened position. They're not dealing directly with the government funder, they're dealing with another CSO, who's saying well if you don't want to do it, we'll give it to someone else and probably not bound by the same kind of regulations that current funding arrangements would bind government too (CEO).

> The effect of that has been in some areas is that the work then gets focused on what's going to be the most profitable work for us, rather than, what's the work we have to do (CEO).

Such feedback raises the issue of how a more corporate and large-CSO dominant service system might impact on the type, availability and quality of services. A more competitive environment might favour the sustainability of services based on cost/benefits:

> So one question is, are the services going to be there and the second question is, what's the quality of the services going to be like? If we step back from regulation and compliance with standards, that's a part of cutting the red tape, what's the quality of service going to be like in the longer term? I can't say one way or another, but I've got

> my suspicions that making it into a more corporate model will mean that the quality of the service declines (CEO).

These comments echo the contentions in the literature that the emergence of the Big Society model of social and welfare service delivery in Australia may represent a further erosion of CSO autonomy and power for all but the biggest CSOs. For the participating CSO executives, small CSOs are vulnerable to the development of organisational monopolies and pressures to not only perform, but also conform to governmental agendas. Importantly, the government/non-government partnership model may itself facilitate this process. As was highlighted in Chapter 2, the partnership service delivery model was underpinned by a managerialist agenda that consisted of an emphasis on performance management, a competitive process and incentives and a business style of management (Bezdek, 2001; Hood, 1991; Keevers, Treleaven & Sykes, 2008; Lynn, 2006; Munro, 2009; O'Reilly & Reed, 2011; Smith & Smyth, 1996; Van Slyke, 2006). The importance managerialism places on organisational competitiveness aligns closely with the Big Society model's *survival of the fittest* worldview.

The child and family service reform process, as a case study, illustrates the ways in which the very philosophical underpinnings of the partnership model could encourage and enable the biggest CSOs to survive and, conversely, perpetuate the demise of less competitively 'able' CSOs.

Comply to survive

All senior CSOs staff involved in data collection for this study spoke at length about the changing nature of the service since the implementation of the 2007 reforms. Echoing the findings of Brett et al., (2009), CEO conceptualisations of 'risk' were dominated by organisational risk management concerns. They argued that the risk intensive, regulatory framework their organisations were operating within had shifted markedly compared to that which existed prior to the implementation of the partnership. The data reveals that 'risk thinking' had come to dominate the discourse between the government and the non-government agency partners:

> The language of risk management has become more prevalent. To reinforce that somewhat, I think that DHS [sic], as the funding body, has been much clearer about stating what the standards and regulations for services are. So the compliance with standards and regulations, that puts us also into a pretty risk-averse environment where

> it's almost like well, the first thing we've got to do is avoid the risk, rather than maybe being able to be a bit more creative around some areas (CEO).

Such feedback indicates that the need to mitigate risk at a system level may itself be driving non-government organisations to adopt increasingly managerialist service delivery approaches. For example, the risk of a withdrawal of government funding had resulted in organisations adopting measures designed to demonstrate accountability and conformity. Risk aversion is therefore not just aligned with managerialism, but may itself be assisting in the increasing adoption of managerialist practices. How this is playing out at the systems level is captured in statements such as the below:

> There's so much scrutiny, there's so much accountability, so much paperwork, we're all running around just meeting the basic requirements and jumping through hoops to demonstrate that we meet registration standards and so on. And I think to some extent it's a distraction technique, you know, if you keep everybody busy and involved and worried about whether they're actually going to survive (Manager).

Just as there is pressure on CSOs to grow in order to survive as organisations, there is also a more direct pressure being brought to bear on the non-government partner within this government/non-government partnership. CSO executives indicated that management level government workers appear to have used the government's position as the funding body to influence decision-making regarding risk management at the participating CSOs:

> I think establishing that second gateway through Child FIRST, which I absolutely support, the irony of it has been that it's now become that quasi child protection gateway. So in Child FIRST they are working with families who really probably ought to be in the child protection system. And the push back from DHS [sic] from their demand pressures are forcing it on to Child FIRST, with people at senior levels in DHS saying, if you're not going to work with vulnerable families then you're not going to get any funding (CEO).

This comment highlights, quite explicitly, that a CSO senior manager believes that the government partner is exerting pressure on the non-government partner to assume the responsibility of high-risk case management. Furthermore, this CEO perceives that this is being done with the objective of accomplishing compliance. In Chapter 3, it was ascertained that the contractual nature of the partnership necessarily binds the CSO to

undertake certain tasks and meet defined objectives. However, the contention that a withdrawal of government funding will occur if the CSO does not accept high-risk cases suggests that, at the very least, a significant power imbalance between the two key players in the service system exists. Moreover, the government partner is taking advantage of this inequity of power to exert influence over CSO decision-making. Further validation in relation to concerns regarding matters of compliance and accountability also emerged in the data:

> We've seen it at an individual case level and got that really well and then we've welcomed accountability but I've been looking at the proposed funding and service agreement for this three years that still hasn't been signed off on even though we're into it and again you can see requirements and accountabilities that aren't reasonable, particularly in terms of our records. They're [the government partner] saying any record we have is a government record and the records office are saying yep, that's right, so well I can understand if they fund a service but they don't own us and that's what I think they don't get yet and don't want to get. So they're saying your records belong to us, well maybe for client X who's funded by your service but not for client Y who isn't (CEO).

The language of partnership, as earlier described by CEOs as instrumental in the design and implementation of the partnership, has, in matters of compliance expectations, shifted to a funding provider/ funded supplier discourse. Managers at the participating CSOs also reported other compliance technics employed by the governmental partner that appear to be aimed at shifting potential political risk to the non-government partner:

> The other risk is that there's been a lot of confusion for the agencies and for the department in relation to the information sharing provisions of the Act, and only recently have we had communication from them [the government partner] saying, actually, you can only share information under these circumstances… but we were never told that before. And it's a butt covering exercise in some respects because it pushes the responsibility back onto the agency in terms of if we have shared information in good faith, under what we believe was information sharing provisions, and we are litigated against, it rests with us (Manager).

What the research data highlights is that the original goodwill that characterised the partnership was being eroded due to the emerging divergence between the two partners' ideological positions. Finally, CSO senior management staff feedback

indicated that these same demand pressures were also contributing to a progressively more inflexible service response and undermining government partner decision-making and collaboration:

> I think the other thing [needed] is a bit more flexibility. To try and manage the funding requirements of DHS [sic] for example, the more pressure they feel the more prescriptive they get. And we've seen a recent example of that with therapeutic foster care where they went off, looked at a model, did all this stuff then told the providers what would be happening and who was eligible and who wasn't to be funded, rather than doing collaborative work to get to something where there might have been better outcomes. I think they go into a structure and control and prescription. So I think some flexibility would be good (CEO).

That government/non-government partnership arrangements may themselves be technics used by the government partner to shift particular risk responsibilities away from the state and onto the non-profit sector is a contention strongly supported by the data. Along with a shift in risk responsibilities, there has emerged a tacit understanding by the non-profit sector that non-compliance may result in other risks, including organisational survival, becoming actualised. It appears therefore that, for partnering CSOs, the risks of non-compliance can, and does, impact on organisational risk management and service considerations.

When coupled with the current environment of fiscal and demand pressures, a picture emerges of CSOs managing several risk types based around the need to:

- Protect the continued viability of the organisation;
- Meet contractual demands and targets, and;
- Manage and mitigate a growing risk to the organisation due to ongoing high demand.

These are significant findings in building an understanding of the emerging nature of the government/non-government relationship post implementation of the 2007 reforms.

An important goal of this study, as outlined within Chapter 5, was to maximise the validity of the data presented. Consequently, while much of the data presented to this point in this chapter has examined senior manager perspectives on the impacts of risk shifting on the service system, it is also critical to triangulate these perspectives on change with the view of those with the responsibility for on-the-ground implementation of

the model. The following section will therefore examine how the non-government partner organisation has *experienced* risk within this shifting service system environment.

6.4. The Experience of Risk Shifting

> *Risk been pretty high since I got here. What I've been noticing is like when I first started I started off with three cases that were what we call, not easy, but a lot nicer that a lot of the [other] cases but as I've been progressing in my career I've sort of established that there is no such thing as a nicer case (FS Worker E).*

CSO worker views on risk shifting and levels of risk reflect the contention that their service had experienced a rise in the proportion of high-risk cases being referred to, and accepted for, services since the implementation of the 2007 reforms:

> Certainly there's a lot of pressure and a lot more involvement with the more higher risk, more harder to engage clients than we had before (CF Worker D).

There is a distinct sense of a 'before' and 'after' in this comment. Other worker feedback supports this observation:

> I think if you go back, when I first started, we were still getting those families through where you'd do your parenting program and that was sort of it, like very basic support. Whereas now the families… there's a massive range of issues going on at once (FS Worker E).

> You know when I first started [prior to the reforms] I would have said that Family Services is a really good starting point for someone coming into welfare. Now I just think, oh my god! If I'd had to start with and had to work with some of these cases, I don't know what I would have done (FS Worker A).

This data indicates that workers no longer viewed Family Services practice as being primarily about parenting support for low to medium risk families. Importantly, worker feedback also highlighted how low to medium risk referrals were not as common as departmental referrals:

> I think the pressure from the Department [sic] to take on those that they see as higher risk is probably… we're getting a lot of department [referrals], whereas we used to get some self-referrals and from maternal child health and that kind of stuff, kind of average parenting kind of thing (FS Worker D).

Analysis of Family Services worker interviews shows that self-referrals, or community referrals, are generally of lower risk than those cases referred by the government partner:

> In regard to risk, with my particular clients, because a lot of them do seem straightforward, are actually self-referrals that have been made to Child FIRST (FS Worker H).

> The initial [community] referral was around toileting and soiling of the 6 year old. My involvement has been more of a family therapy approach, how to make it a more positive and I suppose less stressful environment. Just looking at… behaviour has a meaning, why are they doing this? (FS Worker D).

While self-referrals and referrals from community can also present as high-risk, or be assessed as such, generally, it is those cases that have been referred from the government partner to the CSO that present as highly complex and/or high risk. This is because these cases have needed some form of protective services assessment or intervention prior to being referred to Child FIRST. CSO worker feedback was validated through a comparison with case tracking data. Of the 42 cases tracked with Family Services workers at one of the participating CSOs, 18 cases were self-referrals or community referrals. Of these 18 cases, 15 were described by the caseworkers as of relatively low risk. This information is depicted in Figure 3:

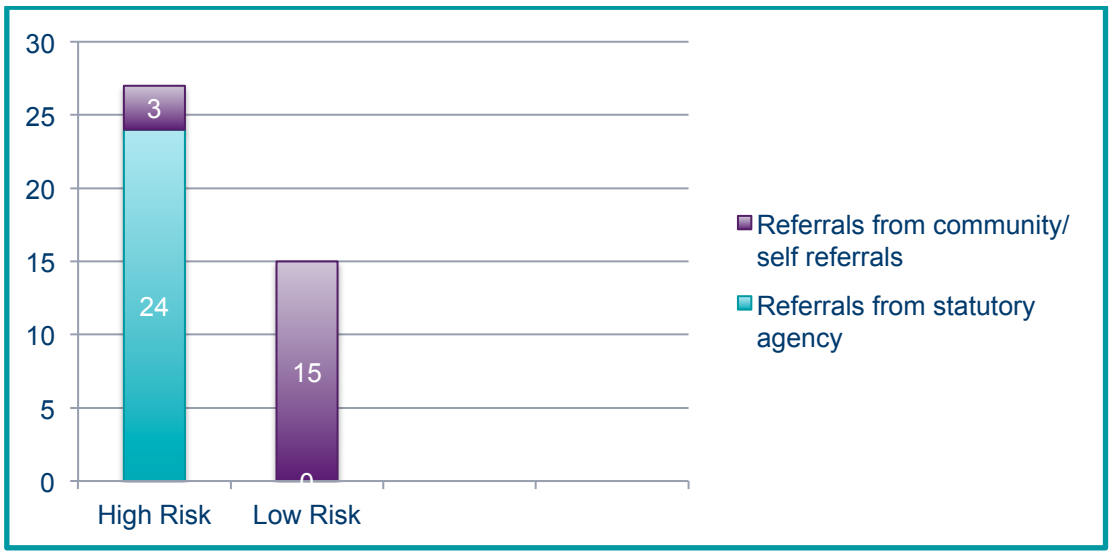


FIGURE 3: CASES REFERRED TO FAMILY SERVICES

Family Services worker caseloads also reflect this trend. As a representative example, in one worker's caseload, all eight clients presented as having had prior and/or ongoing Child Protection and Family Services involvement. This worker was managing cases at the higher case risk end of the risk spectrum, with no clients presenting as new to Family Services or to Child Protection. Notably, this worker also confirmed that all of these case referrals came via the government agency, rather than via the community:

> I don't want to make it like it's black and white, I can't really explain it, but I think that when I first started I was getting more cases from Child FIRST and the ones that I did get from DHS [Department of Human Services], yes, they were quite bad, however it feels now that things are just a lot more extreme. And yeah, the risk is huge, in the ones that I'm getting now. I mean you used to get like five cases from Child FIRST and three from DHS whereas now it's almost all DHS. I thought that it could be because, I don't know, maybe I'm a bit more of an experienced worker now and that's why I'm getting DHS referrals. However it does seem, from what we're hearing that a lot of them are DHS referrals that are coming through (FS Worker F).

This example is, as stated, representative of the trend that was identified in the feedback from all eight CSO Family Services workers who were participants in this study. This combination of senior manager and worker data reinforces and consolidates how

transfer of risk through shifting of high-risk cases had become a norm rather than an exception in the nature of the service system itself.

In summary, an analysis of CSO Family Services worker interviews and case tracking data supports the contention that the government partner was using its more powerful position within the partnership to transfer high behavioural risk clients to the non-government partner. Importantly, this had led to the perception within the non-government partner that early intervention for low to medium risk families was being compromised by the need to service more families already exhibiting high risk behaviours.

While it is important to locate and expose reasons for why governments would seek to transfer risk within social service partnerships, a key objective of this study was to also discover and clarify *how* such risk shifting might be achieved. As explored in Chapter 3, critical theory and governmentality warns that the power imbalances inherent within government/non-government social service partnerships will themselves act as primary facilitators of risk shift. But just how this is takes place in practice needs to be understood and made visible. The following sections will therefore outline the critical facilitators that this study identified as having enabled the transfer of risk within the partnership. The impacts such risk shifting has had on the partnering CSOs and on CSO service delivery will also be detailed.

6.5. The actualisation of risk shifting

As described earlier in the chapter, two reports by the Victorian Ombudsman highlighted a concern that the government partner within the Victorian Child Protection and Integrated Family Services partnership was ‘pushing back’ high case risk to the non-government partner due to external demand pressures (Victorian Ombudsman, 2009; Victorian Ombudsman, 2011). Guided by the findings from these two Victorian Ombudsman’s reports, this study sought to understand how the transfer of risk via the technic of push back might have been actualised within the government/non-government partnership case study. This exploration began by asking, if push back from the government of high-risk cases was affecting CSO service delivery, why were the CSOs accepting this risk? A discussion of this investigation follows in the next section.

The technics of risk shifting - push back

The research data collected for this study has provided evidence that there were barriers to the non-government partner redirecting case risk responsibility back to the government partner. This occurred in instances where cases were assessed as inappropriate for support services or of requiring further information before an accurate assessment could be undertaken. In line with these findings, the following case example demonstrates how the technic of push back is not only being actualised, but is also affecting the CSO's ability to provide services and CSO practitioner ability to make decisions:

Case Example 1 – the Nguyen Family

The government partner service referred the Nguyen family to Child FIRST in early October. The Child FIRST team leader explained that the family had not been accepted at the preceding Child and Family Alliance case allocation meeting due to the limited information in the referral only indicating that the family was in need of parenting support, not Family Services. The team leader explained that the case had therefore been closed and diverted to another Alliance member organisation's parenting workshop and some information on parenting had been sent to the family. In late October, the team leader notes that the Nguyen family had been re-referred back to Child FIRST from protective services, this time with further information regarding the family's presenting issues. The team leader explained that this second referral stated that, "the child [in the Nguyen family] is manipulative and violent. Mum has no control and there's a long DHS history with the family. The initial DHS referral had none of this information."

At a following consultation in early November the team leader described how a Child FIRST worker had attempted to contact the family but that the family's phone had been disconnected. By mid December, despite having new contact details and making numerous attempts, the family had still not been contacted. Then, in a meeting in late February, the team leader notes that the family had been contacted and had now been placed on Active Holding for Family Services. However during the following week, the team leader made a report to the government partner service as further assessment established that one of the Nguyen children was involved with a known sex offender. The family was now being investigated and by late March, were, according the team leader, "now in [child protection] Response."

The Nguyen family case example suggests that an incomplete referral from the government partner, coupled with Child FIRST's inability to successfully communicate with the family after the initial referral, meant that an insufficient assessment of this family's situation was undertaken. As a consequence, a young child, who was eventually found to be at extreme risk, remained at risk for a period of five months. This is despite the case being known to, and 'active' in, the Child Protection and Integrated Family Services system throughout that time. Crucially, this case also suggests that a lack of initial assessment and investigation by the government agency prior to referring the case to Child FIRST resulted in significant lengths of time where Child FIRST were primarily responsible for this case. This means that the non-government partner was therefore also the sole bearer of several interconnected risk responsibilities that 'holding' such a high-risk case might give rise to. As the literature contends, public and media backlash that can arise as a consequence of a child coming to harm or dying while being involved in 'services' can create various risks for service systems and for agencies. These risks include reputational (communities and service users 'losing faith' in the agency/service system, which might also entail voter backlash) and organisational (potential litigation, staff turnover/staffing issues generally and loss of funding) (Brown, 2010; McLaughlin, 2007; Munro, 2010; Parton, 2010; Purcell & Chow, 2011; Turnbull & Spence, 2011). In the case example of the Nguyen family, if the fact that a young child was associating with a sex offender despite being concomitantly involved in a state run social service had become public, the CSO may have faced considerable public outrage and reputational damage.

The following case example is taken from a Child FIRST case referral meeting. It reflects both the nature of the cases Child FIRST were routinely managing and the views expressed by the Child FIRST workers themselves regarding high demand at the tertiary end of the risk spectrum:

Case Example 2: the Bartlett Family

A family with a history of violence is referred to Child FIRST from the government service, but Child FIRST is obliged to wait for the government partner to 'present' the case at the following Alliance Allocation Meeting. There was a long delay as the Community Based Child Protection Worker was away, then away on sick leave. Three weeks after the case was originally referred to Child FIRST, a joint home visit was planned, but then cancelled by the government partner agency. By the middle of the following month, Child FIRST was still waiting on the government partner to schedule a joint home visit to the family.

The Child FIRST team leader put in a request saying that the case was "getting really old and someone [at the government partner] needed to have a look at it."

By the end of that month, the government partner service was set to present the case for allocation. The Child FIRST team leader then explained the following: When the team leader had looked at the initial case intake record, there was a recommendation from the child protection intake worker that this case, "… should go to investigation. Then further down, it says close and refer to Child FIRST, with nothing in between." The Child FIRST team leader said "it was messy all round" and that "I was so angry."

The team leader then went on to say that at the time of the initial referral, it seems that the police had spoken to the children, who had disclosed physical abuse. According to the team leader, the government agency's investigative response was to telephone the school. When the school said they had no concerns, child protection had closed. The team leader said, "No one spoke to the parents. The only inference for a referral to Child FIRST was the police telling the children that Child FIRST would help them. We didn't have the correct phone number, so as far as the kids are concerned, nobody's come to help them."

The team leader next emailed a senior manager at the government agency, asking for advice regarding what Child FIRST was to do with this case, "as one sentence in the Intake report said the case should have gone to investigation and another sentence said that the case was closed." The Child FIRST team leader expressed that it was "a real dilemma: an unclear referral and no contact details and I am tempted to follow process and close." However, the team Leader then stated that "… but as our [CEO] says, if we don't do anything, who's responsible for the kids if something happens?"

Finally, some three months after the initial referral to Child FIRST, a joint home visit was undertaken. This visit prompted child protection to re-open with the family for a brief period, before the case was conclusively allocated to Family Services and placed on Active Holding.

In this case example, there is a strong correlation between a shifting of risk from the government service to the non-government service and the effect that this risk shift was having on client case trajectories and outcomes. The ability of the CSO to make decisions in such cases appears to be severely compromised by the decision-making in the government partner. Miscommunication, administrative and staff resourcing issues and failure to respond with actions on the part of the government partner caused significant delays in having this case processed in a timely manner. This diverges from the *Child Protection and Integrated Family Services State-wide Agreement (Shell Agreement*) 2013, which states that the Child FIRST program "…contributes to implementing timely and effective referral pathways between all services" (p.20). Further, it provides a clear indication of the factors that facilitate risk shifting and increased levels of risk to both the service user and the organisation.

Setting the bar high

A key governance technic that was specified by three study participants as facilitating risk 'push back' was *the raising of the bar* for the level of risk the government partner would accept:

> I just think the bar has been raised gradually over time and you know it's quite common that you get these cases with all these issues and you're expected to sit with them a lot more (FS Worker A).

> Now it is recognised that the majority of clients that come through Child First and make it to a Family Services delivery or intervention are at the pointier end of the continuum than they once were. So you had a clear delineation I think, at one stage, which provided for early intervention and stopped that progression into child protection. Whereas now, there is a very fine line between Child Protection and Family Services and sometimes there are no distinguishing features really, it's where the bar is in Child Protection that makes the difference (Manager).

As these excerpts of interview highlight, *the raising of the bar* by government had, in these CSO participants' opinions, resulted in case risk at the non-government agency also rising as a consequence.

A concern for one CSO manager was that the lifting of the risk threshold in protective services, and resultant rise in the level of risk being directed to the CSO, may have further exacerbated the issue of families of medium to low risk not receiving services:

> Because we used to cover a broader range and then I think with narrowing our range down and getting more targeted, I think that there was a view that that group of families would be picked up by community health, by the maternal child health nurses, the schools, psyche services or whatever. I don't have any faith that they are being picked up by those services. I think they're drifting until they become more and more serious and they start coming onto the edge of us and then into us and then onto child protection if we can't go any further. So I think there's a whole group of families in that early intervention stage or early problem stage who aren't getting picked up and if they were getting services earlier they wouldn't be progressing into the system. So that's my fear that they're progressing further into complexity and difficulty than they might have in the past (Manager).

This comment, as well as the comments above, suggests that firstly, CSO workers and managers believe that the (risk) bar had been raised within government services. Secondly, they demonstrate that CSO workers and managers perceived this raising of the risk bar as directly undermining early prevention and intervention objectives within the partnership. Such views align with the argument in the literature that the importance given to particular constructions of risk at the system level can re-shape service system responses. So rather than modifying the service system response to manage both demand and service system objectives, the risks associated with not meeting economic rationalist objectives may drive decision-making at the government level. Although this study cannot definitively conclude that the risk bar has been raised within the government partner service, CSO workers and managers clearly articulated that they believed this to be the case. Importantly, if it has been raised, then such a technic would provide a key mechanism through which risk could be transferred to the non-government provider.

A further line of enquiry that this study pursued was how, and in what ways, CSO frontline staff might also be acting as risk shift facilitators. Studies in performativity suggest that managerialist practices now govern how employees perform their roles in the workplace (Ball, 2003; Blackmore, 2004). This may have implications for how CSO workers practice in environments of high risk. As such, a primary consideration of this study was to develop an understanding of the role of performativity in CSO worker decision-making and practice and in risk management in particular. This exploration is detailed in the following section.

6.6. The performance of risk shifting

In Chapter 3, the growing importance of the need for organisations to meet targets and satisfy demand pressures was seen to impact on how an employee is expected to perform in a workplace. The concept of performativity has therefore shifted from an act that describes how workers perform in order to achieve professional practice goals, to an instrument to measure the extent to which a worker aligns him or herself with managerialist objectives (Ball, 2003). Blackmore (2004) observed that, over time, decision-making based on professional goals within fields such as education and welfare have been subsumed by risk-averse, economic rationalist concerns such as accountability and resource management. An analysis of the data for this study highlighted that it was decision-making by government partner workers, and by Community Based Child Protection Workers (CBCPWs), that were impacting on how CSO practitioners performed their roles and managed unmet demand.

6.7. The role of government partner workers

> *They will handball it to you. Anything and everything they can handball to you they will. (Family Services worker).*

Data collected in this study indicates that an imbalance of power between government workers and their non-government sector counterparts provides both the means, and an aperture, for risk transfer to occur. The data also suggests that individual government workers not only facilitate this risk shift, but are active participants in this process.

All eight Family Services workers interviewed for this study cited at least one example each of incidents where government workers had:

- Refused a referral from Family Services;
- Referred a case to Family Services without documenting the actual risks involved;
- Had made major decisions regarding cases without informing Family Services;
- Had not been open and transparent regarding information sharing, decision-making, record keeping and administration;

- Had engaged in evasive tactics such as not answering calls or e-mail enquiries from the Family Services worker regarding high-risk cases;
- Had demonstrated a lack of understanding of the role of Family Services and Family Services workers.

Family Services workers involved in this study also reflected in participant observation sessions that decisions undertaken by government workers to refer high-risk cases to the CSO could be inappropriate and not conducive to good outcomes for the families being referred. Examples of this type of case transfer were provided throughout the data collection process, with the extent of this issue captured in the following representative statement by a CSO Family Services worker:

> There's definitely times, and there has been in the past, where I've got a couple of cases where you just read it and think there is no way this should be sitting with family workers at the moment. This should definitely be being investigated and case managed by DHS [sic]. I suppose a good example of that is [indicates a particular case]. When I read hers, the referral that I got from DHS about it was just all over the place and I'm like I don't even know where to start. And it sort of sat idle for a couple of months with nothing going on. I did my best to catch up with her [the client] and see her but there's not much I can do. And only recently now I got a call last week from DHS saying that we've allocated a case manager, her file is going to case management so we'll be looking after it (FS Worker F).

Other workers observed that referrals from the government agency often presented with higher risk and complexity than was appropriate for Family Services:

> A different case of mine, a current one, is quite dicey. Lots of sexual abuse and violence and I think child protection are going to get supervision orders now, but they hadn't been going to. You know, they'll [government workers] say, well we want you to support the family, but it's like, far out! We've got Mum with an intellectual disability, Dad's gone to jail, there's 7 kids, there's a new born baby, there's violence, there's intellectual disability with the kids, like where do you start? (FS Worker A).

> The note on the Child Protection file was, Child Protection closed, no further action. And I'm like, you've got to be kidding! I mean this file was just intense, it involved things like incest, the father sexually assaulting the children and things like that, extreme violence,

> domestic violence, huge, massive, massive issues I looked at and I thought, where the hell would you start? With a family like that, where would you start? (FS Worker B).

Of significance here is in how the CSO workers expressed the view that the cases referred by the government agency were so complex and/or of such high risk that it was difficult to know where to begin working with these families. This indicates that a proportion of cases being referred to the CSO by the government partner were viewed by CSO workers as inappropriate for support services because of the risk involved. They also suggest that CSO workers may have been ill equipped and/or trained to manage such cases. This assessment is especially important within the context of the Family Services program. The issue is that the program was not designed to work with the types of high risk and high complexity that workers reported they were managing. One consequence of risk shifting from the government to the non-government partner as described by CSO workers was, therefore, that families exhibiting high-risk behaviours were not being provided with services adequate to their needs.

A consistent theme to emerge from the data was the participant assessment that government workers were either not cognisant, or were disregarding of, the role of Family Services and the appropriateness of referring high-risk cases to the non-government service. This feedback was received from 100% of the workers involved in the data collection process and highlights a clear divergence between how the role of the non-government partner is perceived by the government agency and how non-government partner workers perceive their, and their agency's, role. Importantly, this type and level of divergence has had a critical impact on shifting perceptions within the CSOs around partnership equity, risk shifting and the capacity to meet the ideological drives of the reforms.

It is not within the parameters of this study to determine motivators for decision-making by government partner workers. These could be linked to a variety of factors including external and/or internal demand pressures, an unskilled workforce or inefficient performance management practices. The consensus in assessments made by those who were participants in the research was that the cases being 'shifted' to the CSO were demonstrably inappropriate for Family Services based on the level of high risk and complexity they exhibited. Furthermore, the decision-making by government workers

provided a mechanism through which the government agency could shift the responsibility for the management of cases onto the non-government partner.

The case examples (Nguyen and Bartlett) and transcript excerpts provided throughout this sub-section suggest that a divergence had occurred within the partnership between actual practice and ideological conceptualisations of best practice and best interests; the latter two being both professional and legislative imperatives. The data provides clear examples of risk shifting and are reflective of findings by the Victorian Ombudsman that external factors were shaping actions and outcomes within the government/non-government partnership. Such findings align closely with the performativity literature, which contends that contemporary managerialist modalities devalue professional practice while at the same time increase professional worker performance responsibilities (Ball, 2003; Blackmore, 2004; Mahoney & Hextall, 2001; Powell & Gilbert, 2007). The data collected for this study supports this view and indicates a tacit service system expectation that Family Services workers can manage a high degree of case risk. Conversely, the professional opinion of the CSO Family Services workers regarding the appropriateness of the cases for Family Services appears to be neither adhered to nor responded to.

Devaluing the professional

Regardless of experience or position within the participating CSOs, all 16 research participants (workers from both Child FIRST and Family Services) expressed frustration at their professional opinion being either ignored or devalued by the government partner. In the case example below, taken from a Child FIRST referral meeting, the opinion of an experienced, senior Family Services worker on the risk status of a family was that this family required government protective services intervention, rather than continued Family Services support:

Case Example 3: the Delahunty Family

The Child FIRST team leader outlines how an experienced, senior Family Services worker reported the Delahunty family to a child protection intake worker, due to fears and concerns for the family; particularly in regard to possible ongoing family violence, drug and alcohol abuse and transient and chronic neglect of very young children (two years old and five months old respectively). This Family Services worker had expressed that the risk to the children was too high for Family Services and needed urgent government protective services intervention. According to the Child FIRST team leader, the government agency undertook a home visit and reported that the "house was filthy, with people everywhere. No bedding for the children." Despite this, the Child FIRST team leader then stated that it was "so frustrating as [Child Protection Intake] handed it straight back to Child FIRST" even though the referral came from Family Services. The team leader felt obliged - "had to" - accept the referral, as the mother was still accepting of services and that if Child FIRST did not accept the case, the family would be left without any services. The team leader stated that leaving the family without services as "unacceptable."

This case example demonstrates that, in regard to the 'relationship' between the government and the non-government partner, government workers were making risk assessments and case management decisions that ran counter to the professional advice and judgment of the non-government partner workers. This technic is thereby achieving a reduction in the amount of high-risk cases the government partner needs to manage, and increasing the amount of high-risk cases the non-government agency is managing as a consequence. Case example 4 further illustrates this contention:

Case Example 4: Tavoularis Family

In a consultation between CF Worker Z and the Child FIRST team leader, Worker Z indicated that child protection was supposed to contact the Tavoularis family (who had been assessed as high risk) and had been notified that if they did not contact this client, Child FIRST would close, as the client was not engaging with the service. Worker Z stated that the government agency did not respond to this request. The team leader then named the particular child protection worker involved, stating that this worker "was not good at responding." The Child FIRST team leader then closed the case as the family were declining services.

Not answering emails and similar passive acts by the government agency can result in Child FIRST being obliged to assume responsibility for very high risk and complex cases. However, there were also cases where the deliberate actions and/or inaction of government workers appeared to be impeding the Child FIRST referral process itself. Evidence of this was found in a review of the case examples presented to this point in the thesis. Analysis of consistent actions across the four case studies shows:

- Individuals and families being left without formal supports;
- Professional advice being countered and/or ignored;
- Increased levels of client risk (and CSO organisational risk) being facilitated for those already at significant risk.

The data presented throughout this section signifies that a power imbalance between the two partner agencies was affecting how CSO workers made decisions in regard to high behavioural case risk. Government workers, through various passive and active actions, had prevented CSO workers from referring, or referring back, high case risk to the government agency. Indications that government workers were devaluing the decision-making authority of CSO workers also highlight a possible further divergence between the ideological and conceptual framework of the reforms process and the current model. A key theme in the research data is that Child FIRST and Family Services workers consistently expressed that their professional practice and decision-making is not only undervalued, but often not responded to. This suggests that the

language of partnership, as articulated in the lead up to the reforms, was not in evidence in practice.

The following section will continue to explore the role of government workers in facilitating the transfer of risk through an examination of how a government partner role integral to the partnership – the Community Based Child Protection Worker – might likewise have contributed to the ability of the government partner to transfer risk to the non-government partner.

The Community Based Child Protection Worker as a gateway

The role of the Community Based Child Protection Worker (CBCPW) was created as part of the 2007 reforms process to provide a conduit between the CSO and the government service. According to the *Child Protection and Integrated Family Service State-wide Shell Agreement 2010-12, Version 2* (Department of Human Services, 2011), the position of CBCPW was designed to perform an advisory role and facilitate a collaborative approach in working with the CSO 'partners':

> Community based child protection will actively participate in Child FIRST, Alliance and service coordination activities. They will work collaboratively with integrated family services to support their work with vulnerable children, young people and their families. Broadly the key functions of community based child protection will be to:
>
> - Support the identification of cases within child protection requiring an integrated family services referral
> - Provide advice to child protection regarding making referrals to Child FIRST
> - Facilitate referrals from child protection to community based child and family services
> - Facilitate reports from community based child and family services to child protection
> - Provide consultation and advice to community based child and family services on specific cases, including risk management and safety planning to enable ongoing case management
> - Support and work in partnership with community based child and family services to engage families as appropriate, through joint

work, joint visits and case conferences, particularly relation to exit and transition planning

- Foster positive working relationships and transparency between child protection, integrated family services and families
- Participate in local professional and community education initiatives, as identified with the Alliance (pp. 44-45).

The relationship between the position of CBCPW and Child FIRST and Family Services at both CSOs was generally reported to be positive, with particular CBCPW workers held in very high esteem. In the main, the consensus within data was that the relationship was one of mutual respect, collegiality, supportiveness and understanding:

> I really, we actually really admire the time that [the CBCPW] gives us. A lot of the time she tries to get in here every week to actually sit down here with people and go okay, what are your levels of concerns, where are they at? She's fantastic; she's very pro-active in working with us and bridging that relationship between [the CSO] and DHS (FS Worker B).

> We can discuss anything with her, the smallest concerns… and there's plenty of times where [the CBCPW'S said] look, you know, just make your report right now, just base it on what we've discussed. And quite often [the CBCPW] will go out and do a joint home visit with me as a precursor to this becoming a formal report. Yeah (the CBCPW) is brilliant (FS Worker C).

This feedback echoes some of the early findings from Murphy's 2010 report into the Victorian Child Protection and Integrated Family Services System (Since Enactment: Assessing the Impacts of the Child & Family Welfare Reform Agenda: A CSO View), whereby:

> The Community Based Child Protection Worker was assessed as playing a pivotal role in enhancing professional practice links between the government and non-government sector and, linked to this, in meeting the spirit and the goals of the reform agenda. The extent to which this was occurring successfully varied dependent on location and region (p.13).

Observations collected over the 12 month data collection period for this study suggests that the success or otherwise of the CBCPW position appears to rest with the personal attributes and professional skill level of individual CBCP workers. This concurs with the findings from KMPG's 2011 Department of Human Services Child FIRST and Integrated Family Services Evaluation Summary Report. In this report, one of the pre-conditions of the role's success is that a "skilled, capable incumbent" (p. 8) must fill this role. Dependent on this criteria being met, the CBCPW could provide a very powerful gateway within the partnership.

The Community Based Child Protection Worker as gatekeeper

While Child FIRST and Family Services worker feedback reflected that the relationship between CSO workers and CBCPW's was generally positive, it also highlighted a lack of confidence in the ability of the CBCPW to minimising risk transference from the government to the non-government partner. It was showed a resignation among CSO workers regarding the apparent inability of the CBCPW to actively minimise risk transfer from the government to the non-government partner was apparent:

> I sent an e-mail to [names CBCPW] with a whole list of questions around what was in the referral and what wasn't and raising concerns that [despite] three Family Services interventions there has been no change. There was no reply (Team Leader).

> Child Protection were involved, but closed. They know what the risk factors are, and they've... you know. Things haven't changed. I will definitely consult with [names CBCPW] but [the case] probably won't go back to Child Protection (CF Worker G).

Importantly, interview data from senior CSO management also indicated that the CBCPW actively engaged in decision-making that was viewed by the CSO as being contrary to the best interests of the CSO and of clients. The excerpt of interview below captures this finding:

> We have, from time to time, said we'd still like to make a report to Child Protection. The Community Based Child Protection Worker tries to block that [and] there are times when we have to fight really hard to get [the CBCPW] to even consider taking [cases] into Intake (Manager).

Research data also recorded several incidences where Child FIRST workers at CSOs expressed frustration and cynicism regarding protective services processes and protocols and the role the CBCPW had in upholding them. The excerpt from a consultation between a Child FIRST team leader and CF Worker Y below illustrates this contention:

> Worker Y consults with the Child FIRST team leader regarding a case referred from a concerned community member. The mother has substance abuse and severe mental health issues. The latest referral was made because the mother had become very intoxicated, threatened to take her children away and had since disappeared. There is some concern that the mother's mental state may have deteriorated. There are also questions regarding the father's capacity to act protectively, given his past actions and heavy alcohol use. Worker Y and the Child FIRST team leader discuss whether or not to consult with the CBCPW or to establish contact with the father first. The Child FIRST team leader states that the CBCPW "will only make us contact the father first anyway." The Child FIRST team leader explains that the dilemma for Child FIRST is if they contact the father, he may decline services, as he has minimised the family's problems in the past.

The discussion above represents a key finding in terms of decision-making power within the partnership. This is that Child FIRST's ability to make decisions regarding how cases are assessed and specific issues are addressed is limited by the opinion of, and/or decisions made by, the CBCPW. Furthermore, the Child FIRST team leader viewed the CBCPW's position on procedural matters as potentially counter productive to the successful engagement of a client. Such data highlights the ways in which the power differential between the Child FIRST team leader and the CBCPW was impacting on the team leader's ability to perform the role and make decisions based on professional experience and knowledge.

An analysis of the data from participating CSOs also suggests that one factor that may compromise the relationship between the CSO and the CBCPW is how the CBCPW role is administered. While the CBCPW's role is promoted as a Community Based Child Protection Worker, each CBCPW is employed by the government and as such, is bounded by the protocols and processes of the state. This means that the CBCPW role as a gateway between the two services is restricted, for when the needs of the CSO

conflict with those of the government service, this can create difficulties in issues resolution. The except from a CSO Family Services worker below captures this view:

> This one's I think is probably borderline, that's why [the CBCPW] was involved in the first place and said to Dad, I'm going to put in a referral because I think you guys need support from a Child Protection point of view, to help you get some of these things happening. So it was borderline and I said to [names CBCPW] yesterday… I just don't know where this sits and [names CPCBW] sort of went, you know, it is really borderline. I mean, cumulative harm, you could argue from that point of view and say absolutely there needs to be services involved, but from that emergency response point of view of Child Protection, there's probably not enough evidence there. I mean the kids are being fed, yeah, it's just… it sits right on the edge of both, like where do we go from here, especially if the parents aren't willing to move? (FS Worker C).

This data highlights that the role of government workers, including the Community Based Child Protection Worker, can be both that of gateways and gatekeepers. This signifies another method by which risk can be shifted from the government to the non-government partner within this particular social service delivery partnership. The relative inability of the non-government partner to counter, or successfully challenge, government worker decisions, suggests that a substantive power differential exists between the two partners. As a consequence of this imbalance, the CSO's ability to minimise the amount of risk being shifted from the government to the non-government partner is hampered. This assessment was validated in feedback from 100% of the participants of the data collection process for this study.

It is apparent therefore that a primary method by which risk can be transferred from the government to the non-government partner in this particular social service delivery partnership is via individual government agency employees. Finally, it is evident that the conduit and execution of this particular technic is only achievable due to the existence of a substantive power imbalance between the two partner organisations.

6.8. Summary of Chapter

CSO executives, managers, Family Services workers and Child FIRST workers for this study all contended that the level of risk and the amount of high-risk cases the CSOs were now managing had increased significantly since the implementation of the Victorian Child and Family Welfare Reforms of 2007. While these study participants also

acknowledged that this increase in risk was not an intention of the reforms process itself, the resultant partnership arrangement was viewed as having directly facilitated the phenomenon of risk transfer from the state to the non-profit partner. Re-conceptualisations of risk at the system level, driven by several (largely unanticipated) systemic drivers, were considered to be the key contributors to the actualizing of shifting of risk within the partnership. The technic of risk shifting demonstrates how managerialism can compromise the ability of the service partnership to meet other objectives, such as early intervention. It also exemplifies how risk shifting may occur as a result of risk being viewed as inherently problematical at government and at organisational levels. The occurrence of push back suggests that constructions of risk as dangerous to government were driving the deployment of risk within the partnership. In effect, one risk problem of not meeting governmental targets could – and did – override the other risk problem of children coming to harm, with the solution being to transfer the latter in order to reduce the former.

The actualization of risk shift was also facilitated by systemic level risks being perceived by the non-government partner as dangerous to the organisation. These risks related to resourcing, the survival of smaller agencies and the requirement for compliance. These constructions of risk were acting to further limit how the non-government partner was able to mitigate risk shifting.

While these insights have emerged through an examination of data collected from a specific program and policy initiative (the child and family welfare reforms), the findings provide significant insights into the government/non government sector relationship at a system level. They illustrate the dichotomy that emerges when a partnership agenda seeks to accommodate the implementation of a conceptual ideal across a diverse service system while concurrently operating in an environment of economic rationalism, risk management and budgetary constraint. Importantly, the data highlighted the ways in which power imbalances between the government and non-government partner shaped and drove responses to emerging tensions.

In the shift toward a better understanding of the phenomenon of risk management within service delivery partnerships, it is also critical to examine how shifts and imperatives at the service system level were playing out within the non-government partner organisations themselves. How the absorption by CSOs of high risk and high demand

was impacting on CSO practice and programs need to be explored. Linked to this was the imperative to understand and analyse the types of risk mitigation strategies CSOs utilised in order to minimise risk to their organisations. The following chapter will therefore detail a range of issues specific to risk transfer at the organisational level. Finally, the following chapter will also consider what the implications might be for practice if organisational risk management strategies are being applied by CSOs in order to minimise organisational risk concerns. These include exploring the extent to which risk transfer was being resisted by CSOs, and in what ways.

7. The Assumption of Risk: implications for practice

I don't know if I can explain it properly but there's just been a number of cases where I've been told to do something that doesn't sit comfortably with me and I'm… like I'll make a comment, "I'm not a child protection worker, I don't feel that this is actually my role." You know, I left Child Protection for this reason and I just feel like I'm doing child protection work (Family Services Worker).

7.0. Introduction

The following chapter addresses the second key research question, namely, *How is the construction and management of risk impacting on the non-government partner and on service provision?* Responding to this research question involved looking beyond the drivers and facilitators of risk shifting at the system level to explore how risk is managed and mitigated by the non-government partner. As was outlined in Chapter 6, external demand and resource pressures at the system level had become key drivers of push back of high-risk cases by the government partner to the non-government partner. It was also demonstrated that the non-government partner had come to conceptualise high-risk cases as dangerous to the organisation as a consequence. However, two pivotal questions remained to be answered. Firstly, if high-risk cases were perceived as a 'risk' to the CSO, how might CSOs be managing and/or mitigating this risk? Secondly, what was the capacity of these organisations to both manage risk and meet service objectives? To this end, the following areas have been examined in this chapter:

- The enabling factors to the assumption of high risk by the non-government partner;
- The roles the CSOs themselves were playing in the process of risk transfer;
- Worker perceptions of how the organisation was supporting their risk management decision-making.

The impact of an emergent risk management rhetoric on practitioner conceptualisation, management and mitigation of case risk are also explored within this current chapter.

7.1. Managing risk: a fundamental shift in organisational perspectives

Data from the two participating CSO manager interviews suggests that risk management decision-making was often shaped by service and resource constraints. The excerpt of interview below captures this contention and is representative of both senior manager's observations on this issue:

> The case that got bumped today is one where the father is in prison for child sexual assault and the mother, who has several children to him, is in total denial that he perpetrated. Now [names Family Services worker] is saying to me, I'm really concerned about this one. But it's got to wait because [the CSO] is insane in terms of capacity and demand on capacity so they are the choices that you make (Manager).

High demand was also cited by these managers as affecting the ability of CSOs to undertake early intervention for families of low to medium risk:

> There are big gaps between primary and tertiary and secondary areas and Family Services used to be secondary intervention and no longer is. If we could get services that were working at an earlier point with families before they reach us, and if we could do more collaborative work with them, like run more groups, do more community development projects, work on the housing estates, all that kind of stuff, target the areas of most need and engage with schools. At the moment we don't have the resources to do that (Manager).

Both managers suggested that, despite some families having been allocated for services, or of fitting the criteria for support services, the need to prioritise extremely high risk cases was contributing to family risk levels 'spiralling up':

> Because what we're doing at the moment, because we're not doing that work, [early intervention] is we're feeding our own front line. Just the same as child protection is. What's happened then is that the prioritisation of cases at the front end, at Child FIRST, has been that only those that are at the highest risk get a service so there is no longer the capacity, you've got to continue to reprioritize those families that come through the front door to those that are most needing [a service] so the notion that the legislation is all about is that the most vulnerable get a service, but what it doesn't take into

> consideration is the movement from people who are up the other end of the continuum who become the most vulnerable because they're not getting a service (Manager).

This comment also implies that the level of high case risk coming into the CSO had resulted in defining 'deservingness' based on presenting risk levels, with those at the highest end of the risk spectrum given service priority. The excerpt of interview below further highlights this assessment:

> It [early intervention] was portrayed in the lead up as what they [the government partner] would call an earlier intervention service, in the strategic Framework for Family Services, and the concern expressed by the sector at this wording and at the document at the time was always that earlier does not mean early. Earlier from their [the government partner] point of view really meant, and they were very dodgy about this, but really what it came down to, is earlier than child protection. So what that's meant in practice is that… and because the legislation states that we have to prioritise those most vulnerable and in need, then what that means in practice is everybody in the community that has issues, problems and needs that would previously perhaps have got a look in and some sort of support service, now no longer gets that because we have to prioritise the upper part of the pyramid of demand if you like (Manager).

Such observations illustrate that the non-government agency's response to a shifting service modality, and a concentration of high-risk cases, has been to accept these conditions as risks to be managed by the organisation. This is despite such shifts also being perceived by CSOs as negatively impacting on the service system's ability to meet key support service objectives.

The participating CSO managers clearly articulated the apparent necessity of CSOs to accommodate and manage high risk. They also outlined how high demand at the tertiary end of the case risk spectrum was affecting the CSOs' ability to carry out early intervention and prevention work. However, given that one of the criticisms of the social work literature is that qualitative studies tend to rely too heavily on participant perspective and experience, it was crucial that this study examine if the issues outlined by the CSO managers were discernible at the programmatic level. As such, the following section provides an analysis of a pivotal program established as part of the child and family reform agenda: Active Holding. This program was chosen for discussion as it

most clearly demonstrates how high demand and high case risk concerns were playing out within the CSOs themselves.

7.2. Managing risk: at the programmatic level

Developed as part of the 2007 reforms process, and delivered by the non-government partners within the broader Child FIRST program, Active Holding was originally conceived to be a mechanism to support demand management and the prioritisation of cases. This was to occur specifically where, "in some cases…"

> [A] family service in the best position to meet a child's, young person's or family's identified needs will not be able to allocate a caseworker immediately or provide a service response through the range of available practice approaches (A strategic framework for Family Services, pp. 54 – 55).

As originally conceptualised, a family placed on Active Holding would "…receive an active holding response, such as a one off intervention and/or low level monitoring and support until the case is allocated" (*A strategic framework for Family Services, pp. 54 – 55*). The emphasis here was on "some cases", with the inference being that Active Holding was seen as a demand management mechanism only activated during peak demand times. Yet the data from cases tracked for this study indicates that many cases can, and do, remain in Child FIRST for extensive timeframes well beyond what could be considered as short term. The figures provided below are a diagrammatic representation of the data examined over the 12-month data collection period. Within that timeframe, 78 of the 474 cases recorded were in Child FIRST for between one month and four months, with another 20 cases in Child FIRST for over four months:

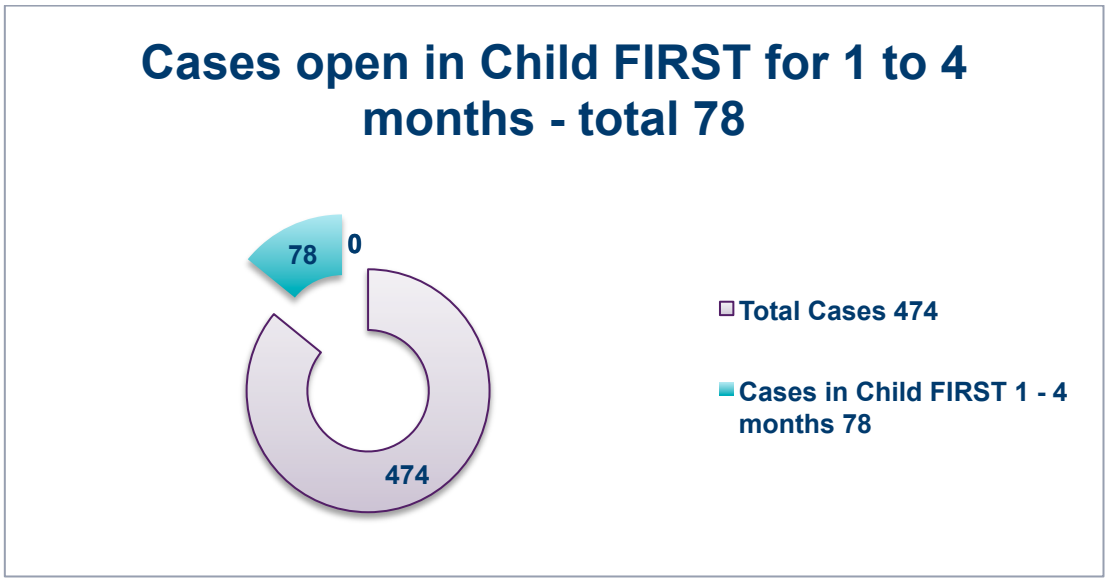


FIGURE 4: CASES OPEN IN CHILD FIRST FOR 1 - 4 MONTHS

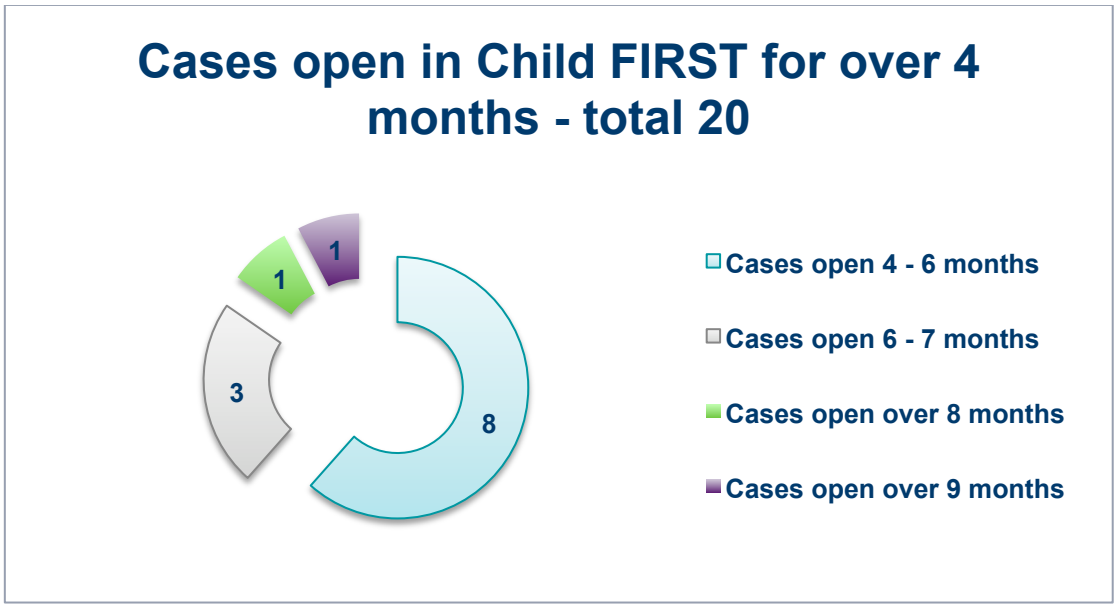


FIGURE 5: CASES OPEN IN CHILD FIRST FOR OVER 4 MONTHS

As this data demonstrates, of the 474 cases tracked, 98 cases (representing some 20%) had spent at least one month in Child FIRST assessment, Active Holding or a combination of these two states. For 20 of these families, this period was over four months, with five families experiencing over six months in Child FIRST. The issue here is that Child FIRST is primarily an intake, assessment and referral service.

Consequently, there is little capacity, or expectation, for this service to provide an ongoing, in-person 'support' service.

Research data taken from the participating CSO Child FIRST programs during the 13 month data collection period for this study indicates that the reasons why some families are 'opened' in Child FIRST for such substantial lengths of time is primarily due to the following causes:

1. *Families moving between Child FIRST and the government agency.*

   Families are referred and re-referred back and forth between the two services during a single referral phase (this issue will be further discussed and examined in Chapter 8).

2. *Families are allocated for services but placed in Active Holding due to limited capacity at Family Services or other external support services*.

   A primary objective of Active Holding was to provide a short-term service to assist in alleviating demand pressures at peak times. The long periods that some cases remain in Active Holding suggests that the capacity within Family Services is significantly, and more or less constantly, lower than can meet the demand.

3. *Difficulties engaging families with services*.
   Engaging a family during the assessment phase is observed to be challenging and can add considerably to the time a family remains in assessment. The data collected at both Child FIRST locations indicates that barriers to engagement during assessment includes:

   - Family transience, where families experience housing issues and/or multiple relocations. This can make it difficult for Child FIRST workers to establish and maintain contact;
   - Reluctance of the family to agree to services. Such reticence may be due to a lack of understanding of the service being offered, an aversion to the service itself, or the family may be disinclined to have certain aspects of their lifestyle scrutinized. The punitive nature of the service and a fear of being judged may also contribute to family non-engagement and disengagement and this will also be explored in Chapter 8;

- Somewhat ironically, a family may disengage with the service because of significant delays in being allocated a service.

4. *Difficulties in 'unpacking' the issues a family is experiencing, as when there are multiple and interrelating issues such as family violence, mental health, substance abuse, disability, poverty, homelessness, trauma, abuse or neglect.*

   When there are multiple presenting issues, identifying the most pressing need and the most appropriate service or services to address this need can be time consuming.

Below is a representative case example taken from one of the 20 cases above that illustrates the complexity of issues Child FIRST programs are managing:

Case Example 5: The Harrison Family

The Harrison family were referred to Child FIRST by an adult psychiatric service. The Child FIRST worker allocated the case stated that the parents were in crisis, but not engaged with services. After some weeks, the Child FIRST worker managed to contact the mother, who indicated to the worker that there was a history of extreme family violence. The Child FIRST team leader suggested that a local Indigenous Australian support service might be the best service to engage the family, as one of the parents was of Indigenous origin.

Due to concerns regarding the mother's mental health, a joint home visit between Child FIRST and the psychiatric service was planned, however, the Child FIRST worker assigned the case stated a belief, based on this worker's knowledge of the family, that the mother would not engage with services.

A joint home visit was planned and soon after undertaken. The Child FIRST worker who attended this visit explained that, while the house was in order and clean, the mother seemed very depressed, and, according to this worker, "just wanted them to leave."

This Child FIRST worker also observed that there were no overly concerning issues with parenting, but there was evidence of significant, ongoing substance abuse by both parents.

A further barrier to the provision of a service for the Harrison family was that a concurrent psychiatric assessment of the mother needed to be concluded before an appropriate service could be decided on.

During this process, the Child FIRST worker managed to engage the mother, who agreed to Family Services pending the outcome of the psychiatric assessment. The family were placed on Active Holding. The time lapsed between the first referral and closure at Child FIRST was 6 months, 1 week.

The outcome for this family was an eventual allocation to Family Services. However, as this case example illustrates, the complex and overlapping issues experienced by this family meant that it would have been difficult to hasten the process involved. Time, information and inter-service collaboration was needed in order to 'unpack' this family's particular situation. What needs to be considered is that this process took a little over six

months, which means the family was essentially without on-going, regular, or therapeutic intervention and/or support from the CSO during this ‘assessment’ period.

What the research data from case tracking in Child FIRST programs has identified is that Active Holding was being employed as a permanent fixture, rather than a strategy designed to manage periods of high demand. Feedback from CSO senior management reinforces the contention that the Child FIRST program did not have the power to counteract the government agency’s decisions regarding the assessment of high risk:

> For a start I think that it’s often not their [Child FIRST’s] decision, it’s often Child Protection’s decision. So I think that does a couple of things. I think there’s a high level of frustration in Child FIRST with that, with people [staff] feeling like we’re working with situations where we’re really unsure, so we do what we can, but there are limitations (CEO).

A lack of decision-making capacity at the Child FIRST program level infers a power imbalance between the two partners. It is also apparent from this CEO feedback that decision-making regarding what cases were, or were not, appropriate for Family Services was being made by the government partner. This assertion was considered to be contrary to the structure of the program and the spirit of an equal partnership.

Another consequence of the inability of Child FIRST workers to make decisions regarding the acceptance, or otherwise, of high-risk cases is that workers in the non government agency were having to create a ‘fit’ between the type of cases they were managing and the assessment model of Child FIRST. Essentially, the assessment and management of often very complex cases was occurring through a program that was not designed as a primary therapeutic service:

> Child FIRST is largely a phone-based service, not totally, they do go out and visit families and see them, but the volume of work is largely over the phone. And I think people [Child FIRST staff] feel quite uncomfortable about managing those situations with that kind of constraint (CEO).

This comment suggests that the Child FIRST program was designed to provide medium to low risk families with short-term monitoring and low level support. However, the capacity of the program to offer longer-term, high-level support and monitoring to

families exhibiting high-risk behaviours was quite limited. The research data also indicates that demand for Family Services was exceeding service provision. Consequently, the amount of high-risk families being placed in Active Holding had also grown:

> And that [insufficient places in Family Services] puts families also into holding [sic]. So clearly assessed by Child FIRST as having significant needs, significant child well-being concerns, but no services available. So Child FIRST ends up holding the family situation, which is really I guess a…. you couldn't even call it a crisis management. It's not really, it's not doing much more than a level of support to see a family through and I think that there's a fair bit of discomfort about some of that in terms of what people can do in those holding times (CEO).

An analysis of the Active Holding program highlights that firstly, the program was unable to manage the level of high-risk cases presenting to the service and secondly, this risk was not being managed very effectively once it has been accommodated by the CSO. As a result, an instrument (Active Holding) that was designed to assist in the management of one risk (high demand) at the CSO was, as a consequence of this high demand, contributing to the CSO 'holding' an increased proportion of high case risk. Importantly, this programmatic instrument was also facilitating one systemic outcome (the transferral of risk to the non-government partner) while further limiting the capacity of the system to adequately service a legislated, policy objective (the provision of an early intervention and prevention service).

While this has implications for increased tension between the government and non-government member to the partnership, at the practice level it:
1) Impacts on the level of accessibility for service users;

2) Has implications in terms of risk normalisation and acceptance for and by practitioners;

3) Places practitioners in the position of having to manage increasingly complex situations within the context of their service delivery.

These additional implications are explored in the following sub sections of this chapter.

7.3. Managing risk: at the practice level

Feedback from CSO practitioners indicates that there was a considerable variance between how practitioners conceptualised risk and how it was conceptualised by CSO executive and management. A divergence between how workers and CSO senior management viewed risk was being managed and/or mitigated within the CSO was also apparent.

Mitigating Risk

In cases where Family Services workers assessed there was a significant risk that the child or children within a family might come to harm, the participating workers all concurred that line managers could and would 'manage up' or 'manage out' such cases:

> If we had issues, then yeah, we talk to our team leader about it and then they manage it up. So they talk to their program leader about it and then there's a discussion at that level. I think if I expressed my concerns strongly enough, that that case would be managed up. I know that they have been in the past, maybe not mine, but well I mean… with others (FS Worker G).

Family Services worker feedback also indicates that line management would make the decision as to whether or not the government partner service needed to be involved:

> If you have to report to Child Protection, as a worker it's normally fairly easy, you just have to run it past your supervisor. But generally through supervision we keep check of, you know, who's sort of running a bit hot and that kind of thing anyway. So I haven't had any issues with it (FS Worker A).

> Based on what other colleagues have told me, that when they have expressed concern about a particular case, that you know that maybe it shouldn't be with us, it should probably be with DHS [sic], team leaders have always followed it up (FS Worker F).

Notably, as demonstrated above, Family Services workers often described the relative ease in having high-risk to children cases managed 'up' as anecdotes, rather than as first hand experience.

Family Services worker feedback also emphasized that workers could, on the basis of their own assessments, make a report directly to the government agency:

> There have been cases that I've been given that basically I've shoved straight across to Child Protection. I've just compiled all the history and started doing the Best Interests assessment. I've made that decision, yeah (FS Worker C).

> If it's flat out that you know there's something you've either witnessed or the parent has told you or the child has told you, I'll still chat with my team leader, but I can go straight to Child Protection. A lot of Child Protection workers will call and ask to speak to some of the Family Services workers, that's because their particular cases have either current DHS [sic] involvement or previous DHS involvement. So we can call workers at Child Protection straight and they can call us as well, so there is constant dialogue between our two organisations. But they're not necessarily accessible just because they have quite a high caseload (FS Worker H).

As well as reporting to line management and/or directly to the government agency, a third option was to engage the Community Based Child Protection Worker (CBCPW). The CBCPW would then assess the situation on behalf of the government service:

> Certainly there are some though that have come to me and I've looked at and I've just gone [looks askance] because the nature of Family Services is we go and see a family once a week, usually between one hour and maybe two hours depending on what the needs of the client are at the time. Some cases you very quickly get the idea that our intervention in Family Services of one hour a week is not even going to make a dent in the issues that they've got, and in those cases we say this is not appropriate for Family Services; not because we can't do it but simply because the family needs much more intensive support and more time given during the week. Or it's at the stage where I think we need to do a joint visit with the CBCPW, when I really want them to see it from their point of view. We utilise the CBCPW a lot, I've had at least four or five cases where I've got [the CBCPW] to come out with me (FS Worker B).

This feedback suggests that part of the ongoing assessment and management of high case risk involved frequent consultation with the CBCPW in order to assess the risk from a statutory viewpoint. The role of the CBCPW in regard to risk assessments was also utilised as a second opinion when the risk concerns, and actions to be taken, needed clarification:

> So if there's going to be a concern with the child, you'd have a consultation with your team leader. From that consultation you would then establish whether or not you need to consult with the CBCPW. If your team leader's not sure about whether or not to make a straight referral to DHS [sic], you would then do a consultation with the CBCPW and they would take it from there in regards to whether or not you should make a referral to Child Protection (FS Worker H).

Again, the interview data highlights that workers believed that if they expressed their concerns strongly enough, their appeal would be heard and high-risk cases would be managed up or managed out by line management.

The disconnect between worker perception and the workplace reality

In contrast to the feedback above, these same Family Services workers cited few cases involving high-risk concerns for client's children where the cases were in fact managed 'up' or managed 'out.' Instead, the research data indicates that generally, even cases assessed by workers as being too high risk for Family Services were remaining with workers. Essentially, the opinions workers expressed tended to reflect what they believed would be the case if they assessed a case as too high-risk for Family Services, rather than what they had experienced. A disconnect between what workers say they were experiencing and the practice reality was evident, with workers appearing to have little power to decline or cease working with high-risk cases. This assessment was validated in feedback from 100% of Family Services workers interviewed. The excerpts of interview below provide a representative sample of this feedback:

> I mean you still get stuff that [another Family Services worker] was telling me about yesterday, where [the other worker] started to read through the file and I'm just like, bloody hell, you've got to be kidding! I mean this is ridiculous; it should be Child Protection stuff. And the case [a different Family Services worker] had yesterday in particular, I looked at that and it seemed like, once again, that was a much more elevated case than a lot of us have to deal with. Even [the other worker] was looking at it like, this is ridiculous; we shouldn't be getting this (FS Worker B).

> I'm quite sure that if I said I'm not comfortable taking this case, for whatever reason it may be, and I just put my foot down and said I don't want this one I won't be doing it, I'm sure it would be given to another worker. I mean I'm sure I'd be supported in the sense that okay, well this worker doesn't want this one, but I'm quite sure that agency-wide, and

> I speak on behalf of all family workers, if that case has come down to family workers, it's going to end up with one (FS Worker F).

As was discussed in Chapter 6, Family Services workers held some CBCPW's in high regard and spoke about the ease with which it was possible to manage risky cases 'out' to the government service via the CBCPW. However, the data revealed that there were, in fact, several barriers to the facilitation of such an outcome. One such barrier was time and caseload constraints, with Family Services workers citing examples of significant delays due to the CBCPW either being unavailable or under too much load:

> I've got a joint home visit organised with the CBCPW for this case. I'm really, really concerned about that one at the moment. But the CBCPW's only available time is, I think, the ninth of December [three weeks from the time of the present interview], something like that, because of [names CBCPW]'s load. And we respect that and we go, no problem, that's fine, just book it in for then and in the mean time I just continue to do the home visits and continue to build that evidence. Unless they're really immediate where we go, look, we really need Child Protection to come out now, we need someone to come out [but] we generally don't have much choice; we generally wait (FS Worker B).

The availability or otherwise of the CBCPW was also identified as significantly delaying decision-making regarding allocation of cases in Child FIRST:

> The CBCPW isn't available next week at all, so if they can't get the case managers to come, they won't be presented next week... again! That will make it the third week in a row (Team Leader).

Several complexities are presented by the reliance on the CBCPW as a means of referring high-risk cases to the government service. Of the few reports that were made to the government partner by CSO workers during data collection for this study, only a small percentage appeared to have been subsequently 'opened' in the government partner agency after an initial investigation. The majority of cases were in fact returned to the CSO as either new referrals or were handed back (re-referred) to Child FIRST by the government partner. Such case 'churning' is outlined in detail in Chapter 8, where the impacts of the current system on the lived experience of clients is explored.

It was not just in Family Services where discrepancies were evident between CSO worker assessments of high risk and how such cases were subsequently dealt with. The following section describes several case examples that illustrate a divergence between Child FIRST practitioner assessments and expectations regarding high-risk cases and actual outcomes.

In Child FIRST

The relative ease or otherwise that Child FIRST workers reported they experienced in attempting to refer high-risk cases reflects the experiences of Family Services workers. Below is a case example from Child FIRST where, despite Child FIRST team members assessing the case as very high risk (and being advised by a government worker to report the case to the government agency) the case was not 'opened' in the government service:

Case Example 6: the Jenkins Family

The Child FIRST team leader explains that there had been an 'unborn report' from a hospital social worker for the Jenkins family. Worker A comments: "Three times [names social worker] considered making an unborn report to CPU [sic] but didn't, then made a referral to Child FIRST." Worker A expressed concerns as it was apparent to this worker that the mother was living with a paedophile who targets young mothers with babies. "The house is filthy, other men live there and frequent the house. I rang [names government worker] at CPU and he said to put it across." Worker A told the team that the government partner agency was going to investigate the family.

At the following Child FIRST team meeting, the Child FIRST team leader explains that the Jenkins family case had "come back" to Child FIRST from the government partner. The Child FIRST workers in attendance express their surprise and disbelief at this decision. The Child FIRST team leader explains that a "particular Child Protection worker rejected case."

At the following Child FIRST team meeting, the Child FIRST team leader explains that during the previous week, another report had been made regarding the family but did not specify who had made the report. The government partner agency had now opened and the "baby has been removed."

This case example may also be reflective of the differing constructs of ‘at risk’ operating at both the non-government and government partner organisations. For the two Child FIRST workers discussing the Jenkins family case, the assessment was that the family was at ‘high risk’ and vulnerable to possible current and/or future harm. As the government partner was not involved in the data collection process, definitive evidence cannot be provided around differing constructs of risk. However, the following case example does suggest variances in perceptions of what constitutes risk. It also indicates differing constructions of risk can determine decision-making by both government and non-government practitioners:

Case Example 7: the Leibnitz Family

The Child FIRST team leader outlines the case details for the Leibnitz family. After receiving a community referral for the family, Child FIRST had referred the family on to a parental support service and Child FIRST had closed. Shortly after, a worker with the parental support program had re-referred the family back to Child FIRST as the mother has apparently left her pre-school aged daughter at home while the mother attended university. Worker A explained that when this support worker had rung Child FIRST, Worker A had suggested reporting the family to the government partner, rather than Child FIRST, which the support worker did. “But Child Protection rejected it [the case] as it wasn’t clear if Mum was home or not, so now I’m in trouble [with the support worker for suggesting reporting to the government partner].”

The Child FIRST team discussed how the parental support worker had originally “pushed [for that parental support service] to get the case in the first place.” Worker A stated that, “well I don't think it should come back but if [names parental support service] won't take it, we’ll have to.”

The Child FIRST team leader then explains the issues the Leibnitz family present with. “Mum has a mental illness. There’ve been referrals since the baby was a newborn. Possible cumulative harm but there’s not a lot of DHS [sic] history, though a lot of Child FIRST [history].”

At the following week’s team meeting the team leader outlines how the parental support service had been contacted but won’t re-open the case, as “the risk is too high.” Worker A intervenes, saying, “It’s on the brink of Child Protection.” The team decide that Worker A should conduct a home visit, but the team leader contends that, “it will tip over to Child Protection” before this can happen.

At the next team meeting Worker A explains that the mother would not let them into the house and won’t accept support, so Child FIRST will have to close.

Both these case examples indicate that, while it is possible for Child FIRST workers to make reports of high risk to the government partner (and to advise other services and individuals to do so), there is evidence that these reports have not been accepted for protective intervention. This divergence in conceptualisation creates a dilemma for Child

FIRST practitioners when then making a decision regarding closing a case that is currently with the government partner:

Case Example 8: the Clarke Family

The Child FIRST worker describes a case that she has recently been allocated. The presenting issues for the Clarke family include possible neglect. The family has also recently been evicted. The government partner agency had been open with the family but had since closed. The Child FIRST worker explained, “I can't make contact. Mum was in a notorious block of flats and the referrer was really nasty: called Mum scum.” The team leader expresses concern, stating that “the school thinks Mum is drug affected.”

At the following consultation, the team leader explains that the government service had been in contact with the family and that the mother wanted support. “So it went to them [the government partner] but they didn’t accept it. [Names government worker] is sending a referral [to Child FIRST] so we’re waiting on that.” The worker allocated the case expressed that, “well I don’t want to close it until we hear back.” The team leader again voiced concern: “They’re [the government partner] supposed to refer it back but they haven't.”

At the next consultation, the team leader states that while being “reluctant” to close, [due to the referral still not coming back from the government partner] Child FIRST would have to close the case due to demand pressures.

The Clarke family case example illustrates how a lack of communication from the government partner service to the CSO may have had significant outcomes for this family. As well, the decision to close the case in Child FIRST indicates that the need to manage organisational risks within the CSO may have taken precedence over the risk of harm occurring to the children in this family.

As detailed in Chapter 3 and Chapter 6, multiple and conflicting risk discourses operating within both government and non-government partner organisations appear to be influencing how families are being assessed and subsequently labelled. The literature advises that an increasingly economic rationalist approach to social service delivery has led to a shift in how vulnerable members of the population are being

classified (McLaughlin, 2007; Munro, 2010; Parton, 2010; Stalker, 2003; Stanford, 2008; Stanford, 2013). The labelling of certain groups as either ‘a risk’ or ‘at risk’ can subsequently determine service system responses (Stanford, 2008; Stanford, 2013). For example, the decisions undertaken by Child FIRST workers in the case studies above are indicative of several risk constructions:

- The family is ‘at risk’ – vulnerable to harm and in need of protective services;
- The family is ‘a risk’ – too ‘dangerous’ for the CSO to be holding due to the capacity of the service to effectively manage high-risk cases;
- The family is ‘a risk’ – too ‘dangerous’ in regard to organisational risk management considerations, such as potential reputational and political threats to the organisation’s viability posed by high risk cases.

The decision to not accept these families by government agency workers may likewise indicate that:

- The family is not perceived as being ‘at risk’ – or vulnerable to harm, which suggests that differing ‘at risk’ assessments operate within the partnership;
- The family is ‘a risk’ – too dangerous for the government agency to manage. The ‘danger’ here being in how such cases might hinder the government partner’s ability to maintain governmental targets and manage demand pressures.

It is evident that a disconnect had developed between what CSO workers believed they, and their agency, can control in regard to risk management decision making and what was actually being controlled. Fundamentally, a risk management rhetoric had emerged, with the ability of the organisation to effectively manage and mitigate high case risk being inversely proportionate to how such cases were in fact being managed. What this suggests is that the government partner may have been using its position of power within the partnership to limit the amount of case risk the government partner was ‘holding,’ while simultaneously shifting such risk responsibilities to the non-government partner. Various other risks were likewise absorbed by the non-government partner, including public, reputational and other risk types that were necessitated by an increase in levels and amounts of case risk the CSO was managing.

The final section in this examination of the management of risk at the practice level will discuss those factors that may have been causal to high risk becoming 'normalised' within both Child FIRST and Family Services.

7.4. Risk in practice as 'normal'

While risk transfer in government/non-government partnerships is much discussed in the literature, the role of risk shifting in the normalisation of high risk within the government/non-government partnership schema appears to be a relatively unexplored phenomenon. An exception is a study undertaken by Kosny and Eakin (2007) that investigated the acceptance of risk in non-profit social service organisations in Canada. The focus of Kosny and Eakin's research was on how an organisation's mission may influence the way in which workers perceive particular workplace hazards. It must be noted however that the Kosny and Eakin (2007) study did not focus on the normalisation of risk over time, issues associated with unmet demand, or on external factors that could be said to be influencing outcomes. The phenomenon of the normalisation of risk at CSOs who are contracted to deliver government services is a relatively unexplored area. As such, this study provides new and valuable insights into processes for the legitimization of risk transfer that have been previously under researched and poorly understood.

The normalisation of high risk: shifts in role and objectives

It must be noted that this study was not constructed to explore the notion of high risk as a new 'norm.' It was only as data collection progressed and participants began verbalising, with increasing frequency, that the high levels of risk they were managing was becoming both expected and accepted, that the decision was made to investigate this phenomenon further. A replication of this theme also emerged as part of the participant observation method of the data collection. By the end of the data collection period, the preposition that high risk is both expected and accepted was one of the most commonly expressed views of CSO workers within both Child FIRST and Family Services at the participating organisations. This expression took two forms, both reflecting slightly different aspects of the same issue.

As good as it gets:

The first took the form of, “it’s [the case] as good as it’s going to get.” Of the eight CSO workers interviewed, five described a high-risk case as remaining stagnant despite the worker’s best efforts to motivate, engage and educate the parent or parents/guardians. Furthermore, there was an acceptance by all eight participating practitioners that a Family Services type service can make little headway into the often complex, ongoing and systemic issues some families face. The solution was invariably to work on closure:

> Sometimes it is difficult… sometimes the family will meet all the goals and that’s great, we can close. Sometimes it’s a matter of, it’s as good as it’s going to get. We’ve built up enough support around this family and around these kids that this is as good as it’s going to get for now and we close, knowing that it’s probably going to come back (FS Worker A).

> One thing I’ve struggled with of late that I’ve had to come to terms with is, is this as good as it’s going to get? And I struggle with that, with that part. Where we get to a standstill in a case and without me imposing my opinions and beliefs on your family… is this as good as it’s going to get? If the family’s happy, and the majority of the main goals are met, then yeah. It’s more of a drawn out process just to close (FS Worker C).

What is noticeable in the participant feedback provided above is that there appears to be a disconnect between the high level of risk workers say they are working with, and a developing sense of pragmatism in regard to how such cases need to be managed. Workers were aware that Family Services could only assist such families in fairly limited ways. But rather than attempting to transfer such risky, but essentially inert, cases back onto the government partner or other specialist services, the objective had shifted towards building as many supports around the children as possible and then closing the case. This is despite the real possibility that these cases may once more return to Child FIRST as a re-referral in the future.

Shifts in the role and the objectives of the CSO due to risk shifting and the managing of risk will be explored more fully in Chapter 8, where pragmatism in an environment of risk shifting can be seen as one of the few options available to the CSO in mitigating risk.

What comes to us, stays with us:

The second way workers expressed a seeming acceptance of high-risk case management took the form of, *what comes to Family Services, stays in Family Services*. Each Family Services participant in this study indicated that the level of risk in some cases that the CSOs were managing was simply too high for closure to be a viable option in the short term. The research data also highlighted that all Family Services practitioners had encountered difficulties in trying to manage this risk 'up' through the CSO chain of command or 'out' through to the government partner or other specialist services. The result of this difficulty was practitioners feeling compelled to work with these families despite the ongoing risks associated with such work:

> Well look when I've done it [tried to manage a high risk case 'up'] in the past it's been, I don't know what the steps taken were after I have said, what is this doing with me? But every time that has happened I've always heard back, 'no, it's okay, you can do this', sort of thing. I mean similarly with [a particularly complex case] when I told the team leader they sort of called… I don't even know who they talked to, it was just fed back to me that, no you'll be right, just do this and maybe go talk to DHS [sic] about it. So that's what we did. I've never actually said, 'so what is this doing with me?' and then they've said 'oh yeah, you know what? You're right' and taken it back. It's still… it's sat with me. Every case that I've been given I've ended up keeping (FS Worker F).

This feedback indicates that CSO management appeared to be reluctant to close some high-risk cases or to manage them out. Data from senior management interviews revealed a possible explanation for such decision-making. Essentially, to 'abandon' such high risk families would be to breach the organisation's duty of care:

> This one is a tricky one because child protection don't really have the capacity for case work and yet what this family does need is some engagement around the sorts of services that might make a difference to this mother in terms of her overdoses. We don't know what their about, we don't know why she's rejecting the baby, if she's rejecting the baby, we don't know what's gone on in her history, we don't know if we could get her to counselling, we don't know what other supports are appropriate. So there's a whole lot of legwork there that needs to be done. The reality is if we don't do that leg work child protection don't have the capacity to do it so really it's a vexed situation in terms of the level of risk to the baby. Child Protection really ought to be in there, and yet what are they going to do? They can't remove the baby because there's no baby to be removed.

> And that's almost all they can do these days. There's a duty of care to go, well that's the reality and if we're it, then… I mean Child Protection can certainly talk to the mother and no doubt have, about the risks to the child and the risk of their intervention once the baby is born, but at this stage, they can't do anything. So I can see why we've kind of got the baby because their role is so constrained these days (Manager).

There is an acknowledgment here that if the CSO chose not to work with this mother-to-be, then there would be very few, if any, other services available to her and her unborn child. This excerpt of interview also identifies that constraints within the government partner were preventing the service from being able to case manage very high-risk families.

An analysis of the research data, validated in feedback from 100% of interview participants, reveals an emergent (albeit reluctant) acceptance by Family Services workers that high-risk cases were now an established part of practice, and must be managed accordingly. Such management included working with the families to establish supports around the children and then closing when it became clear that there was little more that the worker could realistically offer the family that would improve their position or circumstances. Closure was seen, not as a last resort, but as a pragmatic conclusion, despite workers acknowledging that many cases of this nature would eventually find their way back to the service. Consequently, the only other option Family Services workers perceived they had available to them when closure was not assessed as immediately likely, or probable, was to continue managing these families while working towards closure. This means that many high-risk families are, in effect, 'sitting' in Family Services for many months and sometimes years, with little or no progress being made or any significant reduction in risk achieved. Indeed, the research data highlighted that the non-government partner had to remain vigilant to the government partner's attempts to use CSO workers as quasi-case monitors. This was evident across all staff levels, from case managers, to team leaders, to CSO senior management:

> Sometimes they [the government partner] try and push referrals through that are more like monitoring or that kind of stuff, which just isn't appropriate (FS Worker A).

> Historically, Mum has gone back to him every time DHS [sic] has closed. The referral was pretty weak in terms of what else they wanted us to do, other than monitor whether he comes back on the scene, which is not our role (Team Leader).

> What they [the government partner] did historically was they would take them [cases] in and do the investigation. What they are relying on us for now is some form of investigation, or monitoring of the family to see how it's going. That's the same as a response investigation if you like, so the legislation changed whereby they're taking on literally only where there has been an incident of physical or sexual abuse (Manager).

As demonstrated throughout this chapter, CSO staff repeatedly stated that the level of risk they were now dealing with in their practice was high and getting higher. This view is supported by many examples in the data of the types of high-risk cases the non-government partner agencies were managing and the ensuing issues they faced as a consequence of such high-risk case management. Yet paradoxically, with this increase in high risk, a general acceptance of this situation as typical and commonplace seemed to have emerged:

> Even though there are dispute resolution processes for cases [referred from the government partner] that are questionable, sometimes it isn't possible other to take a… we're going to have to do it because we are going to have to do it, that's the reality of it. So I don't think there is equality that allows true negotiation around cases (Manager).

That a normalisation of risk could be occurring at the same time as the level of risk in cases the CSO is managing is rising is not in itself contradictory. The fields of sociological, economic and psychological theory have long acknowledged the ease with which normalisation can occur, both spontaneously, but also as a result of external enforcement or promulgation at the organisational level (Cherney, 2011; Feldman, 1984; Finch & May, 2009). What is of interest here is the emerging dichotomy in the discourse on risk taking place within the CSOs themselves. On the one hand, there is an overt and concerned acknowledgment that the government partnership arrangement has forced a change not in line with traditional CSO practice and vision. On the other, there is a growing tolerance of these changes and a covert acceptance of the new status quo.

This study has identified the normalisation of risk as an emerging phenomenon in non-government agencies working within government contractual arrangements for the delivery of family services. However, it will be essential for additional, targeted research to be undertaken in order to gain further understandings in this area, particularly in

regard to the possible ramifications of risk normalisation within the family services context.

Competing obligations

As well as, and to some extent aligned with, the normalisation of risk in the CSO workplace is the possibility that a moral obligation to clients can affect worker decision-making regarding high-risk cases. This is not to suggest that workers are always, or even more often, bound to make decisions to accept high-risk cases as a matter of course. Rather, an analysis of the research data highlighted that an underlying 'helping' discourse at both CSOs may be influencing such decision-making. The main systemic concerns that appear to impel workers to accept and/or continue to work with very high risk clients is a lack of other services to refer clients on to. These included capacity constraints and, as previously discussed, an inability to 'push back' high-risk clients to the government partner. When such external pressures are coupled with the organisation's 'helping' principles, workers may feel they have little choice when making decisions about whether or not to work with high-risk cases.

The role of a dominant helping discourse in shaping worker identity

In an empirical study looking into work, mission and risk in non-profit social service organisations in Canada, Kosny and Eakin (2007) quote research that suggests those who work in non-profit social service organisations can gain a level of personal fulfilment and reward in their work, despite the many hazards such work often entails. This is due in part to being associated with the strong social values and missions that underpin such organisations' modus operandi. In this view, "workers may construct their identity and role as social service providers by way of the social values found in the organization" (Konsy & Eakin, 2007 p.150). However, such recompense is not without its own costs, with workers feeling honour bound to uphold the cultural and ethical norms the organisation projects, and expects, through working long hours and always putting the client first (Karabanow, 1999 in Konsy & Eakin, 2007). Kosny and Eakin (2007) also argue that while the organisations they studied had broad mission statements, the actual mission consisted of a dominant discourse around 'helping' that the workers themselves felt obliged to uphold and promote. In essence, workers played an involuntary third in a symbiotic relationship between the organisation and its mission and values, with each element relying very much on the other for its existence and perpetuation.

The role of the dominant helping discourse within the participating CSOs

Feedback from participating CSO workers consistently illustrated that a particular client-centred discourse operates within both CSOs. Phrases such as, “our service is approachable and helping”; “our service is just a bit nicer [than the government service]”; “this client is now self-sufficient, resourceful and can go on and live her life, so we can close,” were common to both Child FIRST and Family Services workers. These phrases suggest that workers view their agency’s mission and service as ‘client friendly’ – or as Karabanow termed it, ‘helping’ (Karabanow, 1999, quoted in Konsy and Eakin, 2007). The use by workers of the pronouns ‘we’ and ‘our’ also suggests that workers strongly identify with this discourse and are ‘at one’ with the agency in this regard (Pratt, 1998; Smidts et al, 2001; Walumbwa et al, 2011).

Evidence that this discourse permeates the participating CSOs is captured in the research data from participating CSO senior management. In feedback received during interview, the child wellbeing service objectives – preventative, intensive, service based, therapeutic - of the CSO were consistently set against the child safety work the government partner did – investigation, monitoring, removing of children from the home, the legal system and courts. This contention is captured in the excerpt of interview below:

> Under the *Child, Youth and Families Act* there was a definition of child safety which was seen to be Child Protection and child well-being which was seen to be Child FIRST and Family Services, and I think that previously Child Protection was at least investigating and possibly assessing a lot more with the child well-being concerns because they were the primary gateway (CEO).

The transfer of high case risk from the government partner was viewed by all four senior CSO management staff interviewed for this study as preventing the CSO from doing their ‘helping’ work, which is primarily to be concerned with the child’s well being:

> So now [post the reform process] we specifically cannot capture those families who without support would progress to the point of high vulnerability. We’re only working with the ones who are already now highly vulnerable, which is stupid. And it’s demoralising, because if only people had been able to intervene early, the people hitting our front line would never have got there. And it’s the same thing for Child Protection. By the time these cases come through, it’s way too late, sometimes years to late to do anything

> constructive and worthwhile with these families, particularly as the impact of trauma is so hard to reverse (Manager).

This feedback reinforces the contention that the core work of the CSO was to be primarily engaged in early intervention and support to prevent vulnerable families from becoming even more vulnerable. A further consensus among the interviewed CSO senior executives and managers was that the welfare of the client was paramount and that changes in legislation post the reforms had limited the ability of the CSO to ensure client wellbeing goals were maintained. It was particularly apparent from the research data that CSO management, and at a less strategically dominant level, CSO workers, view the role, and mission of the CSO as substantially different to that of government partner. All staff members interviewed reflected this finding and it was also evident in the Child FIRST referral meeting and case consultation discourses. This is despite both organisations 'partnering' in the same system in order to achieve common policy goals.

The research data also identified that the unique 'helping' role that the non-government partner plays within the partnership has likewise been absorbed and adopted by the workers themselves in practice. In a Child FIRST referral meeting during the data collection period, the Child FIRST team leader discussed a request made to the government partner to review a particular case as "it's getting really old and someone [at the government partner] needs to have a look at it." The Child FIRST team leader made the comment, "But as [names the CEO of the CSO] says, if we don't get in there, who will be responsible if something happens to the kids?" This comment demonstrates how the dominant 'helping' discourse at this CSO, namely, an embedded responsibility towards children's wellbeing, comes directly from the CEO to workers. Workers then identify with, and adopt, such underlying tenets:

> I think we do have capacity to make decisions and we have to remind ourselves of that all the time because we can easily be overwhelmed by the difficulties and the needs of Child Protection. We do tend to get their overflow and if we're not careful about that we can be working with cases that really don't belong in our domain, that are far too high a risk. But at the same time, our decision making in that regard is reduced. And the case that we were talking about earlier is a good example of that, where if we don't do something, who else is going to? So it puts an indirect pressure on us to deliver a service where perhaps we don't see that that is our role at this point in time (Manager).

Workers were instilled with the notion that the agency, and the workers themselves, as a consequence of representing that agency, is the moral buttress against which vulnerable families must rely. The implication here - an implication reinforced through the language used consistently in all interview feedback - is that other services, such as the government partner service, cannot be relied upon to uphold this responsibility. The result of this is workers experiencing a sense of moral obligation in their dealings with high-risk families.

This situation reflects the inherent difficulties that multiple, and at times conflicting, social work risk discourses present to practice. As Stanford (2008) identified, the prevailing neo-liberalistic driven, conservative, moralistic undertone that underpins contemporary risk discourses, operates in hindering the ability of social workers to protest this discourse. At the same time, such discourses actively shape how social workers themselves morally construct 'risk'. However, Stanford also identified that an individual social worker's moral compass can, in part, deflect this deterministic, 'moralistic' discourse (Stanford, 2008). What the data in this study indicates is that another 'moralistic' risk construct is also operating within social work practice and is likewise affecting how practitioners view risk and make decisions regarding the management of risk. In this discourse, as the findings above indicate, the prevailing 'helping' discourse within the CSO, coupled with worker 'moral compasses', may together be pressuring workers to accept, and to continue working with, high risk cases. The intertwined, 'moral' risk discourse impacts on worker decision-making in several ways. Importantly, such constructs, and in particular the client-friendly, 'helping' discourse that permeates the CSOs, might themselves be providing yet another conduit through which high risk can be shifted into, and absorbed by, the CSO itself.

7.5. Summary of Chapter

This chapter has argued that the non-government agency has come to assume a greater responsibility for the management of high case risk. Systemic 'fears' regarding agency viability and resourcing have resulted in a reduced capacity for these agencies to mitigate the transfer of risk from the government partner. In essence, another risk construction, that of, *necessary to the viability of the organisation*, has emerged as a consequence of CSOs seeking to retain their positions within the child and family welfare system. The issue here is that, by adopting a systems driven approach to high case risk, the non-government partner may be further embedding the ability of the

government to protect the status quo, and for the CSOs themselves to protect their own positions within the status quo.

That Child FIRST and Family Services workers are actively discouraged from rejecting or ceasing to work with high-risk cases while still, on the whole, believing that they have the ability to reject such cases and will be supported by the CSO to do so, indicates that there is a disconnect between worker perception and the practice reality. A risk management rhetoric has developed within non-government partner agencies. Playing a leading role in the promulgation of this rhetoric is the normalisation of risk at the practice level, which is desensitizing workers to the dangers high-risk cases present to both the practitioner and to the children within such high-risk families. Also facilitating and encouraging workers to accept very high-risk cases is the internalisation by workers of a strong sense of moral obligation, which fosters the acceptance of high-risk clients and discourages workers from asking to have cases removed from their caseloads. This obligation is itself nourished by, and forms part of, a broader organisational discourse that places helping at the centre of the CSO's mandate. The combination of these various discourses and constructs has meant that, despite high risk being perceived as dangerous to the organisation and dangerous to practitioners, the risk of losing their positions within the service system has reconceptualised risk within CSOs to a dangerous, but necessary, concomitant.

The question that these findings beg is what these risk constructs at the CSO practice and organisational level mean for broader service outcomes. As this chapter and Chapter 6 have explored, the need to work with high levels of client risk has resulted in organisational risk management agendas influencing decision-making at all levels of the participating CSOs. How such decision-making may be affecting the communities these organisations service and, more particularly, service outcomes, remains to be examined. The final results chapter will therefore address the question of how constructions of high-risk behaviours in families within the protective services/support services system are affecting service provision and community and service user perceptions of this system.

8. The Effects of Risk: implications for service users

The evidence is very clearly there that these families recycle through Family Services all the time. Those families used to recycle through Child Protection, they're now recycling through here, with the same sorts of issues that brought them to the attention of child protection (Manager).

8.0. Introduction

This final results chapter discusses the impacts that constructions of risk within the family services delivery partnership had on the third 'partner' in this partnership case study – the families who, either voluntarily or involuntarily, are serviced by the partnership. As was identified in chapters 6 and 7, an effect of risk transfer from the government partner was that much of the case management being undertaken by Child FIRST and Family Services was occurring at the tertiary end of the case risk spectrum. What remained to be understood is how such a shift might impact on client case trajectories and outcomes and early intervention and prevention objectives. This study therefore examined if the participating CSOs were making decisions based on mitigating risk to the organisation, rather than on service provision objectives, as a consequence of organisational risk management and/or attempted risk mitigation. Particular service system responses were scrutinised in order to ascertain if, and how, such responses might contribute to families disengaging from the service system itself. The ability of service users to 'protest' the current system and to question the service system ideology was also considered.

In order to pursue these questions in-depth, a particular organisational risk approach – known as a Demand Management Strategy (DMS) is detailed and discussed. The purpose of this exercise is to illustrate how the utilisation of organisational risk management mechanisms can impact on the trajectories and outcomes for families involved in child protection/child welfare service partnerships. The final sections of this chapter concentrate on the role organisational risk management and risk mitigation practices can play in shaping service user and community perceptions of the service, and subsequent engagement with the service.

A matter of priorities

One of the risk management mechanisms that the participating CSOs employ in order to manage risk to the organisation is through the periodical implementation of Demand Management Strategies (DMS's). DMS's are primarily used to manage periods of peak demand without necessitating the use of extra resources. What isn't known is how such strategies impact on current and future service user outcomes within a system that is experiencing high levels of demand and risk transfer. The following section will analyse a particular DMS utilised at one of the participating CSOs in order to achieve his aim.

External power, internal consequences

During the 12-month data collection period undertaken for this study, one of the participating CSOs introduced a new DMS aimed at alleviating demand on Family Services. The implemented DMS was based on a decision made by that Child FIRST catchment's Integrated Family Services Alliance. Individual Alliance members involved in the decision-making regarding the DMS included the participating CSO's Child FIRST and Family Services management, the Community Based Child Protection Worker (representing the government partner) and representatives of the other non-government partner organisations. During the weeks preceding the introduction of the new DMS, the list of cases in assessment and in Active Holding had risen exponentially. Indeed, a record demand level of a total of 175 children in Intake and/or awaiting further assessment was reached. A DMS had initially been activated due to a very high number of referrals, both from DHS and from the community. Family Services workers from other CSOs had been co-opted for two weeks to undertake initial contacts and assessments. Other Family Services workers were also required to undertake their own assessments for two weeks.

The significant levels of demand experienced by this CSO is reflected by a comment made by the Child FIRST team leader at the time:

> …it appears as though Child FIRST currently has more cases at intake than Child Protection [has] (Team Leader).

Importantly, this observation also suggests that risk shifting from the government to the non-government partner might not just be affecting the type of cases being shifted (as in levels of risk and complexity) but also the amount of cases being shifted.

At a special Alliance meeting following this period of exceptionally high demand, the issue was discussed and an agreement was reached to introduce new interim demand management measures. The new measures included that:

- Each case in Child FIRST Active Holding would be reviewed four weeks after opening;
- Cases were to be considered for closing much earlier than was current practice unless there was a 'really compelling reason' to keep them open;
- Contact with each client was to be attempted at least twice before closing;
- “Restricted intake” would be initiated when more that 40 cases are in assessment and more than 12 cases are in Active Holding.

These four measures will now be outlined in detail.

Each case in Child FIRST Active Holding would be reviewed four weeks after opening;
This measure appears to have been designed to reduce the number of cases sitting in Active Holding for extended periods of time. As was discussed in Chapter 7, long waiting times in Active Holding may contribute to families either disengaging from the service system, or eventually declining services, so a reduction in the length of ‘Holding’ times could be viewed as a positive measure. However, as the reduction in cases in Active Holding was largely achieved as a result of closing cases that had been in Active Holding for more than one month, rather than expediting these families into Family Services, this positive aspect was largely mitigated.

Cases were to be considered for closing much earlier than was current practice unless there was a 'really compelling reason' to keep them open;
“Compelling reasons” were at the discretion of the Child FIRST team leader. An assumption here is that cases assessed as being very high risk (at “significant risk of harm”) would either be kept open for ongoing assessment and eventual placement with a Family Service worker or would be referred to the government partner. An indication for why this particular measure was implemented is contained in the phrase “much earlier than was current practice.” This suggests that the periods of time cases were being kept open in Child FIRST provided the impetuous this decision.

Contact with each client was to be attempted at least twice before closing;
The implementation of this measure suggests that intercepting and re-engaging those families who may have been at risk of disengaging from services was an important consideration. However, the timeframe over which the two attempted contacts were to be made with each family were not defined. As such, the service could make two attempts on the same day or a week or a month apart. Recent research (Axford et al, 2012; Estefan et al, 2012; Schreiber, et al, 2013; Smith et al, 2012) suggests that engaging reluctant or 'non-voluntary' clients can be difficult. Moreover, the technics of managerialism, such as formalised 'language' and reporting structures, narrow procedural and target requirements and complex risk assessments, can act as barriers to engagement. In this respect, two 'attempts' may not have been adequate, especially when 'attempts' may not involve actual contact with the client. An attempt may mean a phone call or a home visit that goes unanswered. Two such unanswered calls would result in Child FIRST's obligations to 'attempt contact' having been met. Yet little effort at engaging the client would actually have taken place. The experience of Family Services workers at both participating CSOs suggests that engaging and keeping families engaged can take a great deal of time and sustained resolve, as illustrated by the excerpt of interview below:

> There are two in particular where they can be difficult to engage, but not on the premise [sic] where they don't want to see me, or they don't want me involved. It's just they can be hard to crack and I tread carefully around sensitivity and tactfulness and I can see things that might need some assistance but they're the ones that are going to be the experts in their situation and they need to guide me. I can subtly suggest things and I think I have a good way of bringing things into the conversation without it feeling threatening to them. But I can make those suggestions and if they don't want it there's not much I can do. So from that point of view, sometimes – two of them in particular – can be difficult to engage, but otherwise if I was to flat out ask the question, do you still want me and Family Services involved, they'd say yes (FS Worker H).

These reflections suggest that successfully engaging clients can involve utilising specific skills sets and professional tactics that by necessity may require longer-term timeframes. The worker observations below offers insights into how a changing service environment has meant engaging reluctant clients has become more crucial in order to achieve good outcomes:

> Where they [clients involved in Family Services] were before was more around parenting and stuff whereas where they are now is really around their own personal needs. Why aren't they parenting? Because they've got these issues; because they've got a history of trauma. We're talking third generation unemployment now, the whole community, the whole society has really changed, so what you're working with has changed. So how you work with them has to change as well. To get the outcomes or to get any shift you've really got to engage more and build that rapport with them for them to even want to try. It's quite different from that perspective (FS Worker A).

The implication from such Family Services worker feedback is that engaging clients in services can be challenging and time consuming, but has become an increasingly important and necessary service objective. Limiting attempts at engaging clients in Child FIRST during periods of high demand may further discourage reluctant families from engaging with the service and of receiving longer-term support through Family Services.

The implementation of restricted intake when more that 40 cases are in assessment and more than 12 cases are in Active Holding;
The implementation of a restricted intake once a certain threshold of active cases was reached entailed severely limiting cases for acceptance into Family Services. Importantly, limiting the acceptance of cases also included the right to refuse those referred from the government partner. In the event of a new referral being made to Child FIRST for assessment, referrers were to be asked for the name of the person they wished to refer and for a contact number for this person. These were then to be recorded on the Integrated Risk Information System (IRIS – the client management database utilised by both Child Protection and members of the Child and Family and Integrated Service System) as a 'non-sub' and an outcome selected that stated, "Eligible but did not accept due to lack of capacity". This outcome could also be attached to a Child FIRST or Family Services client. As the Child FIRST team leader explained,

> That means that a report can now be run that will support Child FIRST's data at the end of the quarter, which will also go to DHS [sic]. Doing it as a non-sub also means that the referral isn't a new client, as generally, there won't be enough information taken during the initial phone call (Team Leader).

The team leader also explained that there were six referrals taken in this way during the first week of the implemented DMS, including one from the government partner. Once the referral was recorded as a 'non-sub', Child FIRST was to refer the person who made the initial Child FIRST referral on to other services and organisations within the catchment area. This restricted intake strategy was then to be reviewed daily depending on capacity within Child FIRST and Family Services. For instance, if a family on Active Holding for Family Services declined services or disengaged, then that case would be closed, freeing up 'space' for another family to take that case's position in the queue. Likewise, if a Family Services worker closed with a family, then that worker's caseload could include a new client.

8.1. In effect, ineffective

Despite the introduction of these demand management measures, the caseload in Child FIRST continued to climb, prompting the introduction of a new DMS. This DMS included two, immediate service modifications:

> From this week we will not be doing any home visits until after the next special Alliance meeting. We will also be closing cases that have been open for more than one month (unless there are extenuating circumstances) (Team Leader).

A total of 27 cases were subsequently closed, representing 15% of the total 175 cases that were at that time 'active' in Child FIRST.

Of the cases closed as an interim measure prior to the activation of the new DMS, nine were allocated to Family Services and four were referred to other, specialist services (such as Relationships Australia) in the catchment area. The remaining 14 were closed on the following grounds:

- Didn't engage, disengaged or declined services: 8
- Main presenting issue was housing: 3
- Relocated or moved out of the Child FIRST catchment area: 2
- Receiving multiple services already: 1

This data is represented diagrammatically as Figure 6:

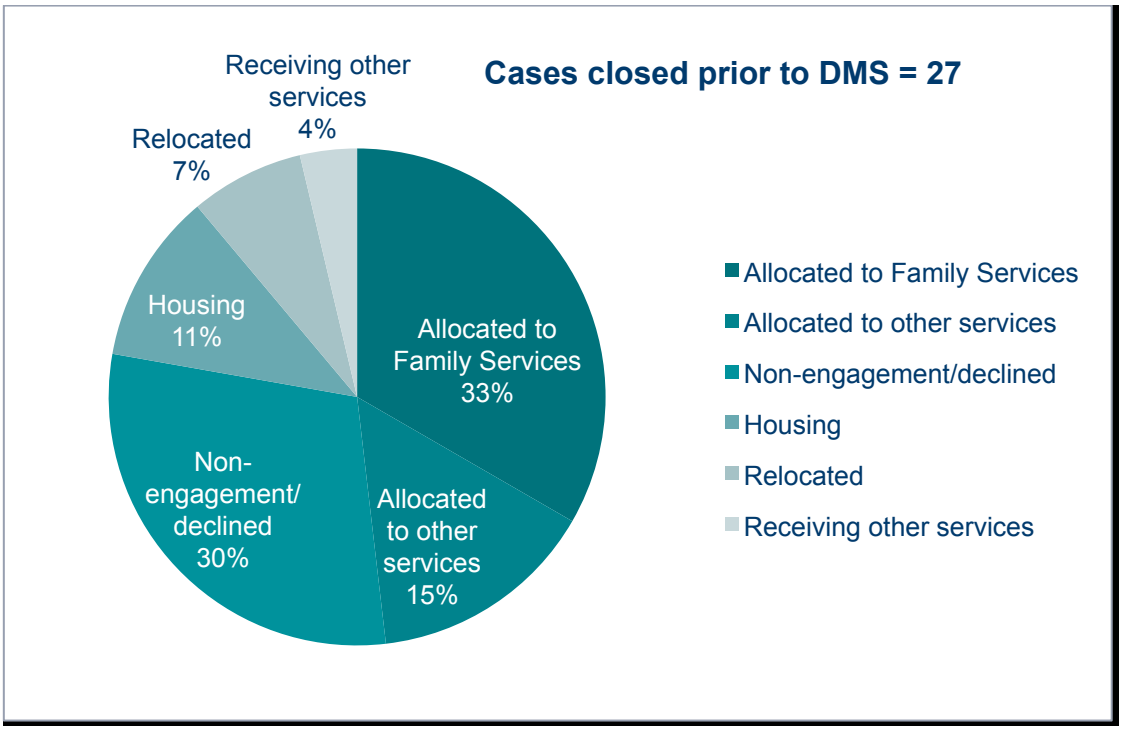


FIGURE 6: CASES CLOSED PRIOR TO ACTIVATION OF DMS

After the implementation of the DMS, a further 18 'active' cases were subsequently closed. Observations taken at the time and case tracking data illustrate that they were closed for the following reasons:

- Allocated to Family Services: 4
- Allocated to other, specialist services: 2
- Didn't engage, disengaged or declined services: 9
- *Unknown: 3.

*The reasons why three cases were closed were not expounded upon during the Child FIRST referral meetings. The Child FIRST team leader only alerted staff to the fact that they had closed without going into detail. As none of these three cases was again referred to during the data collection period, no further information was provided or can be included in this research.

This data is diagrammatically presented as Figure 7:

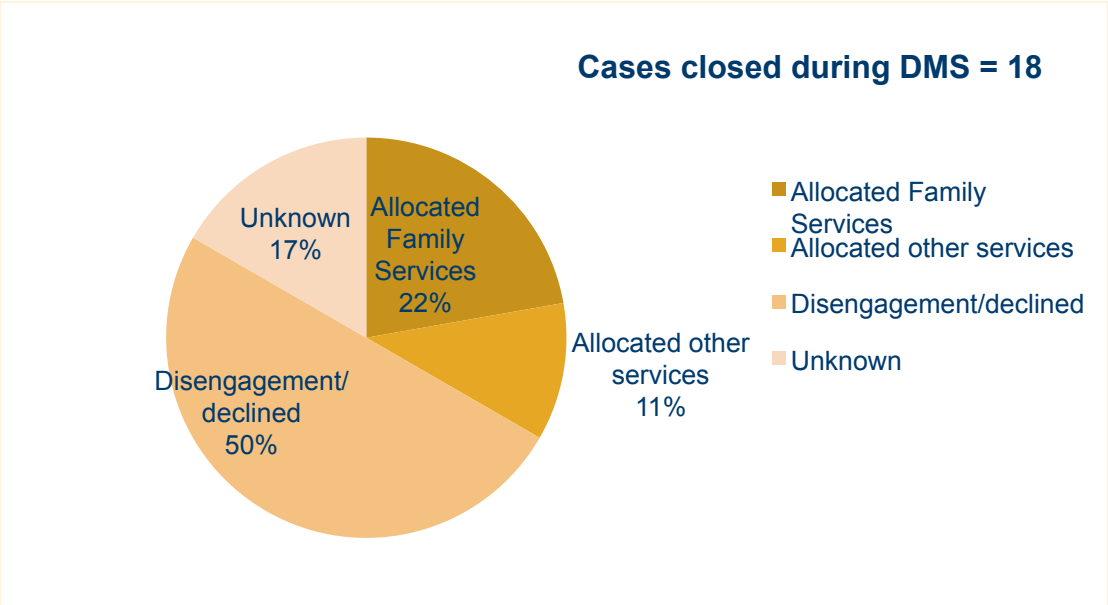


FIGURE 7: CASES CLOSED AFTER ACTIVATION OF DMS

An assessment of the data as illustrated in Figure 7 reveals that, of the 175 cases that had either been in assessment or in Active Holding in Child FIRST during this peak period, a total of 45 cases were closed. This represented a total of 25.7% of all active cases. A representation of the total cases closed immediately prior to, and as part of, the DMS under discussion is presented as Figure 8:

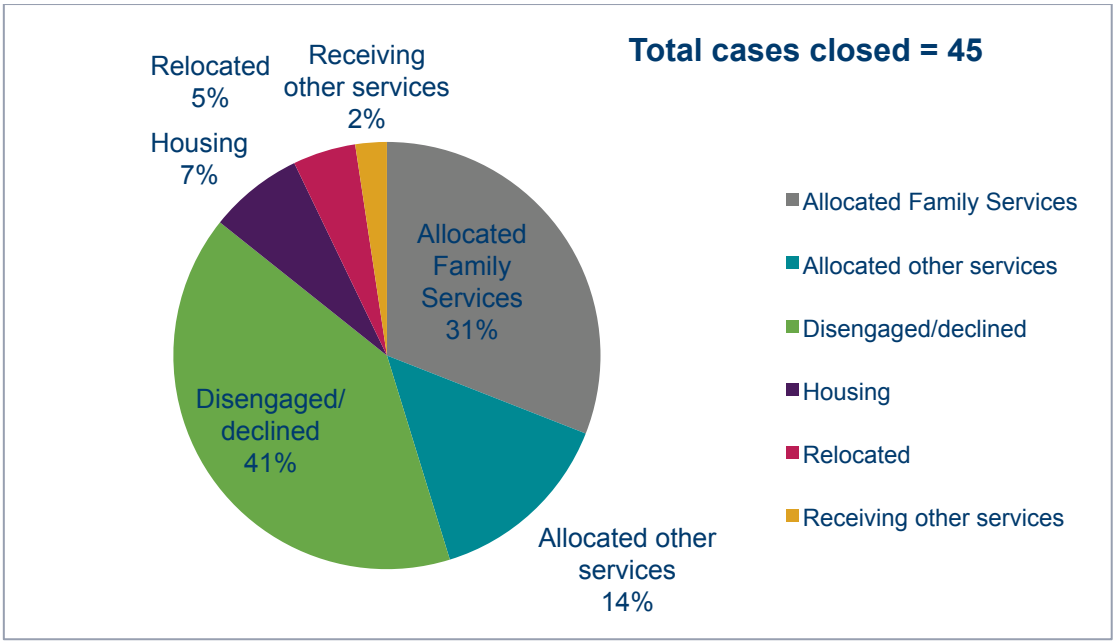


FIGURE 8: TOTAL CASES CLOSED FOR DMS – 45 OUT OF 175 ACTIVE CASES

Outcomes for the combined list of cases closed in Child FIRST as a result of this DMS will be discussed in detail below in a later section. Yet even without taking outcomes into consideration, what the lists above indicate is that the most usual reasons given for case closures appears to have been because a client (or potential client) disengaged or declined services (a total of 17 or 37.7%). This data provides a number of valuable insights into demand management and its impacts. Firstly, it provides evidence that clients are willing and able to remove themselves from the 'voluntary' end of the service system. Indeed, Family Services workers from both participating CSOs spoke of the relative ease in which clients can choose to not involve themselves with services:

> We make a number of phone calls, at least three phone calls and then we send a letter and if neither of those get a response we consult with Community Based Child Protection. So we'll have a consult with them explaining the situation and explain what's previously been going on. We give them a brief history of the family and then they might suggest we do an outreach visit or perhaps send them another letter inviting them to come to the office. If none of those [options] work, then we have to close, we've got no choice really (FS Worker E).

In the scenario above, families cannot be compelled to accept service support, which may indicate that families have a level of control over their ability to make choices within the service system. However, as the excerpts below illustrate, families exhibiting very high-risk behaviours are also able to avoid engaging with services:

> She's sort of come from a lot of trauma in her childhood with violence, her relationship with her partner was very unstable, she struggled with two of her kids behaviours as they were growing up. She's suffered with depression on and off, and her engagement [with Family Services] was the biggest thing. She hadn't always engaged really consistently with workers so they'd sort of get over it and close on her and then a few months down the track she'd be back because people would be worried about their [the parents] coping and their kids (FS Worker A).

> So this one's [a case the worker had previously described as exhibiting very high risk] closed because of disengagement. And I closed another one and that was disengagement as well and because we're a voluntary service, they said they didn't

> require our support, which was a bit of a disappointment. This family would probably be a family that should be in the system (FS Worker G).

These reflections suggest that families who have been referred for support services (or who have self-referred) are ascribed a certain level of responsibility for managing their own lives and the welfare needs of their children. This responsibility can be viewed as both a positive (families exerting their own power and control over their own welfare needs) or as a negative (children at risk of harm remaining 'under the radar'). As discussed in Chapter 3, the literature suggests that modern social service delivery models are increasingly predicated on socio-political discourses of personal responsibility. Individuals are expected to act in the best interests of their communities and society and if they fail in this regard, the state will no longer support them (Pollack, 2010; Rose, 2000). Personal responsibility and autonomy may therefore present something of a double-edged sword for families who are marginalized from society and who have a range of complex support needs.

That 17 out of 45 cases closed in Child FIRST were due to disengagement or declining of services suggests that client engagement remains problematic for the CSO and for the integrated service system more generally. Early disengagement during the initial intake, assessment and referral stage of the service response may impact on the amount and level of intervention and support that these families can receive. This is particularly relevant when it is considered that there has been a transfer of risk from the government to the non-government sector through a variety of techniques (as discussed previously). When the capacity for engagement is compromised due to resource and demand pressures while, at the same time, greater numbers of high-risk cases are presenting to a voluntary service system, capacity to achieve outcomes in the best interests of children and young people is inevitably also compromised. A more detailed examination of this issue will be undertaken in later sections of this chapter. The issue of client disengagement and declining of services underpins a broader discussion into how such disengagement may be impacting on client outcomes in the longer term.

Finally, the closure of cases that had been open for more than a month has implications for reducing demand pressures for both the CSO and for the government partner through the mechanism of high case risk transfer. The government and the non government partner both manage significant demand pressures and they view these

demand pressures as separate from, rather than part of, the same service system response. This view is captured in the excerpt from a Child FIRST case referral meeting below:

> So the boy's behaviour is difficult at school, sexualised behaviour towards other students, parents minimising. The father is possibly a drug user. We've had them [the family] at Child FIRST before. DHS [sic] didn't contact them, just sent a letter. When I questioned this, the [government partner] worker said, 'But we have 200 kids at intake', and I said, 'Well we have 175!'

This feedback indicates that both the CSO and the government agency actively engage in delineating between the interests of their own organisations, rather than viewing high-risk cases as being a whole-of-partnership responsibility.

Conflicting beneficiaries

Of the 45 cases that were 'active' in Child FIRST at the time of implementation of the DMS and then closed, an examination of destination at closure provides some important insights. For the 13 families who were allocated to Family Services, this outcome represented the 'ideal' service scenario, as it removed these families from an uncertain, indeterminate state of assessment and/or Active Holding. It also provided them with an opportunity to receive a family support service. The six families who were referred to other, specialist services may also have benefited from an intervention and/or support service response. For the three families for whom housing was seen as their main presenting issue and the one family that was assessed as already receiving multiple services, there is the possibility that they too would be receiving a support service of some kind. But for the 17 families who did not engage with services, declined services or could not be contacted, no service response could be assumed to have taken place. Likewise, with the three families who relocated and the three families for whom this study is unable to ascertain why Child FIRST closed, it is not known if any intervention service was offered or received. Even if the latter six families are removed from the analysis, the remaining statistics indicate that the majority of families that Child FIRST closed as part of the DMS did not benefit from the closures – at least from a service system intervention and/or support perspective.

It could be argued that by closing on the families that were difficult to contact or engage with, this would 'free up' demand for families more likely to engage with (and therefore

potentially benefit from) services. The quandary is that the ability of the system to service those willing to engage is restricted by the capacity of Family Services and other, specialist services in the catchment area to provide a service. As was outlined in Chapter 2, Family Services workers are limited to a certain caseload per worker and there is no formal time limit for those families currently receiving Family Services. This means that by allocating 13 families to Family Services, it is reasonable to presume that Family Services caseloads would be 'at capacity' until workers could close other cases currently on their caseloads. Thus families who were referred to Child FIRST, or who self referred during the DMS and were willing to engage with the Family Services program, might still expect to be placed on Active Holding for a period of time. As was discussed earlier, the length of time spent in Active Holding may actively contribute to families either not engaging, disengaging or declining services. Thus the 'cycle' that prompted the need for a DMS is quite possibly perpetuated by that DMS's activation. This issue will be examined in detail later in this chapter.

The DMS presented above reflects the ways in which demand management approaches were at odds with the intent of the reforms and the notion of a government/non-government partnership for early intervention, prevention and enhanced outcomes for children and families. However, demand management does not occur in isolation, nor does it only occur at intake. Just as the DMS addresses demand pressures pre entry into the Family Services system, case complexity and high levels of demand continue to shape and influence service delivery approaches and responses within Family Services. Data from interviews with the participating CSO Family Services workers suggest that Family Services workers can experience some pressure to close cases where families are not engaging fully with services or exhibit a limited capacity to achieve goals:

> I feel… we're under pressure whether we like it or not, we know there's 30 families on our waiting list for example. It's one of those scenarios where it's like you could potentially work with a family for years and years but you've got to identify like, what are the most pressing issues. And when we close, issues are never fully resolved, but they're resolved to the point where we go this family can do this by themselves and I guess in some ways it's kind of a grey area of looking at it going, are these issues severe enough for us to be involved now or are they not severe enough? If they're not severe enough we have 30 families where the issues are severe enough that we need to actually get to them (FS Worker B).

> Sometimes there is a bit of pressure there, especially if you've been hanging on to some clients for quite a while. And it's a bit like what I was saying last time, how long is too long? So once you get to that 12-month mark you've really got to start looking at what am I actually doing here and is it beneficial and can I refer these guys out to other services or have I done enough, that kind of stuff. And I think with [names client] it wouldn't surprise me if she came back again (FS Worker A).

Such feedback highlights that a focus on servicing families of high risk, rather than the provision of support for families of medium to low risk, coupled with demand pressures, may be impacting on case management decision-making for Family Services workers. Developments of this type are reflective of what the performativity literature observes as the growing importance organisations place on the role of performance management and the meeting of targets over professional practice decision-making (Ball, 2003; Blackmore, 2004; Mahoney & Hextall, 2001; Powell & Gilbert, 2007). This assessment is supported by research data, which also found that high demand in Child FIRST was exerting direct pressure on Family Services workers to accept more clients into their caseloads:

> We're always hearing, okay if you can take cases, let us know, if you can take them, let us know because Child FIRST are sort of backed up with them at the moment (FS Worker F).

> Some of the others that have been around for a bit longer, I guess the engagement has taken a little bit longer. But there's still a fair bit of direction in the case plans and stuff so there's still quite a bit to be done. But you do start to, and I think for me, there is that pressure from Child FIRST. Not that they say "come on guys, close" but the holding list is massive (FS Worker A).

For these Family Services practitioners, the ability to work with some families over the longer term was being compromised by lengthy waiting lists and the subsequent pressure to provide services to more families, more quickly. Whether or not the DMS under discussion might represent a further instrument of pressure on Family Services workers to close cases will now be examined.

Waiting lists and caseloads

Case tracking interviews undertaken with the four Family Services staff at one of the participating CSOs over the twelve-month period of data collection indicates a complicated response to the DMS under examination. Table 2, below, outlines the total cases active and closed between February 2012 and August 2012 in this CSO's Family Services program. Workers were not asked about cases that had closed in the months preceding the first interview in November 2011, as it was not possible for workers to have had this data to hand prior to the interview. Following this table is a figure representation of this data:

First Interview - November 2011

Workers	Current Cases	Cases closed in previous 3 Months
Worker A	6	Unknown
Worker B	6	Unknown
Worker C	8	Unknown
Worker D	6	Unknown

Total cases active = **26** Total closed =**?**

Second Interview – February 2012

Workers	Current Cases	Cases closed in previous 3 Months
Worker A	7	2
Worker B	6	1
Worker C	8	3
Worker D	6	1

Total cases active = **27** Total Closed = **7**

Third Interview – May 2012

Workers	Current Cases	Cases closed in previous 3 Months
Worker A	7	1
Worker B	6	1
Worker C	8	2
Worker D	10	2

Total cases active = **31** Total cases closed = **6**

Fourth Interview – August 2012

Workers	Current Cases	Cases closed in previous 3 Months
Worker A	7	4
Worker B	6	2
Worker C	8	7
Worker D	6	6

Total cases active: **27** Total cases closed = **19**

TABLE 3: TOTAL CASES ACTIVE AND CLOSED BETWEEN FEBRUARY 2012 AND AUGUST 2012

This table is presented diagrammatically in Figure 9:

FIGURE 9: TOTAL OF ACTIVE CASES AND TOTAL OF CLOSED CASES IN FAMILY SERVICES FROM FEBRUARY 2012 TO AUGUST 2012

What this data indicates is that there were no significant differences between the amount of active cases and amount of cases closed during the DMS under discussion and the months prior or immediately after its implementation. Family Services staff were not closing significantly more cases relative to active cases during the DMS itself. However, there was a significant spike in the amount of cases closed in the three months preceding August 2012, with a total of nineteen cases closed. Notes taken from the Child FIRST referral meetings for June and July 2012 at this participating CSO indicate that a 'restricted intake' DMS (similar to the DMS herein examined) was activated twice in Child FIRST, once in late June and once in mid July of 2012. Participant observation across this timeframe suggests that, for the two latter DMS's, there was 'pressure' to close cases in Family Services in order to assist in freeing up demand in Child FIRST for Family Services places, rather than because issues for the family were resolved (such as predetermined goals being met).

This analysis of a particular DMS in Child FIRST indicates that such organisational risk management strategies appears to be impacting on the ability of CSOs to engage clients and to service clients over the longer term. The following section will broaden this analysis to discuss how the capacity of Child FIRST programs to cope with demand may be limiting the ability of the non-government partner to meet service objectives.

8.2. 'Declining' services?

An examination of the Child FIRST referral meeting case tracking data collected during this study indicates that the implementation of organisational risk management strategies may contribute to cases recycling, or 'churning' through the integrated Family Services system. Of the 27 cases either in assessment or in Active Holding in Child FIRST that were closed in late January 2012 in order to alleviate demand pressures, four of these cases were re-referred to Child FIRST within the remaining data collection period. One of these cases is presented below as a case example in order to demonstrate how decisions made in order to implement demand management approaches may at best be seen as having little benefit to families with complex and high-risk issues, and furthermore, may actually contribute to vulnerable children experiencing high risk.

Case Example 9: The O'Brien Family

A welfare officer at a local primary school referred the O'Brien family to Child FIRST in late November of 2011. It appeared that the mother had attempted suicide and that the father had expressed his belief to the children that she had done so as a result of their behaviour. The Child FIRST team leader indicated that one of the children had previously attempted suicide the month before by setting fire to a bedroom. This case was placed in assessment. The following week, the Child FIRST team leader explained that there was a suspicion that family violence may also be a factor for this family, but that the mother was 'minimising' the family violence. At the following week's referral meeting, the worker who was undertaking the assessment explained that while this family "was a priority", the mother "was not willing to engage." The assessing worker still suspected family violence was involved and that this may have been why the mother was not willing to engage with services.

By mid December, the Child FIRST worker had still not been able to successfully engage the family in services. The Child FIRST team leader said that the mother was still reluctant to accept Family Services intervention, so Child FIRST would "call her after Christmas." At a referral meeting in late January, the team leader said that the family had declined services and this case was closed in accordance with the recently implemented DMS.

In late April a new referral for the O'Brien family came to Child FIRST from the government partner, who had closed at intake. This meant that the government partner had received the referral from elsewhere but had not assessed it as appropriate for protective intervention and had not investigated the family, instead referring the family on the Child FIRST for assessment. The presenting issues were noted as family violence and relationship breakdown. The team leader explained that another Family Services provider in the catchment had an opening and the family were allocated to this service in early May of 2012.

The O'Brien family case example raises several interrelated issues. Firstly, it illustrates that families who exhibit a high level of assessed case risk (in this instance, self harm and suspected family violence) are now viewed as being more appropriately serviced by the non-government sector, rather than the state. This supports the contentions in

earlier chapters of this study that high risk is being transferred from the public to the non-profit sector. Secondly, the case exemplifies a service gap within the integrated family service system. Essentially, the structure of the current system, coupled with a rise in demand, cannot adequately engage families assessed as exhibiting high risk and who are reluctant to be involved in services. Thirdly, the decision to close this case (an organisational risk management decision) resulted in this family receiving no service support for a considerable period of time (approximately five months) despite the children being assessed as at risk of significant emotional harm. This is not to suggest that the decision to close this case resulted in this family being put at further risk (the decision not to engage was, ultimately, a decision made outside the CSO's nexus of control) but, as outlined above, it is indicative of a service gap in the current service system approach.

As presented earlier, there were another three cases out of the 27 cases closed during the DMS under investigation that were again referred to services within seven months. Furthermore, out of the total of 18 cases that were also closed during the period that the DMS was activated, another three cases were also re-referred to Child FIRST during the data collection period. This means that out of a total of 45 cases that were closed during the DMS of January/February 2012, seven were again referred to Child FIRST within the following seven months. It is important to note that incidences of families disengaging and/or declining services and then being re-referred for services are not confined to times where demand management strategies are implemented or active. Data collection from this study indicates that re-referrals comprise a significant proportion of cases that are referred for services. Of these re-referrals, a substantial proportion have been re-referred after the family's cases were closed, either because the family did not engage, engaged but then disengaged or declined services. Below are figures outlining the total cases re-referred out of the total of 474 cases tracked during the 12-month data collection period:

1. *Total of cases re-referred at least once to Child FIRST in the data collection period* = **45**
2. *Cases referred to Child FIRST twice* = **41**
3. *Cases referred to Child FIRST three times or more* = **4**

Of the 45 cases that were re-referred at least once during the data collection period, a total of 19 of these cases had originally been closed (i.e., Child FIRST had closed these cases after the first referral) because the family disengaged, did not engage or declined services, which represents nearly half of the total. One family's case trajectory will now be outlined in detail in order to demonstrate how this CSOs organisational risk management strategies, coupled with an identified service system gap, may contribute to children being subjected to harm.

Case Example 10: the Mladen Family

The Child FIRST team leader discusses a referral Child FIRST had received from a Department of Housing worker in late October 2011 regarding the Mladen family. Over several consecutive Child FIRST case referral meetings, the Child FIRST worker allocated the case outlined various attempts to engage the family in services over a two-month period. These attempts ultimately prove unsuccessful and at a case referral meeting in late January 2012, the Child FIRST team leader explains that they had now closed the Mladen case after the mother declined services. However, in a follow up phone call in mid February 2012, the mother agrees to Family Services and was allocated a Family Services worker. From March to May 2012, the Family Services worker attempted to engage the family, but by late May, the Family Services worker was considering closing the case as the mother was avoiding contact and missing appointments. The Family Services worker has suspicions as to why the mother was avoiding services, saying, "I think she's six month's pregnant but she had gotten off IV drugs for, I think it was six weeks prior to me starting and I suspect that she's back on the drugs. That's why she's avoiding me. But it's only suspicion until I actually see her."

The Family Services worker eventually closed the case in late May, as further attempts to contact the Mladen family were unsuccessful. However, this worker also made an 'unborn report' to the government partner, due to concerns over the mother's suspected drug use while pregnant. It is not known if the government partner agency investigated.

In June 2012, a month after the Family Services worker closed the Mladen case, a hospital social worker makes another referral to Child FIRST. The hospital social worker has concerns regarding the mother's prescription drug use and her newborn baby. The Child FIRST team leader refers the family to the government partner and closes the case. Data collection concluded two months later, so it is unknown if the Mladen family was re-referred at a later date.

Below is a diagram depicting a standardised Child Protection/Child FIRST service response and array of possible outcomes as detailed in the *Child Protection and Integrated Family Services State-wide Agreement (Shell Agreement) 2013* (Department of Human Services, 2013).

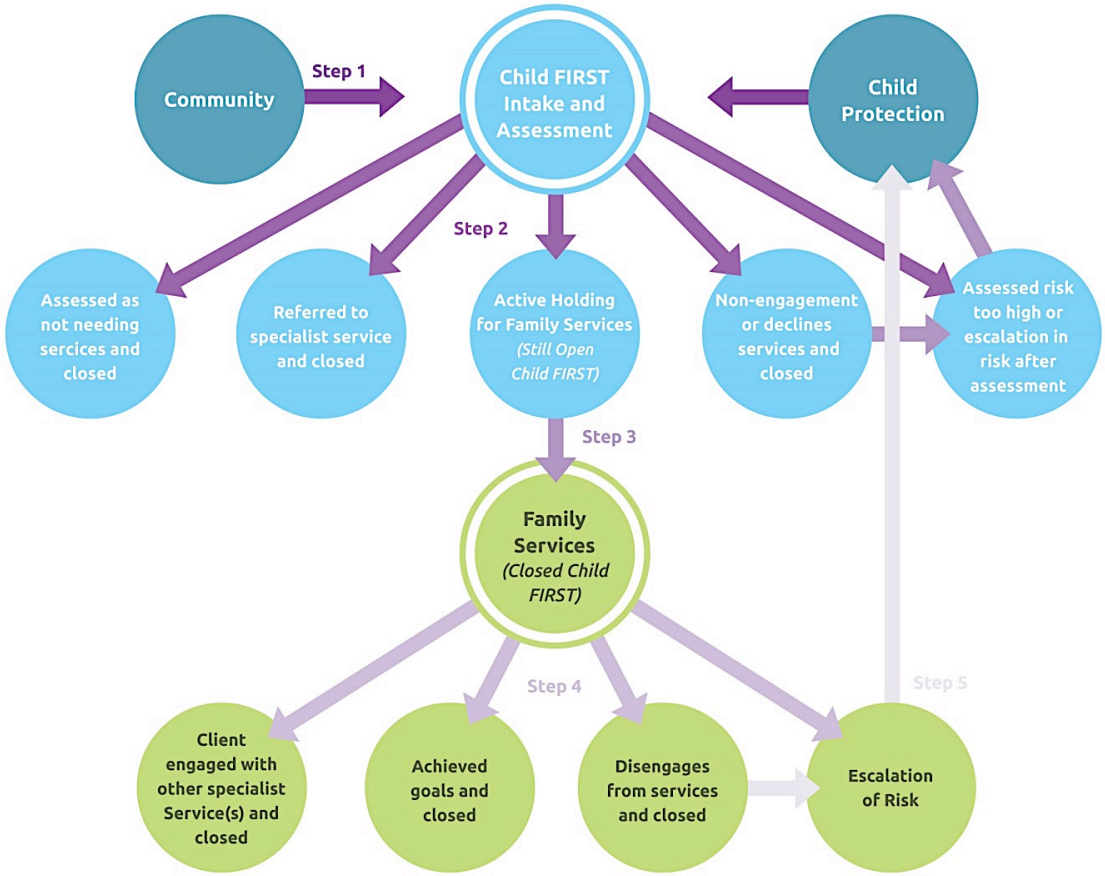


FIGURE 10: FLOW CHART CHILD PROTECTION/CHILD FIRST SERVICE RESPONSE

The diagram below depicts the Mladen family's involvement with the Child Protection/Child FIRST service, including entry and exit points: The time period from first entry to final exit was a total of eight months.

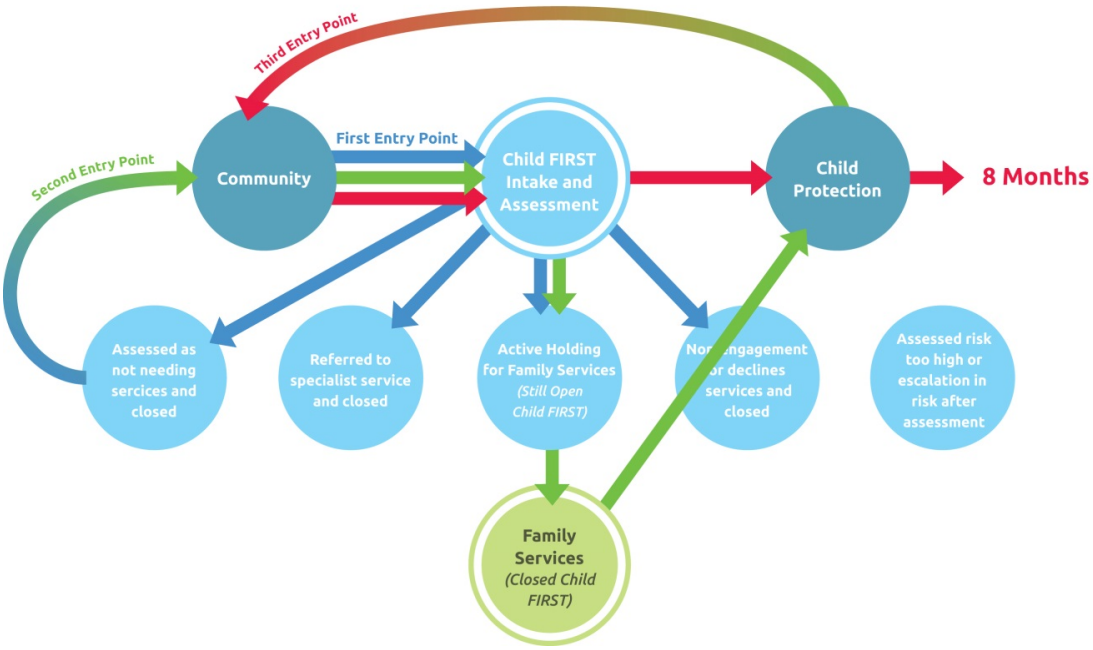


FIGURE 11: FLOW CHART DEPTICTING THE MLADEN FAMILY TRAJECTORY THROUGH THE PROTECTIVE SERVICES/CHILD FIRST SERVICE SYSTEM

As with the O'Brien case example, the Mladen case example illustrates that cases that are closed because a family did not engage or declined services are re-entering the service system within a very short period of time after initially exiting it. What is more, the Mladen family entered and exited the service system several times without receiving a 'service' from the partnership. This indicates that a service system's inability to engage clients may contribute to case 'churning,' where families repeatedly enter and exit the service system without receiving any notable service support. Finally, due to significant delays between the initial referrals and the involvement of the government partner, the mother in this family was able to continue engagement in risk behaviours that resulted in her baby being exposed to intravenous drug use over a considerable timeframe.

In concluding the analysis of the experience of the Mladen family, it is apparent that despite being 'active' in the government protective/support service system for over seven months, the family received very little in the way of early intervention support or services. It must be acknowledged that this lack of support servicing was not due to such support services not being offered to the family – both Child FIRST and Family Services workers attempted to engage the family in services on numerous occasions – but because the family declined to be involved with the services offered. As documented in Chapter 3, findings from research examining why families choose not to engage with,

or are unsatisfied with, support services indicates that reasons for such non-engagement is multifaceted, but generally involved the following barriers:

- In approaches:
    - Changes in social work orientation from professional 'helping' to managerialist 'accounting;'
    - An investigative, rather than supportive approach;
    - An adversarial, rather than an 'in partnership with parents' approach;
    - Abrupt removal of children; lasting trauma from separations;

(Palmer et al., 2006; Rogowski, 2012).

- In resourcing:
    - Inadequate/inappropriate services;
    - Lack of staff training and education;
    - Lack of time to devote to parental engagement;

(Kemp et al., 2009; Williamson and Gray, 2011).

- In client perception and/or experience of services:
    - Stigma, marginality and disempowerment;

(Dunbrill, 2005; Kemp et al., 2009; Palmer et al., 2006).

These types of intervention experiences could be characterised as being associated with a managerialist, child protection focused intervention, rather than a traditional social work, family support/relationship building intervention. If the services provided by the Victorian Child Protection and Integrated Family Services program case study is likewise being impacted by such managerialist, 'interventionalist' focused service approaches, then the barriers outlined above are likely to be impacting on client engagement and disengagement. Furthermore, how families perceive the relative independence and mission of the non-government partner may also affect service engagement. As discussed in Chapter 7, CSO workers report frequent occurrences of clients confusing Family Services with the government partner service, which may be exacerbated by the presence of the CBCPW attending home visits with Family Services or Child FIRST

workers. As will be explored in later sections of this chapter, such role blurring may be further compounded by a particular tactic CSO workers use to engage clients in services, which is to threaten protective services involvement if a client does not engage.

The right to decide

It could be argued that a family's ability to decline to be involved in support services illustrates respect for an individual's right to participate in formalised, government funded welfare service systems. Such an argument would support the findings in the literature that modern public service delivery models, such as the Third Way and the Big Society, place great importance on the role of citizens in taking responsibility for their own wellbeing (Corbett & Walker, 2012; Ishkanian & Szreter, 2012; Leggett, 2005). While the ability to disengage or not engage in support services suggests that families are exercising their power as individuals, and that their rights in this regard are being respected by the service system, the literature cautions that such 'respect' may mask a different agenda. As advanced in Chapter 3, studies in governmentality contend that Australian social welfare programs have become increasingly prescriptive, punitive and highly regulated (De Carvalho, 2002; Fairbrother et al., 1997; Jamrozik, 2009; Wallace & Pease, 2011). At first glance, the government/non-government service system herein under consideration appears to counter this assertion, as the case examples outlined indicate that families are able to decline participation in such 'prescriptive' services. However, studies in governmentality would also counter that such a system is itself dictatorial and punitive, precisely because it offers service users a relatively narrow range of service responses (Jamrozik, 2009).

By allowing the service user to take ultimate responsibility for their own welfare, and the welfare of their children, such service systems may be exacerbating the risk being experienced by the children in such families. For example, those families who object to the service offered or who are fearful of a punitive service response due to their behaviours or other conditions may shun services altogether, which could further isolate and marginalize such families. The Mladen Family case example reflects this contention, with the mother apparently reluctant to engage with services out of fear that her drug use would be discovered. Thus children who are already vulnerable may be at risk of further harm and of that harm remaining undetected and unaddressed. This is highly alarming given that, as demonstrated in this and the previous results chapters, families

assessed as being of high risk and high complexity are quite easily able to disengage from and/or decline to be involved in services.

(In) visible interests

Families who disengage from services or decline services are essentially invisible, and this situation raises considerable concerns. Significantly, it indicates that one of the fundamental principles underlying the *Victorian Child, Youth and Families Act (2005)* – that the best interests of children must always be paramount – in practice only applies to children who are directly involved in the statutory arm of the service partnership. Even children who are 'known' to, or who are 'on the record' of, the voluntary service system are precluded from this principle. For instance, unless the family is actively engaged with the voluntary service, then the interests of these children remains unknown and unknowable. It would be facile to expect that any formal welfare system could effectively monitor and respond to the needs of every child within a particular jurisdiction. However, as risk is transferred from the state to the non-government 'voluntary' service system, more high-risk families are able to opt out of the service system altogether. This leaves a growing proportion of children (who have been assessed as living in situations of high risk) without support and in danger of being exposed to further long term risk behaviours. It is therefore quite likely that such children might only receive support if, and when, their family's risk behaviours escalate to the point that the government partner becomes involved.

As discussed throughout this study's results chapters, the risk levels needing to be experienced before the government partner proceeds beyond investigation is extremely high. Data collected from Child FIRST case referral meetings and consultations between Child FIRST workers and team leaders at both participating CSOs indicated consistently, and without exception, that push back from the government onto the non-government partner is resulting in families who are experiencing very high risk cycling between services. This data will now be outlined in detail.

Spiralling and Churning

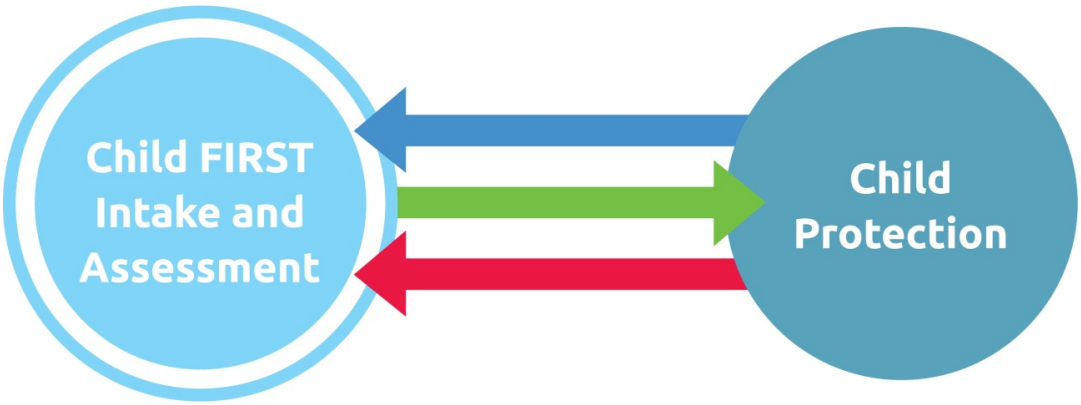
Case trajectory statistics from both participating CSOs suggest that many high risk families are receiving very little intervention and support despite being involved in both services – sometimes simultaneously. The following section outlines those cases that have repeatedly cycled between the statutory and non-statutory service points over the 12-month data collection period.

Cases that moved between the government agency and Child FIRST during a single referral and assessment period= 48.

These cases have taken one or other of the following trajectories within a single referral stage (i.e., the case remains 'open' in Child FIRST throughout, so each referral is classed as a continuing referral rather than as a new case):

a) The government partner refers a case to Child FIRST. Child FIRST assesses (or further assessment subsequently reveals) that the case is too high risk for Family Services and refers the case back to the government partner. The government partner re-assesses and/or investigates and/or opens the case and then re-refers the case back to Child FIRST.

The follow diagram depicts this case trajectory:



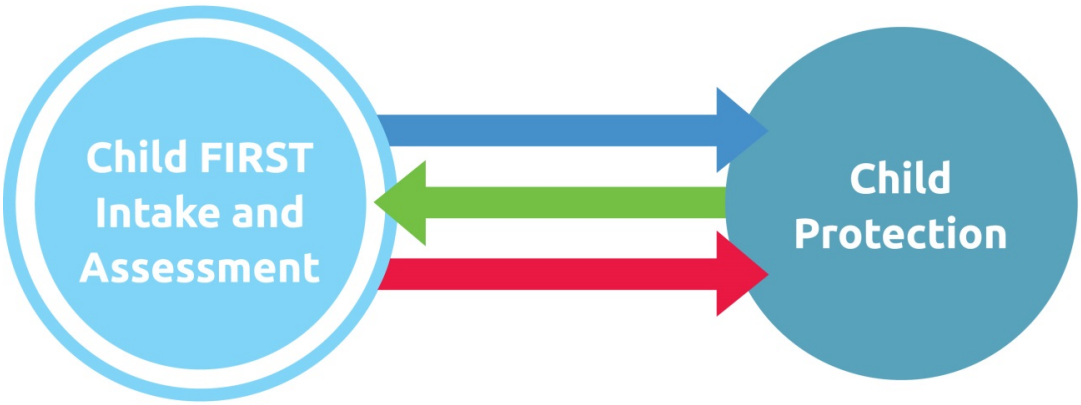
Blue = Initial referral

Green = First re-referral

Red = Second re-referral

FIGURE 12: CHILD FIRST FLOW CHART: PROTECTIVE SERVICES TO CHILD FIRST 'CYCLING' TRAJECTORY

b) Child FIRST makes a referral to the government partner. The government partner assesses and/or investigates and/or opens the case but refers the case back to Child FIRST. Child FIRST reviews the case a second time, assesses that it is still too high risk for Family Services and refers the case back to the government partner once more.



Blue = Initial referral

Green = First re-referral

Red = Second re-referral

FIGURE 13: CHILD FIRST FLOW CHART: CHILD FIRST TO CHILD PROTECTION 'CYCLING' TRAJECTORY

From point of initial referral to final closing takes a mean average of six weeks, with the shortest period being two weeks and the longest six months. An example of one of these cases is provided below to illustrate this process:

Case Example 11: the Thompson Family

In late 2011, a Child FIRST team leader and workers discuss a case that was originally referred to Child FIRST by a local hospital. After the Child FIRST workers allocated the case visited the family for the first time, the case was immediately referred to the government partner, due to the assessment that the case was one of very high risk and complexity. However, the Child FIRST team leader explained that, “it has now come back to us.” The two Child FIRST workers who had visited the family had found the situation “extremely distressing.” One worker described the situation to the rest of the Child FIRST team: “They [the mother and father] live in the caravan park. There’s a known paedophile next door. Both kids are highly sexualised and have really disturbing behaviour: undressing in front of us, defecating on the floor. One of the kids was sitting in corner hissing like a cat.”

The worker also described how the mother had stated to them that she had arrived home one day to find the father ‘breast feeding' baby. When she asked what he was doing, he said it 'felt nice.'

One Child FIRST worker said, “I cannot understand why Child Protection didn't take it.” The other worker involved in the home visit suggests that the government partner could not have carried out a “proper assessment”.

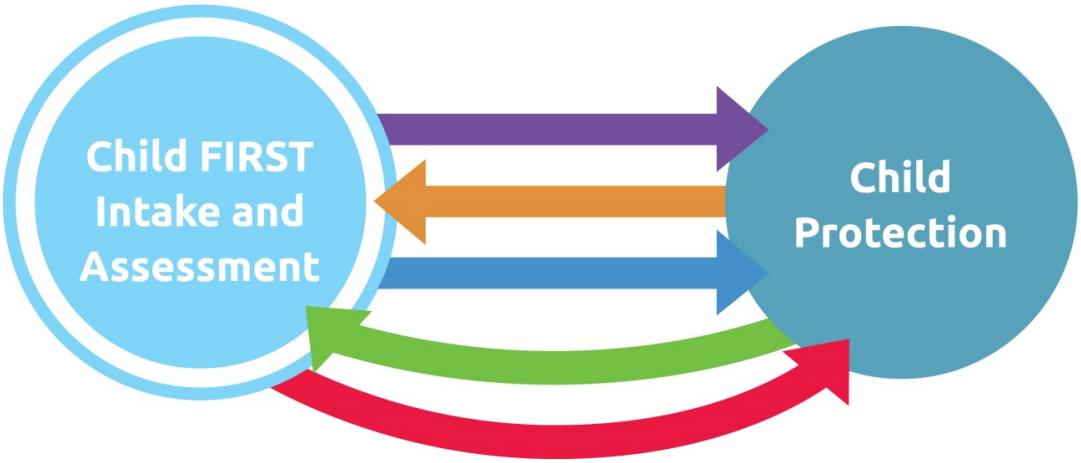
In mid November the Thompson family is allocated Family Services and is placed on Active Holding. At the following Child FIRST referral meeting in late November, the Child FIRST team leader notes that the case had now gone back to the government partner and was being investigated. Reasons for why the case was now being investigated by the government partner were not given at this meeting.

This case was ‘active’ in Child FIRST for four weeks.

The Thompson family case clearly demonstrates that the CSO was acting as the lead agency in a case that was assessed as ‘disturbing’ by Child FIRST workers and also assessed as of high risk of possible sexual child abuse. It would appear from the discussions during the referral case meetings that the government partner did not initially assess the family as high risk despite evidence gathered by Child FIRST workers.

Of the 48 cases that were open repeatedly in protective services and Child FIRST, Child FIRST referred three cases to the government partner at least twice during a single case assessment period. These cases (Cases A, B and C) followed the trajectory below:

- Child FIRST makes a referral to the government partner. Protective services assesses and/or investigates and/or opens the case but refers the case back to Child FIRST. Child FIRST reviews the case a second time, assesses that it is still too high risk (or the family's situation escalates or new evidence emerges) for Family Services and refers the case back to the government partner once more. Protective services re-assesses and/or investigates and/or opens the case but once more refers the case back to Child FIRST. Further assessment at Child FIRST reveals risk that is assessed as too high for Family Services (or the family's situation escalates or new evidence emerges) and the case is referred back to the government partner agency once again.



Purple = First referral

Orange = First re-referral

Blue = Second re-referral

Green = Third re-referral

Red = Fourth re-referral

FIGURE 14: CHILD FIRST FLOW CHART: PROTECTIVE SERVICES TO CHILD FIRST MUTLIPLE 'CYCLING' TRAJECTORY

These three cases were ‘active’ in Child FIRST for the following timeframes and had the following outcomes at the conclusion of the data collection period:

Case A: Open for three and a half months. Final outcome – case was back in Child Protection Response.
Case B: Open for five months. Final outcome – allocated to Family Services.
Case C: Open for six months. Final outcome – closed as family declined services.

The last case is presented on the following page, as this study’s Case Example 12:

Case Example 12: the Jacobi Family

The Child FIRST team leader outlines the Jacobi family case. The father in the family was in prison for what the mother claims were drink-driving offences, but the team leader suggests that there may be other offences involved. The team leader describes a long history of extreme family violence, with the father being the perpetrator against the mother and the couple's eight-year-old child, Zane. The team leader explains that an initial referral had come through in December 2011 from a hospital social worker seeking respite care for the mother, who was pregnant with her second child. Despite being offered Family Services, the mother had declined service involvement.

A subsequent referral to Child FIRST was made by the hospital soon after the mother gave birth in mid January. There were concerns regarding Zane's behaviour while visiting the mother and his new sibling. The Child FIRST team leader discussed how, "Zane was out of control. Extreme behaviour, biting doctor, throwing chairs, spitting on nurses." The team leader explained that since the mother was discharged, a hospital social worker had made a report to the government partner regarding the mother managing the baby and Zane. "They [the government partner] weren't sure what to do with it; it was sitting in Intake, possibly to be referred back to Child FIRST. Now Zane's behaviour has got worse. He's been left with various family members. It went to Child Protection and he was placed in foster care Tuesday night, but voluntary."

The team leader discusses various support options and the viability of each one, but no decisions are made at this time and the family is not allocated Family Services.

The next referral meeting at which the Jacobi family is mentioned is in early February 2012 when the team leader explains that the case had been open at the government partner but had now come back to Child FIRST. The team leader expected to close the case as "there are enough services for Mum and Zane is back at home."

Prior to the case being closed, the Jacobi family is again referred to Child FIRST via a community referral. The team leader explains that Zane is missing school "and we're back to square one." The team leader decides to consult with the government partner.

The Jacobi case is next discussed at a Child FIRST referral meeting in early May 2012. The team leader explains that they are still trying to contact the mother and that a joint home visit with the CBCPW might be needed. By late May, a joint home visit was in the process of being arranged and further consultation with the CBCPW was also occurring. At each subsequent Child FIRST referral meeting throughout the rest of May the team leader notes that they were still consulting with the CBCPW in order to arrange a joint home visit. Then, in the first week of June, the Child FIRST team leader explains that Child FIRST had now closed as the mother had declined services.

The Jacobi case example illustrates that the integrated service system response appears to spend more time assessing than servicing. It also appears as though the CSO is doing the in-depth assessment. In effect, the government agency is using the non-government agency as a quasi-investigative arm. Despite this, the government is not acting on the advice received from the non-government partner.

Rising risks

Case notes from the Child FIRST case referral meetings and from worker consultations with Child FIRST team leaders indicate that the 48 cases observed to have moved between Child FIRST and the government service exhibit some concerning trends. A summary of the original referrers, presenting issues and outcomes at the conclusion of data collection is provided below:

Referrer	
Child Protection:	19
Other Services (such as women's refuges, psychiatric and housing services):	9
Community (such as schools, family members, neighbours):	13
Self Referrals:	6
Presenting Issues	
Long term family violence in household:	15
Suspected or actual sexual abuse committed on child or children in household:	11
Long term drug and/or alcohol abuse in household:	8
Mental health issues in household (includes mental disability and/or incapacity:	5
Outcomes	
Open in Child Protection:	19
Allocated Family Services	17
Did not engage or declined services:	8
Diverted to another specialist service:	4

TABLE 4: SUMMARY OF THE ORIGINAL REFERRERS, PRESENTING ISSUES AND OUTCOMES AT THE CONCLUSION OF DATA COLLECTION

What this summary indicates is that of the 48 cases that moved between Child FIRST and government partner, the single largest referrer was the government partner itself, with 19 referrals. Secondly, it also demonstrates that a large proportion of all cases (nearly 40%) were opened in the government partner as a final case outcome (Note: only 10 cases that were referred by the government service were then returned to the

government partner as a final case outcome). This further supports the findings in chapter's 6 and 7 that suggested that the government partner is consistently referring cases to the non-government agency that are ultimately found to be too high risk, and/or inappropriate for, Family Services. Nevertheless, an equally high proportion of cases that had initially moved between protective services and Child FIRST were eventually allocated to Family Services or were diverted to other, specialist services (a total of 43%). However, the data collected only indicates that these cases were allocated to Family Services and/or diverted to other services, not that Family Services or other services were in fact delivered. As discussed in the Chapter 4, a limitation of this study is that the cases could only be tracked during the 12-month data collection period. A longer timeframe, such as five years, would allow for a more comprehensive analysis of long-term case outcomes, such as rates of re-referrals and subsequent service provision types.

Although many families were eventually allocated to Family Services, the case trajectories and timelines indicate that the amount of time families were in assessment at one or other partnership agency was, on average, six weeks, which means that these 48 families, despite demonstrating high risk (as evidenced by the necessity to involve the government partner) were receiving little intervention or support. This is particularly concerning given some of the presenting issues outlined, where family violence and suspected and/or actual sexual abuse are the dominant presenting issues. Finally, that eight families eventually declined services, despite exhibiting high-risk behaviours, is further evidence that disengagement and declining of services remains problematic, particularly in families experiencing high-risk behaviours.

8.3. The implications of integration

As the sections above outline, organisational risk management strategies undertaken by the participating CSOs due to the non-government agencies assuming greater case risk, are contributing to vulnerable families disengaging from and declining involvement in support services. The inability of the service system to meet demand is also resulting in vulnerable families receiving limited or no support services despite being 'active' in both government and non-government service agencies, for what can often be considerable periods of time. What remains to be explored is how the current service system response may be affecting how service users and referrers perceive the service system and subsequently how this perception may be affecting service utilisation and case

outcomes. Of primary interest for this study is how efforts to mitigate and minimise risk to the organisation that have arisen as a direct consequence of the partnership may be impacting on how the CSO is perceived in the communities they service. How the formalised contractual relationship between the government and the non-government partner may be blurring client and community member perceptions regarding the CSO's autonomy will also be examined. This section will conclude with an investigation of how such blurring may be affecting service user engagement with the service system.

The small pool of literature examining issues of autonomy in government/non-government partnership social service delivery systems suggests that the non-government partner can experience a degree of autonomy loss. This includes in the type and range of clients provided for, services provided, and the ability of the non-government partner to advocate on behalf of service system users (Baulderstone, 2008; Bezdek, 2001; Casey and Dalton, 2006; Meagher and Healy, 2003; Van Slyke, 2006). What is not known is how service system users (including community members, agencies and groups who refer families for services) themselves perceive the degree to which the non-government partner is separate from the state. This is important to understand because how the public perceives the relative autonomy of an organisation may impact on their willingness to engage or not engage with that service – especially if previous involvement with the service system was as an involuntary client of the government run protective services.

Less Threatening, More Threatening

As identified in Chapter 3, as an ascension in societal 'risk thinking' has occurred over time, governments worldwide have developed service system approaches designed to transfer various types of risk from the state to communities and individuals (Althaus, 2005; Brett et al., 2009; Green, 2007; Healy, 2009; Kemshall, 2002; Lupton, 1999; McLaughlin, 2007; Munro, 2010; Parton, 1996 & 1998; Pollack, 2010; Rose et al., 2006; Stalker, 2003; Stanford, 2009; Turnbull & Spence, 2011). Some governments openly proclaim such risk responses as stated policy objectives, such as in the Third Way and Big Society models (Leggett, 2005; Levitas, 2012). Risk thinking can also impel governments to create service systems that are more punitive, restrictive and designed to exclude, label and control risk behaviours within the population (McLaughlin, 2007; Munro, 2010; Parton, 2010; Stalker, 2003; Stanford, 2013). It seems reasonable to assume that statutory systems that use various technics such as forcible removal of

children and compulsory engagement with services are likely to have an impact on external perceptions of any agency that enters into a partnership arrangement with them. The creation of an overt service delivery link, regardless of the reality of differences in the scope of mandated practice and organisational technics, may well create an assumption of a shared approach and mission between government and non-government partners. As also discussed in Chapter 3, and developed throughout these results chapters, as CSOs grapple with unmet demand, these organisations may themselves employ various technics in order to mitigate against organisational risk, such as the creation of more stringent performance management practices and more disciplinary and rigid service responses (Inda, 2007).

Interestingly, a lack of understanding of organisational difference was evident within the partnership itself. All Family Services workers interviewed for this study consistently identified that there was a notable blurring of understanding on the part of the government partner (or workers within that partnership) around the role of the CSO generally, and Family Services in particular. The comments below illustrate this finding:

> Child Protection has a lack of understanding about the different programs. I think the community sees Family Services as independent but I don't think Child Protection fully understands how we work (FS Worker G).

> There was already talk [about protective services closing a case] at the care team meeting with Child Protection saying, you know the family worker will be able to help you with getting him here and taking him there and we were sort of like, no we're not a taxi, that's not what we do. And the fact that they kept referring to us at Child FIRST when we're not Child FIRST. I think it sometimes depends on the workers, because sometimes Child Protection can get away with lumping everything on the worker (FS Worker A).

While this inter-agency confusion was identified, the feedback in relation to community perceptions and understandings of differences between the non-government and government partner was less definitive. In this study, interviews with Family Services workers at the participating CSOs indicate that workers believe that generally, clients of their service can and do differentiate between the role of the CSO and the role of the government service, though there can be some confusion initially for clients who have not been involved in Family Services before:

> When I start working with families and with that initial home visit we go through what sort of organisation [names CSO] is, that it's free, it's voluntary it's a non-government organisation (FS Worker H).

Family Services workers indicated that, while they themselves make a firm delineation between their role and that of the government partner, there is an acknowledgement that the non-government and government agencies are not wholly separate, autonomous services:

> You don't necessarily say [to new clients] that we are completely separate from child protection because at the end of the day we are funded by DHS [sic], we do work closely with child protection because referrals that come to us from Child FIRST can be DHS referrals (FS Worker H).

While this is the perception of workers, all four CEOs and managers at both participating CSOs also recognised that there can be a distortion between client groups in regard to the perceived independence of the CSO. The substance of their views are captured below:

> I think that predominantly, people see us as independent. Those that kind of get escorted from Child Protection or through Child Protection of course see that we have a close relationship with Child Protection, but I think for most people what they look at is who is the worker that's helped them and have they helped them. Therefore if they've had great help, you know, the kind of client feedback stuff and case studies that we've got, the thing that strikes me about them is they talk about the worker and therefore align the agency with a good worker. So good worker, good agency. And I think that's quite a strong message we get. So there would be a number of clients who see us as an agent of Child Protection but I think that's not the majority and even if people start off with that, if they have a good experience, they then see that we're different, because in essence, what we've got to offer them is different (CEO).

> I think it's probably more down the Child FIRST end that they [clients] are not really clear about the delineation between Child Protection and ourselves. Part of that is [Child FIRST] is obligated to let them know that we work with Child Protection and therefore that's where that confusion comes from, or the fear comes in. As you get to work with the families it's less so, unless of course there's the need to bring in the Community Based [Community Based Child Protection Worker] (Manager).

An analysis of the research data from Family Services workers and in Child FIRST case referral meetings and consultations identified that the need to 'bring in' the CBCPW occurred with some frequency. It often included multiple involvements in particular cases (as illustrated above in the examination of cases that have moved back and forth between services). This research data also provided evidence that, in some cases, the lines between the non-government and government services were being blurred in particular ways. This blurring arose where the continued involvement of the government agency (or the threatened or actual involvement of the government agency) occurred while the family was receiving Family Services, or in assessment in Child FIRST. Involving the government partner was often seen as a 'last ditch attempt' to engage clients or because workers had grave concerns for the safety and well being of their client's children. Evidence for this contention will now be outlined in more detail.

Data captured from Family Services interviews and discussions during Child FIRST case referral meetings and consultations suggested that workers viewed continued involvement of protective services (or the possibility of their continued involvement) as a positive method for engaging clients and facilitating better outcomes:

> Because sometimes when I look at my cases where Child Protection is still involved, you can do some positive work with them [the families] because their motivating factor is they want to keep Child Protection off their back, so they'll engage with me, so you can talk about parenting stuff, you can talk about the wellbeing of the children and how certain behaviours will impact on them and exposure to domestic violence will impact on them. They'll give you two minutes of their time to listen to that. Because at the end of the day that's what our role is (FS Worker G).

Ongoing government involvement was perceived as providing opportunities to affect change in parenting behaviours that might otherwise have not occurred. Likewise, opportunities to support families were only presented because engagement with support services had been mandated:

> Its part of the court orders that she has to engage with me, so it was all sort of, I'm doing this because I have to. Which is fine, I understand that, but now we've started talking a lot more about some more serious issues in the family around some of the sexual abuse

> and the perpetrators and that kind of stuff. We'll be able to start doing some better work, more meaningful work with her (FS Worker A).

This feedback indicates a distinct blurring between the service roles of the government and of the non-government partner, with an involuntary client being compelled to participate in a voluntary service. The research data for this study also indicated that workers sometimes had no choice but to notify protective services, despite not being legally required to do so under Victorian mandatory reporting laws [see Sections *182(1)(a)-(e), 184 and 162(c)-(d) of the Children, Youth and Families Act 2005 (Vic.)*]:

> And we're at the point now where… because she's engaging really well but she's not addressing the big issues, so we're actually meeting this week to talk about the fact that if she doesn't engage in acknowledging that the partner's a sex offender and the impact of that and the domestic violence, then we're going to be pulling out and DHS [sic] are going to have to do something with it. Because a lot of the other stuff we're doing, while it's still useful it's not really… she's not addressing the big stuff (FS Worker A).

This excerpt of interview illustrates that involving the government agency could be an instrument of last resort for Family Services workers when clients were not willing to follow case manager advice and /or directions. It also illustrates the complex power relationship between the voluntary, non-government service and service users. The voluntary nature of the non-government service means that service users can, to some extent, choose the level of interaction they have with the service. However, this right is mitigated by the perception and/or assessment of the Family Services worker of the service user's responses to the service.

CSO worker feedback for this study also highlighted that involving government services was often seen as necessary in order to impel clients who exhibited high-risk behaviours into changing their behaviours. This determination was articulated by five of the eight Family Services workers interviewed. The excerpt below is reflective of these views:

> Look I'd feel okay if there were any changes being made or even if the family were actually engaging. Domestic violence is a pretty concrete pattern in this family. And when I saw the black eye I was like right, that's it, I don't have any choice now [to notify child protection]. I think they're a family that unless they get a bit of pressure behind them they're probably not willing to make changes. She's not willing to leave. So certainly I

> have real concerns considering the baby and the environment that baby is living in, it's just not good at all (FS Worker B).

According to Worker B, involving the family in government services was assessed as being the best decision for facilitating change in the high-risk behaviours of the family. While this decision did not constitute a direct threat, but rather direct action, other workers spoke of the tactic of threatening government involvement in order to engage recalcitrant clients:

> I know just from clients with some of my other colleagues, they've had to kind of say to families, we are a voluntary service but if you choose not to engage with us, then the alternative or the consequence is having Child Protection on your doorstep. So it's not that we're making you [the family] work with us, you just need to know that if you don't want us, then they're [protective services] going to be coming in. So sometimes it's kind of like a tool that we would need to use as a way of engaging with them. Because at the end of the day, it's not that we necessarily want Child Protection on their doorstep either. We want to be able to work with them as well (FS Worker H).

Despite this worker commenting that threatening government service involvement does not constitute compelling families to better engage with the voluntary service, it is debatable whether or not such a scenario actually represents a realistic choice for families. The following excerpt from a Child FIRST referral meeting illustrates CSO practitioner views on how and why the tactic of threatening clients with government intervention is utilised:

> There is a history of family violence in the family and especially between the male siblings. The family has had a protective services worker in the past. CF Worker J says that Child FIRST will "threaten Child Protection involvement if Mum doesn't get involved." The researcher asked the Child FIRST team why the CBCPW would accompany Child FIRST workers on home visits. CF Worker G explained it was a way of suggesting to the client that while this case doesn't sit with the government agency at the moment, "if the family doesn't get support, then the Department [sic] may get involved. It can act as an incentive to the family to engage in Family Services." CF Worker D then explained that it gives a history to the case, so that when a history check is done, the visit is logged. CF Worker G says it is "real cumulative harm sort of stuff. It's about saying to the family, this is a voluntary service, BUT, it would be really good... you know?"

What the research data suggests is that the service user's ability to protest the non-government arm of the service system is limited by how the service user performs their role within the system. Voluntary clients assessed as exhibiting very high-risk behaviours and as being reluctant or recalcitrant are therefore managed in two ways:

- Service users are directly informed that, by not cooperating as a 'voluntary' client, their status may become involuntary, or;
- The government service is involved with or without the service user's knowledge, consent or involvement in the decision.

What also emerged in the research data is that the threat of government agency involvement if the client remained recalcitrant was not an empty one. In three Family Services managed cases, the repercussions of families not engaging in Family Services were swift and severe, as illustrated in the interview excerpt below:

> I have had other families where you just know they're letting you in the door because child protection said they have to. I've had other families where they've decided not to engage at all and Child Protection have removed the kids. So it's like you can engage, it's part of the court order, it's either me or them (FS Worker A).

Appropriate assessments being made that determine risk levels requiring mandated involuntary government services is not in question. What is at issue is where threats of government service involvement are used as a means to shape responses and behaviours. The tactic of threatening government involvement when service users do not perform their roles according to the professional assessments of Family Services workers reflect and embed several concomitant consequences. These include:

- Service user behaviour and choices being defined by, and confined to, prescriptive constructions of 'performance' expectations;

Deviations from the dominant, moralistic, societal level norms of acceptable or 'right' behaviour can result in a loss of autonomy and of status within that society (McLaughlin, 2007; Munro, 2010; Parton, 2010; Stalker, 2003; Stanford, 2013). Importantly, by not performing as expected, service users may encounter barriers to welfare service provision such as financial assistance. This is thought to be due to dominant socio-economic rationalist notions of 'deserving' poor and mutual obligation (Cortese, 2013;

De Carvalho, 2002; Fairbrother et al., 1997; Jamrozik, 2009; Redmond, 2010; Wallace & Pease, 2011).

- Families being stigmatized as ‘too risky’;

The labelling of service users as too high risk for support services may result in even more damaging ramifications for the marginalized and vulnerable due to the prevailing socio-political view of risk as something to be feared and reviled (Pollack, 2010). Such labelling may also work to shift the responsibility for a client’s personal situation and status onto the clients themselves. For example, there is a distinct connotational, moralistic ‘flip’ that occurs when a client is perceived as at risk because they are vulnerable, or a risk because they are dangerous (Stanford, 2013).

- The re-designation of voluntary clients as involuntary clients may cause further stigmatization and barriers to families receiving and/or accepting welfare support.

The designation of voluntary and engaged clients with the status of ‘government’ client represents a punitive instrument that may further disempower and regulate society’s least powerful citizenry. Service systems may also face service users becoming increasingly unwilling to engage with either the voluntary or government service due to the punitive use of power (Dumbrill, 2005; Pollack, 2010).

An unwanted concomitant

As outlined above, threatened or actual ongoing involvement of government services in client cases open in Family Services was being viewed, in certain circumstances, as having positive benefits for clients. However the research data also indicates that an actual or perceived close connection with the government partner can also be problematic. The reflection below illustrates how this could occur:

> Well I am usually constantly reminding my clients that I’m not DHS [sic] and it takes some time for that to sink in for them because they won’t, I guess share that much with me, because they still think that I’m like Child Protection and I have to always say to them no, I’m a family worker, my role’s different, I help you with this, I help you with that. I’m a voluntary service and they know that I have an obligation to report to Child Protection if need be, but at the same time, yeah I do have to always remind them, I’m not Child Protection. So yeah, it’s hard sometimes (FS Worker E).

It is apparent from this representative excerpt that, rather than the close relationship between the voluntary and the government partner service facilitating positive service outcomes, it instead appears to be hindering the ability of Family Services workers to engage with clients, and build worker/client trust. Other Family Services worker comments also reflect this view:

> I don't necessarily know if they [clients] think of us as independent from DHS [sic]. I know that they look at us as voluntary but I think it just depends on the particular family and whether or not they've had involvement with Child Protection. They know that we work with Child Protection for some cases and alongside other services. I'm not sure if they would necessarily look at us as independent. They would look at us as maybe a little bit more approachable and helping (FS Worker H).

The suggestion here is that clients differentiated between the two services based on notions of the CSO being inherently more 'approachable' and 'helping.' Yet three other Family Services workers remarked that the close relationship between the two partner organisations was hindering CSO/client relationships. One of these worker reflections is presented below:

> That's the perception of a lot of the community that you're just welfare, you're part of – even though you're not DHS [sic] you're doing their work and you'll dob us in anyway. And that's exactly what is going on in this case in terms of being seen as a risk and going straight there [to protective services] before working through it with her. I am concerned about that because it does get in the way of our relationship and actually letting them [clients] come to their realisations and guiding them to what's going on rather than going in there and saying, well you just did that and it was wrong, we're taking the baby. At least we're [the CSO] open and transparent and she's telling us what she's doing and we're putting safety plans in action. And all that's going to be lost [if protective services are notified]. That trust (FS Worker D).

This observation indicates that role blurring between the government agency and support agency may be preventing families from seeing the voluntary service as a safe and trusted service provider. Conversely, worker feedback also suggested that clients who knew the statutory/support services system well would utilise that knowledge to 'protest' particular service system interventions:

> I mean someone like [names client] for example, who knows the system probably better than I do. She's quite good at saying things to me like, oh well you're not Child Protection so I don't give a… about this and that. And I'll say that's fine, no worries. There are clients like her who know who you are and they know what your role is but sometimes you get those newer ones who… I mean whether Child FIRST has done the referral or DHS [sic] has, they have that sort of funny thing about are you DHS or…? What can I tell you? What can't I tell you? And what are you going to put in your notes, kind of thing. So yeah, you do have to tell them, many times (FS Worker F).

This excerpt of interview suggests that a contradiction exists regarding the autonomy of the non-government service in relation to the government service, with 'experienced' service users seeking to exploit the non-government's non-statutory status. Service users new to Family Services also perceived the service to be closely linked to, and possibly aligned with, the government service:

> The ones that have worked with Family Services before, they have a pretty good idea of what Family Services are. The new ones all think we're Child Protection. In my opinion and from what I've seen, we get it a lot. And they have like this worry about sharing things with us because they think that we're part of DHS and a lot of them just say, so you guys are part of DHS [sic]? So I don't think they have a good idea. And even other professionals they'll ask. I think that it's really important that they know about it, because it does have a huge bearing on the relationship. I'll make sure that they're aware in the first or second [appointment] and usually the clients that I have get comfortable very quickly so it's been fine for me. But I think you do have that odd client who a few months down [the track] will still say, well because your part of DHS, and you're like no wait, we're not (FS Worker E).

This situation flags the 'double edged sword' of the prevailing partnership rhetoric. In framing the contractual arrangement between the government and non-government agencies as an 'integrated' service system involving 'partners,' the prospect of some blurring of agency roles becomes a real probability. But when these agencies are then involved in co-managing cases, the possibility of such role blurring is further compounded. As has been discussed throughout this chapter, the ability of the CSO to engage clients can be impacted by organisational risk management decisions. The relative independence of the non-government agency may likewise impact on the ability of the CSO to engage clients.

Losing faith

A final consideration regarding the relative autonomy of non-government services within government/non-government social service delivery partnerships concerns overall community based perceptions of the organisation – particularly the perceived efficacy of the service offered. Data collected from the participating CSOs indicates that referrals regarding families in need come to Child FIRST from the government service, as self-referrals and from the community. Community referrals can come from government and non-government agencies and services, such as schools, kindergartens, hospitals, women's refuges, medical clinics and the like. They may also be from individuals such as family members, neighbours and family friends. What emerged from interviews with Family Services workers and in Child FIRST referral meetings and worker consultations was that some community referrers were becoming increasingly reluctant to refer families to Child FIRST. This reluctance seemed to stem from two quarters: previous, unsatisfactory experience(s) with the Child Protection and Integrated Family Services system and a reluctance to be seen to be in collusion with the Integrated Family Services system itself. Case notes from Child FIRST referral meetings and Child FIRST worker consultations illustrate these concerns:

- During a general discussion about a particular case, the Child FIRST team leader discusses how referrers will often 'beef up' referrals (i.e., – make them appear more serious by introducing terms such as violence, chronic neglect etc.) in order to get them accepted into Family Services.
- In another Child FIRST case referral meeting, the Child FIRST team leader explains that a family violence court advocate had contacted Child FIRST with concerns that a client had not received an adequate intervention from the CSO and so was going to ring protective services. A Child FIRST worker responded, "…well Child Protection aren't going to touch it."
- At a Child FIRST case referral meeting the Child FIRST team leader explains that a childcare centre had failed to make a report despite a child arriving at the centre with black eyes. The Child FIRST team discuss mandatory reporting and how it is not mandated in childcare yet but should be. The Child FIRST team leader says that "the reason for [the centre] not reporting given as, childcare is a safe place to come to and if they report, the child has no safe place anymore."

These examples reflect community frustration with the current reporting system. Such examples also indicate that some organisations are reluctant to report families to Child FIRST because reporting to the service has become associated with risk. These risks include a risk to the child “childcare is a safe place to come to” and risk to a relationship with the family “it's [the school] a safe place for the parents.” A reluctance to report concerns regarding children at risk of harm suggests that the Child FIRST service is being linked in a negative way to government services and is not viewed as being solely a family support and intervention service.

The data on CSO reported community perceptions relating to the partnership between the government and the non-government sector has identified a number of emergent themes. Specifically, there is:

1. A blurring in understanding of the differences between the government and the non-government service at the client level;

2. A lack of understanding of the shift in the case risk and service delivery focus of Family Services – and an associated frustration with the CSO because of this; and,

3. A decrease in confidence that the non-government service, because of shifts in service focus and alignment with the government provider, is able to provide a safe environment for service users.

In addition to these themes, the research process also provided insights on whether or not the partnership had impacted on the capacity of the CSO to undertake systemic and individual advocacy. This aspect of CSO role is important to explore due to the weight the non-government sector has traditionally placed on community activism and engagement.

Data from participating CSO senior managers highlights that, while still a fundamental cornerstone for the CSO, the ability to advocate on behalf of clients has become more complex within the context of the partnership:

> So the teacher who rings up to make a referral gets a response that they regard as being inadequate because Child FIRST or Family Service can’t respond as they hoped

> because of the demand, ends up feeling frustrated and maybe even disillusioned with Child FIRST (CEO).

> We have a heightened number of complaints from services and members of the public because there's a perception out there that we're not responsive enough as a service system. Very much echoing the sorts of issues that Child Protection practitioners faced. People were always criticising them because they didn't do enough or too little too late. They're not dealing with demand [now] we're not dealing with demand (Manager).

Despite acknowledged constraints to advocacy presented by partnering with government, feedback from one CEO suggests that CSOs are still able to advocate on 'important systemic issues.'

> We're doing work at the moment on a community engagement strategy, so articulate what we do better, because advocacy is clearly one of the things we want to do and community engagement is actually one of our four, you know, our strategic plan, one of our four pillars. I think once you get bigger, you have to think about how do you focus and make important decisions. I do think there are constraints, government departments [are wary] about any negative feedback, as is government, so it's about how you do it. Maybe what it [the contractual partnership] does is makes us more responsible about how we do it. But it certainly hasn't stopped us doing it where we think there are important issues. And we've not taken money where we believe we shouldn't. So we do do those sorts of things and we will join with others in advocating and speaking out on behalf of people (CEO).

For this CEO, not accepting funding that might compromise the CSOs mission was viewed as a further indication that the non-government partner was able to advocate on issues that may be antithetical to government.

While this is positive feedback in terms of systemic issues, the following case example provides insights into how conflicting objectives and an imbalance of decision-making power between the voluntary and statutory agencies can hinder the CSOs ability to act as advocates for their clients:

Case Example 13 – the Warren Family

In an interview with a Family Services Worker the worker discusses a current client, Mandy. Mandy is having Family Services support as she is a young mother with a newborn baby and there is a history of sexual assault and paedophilia in Mandy's immediate and extended family. Mandy herself was sexually abused by her father when a young teenager. The Family Services worker explains how work with Mandy on understanding the grooming process and the effects of child abuse and various other factors relating to past trauma and sexual assault has been ongoing and that Mandy has been very responsive to this approach. Government services are also involved in Mandy's case and have been for many years, due to Mandy's family history. Mandy has not had in-person contact with her father for many years, however she reported to the Family Services worker that her father had recently became severely ill and Mandy expressed to the worker a desire to see him "once more before he dies." The worker states a belief that Mandy would not be in any immediate danger from her father if she was granted a supervised access visit, but that there would be risks involved if a more permanent or long-term access were granted. The worker attempted to advocate on Mandy's behalf for the government service to grant a one-off, supervised access visit:

"DHS [sic] just went end of story, not allowed to see him. They just went, no, not interested, not listening. And they're still doing the not listening. She [Mandy] has phone contact but she's stayed within the boundaries of their investigation, she hasn't seen him. So I've just sent an email off this morning saying, listen you guys, can we have some supervised access? Oh but so-and-so's on holidays so we can't make any decisions. Well hang on a minute. I don't believe he [the father] poses any immediate risk. I think there's long term risk, I don't think there's any question of that, but the family are very aware of it, have put in safety plans, are doing grooming education programs, they're clear on safety and boundaries and it not happening again. But it's very hard to get DHS to… they don't return phone calls; they don't return emails. I actually went to the supervisor above the supervisor and finally got an email back saying we're not doing anything until so-and-so comes back from holidays or something and you'll just have to wait. I can see their concerns but I'm really, really frustrated with their process and their lack of commitment to working together. They're just avoiding the hard stuff, you know? It's just sat in the to-do box. No-one's done anything, no-one's contacted the psychiatrist, no-one's contacted the police. Key players in his life have not been contacted. They said okay, maybe we'll take out supervised access orders [but] they haven't done it: they've done nothing. I mean even if you could see they were doing something, but they've avoided phone calls, they've avoided emails. It's been three months already. It's just frustrating. We're [Family Services] not advocating for all out, 'do what you like, Mandy.' We're saying to Mandy, yes there is a risk, or we believe there's a risk, but we also believe in your ability as a parent to protect your daughter at this point in time."

From this case example it is possible to see that decision-making by the government partner, driven by the need to mitigate against high risk (or the potential of a high-risk situation) may be impacting on their capacity for individual advocacy. The Family Services worker's attempts to intervene with the intention of supporting the client's decision-making were hampered by an overriding protectionist interventionist agenda, where the objective of intervention was to ensure a child's safety.

As Rose (2000) described, service responses that coerce may be reflective of a broader systemic malady. In this scenario, people on the margins of society are problematised as at fault for not fitting in to the system, rather than as 'at risk' individuals in need of society's support. Individual client advocacy is one mechanism to address this. However the narrow boundary between the 'voluntary' and 'involuntary' arms of the child protection/family support system may result in families losing confidence that the voluntary service is in fact voluntary and designed to support, rather than monitor and/or punish. The indicators from the research data are that the partnership has impacted, in a negative way, on the capacity for advocacy and change. What this means longer term for community perceptions of the role of the community service in the provision of family services remains unclear.

8.4. Summary of Chapter

This final results chapter has explored several questions regarding the influence that risk constructions within the government/non-government partnership is having on the ability of CSOs to service clients and communities. In the first instance, the presence of organisational risk management strategies, and the decision-making behind them, indicate that a prevailing risk discourse within CSOs of risk as a dangerous, but necessary, concomitant of partnership, is driving CSO decision-making and affecting service user case trajectories and outcomes. Particular strategies, such as the frequent activation of demand management strategies, was seen to be a possible contributing factor to families 'churning' through the protective services/support services system. Furthermore, the influence of the government partner in the design and implementation of these strategies suggests that such strategies may also be of benefit to the government agency in mitigating it's own risk. The utilisation of such organisational risk management strategies suggests that these tactics may be affecting not only clients of the service, but also the CSO's reputation in the communities they serve.

What has been identified is that the CSO's relative autonomy and mission may be being compromised by the overriding necessity of these organisations to remain viable. The reputation of the CSO is being affected because the more high risk cases that CSO's assume in order to maintain their places within the system, the less capable the CSO is of supporting families with low to medium risk needs. The CSOs ability to advocate on behalf of clients and the community is reduced due to a perception that the CSOs are closely linked to, and aligned with, the statutory system. What the research data has also demonstrated is that service user perceptions can be predicated by; levels of interaction; how service users perform; and, how they are themselves 'labelled' by the service system. Service users who are assessed as very high risk and also recalcitrant, are threatened with statutory intervention. This may serve to blur the distinction between the two services, with the independence and 'safety' of the CSO compromised by the use of such tactics. The perception that the support service and the government service are linked can also hinder the ability of case managers to engage service users with support services. Consequently, the prevailing constructions of risk within the family services system, coupled with the need of CSOs to preserve their places within that system, have contributed to the non-government partner being perceived by service users and the wider community as dangerous.

Conclusion and Recommendations

This final chapter presents the conclusions and recommendations of this doctoral thesis. The chapter is divided into two sections. Section one provides a summary of the key findings. The second section outlines the strengths and limitations of the study, the significant contributions to the knowledge and suggestions for future research and policy directions. These recommendations are aimed at informing future child and family social welfare policy.

8.5. Summary of the research

The insights from this study were grounded in the theoretical and methodological framework established for the research. Together, the three chosen theoretical perspectives – critical theory, governmentality and performativity – provided a consistent and comprehensive research framework. Through the application of critical theory, understandings of risk constructs at the system level were identified. Governmentality enabled the analysis of risk constructs at the organisational, or service, level. Performativity facilitated an analysis of risk at the service and service user level. The utilisation of a mixed methods qualitative methodology, involving an extended, intensive, case study design, complemented the chosen theoretical approach and maximised the validity of the research. This framework was itself developed in response to the nature of an identified research problem – the possibility of risk transference through the mechanism of government/non-government partnerships. A statewide child and family services partnership was applied as the lens for this examination of partnership. The importance of developing an understanding of how risk is conceptualised and managed within such partnerships was predicated on the existing literature.

In particular, this study identified the following areas as being critically under-researched:

- How, and in what ways, government/non-government social service delivery partnerships might shift risk from the public to the non-profit sector;
- The impact of risk shift across the three key service delivery levels – within the system (across the partnership), in practice (within the CSO) and on service users.

- How the role of power within such partnerships might affect how risk is conceptualised and deployed within government/non-government partnerships and influence service practice and outcomes as a consequence.

These key knowledge gaps guided the formation of the research questions. A summary of the key findings that arose as a consequence of the study design and research focus are provided in the following sections.

8.6. Summary of key findings

Findings from the study's key areas of focus are presented in three subdivisions, based on how each research question was addressed, and on the three levels of analysis.

How risk is constructed within the partnership

Constructions of risk as dangerous to governance

A critical analysis of the Victorian Child Protection and Integrated Family Services partnership revealed that high-risk case risk was being transferred from the government to the non-government sector through the use of particular mechanisms. 'Push back', as first identified by the Victorian Ombudsman in two earlier reports (Victorian Ombudsman, 2009; Victorian Ombudsman, 2011) was found to be a primary method through which risk was being transferred and also provided evidence for how risk was being conceptualised within the partnership. The presence and function of 'push back' indicated that constructions of risk as dangerous to government – both politically – if there is a catastrophic client outcome that is subsequently exposed – and reputationally – where the presence of risk may compromise the overall mission of the partnering agencies – were driving the shifting of risk within the partnership. Specifically, this study identified that a particular risk problem – not reaching departmental targets – was taking precedence over another risk problem – the risk of children coming to harm while within the child protection service. In essence, this study found that the child protection service was using the partnership as an instrument to transfer the latter in order to reduce the former. A key facilitator of this risk transfer was through the conduit of individual child protection workers, and specifically the Community Based Child Protection Worker (CBCPW). The statutory partner's position as final arbiter in case risk decision-making

was instrumental in assisting the ability of Child Protection workers to reject cases referred by the CSO and to refer very high-risk cases to the CSO.

Constructions of risk as dangerous to the organisation

This study also found that the actualization of risk shift within the partnership was further facilitated by how the non-government partner perceived, and responded to, various socio-political risk 'threats'. Several, largely unanticipated service system pressures, such as systemic changes stemming from neo-liberal ideological pressures, insecurity of all but the very biggest (and by definition, the most powerful) CSOs and a resource hungry environment, were all found to be operating on the participant CSO's capacity to manage risk. Together, such risk threats were perceived by CSOs as dangerous to the organisation's ability to survive and more particularly, to organisational viability itself. As a consequence, these constructions of risk acted to further limit how the non-government partner was able to allay or resist risk shifting from the government partner.

Another way in which conceptualisations of risk at the system level was impacting on CSO service provision was CSOs were now managing a greater proportion of high-risk cases in relation to medium to lower risk cases. While CSOs acknowledged that this shift in risk was not an intention of the reforms process itself, the resultant partnership arrangement was found to be directly facilitating risk transfer from the state to the non-profit partner. This illustrated how a concentration of services towards the tertiary end of the case risk spectrum could compromise the ability of the service partnership to meet other objectives, such as early intervention.

The impact of the transfer of risk on the non-government partner and on service provision

Constructions of risk as dangerous to practice

An emergent finding of this study is that Child FIRST and Family Services workers were being actively discouraged from rejecting or ceasing to work with high-risk cases while still perceiving that they had the ability to reject such cases and would be supported by the CSO to do so. This indicates that an important divergence between worker perception and the practice reality had occurred. What this study found was that CSO practitioners were endowed with substantially less decision-making power and control than they believed themselves to have. Data analysis therefore revealed that a risk

management rhetoric had arisen within the non-government partner agencies that is reflective of the broader, systemic risk-aversion operating at the socio-political level.

Constructions of risk as dangerous, but necessary

As outlined above, this study found that reconceptualisations of risk at the system level had led to shifts in how risk was constructed and reacted to at the service level. In essence, CSOs experienced a reduced capacity to mitigate the transfer of risk from the government partner. Consequently, another risk construction, that of, *dangerous, but necessary* had emerged, as CSOs sought to retain their positions within the child and family welfare system. In adopting a fear driven approach to high case risk, the non-government partner was further embedding the ability of the government to utilise the technic of pushback, and for the CSOs themselves to protect their own positions as service providers. The emergence of this situation was evident from the feedback from CSO workers, who reported many instances where high-risk cases were accepted for Family Services, despite workers assessing these cases as being more appropriate for protective services.

Constructions of 'dangerous' risk as normal

A pivotal instrument in the dissemination of the emergent risk management rhetoric was found to be the normalisation of risk at the practice level. This normalisation of risk was shown to be impacting on CSO worker ability to make decisions regarding the acceptance or rejection of high-risk cases. Also facilitating and encouraging workers to accept very high-risk cases was the presence of a pervasive, ingrained, moral obligation. Practitioner commitment to ethical and moral considerations further encouraged the acceptance of high-risk clients and deterred workers from requesting to have cases removed from their caseloads. This obligation was itself nurtured by a dominant organisational discourse that positioned 'helping' at the centre of the CSO's mandate. Such discourses and constructs has meant that, despite high risk being perceived as dangerous to the organisation and dangerous to practitioners, the wider risks posed by broader systemic threats to CSO service provision has resulted in risk being reconceptualised within CSOs as a dangerous, but necessary aspect of, service provision.

The implications of risk constructs and transfer for service objectives and outcomes

Constructions of risk as dangerous to 'us' – those whom the child and family services system was designed to serve

That the autonomy and mission of CSOs was being compromised by considerations of organisational viability and tenure was also identified by this study. The higher the priority placed on maintaining their positions as government partner service providers, the more difficult it had become for CSOs to reject high case risk. As a result of this increasing focus on high-risk case responsibility, CSOs have become demonstrably less able to service those families presenting with low to medium risk needs. Case tracking data established that the existence of organisational risk management strategies, and the decision-making behind them, was further compromising service user case trajectories and outcomes. Importantly, this study found that the frequent activation of demand management strategies was contributing to families 'churning' through the protective services/support services system. The pervasive influence of the government partner in the design and implementation of these strategies also indicated that such strategies were being utilised by the statutory agency to respond to, and protect itself against, systemic risk 'threats'.

What the research data also demonstrated is that service user perceptions of the CSO service are influenced by the amount and type of CSO/client interaction. How service users perform and are themselves 'labelled' by the service system can also significantly impact on how clients perceive the CSO. Feedback from CSO workers indicated that service users, who were assessed by the CSO as very high risk, but recalcitrant, were being threatened with statutory intervention if they did not engage with support services. This could serve to blur the distinction between the statutory and support services, with the independence and 'safety' of the CSO being compromised by the use of such coercive tactics. The perception that the support service and the statutory service are linked might also hinder the ability of CSO case managers to engage service users with support services. As was also identified in the data, a high level of service user disengagement from, or lack of engagement with, support services, was found to be occurring. Consequently, this study has found that the non-government partner's need to manage risk, and to preserve their places within the child and family services system, may be affecting how service users and the wider community perceive and interact with CSOs. The use of coercive tactics by CSOs to force client engagement was identified as

a specific risk to CSO autonomy and the ability of the non-government partner to service vulnerable families. A perception of a lack of autonomy in CSOs who partner with government to deliver family services may therefore be contributing to the CSO being perceived by service users and the wider community as dangerous to be either directly, or indirectly, involved with. However, as this study did not seek service user or community input (see study limitations, below) this finding can only suggest that further research into this critical area is required, and is not, therefore, a definitive conclusion of the research itself.

8.7. Contribution to new knowledge

This thesis has contributed significant new knowledge in the following ways:

> *1) The identification of the central role that the socio-political risk-averse discourse plays in shaping how risk is conceptualised and managed within government/non-government social service delivery partnerships*.

The thesis has shown that risk thinking at the system level can profoundly influence how social service systems are shaped, how services are delivered and how service users are impacted. Specifically, this study has identified that systemic level risk aversion in government/non-government social service delivery partnerships has resulted in 'at risk' children being perceived as risks to be managed, rather than as at risk of harm. This finding clearly illustrates that the needs of the most vulnerable and marginalized citizens within a society can be, and are, relegated below other drivers, such as economic rationalist imperatives and political survival.

> *2) The identification of the role of power in managing and mitigating risk within such partnerships*.

This study found that the power imbalance between the state and the non-profit sector facilitates the ability of the government to shift risk to the non-government partner agencies. In effect, the language of 'partnership' is being utilised by the state to exert power and control to further government agendas. The second tier of power inequity within these partnerships – that between the non-government service provider and service users – can in turn permit the non-government partner to transfer the responsibility of risks associated with working with vulnerable, high risk families. This

two-tiered power imbalance plays a significant role in service users cycling and recycling through the child protection/child welfare system.

> *3) The identification of risk aversion being given precedence over the delivery of early intervention and prevention services by such partnerships*.

Socio-political conceptualisations of client risk as dangerous to governance, to organisations and to practice has resulted in risk management and mitigation practices within partnerships shifting how risk in families is being perceived and serviced. Efforts to avoid political risk, and an inability to mitigate risk shift from the government partner, has meant non-government partners' resources being directed to managing cases of very high risk and complexity. This service focus has resulted in a significantly reduced capacity of the partnership to provide early intervention and prevention services for families experiencing moderate to low level risk.

> *4) The identification of the techniques of risk shifting as they are occurring in practice.*

Prior to this study being undertaken, the possibility of risk shift occurring within government/non-government social service delivery partnerships had been largely speculative. What this study confirms is that risk shifting from the government to the non-government service provider is *in fact* occurring. Perhaps more importantly, the *techniques* of risk shifting have been identified and explicated – how risk shifting can manifest within actual practices is now known and understood. This will have major implications for the social service sector generally and for non-government social service providers in particular. It is envisaged that the knowledge of the techniques or risk shifting identified in this study will empower the non-government sector to advocate for change in how government/non-government social service partnerships are developed, implemented and evaluated.

Together, these findings provide evidence for future social policy makers and stakeholders of the profound influence socio-political risk aversion can have on how social services are delivered and service users impacted.

8.8. Thesis Statement

The cost of governmental and not-for-profit agency fear of political and reputational risk is a social service system in which managing risk to vulnerable families is subordinated to managing political and organisational risk.

8.9. Study Limitations

The following limitations are acknowledged:
Timeframe constraints: The timeframes defining data collection and analysis within the context of a doctoral thesis meant that this study was only able to track child and family services cases over a 12-month period. While this timeframe facilitated the mapping of incidences of cases 'recycling' through the child protection/family services system, a longer timeframe may have captured more information regarding how often, how long, and why, individual cases were returning, sometimes repeatedly, to the service. It must also be noted, however, that addressing this latter question was not part of the overall research goal.

Service user perceptions and experiences: This study was able to explore the impacts of risk transfer on CSO organisations, staff and on service users. However, findings for how risk transfer was impacting on service users was taken from the perspective of CSO executive, management and staff and on case trajectories and outcomes. A more complete analysis of how government/non-government social service delivery partnership models are impacting on service users would entail a study design that captured the first hand perceptions and experiences of service users themselves.

Child protection agency worker perceptions and experiences: Aligned with the limitation above, a further limitation of this study was that the perceptions and opinions of child protection agency workers were not sought. How individual departmental workers and management viewed risk management and mitigation within the partnership may have yielded important comparative data and broadened the research scope and intent. However, bureaucratic processes for gaining approval, and the constraints placed on the ownership of intellectual property by the state, were restrictive. This created a limited perspective, which consequently resulted in the exclusion of this perspective from the data collection process. Not including the government partner may have also facilitated a more complete perspective from the non-government partner, as they were more open

to embedding a researcher in their agency when they did not feel the constraints of state monitoring of the process. Finally, the inclusion of the state perspective was addressed by the Victorian Ombudsman in his reports of 2009 and 2011 (Victorian Ombudsman, 2009; Victorian Ombudsman, 2011).

A single, rather than multiple case study design: Again, constraints of the doctoral thesis process meant that the study was limited to examining a single case study. A multiple case study design would have enabled the research to compare and contrast two or more government/non-government social service delivery partnerships. Such information may have made the findings more generalisable to the broader government/non-government partnership literature. Nevertheless, the inclusion of two locations ensured a comprehensive analysis of the issue for the partnership case study that was chosen.

8.10. Study Strengths

A significant shortcoming of the literature investigating risk in partnerships is that the findings were limited by timeframes, research intent and scope and data collection methods. This study addressed these shortcomings through:

The development of multiple levels of analysis: Unlike most other studies in the field, this study examined risk transfer at a system, service and service user level. This design ensured that the impact of risk could be traced across the service system. It also enabled the conclusion to be drawn that the mitigation and management of risk at the system level could, and did, influence how risk is mitigated and managed at the service level. Finally, by capturing data from case trajectories and outcomes, this study was able to identify how the mitigation and management of risk at the service level could in turn impact on service user experience, and perception, of the service.

The application of a triangulated data collection methodology using both qualitative and quantitative methods: This methodology provided this study with the ability to capture data across the three levels of analysis. Participant observation in Child FIRST case referral meetings and consultations, interviews with CSO executive and management and case tracking interviews with CSO Family Services staff, captured important data on the negative impact of risk transfer on case trajectories and outcomes and on the ability of the partnership to provide early intervention and prevention services. A further strength of the chosen methodology was the being embedding of the researcher within

the organisation. The insights gained from this type of data collection in an analysis of a complex issue are unique – not least because of the rarity of this method.

A 12-month data collection period: The advantage of this data collection timeframe was that it enabled the capture incidences of cases 're-cycling' within the service partnership and also to and from the service partnership. Prior to this research being undertaken, such information had not been investigated and/or analysed.

This study's methodology and broad intent and scope provided a comprehensive data set on the impacts of risk shifting within government/non-government social service delivery partnerships than was currently available in the research.

8.11. Directions for future research

In order to build on the findings of this study, and in acknowledgement of this study's limitations, future research could be directed to the following key areas:

1) *Research that can capture data from services users involved in government/non-government social service delivery partnerships*.

Such data would address the gap in the knowledge regarding how risk transfer and management within such partnerships is impacting on service user experience from the perspective of service users themselves. It would also provide an opportunity for the least powerful, but most powerfully affected, constituent in service system partnerships to have their voices heard and experiences acknowledged.

2) Research that can capture the perspectives and experiences of government partner management and staff.

Such research would broaden the knowledge regarding how governments are able to transfer risk at the service level. Additionally, a method that can capture both government agency and non-government agency case trajectories and outcomes would provide a more complete depiction of how service users are experiencing the service system.

3) *Research that can track government/non-government social service delivery partnership service user case trajectories and outcomes over the longer term*.

As was acknowledged throughout Chapters 6, 7 and 8, it was apparent from discussions with Child FIRST and Family Services workers that some of the cases analysed during

data collection had been opened and closed repeatedly in the months, and sometimes years, prior to the data collection period commencing. This study also identified other service user cases as having 'cycled' through the service system multiple times during the 12-month data collection period itself. In order to better capture the amount, and frequency, of cases 'recycling,' it will be necessary to develop a study design that can extend over a minimum period of five years. Such research could also address the gaps in the knowledge regarding links between longer term case cycling and concomitant spiralling in the levels of risk these families are experiencing over time.

4) *Research that incorporates an international, multi-case study method of government/non-government social service partnerships*.

A methodological approach of this type would add considerably to our understanding of how government/non-government partnerships conceptualise and deploy risk worldwide. The multi-case design would facilitate the ability of the research to compare and contrast internal social service partnership objectives and case risk trajectories and outcomes with other partnerships of a similar structure. Such research may highlight issues of power and control and risk aversion within partnerships and within government/non-government partnership models more generally. Further research will also need to be undertaken into the phenomenon of risk normalisation within non-profit organisations more generally, and in CSOs that partner with government more specifically.

5) *Research that can examine the impact of a normalisation of risk discourse within the partnering CSOs*.

The normalisation of risk within the participating non-government organisations is an issue that emerged as a consequence of the research and not as a subject of the study. However, this study suggests that this normalisation of risk discourse may be working to reduce Family Services worker ability to make risk management decisions in very high-risk cases. The data also suggests that it may be hindering the CSO's ability to effectively service high-risk clients. Services users who are reluctant or who have limited capacity to self manage or modify their behaviours are having their cases closed. Closing such cases has become viewed as a 'normal' process that is thought to 'free up' Family Services workers to concentrate their efforts on clients who are engaged with services. In effect, the intractable has become acceptable, from a service system perspective. However, as this finding is not currently well researched, it is recommended

that further study be undertaken into this issue. Finally, consideration needs to be given for how the normalisation of risk may be occurring in other areas and industries outside of the child and family service system that formed the focus of the case study.

8.12. Recommendations

The following recommendations are grouped according to how each recommendation addresses the findings from the three, key areas of focus.

1) *Empowering the partnership: minimising the ability of – and need for – the government to transfer risk to the non-government partner.*

Recommendation 1

That the Victorian Child Protection and Integrated Family Services program receive substantial additional resourcing across the entire program.

In order to adequately address systemic issues of risk shift and an inability of the current partnership to effectively manage and service clients across the case risk spectrum, the service will need an immediate and substantive increase in resourcing. This resourcing will need to include additional professional staff and dedicated programs targeting early intervention and prevention; client and community engagement; short and long-term client support; staff training and support; and, further research. Reforms in these areas have also been highlighted by Professor Peter Shergold, AC, in a report recently released by the Victorian Department of Human Services, Service Sector Reform: A roadmap for community and human services reform (Final report – July 2013). In this report, Shergold commented that:

> The harsh reality of the current economic and demographic environment – a combination of increasing demand for a wide range of government services and a revenue base under mounting pressure – means that all Victoria's reforms are premised on improved productivity. There is recognition that it is necessary to: reduce demand through more timely and effective interventions; increase impact through enhanced staff skills and capacities in CSOs; and reduce wastage incurred through unnecessarily burdensome administrative and reporting processes. The reforms underway are responsive to the economic challenges facing the sector now and in the years ahead (p.14).

What the quote above suggests is that current reforms in these critical areas must occur within current budgetary and other constraints. What is not articulated here is that this will only perpetuate risk aversion and risk thinking within this system. Instead, it will be

necessary to reframe the problem to ask, not what can be done within the constraints that exist but what is it that society places most value in? If the current social service system in Victoria is to adequately address high risk, then budget constraints must not be viewed as more important than addressing the needs of the most vulnerable members of the community.

Recommendation 2

The government partner, as the funding body for service provision, includes a legislative and/or policy mechanism to counter current tensions between agency size and the resource pressures inherent to meeting compliance and risk management demands.

Small to medium sized CSOs are significantly disempowered within the partnership service delivery system due to fears that they must acquiesce to governmental demands in order to survive as organisations. Any contractual standards must not discriminate between CSOs based on the capacity of CSOs to meet compliance demands. A review of compliance measures and scope, with the direct involvement of the non-profit sector, would assist in addressing what are currently seen as overly onerous and prejudicial compliance demands within the partnership.

Recommendation 3

That a formal risk assessment instrument be adopted that accords the same decision-making powers to both the government Child Protection agency and the non-government agencies providing Child FIRST and Family Services.

Currently, the Department of Human Services (DHS) Child Protection agency is the final arbiter regarding which cases Child Protection accepts and/or rejects and which cases Child Protection refers to the non-government partner providers of the Child FIRST program. Thresholds for what is acceptable risk for the non-government partner service would need to be formulated and applied equally across all agencies involved. Legislation should reflect that Child Protection must accept for investigation cases assessed as being above the threshold for Family Services. Furthermore, the acceptance by the government agency of cases for investigation should be legislated to occur within a specific, set timeframe. Finally, any formal risk assessment tool would need to incorporate a brief justification for how the assessment was undertaken and conclusions reached, to be applied equally to both service agencies.

A formal risk assessment instrument such as that recommended above would assist in minimising the ability of the government partner to 'push back' high case risk to the non-government partner. The non-government partner would also be better empowered within the partnership to refer high-risk cases to the government partner. Such a tool would also help to ensure that both partner agencies are required to provide adequate justification for re-referring cases between services. Finally, families involved in this service system would be accorded timely and appropriate services based on their assessed needs, rather than on organisational risk concerns or external demand pressures.

2) *Empowering practice: empowering CSO practitioners to minimise the normalisation of risk and the risk of children coming to harm.*

Recommendation 4

That a two-tiered Family Services delivery model be implemented within the current Child Protection and Integrated Family Services program.

Escalations in tertiary risk levels within the broader service system are impacting the ability of the partnership to deliver early intervention and prevention services for families of low to medium level risk. These impacts could be alleviated through the implementation of a two-tiered Family Services delivery program. Guided by the formalised risk assessment tool, as outlined above, risk levels could be assessed, and serviced, as below:

Level 1: Requiring protective services – there is an immediate and/or actual risk of a child or children coming to harm. This level is based on what is currently legislated as appropriate for Child Protection services.

Tier 1

Level 2: Requiring intensive, high level, longer term Family Services management and intervention. This level would accommodate families who are exhibiting risk behaviours that are serious, but do not currently necessitate that children be immediately removed from their families. Concurrent protective services and Family Services intervention may also be required. This level is not currently legislated or provided as a separate sub-program. In order to best service this level, CSOs would need to be resourced to provide sufficiently trained and dedicated personnel whose primary responsibility would be to work with very high risk and complex cases over the longer term. This level would also

require a close working relationship between dedicated Family Services practitioners, Child Protection case managers and the Community Based Child Protection Worker (CBCPW). In order to ensure that the dedicated Family Services workers were afforded equal status as Child Protection workers in regard to the management of these high-risk cases, risk assessment tools and/or case management procedures and policies would need to be equivalent across both agencies.

Tier 2

Level 3: Requiring early intervention and/or prevention services. This level is based on what is currently legislated as appropriate for Family Services.

The creation of a 'middle' tier within the Child Protection/Family Services system would better acknowledge, and service, unmet within the broader service system. Importantly, a two-tiered Family Services program would assist the partnership to deliver targeted support to vulnerable families based on servicing the needs of families regardless of their assessed risk status. Such a system may also alleviate issues relating to risk transfer within the partnership. This is because Family Services would be empowered and resourced to undertake high case risk case management and early intervention/prevention services. Such a system may also inhibit the ability of individual child protection workers and/or agencies to reject cases referred by the CSO. Finally, this system may reduce the government agency's practice of referring cases to the CSO that are currently viewed by the CSO as too high risk for Family Services.

Recommendation 5

That a more definitive, targeted, risk assessment tool be implemented within the Child FIRST and Family Services programs that better identifies and categorizes risk specific to service delivery by the non-government partner.

Active risk management within the partnering CSOs would considerably enhance the ability of Family Services workers to make decisions regarding the management of high-risk cases. While the Best Interests Framework can guide risk assessments and referral/service recommendations, an assessment tool that provides definitive assessments of risk levels, and incorporates enforceable actions and objectives, would be beneficial. Notably, if a two-tiered (and adequately resourced) Family Services program was implemented, the Family Services workers operating within Level 2 would be better skilled, supported and equipped to manage cases of higher risk than they are

presently able to do. A two-tiered Family Services program would also significantly reduce the risk management rhetoric identified as at play within partnering CSOs, for there would be an open acknowledgement that CSOs are in fact required to work with high risk and complex cases.

Recommendation 6

That the legislation stipulate that each Child FIRST catchment's dedicated Community Based Child Protection Worker (CBCPW) be permanently located within the non-government partner Child FIRST and/or Family Services offices.

As this study has highlighted, the position of CBCPW can have a direct impact on the ability of CSO practitioners to make case risk management decisions. In essence, the CBCPW can act as both gateway but also as gatekeeper between the two partner agencies. Permanently co-locating the CBCPW in Child FIRST and/or Family Services offices may assist in relationship building and interaction between the CBCPW and CSO staff and clients. It would also ensure that both the government and non-government organisational needs are more effectively understood and responded to.

Recommendation 7

That the CBCPW position be renamed so that any reference to Child Protection is removed.

As with Recommendation 6, the objective of this recommendation is to create a symbolic, and more equal conceptualisation of this partnership role. By removing 'Child Protection' from the position title, and replacing the term with something more generic and non-agency specific, such as 'Child Welfare,' this role may be better perceived within both the government and non-government agencies, and in the community, as raising a clear focus on both the protective and family support sectors. It would be important to ensure that information about the role, including description and marketing, made explicit reference to the Department of Human Services as funder.

Ideally, the CBCPW role would be wholly autonomous, with funding sourced from outside either agency and protected by specific legislation. However, this scenario is not something that is achievable over the short term. Incremental changes to this role, such as the decision-making powers (specifically, Recommendations 3 and 5, above) co-location with partnering CSOs and the changing of the position title, will create a

conceptual shift for the non-government partner practitioners and service users to build a stronger, more equidistant relationship with the CBCPW.

3) *Empowering the service user: maximizing the ability of the government and the non-government partner to engage and adequately service the community*.

Recommendation 8

That, aligned with the two-tiered Family Services program outlined Recommendation 4, the Active Holding program be separated into two, inter-connected programs during periods of high demand.

An increase in service demand and a subsequent concentration on organisational risk management strategies and decision-making practices was found to be compromising the ability of CSOs to provide a service to clients across the risk spectrum. The Active Holding program was particularly singled out as an instrument utilised to 'park' cases in order to alleviate frequent peak demand pressures. Other demand management strategies were likewise becoming more regularly operationalised as CSOs were referred, and were accepting of, high-risk cases. This service system response was identified as contributing to families 'churning' through the service system.

In a two-tiered Active Holding system, one Active Holding component would service those families who have engaged with Child FIRST, are receptive to services and are waiting for a vacancy to become available in Family Services. This reflects the function of the present Active Holding program. However, during peak demand, a separate Active Holding program could be activated that is dedicated to providing a service response to those families who have been referred to Child FIRST, have been assessed as in need of Family Services, but who are not engaging with the service. These service users necessarily require a more intensive, in-person service response to encourage participation in services. The service provided could include clearly defined procedures and processes, such as a set amount of in-person contact and joint home visits with the CBCPW made and/or attempted. A separate Active Holding service dedicated to engaging reluctant clients would necessitate more resources be periodically made available for Child FIRST programs, including the provision of dedicated personnel. Such measures may, when coupled with the other recommendations arising from this study, assist in engaging families with services and minimising instances of case 'churning' and of cases escalating in risk due to lack of services.

Recommendation 9

That CSO practitioners be educated in methods to engage clients that do not involve overt or covert coercion.

As well as better resourcing Child FIRST programs during periods of peak demand, a further recommendation regarding increasing client participation in services supporting practitioners would be to move away from the use of coercive tactics to achieve compliance. Skilling CSO practitioners in non-coercive tactics may encourage better client participation in services through empowering service users in decision-making. Further research is required into non-coercive client engagement best practice, so it is a recommendation of this study that such techniques be investigated and adopted as appropriate.

Recommendation 10

That a new position be created within each Child FIRST catchment that acts as an independent community advocacy/advisor in all matters pertaining to the Victorian Child Protection and Integrated Family Services partnership.

As was highlighted in the findings, system and service level risk discourses and risk deployment mechanisms have affected the ability of the partnering CSOs to undertake systems advocacy. An independent child protection/child welfare advisor would assist in addressing community and service user concerns regarding both the government and non-government service providers. As this position would be based in the community, the incumbent would be uniquely placed to develop an understanding of individual community and service system issues. Being independent of either partner agency may also imbue a greater confidence in the various Child FIRST catchments of the ability of this role to address community concerns. It would be necessary, therefore, that these positions be empowered to action complaints and to advise all stakeholders – including local councils, service groups, health services – of presenting issues.

Appendices

Appendix A

Family Services Case Tracking Interview Schedule

Tracking interview regarding case outcomes to be re administered at 3, 6, 9, 12 month intervals

Thank you for agreeing to be involved in an interview. The following questions are open-ended ones about the decision making processes as they relate to case allocations for Family Services. I will take hand-written notes of your answers as well as record the information collected. Responses will be allocated a coded number in order to de identify service users.

1. What is your time fraction?

2. How many cases are you currently managing?

3. May I have the first and last name of each client?

4. Of those cases, how many are new to Family Services?

5. How many are referrals from within the last 12 months?

6. How many are re-referrals from over 12 months?

7. How many have a DHS history?

8. If you have closed cases within the last 3 months, what were your main reasons for doing so?

9. Do you feel that the cases you are managing present an acceptable level of risk for Family Services? If not, why not?

10. Do you feel that the level of risk in the cases you are managing has changed over time? If so, why?

11. How comfortable are you with your capacity to make decisions regarding the cases you are managing?

12. What do you feel most impacts on the decisions your agency makes regarding the acceptance or rejection of cases?

13. How well is your agency able to act as an advocate for community members and clients?

14. Do you feel that community members and clients view Family Services as an independent service?

15. Do you have any comments and/or concerns regarding decision-making and risk in case management that we have not covered so far?

Appendix B

CSO Executive and Management Interview Schedule

Thank you very much for agreeing to this interview. What I am hoping to ascertain is your opinion and reflections regarding your organisation's role within the legislative context of the 2005 Reforms to Victorian child and family services.

1) I'd like to begin by firstly asking if there is anything you would like to reflect on as CEO (Manager) regarding what have been the main impacts of these reforms on how your organisation operates, particularly in relation to service delivery?

2) As you know, this research project has a risk management and decision-making focus, so I'd appreciate your feedback on what changes, if any, have been necessary in order to effectively manage risk and make decisions at the organisational level?

3) What, if anything, do you feel has most impacted on organisational risk and decision-making practices?

4) The other major focus of this research project has been tracking individual client cases across time, in order to ascertain how risk management and decision-making plays out at the case level. When looked at from a risk management perspective, do you feel that the level of risk in the

cases staff are managing has changed over time?

5) What do you feel most impacts on the decisions your agency makes at both the Intake point and during longer term case management, regarding the acceptance or rejection of cases?

6) What do you feel most impacts on an individual worker's capacity to make decisions with regard to the cases they manage?

7) Lastly, the final focus of this research project is on community and client perceptions of the role of CSOs. In that regard, how well do you feel your agency is able to act as an advocate for community members and clients?

8) What might some of the barriers be to effective advocacy?

9) Do you feel that community members and clients view Family Services as an independent service?

Appendix C

Ethics Approval

Please note that these letters of approval have been de-identified to ensure maintenance of participant anonymity

Appendix D

Informed Consent Documentation

Informed Consent – Case Tracking Interviews and Participant Observation

PROJECT TITLE:	Playing it Safe? The implications for Community Service Organisations of the current government/non-government partnership rhetoric
RESEARCHERS:	Dr Angela Murphy Ms Kelsey McDonald Associate Professor John McDonald

Consent – Please complete the following information:

I, ...
of . . . . . .

. . . . . .
. .

hereby consent to participate as a subject in the above study.

The research program in which I am being asked to participate has been explained fully to me, verbally and in writing, and any matters on which I have sought information have been answered to my satisfaction.

I understand that:

aggregated results will be used for research purposes and may be reported in scientific and academic journals

hand written notes and audio recordings will be made at each interview and at the case allocation meetings that the researcher attends

all information I provide will be treated with the strictest confidence and data

will be stored separately from any listing that includes my name and address

I am free to withdraw my consent at any time during the study in which event my participation in the study will immediately cease and any information obtained from it will not be used.

once information has been aggregated it is unable to be identified, and from this point it is not possible to withdraw consent to participate

SIGNATURE: . . . . . DATE: . . . . . .

Plain Language Statement – Participant Observation at Child FIRST Case Allocation Meetings and Case Consultations

PROJECT TITLE:	Playing it Safe? The implications for Community Service Organisations of the current government/non-government partnership rhetoric
PRINCIPAL RESEARCHER:	Dr Angela Murphy
OTHER/STUDENT RESEARCHERS:	Ms Kelsey McDonald Associate Professor John McDonald

PARTICIPANT OBSERVATION AT CASE ALLOCATION MEETINGS AND CONSULTATIONS

Kelsey McDonald is a PhD student undertaking research at Community Service Organisations to examine the factors and influences on decision-making in the allocation of Family Services cases. Kelsey's research will be overseen by Dr Angela Murphy, as Principal Researcher, and additionally supported by Associate Professor John McDonald. All researchers are members of the School of Education and the Arts at the University of Ballarat.

As a Child FIRST staff member we would like to invite you to participate in this research. The Chief Executive Officer of your organisation has provided your name and contact details to us. Any involvement by you in the research project is voluntary in nature and the following information is provided to help you to make an informed decision around becoming involved as a research participant.

Should you agree to participate, your involvement in this research will entail working with the researcher, Kelsey McDonald, who your agency has approved to attend a series of case allocation meetings, of which you are a member, over a 12 month period. Kelsey will be attending these meetings as a 'participant observer,' whereby the researcher observes the interactions and processes involved in these meetings but does not seek to influence decisions or outcomes,

Participant observation will significantly strengthen the research project itself as it will allow the researcher to observe the interactions and processes as they happen, rather than relying solely on recollections of staff members and/or an analysis of statistics.

The purpose of the research and the focus of the participant observer will be to gain an understanding of the factors that effect decision-making when allocating cases for both your team and your organisation.

Your participation in this research will help us to discern the factors that influence decision-making in case allocation and will be pivotal in regard to enhancing understanding of:

Issues of well-being and safety of children and families using services.

The impacts such decision-making has on practitioners working in Family Services.

The impacts of risk management from the perspective of the not for profit sector.

Informing the growing body of research into government/not-for-profit partnerships within Family Services more generally.

The information gained from this research will form the foundation for a PhD research project examining how risk is being managed in those Community Service Organisations who are registered with the Victorian State Government to provide Child FIRST and Family Services. Findings will build significant new knowledge to inform and shape both policy and practice in the child and family welfare field.

It is envisaged that as part of the participant observer component of this research, details and identifiers of service user cases will be disclosed to the participant observer as part of normal case allocation meeting discussions between the participants. The primary focus of the

researcher attending the case allocation meetings is to observe the decision making process, and as such, service user details will not be recorded and service users will not be identified in the research nor reviewed as part of data analysis. Further, no attendees at the case allocation meetings that the participant observer attends will be identified and the researchers are the only people who will have access to the information disclosed within the meetings themselves.

To maximise confidentiality, all information disclosed at the meetings that are attended by the researcher will be aggregated so that this information is non-identifiable. The sample size of professional staff involved in the meetings which are the focus of the participant observation component of this research is relatively small however; the focus of the data collection is on the factors surrounding decision-making rather than on details that are specific to you, personally. This will significantly limit any potential for identification of you as a participant. Please note that aggregated results from this evaluation may be reported in scientific and academic journals and as part of the PhD thesis.

Hand written notes and audio recordings will be taken by the researcher during the case allocation meetings that the researcher attends. These notes/audio recordings will only be used to identify the main themes of the meetings – they will not be used to identify individuals. Only the researchers will have access to these notes/audio recordings at any time during data collection and analysis. All data collected, including hand written notes and audio recording tapes, will be stored securely and will be destroyed after a minimum period of five years.

The key focus of the researcher attending case allocation meetings is on the factors influencing decision-making in case allocation. Consequently it is unlikely that you will experience any stress as a result of participating in this research. However, if you should become distressed as a result of this component of the research, we recommend that you follow the protocols for accessing professional support, either through your workplace or via Lifeline on 13 1114

If you have any questions, or you would like further information regarding the project titled Playing it Safe? The implications for Community Service Organisations of the current government/non-government partnership rhetoric, please contact the Principal Researcher, Dr Angela Murphy of the School of Education and the Arts: PH: 5327 9652 EMAIL: aa.murphy@ballarat.edu.au

Should you (i.e. the participant) have any concerns about the ethical conduct of this research project, please contact the University of Ballarat Ethics Officer, Research Services, University of Ballarat, PO Box 663, Mt Helen VIC, 3353. Telephone: (03) 5327 9765, Email: ub.ethics@ballarat.edu.au

CRICOS Provider Number 00103D

Plain Language Statement – Family Services Interviews

PROJECT TITLE:	Playing it Safe? The implications for Community Service Organisations of the current government/non-government partnership rhetoric
PRINCIPAL RESEARCHER:	Dr Angela Murphy
OTHER/STUDENT RESEARCHERS:	Ms Kelsey McDonald Associate Professor John McDonald

FAMILY SERVICES STAFF: (INTERVIEWS)

Kelsey McDonald is a PhD student undertaking research at Community Service Organisations to examine the factors and influences on decision-making in the allocation of Family Services cases. Kelsey's research will be overseen by Dr Angela Murphy, as Principal Researcher, and additionally supported by Associate Professor John McDonald. All researchers are members of the School of Education and the Arts at the University of Ballarat.

As a Family Services staff member we would like to invite you to participate in this research. Your name and contact details have been provided to us by the CEO for your organisation. Any involvement by you in the research project is voluntary in nature and the following information is provided to help you to make an informed decision around becoming involved as a research participant. Should you agree to participate, your involvement in this research will comprise participating in 5 interviews over a 12 month period. At these interviews you will be asked to share your insights and observations about the allocation and referral of Family Services cases. Your participation in the research will help us to discern the factors that influence decision-making in case allocation and will be pivotal in regard to enhancing understanding of:

Issues of well-being and safety of children and families using services.

The impacts such decision-making has on practitioners working in Family Services.

The impacts of risk management from the perspective of the not for profit sector.

Informing the growing body of research into government/not-for-profit partnerships within Family Services more generally.

The information gained from this research will form the foundation for a PhD research project examining how risk is being managed in those Community Service Organisations who are registered with the Victorian State Government to provide Child FIRST and Family Services services. Findings will build significant new knowledge to inform and shape both policy and practice in the child and family welfare field.

The purpose of the research and the focus of the interview will be to gain feedback from you as a practitioner to:

(1) Identify and assess the factors that effect decision-making when allocating cases for

yourself as a worker

your team

the organisation

your clients

(2) Identify emerging practice implications for workers, teams and the organisation once allocation has been made (for case work/ case management or holding);

(3) Identify outcomes for workers, teams, the organisation and clients in the post allocation phase, i.e., when cases re-present or a re-referred into the statutory system.

It is envisaged that as part of this research, participating Family Services staff will also be asked at these interviews to discuss details regarding specific cases in order to track the status of allocated cases at intervals of 1, 3, 6 and 12 months. This tracking will enable the researchers to map the different pathways cases may take over an extended timeframe.

The 6 interviews will take approximately 90 minutes and will take place at 4, 12, 26, 39 and 52 weeks over the course of a full calendar year. These interviews will be conducted at the your organisation's offices at a time convenient to you. You will not be required to provide any identifying information. The researchers are the only people who will have access to the information you provide for the research questions.

To maximise confidentiality, all data provided by you will be aggregated so that this information is non-identifiable. The sample size for this research is relatively small however, the focus of the data collection is on the factors surrounding decision-making rather than on details that are specific to you, personally. This will further limit any potential for identification of you as a participant. Please note that aggregated results from this evaluation may be reported in scientific and academic journals and as part of the PhD thesis.

Hand written notes will be taken by the researcher during the interview and the interview will also be audio recorded. These notes/recordings will only be used to identify the main themes of the interview – they will not be used to identify individuals. Only the researchers will have access to these notes/recordings at any time during data collection and analysis. All data collected will be stored securely and data, including hand written notes and audio tapes, will be destroyed after a minimum period of five years.

All questions asked in the interviews are focused on the factors influencing decision-making in case allocation. Consequently it is unlikely that you will experience any stress as a result of participating in this research. However, if you should become distressed as a result of questions asked of you, we recommend that you follow the protocols for accessing professional support, either through your workplace or via Lifeline on 13 1114

If you have any questions, or you would like further information regarding the project titled Playing it Safe? The implications for Community Service Organisations of the current government/non-government partnership rhetoric, please contact the Principal Researcher, Dr Angela Murphy of the School of Education and the Arts: PH: 5327 9652 EMAIL: aa.murphy@ballarat.edu.au
Should you (i.e. the participant) have any concerns about the ethical conduct of this research project, please contact the University of Ballarat Ethics Officer, Research Services, University of Ballarat, PO Box 663, Mt Helen VIC 3353. Telephone: (03) 5327 9765, Email: ub.ethics@ballarat.edu.au CRICOS Provider Number 00103D

Appendix E

Definitions of Risk

Following a review of the literature and observations undertaken at the participating CSOs, the following definitions of risk were identified. These definitions may be referred to directly where they occur in the text using the associated label or may be inferred indirectly within the subtext.

At the system level:

Organisational Risk: The risk to small to medium sized non-government organisations of contemporary service delivery models predicated on economies of scale, such as the Big Society model (Lowndes & Pratchett, 2013).

Political Risk: The risk to the organisation if there is a catastrophic client outcome (such as death of a child) that is exposed in the media (Brown, 2010; McLaughlin, 2007; Munro, 2010; Parton, 2010; Purcell & Chow, 2011; Turnbull & Spence, 2011).

Reputational Risk: The risk to, or compromise of, the mission of the CSO in its community base and capacity to advocate at an individual and system level (Baulderstone, 2008; Bezdek, 2001; Casey and Dalton, 2009).

At the service level:

The following risk types are exclusive to the participating CSOs and are not generalised to the other agencies (government or non-government) within the broader government/non-government partnership. Furthermore, these definitions are derived from an analysis of internal CSO documentation and observations and conversations with CSO staff undertaken during data collection.

Assessed Risk:

The formal and informal risk assessments made about individual families undertaken by caseworkers at both the government and non-government partner. Such assessments may include information based on earlier assessments made by either organisation or may have originated elsewhere,

such as via other agencies or by healthcare organisations, police, specialists, schools and so forth. For the purposes of this study, assessments of risk are not undertaken by the researcher, but are based on both the formal assessments made within the participating CSOs and the informal assessments described by individual CSO workers to the researcher.

Holding Risk:

The risk that is carried by whichever agency is currently managing – or has recently closed – an individual case.

Case Risk:

High Risk:

- Families that have been assessed by the CSO as exhibiting particular high-risk and complex behaviours, such as substance abuse and misuse; family violence; historical and/or ongoing child abuse and/or neglect; severe mental or other health issues; poor parental capacity. In general, this assessment indicates that there is a high risk that the child or children in this family may be harmed.

Medium to Low Risk:

- Families may exhibit similar behaviours to those assessed as high risk, but to a lesser extent or degree or with less complexity. Cases that are assessed as very low risk case risk are commonly characterised as in need of parental advice and support.

<u>At the service user level</u>:

The following classifications are based on a review of the literature and not used by the participant agencies.

At Risk:

Service users are assessed as being 'vulnerable' (Standford, 2013). This definition includes those families who disengage from, or decline services, and therefore remain outside the service system (Boag-Munroe and Evangelou, 2012; Kemp et al., 2009).

A Risk:

Service users are assessed as being ‘dangerous’ (Standford, 2013). This definition includes those service users who may risk punitive service responses for attempting to disengage or decline ‘voluntary’ services (Barnard & Bain, 2013).

Appendix F:

Rationale for selection of sites for inclusion in the case study

1. *Membership of a sub-regional catchment Child and Family Services Alliance*: It was necessary to choose only those CSOs who were members of an Alliance, as the Alliances form the critical third level of governance as outlined in the Family Services Framework. Each Alliance catchment 'team' is responsible for "… catchment planning, operational management and service coordination" (Family Services Framework, p.31) and as such, are required to play a major role in overseeing the child and family services operating model. Thus membership to an Alliance means the CSO's Family Services program is bound by, aligned with, and a party to, the Victorian Department of Human Services child and family services reform agenda. Developing an understanding of how CSOs retain autonomy and an ability to act as community advocates from within such confines can therefore be explored. Both CSOs selected for this study are Alliance members.

2. *Willingness to engage in independent research*: Following Stake (1995) and Hartley (2004), choosing case sites that show a willingness to actively participate in independent research is critical. Such interest is likely to demonstrate that the organisation is not averse to scrutiny and is concerned in practice reform based on research evidence. Both Boards at the two study sites maintain a strong commitment to research and evaluation. Both organisations have also participated numerous times in various independent research projects.

3. *Early and sustained participation in the reform agenda*: In order to map how the 2005 Victorian Child and Family Services Reforms have played out over time, it was decided to only include cases that have a long and established history of participation in the Reforms. To that end, a criteria for selection included that the organisation was a funded participant in the Family Support Innovation Project (FSIP). This pilot program was introduced in 2003 and was a precursor to the Child FIRST and Family Services programs (Family Support Innovation Projects: Final Evaluation Overview Report, 2007). Both the selected CSOs were early participants in the roll out of this program. As such, both organisations have been involved in the Reforms since their earliest inception, so will have well evolved and established practices and procedures.

4. *A demonstrated history of undertaking child and family welfare services as an independent, non-profit organisation prior to the 2005 Reforms*. Another measure included in the selection criteria was for the cases selected to have been involved in family services delivery prior to becoming a government-registered provider 'partner'. Such a criteria assists in comparing and contrasting organisational procedures, practices and perceptions prior to and post the Reforms. From this an understanding can be developed of how risk transference may have arisen over time. Both participating CSOs have been operating for well over 50 years as community based, non-profit organisations.

5. *Expedience*: As also suggested by Stake, (2010) the limits of the researcher's time and the agency's accessibility needed to be considered for the weekly participant observation method of the research. For this reason, the regional based agency was considered to be the best option as it is the closest Alliance agency to the researcher's base. Expediency was also an issue for why only two case sites were chosen. As the research project was to involve participant observation, case tracking interviews and document analysis over a 12-month period, it was thought that there would not be enough time to actively engage more than two cases, given the large amount of data that would need to be collected and analysed within the limited timeframe of the PhD itself.

Appendix G:

The Principles

Best Interests Principles

One of the CY&F Act's key objectives is that "…the best interests of the child must always be paramount" (p.10). In order to further this aim, the Best Interests Principles were developed as a guide to decision-making. The principles are:

> (1) For the purposes of this Act the best interests of the child must always be paramount.
>
> (2) When determining whether a decision or action is in the best interests of the child, the need to protect the child from harm, to protect his or her rights and to promote his or her development (taking into account his or her age and stage of development) must always be considered.
>
> (3) In addition to subsections (1) and (2), in determining what decision to make or action to take in the best interests of the child, consideration must be given to the following, where they are relevant to the decision or action—
>
> (a) the need to give the widest possible protection and assistance to the parent and child as the fundamental group unit of society and to ensure that intervention into that relationship is limited to that necessary to secure the safety and wellbeing of the child;
>
> (b) 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;
>
> (c) the need, in relation to an Aboriginal child, to protect and promote his or her Aboriginal cultural and spiritual identity and development by, wherever possible, maintaining and building their connections to their Aboriginal family and community;
>
> (d) the child's views and wishes, if they can be reasonably ascertained, and they should be given such weight as is appropriate in the circumstances;
>
> (e) the effects of cumulative patterns of harm on a child's safety and development;

(f) the desirability of continuity and stability in the child's care;

(g) that a child is only to be removed from the care of his or her parent if there is an unacceptable risk of harm to the child;

(h) if the child is to be removed from the care of his or her parent, that consideration is to be given first to the child being placed with an appropriate family member or other appropriate person significant to the child, before any other placement option is considered;

(i) the desirability, when a child is removed from the care of his or her parent, to plan the reunification of the child with his or her parent;

(j) the capacity of each parent or other adult relative or potential care giver to provide for the child's needs and any action taken by the parent to give effect to the goals set out in the case plan relating to the child;

(k) access arrangements between the child and the child's parents, siblings, family members and other persons significant to the child;

(l) the child's social, individual and cultural identity and religious faith (if any) and the child's age, maturity, sex and sexual identity;

(m) where a child with a particular cultural identity is placed in out of home care with a care giver who is not a member of that cultural community, the desirability of the child retaining a connection with their culture;

(n) the desirability of the child being supported to gain access to appropriate educational services, health services and accommodation and to participate in appropriate social opportunities;

(o) the desirability of allowing the education, training or employment of the child to continue without interruption or disturbance;

(p) the possible harmful effect of delay in making the decision or taking the action;

(q) the desirability of siblings being placed together when they are placed in out of home care;

(r) any other relevant consideration (*CY&F Act 2005*, pp.28 – 30).

The legislated *Best Interests for Vulnerable Children and Youth Framework, 2007* was developed to provide a set of guidelines that need to be considered in order to achieve the Best Interest Principles that underpin both Acts. The key considerations are:

- • Supporting and assisting families to keep children safe and meet their needs
- • Promoting children's stability
- • Promoting children's cultural identity and connectedness (p.7).

Key indicators linked to each outcome are then supposed to be tracked by the Office of Children's Victorian Child and Adolescent Monitoring System (p.5).

The Decision-making Principles

Division 3 of Part 1.2 – Principles of the *CY&F Act 2005* outlines and details the principles that must guide the decision-making process (p.23). Particular, core standards are emphasised within the Act itself. These standards are summarised below:

- Consultation with parents and carers and other interested parties;
- Fairness and transparency;
- Collaboration and consensus, where practicable;
- The provision of all relevant information to all persons involved in the decision-making;
- Respect given to particular cultural identities and practices, especially in relation to Indigenous children (*CY&F Act, 2005* pp.23 – 25).

The *Best Interests for Vulnerable Children and Youth Framework, 2007* also underpins various other publications and papers, guides and 'tools' designed to assist workers in applying the Best Interest Principles in the practice setting, including:

- Best Interests principles: a conceptual overview;
- Cumulative harm: a conceptual overview;
- Stability: a conceptual overview.

All of these publications, particularly the practice guides, delineate decision-making by practitioners in the field of family and child services. When taken as a whole, the guiding principles underlying these publications can be summed up thusly:

- Holistic assessment, early intervention and family engagement is critical in reducing risk and preventing harm of all types, including cumulative harm;
- Building a case history is critical to early intervention and prevention;
- Decision-making should always be based on the child's best interests;

- Protecting children from harm depends on an effective collaborative approach between government, service agencies and the community.

Each document reiterates and underscores that the “prime purpose” of registered (i.e., – contracted) CSOs is the “promotion of children’s best interests,” (p.8), which again highlights the central importance that the Best Interests Principles play within the legislative context and in guiding the decision-making of CSOs.

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