

‘Why can’t we help protect children too?’ Stigma by association among community workers in child protection and its consequences

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Abstract Community workers provide critical support services to parents and families with children who may be placed in out-of-home care by child protection authorities. Drawing on in-depth interviews with fifteen community workers, who represent nine agencies assisting families with child protection issues in a small jurisdiction in Australia, we show how the stigma attached to ‘bad’ parents is passed on to the community workers who are supporting them. The ‘stigma by association’ directed at community workers by child protection authorities means they are stereotyped negatively, undermined professionally and socially excluded. In spite of such stigmatic treatment, community workers remained committed to their professional role. Although workers were frustrated and disappointed in the treatment they received, there was no open acknowledgment of stigma-induced poor mental health. The results are interpreted within a broader social context where child protection authorities are being constantly reviewed and criticized in Australia. The support that community workers give to each other as frontline defenders of families against a powerful and publicly criticized government authority may allow community workers to construe themselves as heroes rather than villains in this highly adversarial environment. The costs play out at the institutional level, however, because reduced trust limits opportunities for genuine collaboration between government and community organizations.

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Introduction

Child protection authorities do not have the resources to operate successfully without support from, and cooperation with, the community (Bass, Shields, and Behrman, 2004; Melton, 2013). In an era of outsourcing of services, governments depend on the skills of community workers to support and build the capacity of families (Lonne, Harries, and Lantz, 2013). In turn, community workers depend on government funding – either through direct funding or as service contractors. In spite of this interdependency, poor coordination and communication among different organizations in child protection interfere with better outcomes for children (Munro, 2005; Cleaver *et al.*, 2007).

This article seeks to deepen understanding of how problems can develop in the relationships between community workers and child protection officials through courtesy stigma or stigma by association (Goffman, 1963). Serious and persistent tensions have been observed between child protection authorities and organizations providing support services to families in Australia (Wood, 2008; Ivec, Braithwaite, and Reinhart, 2011). Over 30 major inquiries have been made into Australia's child protection systems in the last two decades. Repeatedly, overworked and overstressed staff, inadequately trained case workers, poor interagency communication, and bureaucratic and technocratic decision-making processes that exclude families and children, are listed as concerns (Lonne, Harries, and Lantz, 2013). The substance of recommendations for staff development, structural change and procedural review are not in question. Rather, we seek to uncover a possible relational impediment to making these proposed changes a reality. After all, child protection systems world-wide have long professed the need to reform themselves, but have struggled to consolidate practices that are collaborative and child and family-centred (for example, compare Burford & Adams (2004) with Melton (2013); see Venables, Healy, & Harrison (2015) for more recent attempts).

At the outset, it should be recognized that child protection work is difficult and highly contested. Different actors have competing views about what circumstances justify state intervention in the care of children (Fox Harding, 2014). State actions which focus on 'saving' children from situations of abuse and neglect are, at times, in direct conflict with community workers, whose philosophical stance tends to prioritize supporting families to stay together (Tilbury *et al.*, 2007).

Further, as Dingwall, Eekelaar, & Murray (2014) have so ably illustrated, it is challenging in liberal democracies, even with the backing of a statutory authority, to intrude on the private lives of families. This means that from the first encounter families and child protection officers are prone to eye

each other with wariness and suspicion (Harris, 2012). Families are afraid they will lose their children. Child protection officers are afraid that they are going to have the difficult task of removing children.

Invariably, parents and child protection officers are braced for an adversarial encounter. The stigmatic message of being a 'bad parent' poses a threat to social identity, which if persistent can have harmful physical and mental health consequences (Major and Schmader, 2017). Similarly, the stigmatic message of being a 'heartless government official' poses a threat to social identity, given that most child protection officers are trained as social workers or human service workers. Stress and poor mental health are common problems that create high turnover in government child protection departments (Wood, 2008). The stigmatic exchange that occurs between parents and government child protection officials, however, is not where our focus lies. Our interest is in those who are often thought to be the bridge between these parties – community workers.

Stigma and courtesy stigma

Stigma involves stereotyping, devaluing and discriminating against those who are not considered to meet social standards of acceptability and desirability (Dovidio, Major, and Crocker, 2000). In the Goffman tradition (1963), stigma is associated with those who are socially marginalized and powerless, such as the mentally ill, drug addicts, paedophiles, welfare recipients, single mothers, LGBTIQ communities, criminals, minority groups and the elderly. 'Bad, underserving parents' is the label for another stigmatized group (Sykes, 2011; Harris, 2012). These groups are negatively stereotyped, deprived of social status and opportunity to contribute, and excluded from deliberations that affect them. The problem of stigmatization becomes even deeper when 'layering' occurs (Campbell and Deacon, 2006) with other stigmas. For example, the stigma of 'bad, undeserving parent' can be layered with stigma associated with drug addiction, criminality, homelessness, domestic violence, mental illness, and disability (Ladd-Taylor and Umansky, 1998; Roberts, 2012; Broadhurst and Mason, 2013).

Courtesy stigma or stigma by association means that the stigma directed at a target group such as 'bad, undeserving parent' is passed on to those supporting them. Stigma by association may be experienced by those who share an identity with the stigmatized person (as a member of the same group, often a family member or someone who lives in the same neighbourhood or is of the same ethnicity) or it can be experienced by those who show sympathy for a stigmatized person (Pryor, Reeder, and Monroe, 2012). Stigma by association has been documented among professionals, carers, family and companions supporting stigmatized persons, including

those with HIV-AIDS (Haber, Roby, and High-George, 2011), mental illness (Halter, 2008), and disabilities (Ali *et al.*, 2012).

Stigma by association is a plausible explanation for the persistent tensions that exist between government child protection officials and community workers. At a relational level, community workers are rightly perceived as having trusting relationships with families (i.e. the 'bad parents') within the highly emotionally charged child protection system (Ivec, Braithwaite, and Reinhart, 2011; Warner, 2015). At an informational level, parents, particularly those new to the child protection system, struggle to navigate its complex bureaucratic processes (Brown, 2006). Parents need support and often turn to community workers. This means that even though community workers do not necessarily see themselves as advocates for parents, by default they often adopt this role (Hamilton & Braithwaite, 2014). This is not to suggest that parents and community workers have uncontested and harmonious relationships, but rather that community workers align themselves with parents in the context of child protection interventions.

Compared to community workers, child protection authorities adopt a more 'arms-length' approach with families. This is partly due to operational factors, in which families are often dealing with more than one worker (Harris, 2012). Further, authorities are far less likely to believe that understanding parents' perspectives is important to do their job effectively, or that families are trying to do the right thing and follow what the authority is asking of them (Ivec, Braithwaite, and Reinhart, 2011). In short, trust tends to be low, meaning that child protection workers often don't get close to 'bad parents' in the way community workers do.

Theoretically, the extension of the negative stereotype of 'badness' from parents to the community workers who support them is strategically useful for authorities wishing to assert their dominance and legitimacy (Douglas and Walsh, 2009). Social exclusion, humiliation and denigration are responses to community workers that communicate the stigmatizing message that they deserve to be marginalized for their support of 'bad' parents. Other studies have demonstrated how comparatively powerful actors use stigma by association to devalue status, side-line contributions and discriminate against those who support the stigmatized group (Haber, Roby, and High-George, 2011).

The Australian child protection system

Child protection is a state, rather than a federal, responsibility in Australia. Each jurisdiction has different legislation to guide their child protection work, but broadly practice is similar with an overarching National Framework for Protecting Australia's Children 2009-2020 (Council of

[Australian Governments, 2009](#)). The framework is closely aligned with the [UN Convention on the Rights of the Child \(1989\)](#) of which Australia is a signatory. Three principles are particularly relevant in the present context: (a) Children's best interests are paramount in all decisions affecting them; (b) Children and their families have a right to participate in decisions affecting them; and (c) Australian society values, supports and works in partnership with parents, families and others in fulfilling their caring responsibilities for children. Further, all child protection agencies prioritize 'working for the best interests of the child' alongside other government-funded agencies responsible for housing, health care, education, justice and welfare.

Each jurisdiction contributes to the national child protection data register documenting details about notifications, investigations and substantiations so that performance can be monitored. Notifications involve the cases that come to the attention of the child protection agency. Australian child protection agencies investigate forty-five per cent of all notifications ([Australian Institute of Health and Welfare \(AIHW\), 2014](#)). The remaining fifty-five per cent may attract referrals to support agencies. Of finalized investigations, forty-four per cent lead to substantiation of child abuse or neglect ([AIHW, 2014](#)).

This study took place in Canberra, in the Australian Capital Territory (ACT), which has approximately 400,000 residents, and is smaller in size and population than other Australian jurisdictions. At the time of the study, The ACT Child Protection Service (CPS) investigated notifications for 1577 children, with 844 children under care and protection orders and 765 children in out-of-home care ([Australian Institute of Health and Welfare \(AIHW\), 2014](#)). An advantage of the small jurisdiction is that it is possible to obtain a birds-eye view of how a single child protection authority is experienced by a limited number of community organizations that nevertheless assist a highly varied clientele.

In the ACT community organizations provide services to parents involved in child protection, part of the global movement for governments at all levels to outsource service provision for at-risk families to non-government organizations ([Shergold, 2008](#)). As [Hudson \(1999\)](#) has commented, this is an institutional separation between a 'helping role' (community organizations) and a regulatory role (CPS). The separation distances CPS workers from families, while bringing community workers closer through their support role. This structurally supports the thesis that community workers are comparatively tightly associated with families and therefore vulnerable to stigma by association in the eyes of CPS.

Method

Sampling and data collection

We compiled a list of fourteen community organizations from relevant ACT government directories and through cross-checking institutional websites that they were providing direct services to clients. This produced a population of organizations recognized as legitimate service providers in the sector. The organizations were invited via letter to participate in a study of client needs, organizational capacity to meet those needs, and gaps in service delivery. Nine organizations agreed to participate. The five organizations that declined most commonly cited time pressures. One organization declined participation on grounds that their service focused on children rather than parents or carers.

Participating organizations were well established, though mostly small, and had extensive experience in working alongside the child protection authority with parents and carers. The organizations provided community support to the homeless, domestic and family violence victims, those with substance misuse problems, people with disability, mental health impairments, prisoners, and those lacking life skills or facing adverse life circumstances. Among this diversity of clients were parents at risk of losing, or who had lost, guardianship of their children.

The sampling strategy was to interview the most senior, knowledgeable person in the organization available, on the basis that these people would be able to provide the greatest depth of experience in terms of their organization and staff's interaction with the child protection authority. In three organizations, multiple interviews were conducted on the advice of the point of contact. The fifteen interviewees included two Chief Executive Officers, two senior managers, two service delivery coordinators, and eight support workers, including one peer support worker. The professional and educational background of those interviewed varied: psychology, social work and/or a business management degree was held by six interviewees, three held certificates for community work from a tertiary education institution, and one was a clinical nurse.

University ethics approval was granted on conditions of secure data storage and anonymizing participants and their organizations. Semi-structured interviews were conducted from mid-2012 to early 2013. Each lasted between one and two hours. Interviews were taped and later transcribed. Participants are referred to in this article by the generic term, 'community workers', while the government child protection service is referred to by its acronym CPS.

Approach to analysis: observation, theorizing, testing

The thesis that community workers supporting child protection families were experiencing stigma by association emerged as a by-product of a larger Canberran study of the needs of families, organizational capacity to meet those needs, and gaps in service delivery (Hamilton & Braithwaite, 2014). After completion of the larger study, transcriptions from the in-depth semi-structured interviews were revisited to systematically test the stigma by association thesis.

The data were analysed using thematic analysis (Attride-Stirling, 2001). Multiple reviews of the data were conducted with study team members regularly meeting and discussing emerging themes from the interview data. One researcher, after initial analysis of the transcripts, reanalysed these again at a later point to compare, confirm and develop interpretations. Two researchers separately reviewed the data and identified, compared and finalized key themes.

Throughout the interviews, community workers discussed not only the needs of their child protection clients, but also their inability to be heard and trusted by child protection officials. The stories they told of their experiences with the child protection authorities revealed treatment that corresponded to Goffman's (1963) description of courtesy stigma or stigma by association.

Stigma by association was inferred from community workers' stories in which they reported: (i) being inaccurately and negatively stereotyped as caring more about families and less about the safety and well-being of children; (ii) losing status through having professionalism undermined and denigrated; and (iii) experiencing deliberate social exclusion in case management.

In addition, the data were scanned for evidence linking stigma by association with problematic outcomes, specifically community workers' experiences of poor health and/or perceptions of missed opportunities to improve outcomes for children and their families. Theoretically, these are likely consequences of stigma by association.

Data were also analysed to check for the preconditions of stigma by association: that community workers perceived parents as being stigmatized in the child protection system and were responding with support.

Ensuring 'qualitative quality' through rigour

The research methods were developed using Tracy's (2010) framework for ensuring 'qualitative quality' through ensuring research rigour, particularly important for small-scale studies such as ours.

Tracy (2010) argues that research should be underpinned by honesty and transparency, achieved through critical self-reflection about personal values, biases and weaknesses, and how they impacted on the methods, the successes and the problems incurred while conducting the research. In this research, follow up discussions with participants provided an important opportunity for self-reflection.

Member checks and member reflections also enhance rigour (Lincoln and Guba, 1985; Tracy, 2010). We sought input and feedback during the data collection phase of the research, which allowed for sharing and discussing the study's findings with participants, providing opportunities for questions and feedback. In particular, as a final check on the thesis that stigma by association was affecting the work of community organizations, we presented the analysis to interviewees in debriefing sessions. These sessions confirmed that participants found the stigma by association argument comprehensible and meaningful (Tracy, 2010).

Results

Results are organized around the three questions relating to preconditions, stigma by association, and consequences.

- (i) Is there evidence that community workers regarded parents as a stigmatized group to whom they gave support?
- (ii) Is there evidence of the following three indicators of stigma by association – Did community workers:
 - (a) see themselves as being inaccurately and negatively stereotyped (evidence of not prioritizing the care of children for instance)?
 - (b) see their professionalism undermined and denigrated (evidence of loss of status through treatment by child protection officials)?
 - (c) regard their social exclusion in case management as discriminatory and unreasonable (evidence of intentional and inexplicable exclusion)?

At the heart of stigmatization is consistent treatment of members of a group as true to a stereotype, as not deserving of professional regard and as being discriminated against or excluded. It is not sufficient for a person to report isolated incidents: There needs to be a pattern observed across cases, time and individuals. In analysing interview transcripts, evidence of stigma therefore, needed to have a 'we' and 'us' element: It was not sufficient if the participant talked about 'I' and 'me'. Furthermore, the experience of being stigmatized needed to generalize across contexts.

The third and final question provided a check on the consequences of stigmatization through the eyes of community workers:

- (iii) Did community workers perceive that CPS failed to use community worker capacity effectively within the child protection system?

Preconditions: do community workers believe their clients are stigmatized as 'bad, undeserving parents' and do they come to their aid?

Most community workers reported times when their clients bore the stigma of being a 'bad parent' by CPS and in the community: 'The stigma is great. At times I have felt very uncomfortable with the way that some child protection workers were talking about families.' (This worker acknowledged not all CPS workers were stigmatizing). Another community worker said: 'If you look at the way things are set up with CPS, they certainly have the view that people can't change.' Finally:

'Our work] is not the kind of sensationalist current affairs commercial television stuff, which seems to be what the broader community sees as care and protection; it is an assumption that they [parents] are all like that [abusive] when we know that that is quite rare.'

In addition, community workers identified themselves as offering support to stigmatized parents: 'She doesn't know what she did wrong, and we can't help her to understand that because we haven't been told why the baby was taken. The baby is three months old and there is just this terrible sense of hopelessness.'

When community workers felt injustice had occurred, they were sympathetic to and supportive of their clients, and clients responded to them positively: 'We have also had many, many mothers and others that we have advocated for over the years who have made it quite clear to us that we are the only people they can trust', and: 'We often have mothers who prefer that we are the conduit of communication because they are so traumatized by their experiences'.

Community workers reported having closer relationships with families involved in child protection cases than did most CPS workers. They had stronger bonds of trust, they assumed the role of advocate, and they felt sympathy for parents. These are the precursors to stigma by association (Goffman, 1963; Link and Phelan, 2001; Pryor, Reeder, and Monroe, 2012). In the next three sections, interview data are used to produce evidence of community workers perceiving their group as being subject to three indicators of stigma by association: (a) negative stereotyping, (b) professional denigration and (c) social exclusion.

Stigma by association indicator 1: were community workers feeling stereotyped?

Community workers described child protection as routinely judging them as putting the needs of parents and family members before the children.

The interviewees were at pains to point out that they believed in the principle of the 'best interests of the child'. Their position was that supporting families was usually a better way of ensuring the safety and care of children than placing them in out-of-home care or removing them from their biological parents for adoption: 'The children's needs always come first, but somehow if you are not only doing this, you are viewed as not doing the right thing [by the child].' (emphasis in speaker). Another said:

'... we are often accused of implicitly putting the needs of the client over the children.... we never ever do that. We have very strict policy. When a child is at risk we will make a notification, we will tell the parent we are doing that unless it is going to put the child at further risk.'

The idea that community workers put their clients before the interests of the children was a stereotype that offended community workers.

'So, the thought is that we will do anything to protect the women, so they can keep their babies... The reality is that if we have the slightest sense that a child is in danger, we are not going to ignore it. Our duty of care is to the baby as well. We don't go in saying these people should have their children, but we go in with the view that their rights should be heard and that they are more than just somebody who is accused of these things. And we have fought for that for a long time.'

In order to more rigorously test our core assertion about stigma by association, interview data were examined for evidence of community workers speaking in ways that were directly contrary to the stereotype. In other words, did the community workers whom we interviewed support child removal? Community workers agreed that some children could not remain living with their parents and that CPS were right in taking action: 'There was no dispute that in some situations child removal is necessary: There are children where the situation is so extreme that removal is the appropriate action.' However, interviewees did not always agree with CPS's assessment of when removal was necessary: 'I have seen situations where I thought kids were unsafe and staying or where kids get taken before I thought they would.'

Community workers expressed views in relation to 'good enough' parenting that were not only sympathetic to parents but also to children. Their assessments were contextual and based on experience with the families. In situations where CPS had communicated that community workers held views that deviated from the principle of the 'best interests of the child' and that they advocated for parents to the detriment of children, community workers felt stereotyped and were offended. They saw themselves as having nuanced views, informed by intimate knowledge of the families in question.

Stigma by association indicator 2: were community workers feeling denigrated professionally?

This was the question on which responses were most guarded. Community workers worked hard to maintain their professional status and to keep channels of communication open with CPS. In spite of their efforts and a highly professional 'face', they conceded that they were treated as subordinates, rather than partners.

Those interviewed were aware of the importance of having a good working relationship with CPS: 'We have always had a good and unique working relationship ... for us it is in the client's best interest and it is in their [CPS] interests to work with and liaise with as many other organizations as possible.'

Community workers' awareness of the desirability of cooperation, plus the fact that government money was critical to the survival of many community organizations, created a power differential that made community workers conscious that they had to make the relationship work. Yet their words also showed them to be vulnerable to stigma. In two interviews, specific mention was made of a breakdown in the social norm of reciprocity. Community workers wanted a constructive working relationship and made efforts to establish one, but they were conscious of their 'inferior' position: 'We work really hard at maintaining that relationship; if we let the relationship slip they would let it slip', and 'And that's the thing about reciprocity. You [CPS] are ringing me up asking me all these questions about her [and then they go behind our back and remove the child anyway].'

Community workers reported that their expertise was belittled, a reference to their loss of status: '[The CPS] certainly see themselves as the expert in relation to a lot of things. We've had child protection workers think they are the experts in DV [domestic violence]... but they can't recognize the expertise that is over here', and: 'to maintain power they often think they are a lot better than us, they know it all.'

One community worker highlighted the exploitation of being given difficult jobs, but not being acknowledged for doing them: 'We are good enough to do everything that is really, really hard for them, so, on one hand they recognize it, but on the other hand they dismiss it.'

They described situations where community case managers found case conferences 'really difficult' because 'they [CPS] just tread all over you.' The solution was to make sure case managers were accompanied by a senior colleague. Even then, a case manager reported that 'They are not treated with respect Or very, very rarely so it is very, very difficult for them.'

Community workers did not respond to denial of status in a personal sense but rather in a group sense. They spoke of ‘us’ not ‘me’. However, in most cases, our respondents did not seem to internalize the negative messages given about their values and competence. In contrast, they reiterated their faith in their own and colleagues’ expertise. This may contribute to resilience in the face of stigma, but also tends to entrench the adversarial relationship, as discussed further below. More research to explore the impact of stigmatization on a broader range of community workers would deepen understanding here, particularly as we targeted those with more senior roles.

Stigma by association indicator 3: were community workers feeling socially excluded?

Community workers reported instances of social exclusion common to bureaucratic interfaces in social services more generally. Child protection authorities are bureaucracies and as such are widely recognized for poor communication and coordination (Coffey, Dugdill, and Tattersall, 2009). For example:

[CPS] knew we were involved, but we would go out to see him [child in care] and he wouldn’t be there, and you hadn’t been told he wouldn’t be there, ... we just ended up chasing our tails, no one would tell us what was going on ...’

And:

‘All we needed was for her [an officer from CPS] to say, this is what we intend to do, so someone could be there to support the woman and not just have two care and protection workers and three police officers rocking up.’

It is possible that communication failures of the kind described above are not due to intentional neglect. Yet the repetitiveness of the stories and the close working relationship between CPS and community workers had the effect of community workers interpreting actions as intentionally exclusionary to assert power: ‘Include you in discussions? No not always... things are done without us being informed or consulted’, and: ‘Well that way they keep that position of power over us too, don’t they? They don’t have to tell us why, they don’t have to tell the mum.’

Added to social exclusion were reports of intimidation to make sure that community workers knew their place:

‘We feel like we are quite powerless, so you can imagine how parents feel to go into a meeting with [child protection], they will just walk all over,

and shout you down almost. If they would actually communicate with us and tell us why they are doing the things they are doing...'

And:

'The things they do sometimes are very deliberate and very, very undermining of us; very, very rude; we would never treat them like that, never, 'cause we wouldn't be game. We know that the door wouldn't be open ever again. That's not fair, and you can't even fight back on it.'

Consequences: did community workers experience poor mental health?

The picture presented so far is not consistent with the expectation that stigma by association would undermine confidence and render community workers vulnerable emotionally (Link and Phelan, 2001). Community workers were remarkably resilient in the face of the treatment they reported receiving. They did not complain of poor health, mental or physical, or of feeling unable to continue in their role, although they described many events which upset or frustrated them. One of the most personal accounts of vulnerability was offered by a more junior community worker during a meeting with her client and CPS:

'... as my client was breaking down, I wanted to jump in and say something but I didn't, because previously to that I had jumped in at a moment and said something to offer her reassurance and information about something that she didn't know, but the person who was in charge looked at me and sighed and said, 'you'll have time to do this out of the case conference'. And I just shut down, I felt shamed, I felt fearful to speak truthfully to the client... I went into a very professional, pragmatic, authoritative mode. It was my first case conference and I was the youngest person there. So probably already I was on the back foot. I didn't respond the next time she broke down crying...'

Consequences: did community workers feel there were missed opportunities where they could help?

Experienced community workers were very aware of the benefits of authentic partnering between the child protection agency and community organizations: 'To me it's not a very complicated thing. The solution is simple, stop trying to deal with things by yourself. Look to people who have expertise and recognize they have an identity and they know things.'

Community workers were critical of CPS for not looking at them as partners. They attributed this to lack of trust:

'Who is the client – the people in front of us or Care and Protection? We had to make clear that we will work with the family, we are happy to

work with the family, but we are not here to monitor them and then to report back to you [CPS]. We are mandated to report if we have concerns about a child at risk and you have to trust that we uphold that.'

The adversarial relationship between community workers and CPS evident in these quotes shows community workers pushing back and resisting stigmatization. Also evident is a refusal to accept that the stereotypes actually fit their beliefs or practice. Furthermore, the strength of the rejection suggests that there may be attempts at reciprocal stigmatization. For example: 'The culture [of CPS] is that 'bad' parents need punishing and it needs to be a punitive response ...'. However, survey data collected from child protection staff showed that very few individuals endorsed this 'punishing position' consciously (Ivec, Braithwaite & Reinhart 2011). Through distancing themselves from CPS and supporting each other as frontline defenders of families against the authority, community workers construe themselves as heroes rather than villains. This separation has serious consequences, as discussed below.

Limitations

The current study has limitations that warrant acknowledgment. First, we relied on a small number of interviews in small organizations in a small jurisdiction. Whether similar data would be found in other locations, with larger community organizations and in contexts where child protection authorities were less dominant as an arm of government awaits further research. That said, the stigmatization of parents and families in child protection cases is well documented internationally. This article argues for an extension of that stigma. When stigma sticks to those trying to help, stigma by association comes into play. This form of stigma is likely to always be a potential risk when community workers are closer to clients than CPS staff. In other words stigma by association may be a relational problem that is likely to flourish where a single authority both funds outsourced support services through community organizations and controls regulatory functions.

Further shortcomings of the study involve reliance on the voice of community workers without confirmation from CPS staff or parents and families. But even if the stigma reported by community workers is socially constructed by them and is not confirmed in the re-telling of incidents by CPS or families, the perceptions of community workers remain real to them and are shared among them. Stigma perceived by targets, even if not independently observed, obstructs collaboration. On the other hand, stigma by association that is perceived by targets and by independent

observers not only obstructs collaboration, but also presents a much bigger challenge for reconciliation.

Discussion: a way forward?

The child protection literature abounds in calls for better and more community-government collaboration (Waldfoegel, 1998; Munro, 2005; Melton, 2013). Child protection authorities struggle to establish collaborative relationships with other agencies and to be inclusive of families in decision-making, even though this has been shown to be best practice (Pennell, Edwards and Burford 2010). Critics urge greater openness and transparency. Child protection authorities respond by pointing to the difficulty of the work they do, the need to protect the privacy of young people, and their statutory responsibility for collecting evidence and ensuring that children are removed from situations where they are at risk of harm.

Might all of this be a manifestation of different purposes as described by Healy, Darlington, & Yellowlees (2012), or Fox Harding's (2014) competing value perspectives? Different purposes or values, however, do not necessarily prevent constructive conversation. Goffman's (1963) conception of stigma provides a lens that helps to explain the polarization of positions in child protection. Child protection authorities use stigma to de-legitimize and de-moralize critics and locate community workers' purpose as contrary to that of the statutory authority. In response, community workers band themselves against CPS, although given the power and status differential, CPS is unlikely to be marginalized as a decision-maker. At worst, the authority can be seen as a much-maligned control centre that nevertheless maintains its position.

Despite differences in purposes, values and approaches, progress has been made in experimenting with new structures and processes and finding collaborative, middle ground. The participation of children in child protection conversations has been pursued through models that use variants of restorative justice and restorative practice models (Gal and Duramy, 2015). In New Zealand, a family group conference is part of the legal process. Such a conference needs to take place before requests for a care and protection declaration to remove children will be considered by the Family Court. While New Zealand has been criticized for being slow to evaluate their programs from a child welfare perspective (Kanyi, 2013), other evaluations from North America have concluded that family group conferencing reduces family violence and enhances child-wellbeing (Pennell and Burford, 1997; Velen and Devine, 2005).

In the Australian context, family group conferences have been utilized but without convincing evidence that they genuinely empower families and children (Harris, 2008). Recently, however, some progress has been made in the jurisdiction of Queensland, where models that mandate parental participation in resolution of child protection cases have been developed and tested (Darlington *et al.*, 2012; Venables, Healy and Harrison, 2015). This work has given rise to discussion over the desirability of legislating for greater parent involvement. These developments are important and identify a range of issues requiring further attention, such as mutual respect, listening, transparency, better communication, more timely action and procedural fairness (Featherstone, White, and Morris, 2014; Parton, 2014). The present study is complementary to these efforts, pointing to a fundamental relational problem, institutionally embedded and arguably invisible, that may impede progress in collaboration; that of courtesy stigma.

Our findings were interesting because so many of those interviewed were well-qualified, committed, experienced and resilient leaders in their communities. For this reason, status gaps were not expected between child protection officials and community workers. Yet such gaps were experienced and observed. This was the prime reason for looking for a structural explanation for why a communication gulf might exist between CPS and community workers.

This means that paying attention to social attitudes prior to attempting any systemic change will be critical for future collaborative work in the sector. Indeed, unresolved issues around stigma and its emotional triggers (Warner, 2015) may be hampering efforts to bring the structural reforms needed. Within this context, we support the methodological step used in this study of involving interviewees in deliberative debriefing. Interviewees found it enlightening to see their responses and those of their colleagues through the stigma by association lens. This was an encouraging sign that the approach may be useful for understanding blockages to partnering and collaborative problem solving and may be an avenue to pursue in future interventions to improve relationships.

Conclusion

A re-analysis of interview transcripts with fifteen community workers in a small jurisdiction revealed a consistent picture of community workers dealing with issues of stigma. First, they saw their clients being stigmatized as bad parents and unable to change. In response, they were committed to providing services to families and acknowledged efforts to help families

navigate the child protection system. By doing so, however, community workers emerged as persons who needed to be controlled and contained by CPS in the same way as parents suspected of abuse or neglect of children were controlled and contained. Community workers described their treatment at the hands of the child protection authority in ways consistent with courtesy stigma or stigma by association. Community workers reported that they were stereotyped as putting parents before children, a supposition they vigorously denied. Community workers believed that as a group they were often deprived of status and assumed to lack knowledge and expertise, particularly troubling when they considered themselves as playing an important role in case management. They also reported being excluded from relevant communication and information networks.

We urge further research on stigma by association in child protection in other locations and jurisdictions, as well as further unpacking of the value frameworks underpinning the different actors. Stigma means social distance is created and maintained between actors. It may be a method of asserting power over others. However, with social distance comes lack of trust, misunderstanding and game-playing. Social distance at every turn undermines prospects of genuinely making child protection everyone's business. In the present research, it is likely that social distance was created between child protection staff and community workers for self-protective reasons. Each group has invested in protecting its identity. Community workers were proud of their support for families involved with child protection and the close working relationship they had with them. Community workers wanted to help families look after their children better and had flexibility to respond to family needs. In contrast, child protection authorities did not have the capacity for flexibility yet bore responsibility for outcomes. They wanted to maintain control of processes and decisions. The perspective of each group is understandable; their voices should be heard. Stigma, however, becomes a weapon that consolidates power around the authority, dominates other voices, and silences those who may disagree. Stigma creates a stalemate obstructing further collaboration. Addressing stigma is a pre-condition for addressing poor collaboration.

Stigma has been widely used with great explanatory effectiveness in fields such as public health, criminology and deviance to give us insight into what drives people apart, allows domination and prevents cooperation (Kulik, Bainbridge, and Cregan, 2008; Haber, Roby, and High-George, 2011; Dwyer, Snyder, and Omoto, 2013). Extending work on stigma by association among community workers may prove a fruitful avenue for better understanding why it has been so difficult to reform child protection systems.

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