

# **Briefing Paper: Rationale for Reforming Child Protection in the direction of Democratic Oversight and Democratic Budgeting**

*Argument and Critique*

By Dr Lynne Wrennall, 23 Jan, 2025

## **Reconciliation Commitment Statement**

We pay our respects and recognize Aboriginal people as the Traditional Owners and Custodians of the land in Australia and commit to the five dimensions of reconciliation: race relations; equality and equity; institutional integrity; unity; and historical acceptance.

We honor and thank the traditional owners and custodians of the land, the First Australians, whose spiritual, social and cultural connection with their lands, winds and waters have made and continue to make a rich, unique and lasting contribution to the wellbeing of us all.

We are committed to respectfully acknowledging the truths and histories of Aboriginal Peoples across Australia. We mourn and deeply regret the impacts of colonisation which harmed Aboriginal and Torres Strait Islander peoples, most particularly the taking of the Stolen Generations. We therefore commit to ending all such harmful practices and building a society which merits the pride of all Australians

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## **Introduction**

There is agreement among those concerned about miscarriages of justice in Child Protection, that more resourcing is definitely not the solution. The consensus view is that: Pouring more resources into a fecklessly harmful system, will increase the fecklessness and the harm. The *Department for Education (2007)* concluded that, on a broad range of factors, children in out of home care had poor outcomes, despite significant increases in expenditure as part of the *Quality Protects* programme. The department reported that, “Between 2000-01 and 2004-05 total expenditure increased by around £230 million for children in residential care and by around £330 million for those in foster care, representing real terms increases of 20% and 44% respectively, while the care population only rose by 3% during that time.” Yet these significant increases in expenditure on out of home care did not leverage commensurate positive outcomes for children. Clearly, what is required is not more resourcing, but a better allocation of resources. With the resources squandered on child removal, we could have rehabilitated their entire families, preventing a whole raft of future problems (Wrennall, 2016)

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The failure of Child Protection to provide an appropriate range of services that meet the needs of children and their families has been thoroughly documented in numerous government reports, to cite a few:

The Tune, *Independent Review of Out of Home Care in New South Wales*, 2001 found that:

“the NSW system is ineffective and unsustainable. Despite numerous reports and significantly increased government expenditure, over a long period of time, the number of children and young people in OOHC has doubled over the past ten years, and continues to increase. Moreover, the system is failing to improve long term outcomes for children and to arrest the devastating cycles of intergenerational abuse and neglect.”

The Audit Office of NSW 2024 report on *Oversight of the child protection system, Performance Audit* stated that “DCJ is not meeting its legislative requirements under the Children and Young Persons (Care and Protection) Act 1998 (the Care Act) to ensure that:

‘...children and young persons receive such care and protection as is necessary for their safety, welfare and well-being’

‘...appropriate assistance is rendered to parents and other persons ... in the performance of their child-rearing responsibilities in order to promote a safe and nurturing environment.’ It also reported that:

- “The average cost per child in hotels, motels, or apartment accommodation was \$829,000 per annum.
- Over the past five years, there has been a decline in the number of children returning to their parents after being placed in out of home care.
- DCJ has created an uncertain contracting environment for NGOs and does not have effective forums for resolving contract and system inefficiencies with its NGO partners”

Audit Office of NSW 2024 *Oversight of the child protection system, Performance Audit*, New South Wales Auditor-General’s Report, 6 June.

Ms Zoë Robinson, NSW Advocate for Children and Young People in her 2024 *Moving cage to cage: An interim report of the Special Inquiry into children and young people in alternative care arrangements*, evidenced out of home conditions which did not meet even the most basic needs of children.

The history of child stealing is an ignoble one. From the stealing of First Nations’ children, from Orphan Trains, to ‘Pindown’ to Winterbourne View, through the slavery of the Magdalene Laundries and the selling of children in Care Homes for medical experiments, throwing mothers to their deaths from helicopters in Argentina, to the entry of Hedge Funds into the Care Home business, someone has always been either making money exploitatively or avoiding liability improperly, on the backs of broken lives. Centuries of exploitation and institutionalised abuse have created an appropriate caution about claims of helping others, most especially when ‘help’ is imposed through coercion.

Given the history of harm, why then does child removal happen? To put it bluntly, it usually happens because vested interests are profiteering from it. There are far more effective, less risky, less cruel, and *less expensive* ways of keeping children safe. Child removal will only be prevented, when the profiteering from it, is prevented. The current wastage of resources in child protection is astronomical. In many cases nearly

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\$1,000,000 a year, per child (Audit Office of NSW 2024) is spent on child removal, even more when oncosts are taken into account. The lives of entire families could be transformed, if that money was spent wisely, rather than squandered along the lines dictated by vested interests (Wrennall, 2015).

Therefore in focusing on the catastrophic failures in child protection, we need to be concerned with the conflicts that arise between sectional economic interests and the achievement of the interests of service users. This means to identify the mechanisms through which the ascendancy of sectional interests over clients' interests is secured and reproduced, and to consider how all the related service users and service providers may ethically engage with the problem.

In accordance with the tradition set out by Wardhaugh and Wilding (1993), Adams and Balfour (2009) and Preston-Shoot (2011) several common themes concerning the 'corruption of care' that affect service provision to a diversity of service users can be identified. These studies address the problem in terms of conflicts related to the role, values and ethics of Social Workers. It is most important though, to elucidate the economic factors that underpin these conflicts. Conflicts about role, values and ethics, predictably reflect conflicts over resources. It is because access to resources is at stake, that these conflicts are bitterly fought out, often with savage consequences for service users.

Arguably, discovering how the interests, needs, wishes and feelings of services users have been failed and discerning how service users can best be supported, is the central ethical task facing the helping professions today. With varying differences of emphasis, Carey (2008), Garrett (2003), Wrennall (2010) and others have set out the socio-economic and political context within which contemporary Social Services work is practiced. Within this context, the precise mechanisms that explain the eclipsing of clients' interests that has occurred over the last few decades can be elucidated. These are the mechanisms through which resources are siphoned off and directed to interlopers, away from the legitimate recipients.

Three of the most significant distorting factors in Social Care are (i) economic conflicts of interest, (ii) perverse financial incentives and (iii) NOMBism (an acronym for Not On My Budget). These inter-related distortions give ascendancy to sectional economic interests over the interests of clients. They explain how external agendas that are contrary to clients' best interests are imposed on Social Services (Wrennall, 2013). In relation to (i) conflicts of interest, policy and practice are structured by arrangements such as interlocking directorates, horizontal integration and vertical integration, so that decision making serves sectional interests rather than the interests of clients. Interlocking directorates effectively place decision-making by public officials in the hands of directors of companies, because the same person is performing the two competing roles. Through horizontal integration companies reduce competition in service provision by taking over competitors, thereby increasing the power of the company at the expense of taxpayers. Higher prices can then be charged because alternative suppliers have been reduced or eliminated. Vertical integration involves companies becoming self-supplying by taking over an earlier or later stage of the process of service provision, as in for example when supposedly independent

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assessments are undertaken by companies that benefit from recommending services that they themselves provide.

In (ii) perverse financial incentives, unworthy outcomes are rewarded, worthy outcomes are penalized and more worthy outcomes are sacrificed to less worthy outcomes. For example, under current financial arrangements in the UK, diverting young people in state care into Higher Education or Further Education is to the short term financial disadvantage of the Local Authority compared to allowing them to enter Young Offender Institutions, because the former are paid for by the Local Authority, whereas the latter are paid for by the Home Office (Sergeant, 2006:3). The financial incentives do not support the best interests of clients.

In (iii) NOMBism, 'false economy' occurs when advantage is achieved on one budget, stimulating cost on other budgets. For example, cuts in Child Care can increase unemployment, resulting in greater costs for Social Security and less tax income for the Treasury. More long term, cuts in Child Care can inaugurate a range of costly consequences, including the criminalisation of young people, because expenditure on Child Care correlates with reduced juvenile lawbreaking (Fisher *et al.*, 2000). Failure to invest in appropriate services can also constitute NOMBism. For example, failure to invest in reablement, increases the costs of Social Care. Failure to invest in job creation, can stimulate spiralling costs in unemployment, housing, public health and criminal justice.

In all of these processes, conflicts of interest, perverse financial incentives and NOMBism, as well as acting against the interests of clients, small rationalities work against the larger rationality of the greater good. Children are being harmed under the pretext of keeping them safe. Service users lose, because their needs are subordinated to corporate requirements. Taxpayers lose, because they are manipulated into supporting more expensive options that are less focused on actually solving social problems. Professionals lose, because their ability to practice according to their values, beliefs and ethics is undermined. Given their destructive impacts, there is an urgent need to challenge these processes. The paper seeks to elucidate how we can engage with these processes in a manner that seeks to reorient policy and practice more in the direction of serving the interests of children and families.

Given these extensive systemic failures, child protection provides an excellent case study in 'market failure'. The market simply does not provide the services that are required. The menu of service provision available is inadequate. Effective services are not resourced, leaving professionals with a 'Sophie's choice' between Child Stealing, or pretty much doing nothing. We have an 'all or nothing', 'one size fits all' model. The child is either removed from home and taken into a care system which causes further harm, or almost nothing is done to assist families who may be experiencing great difficulties. This is astonishing really when we all know intuitively, and the research shows (Temrin 2024; Pritchard, Davey & Williams, 2012; Radhakrishna *et al* 2001; et al), that the people who are most likely to keep children safe, are their biological families. We should be strengthening and enhancing organic family networks, not tearing them apart.

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All the professions and decision makers, social workers, lawyers, nurses, Directors of Public Health, Judges and so on, flounder on the same problem, that the appropriate services to help children and their families, either do not exist at all, or are not sufficiently available. This results in a rush to forced adoption. There is a tendency for the ill-informed to see forced adoption as a cheap, easy and harmless option, whereas as the evidence below demonstrates, it is nothing of the sort.

Until appropriate services are made available, people of good faith in all of these professions, are forced to labour, day in and day out, enacting a system which produces extensive harm. Therefore it is imperative that a range of services to meet children's needs is commissioned. Even in cases where children are in actual danger of abuse and neglect, there are alternatives to child removal that are more efficient, effective and humane than the current model.

### **Inappropriate Services**

The medical profession performed surgery on babies without anaesthesia right up until the mid 1980's. Unbelievably, they didn't seem to realise how cruel they were being, just as modern day welfare agents taking children away, don't seem to realise that they are acting with utter brutality.

Generation after generation, Child Protection produces the problems it claims to solve and in particular, the problem lies in commissioning and tendering the wrong services. Hugely expensive out of home care gobbles up a disproportionately large share of the budget meaning that too few children are assisted and to make matters even worse, the solution that is prescribed, harms the children it is purported to help.

It is not difficult to challenge the veneer of technical rationality that covers the infliction of unwanted services that may be termed captive consumption. For example, very expensive services such as adoption, foster care and children's homes are purchased rather than the far more cost effective services such as *Watch, Wait & Wonder*, *Nurture Groups* and *Webster-Stratton* services. Is it because the services that are purchased have better outcomes than those that are not funded, or less funded? Hardly, adoption results in significant difficulties for adopted children. Because previous research studies on adoption had produced discrepant findings, partly due to being based on small clinical samples or on samples biased by self-selection, Miller, Xitao, Grotevant, *et al.*, (2000) analysed the large and reputable archival data set provided by The National Longitudinal Study of Adolescent Health which included a representative sample of adolescents in grades 7 through 12 in the United States, selected through cluster sampling of adolescents, parents and school administrators. The study can be considered to be epidemiological because some "90,000 adolescents completed a self-administered questionnaire at school, and about 20,000 adolescents subsequently were interviewed at home." (Miller, Xitao, Grotevant, *et al.*, 2000:1460). The results showed that "adopted adolescents are at higher risk in all of the domains examined, including school achievement and problems, substance use, psychological well-being, physical health, fighting, and lying to parents." They found "larger proportions of adopted than nonadopted adolescents at the extremes of salient outcome variables." (Miller, Xitao, Grotevant, *et al.*, 2000:1458)

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As Judge Munby explained: “orders of the kind which family judges are typically invited to make in public law proceedings are amongst the most drastic that any judge in any jurisdiction is ever empowered to make. When a family judge makes a placement order or an adoption order in relation to a twenty- year old mother’s baby, the mother will have to live with the consequences of that decision for what may be upwards of 60 or even 70 years, and the baby for what may be upwards of 80 or even 90 years.”

The adverse effects of adoption affect all sides of the adoption triangle and spread out even more broadly. Adoptees are emotionally scarred by the process (Verrier, 1993) and are over-represented among serial killers (Kirschner, 2000), adoptive parents suffer from post adoptive depression (Foli, 2009) and the mothers who have lost their children to adoption, suffer lifelong depression (Brodzinsky, 1993). Adoption UK estimates that as many as one-third of adoptions break down and the British Association for Adoption and Fostering (BAAF) estimates that one in five fall apart before an adoption order is granted (Pemberton, 2010). The consequences for these children can be expected to be devastating. Furthermore, members of biological families who have been separated from one another during their upbringing, who encounter one another later can experience a phenomenon termed, Genetic Sexual Attraction resulting in the development of incestuous relationships (Greenberg, 1993).

Children who experience Out of Home Care, also have deplorable outcomes on a broad series of variables, during and after the experience of ‘Care’ (Trivedi, 2019), including depression and extreme forced drugging (Burton, 2010; Camp, 2010), dental neglect, homelessness, unemployment, substance use problems, imprisonment, breakdown of supportive relationships, medical endangerment and educational underachievement (Richardson & Lelliott, 2003, Aldgate & Statham, 2001:33, Doyle, 2007, 2008, Sergeant, 2006, Polnay & Ward, 2000). While it is common to explain the disadvantage of children in Care, in terms of their experiences before they entered the Care system, this explanation does not overcome the problem that Care does not appear to be removing their problems. Moreover, this objection ignores the active harm produced by state intervention in the shape of iatrogenic abuse and neglect, educational disruption, spoiled identity, disrupted bonding, damaged relationships, psychological harm, forced maturation, exposure to adverse influences, inadvertent incest/ Genetic Sexual Attraction (Greenberg, 1993). Lloyd & Barth (2011) controlled independently for maltreatment type and severity so that they were able to conclude categorically that the negative effects of foster care, “are specific to foster care, not maltreatment.”

Although Taussig Clyman & Landsverk (2001) produced findings suggesting that “youth who reunify with their biological families after placement in foster care have more negative outcomes than youth who do not reunify.” the comparison is biased by the fact the biological re-unified families receive few, if any genuine services, compared to foster families who are generously supported by the Local Authority (Jones 2001: 558) a point that Taussig, Clyman & Landsverk (2001) acknowledge. Service provision to foster families consists of transport, child care, respite, holidays, gifts and considerable financial support. Ward, Biehal & Farrelly (2011) and Davies & Ward (2011) have discouraged reunification on the basis that two- thirds of children who reunify return into “Care” at some later stage, but the same objection stands- biological families are not given the constructive service provision that is given to foster

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carers and to children while they are in foster care, nor do these studies identify the motives for further family disruption.

By contrast with the services for children that are routinely and coercively imposed by Social Services, other services have a much stronger evidence base supporting far more positive outcomes. Reiterating McCain and Mustard's (1999:37) finding that there are "well-designed child development studies and longitudinal surveys that show that quality early child development programs that involve parents benefit the children and, in many cases, their families as well," a systematic review of Children's Services conducted by Fisher, McHugh & Thompson (2000:iii) found that "access to children's services as part of a holistic approach to family support, minimises the risks of abuse and neglect." Subsidised Day Care in the form of Nursery Schools, Holiday Clubs and Before/ After School Care, that reduces family poverty is especially effective in reducing child neglect, abuse and juvenile lawbreaking (Fisher, McHugh & Thompson (2000). Attachment based interventions such as Child Parent Psychotherapy, *Circle of Security*, *Watch, Wait and Wonder* are very well- supported by evidence (Berlin, Zeanah, & Lieberman, 2008) and the evidence base for *Webster- Stratton* approaches to develop parental empathy, tackle child behavioural and juvenile lawbreaking problems and build nurturing relationships, is very strong (Webster- Stratton, 2012). Moreover, as Walsh & Douglas (2009:143) emphasise, "where parents are provided with material support the need for more coercive state intervention is reduced." They conclude that "Interventions that splinter the family may be inappropriate and more expensive in the longer term, where a focus on capacity building through the provision of material and financial support would have provided better long term outcomes for the child and their family." Yet Social Services to children continue to impose approaches for which there is a paucity of supporting evidence. NOMBism, together with the other mechanisms outlined in this chapter, is in the way of rational service provision.

Underfunding cannot be the entire explanation, when more expensive, less effective services are purchased rather than more cost effective evidence based services, as in the examples above involving the purchasing of Out of Home Care, where Day Care, therapeutic services and financial assistance would have achieved better results. Children's Care Homes frequently cost £80,000 per child, per year (Dispatches 2004), whereas this funding could have eliminated the miserable poverty of an entire family, as well as providing for relationship enhancement, with money to spare.

The human costs of this misallocation of resources are catastrophic and the financial costs to taxpayers are immense. The lack of alternative therapeutic disposals compounds the consequences of economic inequality and poverty. There is a clear, inverse correlation between expenditure on broad forms of welfare and expenditure on Criminal Justice (Downes & Hansen, 2006) yet too often, decisions on expenditure are distorted by class bias. Money is spent on punishing the poor rather than preventing poverty induced crime.

### **Prioritising the Needs, Wishes and Feelings of Service Users**

Service users can be conceptualised as a varied group, who are often affected by intersecting identities including age, gender, social class, sexual orientation and a diverse range of abilities and disabilities including giftedness, learning disabilities,

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physical and mental health problems. In respect of children there is a clear duty to prioritise the needs of the child, known as the paramountcy principle. The paramountcy principle provides for the welfare of children to override all other factors. This is linked to the principle that the wishes and feelings of the child must be considered. These principles are strongly propounded in Child Protection legislation and in The *United Nations Convention on the Rights of the Child* (UNCRC).

In respect of people with disabilities, the principles set out in the *UN Convention on the Rights of Persons with Disabilities* (UN, 2006) include respect for “individual autonomy including the freedom to make one’s own choices, and independence of persons”. This is further elaborated by The Council of Europe Commissioner on Human Rights, who states that, “The bulk of the legal capacity systems in Europe are out-dated and in urgent need of reform. The automatic loss of human rights of those placed under a guardianship regime is a practice which must be changed.” (Hammarberg, 2011).

Major problems arise in relation to services provided under compulsion and increasingly, the role of Social Worker, is one of imposing coercive action on service users (Jordan, 2004). People can be incarcerated and deprived of their other liberties under an increasing range of state powers, including those for Child Protection, Protection of the Person, and Mental Health legislation. At times, these powers have been used unlawfully. For example in the UK in *LB of Hillingdon v Neary & Anor [2011] EWHC 1377 (COP)* a young man with Autism and a Learning Disability was forced into Out of Home state Care against his wishes and the wishes of his family.

The disjunction between the services that service users request and the Social Services that governments provide is well-known (Wrennall *et al.*, 2004; Connolly, & Seden, 2003; Hill, 1997; Cortis, 2004; Farber, 1993). The bank of services from which Social Workers make their choices concerning referral decisions is meagre and is distorted by sectional interests in the direction of expensive, coercive, Out of Home Services, even though this emphasis is not in accord with the interests, wishes and feelings of service users. Arguably the single most powerful cause of resentment by service users towards Social Workers concerns the coercive imposition of Out of Home Care services at the expense of In Home service provision. In other words, Out of Home service provision involves taking people away from their homes and families and placing them in Residential Care, or in the case of young children, into forced adoption, rather than assisting them to stay in their homes, with their families and friends.

The impact of the threat of child removal, even if not overtly stated, on the relationship between service users and Social Workers is devastating (Lady Hale, 2019; Wrennall, 2004). It conflicts with, and seriously undermines, the ability of Social Workers to undertake therapeutic work which requires trust on the part of service users. Social Workers are frequently regarded as dangerous, ruthless and brutal enemies, to be avoided at all costs. The problems that this creates for Social Workers include lack of cooperation, or at worst, hostility and violence from service users. The ethical challenge of retaining loyalty to those who are acting with hostility requires a high level of enlightenment on the part of practitioners, as self-care skills in practitioners are needed, alongside of well-communicated empathy and de-escalation. More important though, is the need to address the source of the problem, namely to abolish the coercive



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imposition of Out of Home services, bringing service provision into closer alignment with the needs of service users.

### **The Economic Roots of the Problem**

Even more seriously, commissioning and tendering decisions can be influenced by corruption, which can consist of many forms but essentially involves the misappropriation of money and other resources. Neilld (2002) has argued that corruption in public administration is normal, that the incidence of corruption declined in the mid- twentieth century, only to rise again towards the end of the century. Bryans (2007, 20) makes the point that Health and Social Care organisations are not immune to fraud and corruption and that these are “unnecessary burdens on already over-stretched budgets”. Like mistakes and negligence, fraud reduces the resources that are available to assist service users (Bryans, 2007:2). Research by Gupta, Davoodi & Tiongson (2000) demonstrated that reducing corruption in health and education could produce significant social gains, including the reduction of infant and child mortality. Davis (2009:311, 321) argues that the risks of corruption in public services are particularly high in the areas of procurement and contracting. A report by the *Council of Europe* states that few activities offer more opportunities for bribery and extortion than public sector procurement, estimating the costs to taxpayers to be ‘astronomical’. Similarly the *Organisation for Economic Cooperation and Development* (OECD, 2010;10) has focused on the particular vulnerability of public procurement, to corrupt practices. Transparency International (2006:14) also emphasises the especial vulnerability to corruption that arises from public procurement, estimating the damage from corruption, “at normally between 10% and 25%, and in some cases as high as 40 to 50%, of the contract value.” Logically then, Weizsacker, Young & Finger (2005:357) have demonstrated that corruption flourishes under conditions of privatization.

Empirically, there is extensive evidence of financial misappropriation in Social Care (Thoma, 2005a, b). The class bias that resists giving to the poor to directly ameliorate poverty and its effects has resulted in the diversion of funding to a range of middle class professionals and private entities. One of the many consequences of this has been that funding has then been spent by the middle classes on themselves, rather than on people in need of help. Numerous Auditors’ reports collated by Thoma (2005a, b) provide examples of vast amounts of money dedicated for Children’s Services, being spent by foster care administrators on themselves in the form of plastic surgery, Country Club membership, Limousine services, sports cars, sporting tickets, private swimming pools and cheques made out to cash.

The challenges for frontline workers are beyond their capacity to surmount. On one level, it appears to be a matter of not taking bribes, but beyond this apparently simple ethical stance lies the complex issue of organisational, or official misconduct and tackling this area is immensely difficult. Systems thinking is of course a necessary part of any appropriate deconstructive thinking which seeks to tackle the problem of aligning service provision with the needs of service users and other legitimate stakeholders.

The considerable awareness among international organisations of the problem of corruption has developed a series of toolboxes and other mechanisms (OECD, 2010, *Transparency International*, 2006). Whistleblower protections of course are basic, but more sophisticated measures include worker rotation in vulnerable areas, registers of

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conflicts of interest, involving service users in advocacy, democratic protections, i.e. electing public officials, sensitivity to ‘red flags’, openness to democratic oversight, Ombudsman and other independent complaints procedures. Effectively confronting and undermining organisational misconduct requires the institutionalisation of democratic measures, because intrinsically they embody transparency and independent oversight.

Privatisation has sharpened the problem of conflicts of interest. Cossman & Fudge (2002) have explained how privatisation has resulted in an individualising of problems, so that punitive carceral approaches have come to bear on difficulties rather than more benevolent collective solutions that would benefit service users. Corruption flourishes under conditions of privatization because democracy is seriously weakened. Citizens are excluded from decision- making and this has a negative impact on the quality of services (Weizsacker, Young & Finger, 2005:357:357, xii- xiii).

Conflicts of interest are a matter of serious concern because they express what is arguably the most important mechanism through which corruption occurs. Corruption is raised in an allegation to the *Ryan Inquiry into Child Abuse*, that “inspectors were taking bribes as an inducement to send children to industrial schools. The report states that inspectors in the early 1950s were accustomed to receiving payment for “expenses”, in contravention of the rules.” and that this might well explain why, “The ISPPC faced allegations between the 1940s and 1960s of being too eager to send children into industrial schools, and of not doing enough to work alongside parents.” (*Nothing about us without us*, 2009). (Further detail on the Ryan Inquiry can be found in Garrett’s chapter in this book). Concerns relating to members of Local Authorities referring clients to agencies or services from which they acquire financial benefit (Wrennall, 2010) are particularly serious when the referrals rely on the coercive power of the state. In one example, Pat More, a whistleblowing Social worker in Kentucky was paid \$380,000 in compensation for the treatment she received after disclosing a coercive ‘babies for order’ adoption racket operating in Child Protective Services (Target 32, 2007). Most ominous, are concerns that coercive powers are used to cover up negligence, malpractice and criminality. Coercive powers are likely to be misused when they are located in settings that have interests to protect that conflict with the interests of service users.

The allocation of resources is also distorted by perverse financial incentives. They occur when financial incentives produce socially harmful outcomes that are presumably the unintended consequences of financially incentivised public policy. Perhaps one of the most notorious examples involves the iatrogenic abuse of the Duplessis ‘orphans’ in Canada who were misdiagnosed as having Intellectual Disabilities so that their institutions could receive extra federal subsidies, allegedly resulting in them being subjected to lobotomies, electroshock, straitjackets and other forms of abuse, including being used as child ‘guinea pigs’ for unethical medical research (CBC, 1992). This was clearly a result of financial incentives overpowering an ethical commitment to service users.

Lest it be thought that this type of miscategorisation for funding does not occur nowadays, the alarm bells raised by the close relationship between Care and imprisonment should be heeded. The majority of inmates in private prisons at the juvenile and adult level have been processed through the ‘Care’ system (Social

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Exclusion Unit 2002, Richardson and Lelliott 2003, Joint Chief Inspectors 2002: 70). Private prisons have an incentive to increase incarceration (Butts, 2003, 73-4) and this has been expressed in outright bribery (Monbiot, 2009, American Civil Liberties Union, 2011:8, Shover, & Hochstetler, 2006:44) and the time-honoured practice of offering lucrative employment contracts to public officials after they leave their existing jobs (Herivel, 2008:323). The more children are pushed into Out of Home Care, the more inmates are produced for the private prisons.

Imprisonment operates under a perverse financial incentive in that the more prisons fail to rehabilitate their inmates, the more profitable they are for their owners and controllers. Private prisons at the juvenile and adult level have an interest in setting lawbreakers up to reoffend rather than in rehabilitating them. A rehabilitated offender is a lost customer. Even when they are not ostensibly privatised, they are often built and supplied by the business sector. It is in the interests of prison operators to fail on their avowed objective of reducing crime, because the economic survival of their operators depends on failure to rehabilitate lawbreakers. At times, entire towns are economically dependant on the prison and hence they are economically dependent on the continuation of crime.

Perverse financial incentives also operate when offenders are released from prison. Barnado's (2011) has reported that children as young as 13 are being discharged from custody without so much as basic accommodation being made available to them, quite obviously increasing the likelihood that they will reoffend. Barnado's "concluded that supported accommodation could provide savings of more than £67,000 per child over a three year period."

Indeed, all public policies that disrupt or underfund rehabilitation are perverse financial incentives in the direction of increased crime, greater profits for prison operators and greater social and financial costs to the public. Further examples would include policies that reduce the ability of lawbreakers to obtain employment such as 'enhanced criminal records checks', public 'naming and shaming', visible markers such as security bracelets and reporting requirements, absence of commitment to job creation and so on. As Cohen (1986) put it, where the penal system is concerned, 'nothing succeeds like failure'. When all these perverse financial incentives are taken into account, it is hardly surprising that as Shapiro (2011) and Monbiot (2009) have pointed out, privatisation of prisons has resulted in mass incarceration.

Perverse financial incentives are hotly debated between service users and Social Services. In the US context, the Federal subsidies that reward taking children into state care rather than rehabilitating families are a well-known example of perverse financial incentives (Mundorff, 2003). The consequences have been horrific for children as many of the most extreme examples of child abuse and homicide have occurred in Foster Care (Wexler, 1995). In the UK, a major contention is the payment of adoption bonuses. Social Workers have denied that they had an impact on Social Work (Holmes, 2008) but service users allege that they have not reduced the number of children in 'Care', but rather they have contributed to the commodification of children, incentivising Social Workers to take the most desirable children who are least in need of intervention, because they are sought after by the financial interests of the adoption industry (Josephs, 2008: 24-5).

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## **The Need for Real Reform**

The paper has argued that the main mechanisms through which the ascendancy of sectional interests over clients' interests is secured and reproduced are the three inter-related phenomena of conflicts of interest, perverse financial incentives and NOMBism. It is unrealistic though, to expect individual professionals, acting through the individual casework model to be able to carry the entire ethical burden of preventing, confronting and deconstructing these complex forces that compromise the work that they are asked to undertake in the interests of clients.

To base child protection on child removal is counterproductive, ineffective, inefficient and inhumane. We are stripping children of the people who are most likely, and able, to keep them safe (Temrin 2024; Pritchard, Davey & Williams, 2012; Radhakrishna *et al* 2001; et al), creating generations of double orphans and there are few people more vulnerable than a child alone in the world.

Going on for almost a century now, the relevant department in New South Wales has been seen as catastrophically problem-ridden. Numerous attempts have been made to bring changes to solve the problems, yet little has changed, other than the name. Ever since the Re-focusing Debate (Tunstall, 1997) it has been widely accepted that child removal should be replaced with family support. Calls to shift investment toward early intervention, family support and Families First programmes, have been occurring for decades.

Designating child removal, a last resort, early intervention programmes and policies, more emphasis on family support, families first policies, lawyers for children, more *Guardians ad litem* for children, more structured investigations have been proposed, and implemented, legal precedents such as the Judge judgement in *Cannings v R* and the Daubert test from *Daubert v Merrel Dow Pharmaceuticals*, to crack down on junk science, etc, etc have not been successful in displacing child removal. After nearly a century, the last resort, remains pretty much the only resort.

All these 'old wines in new bottles', are merely new marketing strategies for old practises generating more opportunities to take children into state care. The purported alternative preventative services, become surveillance and scouting interventions that document excuses to target more children for removal. The result is the opposite of the stated intention- more children are removed.

This department has been the subject of excoriating criticism over all this time, but his is not only an Australian problem, similarly around the planet, child protection is the seriously embarrassing poor relation of the helping professions. Wherever child welfare is predicated upon child removal, the results are disastrous. Numerous government inquiries and reports have documented the failures and harms resulting from the existing model of child protection. We have a seemingly endless trail of reviews, recommending more reviews.

So, why so much failure? How hard can it be, to solve this problem? Why have so many good faith attempts at reform, come to naught? Where then do we go from here? Basically, this is the logical syllogism, outlining the route from problem: to solution

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- Large numbers of children are removed from their homes and taken into state Care.
- The result is that they are harmed rather than helped.
- Increased resourcing aimed at improving the outcomes from child removal have not been successful.
- Numerous attempts to reduce the numbers of children going into state (or privatised) care over many decades, have not been successful.
- Therefore we need to replace child removal with alternative approaches to protecting children that are more effective, efficient and humane.

Understandably, given the extremely adverse consequences of the child removal model, patience has run out, and now calls for the abolition of the entire system have reached a degree of legitimacy, to where they take pride of place in *The Lancet* (Brown & DasGupta, 2024), one of the world's most prestigious medical journals. There is an extensive field of scholarly abolitionist literature in which the removal of black children is referred to as 'Terror,' 'Hostage taking' 'internal (neo)colonialism' and 'urban warfare' (including works such as Copeland, 2023; Briggs, 2020; Dettlaff, 2023, 2024; Dettlaff, et al. 2020; Kaba, 2021; Allen, 2005 and UpEnd). This shows how far the debates have now moved and how the aperture of critical problem-solving has widened.

Social Workers need to be organised into settings where they can work together to promote the best interests of their clients (Wrennall, 2024). If Social Work ethics are to be significantly enhanced, this can only occur in a supportive environment. The current environment undermines social responsibility in favour of sectional economic interests. The challenge is to create an environment that supports rather than undermines, the work that Social Workers can do to better the lives of their clients. For transparency of decision-making and oversight of these settings to be effective, they need to be subject to democratic oversight. The *DGTB* (2024) cooperative plan outlines the big picture of solving problems through a polycrisis approach, while still retaining the same commitment to service user perspectives linked to service providers who align with their needs, by disentangling mutually reinforcing problems, in the direction of democratic oversight and democratic budgeting.

Now is the time to end the problem, not merely find more excuses to continue the exploitation.

### **Alternatives to Child Removal**

The majority of child protection referrals are for neglect and not for abuse. Moreover, what is taken to be neglect by middle class observers is often a class biased view of the effects of poverty (Besharov, & Laumann, 1997; Pelton, 1989). It is likely that as we experience mass unemployment as a result of the fourth industrial revolution, universal basic income may be introduced and once this occurs, assuming that it is set at an adequate level, the need for many child protection interventions will be obviated.

However for the present time, the first steps are to stop funding the causes of problems and to fund problem solving. Officially, and in legislation, child removal is a last resort,

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after alternative have been considered, but because very little in the way of alternatives has been commissioned, separating families is pretty much the only resort.

The problem recurs because the wrong question has been asked. It has been assumed that child removal is an essential component of child protection and reforms have mainly been directed at reducing the number of children removed through some form of early intervention. It is this assumption of the necessity of child removal that needs to be abandoned. As long as the repressive option is available, it will be used, and the consequences for children and families are catastrophic.

If children were kept safe using one of the alternatives outlined here for three years or so, while parents were simultaneously rehabilitated, huge cost savings could be achieved compared to the costs of retaining the children in state care until they reach adulthood. The cost savings are even more striking, when the consequential costs of the care system that result for example from the care to prison pipeline, are accounted into the assessment (Wrennall, 2016). The alternative models achieve the objectives that child removal was meant to achieve, but has proved itself unable to deliver.

These are some of the solutions that meet the needs of children and are able to provide a more effective, efficient and humane approach than child removal.

### ***1. Care at Home***

A full-time Care Worker is allocated to the family to stay with the child or children at all times outside school hours. The Care Worker should be adequately trained in Family Therapy or other similar therapeutic interventions. S/he resides with the family, performing a therapeutic role, modelling good parenting behaviours and keeping the child safe.

### ***2. The Longhouse system.***

A range of families live, each within their own section of the longhouse. They each provide a degree of safety for one another and in addition, support workers are in residence to provide teaching, training and therapeutic services. It is similar to supported accommodation, but it is provided to families, not individuals. This is particularly appropriate in Aboriginal communities which are naturally organised in extended kinship networks.

### ***3. Fostering Families***

The nuclear family, and in some cases this may just consist of the dyadic family, namely the mother and child, is cared for in a foster family or single-family care home.

### ***4. Eyes and Ears for Safety***

The family remains in situ and the residence is fully fitted with Overt Video Surveillance with the consent of the family members. Therapeutic experts are on the ready to intervene as risks develop. The Carers are fully trained to undertake therapeutic rather than punitive interventions. Previous research with Overt Video Surveillance in Child Protection settings found that after a short while, the family becomes comfortable with it and acts as if it was not there.

### ***5. Boarding Schools***

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These can be supplemented by one of the other approaches during school holidays.

### **6. The 'Granny flat' model.**

The typical residential model is designed around the nuclear family. This no longer really meets people's needs. An isolated nuclear family is often barely able to meet the needs of the parents, of the children, or of the elderly. The Granny flat model provides residence for the extended family, not only Grandparents, whilst still meeting people's needs for a degree of independence. The Granny flat model plays a preventative and a protective role. It differs from the longhouse model, in that it is for a single extended family and paid carers are not in residence.

### **7. Children's Hotels**

These can be attached to schools to meet the need for short term care, when for example the parent of a dyadic family needs to be hospitalised, or there is a need for respite care. Unlike ordinary hotels, child safety is built into the architecture and they are staffed by trained Child Care workers.

In cases where the risks are lower, then less intensive services need to be commissioned. Also primary interventions need to be developed so that problems can be prevented, these would include:

- Teaching emotional intelligence, interpersonal skills such as conflict resolution and parenting skills within the schooling system.
- Expanding prenatal care so that all parents receive training in parenting skills.
- Rebranding therapy as entertainment and making it available through the mass media... and so on.

## **Conclusion**

Resources have not been allocated in a manner that is efficient, effective and humane. Given the extensive evidence base of the harm that results from child removal, and high level of support for abolition, it is long past time to put an end to the cruel, harmful and unjustified practice of child removal.

Decades of failed attempts to reduce child removal have proved that child removal must be defunded in order to incentivize and fund the development of real alternatives to child removal. Unless we 'take away the stick', we will never see the development of genuine, non-punitive, effective, humane, and efficient alternatives which actually displace cruel, harmful and repressive practice (Wrennall *et al*, 2003). As Stanley Cohen documented in *Visions of Social Control*, unless the punitive architecture is dismantled, intended alternatives merely act as conduits into the programmes they were meant to displace. They produce net widening, drawing in a broader range of targets of social control.

What is remarkable about this field, is that solutions are available that have not been applied. Child removal has not remained the staple fare of child protection because no alternatives are possible, it has remained, because the market has failed to provide suitable alternatives. Therefore it is necessary for the state to take the responsibility and intervene in the market, to redirect resources into commissioning appropriate services to meet the needs of children and their families. Funding needs to be redirected from child removal into appropriate service delivery. For this to happen, democratic

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oversight is essential, particularly in relation to the commissioning and tendering functions. The mechanism for this to be achieved is democratic budgeting.

## **The priorities are:**

1. Abolition and Defunding of child removal and;
2. Redirection of the resources into alternatives to child removal so that children and their families receive: .
  - ~Universal support and education to prevent problems before they arise.
  - ~Targeted support to alleviate identified problems and prevent escalation.
  - ~Care and protection where there is an assessed high risk of significant abuse or neglect.

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