

11 May 2015

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Dear Ms Stewart

Supplementary Submission to Inquiry into out of home care
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Australian National University, Canberra.

The attached submission provides details of additional research references which were not included in our original written submission to the Inquiry in November 2014. These references were however referred to in oral presentations of evidence to the Senate Standing Committee on Thursday 16th April 2015 by Professor Valerie Braithwaite and myself. Also included is a correction of a factual error made on the day at point 6 below.

1. The Report by the UK Office for Standards in Education, Children's Services and Skills on Child Protection Authorities in Leeds can be found at: http://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/leeds/051_Single%20inspection%20of%20LA%20children's%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf
2. Queensland Children's Commissioner (2011). *Views of Children and Young People in Foster Care Survey*. <http://apo.org.au/research/2011-views-children-and-young-people-foster-care-survey-health-and-wellbeing>
page 8: The open ended question 'what do you worry about most' was asked of children in care. 1057 valid comments were analysed. The primary theme to emerge for children and young people was their worry about the safety and wellbeing of family and friends.
3. Harris, N. (2011) Does Responsive Regulation Offer an Alternative? Questioning the Role of Formalistic Assessment in Child Protection Investigations. *Br J Soc Work*, Vol. 41, no. 7, pp. 1383-1403. (Attached)
4. Braithwaite, J. (2004) 'Emancipation and Hope', *The Annals of the American Academy of Political and Social Science*, Vol. 592, pp. 79-99. (Attached)

5. The application of a responsive regulatory model has been applied internationally across various regulatory institutions. See Ivec, M., Braithwaite, V., Wood, C. & Job, J. (2015) Applications of responsive regulatory theory in Australia and overseas: update. Occasional Paper 23. Regulatory Institutions Network (RegNet) ANU.
<http://regnet.anu.edu.au/publications/no-23-applications-responsive-regulatory-theory-australia-and-overseas-update>
6. In response to Senator Bilyk (page 29 of Proof Committee Hansard) I incorrectly referred to a study at the University of Kent. The correct reference is the University of Sheffield. The study was undertaken on leaving care by Marsh P. & Peel M. (1999) Leaving Care in Partnership. Norwich, The Stationary Office UK.
The study referred to the average number of key relationships that social workers identified for children in care as being three (3) known connections. When children were asked about the number of key relationships they could identify an average of nineteen (19) connections with people they cared about. This was also referred to in a keynote address by Paul Nixon, Chief Social Worker, New Zealand Ministry of Social Development <https://www.youtube.com/watch?v=EAMYAoxiP6E> at the Australasian Conference on Child Abuse and Neglect in 2013.
7. Melton, G. (2013) 'Programs' Aren't Enough. *Child Abuse and Neglect*, 37S, pp. 1-7. (Attached)
8. Australasian Conference on Child Abuse and Neglect (ACCAN) 2015, Auckland, New Zealand. Australian Institute of Criminology & New Zealand Ministry of Social Development <https://www.youtube.com/watch?v=rwaExx-NR7Q>. Dr Desmond Runyan, Professor of Paediatrics, University of Colorado & executive Director of the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect.
9. Wastell, D & White, S. (2012) Blinded by neuroscience: social policy, the family and the infant brain. *Families, Relationships and Societies*, vol 1, no. 3, pp. 397-414. (Attached)

We would like to thank the Committee for their time in considering our submissions. We can be contacted at mary.ivec@anu.edu.au on 6125-4438 or Valerie.braithwaite@anu.edu.au

Kind regards

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11 May 2015

Does Responsive Regulation Offer an Alternative? Questioning the Role of Formalistic Assessment in Child Protection Investigations

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Abstract

The interface between parents and child protection agencies has long been a cause of concern. This paper examines the challenge that the child protection system faces from the perspective of responsive regulation theory (Braithwaite, 2002). The analysis suggests that management of compliance, though rarely discussed in the literature, has a significant impact on investigations. An emphasis on assessment, especially formal risk assessment, places an emphasis on a particular type of compliance: 'assessment compliance'. Research on the experiences of parents suggests that overemphasis on assessment compliance has a number of disadvantages: it risks alienating families, it focuses attention on a questionable indicator of parents' willingness to make changes, increases the degree of coercion used in interventions and disempowers families and their communities. It is argued that formalistic use of assessment undermines the effectiveness of investigations because managing compliance within assessment procedures comes to dominate the response of workers. More families could be successfully engaged if the principles of responsive regulation were applied to assessment within investigation processes. A family engagement pyramid, based on responsive regulation theory, is proposed as one way of achieving this.

Keywords: Child protection, responsive regulation, restorative justice, assessment compliance, family engagement

Accepted: March 2011

Introduction

The interface between child protection agencies and parents has long been a cause of concern, drawing criticism for both alienating parents and for failing to put sufficient emphasis on protecting children (see [Waldfoegel, 1998](#); [Melton, 2002](#); [Scott and Swain, 2002](#); [Parton, 2006](#)). The question that the current child protection model has struggled to answer is when to empower families to solve their own problems, when to intervene forcefully to protect children and how these two very different approaches can coexist without undermining each other. This dilemma of how to intervene effectively, especially when there is significant variation between cases in what works, is not unique to child protection and has been the subject of considerable research. Responsive regulation ([Braithwaite, 2002](#)) offers an alternative approach to intervening in 'regulatory' contexts, through a framework that systematically encourages families to work voluntarily with authorities and increases the capacity of those authorities to be more responsive to co-operation. While the relevance of this approach to child protection has already been recognised ([Adams and Chandler, 2004](#); [Burford and Adams, 2004](#); [Merkel-Holguin, 2004](#); [Neff, 2004](#); [Pennell, 2004](#)), this paper explores how it might apply to investigatory processes. The analysis highlights the degree to which the management of compliance affects current approaches to assessment. 'Assessment compliance' is identified as a specific form of compliance that child protection practice is preoccupied with, and it is argued that its dominance in investigations undermines some key objectives, particularly the engagement and empowerment of families. Successful implementation of responsive regulation in child protection would involve a transformation of the way in which compliance is treated within assessment processes.

The crisis in child protection

A number of commentators have suggested that child protection services in many parts of the English-speaking world are in crisis ([Melton, 2002, 2005](#); [Munro and Calder, 2005](#); [Scott and Swain, 2002](#); [Trotter, 2004](#)). Regular enquiries and royal commissions over the past decade have highlighted significant failings in the protection that governments have afforded vulnerable children (e.g. [Secretary of State for Health and the Secretary of State for the Home Department, 2003](#); [Laming, 2003, 2009](#); [Special Commission of Inquiry into Child Protection Services in NSW, 2008](#)). Shortcomings have included responding inadequately in cases in which children have been at risk of serious harm and failing to provide appropriate care and supervision for children who are under the guardianship of the state. More generally, there is dismay at the inability of

governments to provide a safety-net for children that is not primarily reactive or perceived as adversarial.

A number of issues characterise this sense that the system is failing to meet the requirements of society. One that has been consistently identified by commentators is that child protection processes are highly bureaucratic and formalistic (Melton, 2005; Munro and Calder, 2005; Palmer *et al.*, 2006; Parton, 2006). As government has increasingly been perceived as responsible for the welfare of children, statutory services have implemented more and more complicated systems in an attempt to ensure consistency and accountability. As Nigel Parton (1998) has argued, increased emphasis has been placed on working within legalistic frameworks that mandate particular forms of intervention and that are based around the discipline of structured risk assessment models. A growing concern is that these developments in the governance of child protection have had a negative impact on the ability of workers to engage in a flexible, and perhaps meaningful, way with many families (Parton, 2006; Munro, 2010).

This paradigm also draws heavily on a criminal justice model, in which the primary response is one of investigations that are directed towards identifying failings and imposing remedies through institutional structures that easily fall back on coercive power if co-operation is not forthcoming (Melton, 2005; Harris and Wood, 2008). The costs of this approach are considerable because the collection of forensic evidence as the basis for action is time consuming; requires adherence to particular processes, such as the collection of evidence; and struggles with many of the challenges presented by the diverse range of issues that prompt child protection reports.

A second criticism of the current child protection model is that it often leaves parents feeling alienated and without help. A frequent perception of parents interviewed in studies, in a variety of countries, is that child protection agencies are antagonistic towards them (Bell, 1996; Baistow and Hetherington, 1998; Cleaver and Freeman, 1995; Farmer and Owen, 1995; Dumbrill, 2006; Harries, 2008; Johnson and Sullivan, 2008; Klease, 2008; Douglas and Walsh, 2009). It is apparent that investigations often leave parents feeling angry, distrustful and uncooperative towards authorities. Just as concerning are findings that many parents believe that interventions provide them with very limited practical support beyond the formal 'protective' functions provided by investigation. Frustrations include being unable to access assistance prior to investigation and receiving limited assistance after problems are exposed by investigation (Baistow and Hetherington, 1998; Dale, 2004; Palmer *et al.*, 2006). The enormous resources demanded by the investigative approach mean that there are limited resources left over for preventative programmes or programmes that support families once issues are identified (Allen Consulting Group, 2009).

Against the backdrop of these criticisms, it is important to acknowledge that, for some time, practitioners and scholars have argued that it is important to work inclusively with families (Calder, 1995; Burford, 2005). This has

had an impact on government policy and legislation (e.g. the 1989 Children Act), as well as being the basis for important innovations in practice, such as attempts to make case conferencing more inclusive (Thoburn *et al.*, 1995; Bell, 1996; Corby *et al.*, 1996) and the introduction of family group conferencing programmes (see Connolly, 1994; Brown, 2003; Harris, 2008). While there have been important success stories (e.g. Merkel-Holguin *et al.*, 2003), the limits of this 'rhetoric of family participation' have also been documented (Healy, 1998). Efforts by agencies and workers to be more inclusive have struggled against the broader institutional factors that determine the way in which child protection is carried out.

Responsiveness in child protection

These concerns highlight the underlying tension between the regulatory role inherent to child protection and the importance of engaging with and building the capacity of families in order to produce the best outcomes for children. These roles are often depicted as presenting very different, and sometimes incompatible, aims that leave practitioners with an unenviable choice between regulation and engagement (Trotter, 2006). However, John Braithwaite (2002), based on his work with Ian Ayres (Ayres and Braithwaite, 1992), has argued that the tension between 'care and control', as Gale Burford and Paul Adams (2004) put it, can be balanced more effectively through the use of responsive regulation. Unlike 'formalistic' models of regulation, which 'define in advance which problems require which response and write rules to mandate those responses' (Braithwaite, 2002, p. 29), Braithwaite argues that agencies can be more effective if they are more flexible in the way that they seek to address problems.

Responsive regulation theory argues that this flexibility is possible if agencies can employ a range of alternative responses, and if they apply these on the basis of what works in each individual case. The aim is to encourage families to make the changes that are necessary through initially prioritising non-coercive approaches that are based on persuasion and assistance, but having the ability escalate to increasingly coercive interventions if co-operation is not forthcoming and the concerns warrant greater intervention. This approach is represented by a 'regulatory pyramid', which illustrates the way in which escalation upwards results in greater intrusiveness, but also the expectation that the majority of families would remain at its base. An example of a regulatory pyramid that has been adapted to child protection is presented in Figure 1 and is discussed below.

A number of scholars have applied responsive regulation to child protection (see Adams, 2004) and have argued that its application has some distinctive characteristics in this context. According to Rob Neff (2004), Paul Adams and Susan Chandler (2004), the steps of the pyramid should be understood as representing differences in how decisions are made, and

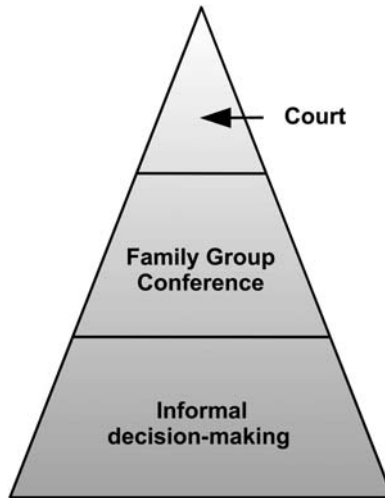


Figure 1 Example of a regulatory pyramid for decision-making in child protection.

who makes them, rather than how punitive the sanctions are at each level. While some would argue that contemporary child protection practice has punitive elements to it, interventions by child protection workers are not premised, nor legally sanctioned, on the basis that it acts as a deterrent or punishment (Adams and Chandler, 2004). Instead, statutory responses in child protection occur on the basis that they will protect children or support families.

If applied to decision-making processes in child protection, the bottom of a regulatory pyramid would involve informal deliberative processes, in which the responsibility and power to make decisions rested largely with the family, while, at the top of the pyramid, decisions would be made by the court. A number of scholars have argued that restorative processes, such as family group conferencing (e.g. see Braithwaite, 2002; Burford and Adams, 2004; Merkel-Holguin, 2004; Pennell, 2004; Harris, 2008), are particularly important to this model because they represent decision-making processes that are consistent with the middle of the regulatory pyramid. They usually occur in circumstances where there is clear pressure on families to respond, yet they also empower families to play a central role, with assistance from their immediate community, in determining what changes need to occur.

The claim made by responsive regulation theory is that applying these principles will empower child protection workers to respond more flexibly to the circumstances of each case and, in so doing, will enhance their ability to work more co-operatively with parents where this is possible. What has received scant attention in evaluating the potential of responsive regulation, however, is that child protection practice already presents

opportunities for responsiveness in day-to-day decision making by child protection workers. The approach taken in conducting investigations can be guided by the degree to which families co-operate, and workers can escalate the approach they take from one that is relatively friendly and supportive to more adversarial demands that families submit to professional assessments, or even to emergency removal of children. The question that needs to be asked is why, if this potential for responsiveness exists, are child protection agencies nevertheless criticised as being highly formalistic and perceived as antagonistic by many parents?

Lost in compliance: the role of assessment in child protection

The central argument of this article is that compliance, and particularly when and how it is sought, is central to understanding ongoing problems in child protection, as well as the potential of responsive regulation to address these problems. While responsive regulation itself suggests that practitioners should be concerned with compliance, the analysis presented below suggests that management of compliance is already a preoccupation within child protection practice. Moreover, the way in which this concern with compliance occurs as part of the assessment process means that practice has become oriented around monitoring a very particular form of compliance: assessment compliance. It will be argued that this emphasis on assessment compliance is at least partly responsible for the problems that beset child protection, and that the most important contribution that responsive regulation might make is to reorient this focus.

Assessment and the management of compliance

Assessment, whether it is based on systematically applying statistically informed risk-assessment models or is more informal, lies at the heart of intake and investigation processes. Child protection agencies have increasingly used more formal systems to identify which families require investigation, how quickly and whether children are at risk (Parton, 1998; Scott and Swain, 2002). The benefits of a risk assessment approach are that they provide a means for prioritising which cases will receive attention, provide greater transparency and thus accountability for the actions of workers and, more controversially, increase the accuracy of judgements that are made (Krane and Davies, 2000; Knoke and Trocmé, 2005; Lennings, 2005). As Debora Brown's (2006) research illustrates, risk assessment also contributes to decisions about which remedial actions are taken in cases, because assessment defines which issues need to be addressed in

order for the level of risk to be judged as acceptable. Beyond these explicit roles, it can be argued that risk assessment represents more than just a 'tool' or technique that allows for the systematisation of child protection processes. Risk, as in other domains, has become the dominant framework for how concerns about children are understood (Parton, 1998; Brown, 2006; Gillingham, 2006) and assessment, a core methodology of social work, also satisfies the desire for measurable transparency in public services (Rayner, 2003).

The dominance of assessment within the child protection model is significant to the argument forwarded in this paper because the way in which it is implemented places the compliance of parents at centre stage. For workers to form judgements about risk, families are asked to submit to a variety of processes: being interviewed, being the subject of observations, attending assessments by specialists or participating in certain programmes. It is compliance with these processes that enables the child protection worker to form a judgement about the level of risk that is posed to the child. Moreover, the outcomes of risk assessments are often directly informed by parents' willingness to co-operate (Corby *et al.*, 1996; Dale *et al.*, 1986; Holland, 2000). The mother or father who is unwilling to co-operate with an assessment, or participate in a parenting programme, is judged as less of a protective factor. In a similar way, a parent who objects to supervised access with their child increases the level of risk that might be ascribed to access visits. It would seem that, directly and indirectly, assessment is strongly influenced by the compliance of parents. As Corby *et al.* (1996) observe:

One of the key functions of assessment is to evaluate parents' willingness to cooperate in current and future dealings with professionals (Dale *et al.*, 1986). It is only possible for children considered to be at risk to remain at home with parents suspected of abusing them if the parents are thought to be prepared to accept intervention, surveillance, and help. Covertly, both parents and professionals know this to be the case, but it is not made explicit [Corby *et al.* 1996, p. 483].

It is also significant that the demands of assessment are inter-linked with the forensic purpose of investigations. The collection of evidence has become a priority from the outset of cases because it determines the degree to which intervention is judged as possible and necessary. Indeed, one critique of contemporary practice is that agencies have become reluctant to engage with families unless there is a statutory basis for them to intervene and, when they do engage with families, they tend to rely on statutory powers to achieve their objectives (Parton, 1998). This emphasis on statutory process merges with assessment because risk to the child is often the legal basis for action, but also because it relies on the same assessment procedures. Interviews with parents, for example, might be conducted with a second worker who takes contemporaneous notes so that what is said can

be used in court as evidence if the need arises. Interlinking of these objectives means that assessment in daily practice is not only concerned with identifying the best possible way to help children, but is also used to provide agencies with the legal basis to take action. This places even greater importance on compliance by parents (Cleaver and Freeman, 1995; Dumbrill, 2006; Klease, 2008).

When compliance with assessment procedures is not forthcoming, this inevitably causes a problem for an assessment regime. Observations suggest that, in response to resistance, workers escalate the degree of pressure on families to co-operate: for example, persuasion might be adopted to convince families that assessment will be for their benefit, families are warned that the case cannot be closed without assessment, threats to seek court orders might be made and, in some cases, court orders, or emergency procedures, are invoked to enforce compliance (Bell, 1996; Corby *et al.*, 1996; Scott, 1996). Perceptions that child protection workers have considerable authority, and fear of the consequences of not complying, mean that families often acquiesce without formal action being taken (e.g. Baistow and Heatherington, 1998).

If assessment processes, and risk assessment frameworks to an even greater degree, drive a preoccupation with assessment compliance, it is also apparent that this kind of compliance has a particular character when compared to other forms of compliance: expectations of assessment compliance occur when it is often not clear whether coercive intervention is justified; expectations that assessment compliance will be forthcoming are often implicitly rather explicitly communicated because of the ambiguous legal situation in which they occur (Scott, 1996; Dale *et al.*, 2005); the subject of attention in assessment compliance is with procedures to identify failures (inadequate parenting) rather than compliance with positive standards of competence (good parenting); and monitoring of assessment compliance concerns specific and immediate requests, such as submitting to a psychological assessment, rather than ongoing compliance with broader standards. As Turnell and Edwards (1999) have suggested, this approach might be characterised as a monitoring of deficits rather than the identification of strengths.

Consequences of assessment compliance

While assessment has benefits for child protection systems, most importantly identifying those cases in which there are immediate and significant risks for children, it is also apparent that a focus on assessment compliance undermines the degree to which practice can be responsive: it alienates many families, it focuses attention on a questionable indicator of parents' willingness to make changes, it increases coercive intervention and it is disempowering for families and their communities.

Approaches focused on assessment compliance often alienates families

The disadvantage of a focus on compliance with assessment that is most evident in research is that it can undermine the ability of child protection workers to develop a positive relationship with families (Cleaver and Freeman, 1995; Dale *et al.*, 2005; Farmer and Owen, 1995). As much as workers try to build trust and goodwill, the focus of the relationship between social workers and families becomes defined by the need to assess parents and negotiation of this assessment process. Evidence of this is clearly found in interviews with parents conducted across numerous studies, which show that parents feel coerced to accept assessments that they did not feel able to reject because of the power that they perceive child protection agencies as having (Farmer and Owen, 1995; Corby *et al.*, 1996; Scott, 1996; Baistow and Hetherington, 1998; Dale, 2004; Dumbrill, 2006; Harries, 2008; Johnson and Sullivan, 2008; Klease, 2008). It is also evident that many parents perceive investigatory processes as primarily concerned with surveillance as opposed to being directed towards the well-being of the children or the family as a whole (Corby *et al.*, 1996; Trotter, 2004; Spratt and Callan, 2004) and a number of scholars suggest that this perception is not unreasonable (Dale *et al.*, 2005; Parton, 2008).

A consequence of this antagonism is that many families disengage with workers as far as this is possible. For example, a study in the UK by Farmer and Owen (1995) found that 70 per cent of parents felt marginalised and badly treated following an investigation. In 40 per cent of these cases, feelings of anger and violation were long-lived and meant that families kept workers at arm's length (Farmer and Owen, 1995, p. 315). Another common finding is that parents often 'play the game': they co-operate, or feign co-operation, with requests made of them due to fear of the consequences if they are perceived negatively by agencies (Cleaver and Freeman, 1995; Scott, 1996; Dumbrill, 2006; Klease, 2008).

Assessment compliance focuses attention on a questionable indicator of parents' willingness to make changes

As well as alienating many parents, co-operation or compliance with assessment demands is a questionable indicator of risk to children. Some evidence of this can be found in studies that show that many parents who express alienation and resistance towards child protection processes also express support for the underlying objectives of child protection intervention, and a desire for help in improving their ability to parent effectively (Baistow and Hetherington, 1998; Thomas, 2002; Dale, 2004; Ivec *et al.*, in press). Studies also show that many parents contact child protection services to seek assistance and that a significant source of frustration amongst parents is that they were unable to get assistance until they were reported

and investigated (Baistow and Hetherington, 1998; Dale, 2004). While child protection orthodoxy (Dale *et al.*, 1986; Corby *et al.*, 1996) suggests that co-operation with assessment, or a lack of it, is a good basis on which to form judgements about the risk to children, these findings question the validity of that assumption.

Research on defiance in regulatory encounters supports the premise that there is often a disconnection between co-operation, or compliance with assessment procedures, and commitment to broader standards of care for children. Valerie Braithwaite's (2009) theory of defiance, in particular, proposes that a refusal to participate in interviews, to attend external assessment procedures (e.g. with a psychiatrist), engage with services (e.g. drug or parenting services) or hostility and unhelpfulness towards workers should be understood as an expression of defiance towards child protection agencies and the right of authorities to determine the process by which such concerns are addressed. Braithwaite argues that defiance is distinct from the simple fact of noncompliance because it is an intentional means of communicating dissatisfaction to the authority through resistance or complete dismissiveness. It is an attempt to place greater social distance between the person and an authority that is perceived as threatening and it is the relationship between the authority and individual that is central to interpreting the meaning of defiant behaviour and to finding solutions. Empirical research reported by Braithwaite, albeit in the context of tax compliance, supports this interpretation by showing that defiance is only weakly related to substantive non-compliance: that expressions of defiance often occur in conjunction with compliance.

This research is backed-up by perspectives that have identified factors that increase the likelihood of defiance. One of these, as explored by Brehm and Brehm's (1981) theory of reactance, is the degree to which an individual's freedom is threatened by regulation. This theory argues that a degree of reactance should be expected whenever authorities seek to impose constraints on individuals or families, and that reactance will be greater when those freedoms are highly valued, as is the case in parenting. Another important predictor of defiance is the way in which an authority carries out its mandate and, in particular, whether the authority is perceived as being procedurally just and having high legitimacy (Tyler, 1990; Sunshine and Tyler, 2003). Finally, research by Sherman (1992, 1993) in the context of domestic violence shows that defiance is more likely when individuals have a lower 'stake in conformity' as a result of factors such as unemployment.

A model that is dependent on assessment increases coercive intervention

An approach that requires families to submit to assessment processes is destined to intervene coercively in the lives of families more often, and to do so

more rapidly. When workers encounter difficulties convincing families to participate in the assessment process, the response that is almost mandated by a system that requires assessment is to put pressure on families to acquiesce. In most cases, as discussed above, this might involve nothing more than subtle use of the authority that statutory workers are perceived as holding or a warning that court orders compelling assessment could be sought. However, research interviews discussed earlier suggest that even this modest escalation in the amount of pressure brought to bear on families is often perceived by those who are fearful as highly coercive (e.g. Farmer and Owen, 1995). A consequence of being dependent upon a rigid assessment process is that escalation towards coercive action is often driven by a failure to be co-operative with assessment demands rather than the substantive child protection concerns themselves.

An emphasis on assessment is also complicated by the high degree of uncertainty that accompanies child protection reports. Information available to workers at the time of a report is often vague and requires corroboration. Until an investigation is completed, workers are often unsure whether coercive intervention is justified at all—a fact that is demonstrated by the significant numbers of cases in which investigation leads to no further action, let alone the number of cases in which the actions taken by child protection agencies are minimal. This would suggest that, in a significant number of cases, the degree of coercion used to complete assessment will go beyond what is ultimately justified by the problems being experienced by families. While the dilemma posed by unfairly imposing costs on some individuals to enable investigations also occurs in other contexts, such as the criminal justice system, the degree of uncertainty in significant numbers of cases combined with the degree to which investigations are invasive sets child protection apart.

As well as threatening the legitimacy of child protection systems (Tyler, 1990), high levels of coercive intervention also drain considerable resources. Increased costs include significantly greater resources required to monitor and secure the compliance of families who are not willing participants, the extra effort required to obtain accurate information about families when there is resistance and the costs of collecting and organising evidence for use in court. There is also potential within this dynamic for management of compliance to distract both workers and parents from the well-being of children: casework becomes consumed by arguments about the assessment process rather than focused on improvements in the lives of children.

A focus on compliance with assessment-oriented interventions is disempowering for families

Finally, a concern with focusing on assessment compliance is that it is likely to be experienced by many families as disempowering (Dale *et al.*, 2005;

Brown, 2006; Bundy-Fazioli *et al.*, 2009). From the beginning of the investigation, child protection agencies play a role in which it is they who define what kinds of assessments need to occur as well as the interpretation of those assessments. Solutions to the problems become those actions that a family can take to reduce the concern of statutory agencies. This process places child protection agencies firmly in control, limits the degree to which families are responsible for solving their own problems and limits their choice as to how their problems will be solved. This message is further reinforced if it is clear to the family that non-compliance with these solutions will result in escalation to stronger sanctions of some kind.

Empowerment is important because a growing research literature demonstrates that greater feelings of empowerment, and particularly self-efficacy, are associated with positive outcomes across numerous social domains (Jenkins, 1994), including parenting (Gecas, 1989). Research shows that self-efficacy is a direct predictor of positive parenting practices as well as mediating the effect of other predictors, such as maternal depression, child temperament (autism), limited social support and poverty (Gecas, 1989; Teti and Gelfand, 1991; Coleman and Karraker, 1997, 2003; Hastings and Brown, 2002).

Responsive regulation and assessment

While discussion about the implementation of responsive regulation in child protection has largely focused on decision-making processes, such as family group conferences (Allen Consulting Group, 2003; Burford and Adams, 2004; Neff, 2004; Pennell and Burford, 2000; Pennell, 2004; Harris, 2008), the implication of the analysis presented above is that what occurs during investigations is just as important. This is partly because the initial contact with families establishes the nature of the relationship between workers and families (e.g. Farmer and Owen, 1995; Holland, 2000; Spratt and Callan, 2004). More importantly, though, the assessment framework that underpins investigation determines what kinds of interventions are made and how they come to occur (Farmer, 1999) and, in most cases, investigation and intervention do not represent discrete stages of case work. If child protection is to become more responsive, then it requires an approach to engaging with families that is also responsive.

Investigating to assist versus investigating to assess

The overarching conclusion that might be drawn from this analysis is that the current approach might be characterised as one in which assessment has become the principle aim of investigation: child protection agencies investigate to assess. The goal of enhancing the well-being of children is

largely subsumed in initial stages by the collection of evidence about the degree of risk that is posed (Parton, 1998). Moreover, the process by which assessment of the risks to a child are evaluated is explicit, formal and fairly rigid (e.g. Brown, 2006). It transforms the focus of initial engagement into the monitoring and management of families' compliance with assessment procedures. This formalistic assessment process is incompatible with a responsive approach to broader concerns about the well-being of a child. Responsiveness is not possible when participation in assessment processes is non-negotiable and where that assessment from the very start is oriented towards court action, which is the most coercive intervention available to child protection (the peak of the regulatory pyramid).

A critical challenge for reforming child protection practice is to ask whether assessment can occur in less formalistic ways. Is it necessary for cases to start with a mandatory assessment process? Is it possible, through clever design, to avoid placing assessment compliance at the centre of the child protection response? Current assumptions, vaguely articulated (Braithwaite *et al.*, 2009), are that assessment is necessary in order to determine whether intervention is warranted and to provide evidence to impose it through court orders if parents or young people refuse to accept it. However, research on new initiatives shows that recent trials of non-mandatory, less evidence-oriented 'assessments' are successful at determining the kinds of assistance that families require (Platt, 2006). It is also clear that, in cases in which families are willing to engage with agencies, there is no need for the collection of evidence, because there is no need for adversarial court processes.

An alternative would be to reorient investigations such that the importance of assessment is subsumed by the goal of helping children and their families: where the appropriateness of conducting an assessment is determined, in each case, by the degree to which it will contribute towards achieving change. This general approach might be distinguished from formalistic assessment models by being organised around a principle of investigating to assist.

Responsive engagement with families

The response of child protection agencies, following reports that there is concern about a child, can be understood as an attempt to engage with families, where engagement is understood as 'establish[ing] a meaningful contact or connection'. This contact or connection is usually needed to see whether the family needs some form of assistance in caring for their children and, more rarely, to check that children are not in imminent danger. The contact that is made in this context needs to be meaningful because intervening to improve the well-being of children is complex and requires the development of a relationship between families and agencies

that is based on trust and respect (Howe, 1998; Holland, 2000). However, it is also clear that the way in which agencies are able to engage with families will vary according to the circumstances in each individual situation. The preference in all circumstances would be for engagement with families to occur within a co-operative environment in which the family feels that the agency has their best interests at heart and in which the agency is focused on helping to resolve problems. For various reasons, however, some families will resist engagement, will block workers from confirming that children are okay or will be deceptive.

A family engagement pyramid, based upon the principles of responsive regulation, would provide alternatives for engaging with families, depending upon the circumstances (see Figure 2). The most important objective is to introduce more flexibility into how and whether assessments are conducted with families. Assessment in and of itself is not a problem, but the discussion above shows how formalistically assessing all families causes significant problems. The family engagement pyramid, therefore, seeks to balance the use of assessment (particularly formal and imposed forms of assessment) so that it does not undermine the development of a relationship with families, but is also available in cases in which there is consensus that it would be useful or in which it is necessary to overcome resistance or to collect evidence. At the bottom of the pyramid, minimal emphasis is placed on assessment, but escalation up the pyramid leads to increasing emphasis on formal and ultimately forensic assessments. Unlike current practices, this model would not assume that formal assessment is a necessary component of engaging with families and escalation would not occur simply because families resisted participation in assessment. Instead, escalation would be triggered by a concern that the child's situation is not

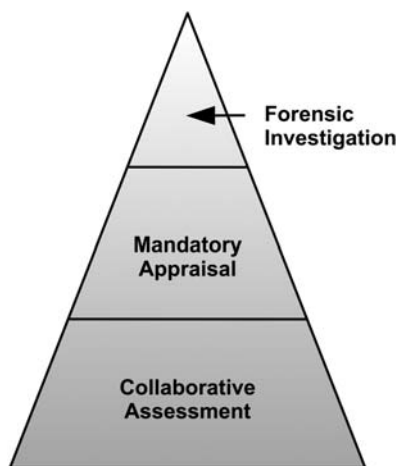


Figure 2 Family engagement pyramid.

acceptable and that the current approach to engaging with the family is not improving it.

At the bottom of the suggested pyramid are *collaborative assessments*, which would focus on working with families to jointly identify problems and find solutions. The type of engagement proposed here might be based on processes that have been successfully trialled in the UK (Platt, 2001; Cleaver and Walker, 2004; Spratt and Callan, 2004; Platt, 2006, 2008) and the USA (English *et al.*, 2000; Schene, 2001; Loman and Siegel, 2005). Evidence so far shows that these assessments facilitate better relationships and do not appear to undermine safety of children. In contrast to current investigatory processes, these assessments do not involve an overt focus on determining whether allegations are true, collecting evidence for the sake of preparing a court case or pressuring families to submit to professional assessments. Nevertheless, it is clear that workers, in conjunction with families, assess their needs and ‘[keep] an eye’ on their progress (Spratt and Callan, 2004) in a way that that is sensitive, but also transparent, to families. It might be that these assessments could be conducted through, or in conjunction with, other professionals where child protection has difficulty building trust with families, where there is need for specialist services or where other professionals would have an advantage in maintaining an ongoing relationship with the family.

It might be that a collaborative assessment or the actions that result from it do not resolve concerns about the well-being of the child. For example, a family might continue to resist any contact with professionals despite ongoing concerns or it might be that the changes a family decides to implement (such as having an aunt take care of a child on weekends) do not work well enough to allay concerns. Potential for this to occur is inherent to a collaborative approach, because workers would need to compromise on what they think was necessary. The family may initially want to try things that do not work or may refuse to contemplate changes that workers would see as the most realistic solution.

Once a collaborative approach has been exhausted without success, escalation to mandatory appraisal would place greater pressure on families to open themselves up to more formal assessment, which, in turn, would provide more authoritative judgements about the concerns that are held and how they might be resolved. As a consequence, families would also come under greater pressure to consider solutions to their problems that they might have previously resisted. Whereas significant changes, such as a child living with a relative, would always be possible at the bottom of the pyramid, mandatory appraisals would start to provide the impetus towards such solutions, possibly through family group conferencing, even where families were reluctant. It might be, for example, that a family group conference decides that the child needs to live primarily with the aunt, while the parents get assistance for their drug use and address the impact their drug habit has on their lives.

If there is ongoing suspicion that families are hiding abuse from workers, or previous failures to solve problems show that coercion is necessary to create change, then escalation to the top of the pyramid would involve a full *forensic investigation*, in which the focus would be on uncovering abuse and on gathering evidence for use in potential court cases. It might be that such investigations are conducted in conjunction with police or by specialised workers and would overtly use statutory powers to identify evidence of mistreatment and criminal offences. While this would represent the full force of the state being used against those parents who are believed to be dangerous and resistant to change, agencies would still need to be aware of changes in attitude or behaviour that indicated opportunities for dealing with these cases through less coercive means.

An important characteristic of this approach is the expectation that the family engagement pyramid should be applied to all cases except those extreme incidents in which emergency action is needed because of immediate concern for the safety of a child, where the initial response might have to be both coercive and forensically focused. In this respect, a model of responsive investigation represents a significant extension to notions of differential response (Schene, 2001; Loman and Siegel, 2005). Instead of screening cases into an 'alternative' process, the responsive approach would seek to deal with all cases by starting at the bottom of the engagement pyramid. Less reliance would be placed on pre-empting the appropriate approach prior to investigation and greater emphasis on making first contact and determining through the responsiveness of families the best way to proceed. The point of responsive regulation theory is that successful regulation requires ongoing flexibility in each case.

The aim of a responsive model is that the vast majority of current child protection cases are managed through collaborative assessment, which would endeavour to be non-threatening. It is not proposed, however, that child protection agencies abandon their role of intervening where children are at risk. Conducting a collaborative assessment does not imply that serious threats to a child should not be uncovered and addressed, that workers should ignore indications that things are not right or that they should not record case notes that could ultimately be used in a court case. At the top of the pyramid, use of police and specialist teams may in fact allow for a stronger and more precise response than the current approach in which significant resources are employed, providing a more intermediate level of response to all cases.

Conclusion

This paper asks why it is that child protection investigations, despite many reforms and considerable potential for responsiveness, are experienced as bureaucratic and antagonistic by a considerable number of parents. The

answer that this paper proposes is that investigations have become overly oriented around managing the compliance of families with assessment procedures. This focus has occurred for a number of historical and political (governance) reasons, as outlined in much greater depth by others (Parton, 1998; Scott and Swain, 2002; Melton, 2005). It is clear, though, that this shift in priority at the initial stages of engagement from the well-being of children and their families to assessment undermines broader attempts to engage with families and offers a less precise response to the needs of families. This paper argues that there needs to be a fundamental shift in the way that assessment is used in child protection. It needs to move from being a procedural step that is formalistically required of families and workers to being a flexible tool that can assist workers and families to engage with each other productively. While numerous reforms have tried to address problems in the interface between families and agencies, it seems likely that change will only occur if the fundamental process of child protection is changed. Displacing the reliance on investigation, with its dependence on assessment, with the more responsive notion of engagement would be a starting point.

Acknowledgements

This research is supported by an Australian Research Council Linkage Project LP0669230 with the ACT Department for Disability Housing and Community Services. I also want to thank the anonymous reviewers for their useful comments.

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Emancipation and Hope

By
JOHN BRAITHWAITE

This article concludes that the best way to trigger the reciprocal relationship between hope and emancipation is to innovate with institutions that jointly build hope and emancipation. Handouts to the poor without nurturing optimism to empower themselves to solve their own problems are not the solution. Neither is a psychologism that builds hope without concrete support and the flow of resources needed for structural change. Cognitive change in how people imagine a better world, micro-institutional change (illustrated here with the “Emancipation Conference”), and macro-structural change must be strategically integrated for emancipatory politics to be credible.

Keywords: hope; optimism; empowerment; restorative justice; child welfare

The structure of this article will be first to discuss how hope has ceased being the virtue it once was and how this may foster disengagement and depression in late-modern peoples rather than emancipation. The essay posits a recursive relationship between hope and emancipation as fundamental to explaining wealth and poverty in capitalist societies. Young people are especially at risk of never learning how to grasp hope through emancipation and emancipation through hope. The article goes on to describe the concrete Californian idea of an Emancipation Conference that applies restorative justice principles to future building for young people in difficult circumstances. These conferences involve an explicit methodological commitment to identifying strengths and building out from them, as opposed to solving problems in young people’s lives.

This strategy is then generalized in the idea of Youth Development Circles. It seeks to respond to what is conceived as the dual structural dilemma of human and social capital formation in contemporary economies. The first element of

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DOI: 10.1177/0002716203261741

the dilemma is that with children whose families lack endowments of human and social capital, we rely on state-funded education systems to compensate. Yet we quickly run up against limits in the capabilities of formal education bureaucracies to make up for deficits that, particularly in the case of social capital, are profoundly informal. More informal, flexibly networked compensatory institutions are needed for human and social capital formation, and this is the idea of the Youth Development Circle. We can be evidence based about experimenting with such ideas, learning by monitoring which micro interventions contribute to structural change (Dorf and Sabel 1998). A politics of emancipation (plans, resources for the poor, and concrete social support) recursively linked to a politics of hope—where hope happens through and with emancipation rather than before it and where emancipation also occurs through hope—may be a common element between the daily micro practice of Nelson Mandela (see Clifford Shearing and Michael Kempa's article in this volume) and the Californian Emancipation Conferences.

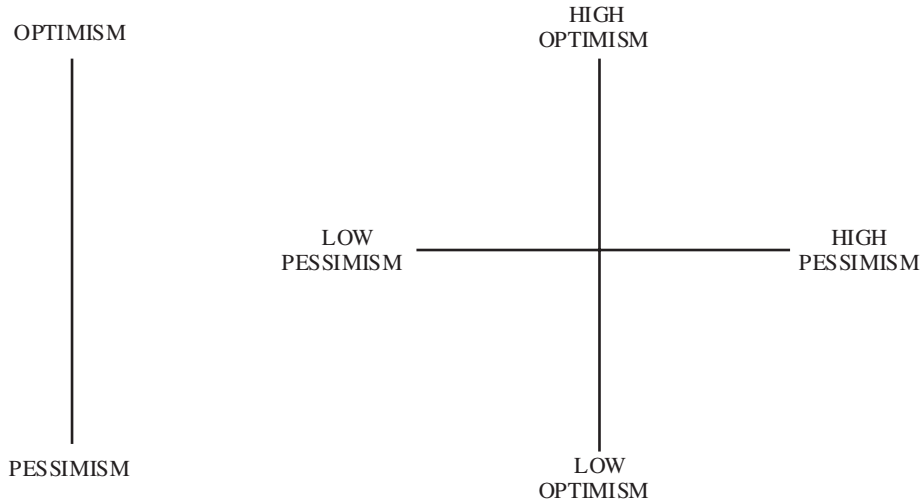
Hope Lost

I recall when our editor discovered hope as an important topic for the social sciences. We were traveling in Europe with our young children. One of the games we played was guessing which vices and virtues were represented in the sculptures and paintings of vice and virtue in medieval cathedrals and in other places where we found such art. We were all best at identifying gluttony. The one we persistently had most trouble with was hope. For citizens of the twenty-first century, hope hardly seems a virtue at all. Worldly wise cynicism and critique seem more plausible candidates than does hope as late-modern virtues. Therefore, as John Cartwright in his article in this volume points out, medieval legends of hope are perfect for parody, as in *Monty Python and the Holy Grail*.

Most people assume that optimism and pessimism are opposite poles of a single dimension. Psychological research suggests this is not the case (Fincham 2000; Garber 2000; Gillham 2000). The factors that reduce one do not necessarily increase the other. Some people experience a lot of optimism and pessimism in their lives, some little of either, others much more of one than the other. It seems that no strong negative correlation exists between optimism and pessimism as in the left side of Figure 1. The right side, where optimism and pessimism are independent dimensions of our experience, is closer to the truth.

It may be that moderns see hope as a vice because when forced to choose between hope and skepticism (which they read as realism), they would rather be realists and skeptics. But they are only on the horns of this dilemma because they falsely think of optimism-pessimism as bipolar. When we view optimism and pessimism as more orthogonal, we might decide that we want to be in the top-right-hand quadrant of the two-dimensional model in Figure 1. For example, if we are scholars, we are best to think our ideas brilliant when we push through our first draft; thinking our ideas are dull puts us at risk of writer's block. Yet if we persist with a rosy view when we rework subsequent drafts, we will not learn from critics

FIGURE 1
OPTIMISM-PESSIMISM AS BIPOLAR VERSUS INDEPENDENT DIMENSIONS



Bipolar Model

Two-Dimensional Model

who do us the kindness of reading the draft. When we write second drafts, we can try to cultivate pessimism just as assiduously as we cultivate optimism in the early stages of a project to prevent ourselves from killing ideas in the womb. Neither persistent optimists nor persistent pessimists make good scholars. However, in the scholarly practice of supervising doctoral students, I am convinced that the vice of persistent pessimism is the more common one. Writer's block born of hopelessness is the preeminent cause of collapsed doctoral projects. And the most common error of their supervisors is too high a ratio of critique to encouragement.

Indeed, it is a more generalized pathology of late-modern social science that the incentives in the academy for staying in the bottom-right-hand corner of the two-dimensional model in Figure 1 are too strong. Critique induces less vulnerability than creating something laid open to critique. When the construction site is abandoned because everyone works on the deconstruction site, we find ourselves surrounded by rubble. The good thing about the critique game is that it reveals to us the downside of innovative ideas. It allows us to be more systematic about cataloguing the costs of a new policy, for example. But playing "the believing game" (Tannen 1998) equally has the advantage of enabling us to be more systematic about exploring the benefits of a new policy. It is alternating between the believing

game and the critique game as an institutionalized practice of the academy that allows us to be most systematic about discovering all the positives and all the negatives about an idea. The want of hope to play the believing game in criminology was extreme in Robert Martinson's (1974) review of rehabilitation programs that (wrongly) concluded, "nothing works." Martinson's was the most influential article of the 1970s in this field. Sadly, he committed suicide soon after writing it.

There are, even in the academy, ways of institutionalizing hope—rewarding work on the construction site. The Nobel Prize is an example; you will not win one with a devastating critique. Martin Seligman (2000) is of the view that a social science of hope is a ways off because the academy is part of late-modern society and therefore part of the problem. He points out that in the last three decades of the twentieth century, 46,000 psychological articles were published on depression and only 400 on joy. Moving toward the topic of this article, racism, sexism, and ageism are more popular topics than emancipation. Seligman's plea is for a science of human strength and virtue to balance the science of social problems and vice.

Seligman deplores a world that sheds few tears for the death of Mother Teresa at the same time that it wallows in grief at the victimhood of a Princess Diana—bulimic, anorectic, suicidal, victimized by the infidelity and indifference of Prince Charles, blaming others for her victimhood as manifest in her brother's intemperate, admired speech at her funeral (Seligman 2000, 424-26). For Seligman, the fact that late moderns wallow in such a pessimistic focus of grief (or cannot see hope as a virtue depicted in medieval art) is part of what explains why the risk of depression in U.S. children increased at least tenfold during the past half century (Seligman 2000, 2002) and why youth suicide rates have increased sharply throughout most of the Western world. In addition to correlating negatively with depression, optimism correlates positively with happiness (Myers 2000). Here, the data are not as gloomy as with depression and suicide; after rising strongly in the United States until 1956, happiness has been edging down only slightly for the past half century (Layard 2003). Yet this is surprising given that the improvement in wealth, leisure time, and particularly in health has been extraordinary in this period of history.

Hope Solves Problems

Want of hope is implicated in our learning to be helpless in the face of adversity (Seligman 1975). Hope is not much use on its own. Satterfield (2000) argues that it is most adaptive when combined with integrative complexity, that is, the capacity to contemplate the complexity of problems, seeing them from multiple perspectives. One reason high-hope people overcome helplessness is that they more clearly conceptualize their goals than low-hope people (Snyder et al. 1991). They also cope more adaptively because they generate alternative paths to their goals, especially when the path they try first is blocked (Irving, Snyder, and Crowson 1998; Snyder et al. 1991). Most critically, from the perspective of integrating the critique and believing games, the psychologists tell us that optimists have a superior ability to attend to and elaborate negative information and to then use this information to

revise their coping strategies (Aspinwall and Brunhart 2000). Hope engenders more active coping, reduces denial, and prevents disengagement from stressful situations (Alloy, Abramson, and Chiara 2000). Paradoxically, for those obsessed with the virtues of pessimism for correcting errors, the adaptiveness engendered by hope means that optimists are actually quicker to disengage from unsolvable laboratory tasks (Janoff-Bulman and Brickman 1982). It follows from this that optimists need their pessimistic side. What seems to lead people to become depressive and helpless is not so much pessimism, which is contingently healthy, as “pessimistic rumination” (Satterfield 2000, 354-55), an inability to flip out of pessimism into optimism.

Learned helplessness, disengagement in the face of stress, failures of active coping, and failures of persistence are particularly prevalent among the poor and the oppressed. This is the first connection we make between emancipation and hope. Emancipation is about freeing people who are weakened by domination so they become strong. The strategy I seek to explain for enabling the emancipation of dominated people is to institutionalize spaces that cultivate and celebrate their strengths. Such spaces might recursively institutionalize hope and emancipation.

The Recursive Relationship between Hope and Emancipation

To many people, Nelson Mandela was the most inspiring leader of the twentieth century because of the extraordinary circumstances of his twenty-seven years of imprisonment in which he kept the flame of hope burning within his heart, kindling embers of hope in those around him. Clifford Shearing and Michael Kempa’s article in this volume reminds us of the form and significance of Mandela’s hope in emancipating the people of South Africa from apartheid. Hope in the face of overwhelming odds of oppression is a vital part of the makeup of the political vanguard for emancipation. Yet the mass of peoples under the yoke of long-term oppression experience the hope of the political vanguard only in very partial ways. For them, the political dynamic needed is more one of emancipation breeding hope than of hope breeding emancipation. This is the much longer running struggle that Mandela well understood and that South Africa still faces today—genuinely tackling the poverty of black people so they might have a sense of optimism about their future.

Both the hope \Rightarrow emancipation and the emancipation \Rightarrow hope dynamics are important in the politics of liberation, with the former being more important for the political vanguard, and the latter, for transforming the conditions of the masses. The antislavery movement of the eighteenth and nineteenth centuries instilled its activists, with the implausible hope that slavery could be overthrown. Finally, it was overthrown, or mostly was. Yet still in the twenty-first century within the nation that is the world’s economic powerhouse, large proportions of its former slaves remain in despair because of remorseless poverty. Drug abuse is one widespread

response to the hopelessness of long-term unemployment. Crime is another. While short-term unemployment has an equivocal relationship with crime, long-term unemployment is among its strongest predictors (Pratt, Braithwaite, and Cullen forthcoming). One reason for this is that short-term unemployment does not necessarily engender hopelessness—indeed it actually generates some benefits for crime prevention through improved guardianship of homes (Cohen and Felson 1979). But when unemployment persists, people eventually give up on their own futures and, more important for crime, on the futures of their children.

*Emancipation is about freeing people
who are weakened by domination
so they become strong.*

It follows that any society with an incomplete transformation from slavery to emancipation, apartheid to liberation, colonial oppression to independence, must invest in institutions that nurture the reciprocal building of emancipation from hope and hope from emancipation. What form might such institutions take? That is the question this article seeks to address. I will argue that institutions designed to confront long-term unemployment among the young, as well as educational disadvantage when it first sets in, are of particular importance.

The challenge of designing institutions that simultaneously engender emancipation and hope is addressed within the assumption of economic institutions that are fundamentally capitalist. This contemporary global context gives more force to the hope nexus because we know capitalism thrives on hope. When business confidence collapses, capitalist economies head for recession. This dependence on hope is of quite general import; business leaders must have hope for the future before they will build new factories; consumers need confidence before they will buy what the factories make; investors need confidence before they will buy shares in the company that builds the factory; bankers need confidence to lend money to build the factory; scientists need confidence to innovate with new technologies in the hope that a capitalist will come along and market their invention. Keynes's ([1936]1981) *General Theory of Employment, Interest and Money* lamented the theoretical neglect of "animal spirits" of hope ("spontaneous optimism rather than . . . mathematical expectation" (p. 161) in the discipline of economics, a neglect that continues to this day (see also Barbalet 1993).

None of this is to deny the point in Peter Drahos's contribution to this volume that public hope must be grounded in truth rather than falsity. To flourish, capitalism must *enculturate optimism*, an attitude that risk taking will pay off frequently

enough to justify taking risks. But equally, it must *institutionalize pessimism*. When optimism is enculturated, individuals are cognitively optimistic about economic success; when pessimism is institutionalized, the economy is transparent, so that optimistic claims about particular investments are subject to open public critique by analysts who are informed by accurate audited accounts. When the accounts are proven false, law enforcement is institutionalized. Enculturated optimism engenders a vibrant innovative economy; institutionalized pessimism brings about an economy where the choices concerning which innovations to back can be grounded in data of reasonable quality, or at least something better than mere spin. Institutionalized pessimism most critically requires a rigorous social science that tests the empirical speculations in articles like this about what works in emancipating people from poverty.

Given the nature of contemporary capitalist economies, hope is not only important at the commanding heights but also vital for any underclass that seeks to throw off the shackles that persist in holding it down (see Sasha Courville and Nicola Piper's article in this volume). Just as confidence is imperative on Wall Street, likewise a remote Australian Aboriginal community needs hope to invest their energy in building a modest tourism, fishing, or arts and crafts business that might lift them out of poverty. They need it to invest in an ever-growing number of years of education for their children if those children are to lift the next generation out of poverty. As they look back on generation after generation of their ancestors' persistent poverty, that hope to invest in education is hard to muster. Many Aboriginal people in Australia stick with the alternative cycle of hopelessness that bequeaths substance abuse and crime. This in turn begets imprisonment and suicide or release with a criminal record that renders an Aboriginal person even more unemployable: a criminal record increases unemployment—see Hagan (1993), Western and Beckett (1999), and Pager (2003). Is there an alternative to this cycle of hopelessness and immiseration? A cycle of hope and emancipation? The beginning of an alternative we can glimpse is the appropriately named “Emancipation Conference” in Santa Clara County (Silicon Valley) in California. Given the difficulty of enculturating hope in the cynical conditions of late modernity among those who are poor, alone, and vulnerable, the Emancipation Conference institutionalizes a special space to nurture hope.

We might say that the worry about capitalists with money to invest is to check their spontaneous optimism by institutionalizing the pessimism of audits and other devices to render transparent the manipulations of markets. The worry about welfare clients without money is that they are stigmatized by much spontaneous pessimism; this needs to be checked by institutionalizing optimism.

The Emancipation Conference

When in 2002 I attended a session of an American Humane Association meeting on Emancipation Conferences, I arrived with a misguidedly politicized interpretation of what emancipation meant in California. I learned that it meant release of

children from the supervision of the court in foster-care cases. As two black teenagers explained their experience of their emancipation, at first I was amused at my misunderstanding. These young black women were not speaking of emancipation in a sense that had any resonance with the emancipation of their forebears from slavery. They were simply being emancipated from foster care so they could set themselves up in their own apartment, freed from the supervision of foster parents. But then as they and the program administrators explained the Emancipation Conference, my interpretation of the phenomenon flipped back to a politicized reading of the conferences as indeed an emancipatory practice.

Here is how the conferences work. The young person basically sets the agenda, even deciding what food will be ordered—often pizza—empowerment that does not meet the tastes of all attending adults! Invitations to attend are issued to all the supporters nominated by the young person as those they would like to attend to support them and come up with practical strategies for their emancipation plan. Agenda setting occurs through the simple device of asking the young person to write down before the conference five goals they would like to set for themselves as they make their own way in the world. The conference facilitator “keeps the introduction simple”: “We’re here to find out what your goals are and see what we can do to help you achieve them.” Then the assembled stakeholders—foster families, natural parents, friends, welfare workers—move through an agenda of the goals that were set by the young person generally in advance of the actual meeting.

In advance of the conference, the young person has also been asked to nominate either five strengths they have or five things they want in a friend—what they would want a friend to be like. Discussion of these opens the conference and very often leads to the conclusion that some or all of the five virtues that the young person values in their friends count among their own strengths. Participants sitting in the conference circle are then asked to add their thoughts on the strengths of the young person. This is the strengths-based philosophy of Emancipation Conferences. We all have strengths—hope and commitment issue by building out from those strengths. Many kindred restorative-justice care and protection conferences for children have a strategy that combines the identification of both strengths and concerns: this would seem more consistent with being simultaneously optimistic and pessimistic as in the top-right quadrant of the two-dimensional model in Figure 1. However, when Santa Clara County experimented with an agenda of concerns as well as strengths to open the conference, it was found that adults in the circle focused too much on the concerns. Hence, a risk emerged that instead of building out from strengths, the conference would start by pathologizing young people who have already experienced too much of that in their short lives. The tendency in such cases is for problems to overwhelm strengths. If the young person identifies fixing a problem as one of his or her personal goals, fine, then it becomes part of the agenda. In practice, the conference is thus conceived as a strategy for preventing the encounter from sliding down from the top-right quadrant to the bottom-right (high pessimism, low optimism) quadrant of the two-dimensional model in Figure 1.

In training around these Californian conferencing programs, facilitators are sensitized to see strengths as well as concerns in the lives of vulnerable people. In one exercise, a picture of a family scene is presented to the training groups: it includes trash all over the floor, an unmonitored baby about to pull an iron down from an ironing board, and preadolescents drinking and eating pizza. Unsensitized neophytes like me find it hard to list many positives about the family that can be seen in the picture. We are obsessed with the obvious negatives. We find it a revelation when others point out that because the iron is on, there is electricity, and the family is probably paying its bills. The fact that the iron and ironing board are set up indicates some pride in appearance. The baby is recorded as looking well fed and healthy, the preadolescents are getting along well together, and so on.

Hope is not only important at the commanding heights but also vital for any underclass that seeks to throw off the shackles that persist in holding it down.

The point here is that in these Californian restorative-justice programs, an explicit methodological commitment exists both in training and in the conference process to being strengths-based. Some critics in the restorative-justice movement think that directing the conference to systematically catalogue strengths first involves too much domination of the structure of the agenda by the professional. If the stakeholders agree to focus on problems first instead of on strengths, then they should, on this view. So how do we read the stories that Californian and Oregonian conference facilitators tell of families insisting “we have no strengths” and then being pushed into a process that ends with a photograph of the family in front of a long list of strengths they have written up? We can read them positively as strength reinforcing or negatively as stories of agenda setting by professionals that is too directive, too disempowering of stakeholder process control. Ultimately, we can and should be evidence based about this. Cases can be randomly assigned to a strengths-based agenda versus conferences that are less process directive in this respect, to test whether participants feel more or less empowered under the two approaches. Moreover, such research can test the hypothesis that by building out from strengths, we actually solve more problems than by focusing directly on the problems.

After the strengths of the youth have been identified, the discussion in Emancipation Conferences then turns to how the strengths can be deployed to achieve the

youth's nominated goals. The participants identify the needs that require support from others. Next, they write emancipation options on sheets of paper. In light of all this, the young people then present their emancipation plans. Supporters in the circle discuss ways of strengthening the plans and offer support to realize them. Timelines are agreed upon and a follow-up conference is scheduled for thirty to ninety days in the future. A crucial element of the support network is the Independent Living Program of the County of Santa Clara. Its goal is articulated as the following: "To empower foster youth by providing them the skills necessary to transition to independence." A wide range of skills training is available through this program from budget management to Internet skills, preparing a resumé, safe sex, job interviewing, and avoiding traps in rental housing. A scholarships fund is also available to young people participating in the program, and an Emancipated Youth Stipend is available for use only on tuition, books, counseling, food, housing, car insurance, clothing for work, vocational training, items for children of the emancipated young people, and parenting skills. The networks of support from both other youth and adult specialists, combined with the emphasis on learning self-sufficiency skills, seemed impressive as a hope-building strategy. The best way to give a more concrete impression of how the conference unfolds is to give an example of an actual Emancipation Conference Summary. This can be found in the appendix.

In the literature distributed at the workshop I attended in California, it was explicitly stated that the purpose of the Emancipation Conference was to "provide the youth with hope, resources, and a plan. It empowers the youth to determine and set their own goals." These young people, who were often on probation, troubled by substance abuse, abused in their past, teenage mothers, and on a trajectory of intergenerational poverty, seemed inspired by Santa Clara County's attempt, as explained by the testimonials of young people who had experienced it, to secure hope through emancipation. While the feature of these conferences that I am finding attractive is the way the strength-based mobilizing of resources combines hope with emancipation, Victoria McGeer's article (this volume) might also provoke the thought that the empowerment features of restorative justice might avert the underdependence on self of "wishful hoppers," while its social support features might help avert the underdependence on others of "willful hoppers." McGeer's art of good hope is responsive hope—a way of hoping animated by care and interdependence. Responsive hope might be institutionalized by the creation of spaces where young people expect compassion, where care for the self is nurtured by experiencing care from others.

Emancipation for All Young People— Youth Development Circles

Stumbling into that California workshop at a restorative-justice conference, where I happened to be a speaker, was yet another confirmation of how unimpor-

tant we intellectuals are in the global social movement for restorative justice, where practice persistently proves to be ahead of theory. A year earlier, I had published in the *Oxford Review of Education* (Braithwaite 2001) a proposal for “Youth Development Circles” that included many of the concepts the Santa Clara Emancipation Conferences were already implementing! It is nevertheless of some value to rehearse the theoretical framework I brought to a proposal for this kind of innovation. It was that hope and emancipation in the knowledge economy increasingly depend on human capital (the skills of people) and social capital (skills in interacting with others including dispositions such as trust and trustworthiness). For children whose families lack endowments of human and social capital, we rely on state-funded education systems to compensate. Yet we quickly run up against the limits of the capabilities of formal education bureaucracies to make up for deficits that are profoundly informal (especially on the social capital side): (1) nuclear families are isolated from extended families, which used to compensate for deficits of nuclear families; and (2) formal education bureaucracies are too formal to compensate for the social aspects of deficits that thereby arise (Braithwaite 2001, 240). This was characterized as the dual structural dilemma of human/social capital formation in late modernity. It was proposed that a third institution beyond family and school—the Youth Development Circle—was needed to extricate us from the horns of this dilemma.

Implementation of this idea was envisaged as taking the following form. Twice a year from entry to high school at age twelve through to successful placement in a tertiary course or a job (modal age eighteen), the youth development facilitator (operating from an office in a high school) would convene a meeting of the young person’s community of care. This meeting would be called a Youth Development Circle and would replace standard parent-teacher interview evenings.

The circle would have core members and casual members. Core members would be asked up front to commit as an obligation of citizenship and care to try to attend all conferences until the young person is successfully placed in a tertiary course or a job and to continue to be there for him or her should the young person subsequently request a conference, slide into long-term unemployment, or get in trouble with the police or the courts. Core members would actually sign a contract to keep meeting and supporting the young person until that college or job placement was accomplished. Core members would normally include (1) parents or guardians; (2) brothers and sisters; (3) one grandparent selected by the young person; (4) one aunt, uncle, or cousin selected by the young person; (5) a “buddy,” an older child from the school selected by the young person; (6) a pastoral adult carer from the school selected by the young person (normally, but not necessarily, a teacher); and (7) a neighbor, sporting coach, parent of a friend, or any other adult member of the community selected by the youth. Casual members could include (1) current teachers of the young person, (2) current girlfriend or boyfriend, (3) closest friends nominated by the young person, (4) professionals brought in by the facilitator or parents (e.g., a drug counselor, an employer from an industry in which the young person would eventually like to work), and (5) the victim of an act of bullying or delinquency and victim supporters.

Rather like Emancipation Conferences, it was proposed that the conference would commence with the facilitator introducing new members and reading the youth's six-month and long-term life goals as defined by him or her at the last meeting (six months previous). The youth would then be invited to summarize how he or she had done with the six-month objectives and in what ways his or her life goals had changed over the past six months.

Youth Development Circles do not aspire to treat isolated individuals targeted because of their problems. . . . They seek to help young people develop in the context of their communities of care.

Normally, expert adults relevant to the six-month life goals would then be invited to comment (e.g., the math teacher on a math improvement goal; the school counselor on improving relationships). Members of the conference who had undertaken to provide agreed kinds of help toward those goals would be asked to report on whether they had managed to deliver it (e.g., an aunt reporting whether they had managed to get together for an hour a week to help with math homework).

In light of this discussion, the young person would be asked his or her thoughts on goals for the next six months and others would be invited to comment. Goals would be reset and a plan devised to meet them with nominated people to provide specific forms of support, as in the Emancipation Conference. Over the years, the emphasis on the conference would shift from educational and relationship challenges to the challenge of securing employment. With young people who were not doing well at school, special efforts would be made by the core members of the conference to bring in casual members who might be able to offer work experience, advice on skill training, and networking for job search.

Youth Development Circles do not aspire to treat isolated individuals targeted because of their problems (and thereby stigmatize them as individuals). They seek to help young people develop in the context of their communities of care. The help would not stigmatize as it would be provided universally to young people in a school, not just to the problem students. The young people themselves would be empowered with a lot of say over who those supporters would be. Like Emancipation Conferences, the aspiration was for a more holistic move to find something

better than seeking to solve educational problems by one-on-one encounters with the school counselor, drug problems by individual encounters with rehabilitation services, employment by one-on-one interviews at job placement services, or youth suicide by public funding of psychiatrists.

If Youth Development Circles get commitments from the people whom the young love and respect to meet and help regularly until they get a job or a college place, then not only is it plausible that more of them will actually qualify for those jobs and places, but they also might be more enriched by their education along the way and freer of problems like drug abuse that drain their hope. Being a beneficiary of emancipatory care and of cooperative problem solving when one is young may be the best way to learn to become compassionate democratic citizens who support the emancipation of others as adults. Such citizens who are creative in cooperative deliberation not only build strong democracies but also are able workforces that attract capital investment in the conditions of capitalist information economies (see Putnam 1993, 1995).

In good circles, hope would be nurtured by celebratory speeches around the circle about what the young person had accomplished toward his or her goals. The crucial skill of facilitators would be to elicit affirmation for accomplishment and offers of help (as opposed to criticism) when there was a failure of accomplishment. Hope would be sustained through the ritual interpretation of poor accomplishment as a communal failure to give young people the support they need. As in the best families, hope can be sustained through unconditional support and burden sharing. But hope is also sustained through emancipation into adulthood with a job, life skills, and social support that are the best safeguards against poverty. The Youth Development Circle proposal is for a more universal approach to the amalgam of hope promoting emancipation and emancipation promoting hope that we see in Santa Clara with foster-care cases.

Democratic Experimentalism for Hope and Emancipation

Such universalism would be an expensive new burden for a seemingly overburdened welfare state. Yet the *Oxford Review of Education* article argues (see also Braithwaite 2002) for an experimental evaluation strategy that would reveal whether the fiscal savings from dealing with reduced levels of crime, drug abuse, welfare dependency, and the like would in fact exceed the cost. Attempts are being made to launch pilot projects in the United Kingdom by Professor John Visser at the University of Birmingham and in the United States by Professor Gale Burford at the University of Vermont as first steps to such understanding.

Surely, it involves a total failure of policy imagination for us to persist firmly in the belief that long-term unemployment is an inevitable facet of capitalism and that evidence-based policy experimentation cannot deliver cost-effective ways of lifting people out of long-term unemployment. One radical but hardly implausible

possibility is a welfare state that invokes the contracted citizenship obligations of core Youth Development Circle members to reconvene a decade after they thought they had acquitted their responsibilities to a young person because in his or her late twenties that person has fallen into long-term unemployment. Youth Development Circles could never be a solution to long-term unemployment that befalls people late in life. But given that most of the roots of long-term unemployment are in the first decades of life, Youth Development Circles, if the experiments worked, might be no small partial solution.

The defeat of hopelessness and poverty also requires many more deeply structural solutions: a tax system that more effectively makes the rich pay their fair share of the burden of providing hope to the poor through access to quality education and health care; rooting out racism through effective regulation of discrimination and various other measures; at the global level, an International Monetary Fund that eschews doing the bidding of the business elites of rich states in favor of policies that strategically lift up the poor (Stiglitz 2002); an intellectual property order that does not rip off the poor in information economies where the monopolization of knowledge embeds wealth (Drahos, this volume); and more. As important as such macro-structural reform is, structural reform efforts will fail unless they are buttressed by a politics of hope. Obversely, as Peter Drahos (this volume) argues, a hope that is illusory or advanced only at the level of psychologism or slogans is crushing in its implications. The challenge is to forge institutions that marry hope to actual emancipation as Mandela partially did with institutions like the South African Truth and Reconciliation Commission. In a more micro way, the County of Santa Clara also mutually reinforces hope and emancipation through its Emancipation Conferences. Democratic experimentalism (Dorf and Sabel 1998) might progressively uncover a path to linking such micro accomplishments to more macro, more universal approaches to confronting the big threats to full citizenship (like long-term unemployment). Learning about possibilities for macro-societal transformations by monitoring micro collaborations is the hopeful message of democratic experimentalism.

Conclusion

In Peter Drahos's contribution to this volume, the dangers of private hope are revealed. It can be exploited by the commercially and politically cynical. The result is failure, disillusionment, and people in desperate circumstances who give up on their futures and the futures of their children. One remedy Drahos discusses is checking hope with reason and evidence: so that hope can be real because it is realistic. Emancipation Conferences accomplish this by the reality check of people who care about the future of the young person and who have relevant kinds of specialized expertise, discussing Emancipation Plans to make them realistically achievable. So young people with poor high school records who say they want to go to Harvard can be given realistic advice on where they might get admission to higher education and what further steps would be a possibility later if they did

extremely well. Three features of the hope-building strategy of Emancipation Conferences are a protection against the concerns voiced by Peter Drahos:

1. Hope building is embedded in conversational reality checking by bringing into the circle people with the relevant knowledge.
2. The target of hope building is not selected by a commercial or political predator upon that hope. Rather, it is the person whose hope is built who selects assistants in hope building by bringing them into the circle.
3. Hope is not built up as a purely psychological or motivational strategy. Rather it is built recursively with plans, social support, and resources for highly concrete forms of practical emancipation. It is an emancipation-hope strategy rather than a hope strategy.

Conferences with these three features might be a possibility in the emancipation of every child from the confinements of adolescence, just as it might be a possibility as an emancipation-hope strategy with every adult released from a real prison, be they a Nelson Mandela or a common thief. None of them can find emancipation from the constraints that confine them without hope; all of them are at risk of a downward spiral into deeper hopelessness when dreams are dashed for want of institutionalized planning of emancipation strategies that are realistic. That downward spiral continues to be the legacy of slavery in the United States, violence and racism against Aboriginal people in Australia, and apartheid in South Africa. Its preventability is redolent in Mandela's scheming with both his colleagues and his jailers on Robben Island. Emancipation Conferences are just one example of a strategy for jointly institutionalizing hope and emancipation. Yet its institutional elements and its training strategies are evocative. I hope that writing about it might inspire even more ambitious, evidence-based institutionalizations of belief and critique toward emancipation.

Appendix

Santa Clara County Emancipation Conference Summary

Youth's Name: Jane (not the real name)

Participants: List of 10 participants' names

PURPOSE: To develop an emancipation plan

YOUTH'S STRENGTHS

Jane is determined to finish high school
Jane is fun and she is sweet
Jane has most of her documents already
Jane is loyal and makes strong bonds with others
Jane enjoys the company of others
Jane is independent and able to do things on her own
Jane is creative
Jane takes initiative
Jane is caring and helpful
Jane makes others laugh
Jane is humble
Jane shares with others
Jane is trustworthy and is always there for her friends
Jane gets embarrassed easily
Jane encourages younger children and is a mentor for them
Jane is determined to get where she wants to be
Jane is not a follower
Jane has strong options
Jane has a big heart
Jane is dependable and is on time to appointments
Jane is motherly with small children
Jane is able to face difficult situations and is able to move forward
Jane is focused
Jane has courage
Jane is a fast learner and is good with Wicca
Jane is a good writer and artist
Jane is resourceful
Jane likes to do craft work
Jane likes to keep busy
Jane sews well

GOALS

Jane would like to either join the army or attend college
Jane wants to acquire a part-time job if in college
Jane would like to live with one or two of her friends
Jane wants to get a driver's license
Jane wants to live in Florida

YOUTH'S NEEDS

Jane needs the support of her family, friends, and Marisa
Jane needs a job in order to earn some money
Jane needs lots of love
Jane needs safe housing
Jane needs auto insurance and a car
Jane needs medical and dental insurance
Jane needs to get a bank/savings account and learn money management skills
Jane needs a phone, clothing, and transportation
Jane needs a high school diploma
Jane needs to study for the military testing (ASVAB)
Jane needs to continue getting mental health counseling

EMANCIPATION OPTIONS

HOUSING

Live with friend #1 or live with friend #2
Apply for transitional housing with Bill Wilson and/or Unity Care
Alum Rock housing locator
Shared housing
Army
Job Corps
Live with Marisa and her grandmother

SCHOOL

Job Corps
West Valley College
Graduate from high school—June 14, 2002
Financial aid application
Scholarships
Yes program with ILP participation
Army
Driver's training (behind the wheel)
ILP workshops

EMPLOYMENT

Army
Job hunting (Jane's own search)
ILP money management skills
Job Corps
Job Coach ILP
Career testing
Resume

MEDICAL/DENTAL

MediCal
Mom's insurance until 25 if a full-time student
Army
Job Corps

DOCUMENTS

California ID
Social Security card
Birth certificate
Insurance cards
Immunization records
Vision plan
Dental card

CIRCLE OF SUPPORT

Marisa
Mom
Sister
Jenny
Margie
Steve
Sara
Auntie
Veronica
Ron
Zina

Emancipation Plan

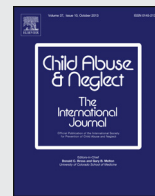
Things to Do	By Whom	Date to Be Completed
Housing		
Research Job Corps	Jenny, Jane, Sara	21 February 2002
Complete Transitional Housing applications	Jane, Mom, and Marisa; EMQ Team will follow up	19 February 2002
Research the cost of shared housing expenses with friend 1 and friend 2	Jane	15 February 2002
Education		
Apply for financial aid (FASFA)	Jane and Rachel	1 March 2002
Turn in application to West Valley College	Jane, through high school program	15 March 2002
Attend ILP Workshops	Jane	Start 2-25-02, ongoing
Driver's training	Jane and Rachel	After 16 classes
Study for the ASVAB (Air Force Test)	Jane and Steve	Start 2-22-02, ongoing every other weekend
Employment		
Job hunting	Jane	Start 02-16-02
Contact Sonja House (employment counselor)	Jane and Rachel	Last week in March
Medical and Dental		
Remain on Mom's insurance until the age of 25 as long as she is a full-time student	Jane and Mom	Start 02-16-02
Other options		
Apply for MediCal	Jane and Mom	As needed
Receive free medical care in Air Force or while in Job Corps		
Documents		
California Identification		Completed
Social Security Card		Completed
Birth Certificate		Completed
Insurance Card (medical)		Completed
Dental Card and Vision Plan	Mom to give to Jane	8 February 2002
Immunization records	Jane will obtain records from her high school	As needed
Circle of Support		
See above list	Jane	Ongoing and as needed
Follow-up Conference:	Jane and guests	End of March 2002

FACILITATOR'S COMMENTS:

It was a pleasure to facilitate this conference for Jane. We wish you much success on your plan, and we look forward to seeing all of you again in March. Thanks for all of your hard work.

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'Programs' Aren't Enough



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Child protection must become a part of everyday life

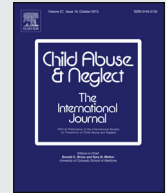
When administrators seek to improve human services, their inclination is to look for the most affordable available *program* (in the current Zeitgeist, prefaced by *evidence-based*). Similarly, a case-worker striving to develop a plan to enhance the safety and well-being of a child and family will typically make a referral to a particular *program* to accomplish that goal.

On the face of it, such an approach is reasonable. Both administrators and clinicians want access to services in a form that they can be easily purchased and audited, ideally for a predictable cost (preferably low) and term (preferably brief). In a fee-for-services environment (as is dominant in the United States), those criteria typically have been defined by *who* can deliver the service (e.g., a licensed psychologist), *where* it can be delivered (e.g., an office in a mental health clinic), and *how long* it takes (e.g., 50 min per session). In other systems, the criteria are apt functionally to be similar, as professional credentials combined with inclusion of a particular program on a list of acceptable professional services determines its availability.

Such criteria are usually easy to specify. Their presence is usually easy to record. Accordingly, at a basic level accountability is easy to maintain. Auditors can tell relatively easily whether the services for which invoices were prepared were actually delivered as billed.

However, such criteria are not necessarily related to effectiveness. No matter how well formal programs are packaged, they often have little logical relation to the needs and hopes of the children and families for whom they are intended. Similarly, the number of letters following a service provider's name may have little relation to the provider's responsiveness, expressions of concern, and skill in locating and using community assets effectively and efficiently. As I have discussed elsewhere, it is caring, not credentials, that counts.

Too often, however, child protection workers (and other human service professionals) overlook resources for children and families that are not delivered by salaried professionals in agency settings, that are not formalized as packaged programs or units of service, and that require no cash payment—that may even



be impossible to buy. Although I know of no research on point, it would be unsurprising to find that child protection workers are especially unlikely to rely on informal services, because they assume that volunteers are incapable of assisting families in which abuse or neglect has occurred. Harried workers may also find that a referral to a particular program (even if not well matched to a family's needs and desires) consumes less time and energy than does the development and implementation of an individualized plan that incorporates or even fully relies on informal resources.

The Advantages of Informal Services

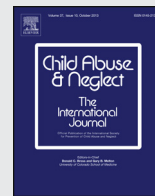
There are multiple reasons why informal services should be given greater attention. Perhaps the most obvious is *acceptability*. When help is blended into the ordinary settings and rhythms of community life, recipients need not be defined as clients, patients, or, worst, cases. In that context, the resulting services are likely to be perceived as neither stigmatizing nor demeaning. Instead, informal assistance is apt to be experienced as expectable humane assistance—the “natural” mannerly and kind response to the distress (or, conversely, the elation) of a friend, neighbor, co-worker, or relative. Optimally, help is perceived as *reciprocal*—one side of norms of *mutual assistance*.

Focusing on the importance of mutual assistance, Murray Levine, a distinguished professor emeritus at the University at Buffalo, has identified six factors important in the success of self-help groups. Most of these characteristics of self-help groups apply to informal services more generally. They are directly relevant to the need to end the isolation and self-degradation

that contribute to child abuse and neglect. First, such efforts foster a *sense of community* among people who are alienated or shunned. Second, the advice that comes from peers may form a *shared ideology* that provides a cognitive frame for troubling experiences or a cognitive correction for troublesome behavior. Third, there are opportunities for *confession and catharsis* in a setting that promotes self-acceptance and interpersonal trust. Fourth, mutual assistance by its nature provides *role models* for giving and receiving help. Fifth, in the same vein, self-help groups provide information from people who have “been there” about *coping skills* (e.g., maintaining energy in the face of depressing circumstances; managing frustration rather than lashing out). Sixth, self-help groups, like most other modes of informal assistance, offer direct avenues to expansion of *networks of social relations*. In short, informal services offer distinct and intrinsic advantages that are often less central to formal programs.

Another reason for emphasis on informal services is their *low cost*. As Francis Rush-ton and Colleen Kraft describe in this issue, there is the potential for substantial added value with few extra costs when informal family support is blended into “normal” (nearly universal) health services. For example, group well child visits to the pediatrician, family physician, or nurse practitioner permit much more professional time, anticipatory guidance, and peer support for each family without increasing the time commitment of the health professional. Even better, friends' looking out for each other typically does not require any cash transfer. From the perspective of the community, such mutual assistance is again added value, not an additional expense.

At the same time, reliance on informal services should not occur just because it is usually low-cost or even a positive contribution



to wealth in the community. Although a cash transfer is usually not required, such assistance is rarely truly “free.” The volunteer helper expends valuable time and sometimes contributes material wealth. In an age of alienation, isolation, and mistrust, professional time and expertise are often required to facilitate community or institutional change to make connections among people easier to develop and sustain.

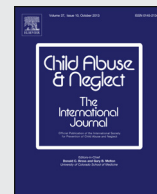
An ethic of mutual assistance may seem to be an unfair burden on communities that have long been in decline and thus apparently have been drained of resources. There is, of course, some truth to this argument. It should not be used as an excuse by the broader body politic to avoid investment of material resources in communities that appear beleaguered. (In this issue, Michael Wessells and Kathleen Kostelny discuss other ways that informal services can sometimes pose risks to communities, and James Spilbury and Jill Korbin elaborate this theme in relation to individual families.) Nonetheless, an asset-based approach relying on informal resources is an important indicator of respect for residents even in high-need communities.

Our experience in Strong Communities for Children, a community-wide initiative for primary prevention of child abuse and neglect, was illustrative. Although the neediest neighborhoods in the service area accounted for a small portion of the population, they were home to 40% of the volunteers, who contributed a comparable proportion of the volunteer hours. This involvement reflected a grassroots movement generated, for example, by local firefighters’ knocking on doors to encourage residents to attend neighborhood meetings and an outreach worker’s enlisting the cooperation and engagement of all of the churches in the community (approximately 40 congregations,

many of them housed in storefront facilities and lacking full-time staff).

Such efforts demonstrate substantial potential human capital and social capital to invest in enhancing children’s safety and families’ well-being, even in neighborhoods with quite limited financial resources. Because such human and social capital is available and accessible within the neighborhood and because their integration into efforts to support children and families requires little cash investment, the reliance on local informal services to assist particular families and the neighborhood as a whole is likely to be relatively easily *sustainable*. In that regard, the use primarily of local resources avoids the perception of noblesse oblige and thus contributes to acceptability of help.

Neighborhood-based informal services are likely to have spiraling positive effects in that they facilitate relationships and strengthen the community as a whole. These community effects go beyond the direct positive effects of neighbor-to-neighbor help. Informal assistance commonly stimulates what Frank Riessman and David Carroll called the *helping paradox*. The notion that the voluntary, unpaid giver of assistance receives more than the ostensible recipient is not merely a cliché. The giver receives pleasure not only from the experience of doing good and thus satisfying one’s conscience. Perhaps even more fundamentally, the giver experiences a sense of accomplishment, both directly (through the experience of materially improving the well-being of the recipient and her or his family) and indirectly (vicariously, through observation of the recipient’s achievements in promoting family well-being). Service—or as theologian Christine Pohl notes, *hospitality* (care for strangers)—is at the root of *efficacy*, which in turn fosters parental mental health and attentive care for children. Aggregated across a community, such experiences form



the foundation for a *culture of caring* that has special significance for prevention and treatment of child abuse and neglect.

As the U.S. Advisory Board on Child Abuse and Neglect recognized, to be effective, child protection must be a part of everyday life. This conclusion was derived from a review of effectiveness of services and commonsense analysis of the implications of epidemiological research. In high-income countries, neglect (usually not willful neglect) is clearly the biggest challenge in frequency, complexity, persistence, and probably difficulty of known cases of child maltreatment. Moreover, neglect cases comprise a growing proportion of child welfare caseloads. In countries with less developed formal child protection systems, this picture may not apply in relation to identified individual cases, because only the most severe situations may elicit a response. Surely, however, lack of fulfillment of children's basic needs is the biggest problem in the care of children in low- and middle-income countries and in impoverished areas of high-income countries—a conceptualization that is implicit in the array of problems addressed in this issue in the article by Wessells and Kostelny.

Hence, the situations of concern are relatively rarely discrete traumatic events. Rather, threats to children's personal security are commonly insidious processes in which families with limited means (often in communities with limited means) and multiple serious problems struggle for a long time to provide adequate care with little external support and often little hope. Amid sometimes overwhelming problems, friends' and relatives' "just showing up" is often a source of great comfort and practical assistance. In the worst situations, it also may be a means of informal social control that prevents harm to children. Ordinary "programs" are ill-suited to address these circumstances;

immediacy of help is an important advantage of informal services.

Culture Change in Strong Communities

Of course, a *culture change* may be necessary before such behavioral manifestations of the norm that "people shouldn't have to ask" occur naturally and expectably. In that regard, our Strong Communities initiative was designed to promote normative change in perceptions, beliefs, and behavior across whole communities—in effect, to change the local culture in order to ensure children's safety and well-being. This goal was the subject of the first paragraphs of the first 6-month progress report during the initiative:

Strong Communities for Children is an initiative about change. It's about changing the way that people think about child abuse and neglect. It's about changing people's understanding of this issue so that they will take personal responsibility for protecting all children in their community. It's about changing relationships so that people feel more connected and willing to watch out for each other. And it's about changing and strengthening communities and the institutions within them—the schools, the places of worship, the health clinics, the workplaces—to make it easier for all families with young children to rear their children.

Our vision is for every family and every child to be confident that someone will notice and someone will care whenever they have cause for joy, sorrow, or worry. In effect, the initiative is designed to give new strength to the application of the Golden



Rule in participating communities as they care for their youngest members.

It is not difficult to understand why such culture change is essential in ultimately addressing a global social and health problem that is both as common and often as pernicious as is child maltreatment. It is also a matter of common sense that discrete, usually single-factor programs will barely make a dent in addressing this problem. Thus, Strong Communities used outreach workers to bring its message as often as possible in as many ways and places as possible. Moreover, the outreach staff worked with community institutions to reform in ways that help was built in, because “people shouldn’t have to ask.”

Toward that end, we sought to make protective responses routinized and automatic. So for example, we tried to apply the ideas and strategies advocated by Rushton and Kraft so that having health care incorporating social support was universal; a referral was not required. Similarly, we sought to create new community settings—e.g., toy libraries—in ways that young parents and other people of goodwill who sought to be of help would routinely interact and, we hoped, that needs for assistance would be quickly recognized and addressed.

Ultimately, a culture change occurs when people so frequently experience a perspective and its behavioral manifestations, whether directly or vicariously, that their expectations change. (Consider, for example, the ways that beliefs, attitudes, and behaviors about smoking have changed in the United States and now many other countries.) Those expectations are crystallized in both *moral* (beliefs about what *should* happen) and *behavioral* (beliefs about what *will* happen) norms.

We strove, therefore, to re-shape community institutions—the settings of everyday life—so

that parents continually experienced norms of caring (attentiveness and neighborliness) and inclusion (universality of access to family support; mutuality of respect and caring). Such norms are at the root of a *sense of community*.

We also sought to build a *sense of efficacy* among young parents and those who might help them day to day. We hypothesized—and showed—that manifold and continuing efforts to build an ethic of mutual assistance on behalf of one’s own and one’s neighbor’s children would contribute to an individual and collective belief that action on behalf of families will be effective. Such a belief is grounded in observations that the community is a welcoming and supportive place and that positive things do happen for families in the community.

Over time, such perceptions translate into a moral norm: the belief that the possibility of effect action on behalf of families *should* be translated into practical action. Such a moral norm is accompanied by a behavioral norm: the beliefs that such practical activity *will* occur and that it is the thing to do, a norm that pervades life throughout the community. In such a context, parents not only naturally receive support, but they also have the energy to act on behalf of their own and others’ families. They expect to be rewarded, to feel a sense of accomplishment.

Such norms *can* be created and sustained. However, this outcome requires concerted action—a social movement, not a collection of narrowly conceived programs. To that end, the U.S. Advisory Board on Child Abuse and Neglect ended its report on the need for a neighborhood-based strategy for child protection by issuing a challenge to all adults “to resolve to be good neighbors—to know, watch, and support their neighbors’ children and to offer help when needed to their neighbors’ families.” With this gift to the



field by the editors of *Child Abuse & Neglect*, undertaken with the generous support of the Haruv Institute, we hope that child protection professionals will learn and apply new ways of building such systems of support at family, community, and societal levels.

About This Issue

The articles that follow provide an initial guide to the use of informal resources in prevention of child maltreatment and rehabilitation after it occurs—in effect, the assurance of fulfillment of children’s right to personal security. Toward that end, the contributors also address the important of informal assistance in building strong families in the context of caring communities.

Spilsbury and Korbin begin the issue by analyzing the nature of informal social support. Issue editor Jill McLeigh follows with discussion of ways that such ideas can be effectively applied in order to promote the safety and well-being of children and families.

Wessells and Kostelny describe *child friendly spaces*, an approach that has become a key element of child protection in the context of international humanitarian relief. This approach also has the potential for coalescence and enhancement of informal support for children in wealthier societies in which catastrophic conditions rarely occur. In particular, the principles underlying this model can be guideposts for community assistance to children whose personal security has been threatened or breached.

Finally, Rushton and Kraft illustrate ways that formal services (in this instance, pediatric well care) can be re-cast so that they generate and both directly and indirectly provide informal assistance. Peer support becomes a part of health care delivery, and this support potentially multiplies when it is carried into the community. Readers are encouraged to apply this general model in other community settings—schools, workplaces, religious organizations, civic clubs, and so forth.



Suggestions for Further Reading

- Hashima, P. Y., & Melton, G. B. (2008). I can conquer a mountain: Ordinary people who provide extraordinary community service. *Family and Community Health, 31*, 162–172.
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Blinded by neuroscience: social policy, the family and the infant brain

David Wastell and Sue White

Current social policy initiatives are promoting early intervention to improve the lives of disadvantaged children. Neuroscientific evidence is prominent in this discourse, creating the lustre of science, but too much has been taken on trust. In particular, the argument that the first three years are critical has created a now-or-never imperative to intervene before irreparable damage is done to the developing infant brain. A critique of current policy in the United Kingdom is provided here, drawing on counter-arguments from the policy discourse in the United States during the 'decade of the brain', updated with more recent research findings. Overall, we show that the infant brain is not readily susceptible to permanent and irreversible damage from psychosocial deprivation. Rather, plasticity and resilience seem to be the general rule. The co-option of neuroscience has medicalised policy discourse, silencing vital moral debate and pushing practice in the direction of standardised, targeted interventions rather than simpler forms of family and community support, which can yield more sustainable results.

Introduction

[B]abies are born with 25 per cent of their brains developed, and there is then a rapid period of development so that by the age of 3 their brains are 80 per cent developed. In that period, neglect, the wrong type of parenting and other adverse experiences can have a profound effect on how children are emotionally 'wired'. (Allen, 2011a: xiii)

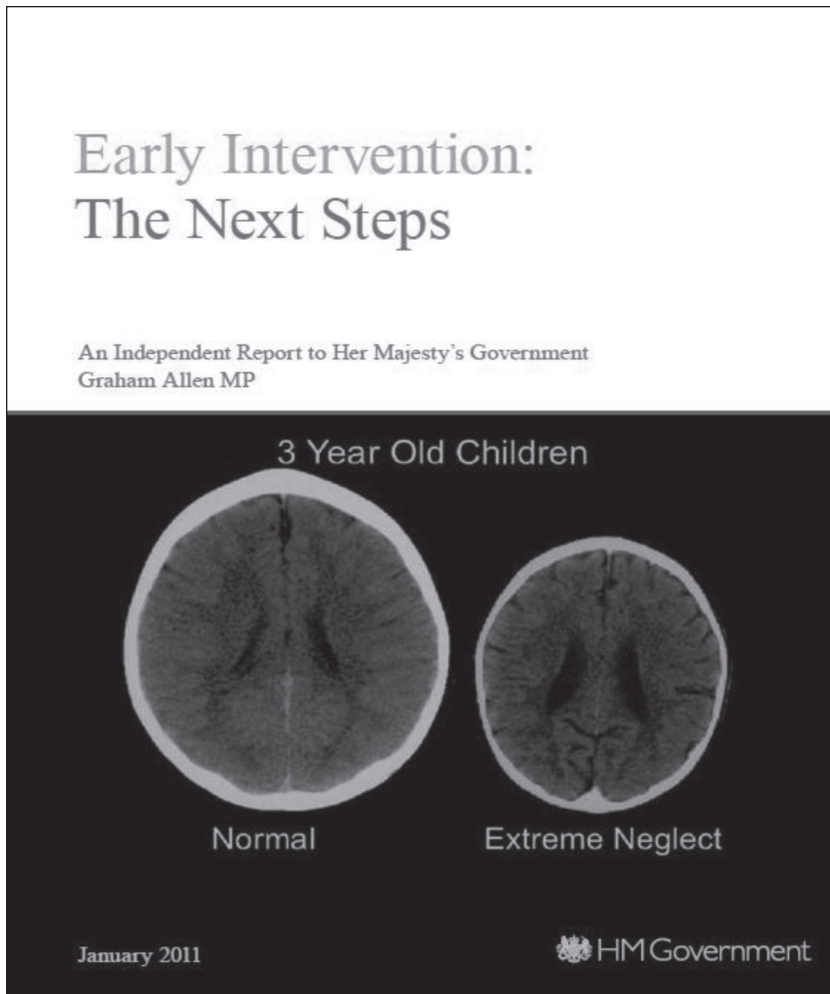
Social policy initiatives in the United Kingdom (UK) are currently promoting early intervention to improve the lives of disadvantaged children. The above epigraph is taken from the recently published report of Graham Allen, commissioned by the UK government in July 2010. Allen published his first report in January 2011; indeed, it was eagerly delivered 'ahead of time'. The neuroscience of the infant brain figures prominently; the brain is mentioned 59 times, and the cover carries dramatic images of an infant brain damaged by neglect (see Figure 1). Allen's second report retains the brain image on the cover, now joined by symbolic bars of gold emphasising the economic sense behind 'early intervention' (Allen, 2011b). Saliiently, the brain is not mentioned again; the case having been made, it is now simply a question of taking action. The report accordingly sets out various preferred ways to remedy the ills created by tardy intervention; privileged are a range of 'evidence-based', targeted programmes on 'parenting'. In its use of neuroscientific evidence to warrant claims

Key words neuroscience • early intervention • family policy • child welfare • resilience

about the irreversible vulnerabilities of early childhood, and the proper responses of the state, Allen's first report is not alone. The now-or-never imperative, based on neurodevelopmental evidence of lasting damage, features across the gamut of current social policy. It is invoked, in more restrained terms, in Munro's (2011) review of the child protection system in England and in the recent family justice review (Ministry of Justice, 2011).

There is much to commend a 'progressive' agenda of help for the most disadvantaged children, and offering this at the earliest juncture; we are also sympathetic to neuroscience and what it may offer. It is the desire neither to help vulnerable children nor to draw on the best scientific knowledge that is in question here. Rather, we argue that the neuroscientific claims supporting current policy initiatives have received

Figure 1: The front cover of the first Allen report



Source: Allen (2011a)

little critical commentary. They appear to be operating as powerful ‘trump cards’ in what is actually very contentious terrain, suppressing vital *moral* debate regarding the shape of state intervention in the lives of children and families.

In this article, we interrogate the nature of the scientific claims made in key documents and the ideological thrust of policy that they have engendered. We examine Allen’s first report in detail first, before developing a more general critique of what Tallis and others have dubbed *neuromania*: ‘the appeal to the brain, as revealed through the latest science, to explain our behaviour’ (Tallis, 2011: 5; Legrenzi and Umiltà, 2011). Bruer’s (1999) deconstruction of the ‘myth of the first three years’ will feature prominently in our argument, paving the way for a broader critical analysis of the ‘new’ brain science and its influence on policy. We contend that neuroscience is re-presenting an older ideological argument about the role of the state in family life in terms of a biologically privileged worldview. We suggest that there is a great deal of difference between ‘early intervention’ as defined in the Allen report and what Munro (2011: 69) refers to as ‘early help’, which includes a much wider range of family support activities. *Neuromania*, we conclude, is the latest of modernity’s juggernauts reifying human relations into ‘technical objects’ to be fixed by the state (Smith, 2002), which always ‘asks nothing better than to intervene’ (Ellul, 1964: 228).

Making the meme: ‘using our brains’

The neuroscientific strand of Allen’s (2011a) argument begins, as noted, with the imagery on the cover (Figure 1), and the case for early intervention quickly starts to take shape in Chapter 1. Paragraph 17 (p 6) prefigures the argument and its overwhelming ‘now or never’ urgency (emphasis added):

The early years are *far and away* the greatest period of growth in the human brain. It has been estimated that the connections or synapses in a baby’s brain grow 20-fold, from having perhaps 10 trillion at birth to 200 trillion at age 3.... The early years are a very sensitive period ... after which *the basic architecture is formed for life* ... it is not impossible for the brain to develop later, but it becomes significantly harder, particularly in terms of emotional capabilities, which *are largely set in the first 18 months of life*.

Chapter 2, ‘Using our brains’, is devoted to detailed elaboration of the neuroscientific evidence. Its epigraph reiterates the diminishing capacity of the brain ‘to adapt and change throughout life’. A footnote cites three journal papers, the titles of which are as follows: ‘Adaptive auditory plasticity in developing and adult animals’, ‘Cortical plasticity: from synapses to maps’ and ‘Experience-dependent plasticity in the adult visual cortex’. Given the burgeoning corpus of neuroscience research, this is a puzzling selection. All papers clearly relate to ‘plasticity’, two explicitly in the context of the *adult* brain. Such plasticity would seem to contradict the idea of a brain ‘formed for life’ (and this is what the neuroscience shows, as we shall see) but Allen presses on undeterred. Into the neuroscience warp is soon woven the web of attachment theory. The importance of secure attachment is invoked:

Children develop in an environment of relationships... From early infancy, they naturally reach out to create bonds, and they develop best when caring adults respond in warm, stimulating and consistent ways. This secure attachment with those close to them leads to the development of empathy, trust and well-being. (2011a: 13)

Predictive claims quickly follow regarding the long-term effects of such early attachment patterns, especially the beneficial effects of secure attachment and the dire impact of the failure to cement such bonds:

Recent research also shows insecure attachment is linked to a higher risk for a number of health conditions, including strokes, heart attacks ... people with secure attachment show more healthy behaviours such as taking exercise, not smoking, not using substances and alcohol, and driving at ordinary speed. (2011a: 15)

Two studies are cited as the basis for these ominous claims. But again the evidence cited is perplexing. These are not studies of children, but adults; both use 'attachment style' as a way of measuring the adult personality with self-report questionnaires. Neither study shows, nor purports to show, any link between early childhood experiences and problems later in life. In subsequent paragraphs, damaged emotionality and damaged brains are soon united, and the perpetrator of all this devastation is unflinchingly denounced. Parents are to blame:

Parents who are neglectful or who are drunk, drugged or violent, will have impaired capacity to provide this social and emotional stability, and will create the likelihood that adverse experiences might have a negative impact on their children's development ... the worst and deepest damage is done to children when their brains are being formed during their earliest months and years. (2011a: 15)

Blaming parents is nothing new in contemporary family policy (Furedi, 2001), although Allen adds a novel twist. Returning to the cover image, of the neglected brain, how else can the report be read, other than to show the damage done by irresponsible parenting: figuratively, you can see the images being jabbed in the feckless mother's face – look at what you're doing to your child!

What then of these images and their potent moral rhetoric? The report attributes them to the Child Trauma Academy (www.childtrauma.org), a child advocacy organisation run by Bruce Perry. A reference is given to an article by Perry (2002) published in *Brain and Mind*, a 'Transdisciplinary Journal of Neuroscience and Neurophilosophy' with questionable credentials.¹ The critical section of the paper (p 92) is less than a page long, with but the sketchiest of methodological detail; no clinical histories are given. Two main groups of cases are distinguished: children suffering from 'global neglect' (minimal exposure to language, touch *and* social interaction) and children suffering from 'chaotic neglect' (the sort of neglect routinely encountered

in UK services). Measuring head size as a proxy for brain size, Perry's main result was that the head sizes for the globally neglected children were extremely abnormal, whereas those suffering from chaotic neglect were within the normal range. Brain imagery then takes its bow:

Furthermore in cases where MRI [magnetic resonance imaging] or CT [computerised tomography] scans were available, neuroradiologists interpreted 11 of 17 scans as abnormal from the children with global neglect (64.7%) and only 3 of 26 scans as abnormal from the children with chaotic neglect (11.5%). The majority of the readings were 'enlarged ventricles' or 'cortical atrophy' (see Figure 1). (Perry, 2002: 92)

Figure 1 is none other than the cover image of Allen's report. Without details of the case history for the neglected child, such an image is meaningless; perhaps the child was the subject of massive birth trauma, or some congenital condition. We simply do not know. Returning to Allen's report, the following excerpt summarises the final step of his neurobiological argument:

Different parts of the brain develop in different sensitive windows of time. The estimated prime window for emotional development is up to 18 months, by which time the foundation of this has been shaped by the way in which the prime carer interacts with the child. . . . Infants of severely depressed mothers show reduced left lobe activity (associated with being happy, joyful and interested) and increased right lobe activity (associated with negative feelings).

If the predominant early experience is fear and stress, the neurochemical responses to those experiences become the primary architects of the brain. Trauma elevates stress hormones, such as cortisol. One result is significantly fewer synapses. Specialists viewing CAT scans of the brains of abused or neglected children have likened the experience to looking at a black hole. In extreme cases the brains of abused children are significantly smaller than the norm. (Allen, 2011a: 16)

Those damaged brains again. For the claim of lasting damage from fear, stress and trauma, Allen cites no specific scientific support. A significant body of work does, however, exist on the possible damage caused by post-traumatic stress disorder, reviewed by Wang and Xiao (2010). Although there is evidence of reduced volume in one brainstem structure (the hippocampus), the seminal research involves war veterans, not children; follow-up studies have not shown lasting hippocampal damage, and the scant imaging research on children has failed to find such impact. A recent authoritative review (McCrory et al, 2012) comes to much the same conclusion regarding the hippocampus, and another much-mentioned brainstem structure, the amygdala; only under conditions of prolonged rearing in orphanages is diminished brain size evident (see below).

Digging into the specific (frontal) lobe evidence invoked by Allen, he cites a paper by Dawson et al (1994), which reviews psychophysiological studies of the children

of depressed mothers. Dawson's evidence, however, actually goes in the opposite direction to that claimed in the Allen report. Referring to a study on the reactions of children when mothers left the room: 'the infants of symptomatic mothers exhibited an unexpected pattern of greater left than right activation during the maternal separation condition' (Dawson et al, 1994: 772). More 'positive' emotion it would seem. In truth, there is a vast gallimaufry of neuroscience research, but little settled knowledge. Evidence for policy making does not simply repose in journals 'ready to be harvested' (Greenhalgh and Russell, 2006: 36). Rather, it is 'rhetorically constructed on the social stage so as to achieve particular ends' (Greenhalgh and Russell, 2006: 37). This seems an apt enough description of Allen's modus operandi. Although 'journal science' is invoked, he seems not much interested in what it actually says. This is 'prejudice masquerading as research' (Furedi, 2001: 155), of science being enrolled to legitimate an a priori ideological position favouring a larger arena for public intervention in the lives of families.

The myth of the first three years

I, George Bush, President of the United States of America, do hereby proclaim the decade beginning January 1, 1990, as the Decade of the Brain. I call upon all public officials and the people of the United States to observe that decade with appropriate programs, ceremonies, and activities. (George Bush, Presidential Proclamation 6158, July 17th, 1990, <http://www.loc.gov/loc/brain/proclaim.html>)

In child welfare policy, as in many other areas, the UK has been led by prior developments in the United States (US). In the 'Decade of the Brain', US education policy was strongly influenced by neuroscience, in particular the idea that the first three years of a child's life are critical. In a withering critique, Bruer (1999) traces these policy developments, showing how they were shaped by the early intervention campaign groups and their misuse of science. Bruer charts a slew of programmes in education, welfare and healthcare, highlighting their neurodevelopmental foundations: 'The findings of the new brain science have become accepted facts, no longer in need of explanation or justification, to support childcare initiatives' (1999: 61).

In this section, we draw on Bruer's deconstruction, updating and developing various points. Bruer identifies three neuroscience strands running through the policy discourse:

- the early years represent a period of 'biological exuberance' in brain development, characterised by an explosive growth in synaptic connectivity;
- this constitutes a once-and-for-all 'critical period';
- more stimulating environments can boost 'brain power'.

Woven together, these strands created a potent neurobiological meme, but Bruer argues that the critical importance of the first three years is a myth: it is powerful because

it promises to solve so many social problems, but it is based on oversimplification and misinterpretation.

Let us now follow Bruer's argument. First, the synaptic strand. What does the scientific record actually say? The picture is not straightforward. Counting synapses is a technically tricky and expensive business, involving the laborious analysis of tissue specimens. It is unsurprising that there are very few such studies, and these involve mainly cats and monkeys. Initial synaptic exuberance in the early years is only part of the story. There is a second stage in which the number of synapses reaches a plateau, followed by synaptic pruning in which densities decline to adult levels. The time-course also varies by brain area. The argument that there is a simple, proven connection between brain power and synaptic profusion is not sustainable. It is abundantly clear that more synapses does not mean greater intellectual prowess in any simple way. Indeed, just at the point in adolescence when humans begin to master increasingly complex bodies of knowledge, their synapses are undergoing mass elimination.

The other elements of the myth do not stand much stress testing either. The second strand of the myth is the idea that there are critical periods (or sensitive periods as they are now known) in the brain's development. Here the iconic neuroscience is that of the Nobel Prize winners, Hubel and Weisel, on the visual cortex of cats, which showed that kittens deprived of input in one eye remained permanently blind in that eye. This is evocative stuff: the image of 'blind little kittens pathetically groping for a ball of yarn' really does 'ratchet up the guilt' (Bruer, 1999: 102–3). Again, all is not what it seems: what is actually happening is not so much loss of capability for the deprived eye, but the annexing of this surplus capacity by the functioning one. Tellingly, when both eyes are closed at birth, experiments have shown no permanent damage. So, what the neuroscience actually shows is a highly plastic and adaptable brain. Bruer goes on to reinforce this through research on language acquisition, where critical periods are the exception; given the capacity of the human for lifelong learning why, he asks, would anyone want to construct critical periods as the norm?

Research on sensory deprivation in animals is often invoked to bolster the myth, and attachment theory is also recruited in this context, as in Allen's report. However, the evidence at the time of Bruer's book fails to demonstrate any causal connection between secure attachment and specific parental behaviours, or that attachment patterns, once formed, are stable and set forever. Reliable predictions can be made only in *situations where childrearing conditions have remained the same*. Recent attachment research supports this position. Levendosky et al (2011) looked at the impact of domestic violence and income on attachment patterns at ages one and four. The study concluded that attachment was unstable for 56% of the sample, and that positive changes in attachment were related to lower domestic violence or rising income, and vice versa.

The third neurobiological strand of the myth is succinctly encapsulated in the following quote from a key pamphlet cited by Bruer (1999: 144): 'Early experiences can have a dramatic effect on this brain wiring process, causing the final number of synapses in the brain to increase or decrease by as much as 25 percent.' The canonical neuroscience supporting this is that of Greenough and colleagues (see Bruer 1999: 145–52) who studied the effect of three types of environment on rat brain development:

the rat in a small cage by itself (isolated), in a larger cage with companions (social) and in a larger enclosure with obstacles, toys etc (complex). Examining the brains of rats raised for 30 days post-weaning in these environments, roughly 20–25% more synapses were found in the visual cortex of the ‘complex rats’. So far so good for the myth, but let us look closer. Yes, there were more synapses for the ‘complex rats’; however, the difference was much less for non-sensory areas of the brain, the frontal lobes in particular, which are supposedly associated with higher cognitive functions. Bruer also notes that the weanlings were the equivalent of 50 days old after their period of deprivation, well into advanced childhood in human terms. The conditions experienced by the rats were also somewhat extreme compared to their life in the wild, even in the complex condition. Reading ‘Palo Alto’ for complex and ‘South Bronx’ for isolated is totally absurd, quips Bruer (1999: 146). Further experiments showed that increases in dendritic density as a result of ‘enriched experience’ can be shown at any age: adult rats raised in ‘deprived’ conditions and then placed in a complex environment at 120 days had the same synaptic density as the weanlings of the earlier studies.

Bruer moves on to consider the impact of early intervention programmes for children. In the myth literature of the time, two programmes stood out: the North Carolina Abecedarian Project and Infant Health and Development programme, a national study. The first of these was targeted at 100 high-risk, low-income families and children were divided into two main groups: an ‘untreated control group’ and the intervention group, who received intensive support from four months old until they entered school five years later, and continued thereafter. Early in the evaluation, IQ differences of between 10 and 18 points were observed between the two main groups, but these rapidly diminished over time; by the age of 15 the advantage was 4.6 points, and this despite an eight-year programme of tailored, intensive support. Similarly equivocal results derived from the Infant Health and Development programme. But even had these schemes proved effective, intrinsically they provide no clear-cut answers regarding the importance of the first three years. Duration, timing and programme content are inextricably confounded in their implementation; it is impossible to know which was critical.

Bruer’s polemical deconstruction of the myth provoked a reaction from its votaries. While conceding that his critique ‘won the plaudits of influential critics ... mak[ing] many valid points’, Stien and Kendall (2004: 2009) seek to dismiss his argument on grounds of motive, as springing from ‘the desire to please parents and appease guilt feelings’. More authoritatively, Rutter (2002: 13) has taken a different view. In his presidential address to the Society for Research on Child Development, he inveighs against the ‘evangelism’ behind claims that ‘early years determine brain development’. He goes on, explicitly invoking Bruer: ‘As several commentators have pointed out, the claims are misleading and fallacious ... the assumption that later experiences necessarily have only minor effects is clearly wrong’ (Rutter, 2002: 13).

We conclude this section with a necessarily brief and selective overview of ‘post-Bruer’ developments on the effectiveness of early years intervention, first in the US and then in the UK. These programmes range from educationally focused interventions, dominant in the US, to more family-based, social interventions in the UK, such as

Sure Start. These programmes share an orientation to early years as a critical period. In 2000, an impressively rigorous and nuanced report of the National Research Council and Institute of Medicine was published, entitled *Neurons to neighbourhoods* (Shonkoff and Phillips, 2000). It stated: 'Taken together, the follow-up literature provides abundant evidence of intervention-control group differences in academic achievement during middle childhood' (2000: 351) but 'for children at risk because of low socioeconomic status, *the short term benefits of higher IQ scores typically fade out during the middle childhood years*' (2000: 378, emphasis added). Although striking a generally positive tone, the report acknowledged the deficiencies of the knowledge base, including the publication bias against null results and the inattention to 'the much larger number of measured outcomes that demonstrate no program-control differences' (2000: 351). It also noted the failure to find consistent or distinctive benefits associated with a particular type of intervention, and lamented the limited data regarding cost-benefit trade-offs. There was also a mark-worthy acknowledgement that life may not be quite as simple as the early interventionists like to think: 'the premature initiation of services may lead in some circumstances to inappropriate labeling or the removal of children from typical experiences, thereby reducing the possibility of self-righting corrections or compensatory growth spurts' (2000: 364).

Moving forward, we consider the results of more recent evaluations. In January 2010, the final report of the 'Head Start Impact Study' (one of the longest-running programmes to address systemic poverty in the US) was published. While there was evidence of 'a positive impact on children's preschool experiences' (US Department of Health and Human Services, 2010: xvi), the picture that emerged was again one of transient benefits: 'However, the benefits of access to Head Start at age four are largely absent by 1st grade for the program population as a whole. For 3-year-olds, there are few sustained benefits, although access to the program may lead to improved parent-child relationships through 1st grade (US Department of Health and Human Services, 2010: xxxviii).

Back on this side of the pond, how does the evidence stand? A recent evaluation of the benefits of early years education concluded that 'large sample results indicate that on average attending early-years education had no impact on any of our outcome measures' (Hopkin et al, 2010: 47). The results showed some gains for disadvantaged groups, but the effects did not achieve statistical significance. And what of Sure Start? The most recent evaluation (Meadows, 2011) found that local programmes cost £4,860 per child but delivered quantifiable economic benefits less than 10% of this figure; so, no 'gold bars' here. The report speaks of the 'potential to generate economic benefits in the future' (2011: 1), but potential is hardly actual. Crucially, *families* do appear to have gained, but to find these benefits we need to look, not at the intracranial spaces of the infant brain, but at the child within the relational ecology of the family. Evaluation of family support activities within Sure Start revealed here-and-now benefits in 'coping' and 'caring' (eg, Tunstall et al, 2005; Featherstone et al; 2007; Frost and Parton, 2009), but such results provide neither evidence that irreversible brain damage has been prevented, nor evidence that the first three years are critical in terms of neural development, nor do they purport to do so.

The brain seduction

Developmental neuroscience is an intoxicating ingredient in contemporary UK policy. Here, we dwell on this enchantment, aiming to break its spell. In a recent paper on the persuasive power of brain images (Ramani, 2009), several studies are described; that by McCabe and Castel (2007) is particularly notable. Undergraduates were asked to evaluate some fictitious and highly implausible news articles on brain research. The evidence presented included no image, a brain image or a bar graph depicting the critical results. When asked to rate the credibility of the reports, those including brain images were rated consistently higher than those without. Brain images ‘shout science’ (Poerksen, 1995); they are ‘a fast acting solvent of critical faculties’ (Tallis, 2011: 280). This is especially so for those produced by functional MRI scans, which display a topography set out in colour schemes like real-world maps, thereby greatly adding to their verisimilitude. That such images are the result of very complex processing and dependent on a technology that is unimaginably sophisticated, and yet crude in terms of what it tells us about the brain, is quite invisible to the enchanted viewer. The images are more real than reality itself, hyper-real indeed (Baudrillard, 1994).

So potent is the spell cast by the images, the limitations of the experiments are dissolved away. But the crudeness is often risible and is lampooned by Tallis, who gives several examples, including a study on ‘the neural basis of unconditional love’:

Care assistants were invited to look at pictures of people with intellectual difficulties first neutrally then with a feeling of unconditional love. By subtracting the brain activity seen in the first situation from that seen in the second, the authors pinned down the neural network housing unconditional love. (Tallis, 2011: 74)

The paper reels off the following brain regions as making up this network: ‘the middle insula, superior parietal lobe, right periaqueductal gray, right globus pallidus (medial), right caudate nucleus (dorsal head)...’ (Beauregard, 2009: 93). The list of Latinate names suggests real knowledge, but this is kitsch science (Lugg, 1999). The underlying logic of ‘cognitive subtraction’ (Legrenzi and Umiltà, 2011) depends on the simplistic assumption that there is some discrete psychological quality (of unconditional love, as opposed to other kinds of love) that can be independently isolated by subtracting one mental state from another. Equally untenably, it relies on the a priori assumption that brain states can be decomposed similarly into atomic elements, which also combine additively and correspond one to one with psychological states.

Brain scans embody the idea that different parts of the brain do different things. Naturally, we believe this must be so, after all this is a characteristic of all the complex technologies devised by man. The idea has a long history, going back to Broca who in 1861 described a patient with a cerebral lesion who could only say ‘tan’. The post-mortem located the lesion in the left frontal lobe and since then it has been a ‘known fact’ (Legrenzi and Umiltà, 2011: 3) that this region is responsible for speech production. Broca thus established the principles on which modern neuroscience relies, that the brain can be divided into different areas with different functions, which

are independent of each other and can be isolated. But how valid is this foundational notion? Let us take the neuroscience of violence as our example, as it is particularly relevant to contemporary social policy. Two brain areas are constantly invoked: the frontal lobes and the amygdala. But as Pustilnik (2009) notes, research studies have shown the frontal lobes to be involved in every conceivable cognitive process: general intelligence, problem solving, executive control, attention, decision making, semantic memory, perceptual analysis and self-awareness. Regarding the amygdala, Pustilnik observes that '[n]umerous respected brain researchers question the localisation of fear to the amygdala ... because the amygdala can be activated by many events that have no relation to fear' (2009: 221). If the subject is shown a picture of scrambled eggs in an experiment to identify playing cards: 'Your amygdala will light up. This is not because the subject is afraid of scrambled eggs but because the picture is unexpected' (2009: 221).

Pustilnik is right to be sceptical. The alacrity with which neuroscientists have employed brain imaging has led to a torrent of claims, which play easily with a credulous public. Tallis (2011: 75) mocks such claims: 'They seem like brochures from the Grand Academy of Lagado in Gulliver's Travels ... as manifestations of neo-phrenology'. The term *neophrenology* is an apt one; it was coined by the neuroscientist William Uttal. Uttal is a longstanding critic of attempts to use technologies to understand the brain, which perforce give only a crude, macro-level map of its activity. Functional brain imaging is like trying to understand how a complex organisation works by measuring the electricity usage in different rooms; this would tell us something about how activity is distributed and its variation over time – it would say nothing about the actual nature of the work done. Uttal (2011) identifies two insuperable difficulties for the neuroscience project of explaining psychological processes in terms of brain activity. First, that psychological processes are not modular, that is, they cannot be decomposed into constituent elements (ie violence does not exist on its own as an independent psychological component); nor indeed can brain activity: 'Brain activity associated with mental activity is broadly distributed on and in the brain. The idea of phrenological localisation must be rejected and replaced with a theory of broadly distributed neural systems accounting for our mental activity (2011: 18). So, despite all its 'sound and fury', the reductionist project of the neophrenologist is doomed; there are no discrete modules, at either level, mind or brain. Uttal (2011) also uses violence to illustrate his argument about the distributed nature of brain activity, drawing on a review of 17 brain imaging studies of aggression. Thirty-three different brain regions were identified in this work, only one of which was mentioned more than twice. To the question, which brain regions subserve violence, it is impossible to disagree with Uttal's answer: 'Pretty much the whole brain' (2011: 173).

It should now be clear that neuroscientific knowledge is at an early and provisional stage. As Bruer (1999: 98) avers, after more than a century of research we are still 'closer to the beginning than the end of this quest'. This point was reinforced recently by Belsky and de Haan (2011: 409–10): although the brain 'packs a punch' for policy makers, they conclude that 'the study of parenting and brain development is not even yet in its infancy; it would be more appropriate to conclude that it is still in the embryonic stage'. Neuroscientists may know the limitations of their research, but

such caveats are not what politicians and proselytisers wish to hear; neuroscience has not only blinded the kittens.

Moral judgements, child welfare and biology: old wine in new bottles?

Modernity has already hijacked many moral issues – abortion, death, reproduction, intimate relationships, poverty, oppression, parenting – and translated them into ethical codes that are not designed for moral debate but for public consumption ... once citizens cede their moral responsibility to the state, they accept regulation in place of moral choice. (Smith, 2002: 19)

The idea that moral defects have a medico-biological cause, the ‘medicalisation of morality’, goes back to Victorian times (Rimke and Hunt, 2002). It incorporates the idea that parents pass on such defects, that they are ‘antisocial upshots of a process of degeneration in their descent’ (Rimke and Hunt, 2011: 77). An article in the *British Medical Journal* in 1857 opined that ‘[i]t is a long known fact that drunkards have idiot children in a far larger proportion than sober people ... drunken parents cannot transmit a healthy organization to their descendants’ (Rimke and Hunt, 2011: 78). Such sentiments are not much different from those of contemporary policy, although the language is softened and medicalised by neuroscience. Seen in this light, the present argument for early intervention is part of a longer-term project of moral regulation.

The critical period is the cornerstone of this project. The biological factuality of such periods may be debatable; that some people believe they exist is certainly a fact. Kagan (1998) writes of the three ‘seductive ideas’ that inform the (neuro) developmental belief system. The idea that the first couple of years determine the rest of life is the foundational one. For the ‘infant determinists’, development is seen as ‘analogous to building a house’, and indeed the house metaphor is ubiquitous in their writings (Allen, 2011a: 14; Fox et al, 2010: 29). Despite all contrary evidence, such determinism exerts a powerful lure. As counter-evidence, Kagan (1998) gives the example of war orphans who, after several years of adoption, had achieved an intellectual profile similar to the average child. The widely cited study of English–Romanian adoptees reported its most recent follow-up in 2010 (Rutter et al, 2010). Again, the evidence is of remarkable plasticity and resilience, *especially of the brain*. Despite severe initial impairment resulting from extreme deprivation in orphanages, children showed a pattern of substantial cognitive recovery, still continuing in their mid-teens; and those with the worst deficits showed the greatest catch-up. Less well known are the results for the study’s various control groups. Children coming from a ‘severely deprived background but who had not experienced institutional care’ (2010: 212) did not differ from English adoptees. The deficits thus reflect some unique feature of the desperate conditions in the orphanages; they are not the inevitable sequelae of neglect in general. Even more saliently, orphans who experienced institutional deprivation for the first six months only showed no appreciable ill-effects. Evangelists

of early interventionists are in danger of being hoist by their own petard; if the damaged brain were to become the criterion for action, would intervention ever be justified?

Infant determinism is a powerful, totalising worldview. To experience its thrill, let us look at a recent review article, which constitutes something of a manifesto for the cause (Fox et al, 2010). The usual research on critical periods is invoked, and although the result we quoted regarding the occlusion of both eyes is mentioned, the obvious conclusion is not drawn. When plasticity is finally acknowledged, it is tellingly described (in a study of pups) as follows: 'Placement of deprived pups into an "enriched care" environment resulted in aptitude similar to high-care pups; however, hippocampal volume did not change, suggesting that plastic mechanisms form typical behaviour *despite lasting structural deficits* (2010: 36, emphasis added). Those who espouse the fixity of the brain show noteworthy fixity themselves, seemingly trapped in the incorrigible grip of their belief system. The pups are still irreparably damaged, even though they are not; their brains show it! In the final paragraphs there are signs of epiphany: 'Those working in the field of intervention' are exhorted to 'take stock of what is now known about neural plasticity' (2010: 36), but the paper still signs off with its core mantra intact: 'For the millions of children who begin their lives in adverse circumstances, we should *act with alacrity* to improve the lives of these children before neural circuits become well-established' (2010: 36).

No one would disagree that deprivation and violence are social ills that call for remedy. Nor do we argue that the prenatal environment and early life of the child are unimportant. Undoubtedly, adverse childhood experience can play a role in the subsequent aetiology of psychopathology, and the brain is not invulnerable to lasting physical damage. But the latter threats come from 'extreme deprivation, inadequate nutrition and neurotoxic exposures' (Shonkoff and Phillips, 2000: 198), such as iron deficiency leading to hypo-myelination. They do not arise as a necessary and direct consequence of chaotic family life, inattentive parenting or unconventional lifestyles. The developing infant brain is not a uniquely fragile object, a medical emergency waiting to happen. The danger of such medicalisation is its crushing of the debate we need to have as a humane society about where and how the state should tread, and its limits.

The mythological version of the infant brain is fast becoming part of the policy and practice of child welfare, easily invoked to profound rhetorical and material effect. We have attempted here to challenge this ascendancy and to demystify the pseudo-scientific 'expertise' of neuromania (Poerksen, 1995). It is the now-or-never part of the argument that is so threatening to real debate and progress, focusing on parental culpability without meaningful help: less practical aid, more parenting programmes (Furedi, 2001). It mandates the removal of children from families on seemingly incontrovertible, precautionary grounds, as illustrated in the following quote of Martin Narey (chief executive, Barnado's): 'More babies should be removed from their mothers at birth before irreparable harm is inflicted. There is an argument to be made ... that even intervening at this early stage is too late' (Walsh, 2010: 12).

Medicalisation transforms child welfare from helping-families-in-the-community to standardised pseudo-medical interventions, targeted packages of support based on

a drug metaphor (Stiles and Shapiro, 1989). The language of *Neurons to neighborhoods* shows this starkly:

Weighing the difference between costs and benefits in the determination of appropriate program ‘dosages’ is a critical policy challenge. Moreover, it is most important to recognize that the only way to provide definitive answers to questions about the relative impacts of the timing, intensity, and duration of service delivery is to conduct randomized experimental studies on specific populations. (Shonkoff and Phillips, 2000: 364)

Medicalisation of social care is not limited to damaged brains. It is manifest in the language of the ‘randomised experiment’. Again, there are profound implications in terms of policy and practice. We are not opposed to controlled experiments in social care; for ‘targeted packages’, which can be delivered like shots of a drug, they may be valid. Our concern is that the privileging of such interventions inevitably tends to downgrade or rule out approaches that cannot be so readily formulised and tested. The provision of social care to families often involves multiple interventions, with a cast of potential change agents. The drug metaphor assumes that interventions remain constant regardless of who performs them and of their relationship with the family, an assumption that Stiles and Shapiro (1989: 527) deem absurd (see also Cartwright and Munro, 2010). Specified indicators and the preoccupation with programme fidelity limit the range of possible improvisations, and artificially foreshorten the duration of professional involvement. Moreover, families who do not change in the ways specified in the indicators are deemed to have failed.

Inevitably, the shift from help to ‘screen-and-intervene’ (Rose, 2010) engendered by medicalised discourse pushes more children into the care system, with rates in the UK having doubled in the three years² since the death of (Baby) Peter Connelly. The need to avoid permanently damaged brains is used increasingly to justify such decisions. Asked to comment in a BBC interview (Radio 4, *Today* programme, 9 February 2012) on the recent unprecedented increase of removals, the President of the Association of Directors of Children’s Services observed that this was, in part, due to ‘a better understanding of the corrosive and damaging impact of neglect on children’s development ... it is about understanding the effect of neglectful parenting due to drug and alcohol problems and the physical damage to brain development it can do with very young children’.

But removal is not a risk-free, brain-boosting antidote to disadvantage and dysfunction. Bruer (1999: 173–4) invites us to consider the downside of the infatuation with the early years and why the thought-style must be cast off: ‘Overemphasizing the importance of the first three years ... amounts to thinking about and attacking problems from an artificially limited perspective and a limited armamentarium of possible interventions.’ We need practical help for families rather than moral panic about damaged brains. Questions about what is expectable of parents, what are acceptable levels of care for children and what the state can meaningfully offer, are moral ones and need informed, open debate. The playing of the neuroscientific trump card is stifling this, and that has been our case.

Neuroscientists and clinicians concern themselves with understanding the workings of the brain, the aetiology of neurodevelopmental disorders and eventually their work may produce new treatments, but currently the knowledge is not 'policy ready'. The research literature on the effects of stress and trauma on the brain is vast, for instance, often yielding contradictory results. In a review of studies relating to parenting, Belsky and de Haan (2011) conclude that much more work is needed to draw generalisable claims about cause and effect, or to add anything practically to what could be gleaned by conventional observation and treatment.³ Our position, then, is much the same as that of the distinguished neuroscientist Steven Rose (2011: 69, emphasis added), who asseverated in a recent Royal Society policy paper:

I would argue that any genuine increase in knowledge of brain processes ... can only enrich our understanding of ourselves. Nor can such increased knowledge replace or diminish the insights into what it is to be human that come from philosophy, the social sciences or the humanities — *therefore, there should only be benefits, providing one can pick one's way through the 'over-hyping' of apparent neuroscientific claims...*

Notes

¹ The Journal ran briefly from 2000 to 2003. Its contents seem somewhat idiosyncratic, for example the last issue contained an article entitled 'When did Mozart become a Mozart?'. Doubtless such pieces make a stimulating read, but this is not mainstream neuroscience. Perry's article is the journal's most downloaded piece.

² The increase from April to June 2008 to the same quarter in 2011 was 106% (Cafcass, 2011).

³ It is pertinent to ask what neurophysiological measures add unless accompanied by behavioural or emotional indicators of trauma or damage, and if these exist, what is neuroscience really contributing? In time, it may produce detailed understandings of aetiology and inform effective new treatments, but treatments that currently claim neuroscientific credentials (eg, Perry, 2009) draw on *theoretical* models for the repair of traumatised brains. They may work, but rely on behavioural or functional improvements to show it and use established therapeutic practices, rather than neurological interventions.

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