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Engaging with parents who have children in out-of-home care: Key considerations

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What is this resource about?

Engaging with parents or caregivers who have children living in out-of-home care (OOHC) can be daunting for practitioners who do not have much experience with child protection services. This resource outlines some of the key considerations for engaging with such parents, and encourages you to reflect on the relevance of these issues to your own practice.

Key Messages

- Non-statutory practitioners are in a good position to help parents with children in out-of-home care to understand and promote their children's wellbeing.
- The needs of parents and children are often similar. The goals of family-inclusive and child-centred approaches do not need to be seen as mutually exclusive.
- Many parents have difficulty engaging with services. Such difficulties arise for understandable reasons, including previous unhelpful contact with service providers.
- Parental identity can be disrupted when children are removed, which can negatively impact parents' willingness to form relationships with service providers.



- Shame, anger, grief and loss can present in challenging ways, yet with support many parents can discover new methods of managing difficult emotions.
- Parent-child time together is an opportunity to promote positive relationships.
- Parents can be supported to 'fight' constructively for their children, rather than fight against themselves or the child protection system.

Is this resource for me?

If you engage with parents who have children living in out-of-home care, yet have limited training or knowledge about child protection services or the care system, this paper is for you. It was developed with a broad range of health and welfare practitioners in mind, including psychologists, social workers, occupational therapists, nurses, community workers, and general practitioners. These professions form a network of support around vulnerable families, which makes children safer.

Introduction

The ability to engage with parents, children, and families is a fundamental skill that underpins all aspects of good practice. If you work with parents in your role, it is likely that at some point you will encounter parents who have experienced child removal via statutory child protection intervention. These parents are likely to have, or have previously had, multiple and complex needs (e.g. mental health conditions, complex trauma, substance use issues, family violence, homelessness), which are highly stigmatising, and which often contribute to a cycle of disadvantage (Ross, Cocks, Johnston, Stoker, 2017). The removal of a child or children can, understandably, be traumatising for parents, and can create additional stress in an already difficult life characterised by marginalisation and disempowerment (Salveron & Arney, 2012).

If you feel apprehensive about the idea of working with parents who have children in out-of-home care (OOHC), you are not alone. There may be many reasons for this apprehension, including the complex needs of such families, the long histories of trauma that many such parents have experienced, and the distrust or hostility that some parents express towards health and welfare practitioners (Salveron, 2012; Hinton, 2008). Parents and their children can be highly stigmatised in society, and are often portrayed by the media in simplistic and negative ways. As a non-statutory practitioner, you are in a unique position to help parents understand their children's needs and develop behaviours that promote their children's safety and wellbeing.

This paper draws on relevant Australian literature to provide a brief background of OOHC in Australia, before discussing key considerations for practitioners who work with parents who have children in care. Included throughout this paper are quotes from both parents and practitioners, which were sourced from an extensive study undertaken by the first author of this resource (i.e. Salveron, 2012). A series of 'reflective questions' have been included, designed to encourage you to think about how the issues raised in this resource apply to your own work with parents and families.

This resource complements existing Emerging Minds resources, including [Engaging parents – An introduction](#), [Why is it difficult for parents to talk to practitioners about their children's mental health?](#) and [Engaging with parents when there are child protection concerns: Key considerations](#). See the 'More from Emerging Minds' section below for other related resources.

Australian children in out-of-home care

Out-of-home care (OOHC) refers to the alternate care of children aged 0–17 years who are unable to live with their parents or primary caregivers, usually due to evidence of child abuse and neglect (Australian Institute of Health and Welfare [AIHW], 2019). When the home environment is no longer considered to be safe, the OOHC system aims to provide children with safety, stability and a sense of security (CFCA, 2018). There are various types of care arrangements, as outlined below.

Placing children in care is considered a last resort option to keep children safe, as per the National Framework for Protecting Australia's Children 2009–2020 (Council of Australian Governments [COAG], 2009). Within this framework there is also a focus on placement stability and reunification with parents where possible. Ideally, services should address the parental and family issues that may have led to out-of-home care placement, while making reunification a priority.

Types of out-of-home care

Residential care	Placement is in a residential building, where the purpose is to provide placements for children and there are paid staff.
Family group home	Homes for children provided by a department or community-sector agency that have live-in, non-salaried carers who are reimbursed and/or subsidised for the provision of care.
Home-based care	Placement is in the home of a carer who is reimbursed for expenses associated with the care of the child. There are four categories of home-based care: relative or kinship care; foster care; third-party parental care arrangement; and other home-based, out-of-home care.
Independent living	Includes private board and lead tenant households. [Lead Tenants are volunteers who live rent-free with young people in a shared household to create a safe and supportive living environment].
Other	Placements that do not fit into the above categories and unknown placement types. This may include boarding schools, hospitals, hotels/motels and the defence forces.

Source: Australian Institute of Health and Welfare (AIHW), 2019a

Despite the policy emphasis on reunification and growing evidence and support for prevention and early intervention, the number of children living in OOHC in Australia continues to rise. According to the most recent data compiled by the AIHW, there were 45,756 children living in care as of 30 June 2018. This represents 8.2 per 1,000 children, up from 7.4 per 1,000 at 30 June 2011 (AIHWa, 2019). The number of children in care varies across states and territories (AIHW, 2019). The reasons for this variation are not clear, but are likely related to varying social and economic circumstances across the country.

When children are in care, they generally benefit from maintaining and strengthening their relationships with their parents and family members, and more help is needed to support parents to maintain their parenting roles (Salveron, Arney and Lewig, 2009). Many parents continue to play a positive and protective role in their children's lives while they are in care. However, it is important to maintain a focus on safety. Relationships with dangerous adults should never be prioritised over child safety. The child protection system must grapple with these priorities and undertake the complex and ongoing task of keeping children safe and connected to their families (Salveron & Arney, 2012).

Key considerations for engaging with parents who have children in out-of-home care

The needs of parents and children are often similar.

"I think parents need more support when it happens. You know, we remove the children, we put all the supports in place for this child who has experienced so many issues, and sometimes we expect parents to do so much."

- (Practitioner)

Practitioners from different sectors tend to bring different models, or ways of looking at family life, to their work with vulnerable children and families (Price-Robertson et al., 2020). Some practitioners work mostly with adults, and so need encouragement to keep the children of service users in mind. Other practitioners, including child protection workers, are primarily focused on the safety and wellbeing of children. These differences in approach can sometimes lead to an unhelpful situation where parents' and children's interests appear to be pitted against one another.

It is important to remember that family-inclusive and child-centred approaches to practice are rarely mutually exclusive. Family-inclusive practice views children as living within a network of relationships between their parents, family, and communities. A child-centred approach to case planning can include parental involvement and inclusion where possible and appropriate. Indeed, the needs of parents and children are frequently aligned, and the inclusion of parents in

care planning, decision-making reviews, ongoing contact arrangements, shared family care, and family reunification planning is crucial (Thompson and Thorpe, 2003).

Reflective questions

- Are you aware of the differences in approach taken by adult-focused and child-focused sectors? How could you learn more about other sectors?
- If you mostly work with parents, what strategies could you use to include the needs and wants of children in your interventions? If you work primarily with children, how might you include parents' voices in your interventions?
- In some cases, children's and parents' needs may not align. How might you go about acknowledging this with your clients?

Many parents have difficulty engaging with services.

"You resent them enough as it is when they first take your kids away. ...People say, 'Why do we [parents] fight with the Department so much?' Why do they think we fight them so hard?... [They] can just walk into your home and say, 'We're taking your children and there's nothing you can do... there's nobody that you can go to.'"

- (Parent)

"Some... plenty of parents hate us, as you can imagine. Some get over that, some don't. I mean, I like to think I get on with parents pretty well but they've all got baggage from the past. They've dealt with other social workers... who have had to do the awful process of removing their kids from them, so you can imagine we're all tarred with the same reputation."

- (Practitioner)

It is unsurprising that parents can find it difficult to engage with services after experiencing the statutory removal of a child or children. On top of the trauma of having a child removed, research consistently suggests that many parents with children in care have their own histories of trauma (Harris & Fallot, 2001), including traumas associated with being in care themselves (Hinton, 2008). A history of unhelpful contact with the welfare system may contribute to parents' reluctance to engage with services (Hinton, 2008).

As adults, these parents can face chronic and interconnected social disadvantages, including poverty, mental health difficulties, family violence, addiction and substance use issues, relationship breakdown/separation, disability, homelessness, unemployment, social isolation, and a lack of parental role models and supportive family relationships (Salveron, 2012). Parents can have difficulty accessing supports and resources, particularly as their circumstances become more complex and difficult for the service system to accommodate (Thomson and Thorpe, 2003).

Despite this, many parents and families display remarkable resilience (Thomson and Thorpe, 2003). The most effective practitioners tend to be adept at identifying and addressing risk factors and deficits, while also acknowledging and building on families' strengths and capabilities (Scott, Arney, & Vimpani, 2013). Seemingly small acts of practical support can often go a long way, including the writing of letters of support, helping parents to access income support and connecting them to other parents of parenting groups.

Many parents feel judged in their interactions with the child protection system, and 'under surveillance' by statutory workers (Harries, 2008). Parents may even feel under surveillance by non-statutory workers, knowing that these workers can have their case notes subpoenaed or be compelled to share information. Having a child removed may feel like harsh and public judgement, and parents can feel that their struggles are misunderstood by their workers and the 'system'. Child protection interventions are predominantly deficit-focused (Ross, Cocks, Johnston, Stoker, 2017), and research suggests that this can negatively affect workers' perceptions and understanding of parents who are suspected of child maltreatment (Harries, 2008). Some research also suggests that child protection assessments can stigmatise based on gender, with a particularly critical lens towards mothers (Thomson and Thorpe, 2003; Harries, 2008).

Negative experiences of the welfare system can leave parents feeling disempowered, excluded and afraid to ask for help (Thomson and Thorpe, 2016; Harries, 2008). The child protection system can undermine a person's role as a parent, leaving them feeling powerless and distrustful of services (Ross et al., 2017). This can be difficult for future practitioners to address, as parents may seem challenging and difficult to reach (Salveron, 2012).

It is important to acknowledge the difference between 'failing to engage' parents (which shares responsibility for the lack of engagement) and 'disengaged' parents (which places responsibility for the lack of engagement on parents alone) (Dumbrill, 2006).



Reflective questions

- Do you ask parents about their previous experiences with service providers, including child protection services? This can be a good way to start a conversation about what worked for them, what didn't work, and what they want from you.
- What kinds of boundaries and expectations would be useful to establish with parents at the beginning of your work together in order to begin to demonstrate your trustworthiness. For example, including a discussion about your connection to child protection services or your mandatory reporting requirements.
- Reflect on the judgements you make of your clients. How do such judgements affect your practice? Do you take them to supervision or discuss them with colleagues? How could greater awareness of your judgements benefit your work with parents?
- In a system that tends to be focused on parents' deficits, how could you work with parents to identify and bring out their strengths? How can you make sure these strengths are reflected in the ways you write about families?
- Do you ever develop rapport with parents by positioning yourself against other service providers (e.g. child protection practitioners)? Although this can be a quick way to establish a connection with some parents, in the long run it can work against parents' best interests.

Parental identity can be disrupted when children are removed.

"We weren't parents any more. They were taken from us."
- (Parent)

"Oh, they've just lost everything. You know, for some parents, there's just nothing worth living for once the kids have gone... you've taken their life away from them because that's what they live for ... They're still their kids and they still love them."
- (Practitioner)

Many parents who have a child or children removed from their care struggle to adjust their sense of self and their 'parental identity'. Salveron (2012) describes this as an 'identity trauma', where parents' perceptions of themselves as parents are painfully challenged and disrupted. Identity trauma can have a negative impact on parents' capacities to engage with their children, as well as their willingness to form a relationship with service providers. When parents are experiencing powerful emotions, such as shock, devastation, grief, anger, and rage, it is unlikely that they will be at their best as parents or clients.

Identity trauma can be made worse by other factors. Parents may also have their own history of abuse, neglect, loss, or isolation, which they may not have had the opportunity to heal from (Thorpe and Thomson, 2003). Other related factors, such as a potential lack of positive parenting role models, limited parenting knowledge, and challenges associated with coping with stress, can increasingly impact on parental functioning and provision of care for children (Salveron, 2012). Parents involved with the child protection system can experience enormous distress as their parenting abilities, identities, and sense of self come into question during an investigation. The removal of a child or children is an additional crisis (Salveron, 2012).

It is important to remember that parents continue to be parents, no matter where their children live or how engaged they are with them (Ross, et al., 2017). Although they might struggle, most parents whose children are removed still see themselves as parents, responsible for their children's wellbeing and development (Ross et al., 2017). Similarly, most parents remain important to their children even after a separation, playing a critical role in the development of their children's emerging identities (Ross et al., 2017; Thomson and Thorpe, 2003).

Reflective questions

- For some parents, it can be helpful to provide some basic psychoeducation around the effects of child removal on parental identity. How might you approach such a conversation with a parent?
- What are some ways you could validate your client's parental identity following the removal of their child? Ideas include directly exploring their strengths as a parent, offering practical support for them to continue their relationship with their child, and providing a referral to a parenting group. Can you think of any others?
- What are some ways you could validate those parts of your client's identity that are not related to their children or family?
- Consider your own (current or future) parental identity or that of someone you are close to, such as your own parents. What do you imagine would happen to this identity if you had less contact with your child or children? Or if your capacity as a parent was publicly criticised? What kind of support, if any, do you imagine you would want in such a situation?
- Are you aware of the other service providers who are working with your client? Are they supporting the client to rebuild or maintain their parental identity? Or are they focused predominantly on the child or children? What role should you play in the network of support that surrounds the client?

Shame, anger, grief, and loss can present in challenging ways.

"I did feel depressed a lot... really guilty. I know I blamed myself a lot and I felt like I was a bad mum and I didn't deserve him. I felt like a loser and that he was better off without me."
- (Parent)

"I think it has a lot to do with what's inside themselves, how they are functioning, how they are feeling. I think parents probably lose hope a lot of the time because it's too hard. I think people get overwhelmed; I'm thinking about one mother in particular who I'm working with at the moment: she's got a lot stacked against her and it's too much she has to change... I don't fully understand why you wouldn't come to your fortnightly visits, but maybe... could it be that there is [a] feeling that when everything is going downhill for that person, the contact goes as well. Maybe it's a shame factor; maybe because of the drugs she simply can't get herself organised to come up."
- (Practitioner)

Parents are likely to experience a range of intense emotions surrounding the removal of their children (Harries, 2008). These emotions may be directed towards the statutory child protection practitioners involved or other service providers; or they may be directed inwards.

Feelings of shame "an acute awareness of one's flawed and unworthy self" (Gibson, 2015, p. 333) have been extensively reported among parents involved with statutory child protection intervention. Similarly, grief and loss consistently emerge as dominant themes in literature focused on the experience of parents who have had a child removed (e.g. Thomson and Thorpe, 2003; Hinton, 2018). Parents' feelings of shame, grief, anger, and loss can manifest as 'maladaptive' coping strategies, such as disengagement, hostility towards health and welfare practitioners, and what may appear to be a lack of interest or motivation (Thomson and Thorpe, 2003; Salveron, 2012).

Supporting parents to manage strong emotions and feelings is important, particularly when it affects their relationships with their children (e.g. during visits with their children). With support, and over time, many parents can discover new ways to manage difficult emotions (Salveron, 2012). Indeed, it is very important that they are supported to do so: a parent's ability to work through their feelings of shame, grief, and loss can be vital to the child's ability to process their own feelings surrounding the separation (Harries, 2008).

Reflective questions

- How do you normally respond to difficult behaviours in clients? Would seeing these behaviours as responses to shame, grief, or loss allow you to respond more constructively?
- What strategies have you developed to explore with parents the emotional pain that is driving their behaviour?
- Could learning about emotional expression be helpful for your clients? Some parents find learning about how emotional pain can manifest as 'maladaptive' coping strategies useful. Others benefit from understanding how processing their difficult emotions can help their children.
- Do you struggle to empathise with clients' behaviours while also holding them accountable for inappropriate behaviour? There is no simple solution to this tension. Talking with colleagues about how they navigate this struggle can be helpful, as can speaking with a supervisor about it.

Parent-child time together is an opportunity to promote positive relationships.

"[Parent-child time together] was very important. Well, it was more so important for me because I brought them into the world... I got really upset that my children weren't looking at me as a mother anymore. So every time I looked at them and cuddled them and caressed them when they fell over or something like that at access [visits]... I thought, 'yes, I'm glad I'm rebuilding that [relationship] back with my children.' So, yes, contact was important because I wanted to rekindle that bond between us."

- (Parent)

Through your work with parents, you may have the opportunity to play a role in promoting positive parent-child relationships. Parent-child contact when children are in out-of-home care (including access and visitation) can have a number of positive outcomes, such as maintaining parent-child attachment, supporting children's psychological wellbeing and developmental needs, and maintaining the child's identity and connectedness to family (Salveron, 2012; Salveron, Lewin & Arney, 2009; Scott et al., 2005; Haight et al., 2003; Poulin, 1992; Wilson & Sinclair, 2004; Thoburn, 2004; Jamal & Tregeagle, 2013).

Continued relationships between parents and children is important, particularly within Australian child protection systems focused on reunification (AIHW, 2019). Even when reunification is not likely for families, research shows that quality relationships with parents can still be beneficial to children's wellbeing, as can contact with

other family members (e.g. grandparents) (Thorpe and Thomson, 2003).

This continuity of family connection is particularly important for Aboriginal and Torres Strait Islander children, who are grossly overrepresented in the out-of-home care system, and who are often at real risk of losing connection to their culture, cultural identity, and community (AIHW, 2019; Thomson and Thorpe, 2003; Salveron, 2012).

It is essential, however, that parent-child time together is well supported and upholds children's safety and wellbeing. The goal of parent-child contact is to help parents understand their role, and how to relate and respond to their children's developmental needs. Parents and children often need a range of supports and help to make the most of their relationship and time together, including pre- and post-visit coaching and practical help.

A parent's progress in the aftermath of a child's removal is important not only for themselves and for their children in care, but also for their future children (or those who remain in their care). This is crucial to keep in mind, particularly since these parents are more likely to fall pregnant again and to have more than one child removed (Ross et al., 2017; Hinton, 2018).

Reflective questions

- In your work with parents, is it possible to use parent-child relationships and time together as an opportunity for reflection? For example, reflecting on time with children can help parents to think about what they have learned about themselves, their child or children, and their parenting.
- In some cases, parent-child contact is not appropriate for children. In what ways might you support parents and/or children to understand their experience of separation, grief and loss?
- If parents do not currently see or have relationships with their children, are there ways that you could still promote the parent-child bond? For example, by using the goal of strengthening that relationship as a basis of your work together.

Parents can be supported to ‘fight’ constructively for their children.

“In the beginning I hated my workers, not personally but because they represented the loss of my kids. My anger was getting me shut out. My social worker would walk out of our meetings again and again because I was behaving badly. I would abuse her and not even listen. I learnt the hard way. Every time I did this, she stopped my access visit for that day because they said I was too angry and could not control myself. I soon had to learn to sit down and shut up if I wanted to see my kids. As soon as I started being more respectful, things moved along like they hadn’t before. We started to make some progress.”

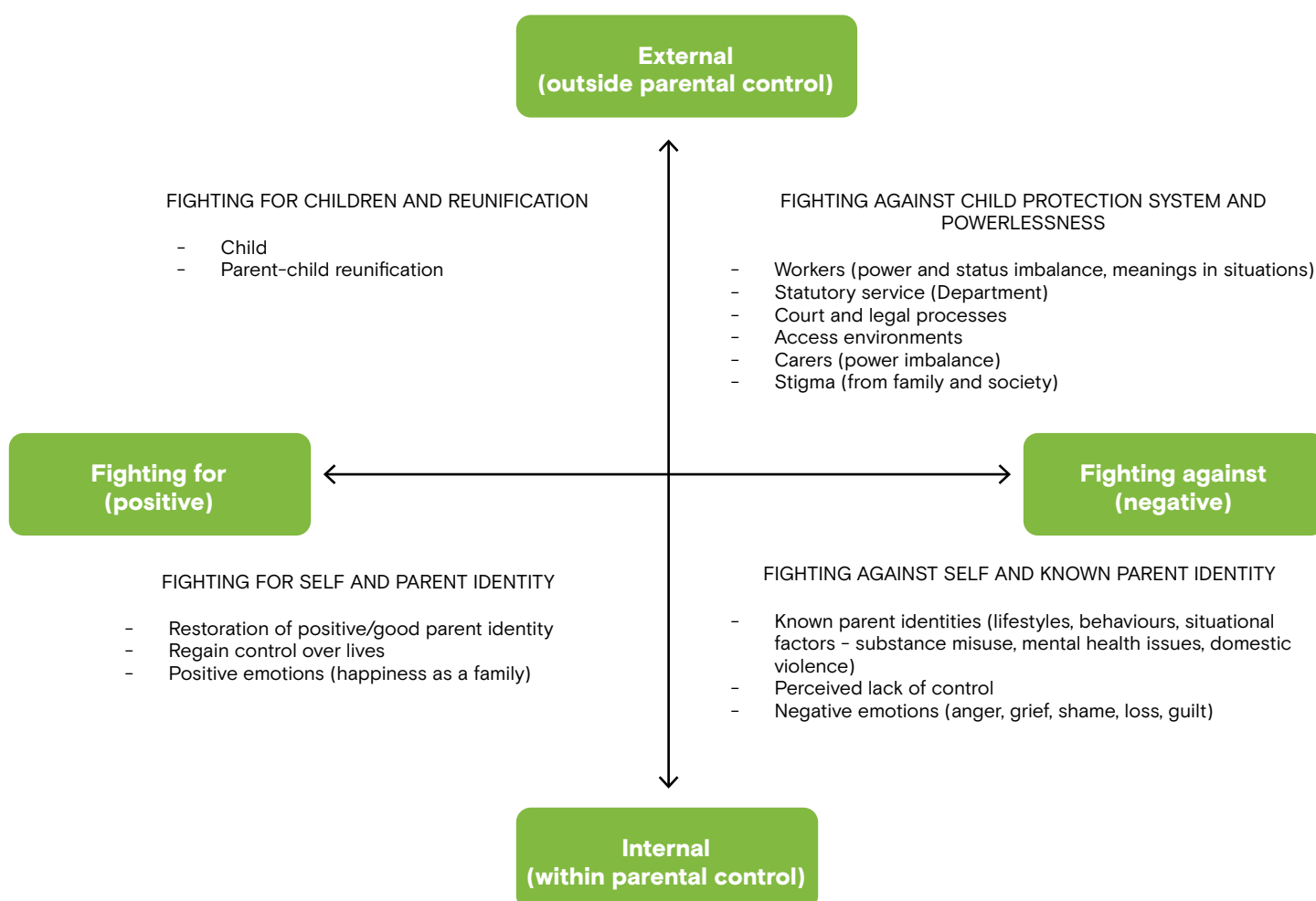
- (Parent)

Parents will often experience huge challenges following the removal of their children. A parent’s response to these challenges is often to ‘fight’, either positively (i.e. fighting for) or negatively (i.e. fighting against), and externally (i.e. fighting the system) or internally (i.e. fighting themselves) (Salveron, 2012). This fight response can extend throughout the child protection process, often peaking during face-to-face access visits and parental contact with their children. Figure 1 (below) maps some of the challenges that can make a parent feel the need to fight.

Fighting can affect a parent’s interactions with others in the service system environment, including health and welfare practitioners and other family members. Most importantly, fighting responses that are misdirected can negatively impact a parent’s relationship and reconnection with their children.

Practitioners have the opportunity to support parents to fight constructively for their children (i.e. ‘fighting for’ in Figure 1), instead of engaging in behaviour that may be self-destructive or negatively impacting their reunification goals. Supporting parents to negotiate and reconstruct their parental identities after removal includes helping parents to express and manage their emotions, understand the child protection system and process, find confidence and inner strength, and develop a positive state of mind. Ultimately, helping parents to fight positively for their children has enormous benefits for children’s social and emotional wellbeing, development, and functioning.

Figure 1. Aspects of parents’ ‘fight’ for their children in out-of-home care



Adapted from Salveron & Arney (2013).

Reflective questions

- What strategies do you use to reinforce parents' constructive fighting behaviours? If you don't currently have any strategies, what might you be able to do to reinforce positive behaviours?
- When parents are fighting against themselves or the system, how could you offer strengths-based validation of their fighting behaviours? For example, the fighting suggests that they have not given up on reunification with their children.
- Can you think of ways that you could reframe negative fighting behaviours as an opportunity that can be harnessed?
- Do you have any emotional regulation strategies that could help parents find more constructive ways to fight for their children? For example, you might help parents to focus attention on maintaining a relationship with their child, or on the long-term goal of reunification.
- What supports do you have available to you when parents are directing their 'fight' towards you? Do you find support in supervision? Or through talking with colleagues?

Summary

This practice paper has provided practitioners who have limited knowledge about child protection services with key considerations for engaging with parents whose children are in OOHC. Such considerations are an important start, but will likely need to be supplemented by additional reading (including the resources listed below), training and discussions with colleagues and supervisors.

Every family situation is different. Some parents you work with will still be in crisis, while others will have made significant changes in their lives and put many of these issues discussed in this paper behind them. Regardless of the circumstances, parents with children in care remain very important to their children's wellbeing. Your role in engaging with parents is vital, not only for their own sakes, but also for the wellbeing of their children, including children they may have in the future.

More from Emerging Minds

[Child-aware practice \(e-learning course\)](#)

[Child-aware supervision \(e-learning course\)](#)

[Engaging parents: An introduction \(e-learning course\)](#)

[The impact of FDV on the child: An introduction \(e-learning course\)](#)

[The impact of parental substance use on the child \(e-learning course\)](#)

[Why is it difficult for parents to talk to practitioners about their children's mental health? \(practice paper\)](#)

[Working with Aboriginal and Torres Strait Islander children and families \(toolkit\)](#)

Further reading

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