Building Community: A Conceptual Framework for Child Protection

This paper proposes a community-building framework as an innovative strategy to begin to re-claim children and families at risk. It is a strategy that identifies a purpose, a value base, knowledge and theoretical dimensions, and methods of practice that present as an approach for child welfare systems to consider shifts in thinking in order to meet what is considered the most important challenge of the next century: that of rediscovering community. Copyright © 2001 John Wiley & Sons, Ltd.

KEY WORDS: child protection; community building; conceptual framework; practice shifts

Community building is about building a ‘reclaiming environment’. It essentially means embarking upon a journey to solicit the investment and commitment of all stakeholders—families and youth who are disadvantaged and in need of assistance, child protection officials and their agencies, other child serving organizations and their officials, and citizens and their communities—to work together. Children’s protection goes beyond being the sole responsibility of any one agency or profession. It is far too important. Going it alone in contemporary society is no longer acceptable, especially knowing that current children’s protection systems are fraught with problems and that they were never designed to deal with contemporary realities.

Community building is a process and not a model. It is more mission than a programme, more orientation than a technique, and more about community-driven practices than community-focused ones. Community building is about extending interventions beyond the family level.
to include those at the professional, organizational and community levels. These interventions are necessary if children’s protection is to be concerned about not only protecting children in their own families but also from the social, economic and political forces that affect their families and communities. Community building sounds the call to the reality that the abuse and neglect of children by society have exceeded the abuse and neglect by parents. This represents a fundamental shift in direction in child protection work.

This paper presents a framework to conceptualize and help facilitate this shift.

**Brief Historical Overview**

Child protection has its roots in the child-saving movement. Based on beliefs that poor and dependent children needed to be saved from pathological and undeserving parents, it was felt that this could only be accomplished through assuming control over these children (Rooke and Schnell, 1983). This control was managed through workhouses, orphanages and other forms of institutional care. An institutionalized child was seen as a child saved from the evils of a neglecting and evil family. Through institutional care, it was believed that children could be taught proper religious instruction and trained to be industrious. Children were seen as property, someone to be moulded in the interests of maintaining order in society (Bagnell, 1980). Failure to take this control meant that poor and dependent children would be exposed to evils, crime, ignorance and bad morals. Social disorder would be the result.

The late nineteenth century saw the beginning of a transition from institutional to family care. Beliefs about children were beginning to change. They were seen as having developmental needs deserving of family care and proper role modelling (Wiltse, 1985). Experiences in institutional care suggested that children were exposed to living conditions that perpetuated permanent economic dependency and social disability, and that their moral, physical and psychological development was at risk. Family care was seen as more efficacious and natural to child-rearing, as well as being more economical. Based on these experiences and beliefs, boarding children out in good Christian homes was seen as the proper and moral thing to do. These boarding-out arrangements concentrated solely on placing children, as opposed to finding the most suitable families to meet their needs.

Family care saw a shift in the means of care. However, it can be argued that there was no real shift in philosophy or
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‘Means of care were driven by beliefs that children needed to be saved and rescued from undeserving parents’

values. Both means of care were driven by beliefs that children needed to be saved and rescued from undeserving parents. These beliefs were embedded in paradigms of patriarchy, whiteness, privilege, positivism and ethnocentrism. The move to family care meant that children would be educated and socialized more through participation in a family environment and not so much through labour, as was the case in institutional settings. The parents from whom the children were being rescued and saved continued to be seen as bad and undeserving. Social control was still a driving principle during this transition. The means of control shifted from saving children by placing them in institutions to rescuing children by socializing them in so-called ‘normal’ families. This child saving and rescuing mentality supported the movement of the more than 80 000 children from Britain to Canada as portrayed by Bagnell (1980) in The Little Immigrants.

The early twentieth century saw the beginning of other challenges. The acts of philanthropy and charity that carried the child saving and rescuing movements were being influenced by more developments in knowledge and awareness of the developmental and learning needs of children and families. With these influences came more professional interventions in terms of advocacy for children’s needs, the importance of children remaining with their natural parents and the significance of providing services to children in their own homes. Movements were also taking place in shifting responsibilities from charities to the public sector. This meant public financing, legislation and standards. The child rescue philosophy was being challenged. Interventions focused on the treatment of children and their families based on the growing realization that families were not in trouble because of personal deficits or character flaws but because of the external conditions under which they lived. A connection was made to critical public issues that significantly impacted upon families, such as industrialization, urbanization, poverty and economic crisis. Beliefs and assumptions changed to seeing these families and their children in need of assistance and support as opposed to being labelled undeserving.

The treatment orientation remained central to child protection work up to the late fifties and early sixties. One form of treatment occurred in instances where it was determined that the family was more in need of assistance than the children in need of protection. Intervention in these cases often centred around lifestyle issues of the parents, parenting skills, education and the behaviour of the children. The other form of treatment occurred when it became

‘Developments in knowledge and awareness of the developmental and learning needs of children and families’

‘The treatment orientation remained central to child protection work up to the late fifties and early sixties’
necessary to remove children from their natural parents for temporary periods of time. In these cases, the treatment focused primarily on the child as the primary client. When these out-of-home placements were made, the natural parents were often ignored or excluded from the treatment process (McFadden, 1985). Working with the child in foster care was viewed as less demanding than engaging in outreach to the child’s family in order to resolve difficult family problems. In many respects, even with the treatment focus, when it became necessary to remove children from their natural parents, the removal tended to identify with the child rescue mentality. Evidence of this mentality surfaced in the study conducted by H. Maas and R. Engler (1959) in their publication *Children in Need of Parents*.

Maas and Engler uncovered a child protection system and foster care system that were fraught with problems. Children were found adrift, with little or no case-planning, no real ties to their natural parents and no one in the system as their advocates; many were without permanent attachments for long-term care. These authors called for ‘radical action’ to avoid foster care drift. In the late sixties and early seventies, permanency planning was introduced. It became another transition stage in the development of child welfare and child protection interventions. So fundamental was the transition that permanency planning was acknowledged as a revolution in child welfare comparable to the closing down of institutions and workhouses (Maluccio et al., 1980).

From a philosophical perspective, permanency planning reinforced the significance of the natural parents, the importance of attachments and permanent relationships and the recognition of children’s needs and the rights of parents; it was acknowledgement of continuity in relationships in the interests of child growth and development. Practice principles associated with permanency planning emphasized the importance of case planning and case management; natural parent involvement in all aspects of intervention; the importance of time limits and accountability; and the significance of collaboration on the part of all significant others when working in the best interests of children and families (Maluccio and Fein, 1983). Such a philosophy and principles meant a complete reorientation of child welfare service delivery. Although intended to respond to the critical issues in foster care, permanency planning became a framework for child welfare services. As such, family strengthening became the paradigm. It meant a shift away from child rescue and a recognition that the needs and interests of parents and their children were interrelated and...
complementary rather than conflicting. Family strengthening was intended to ensure that worthwhile interventions were in place, in partnership with parents and significant others, to facilitate the treatment of children and their families while in their own home or in alternative placements outside of their home.

Despite these developments and changed orientations in children’s protection, public inquiries have always alerted society to the fact that children are being abused, neglected, killed and murdered in families, communities and often by the very public systems responsible for their protection. Policies and practices stemming from these inquiries tend to emphasize rules and procedures to prevent recurrences and scandal rather than the many issues associated with the crises evident in the whole field of children’s protection and child welfare (Barter, 2000a; Schorr, 1998), such as: poverty; the residual nature of child protection work; little investment in prevention and early intervention; power imbalances that have detrimental effects on women, children and minority groups; negative public attitudes towards poor and disadvantaged citizens; and being driven by neglect and abuse investigations rather than family strengthening. Skirting these fundamental issues consistently places child protection work in a position of dealing only with symptoms as opposed to root causes. Despite this reality, the public continues to expect children’s protection authorities to protect children from abuse and neglect.

Continuing to cope with symptoms, with limited public policies or mandate to deal with root causes, exacerbates the extent of the crises. There is no sense of balance with respect to interventions. The statutory duties to prevent and detect child abuse, to investigate allegations of abuse and neglect, to work in assisting and supporting families in order to prevent further abuse and neglect, and to assume responsibility for parenting children who have been apprehended from their families due to the severity of abuse and neglect take place whereby any one of these duties is being carried out at the expense of the others. The duties associated with child abuse and neglect investigations, which are essentially crisis work, absorb the bulk of resources. These duties place workers in the position of doing more judging than helping, more investigation than relationship building, more following rules and protocols than creative intervention and risk-taking, more relying on tools and instruments than professional integrity and assessments, more attending to the needs of the organization in order to avoid scandal than to the needs of families and children, and more reacting after family
breakdowns than interventions to prevent breakdowns. These realities in children’s protection make it practically impossible to carry out the necessary interventions to support and facilitate the family-strengthening philosophy.

Stemming from what is happening in the field, there is a consensus with respect to the following assumptions:

- The status quo in child welfare service delivery is no longer acceptable
- Child protection services and systems are in crisis (multidimensional)
- Child protection systems, as they currently exist, were never designed to deal with and respond to contemporary realities facing families and communities
- Past interventions have been too narrow in focus, concentrating on children and families exclusive of organizations, professionals and community
- The definition of child welfare does not adequately encompass the realities of practice
- Child protection has not kept abreast of research and knowledge developments
- Child protection is too important to be left to any one profession or agency
- Child protection requires collaboration on the part of several child-serving agencies and the community

‘Practically impossible to carry out the necessary interventions’

From Family Strengthening to Community Building

These assumptions underpin the significance of shifting from family strengthening to community building. This shift essentially implies extending the protection of children beyond that in their own families to include their protection from the social, economic and political forces that affect families and communities (Swift, 1995). In fact, the abuse and neglect inflicted upon children by society exceed in scope and destructive consequences their neglect and abuse by parents. Hence the focus of attention (Table 1) includes an emphasis on ensuring that children’s protection services and programmes support a process of community building. It is recognized that for too long community has remained as an afterthought, not necessarily integrated into services, programmes or public child-serving organizations. The community role seems to end with the idea that involvement in problem-solving need not go beyond funding systems and employing people to solve community problems. This has to change. Children require strong, not weak communities.

The challenge becomes one of integrating individual/family practice into community-building practice. This integration

‘Child protection requires collaboration on the part of several child-serving agencies and the community’

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Table 1

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<thead>
<tr>
<th>Child rescue</th>
<th>Family strengthening</th>
<th>Community Building</th>
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<tr>
<td><strong>Focus of attention</strong></td>
<td><strong>Focus of attention</strong></td>
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<td>1. Abuse and neglect by parents</td>
<td>1. Abuse and neglect by parents and the system</td>
<td>1. Abuse and neglect of children and families by society</td>
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<tr>
<td>2. Child as primary client</td>
<td>2. Natural family as primary client—family preservation</td>
<td>2. Family-centred—family outreach and support-building, family and community capacities</td>
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<td>3. Blaming parents—labelled as bad, pathological, undeserving</td>
<td>3. Supporting parents—seeing parents in the context of their environment</td>
<td>3. Empowering parents—seeing them as critical resources and partners in all aspects of service delivery</td>
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<td>4. Child treatment focused—natural parents excluded</td>
<td>4. Family treatment focused—families in need of assistance, natural parents included</td>
<td>4. Integrating family, individual and community practice—parents as collaborative partners</td>
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<tr>
<td>6. Treating underlying pathology</td>
<td>6. Promoting competence and life skills training</td>
<td>6. Promoting community work and collaborative partnerships—integral part of all aspects of child welfare service delivery</td>
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<td><strong>Family</strong></td>
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<td>1. Patriarchal family model</td>
<td>1. Individual responsibility family model</td>
<td>1. Social responsibility family model</td>
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<td>2. Children as property</td>
<td>2. Children with special developmental needs</td>
<td>2. Children with rights as individuals</td>
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<td><strong>Foster care</strong></td>
<td><strong>Foster care</strong></td>
<td><strong>Foster care</strong></td>
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<td>1. Foster care viewed as an end in itself—long-term substitute care for children</td>
<td>1. Foster care viewed as a means to an end—short-term substitute care for children.</td>
<td>1. Foster care viewed as a family social service resource—supplementary and substitute care</td>
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<td><strong>Model of helping</strong></td>
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<td><strong>Service delivery</strong></td>
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<td>1. Services categorical—not connected and fragmented</td>
<td>1. Services more connected with coordinated case management practices in place—permanency planning</td>
<td>1. Services connected to social justice issues—distribution of power and resources—inequality, discrimination and poverty</td>
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<td>2. Reactive and crisis oriented</td>
<td>2. Proactive and preventative</td>
<td>2. Community-based family resource centres promoting early intervention and outreach</td>
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<td>3. Child welfare agencies as systems of social control</td>
<td>3. Child welfare systems in crisis</td>
<td>3. Child welfare agencies empowered as collaborative partners with families, parents and community</td>
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<td>5. Parents powerless—intervention powerful</td>
<td>5. Parents powerless—intervention perceived as powerful but powerless</td>
<td>5. Parents powerful—intervention powerful</td>
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<td><strong>Social Work</strong></td>
<td><strong>Social Work</strong></td>
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<td>1. Workers as social control agents</td>
<td>1. Workers as therapists/counsellors</td>
<td>1. Workers as generalists/community-building practitioners</td>
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<td>2. Values</td>
<td>2. Change</td>
<td>2. Innovation</td>
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<tr>
<td>1. Traditional paradigms</td>
<td>1. Beginning to challenge paradigms</td>
<td>1. Changing paradigms—integrating the changes</td>
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is reflected in the ‘Purpose’ of the Conceptual Framework (see appendix). If children are to be protected, it is important that interventions occur at four levels: children and families in situations of risk and violence; public and private human service organizations who work with these children and families; the service providers who work in these organizations; and the community. The integration recognizes the critical reality that the protection of children touches on issues related to poverty, violence, diversity, health, justice, gender and the community.

Integrating community building into children’s protection reflects a new vision for intervention with children and families at risk. It is a vision that reflects the importance of family-centred practice that involves interprofessional collaboration and service integration. It is a vision that suggests services to vulnerable children must involve building community, where the community is a client system to be acknowledged and reckoned with in terms of motivation, involvement and change. The emphasis on community suggests the importance of best practice models to facilitate interprofessional collaboration and service integration. These models are family resource centres that are geared to respond to the needs of parents and communities based on their definitions and participation; community-based systems that are accessible and available in a number of settings such as health clinics and shopping malls; and school-based systems where the school becomes the hub of activity for children and families in the neighbourhood.

Interprofessional collaboration and service integration is a move to work differently. Collaboration is based on a willingness to do things differently and usually arises out of a need to change the delivery and configuration of services (Barter, 1996). The challenge in services to vulnerable children is to shift as much as possible from the treatment and rehabilitation end of the continuum to primary prevention and early intervention. Current child protection caseloads involve crisis intervention, counselling, protection services, foster care, residential treatment and court intervention. Moving into early intervention and outreach would involve working at the community-based level, providing comprehensive emergency services, establishing drop-in centres and being involved in education. Primary prevention initiatives would include legislative advocacy, parent education, public school education (state-funded education in UK), community service networks and life/family planning.

Working differently suggests innovation as opposed to change. It means second order change (Smale, 1992).
Second-order change implies innovation in that it suggests introducing new practices, designing new methods of service delivery, approaching social problems differently and developing models of best practice. On the other hand, ‘first order change’ refers to changes within current rules, current organizational climates and existing patterns of working relationships. Innovation implies changing the rules, changing the system and changing the nature of the relationship. These changes are necessary to facilitate interprofessional collaboration and integration of services. Being innovative means moving away from the practice of blaming others for problems and failures. Instead, it means recognizing that the systems in which we live create most of our crises (Theobald, 1997). Being innovative emphasizes opportunities rather than problems; uses collective intelligence; builds on diversity and strengths; and supports the emergence of new systems that promote growth.

A community building approach to children’s protection means a shift from the traditional bureaucratic/professional paradigm to the client/community paradigm. The professional/bureaucratic environment, with its knowing-in-action approach and emphasis of trying to ‘fix’ problems (Fabricant and Burghardt, 1992), is not necessarily the right environment for creating opportunities where caring, investment, compassion, trust and other relationship-building take place. Experience has taught us that these well-intentioned environments have not significantly addressed the crises in child protection work. Moving into the client/community environment means different expectations, behaviours and responsibilities. It means a reflection-in-action approach (Fabricant and Burghardt, 1992). Reflection is a process of dialogue, analysis and consciousness-raising. This process creates the opportunity to pose problems and challenge us to look at ourselves, to re-visit our assumptions and values and to consider new approaches to service delivery so that programmes and services are responsive to the needs identified by communities and citizens.

Unlike the professional/bureaucratic paradigm, the client/community paradigm does not view the community as the perfect solution and as a programmatic tool to be harnessed and used. Instead, the community is being approached as a place where people, if given the opportunity to be empowered and to work together, can begin to renegotiate relationships as well as collaborate to not only redefine problems but be innovative in attempts to do things differently. Providing this opportunity underpins the community-building approach to reclaim children and communities.
families at risk. Community building is about caring, respect, acceptance and personal and social power. It is about connecting personal troubles and public issues—the personal is political. Making this connection suggests a personal trouble response of support, counselling and membership and a public-issue response that will build community. Integrating these two concepts suggests the importance for social work, as a primary profession in children’s protection, to be concerned about a generalist rather than a specialist approach to practice (Ife, 1998). Such an approach requires encompassing a broader domain in which social problems and solutions necessitate the investment of many institutions and professions only a small portion of which will be social workers involved in children’s protection. This investment must be made in the recognition that going it alone with client systems no longer works, especially with the disenfranchised and economically and socially oppressed populations.

Community building is about empowerment. Like collaboration, empowerment is a people process. It is not a ‘quick fix’. Essential to empowerment, and supported by strengths and feminist thinking, is the ‘personal is political’ framework of analysis. Significant to this framework is embracing a collaborative partnership with all stakeholders—families, parents, professionals and citizens. The personal dimension involves identifying one’s own perceptions, needs and experiences. In so doing, there is an awareness of the barriers, sources of powerlessness and struggles that people experience. For those seeking services, this awareness comes in the form of appreciation of isolation, being without resources, feeling powerless against the system, not being blamed or blaming themselves, and being stigmatized. For those providing services and their organizations, this awareness comes in the form of limitations in terms of role, bureaucratic realities, ethical conflicts, policies, lack of resources and power. For citizens, there will be an awareness of expectations, social problems, community attitudes and the importance of shared responsibility. All stakeholders benefit and become partners in mutual consciousness raising. The political dimension involves linking and identifying with each other in order to collaborate and bring about necessary changes to address the many dimensions associated with the protection of children.

Society’s continuing tolerance for major social injustices must become the focus of any work in children’s protection. Of importance is the acceptance and realization that children are a community responsibility. Their protection must be a collective concern. Community building is a process to develop this collective concern. Fundamental to the
community-building process is the recognition that past practices in child protection need to be challenged. Engaging in this challenge means a willingness to be innovative, to do things differently and to rethink values and beliefs. Community building promotes a process built on the concepts of empowerment, collaboration, feminist and strengths perspectives, and healthy communities. Of significance is the willingness to relinquish power and control. To do this appropriately means operating on the understanding that individuals, families and communities understand their own needs. Extending them the trust, respect, autonomy and opportunity to develop this understanding is essential to the community-building process.

Community building suggests shifts in thinking that include: a willingness on the part of helping professionals to become involved in protecting children and to cross traditional professional and bureaucratic boundaries; developing a continuum of services that is receptive and responsive to current realities affecting children and families at risk; moving beyond just being concerned with children’s needs to being concerned with children’s rights; a willingness to venture away from traditional practices outside the ivory tower offices; and a commitment on the part of all child-serving agencies to collaborate and to share power and resources so energies can be directed in the areas of primary prevention and early intervention.

Summary

The primary focus in child protection work must shift from being just the child and the family to include the community. We must build communities that are deeply concerned about children and families who are at risk, communities that will no longer tolerate social and economic injustices, communities that are no longer prepared to alienate families and children at risk, communities that are prepared to recognize and appreciate the strengths and contributions of all families and children, and communities that have the fortitude to move beyond the rhetoric of children being our greatest resource to taking the necessary steps in investing in this resource.

Community building promotes the following:

- A justice rather than welfare approach
- Innovation rather than change
- Strengths-based rather than pathology-based
- Built on parents and families as essential resources and partners
- Proactive rather than reactive
Based on a recognition that the protection of children is too important to be left to any one profession or agency
About discovering rather than wielding power
About community accountability
About community-driven rather than community-focused practice
Working with families and children in situations of risk and violence in the context of their neighbourhood and community

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References


Appendix

Conceptual Framework for Community Building

Purpose

Community building, according to Naparstek (1997), means encouraging activities that enhance the abilities of people to work together for a common purpose:

‘In a community building approach, private citizens and public systems come together in joint endeavours that are conceived, planned, and implemented on a small scale we commonly think of as community or neighbourhood’ (p. 14)

Weil (1996) likewise refers to community building as:

‘... an ongoing comprehensive effort that strengthens the norms, supports, and problem-solving resources of the community’ (p. 482)

Both perceptions of community building suggest the importance of a framework that is conceptualized and intended to effect change at four levels: children and families in situations of risk and violence, public and private human service organizations who work with these children and families, the service providers who work in these organizations, and the community. The framework recognizes the critical reality that the protection of children touches on issues related to poverty, violence, diversity, health, justice, gender and the community. This aligns the framework with McKnight’s (1995) community vision. This vision suggests the creation of community associations that are inclusive and provide opportunities for all citizens to be incorporated and recognized for their strengths and talents. Developing networks of relationships involving work,
recreation, friendship, support and the political power of being a citizen are fundamental tasks associated with this vision.

The framework recognizes that the protection of children is too important to be left to any one agency or profession. Instead, the investments of many stakeholders are required in order to regenerate community interest and collaborative participation.

The value base

Social justice, equality, and the worth, dignity and integrity of all people are essential values underpinning community building. Individuals and communities are their own best experts. If provided opportunities for education, support, decision-making and participation in issues that affect them, they will discover their power, strengths and abilities to be collaborative partners in building community to protect their children.

Knowledge base and theoretical foundations

- Understanding the history of child protection—changing assumptions, values and approaches. Also understanding the contemporary challenges facing social work as the predominant profession in this field (Barter, 1994, 1997, 1998; Ife, 1998; Swadener and Lubeck, 1995)
- Understanding the connection between personal troubles and public issues—consciousness raising and critical consciousness and the integration of feminist thinking—ensuring this focus is central to child protection work (Lee, 1994; Rivera and Erlich, 1998; Pantoja and Perry, 1995; Mullaly, 1993; Gutiérrez et al., 1998; Baines et al., 1991; Callahan, 1996; Bishop, 1994; Swift, 1995; Hutchison, 1992)
- Understanding the multidimensional crises that currently exist in human service systems and the complexities associated with these crises (Barter, 1992; Ife, 1998; Fabricant and Burghardt, 1992)
- Having a knowledge and theoretical understanding of empowerment as an approach to practice—its framework, knowledge, principles and methods (Lee, 1994; Gutiérrez et al., 1995, 1998; Rose, 1990); the strengths perspective in practice (Saleebey, 1996, 1997; Mills, 1995; Weick et al., 1989); generalist approach to practice—knowledge, competencies and skills (Barter, 2000c; Miley et al., 1998; Parsons et al., 1988; Hoffman and Sallee, 1994; Hegar and Hunzeker, 1988); collaboration as a practice framework (Graham and Barter, 1999; Barter, 1996, 1997; Bruner, 1992; Gray, 1985);
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Method

Community building is defined by this purpose, value base, and knowledge and theoretical understandings. It depends on collaborative partnerships involving the active participation of parents, youth, service providers, citizens and child-serving organizations. Community building as a method involves creating these opportunities for partnerships in order to bring about service integration and flexibility in practices (Schorr, 1989; O’Looney, 1993, 1994); the integration of individual and community practices (Smale, 1992, 1995; Jones and Silva, 1991; Smale et al., 1988); innovation (Smale, 1992); generative social services (Fabricant and Burghardt, 1992); community-based social work (Ife, 1998); community power (Lappé and DuBois, 1994); community counselling (Lewis et al., 1998); and renegotiating relationships and building community services and programmes that reflect fundamental shifts in child protection practices (Barter, 1999, 2000a,b).