

Parents in the child protection system



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The names used in this report have been altered to protect the privacy of the research participants.

The research findings, conclusions and recommendations of this report are those of Anglicare and should not be attributed to any members of the Research Reference Group. Any errors in the report are the responsibility of the author alone.



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Definitions

Throughout this report references to ‘child protection’, ‘the child protection system’, ‘Child Protection Service’ and ‘child protection workers’ all refer to statutory child protection services as defined by the *Children, Young Persons and Their Families Act 1997* (Tas). They do not refer to the broader service system which carries responsibilities for ensuring the protection and wellbeing of children in Tasmania.

Throughout the report grandparent carers are referred to as ‘parents’.

Programs and services mentioned in the research

ACF

Australian Childhood Foundation

Advocacy Tasmania

An independent organisation that provides advocacy services to vulnerable, disadvantaged and stigmatised groups across the state.

Communities for Children

An area-based intervention designed to enhance the development of children in 45 disadvantaged communities across Australia. It aims to improve coordination of services for children aged 0-5 years and their families, identify and provide services to address unmet

needs, build community capacity to engage in service delivery and improve the community context in which children grow up.

Doorways to Parenting

A program designed to support families in the child protection system.

Drug and Alcohol Pregnancy Service

A specialist team based at the Royal Hobart Hospital to provide holistic care for women who continue to use tobacco, alcohol and/or other drugs whilst pregnant.

Family Inclusion Network (FIN)

A support network for families involved in the child protection system.

Family Matters

A program which aims to prevent homelessness by assisting families to maintain their current accommodation and to improve housing, financial and family stability.

Gateway

This is a 'one stop shop' designed to provide a single entry point for families into the service system and to enable assessment, planning and coordination for families. Gateway provides advice and information to families and professionals.

Good Beginnings

A service which provides early childhood and practical parenting programs for children and families across Australia.

Integrated Family Support Services

This is the network of intensive family support services. These services are designed to prevent the separation of children from primary carers as a result of child protection concerns and to reunify families where separation has already occurred.

Kids in Focus

A program which aims to improve outcomes for children in families with substance misuse problems by providing integrated, long-term, intensive support to vulnerable families and children at risk.

Newpin

A national preventative and therapeutic program which works intensively with families facing potential or actual child protection issues.

1-2-3 Magic

A program that provides methods for addressing child discipline, encouraging good behavior and strengthening the parent-child relationship.

Pathway Home

A program designed to support children and families through the reunification process.

Speakout

An advocacy organisation for people with disabilities.

Frameworks and approaches mentioned in this report

Case management

This is the process of assessment, planning, implementation, monitoring and review.

Case work

This refers to the practical day-to-day involvement with families. Generally it comprises the implementation of a case plan, the coordination of services and supports, and monitoring.

Plain English

Clear, brief and direct writing in English. Emphasises avoiding technical language. The goal of plain English writing is to be understood.

Inter-agency support teams (IASTs)

IASTs were established in 24 local areas to share information across various agencies. They aim to address the needs of youth at risk of further involvement in the criminal justice system.

Sanctuary Model

This is a trauma-informed approach to creating or changing an organisational culture that can more effectively deal with traumatic experiences and promote therapeutic interventions and healing.

Signs of Safety

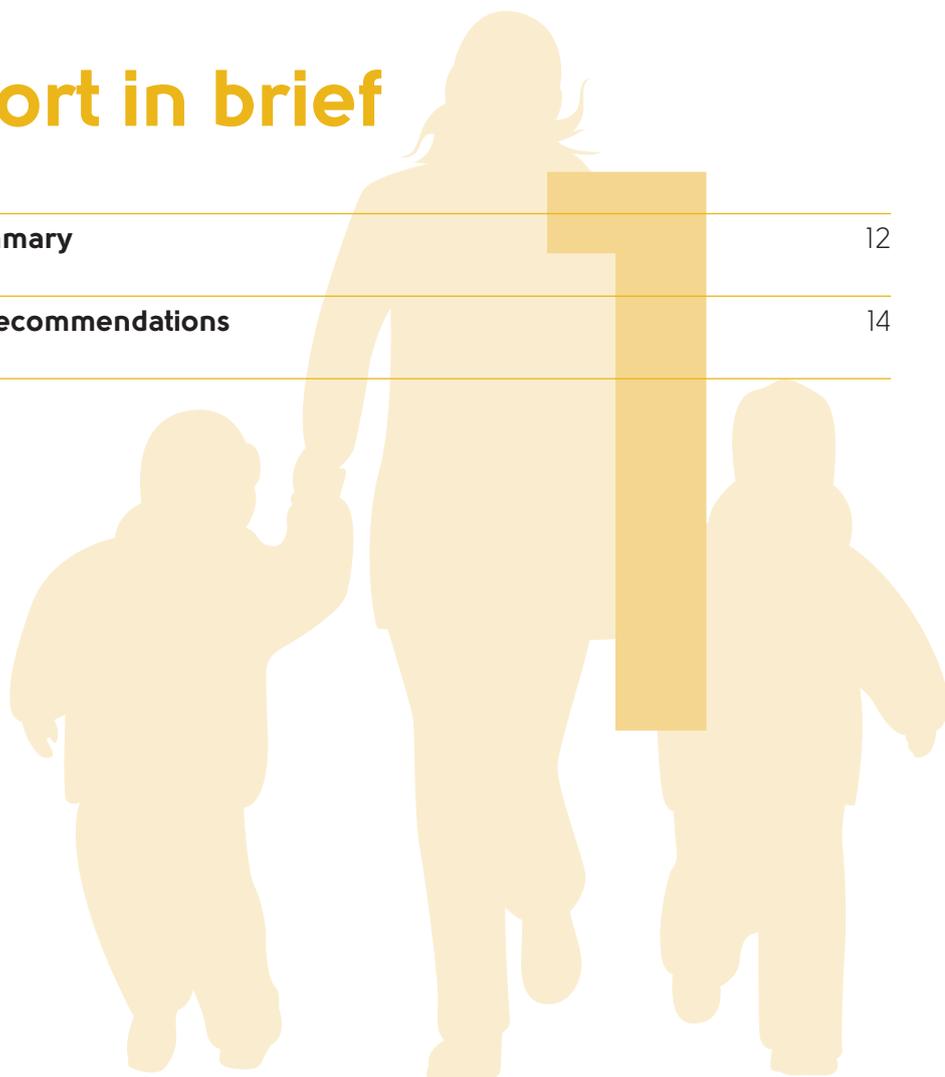
This model provides a template for practitioners to elicit professional and family views about concerns, existing strengths and safety. It focuses on how workers can actually build partnerships with parents and children in situations of suspected or substantiated abuse.





Part 1: The report in brief

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1.1 Executive summary

This report documents the experiences of 47 parents who have been involved with Tasmania's Child Protection Service. It also covers the experiences of over 140 frontline workers employed by 40 different non-government services (NGOs) that have provided support to these parents. In addition, the research involved speaking with 16 child protection staff from across the state and five lawyers involved in child protection work. The aim of the research was not only to chart what happens to parents within the Child Protection Service but also to collate their views and those of NGOs about how to improve the design and delivery of services. A key focus of the report was working in partnership. The report explores the challenges involved for parents, for NGOs and for child protection workers to work together in partnership to best support children.

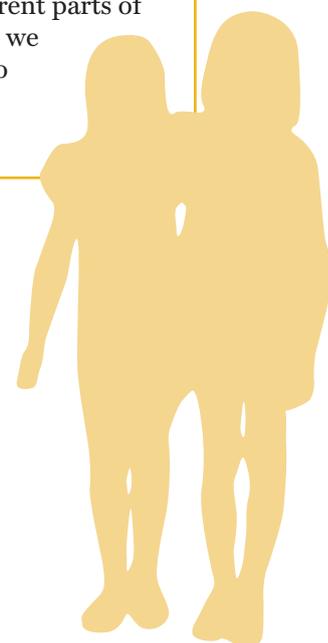
The research found that parents were struggling in an adversarial system which offered little in the way of support or advocacy and limited opportunities to participate in decision making. The key findings are:

- Parents, NGOs and child protection staff reported **difficulties in working in partnership**. Although the research found numerous examples of collaboration where families, NGOs and government services had worked effectively together and achieved good outcomes for children, this was not consistent across the service system and research participants described a 'personality-driven' service where outcomes were highly dependent on individual workers and their ability to build collaborative relationships with parents.
- Despite an expectation of assistance from the child protection system, parents were confused by **the lack of a coordinated response** to their support needs. Although they valued highly the support they received from NGOs, many were in contact with a range of different organisations, each of which was meeting some but not all of their needs. They described this as frustrating. They also described how their awareness of the mandatory reporting requirements for support services operated as a major barrier to seeking assistance with their problems. In particular those seeking reunification with their children were bewildered by trying to meet an array of conditions imposed by Care and Protection Orders, which they described as 'jumping through hoops', and a lack of clarity about goals and timescales. New reunification programs are having a significant positive impact on these experiences.
- **Skilled advocacy for parents within the child protection system is limited.** Those parents who had been able to access advocacy had found it invaluable in providing information which clarified their situation and support to help them negotiate the service system. It was especially useful in dealing with court processes where advocates were able to work alongside lawyers to support parents. Child protection workers also valued working with experienced advocates who were able to improve communication with parents. However NGO workers who had taken on an advocacy role for parents reported mixed responses from the child protection system and that it could take time for them to build a rapport with child protection workers.

- Those NGOs working most closely with child protection have pro-actively built **collaborative relationships with child protection workers**. Services supporting parents but operating more on the margins of the child protection system shared the same sense of confusion and frustration as parents. NGOs across the board expressed concerns about the thresholds for child protection intervention, their own role in the monitoring and surveillance of families and the missed opportunities for using NGO expertise and knowledge about families to improve decision-making.
- Parents with children in the out-of-home care system reported a range of difficulties in **maintaining positive relationships with their children**. These included constant changes to access arrangements, including cancellations of access visits; covering the cost of visits; the way in which visits are managed and supervised; and relationships with their children's carers. Particularly invisible are the needs of those parents whose children are on long term Orders and their struggles to maintain relationships with their children while dealing with their own grief. Overshadowing these experiences are the concerns parents have about what is happening to their children in the out-of-home care system and how far their children's needs — both practical and therapeutic — are being met.
- Overall, being involved with the child protection system can have a profound impact on parents' lives. The sense of grief, loss and stigma, dealing with the financial implications, coping with the impact on family relationships and attachments in the longer term can all turn lives upside down. This translates into **a significant impact on other parts of the service system** as both Government and NGO services — in mental health, alcohol and drug services, housing and homelessness services, and family support services — try to ameliorate the impact and help to repair the damage to both children and parents. However these families can remain 'nobody's client' where no one service has a holistic overview of their circumstances.
- Both parents and NGO workers were able to **translate their experiences into suggestions about how to improve the service system and service delivery**. There was a clear consensus about what these changes should be. They included better engagement and partnership working with parents, more intensive and holistic support and advocacy for families, improved service standards across the child protection system, the coordination of services and a better deal for children and young people in the out-of-home care system. They also included mechanisms to ensure that the voices of parents and their experiences are heard and used in developing and designing policy and services.

HOW TO READ THIS REPORT

This is a comprehensive report of the experiences of parents, with supporting evidence from NGO workers, child protection workers and lawyers. Each section is presented so that it can be read on its own and you can use the hyperlinks (in digital copies) or the coloured tabs to navigate your way through. However, if you wish to have a full understanding of how families move through the child protection system and how the strengths and weaknesses of the different parts of the system affect them, we would encourage you to read all sections.



1.2 Summary of recommendations

IMPROVING SERVICE STANDARDS

RECOMMENDATION 1:

That the State Government/Child Protection Service incorporate the following as part of standard practice:

- Clear, accountable and transparent decision making processes which involve parents from the very beginning of their contact with the child protection system or prior to it;
- Clarity about goals and timescales;
- Recognition of the parental responsibilities of men and their inclusion in decision making about their children;
- A culture which offers choices, hope and empathy and which treats people with respect; and
- Recognition of the importance of relationships between individual child protection workers and parents for positive outcomes. This requires the building of communication and engagement skills across the workforce and promoting consistency in practice.

RECOMMENDATION 2:

That the State Government ensure the full involvement of families in making decisions about the safety and wellbeing of their children from the beginning of their contact with the Child Protection Service.

PROVIDING SUPPORT

RECOMMENDATION 3:

That the State Government invest in the provision of intensive support for families at risk of entering, or already within, the Child Protection Service.

RECOMMENDATION 4:

That the Child Protection Service ensure that a care/support plan for families (as well as for children) in the system is developed as a matter of course. The plan should have clear goals and targets which are regularly reviewed.

RECOMMENDATION 5:

That the State Government explore ways of providing easily accessible support for families in crisis or pre-crisis which are not overshadowed by the fear of child protection involvement.

RECOMMENDATION 6:

That the State Government review long term support mechanisms for parents with a disability.



SERVICES WORKING TOGETHER

RECOMMENDATION 7:

That the Child Protection Service acknowledge the contribution and expertise of NGO support services and proactively build good working relationships to ensure a holistic picture of family circumstances and to promote better decision making.

RECOMMENDATION 8:

That the Child Protection Service invest in specialist posts to foster working relationships with external agencies and stake holders and raise awareness of issues affecting particular cohorts of parents. These might include Aboriginal parents, parents from culturally and linguistically diverse backgrounds, and parents with mental health and/or drug and alcohol issues.

RECOMMENDATION 9:

That the State Government ensure the development of a coordinated approach between Child Protection, Housing Tasmania and Centrelink to reduce the severe financial impact and risk to housing for families of contact with the child protection system and reunification processes.

RECOMMENDATION 10:

That the State Government promote awareness-raising in adult services about the experiences of parents within the child protection system and its implications for outcomes for their services.

OUT-OF-HOME CARE

RECOMMENDATION 11:

That the Child Protection Service pursue mechanisms to encourage partnership working between birth families, carers and child protection workers for the best interests of children.

RECOMMENDATION 12:

That the Child Protection Service be adequately resourced to promptly assess and meet the therapeutic needs of children and young people in the out-of-home care system.

RECOMMENDATION 13:

That the State Government review the service system in order to reshape it to better meet the needs of adolescents who are putting themselves at risk.

RECOMMENDATION 14:

That the Child Protection Service proactively utilise opportunities during access arrangements to improve parenting capacity and foster positive attachment between parents and children.

RECOMMENDATION 15:

That the Child Protection Service be resourced to meet its obligations to facilitate access arrangements as ordered by the Court.

ADVOCACY, REPRESENTATION AND PARTICIPATION

RECOMMENDATION 16:

That the Child Protection Service review both the written and verbal information available to parents and the points at which it is disseminated to ensure it is easily accessible and understandable. This should be done in consultation with parents.

RECOMMENDATION 17:

That the State Government ensure an entitlement to legal representation for parents involved in Care and Protection proceedings.

RECOMMENDATION 18:

That the State Government ensure access to free, expert independent advocacy for parents and acknowledge its place within the Child Protection Service.

RECOMMENDATION 19:

That the Department establish a consumer engagement strategy to ensure the ongoing participation of parents with experience of the Child Protection Service in making decisions about the design and delivery of services.

LEGISLATION

RECOMMENDATION 20:

That the Object of the Children Young Persons and their Families Act 1997 (Tas) 'to provide for the care and protection of children' be changed to 'to ensure the best interests of the child'.

RECOMMENDATION 21:

That Supervision Orders be promoted by the Act to provide further opportunities to work with families to address concerns without removing children.

RECOMMENDATION 22:

That the Act provide a framework for ensuring that families are involved early on in decision-making and that opportunities for resolving problems without having to go to court are maximised.



Part 2: Pathways through child protection services: parents' experiences

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2.1 Introduction

This report describes how the child protection system in Tasmania works and parents' experiences of getting involved in it and moving through it. We spoke to parents in a range of different situations — in the middle of court proceedings, during and after reunification processes or coming to terms with 18-year Orders and the permanent loss of their children. It describes what their circumstances were at the time of first involvement, their pathways through notification, investigation and assessment processes, the removal of their children and reunification and of the support available to them from child protection and NGO services.



2.2 Overview of the service system

Child Protection comprises one part of the Children's Service system where government agencies, non-government organisations and the private sector deliver universal, secondary and tertiary services to vulnerable families and to children. Concerns about the child protection system (Jacob & Fanning 2006) and the level of notifications together with a review of the family support service system (DHHS 2005) have led to new organisational structures for children and family services in Tasmania. A key aspect of the reform agenda has been the development of a more coordinated family services system to avoid unnecessary contact with the child protection system and provide support to families. The key elements of this system are:

- **Gateway services** established in 2009. Their purpose is to enable system navigation, assessment, planning and coordination and provide single community entry point that allows families to ask for support and for other professionals to refer them for support without reference to the child protection system. They are intended to provide an important preventative role by providing advice and information to families

and professionals. There are four Gateways across the state operated by non-government organisations. A community-based child protection worker is co-located with each Gateway. This worker assists in decision-making around referrals of children and young people to family support or child protection services.

- **Integrated Family Support Service (IFSS)** providing a range of services promoting the wellbeing of families and children. These are accessed via Gateway and can range from providing basic advice and assessment to more intensive case work and case management interventions. IFSSs aim to improve the capacity of families and reduce the numbers notified and re-notified to child protection services.
- **Targeted Youth Support Services (TYSS)** Targeted Youth Support services provide intensive case management and therapeutic case work to young people aged 10-18 years who are vulnerable and at risk of engagement with the child protection or youth justice systems.

In 2011 Disability Gateway was added to this model to provide a single access point for family support and specialist disability services.

Early years services are integrated and linked into Gateway through **Early Years Parenting Support**, providing targeted intensive parenting support for vulnerable families with children aged 0-5 years, for example Newpin and Good Beginnings. **Child Health and Parenting Services (CHaPS)** provide specialised services, for instance for young first time mothers. **Child and Family Centres** are multi-service centres aiming to meet the health, education and care needs of local children from birth to 5 years as well as supporting and empowering families in the parenting role, strengthening local communities and offering pathways to employment. It was anticipated that up to 30 Centres would be established over a four-year period across the state. To date 12 have been established.

Gateway aims to enable vulnerable families to ask for support when their problems emerge, avoid entry into statutory child protection and reduce the demand on child protection services so that they can focus on serious abuse and neglect. A recent review of Gateway and Family Support Services (DHHS 2012b) found that the model had slowed the rate of entry into out-of-home care and that significant numbers of families were being diverted from the statutory system to family support services. Further, it found that relationships with external agencies and collaboration were improving and that it was an effective early intervention mechanism, although additional resourcing was required to work with complex cases. A series of recommendations identified that some operational developments were needed including improvements to information sharing and collaboration between sectors to support families and between Gateway and child protection services. There was also a need to improve public knowledge about Gateway and public perceptions of the service. The findings from the current research confirm and extend this picture.

Gateway may be reducing the numbers entering the statutory child protection system but less attention has been given to how best to support families once they are in the system, either to avoid children being taken into out-of-home care or to increase the chances, if they are taken, of being reunified with their families. In particular, once families enter the system the focus for attention becomes the child, and the needs of families can be marginalised. This has fostered an absence of strategic thinking about how to best meet parents' needs.

Some of these needs are met by non-government community-based services where

a high proportion of clients can be in contact with the child protection system. These include those services targeting families with mental health or drug and alcohol issues, those who are homeless or at risk of homelessness, those working in family violence and a whole range of services providing generalist support to families, children and young people. However few are designed to work intensively and comprehensively with parents involved with child protection. The exceptions are:

- **Pathway Home** introduced in March 2011 to support children and families through the reunification process. The program is operated by NGOs and provides a foundation for collaborative partnerships between an array of services. Families are referred by the child protection system and in conjunction with the family a reunification plan is drawn up. Pathway Home can provide support during and up to six months after reunification has occurred. Across the state the program has the capacity to work with up to 40 families at any one time. As it has only recently been implemented it is as yet unknown how effective the program might be in assisting parents to address complex and multiple needs. However early indications are that it is having a positive impact on families' chances of reunification. The provider in the South is currently piloting a new program called New Directions. This offers an 8-week reunification readiness course to prepare parents for Pathway Home. Participants are referred by child protection.
- **Doorways to Parenting.** This operates in the South of the state and is run by the Salvation Army. It was established in 2010 to support families in the child protection system, to help them understand what was happening to them and to meet the conditions of Orders. It consists of a three days per week 16 week program, which covers the child protection system and how to work with it, a positive lifestyle program, building self-esteem and dealing with grief, parenting, child development, relationships and attachment. Parents graduate at the end of the program. There is also a support group, which meets monthly. In addition, the Salvation Army runs **Connections for Kids**, which provides facilities for supervised access visits and includes a community-based playgroup. This takes a proactive approach to contact between birth parents and children including purposeful play and a therapeutic approach around attachment issues.

- **Family Inclusion Network (FIN)** was set up seven years ago as a support network for families involved with the child protection system. There are now FINs in most jurisdictions but they all work on a voluntary basis (with the exception of Western Australia, which is funded jointly by Child Protection Services and Anglicare WA). FIN Australia has recently been incorporated. In Tasmania FIN has a coordinator and four trained volunteers who are either kinship or foster carers or who have been through the child protection system themselves. They work with an average of 60 parents annually in the South of the state providing support, advocacy, supervised access and referrals to other services. However lack of funding has put considerable strain on the organisation and there are indications that it may have to close by the end of 2013.

Protocols to promote service interaction and joint working exist between the Child Protection Service and other services including Youth Justice, Disability Services, CHaPS, Child and Adolescent Mental Health Services and the Police. There is also a partnering agreement with the Department of Education. However such protocols are absent from other sectors and there are issues about how traditionally adult-focused services like mental health or alcohol and drug services might become more responsive to their clients as parents and to the impact that contact with the child protection system can have on them.

Once families enter the system the focus for attention becomes the child and the needs of families can be marginalised. This has fostered an absence of strategic thinking about how to best meet parents' needs.



2.3 The child protection system

There are four child protection area teams, one each in the North, North West, South West and South East of the state. They employ over 180 child protection workers, usually with tertiary qualifications in social work, psychology or equivalent areas. There are also support workers who provide day-to-day support for children in out-of-home care, parenting support and supervision during access and transport to and from contact visits.

Generally families come to the attention of child protection when someone is concerned about a child's wellbeing and makes a report (a notification). A notification can be made either straight into the child protection system or through Gateway. The area Intake Team is the entry point for the statutory child protection system and it receives notifications and carries out initial enquiries. The Team does not provide a face-to-face service and usually enquiries take place on the telephone or by email. This is where decisions are made about whether to take the notification further and if so the case is passed to the Response Team. This team undertakes investigations and processes any actions like warrants, orders and court procedures. At this stage a child protection worker will be assigned to the case. They will meet the family, talk to the child and arrange meetings with other family members and services who are familiar with the situation. A decision is made about whether the risk to the child is substantiated and whether child protection intervention is required. The response team will generally work with a family for up to 28 days following a notification and then if the case is on-going pass it to the Case Management Team.

If it is deemed warranted, action is taken through the court system to obtain Child Protection Court orders.

Case Management deal with those cases where Orders are made by the Court to protect the child either short term or long term, where the child is removed from the parents' custody and where support may be necessary. Another child protection worker is assigned and will oversee the development of a case plan, which contains the significant decisions about the child's future care and protection, details the reasons for intervention and lists goals, tasks, timelines and the people responsible in order for the plan to be achieved. The case planning process may involve either a Family Group Conference (FGC) (see section 3.2) or family meeting following an investigation and, according to Child Protection

Service guidelines should be developed within six weeks of a notification. The Case Plan must be reviewed six weeks prior to the expiration of a Care and Protection order and at least every 12 months. The case manager monitors and reviews orders and care plans, supports the family to facilitate reunification and supervises access. They may coordinate services for children and the family, provide practical and emotional support and collaborate with external agencies.

There are a range of Orders available to protect children:

- **Assessment Orders** are generally initially for four weeks and during this time specialist assessments may be carried out with children and parents, case conferences and family meetings called and reports made. There may also be referrals to support services. Assessment Orders can be extended for a further four weeks unless a FGC is called, in which case they are extended for eight weeks. During the assessment period the child may remain with the family.
- **Care and Protection Orders** are issued when it is decided the child needs longer term protective intervention and the family needs on-going support. The child is removed to foster, kinship or other care. Orders can impose conditions on the child, the guardian, the carer or the person who has custody. There are:
 - **Short-term Orders** up to 12 months. These can be extended for up to a further two years. During a 12-month Order parental access to children is usually initially fully supervised moving towards unsupervised access.
 - **Long-term Orders.** These place the child under the guardianship of the Secretary of State until they are 18 years old. Usually, access is restricted to a few times a year but this is decided on a case-by-case basis.

The Out-of-Home Care Team provide placements for children in kinship and foster care, family group homes and rostered care and recruit, assess, train and support carers.

The Child Protection Service in the South of the state has recently restructured. The Case Management Team has split into two: a 12-Month Order Team where the focus is on facilitating contact with children and promoting reunification and an 18-Year Order Team where

the emphasis is on permanency for the child and often less contact with the birth parents in order to promote attachment outside the birth family. The goal of this restructure is to promote stability and permanency for children.

At every stage in the child protection process risk is assessed using the Tasmanian Risk Framework. This is an evidence-based professional judgement tool to guide child protection practitioners to assess immediate safety and the risk of future harm to a child.

2.4 Experiences of Gateway

Gateway and the network of family support services that work with it is a 'one stop shop' for people who need support in many different areas and to prevent them entering the child protection system. It links parents to advice, information and support for parenting and is accessed through a 1800 number or by referral from another organisation. Gateway and Integrated Family Support Services (IFSS) do not work with families in the child protection system. However a number of parents in the research had experiences of accessing Gateway services prior to their contact with child protection. For some it had been a very positive experience and they particularly appreciated home visits, someone they could talk to and a hands-on approach. However experiences of the service were very relationship based and could depend on whether a positive relationship developed with workers.

I had a family support worker through them when Ella was born. It was really useful especially when it got to the stage where she started eating food. She is my third child and I knew how to change a nappy and stuff like that and how to bath a baby but I didn't know about introducing solids. I saw them once a week and it was really helpful and she was with me for 12 months. She would give me information about things and she helped me a lot. (Parent)

I had one lady. She was horrible; I didn't like her at all. I was disappointed that workers were changing and you'd get one person, she had to leave for maternity and I loved her. She gave me a lot of support, communication, ideas and structure around family. I felt comfortable to talk to her. If you don't feel comfortable with someone you won't talk to them. I didn't like the other workers. There was too much "you do it this way", "you're doing things wrong" all the time. Why would you want to get help from these sorts of people? (Parent)

Yet, these were parents who subsequently moved into the child protection system and where Gateway had been unable to meet their support needs. They commented on long waiting lists to get an IFSS worker, being given information over the telephone rather than any practical help and inadequate amounts of support to provide solutions or help with the problems they were experiencing. One parent who was struggling with her teenager and who wanted intensive counselling reported being given some information from the internet about adolescence. One of the biggest difficulties they identified was the inability of Gateway to provide intensive support or more than a couple of hours a week of assistance. Those who had positive experiences of Gateway also commented on how difficult they had found it to lose that support once they moved into the child protection system.

Some parents had experienced a sense of betrayal when, on approaching Gateway for help and receiving it, they had subsequently been referred into the child protection system. The experience made them reluctant to engage with or trust other services.



With Gateway services if someone moved in with you during that early intervention instead of just coming round for two hours and everything be hunky dory. If they are going to spend so much money on children in care why aren't they spending that money on parents if these parents are worth it, if they've got great potential, if they have a sense of the reality of their dysfunctional life and want to change a bit why not just chuck in a worker or an early intervention person. If someone could have stayed with us for a couple of days a week that would have actually helped us a lot more than what did happen. Two hours a week just wasn't enough for us to see the real reality. (Parent)

To start off with I had a support worker from Gateway. I wasn't with them for very long. It was only for a few months. It was really good because they told me I could ring them in an

emergency on the mobile number so I could ring after hours when I needed to. That fell in a hole when Kerrie went into care because they can't work with families once the child goes into care. I was furious. I went through all sorts of emotion. I think it's like grief. When she said I'm not able to work with you anymore I found that really hard because Kerrie and I by that time had a rapport with this lady. She had been giving me positive feedback about me being a good mum and some of the things they had seen me do with Kerrie they were so impressed with. And to get that positive feedback is really just so encouraging. There was no one really filling that gap. (Parent)

As one parent said, 'Before you get involved with child protection there should be Gateway, but Gateway is not working. They don't have the workers there, they don't have the expertise.' Some parents had experienced a sense of betrayal when, on approaching Gateway for help and receiving it, they had subsequently been referred into the child protection system. The experience made them reluctant to engage with or trust other services:

With our 10-year-old we were having difficulties in setting the boundaries. We engaged Gateway and a lady came out to the house. We talked to her for a good hour and a half and we implemented what we were instructed to do. Basically we were too soft on our kids and we should give punishment and not back down. We did that and then she chucked the hugest paddy, pulling her bed apart, pulling her mattress in half. She said I'm going to go and dob on you to my social worker. The next minute the social worker is ringing up child protection and they tell us we're taking the child. (Parent)

I don't really trust anybody because of the services that we have been through in the past and the experience that they've actually lied and said things to child protection that wasn't even the truth. And that's where we are today because of that. I don't trust places like that. (Parent)

There were particular concerns with accessing support with disability issues through Gateway. One advocate described a case of a young couple who were expecting their first child. The father had Asperger's and the mother a mild intellectual disability. They were married, both working and living very independently. They contacted Gateway to get some help with his anxiety. In the course of talking to them Gateway found she was pregnant and that they both had a disability. A referral was immediately

made to child protection. Although there were no other risk factors the pregnancy was then monitored and it was assumed there would be issues around their parenting capacity.

2.5 Getting involved with child protection

Interviewees were asked to describe how they first became involved with child protection and what their circumstances were at the time. Every family's situation is different with a unique combination of factors, vulnerabilities and risks. This makes it impossible to produce a typology for the families in our sample. Descriptions were also mediated by what information parents were prepared to share with the researcher, a stranger. They reported a range of circumstances ranging from young single mothers who, to use their own words, 'partied' through pregnancy and their children's early life to those who had experienced family violence, which had resulted in mental illness and alcohol and drug use. There were those who were new to the state and suffering from social isolation, which had led to excessive alcohol use. There were large families where a combination of housing instability and developmental problems for some of the children had tipped them over the edge. There were parents dealing with children with fetal alcohol syndrome and other developmental delays. And underlying all of these issues were parents' own difficult and traumatic pasts, which might have entailed experiences of being abused and neglected themselves and being in out-of-home care. The following descriptions assist in painting a picture of the kinds of difficulties parents were facing when notifications were made.

The people who I used to hang around with are a really bad influence. He would have been about four weeks old and I was going up there to stay with a friend for the weekend but I ended up staying up there with everyone couch surfing, taking him with me and I was drinking with him. He was literally being passed around to everyone and I was getting someone to look after him. How welfare came about was my mum actually said if you want to live a party life give him to me, I will take him home, look after him. At least he'll have a routine and you can come home whenever you want. But I carried on being me, told her that he's not leaving me. Apparently people had already called welfare on me but they need a certain amount of notifications before they act on it. So mum being mum went down the welfare office and told them what was going on. (Parent)

I had an issue with drinking because I had nobody to talk to most of the time so I stayed home and drank. I was isolated and I didn't have any friends and didn't know anybody and the only contact with my family was phone. But then it got a bit rough and the police were involved and that's when the child protection came in too. There was some domestic violence. That's when everything started happening. There was a notification and they started looking into our situation. Our children were looked after. The only way they suffered were the arguments John and I had. I tried to protect them and we worked everything out. They didn't miss out on school or nothing. (Parent)

He was jailed several times for abusing me and I was hospitalised a lot of times. We had our names changed but a lot of the times I tried to leave him he would get out of jail, come around and say his whole life had changed. So then I'd have to move again and the same scenario would happen. It went on for years. Family services got involved, they were really nice. They were helping me without him knowing to get my courage up so I could get the supports needed to leave him. I ended up having a breakdown and I didn't know I was getting sick. (Parent)

We weren't keeping up with the appointments with the child health nurses. And yes we were guilty of that, trying to do everything. It was really hectic at the time and you forget things. It really isn't an excuse and we could have done a bit better, we could have been more organised. They were trying to say because we were poor we couldn't do the job properly with the kids. They were trying to say that I wasn't feeding Jason properly. (Parent)

Jake was one when he was taken off me. Sian was going through that terrible teen stage, running away from home, getting in with parents who were on drugs, my family turning her against me. There were so many dramatic situations. My focus was to try to keep my family together but Sian's destructiveness did not play a good role. I can understand why she went into child protection but Jake on the other hand should never have been taken off me. I was rebelling against Sian and yelling and screaming in the home. So I wasn't a perfect parent and there was a lot of aggression towards her, verbally, not physically. I was trying to keep things together but it wasn't happening. (Parent)

Three parents in the sample were not in the child protection system but they wanted to be. In each case they were trying to get some

assistance in coping with difficult adolescents. They included a father with intellectual disabilities coping with two teenage sons recently returned to him by their mother and a couple who had sought a Care and Protection Order for their teenage son who had left home. All assumed that child protection would be able to help in these circumstances. However because their children were teenagers and putting themselves at risk — rather than being at risk because of the behaviour of parents or carers — there was no help forthcoming.

I rang child protection and asked them if they could help. I said look my daughter's taken off, how do I go about getting her back. I've called the police. I rang everybody I could possibly think of to get my daughter out of there. I called child protection for help because that's what they're there for and they just don't do anything. I don't know where she is or who she's with, anything could happen to her. The worker said she couldn't help at all and she didn't refer me to anyone else. She just said she's old enough to make her own decisions, we can't do anything. (Parent)

2.6 Notifications, investigations and monitoring

Parents were asked about their experiences of notifications and investigations. Much of what they said about being assessed, investigated and the kind of evidence used to substantiate allegations of abuse or neglect is reported in Part 6 'Going to Court'. However some parents did express concerns about the notifications that had been made about them, particularly in terms of the response from child protection and their ability to verify allegations.

We can't just ring up a policeman and say that person just broke into a car, can you go and put them into jail for three months. We have to have a policeman come to our house and take a statement. If you are that concerned about a child's wellbeing you should be prepared for welfare to come to your house, take a statement about what you're worried about. This ringing up on the phone, I could get someone's kids taken off them today if I wanted to be nasty. It's the cruellest thing to do to anybody. It's just hearsay. People are ringing up and dobbing people. They gather as much information as they can first rather than saying are you prepared to give us a sworn statement to this effect. (Parent)

In Tasmania over two-thirds of investigations (68.3%) carried out by child protection are

substantiated. Of these about two thirds again of the children involved are admitted to Care and Protection Orders and most of these are removed from their families. This leaves about 300 children in families that are being monitored and supported by Case Management to change any behaviours that might be putting their children at risk. There were a number of parents in our sample who had experienced this. They described what it was like to be monitored by the Department and to live under the threat of removal. This was difficult when they felt that decisions were made about their situation based on superficial insights or one-off visits and when there was an antagonistic relationship with the child protection worker.

The Department they only saw what was happening when they first walked in, they never saw what was happening behind closed doors. They walked in and they see the whole place a mess with cans everywhere. Alright we're going to come back, we're not going to tell you when we're coming back. It's going to be another surprise and if we see this again and we see your children are like this we're going to take them. That was the thing, my house was clean, I was in my pyjamas, I'd just got the washing off the line and put it on a chair. My house was clean, and they walked in and had a go at me about my washing on the chair. That morning I changed Tiana's nappy and I had the wet nappy sitting on my bedside table and I'd forgotten to take it out. They gave me hell. (Parent)

I had child protection come every day to sight her after she was born. The first day she walked in my house she asked to see her so I took her into my bedroom where I had the basinet and she unwrapped her to make sure she wasn't wet. I said she's my two day old baby and I'd just got her to sleep and you're doing that. She just watched what I was doing with her. She didn't help. Nine months I put up with child protection telling me that I couldn't have this person near Ella, I couldn't go to Launceston every weekend like I had been to see my son, I couldn't do this, I couldn't do that. I've had yelling matches with this worker. I've refused to let her into my house, refused entry at all for child protection into my house. At one stage I rang up and said look there's no way you're coming in my house because I am having a break. She is five months old and she hasn't been away from me more than five minutes. I need a break for the night, I need to go out, I need to let my hair down, I need to be me, just for one night and then come home the next day and be mum. (Parent)

Some parents spoke about extreme cases of surveillance. In one instance a parent stated that child protection workers had searched their bins one evening looking for evidence of alcohol consumption.

We bumped into the child protection workers at the supermarket and we had them follow us around while we did our shopping. We felt so uncomfortable that we put our shopping down and left. (Parent)

2.7 Removal

Six hundred and thirty eight children were admitted to Care and Protection Orders in Tasmania during 2011-2012 with the bulk of these being removed to foster or kinship care (AIHW 2013). Out of the 38 households in our sample 35 had experienced the removal of one or more children from their custody. Parents described what had happened when their child(ren) had been removed, the kind of support available to them and their response in the immediate aftermath. Children had been removed in varying circumstances, from a child protection office, from their home, from hospital, from school. The majority of removals are planned where children are handed over by their parents to child protection workers. Others are more traumatic but many descriptions shared the heartbreak, the shock and emotional turmoil and the lack of support in dealing with the situation. Some parents described children being removed with little or no warning, with no supports in place before the removal, and they reported that they had had no referrals or contact numbers given to them about where they could go for help after removal.

Welfare went and took my kids from the school because they reckoned they weren't being looked after. I didn't even know they'd taken the kids. They didn't come home and they weren't home by 3.30. I was so worried about them I went up the school and asked the principal. He said the welfare department came and collected. I tried to contact them but it was after hours so I didn't find out anything until the next day when they contacted me. It was so horrible and the first thing you think when your kids don't come home from school is that someone has kidnapped them. I can remember walking back from that school. I cried all the way back. I couldn't get through on the phone to anybody, nobody rang me. (Parent)

A number of parents described being told that their children had been taken with what

appeared to be scant regard for the impact it would have on them.

I got an invite from child protection to a meeting and I was late. I'm waiting at the bus stop to get up there and a policeman comes over and says don't worry about going and picking the children up they've been taken by welfare from the school. I am sitting at the bus stop crying, howling. Your whole world has fallen apart and I am hanging onto the policeman's trousers saying sorry I just have to hold onto something. He just left me at the bus stop. I should have had a person in a government car telling me, not the local policeman and leaving me. I was a mess. I was on my knees howling. It's like you've been gutted. That's the best way I can explain it. It's very, very cruel. I've never ever seen so much cruelty to another human being. (Parent)

Particularly distressing was experiencing their children's anguish at being taken from them. In some cases children were forcibly removed from parents' arms. In other instances children were taken from their beds late at night or early in the morning.

Child protection came here at quarter to 10 one night and ripped a little 11-year-old girl out of her bedroom, out of her home with two police officers. It was disgusting. They are supposed to be child friendly and that's not thinking about a child. You couldn't have got any more badly managed if you tried. (Parent)

I was there with my daughter and my son and the police turned up with the welfare. I had a big sliding door at the front and I wouldn't open the door. They ran around the back and they were peeking through the back window. They said if you don't open the door we're going to kick it in, don't make this any harder than it has to be. My kids are hanging onto me screaming. They come and take them so quick. That's intimidating to kids. There must be a better way than that surely. It's evil. It's traumatic, they don't understand; they scream, they think they've done something wrong. (Parent)

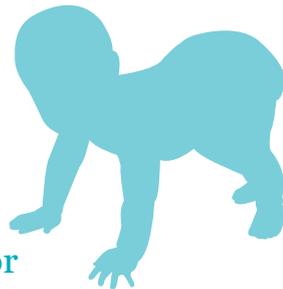
Particularly distressing was experiencing their children's anguish at being taken from them. In some cases children were forcibly removed from parents' arms.



It is considered to be good practice to remove babies as soon as possible after the birth. Three parents described this and how difficult it had been for them.

When Meg was born a gentleman come into the birthing suite and said Meg would be immediately removed from our care. That was the first time we'd had sort of any sign of anything happening. The midwife we had at the time got us 15 minutes to spend with her before they come and took her to neonatal. Then we weren't allowed in there without supervision. It was very confronting. (Parent)

They told me they weren't going to take him the whole time I was pregnant and then they came in two hours after I had him and they said they're taking him. A fortnight went past. My worker turned up and said you've got 15 minutes before the car is here and the baby will be gone. I had 15 minutes to say goodbye to a newborn baby I was breast feeding and that I'd carried for nine months. (Parent)



Although some parents immediately began trying to meet any conditions that had been stipulated for reunification; for example stopping drinking or getting rid of a violent partner, a common reaction to removal was to 'go feral' for a while.



When new babies are removed a priority can become ensuring a supply of breast milk. This can dominate parents' lives.

With our baby she was premature and when she was taken I was still breastfeeding. They said we are going to take your baby and if you don't cry now then you'll go home and cry. That's my human rights and to speak to me like that. It was disgusting, it was cruel. I was humiliated at the hospital. I was up pumping milk of a night and I had to take milk in every day to welfare. At the time we were bussing.

I would store all my milk, I would freeze it, I would label it and I would take it in. There were a few times when it never even got to her. I would pass it over at reception. They would put it in the fridge and they would pass it onto the worker. But he would neglect to pick it up and pass it on. He would never take responsibility for that, that was the receptionist's fault, not his. She really needed the breast milk and they put her on formula. (Parent)

Even when parents were in agreement that children should be removed it was still traumatic.

They tried to get hold of me to say they were taking an Order out to put her into care permanently for 12 months. I knew I couldn't cope and that it was the best decision. They reassured me that it had nothing to do with what I did, that I was a good mother. [But] they didn't get hold of me. I just got the affidavit. I'll never forget it. It was just wrong how they went about doing it. I was very upset. They should have warned me and told me that was what they were doing but they didn't. I was a mess for a long time because of the way in which it was done. (Parent)

Several parents remembered enduring a wait before being given any information about their children's whereabouts or any contact with them.

When Nick was allowed to be discharged from the hospital I went to take him. They said no you're not allowed to because child protection is taking him from here. The lady came and got him. I walked out of the hospital to watch what car he was getting in. It was just one of the silver government cars. I watched them drive out of the hospital not knowing where he was going, what they were doing, anything. If they gave me the time of day to let me understand properly what was going on, to start with letting me know where my son was going instead of letting me fret and freak out. I had no idea where he went from the hospital, no idea at all. It's just like a black spot from him leaving. Then I don't remember anything probably at all for months. They took him from the hospital and I didn't even get to say goodbye. I didn't even know where he was. (Parent)

Although some parents immediately began trying to meet any conditions that had been stipulated for reunification; for example stopping drinking or getting rid of a violent partner, a common reaction to removal was to 'go feral' for a while. Parents described increasing their use of drugs and alcohol to dull

the emotional pain or block it out altogether and having difficulty in recollecting that period in their life. A mother said that when her oldest child was removed she went on the road for six years in an effort to forget. They also described being depressed and even suicidal.

I went on a bit of a bender. Everyone left me; everyone downgraded me as soon as my kids were taken. My partner left me and the day my kids were taken, my house got raided. To be quite honest, I can't quite remember. I wasn't normal. I went feral for a while, drinking all the time, tried to kill myself a few times. I cared about my kids and I was in denial about that. I ended up stopping seeing them for a while because I needed to get better. When I first lost my kids one night I decided to take all my sleeping tablets and alcohol and I woke up in the clinic. They sent me home and said there was nothing wrong with me. That day the cops dragged me back there because I'd slit my wrists. (Parent)

After she got taken I went downhill for about three months and drank and drank and drank. It was a very difficult time when she got taken. (Parent)

2.8 Reunification processes

When children are removed they are placed either on interim Orders where the goal is reunification if possible or a long-term Order where it is considered that the best interests of the child will be met by permanent placement elsewhere until they reach adulthood. During 2011-12 there were 120 applications for Care and Protection Orders to 18 years of age (Magistrates Court 2012). Among our sample there were parents who were hovering between the two, on interim Orders but living with the threat of an 18-year Order.

Reunification processes are managed by the Case Management Team (or the 12-Month Order Team in the South of the state). They involve asking for and supporting behaviour change in parents to address the risk factors that brought them into the child protection system. They also involve a gradual increase in contact with children moving from supervised to unsupervised access, overnight and weekend stays. The recent establishment of Pathway Home has revolutionised the experience of reunification for many families and was highly regarded by child protection workers, parents and NGOs.

They did a couple of home checks and saw things were clean and tidy so that Nick could

have home visits. They arranged the transport to pick him up from where he was living and drop him off here every Monday and Wednesday mornings. The times increased to all day Monday and all day Wednesday and Friday morning. And then it was Saturday and all of Sunday. Nick is home now. He stayed for two weeks, went back for one week to her and then stayed with me. Now he is legally home. Welfare come and do a random check. It was every week and then two weeks and now I haven't heard from them for a while. Now they don't officially have anything to do with us and in September the court order runs out and they leave. They can't come back here unless they get more notifications that I'm not looking after the kids. (Parent)

Parents described a diversity of experiences of reunification. There were those who had been reunified, those who were in the middle of a formal reunification process and working to meet any conditions attached to the process, those who were battling to be considered for reunification or those who had been refused reunification. They described the processing of Care and Protection Orders through the courts and a range of different access arrangements to their children in the out-of-home care system. They had so much to say about these experiences that there are separate chapters on each of these topics..

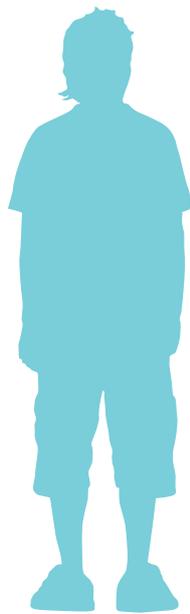
When children are placed on interim Care and Protection Orders there are usually conditions attached, which require parents to make lifestyle changes before children are returned. This may involve undertaking courses of various kinds, for example to build parenting skills or to address anger issues. It might involve addressing the risk factors that brought them into the child protection system, engaging with treatment for substance use or for mental health issues, seeking assistance with dealing with family violence or finding more appropriate accommodation. Often it requires engagement with a whole range of different services. Parents often described meeting these conditions as 'jumping through hoops'. Conditions were imposed, they complied and then because the child protection system considered that not enough change had occurred, the goal posts shifted and more conditions were imposed. For many this was like living with a series of broken promises.

They talk about goals and they say when you get to here you can do this. But when you get to there they turn around and say no, you've got to do this and this and this. You told me I could have extra time with my kids; you told

me I could have unsupervised contact with my kids. But for four and a half years I've had no unsupervised contact and they're saying they are going for reunification. You think you're getting somewhere but no. (Parent)

They told me to seek help. So I got onto the interferon. I got rid of Hepatitis C and kept up all my visits. I've never missed a visit with my children ever. I've got off methadone, I'm now on subutex. Subutex is a sublingual tablet and welfare are really happy with that because they can check urines. They are still checking my urines. I've done an anger management course, which has helped me amazingly. I'm also doing a parenting course at the end of the year. They've run out of things to give me. I've joined the 24 hour gym and I go to the gym every day. This is all I do — lawyers and counsellors, appointments, appointments, appointments. (Parent)

Reunification could be a stop/start process delayed by difficulties in bringing relevant stakeholders together for review meetings, the turnover of case workers and heavy caseloads. It could mean waiting up to three years before possibilities for reunification were even considered.



Meeting these conditions can be demanding and fill the day and as one parent said, 'It's not our life anymore.' Complying with regular drug testing, attending courses and meetings, finding appropriate housing, attending access visits with their children and having financial counselling can fill the week and completely dominate the lives of families. One parent said, 'I've always got appointments, there's always something going on and it's always about the Department.' Although many said these activities were valuable, they also complained about a lack of clarity about what they were trying to achieve, what the goals were and particularly what a 'good enough' family looked like. They considered that what they were required to do in practical terms was rarely listed or verbalised,

for example ensuring that there is food in the fridge or sheets on the beds.

They say you have to be a certain sort to get your children back and you have to do this and this and this but there is no model or structure there for you to look at. So what is the goal then, what is the final goal that I need to reach? I reach this goal and you take that away from me when the final goal is the children coming home. So you want my family to be like this, but where's the model. I can't see what you want me to do because I'm getting all these mixed messages. (Parent)

You're supposed to be this one type of parent. But everyone is different and we all bring our kids up differently. I bring my kids up the way my mum brought me up. To say well you've got to do this perfectly and be this perfect family. It's basically through us being stubborn and not wanting to change into how they want us to change. (Parent)

Engagement with these conditions varied and people reacted differently. Some addressed all the conditions. Others resisted initially and it was not until the reality of losing their children permanently hit home that they were able to engage with the process. They also complained that child protection did not necessarily monitor whether they were meeting the conditions and attending appointments, which added to their sense of confusion and lack of clarity about what was required of them.

The Department wanted me to do things. They wanted me to do anger management, drug and alcohol counselling, they wanted me to do parenting courses. I'd start one and quit, and go to one drug and alcohol counsellor and quit because I was just in big denial. Then when I fell pregnant with Ruby that's when it was like, I've got to pull my arse into gear because I can't cope with another child being taken. I had an Order on me when she was born and I was petrified, couldn't sleep or nothing until the Department said that I could take her home. So, ever since then I started getting on track and I've been getting better ever since. I still have problems along the way, I don't think that will ever stop. (Parent)

We need an Order put on you for 12 months. In that 12 months you need to do this, do that. You need to be on medication, she needs this, she needs that. I'm getting really defensive and I'm starting to get angry and my anger is coming out. It's not just with the Department, it's everyone. I am angry with the world and they are not seeing this. Then they say I can't see

the kids unless it's under supervision. So now I'm thinking I'm a bad parent and I'm the bad person. Even though I'm a victim I am the bad person. I'm hating myself and the kids aren't happy. I know they're not happy because they want to come home. Every phone call they're upset. They said it was because I was ringing but they were upset because they weren't with me. (Parent)

A particular concern was the timing of reunification and how the process could be extended by child protection through a series of renewals of interim orders. This filled parents with fear that their 'window of opportunity' for reunification would pass, the Department would then apply for an 18 year order and the children would never be returned. Reunification could be a stop/start process delayed by difficulties in bringing relevant stakeholders together for review meetings, the turnover of case workers and heavy caseloads. It could mean waiting up to three years before possibilities for reunification were even considered.

They have dragged it out. I understand from others that they won't put the child back into the parent's care anything under 12 months. They always keep them 12 months and over. With child protection it's we'll take the child off the parent, we'll pretend the child will go back and then it's like we're not going to return them now. You feel very, very powerless. (Parent)

The parents are just limboed. They are babysitting and just seeing how the parents are going to react without actually giving you anything. They expect the parent in their grief, in their sadness and in their anger to turn around and say well this is what I need instead of saying this is what we can give you. They expect parents to be above and beyond their grief and loss. The income is then another tool for them to say well you haven't even got a home. You need accommodation for this long for us to reunify the kids, for you to have overnights. The actual moving forward, where is it? Do they just give you a bit of rope and wait for you to hang yourself or do they make that wait really long and say well we'll just do this this month, we won't ring them back for another three weeks. Then we'll say we have to talk to our superiors. And all that time does accumulate to a lot more trauma and grief in parents' lives and you're living that every day. That limbo is so scary. They won't get back to you and then bang there's another notch, like a big cross on you, you've got anger issues as well because they are not getting back to you. (Parent)

This is the third or fourth support worker I'd had telling me reunification is going ahead. She screwed it right up and that was my chance that year to get my kids. That opportunity closed and after that you could see that my opportunity had gone. The point I want to make is there were four workers and the fourth screwed it up. (Parent)

Parents watched as their chances of reunification got slimmer. Although they were aware of the shortage of workers and heavy caseloads, they talked about being 'shelved' and 'going nowhere'. Some research participants reported that despite meeting all the conditions imposed by Orders they had been informed that reunification was not on the agenda because the Department had not seen enough evidence of change. When reunification processes come to a halt parents were often told that their children had formed attachments to their carers, their lives had stabilised and it was better for them to remain where they were until they were adults.

We had to do the 1-2-3 Magic and see a counsellor to sort out our issues. That helped us a little bit, a big help. We went to our stuff. He did anger management, he went to a psychiatrist, he got all his paperwork done. The issue was alcohol. We know we made our mistakes and we really regret it but they took us to court. They said to us if we don't split up we don't get our children back. So we split up and I thought they were there to pull the family together. That was the upsetting thing. We did everything they asked us to do. We did it voluntary and still they weren't happy with us. They said we were always falling back into the same old thing. But we were still dealing with the issues about talking to each other properly. We were promised reunification over 12 months ago and nothing has been done in that 12 months for reunification, no overnight stays, no daily visits, like what they promised us in court. All they've done is to keep throwing off the blame to the government and making up excuses. (Parent)

When reunification processes come to a halt parents were often told that their children had formed attachments to their carers, their lives had stabilised and it was better for them to remain where they were until they were adults.



Some were coming to terms with being told there would be no reunification and struggling to accept 18-year orders. This could be a very difficult process.

They just told us straight blunt a few weeks ago there's no reunification for you. I've worked on my problem with the drinking, John and I we're getting on well. But they said you'll fall back into that circle. I said we've learnt our lesson, it's not that we're going to make that choice the wrong way again. They haven't contacted us when our children are sick or they get hospitalised. We have to find out down the track. As parents they take all your parent rights straightaway from you. We have jumped through all the hoops the Department wanted us to and when you've done all that they pull the rug out from under you. They promised that if we separated for a while we'd be reunified but none of this has ever happened. (Parent)

Worryingly, most parents said they were not informed about advocacy services and indeed some had been told not to bring an advocate with them to meetings because it could be detrimental to their case.



If children are returned, a lack of support post-reunification can also be an issue. There is an expectation that children will have a healthy attachment to parents even after a traumatic and involuntary separation and in the face of the threat of possible future removal. Parents may be fearful of expressing affection in case of future loss or may be working through attachment issues with their own mothers. A long separation with minimal contact can mean that parenting skills have been lost. Although the reunification program, Pathway Home, can work with families for up to 40 weeks to support and sustain reunification, this is probably inadequate when dealing with entrenched intergenerational issues. Both parents and support agencies recounted instances where children were suddenly returned to families without warning and with no monitoring of sustained behaviour change of the parents. Returning several children at once could put

additional strain on a family that could break it apart.

2.9 Getting support

Given that the primary responsibility of child protection services is to protect children, how far can these services support parents and help them to reduce risky behaviours and improve environments for children? The response of child protection might be that their role is to refer parents to support from external agencies and encourage them to engage with such agencies. Nevertheless it was clear from the research that parents expected child protection workers to help them and when the expected support was absent or minimal they were confused. This lack of hands-on support had a significant impact on parents' experiences within the system.

Child protection workers can provide parents with information about their rights, about child protection processes and about available support services. As well as pointing parents towards a series of leaflets and handouts available on the internet about child protection, assessment of risk and parental rights, they can also support referrals to other services such as family and parenting services, accommodation, advocacy and legal services. In some circumstances and when it is of benefit to the child they can provide financial support for transport, to assist with the costs of access visits with children in out-of-home care and to help buy essential items like a bed for a child prior to reunification. However many parents said that they received no advice about how to get a lawyer, were not given any referrals to support services or even any contact numbers. Those who had used advocacy services had mostly found out about them through word of mouth. In addition parents reported that funding is provided on an ad hoc case-by-case basis and some families received it and others did not. They put this down to a shortage of resources.

They say we're just worried about the child, you'll have to source your own counselling. It's not "help the parent, help the child", they don't want to know about that. I kept asking the worker "who looks after the parents?" but they said "we've given [you] a list of where to go." Families require a lot of support and they may need someone to hold their hand. It's no good giving them a list of services. People need a support person, an advocate who knows what they're doing. A lawyer is not enough because they can't help you in conversations with child protection. They won't talk to child protection for you. My advice for anyone in this situation is to look for outside help as soon as possible. Don't rely on child protection to guide you. (Parent)

They can just march through your house and take over if you don't have somebody who knows your rights, knows what you're entitled to because you're very vulnerable. If you have got supports, you've got money, you've got a loving family, you don't have DHHS involved. But if you're vulnerable, you've got hardly any money, hardly anyone around to help, they just come into your house and they look down at you too, you are at the lower end of the food scale; you are the lowest of the lowest. A lot of people when they go through the Department they don't think they need support. They write the notes but you don't realise that you can write notes too and that you can verify your information and put it through. You don't know any of that stuff; you don't know how to write that and you don't know how to put it in onto your file. So you don't know how to fight for your own rights. When you go in there you don't understand that you can ask questions. They are asking you all the questions and you're defensive, you don't realise you can ask them questions. You don't realise your rights. (Parent)

Once there are Orders in place more support might be available, but prior to that parents often found themselves in limbo enduring a series of Interim Orders and with very little happening in terms of support. The child protection worker would liaise with the child and any other activity was outsourced to other organisations. This mismatch between the expectations of parents and the response of child protection shocked parents.

You go in and ask them but they don't give you the answers. I have one son, he's four and he was taken a few months after I had him. I'm worried about the routine he has to follow at the carers. The reason why they're not giving him back to me, they think I wouldn't be able to cope, but there's no evidence of it, that I couldn't cope. They haven't worked with me from the start. I've had workers but they don't work with you. The worker I have now, he's nice and everything, he's easy to get along with but he just won't work with you. You want to talk to him and he won't help you. You could take them out of the equation and just have your support workers and your foster carer working together. It's like they're actually just there to be the police, to take your child and then that's it and then everything else is moved on to somebody else. (Parent)

One father who was trying to get help with the parenting of his two sons was very confused about why more help was not forthcoming from child protection. He had been making a series of

notifications about his older child's disturbing behaviour and the risk to his younger child.

It was like talking to a brick wall because I got no response and I felt really disheartened. I was so concerned I did go in there. I was always in there and they said you can't come in here every day but I wanted to know what was happening. I felt I wasn't doing a good job as a parent, I was really depressed and I was crying and very, very upset. It was like I was struck with lightning having this big job and I was getting no help. I felt like just packing up the job because I couldn't do it, it was too big. I told child protection I couldn't handle the job and they said you're all right, you can do the job. I said can I get any help and there wasn't anything. So then I was very, very depressed, I felt like I was getting brushed off. The way they behaved is like you're a number, take a seat and we'll get around to you. I would like a worker to help me out but I don't get one and I don't get any answers about why I don't have one. (Parent)

Worryingly, most parents said they were not informed about advocacy services and indeed some had been told not to bring an advocate with them to meetings because it could be detrimental to their case. Parents in the South of the state interviewed for this research had not been informed about FIN or the help that FIN might be able to give them. They had found out by word of mouth, through the newspaper or through the courts. Once advocates were involved, parents found things moved forward and their situation became clearer.

Once advocates were involved, parents found things moved forward and their situation became clearer.

When they take your children off you child protection should give you a pamphlet, just one pamphlet with FIN for instance and say we are legally obliged to give you this, these are the services there are that you can access. Not a jumbled mess of pamphlets but one pamphlet, this is what we have as a government body and this is what we know from research about early support for parents. I found a pamphlet about that and child protection didn't even know about them. (Parent)



Although a few parents reported being encouraged by child protection to ask for help if they felt they needed it, past experiences could mean they were reluctant to do this.

Early on I felt really uncomfortable ringing them if I have a problem. I'm low on petrol and I'm finding it difficult to go and pick up Claire, that type of stuff. I feel like they're still trying to gather information about me and collate all this stuff to use against me in court, in an affidavit. I'm wary about asking for help because I will then find that in an affidavit that I can't even budget and don't have enough money. Once you're bitten you're not going to go down and get bitten again and again. (Parent)

This meant that parents felt any support provided had to be very separate from the child protection system.

It needs to be separate, it can't work any other way. You can't go to say Newpin and then have them turn around and everything that you've tried to better yourself at they use against you. How is anyone ever going to trust these services and get the best and most out of them if they are going to be worried that they will use it against you in court? (Parent)

One mother said that her connection with child protection had driven informal supports away because 'Other people see me as signing my kids away, I must be a bad mother.'



2.10 Parents' views of NGOs

Parents were asked about their experiences of support from NGOs and what they had found helpful and not helpful. They were asked what had been their main source of support during their contact with child protection services, what it was like to work with different services and how easy they found it to ask for help. For some parents their main support was their family, friends and the neighbourhood. They described being heavily reliant on help, both practical and emotional, from uncles, aunts, mothers, grandmothers, siblings, partners, foster parents and neighbours. In contrast many other parents in the research spoke about their isolation. In some cases this was due to tackling drug and alcohol issues, which meant separating from their social networks. For others their own history of contact with the child protection system when they were younger had separated them from birth families. One mother said that her connection with child protection had driven informal supports away because 'Other people see me as signing my kids away, I must be a bad mother.' Another said that the shame associated with being involved with child protection meant that she preferred to keep to herself — 'It's the kind of stuff you like to keep at home behind closed doors.'

Really, when you think about it, I've got no one, no family, two friends and one I wouldn't even call a friend. Services are not what I need. I need family and friends and that just doesn't seem to happen for me. (Parent)

I only have me, no family in Tasmania. I don't have any friends. My life is completely different to what it was. A lot of my friends drink alcohol. I hate being around alcohol, I hate the smell of it so I've removed myself from anything like that and sadly it goes to show how many people drink alcohol because that's a lot of my friends. (Parent)

Although there was often a lack of informal support the majority of parents were in contact and working with a whole range of different NGO services. Some of this contact had been required as part of the conditions of Care and Protection Orders, but some parents had sought out services themselves both prior to and during their contact with child protection. This included financial counselling, family support service, parenting and anger management courses and housing and homelessness services. They were in touch with counsellors, drug and alcohol workers, advocates, Aboriginal health services and health service staff. They mentioned emergency relief services,

disability services, Gateway, psychologists and psychiatrists, GPs and lawyers. They also mentioned services specifically for their children to deal with trauma and developmental and behavioural issues. Several described their relationship with services as their main source of support. What was striking was the number of services most parents were in contact with. One parent said, 'There's about six or seven people involved in my case.' Many of the parents were in similar circumstances to this mother.

I start 1-2-3 Magic soon. I've got a new counsellor. It's drug and alcohol counselling but we don't really work on that now, its anger management because I still have a couple of anger problems and just general counselling. I've got Advocacy Tasmania involved so they talk to the Department because I do get angry with them. So I've got a few workers at the moment. I work with my kids' ACF [Australian Childhood Foundation] worker because the kids have got problems. Welfare got them involved. So I do stuff with them to make it better for the kids. I have Pathway Home and Kids [in Focus] who match you up with a volunteer mum and they come in and have coffees with you if you need someone to talk to. I've also got a psychiatrist. I've also had Gateway to try and get into Newpin. And there's my lawyer. (Parent)

When asked what they found helpful about services, parents identified the same characteristics. These were services that offered practical help with problems rather than just talking about them, information and the opportunity to learn new things, contact with parents in similar situations, encouragement and positive reinforcement, home visiting, being made welcome, not being judged and a focus on the parent as well as the child. As one parent said, 'They don't tell me what to do, they suggest other ways of doing something.'

Shirley from Mersey Leven she put me in a positive mind, you're doing really well. She gave me encouragement and support, she built me up. Janine is the same, she puts positives there and builds you up. There were a few [children's service] workers who came in and a couple I didn't like and I requested that they wouldn't come back. I didn't feel they were here for the right reasons. They weren't here to support me. It's amazing the support I did get from those good people. And it's really nice I still have those people on my side still. (Parent)

I have fantastic support from Kids in Focus through Anglicare. They come to your meetings with welfare. They have arranged fortnightly

meetings with my worker, which I've been trying to get for 12 months, so every fortnight I get to sit and have a meeting with her and touch base with where things are at and what things are coming up and everything. They really get it moving. They concentrate on the parents because the parents have to be fit and well enough to focus on the children. Even though it's called Kids in Focus they work with the parents to get them right for the children. They come out to you; you don't have to go to them. I have had more things happen since I've been with Kids than any other time. (Parent)

This contrasted with some parents' experiences of tapping into mainstream services, for instance playgroups, especially when it was obvious that there was a connection with child protection services. Being referred by child protection to services could also compromise parents' relationship with those services and their willingness to engage:

We go to at least four playgroups a week. This is all for child protection I do this — two playgroups at the family centre, another mothers' group and a [family support

service] playgroup. I hate playgroups, absolutely hate going to them especially when you have to take a support worker along with you. You go to the support worker, we're going to tell them that you're my auntie and won't be coming next time. And she's like yes and then she goes and tells the lady she's from child protection. Everyone heard that you said you're from child protection and now I'm going to get looked at different by all these other mums. That's very, very difficult. (Parent)

If welfare gets you a service you might as well say it's still welfare because they are going back and reporting everything and making decisions without being fully informed. Once you're involved in welfare you can't get your own service yourself because the services say no you're involved with child protection we need a referral from them. If you get child

What was striking was the number of services most parents were in contact with. One parent said, 'There's about six or seven people involved in my case.'



protection to get you that help, they monitor the whole situation. So the services are biased already before they even meet you. (Parent)

Parents particularly appreciated the advocacy role that many services took with child protection services both informally and more formally from advocacy organisations like FIN, Advocacy Tasmania and Speakout. It could be a vital support and impact both on a parent's pathway through child protection and on their relationships with other services. However they also commented on the response of child protection workers to advocacy from external agencies, which was often negative.

Although parents were grateful for the support they could also find it frustrating, confusing and overwhelming especially when services did not necessarily work well together or talk to each other and when so much time was spent in attending appointments with different workers.



I see a counsellor and she's known us for a very long time but the Department didn't want to have any information from her because they thought she would be biased. The same with my own doctor who I've been going to for nearly 19 years. They didn't want any information from her because they thought she'd be biased because she's known me for so long. You can't win. (Parent)

Indeed some parents had been warned not to contact FIN because this would potentially prejudice their case and delay processes.

2.11 Barriers to accessing support

What are the barriers for parents in asking for help from services? The key obstacles they named were navigating the service system and finding an appropriate service willing to take them on, and a fear that expressing a need for support would be used by child protection as evidence of their inability to cope. In addition, past experiences of being refused help had a significant impact on parents' willingness to seek out further support. Parents described the merry-go-round of trying to find support with their situation and of having to constantly re-tell their story. They described how proactive people had to be to get appropriate help and how so many were too scared or not well enough or just did not know what was available.

People give you pamphlets to places but you ring and there's nobody there or they're shut now or you don't fit the criteria. I remember ringing up Beyond Blue and she goes oh you don't need us you need somebody else. They pass you on to other people. Your situation isn't really right for us, you should be ringing these people. You can spend all day on the phone being passed back and forth, leaving messages with people. So it must be hard for people who aren't gutsy like me and outgoing. It must be bloody hard for them. (Parent)

It's so frustrating trying to explain your whole situation and you think, half the time, "are they believing you?" because of the looks on their faces. You have to go through the whole thing. I just feel like writing it down. Like when you go to the doctor and you see a different doctor to yours and you explain your whole situation. That just drives me nuts. I'd rather not go if I have to go to somebody else. I just put up with it. (Parent)

Parents talked about their reluctance to ask for help because they feared it would be used against them. Their awareness of the mandatory reporting responsibilities of support services was a major obstacle to working effectively with support agencies.

I don't want help from anybody really. I want to do it on my own because they just use it against you. If you ask for help from a place or if you're low on food you feel you can't go and ask anyone for help because they're going to use it against you and take your kids away. I've always been led to believe that if you were struggling and you didn't have enough food you go out and ask for help rather than sitting back and doing nothing. Well when you do ask

for help that's when they use it against you and throw it back in your face. Either you're doing the right thing by asking for help or you're doing the wrong thing by asking. You can't have it both ways. So I was told I was doing the wrong thing by not asking but once you start asking later on it comes back to bite you because they turn around and use it against you. (Parent)

Most organisations will say to you we are required to report. When you say that, that is when most people shut off. I knew I wasn't going to tell her anything else because obviously she was going to start judging me. At the end of the day, people think if you have any sort of contact with them [organisations] that you will lose the kids. We are not going to sit down and be completely honest with you because we have the fear that you are going to judge us, our lives. I know people who approached them because they needed a break with their kids and put them into respite and they don't come out of there. If you are a single parent your children are looked at like they are going to have behavioural problems and psychological problems just because you're a single parent. So if you're a single parent you are already a bad parent, you are already labelled. So you don't want access to any of those sorts of services because you know that stigma is already attached to you, that they will automatically look at you as a bad parent. When I went into this shelter I knew I would only tell the workers what they needed to know because you don't trust and there is a real fear associated with it. (Parent)

It was also clear that being refused help, even if it was just once, fuelled this reluctance.

I don't do support, to ask for help. With the involvement with the Department they go 'you have to ask for help'. I don't because every time you ask for help you get knocked back. It's like, well, I won't bother. I started losing my trust in authority figures, trust in the Department. (Parent)

What is it like to deal with a lot of different services at the same time and to have them in your life? Although parents were grateful for the support they could also find it frustrating, confusing and overwhelming especially when services did not necessarily work well together or talk to each other and when so much time was spent in attending appointments with different workers. Parents can of course provide consent so that services can share information and collaborate about their case. However difficulties could be compounded when a worker

with whom they had built a positive relationship moved on. They described it as hard to let go. As one parent said, 'I've been working with her the whole time and she's leaving. I burst into tears.'

It's good, because I know I've got the supports around me. If I'm upset I can ring them up during the week and say look can you come and see me, this is what's going on. I can go to Liz and say can you ring this person on my behalf if I feel like I'm going to get too angry. Or I can ring up Amy and have a crying session to her because she's my counsellor and then Kate, she's just a general person that comes here and we talk. It does have advantages because they all know different things. But I hate meeting new people and I always have people coming in and out of my life. I work with so many people it's not funny. You have to explain yourself to all these people to tell them what's going on when really you should just have one person who does it all. It would make it so much easier. I have to explain what's going on to say five different people and it gets annoying after a while. I'm sick of being a parrot, which is how I feel half the time, repeating myself. (Parent)

It could be particularly frustrating when despite involvement from a range of services the situation does not improve or move forwards.



2.12 Key findings

A restructuring of services and the introduction of Gateway to develop a more coordinated family services system is beginning to **slow the rate of entry into out-of-home care** and divert families from the statutory system to family support services.

However, Gateway services cannot necessarily provide for those parents who require **more intensive support** with complex and multi-generational needs or for those with **lower level needs** who do not reach the thresholds for Gateway intervention.

There has been **an absence of strategic thinking about how best to meet the needs of parents** once they enter the child protection system. Although NGO services perform a vital role in meeting some of these needs few are designed to work intensively and comprehensively with parents involved with child protection.

From a parent's perspective the experience of moving into and through the child protection system is characterised by **shock, confusion, anger, fear and despair**.

The way that removal of children is conducted can be **traumatic for many parents and children** with little or no support to cope with its impact. The result is often 'going feral' as parents block out their grief.

Getting onto a reunification path can be confusing for parents with a lack of clarity about expectations, a clear timeframe or acknowledgement of the changes and progress that parents have made. Conditions imposed by Care and Protection Orders can mean making major changes to behaviour and life style, attending parenting courses, moving to cheaper or smaller housing or having to separate from an abusive partner, all with minimal levels of support. It was described as 'jumping through hoops' where, once goals were reached, more could be imposed. These activities were overshadowed by the fear of being 'limboed' or 'going nowhere' within the system and hence missing the window of opportunity for reunification.

A new reunification program, **Pathway Home**, is highly valued by parents but many do not get access to it or are unaware of its existence.

Parents were bewildered when **the support they had been expecting from child protection was not forthcoming**.

Although parents highly valued support from NGOs they described the confusion and frustration of **dealing with a range of different organisations and workers** that were providing help with only one, rather than all, of the problems that they faced.

Parents' awareness of the mandatory reporting requirements of organisations and of the relationship between Gateway and child protection generated **an unwillingness to tell services that they were having difficulties** in coping. This effectively cut them off from potential sources of support.

Part 3: Working in partnership with parents

3

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3.1 Introduction

Much of the research literature shows that the single most important determinant of positive outcomes in child protection work is the quality of the relationship between families and professionals (Harries 2008).

A key part of building those relationships is strategies to engage both parents and external agencies in partnership to resolve problems and improve parenting. There is now a greater orientation towards family centred practice — a framework for practice, which proposes that all families have strengths that can be developed through collaborative relationships with services. Much has been written about the value of a partnership approach in child protection that is about respect, honesty and transparent decision-making to optimise successful outcomes. It means genuinely involving parents in decisions about their children and encouraging them to take responsibility for these decisions. Interactions with other professionals who are cooperative and reflect a shared commitment to protecting children and supporting families are also very important. These principles are enshrined in the *Children, Young Persons and Their Families Act 1997* (Tas), which exhorts the Child Protection Service to work in partnership. Yet it can be difficult to establish these relationships and maintain them.

This chapter explores the notion of partnership from the perspective of child protection workers, parents and the NGO services that work with them. It looks at the rhetoric of partnership and at how this operates in reality on the ground.



3.2 Mechanisms to promote partnership

A Vision Statement for Child Protection Services in Tasmania places an emphasis on shared decision-making with families and a strengths-based approach. The Practice Framework for Child Protection Services emphasises collaboration and involving families. Training and orientation material for new child protection workers reinforces a family-centred approach. This drive to engage families and build positive relationships with them is promoted by more formal mechanisms in the child protection system to involve parents in decision-making processes. These are:

- **Family group conferences (FGCs).** In Tasmania the legislation requires that a conference be offered when an 8-week assessment order is granted, when a 12 month order is extended, when a child in care or the family requests one or when a review of a previous conference is required. The FGC model focuses on child-centred, family-focused responses and is a formal process for engaging and empowering families in finding solutions. It is a meeting where family members get together to help make plans about how to keep children safe when they have experienced abuse or neglect or where they are at risk. It is set up by the child protection system but organised and run by an independent facilitator contracted by the Department who arranges the time, venue and transport and invites child protection staff and other services as well as an advocate for the child. A family plan can cover where the child will live, the support given by the family, services for the child or family, conditions, contact, schooling, legal orders, who will monitor the plan and arrangements for reviewing the plan. There are three parts to an FGC:

- introductions and information sharing;
- private time (usually 45 minutes) with just family and possibly the facilitator and advocate; and
- discussion of the plan with all present.

Later the plan is endorsed by senior management in child protection. Some plans may require approval by the court. Everyone involved is sent a written copy of the outcome.

- **Family conferences.** These are less formal and organised on an ad hoc basis when required.

- **Hand outs and fact sheets** for parents about child protection processes, their rights and the complaints process.
- **A complaints process.** Initially complaints are taken up by the manager and a full reply to a written complaint must be provided within 20 working days. If the complainant is not satisfied a review can be requested from the Area Director. Beyond this complaints can be taken to the CEO of Children and Youth Services or the Ombudsman.

In addition the Signs of Safety Approach is being implemented gradually across the child protection system. Signs of Safety is a new approach to building partnerships and provides a mechanism for working in collaboration with parents right from the beginning of their contact with child protection to identify problems and get their input into solutions.

3.3 The views of child protection workers

As part of this research two focus groups were conducted with 16 child protection workers in the North and South of the state. The focus of the discussions was the ability of the child protection system to work in partnership with families and with NGOs and what challenges this presented. All workers agreed that partnership with families was a realistic goal and that it was important that they should be involved in decision-making while at the same time being informed clearly about what the issues are and what needs to change.

It's extremely important that parents are listened to and respected and are able to put their views forward and as child protection practitioners we would all agree with that. Child protection isn't about removing children, it's about working with families to achieve change and we can't do that if we don't listen to what families say. But listening doesn't mean we're going to do it and we're not going to give them what they want so I guess it's finding ways of engaging with families and building partnerships where there's a shared understanding, where we can plan together, have open conversations about risk issues. (Child protection worker)

Child protection workers emphasised that partnership working was partly demonstrated by the fact that the majority of cases dealt with by the Intake Team (up to 78%) do not go through to further investigation by the Response Team. The identification of family



strengths and talking to families about risk factors means that problems can be fixed straight away, and as one worker said, 'A lot of the time families don't notice the partnership that is happening.' Partnership working here demonstrates its preventative value by ensuring that only the most serious cases progress to full involvement with the child protection system.

However child protection workers also identified a number of challenges implicit in working in partnership with families. Firstly, because the client of the service is the child rather than the family, child-centred work can override a family orientation. Secondly, a major problem was difficulties in engaging families in the process. This can hinge on whether parents accepted that there were concerns and risks to their child, whether they have an understanding about the role of child protection and its focus on the wellbeing of the child and whether they were willing to work with child protection to promote change. The anger and 'hate' that parents feel towards the system and hence possibilities for partnership will depend on at what stage they are at within it and whether they are heading towards reunification or towards their children living permanently in out-of-home care.

We do our best to work in partnership with every family we work with but the depth of that partnership and the success of that partnership varies greatly from family to family. There are some where there is little or no partnership because they want nothing to do with us or they don't take responsibility, or when their child is in care they disengage. Other families we are able to work really closely with and it can fluctuate depending on the situation. In order for families to work successfully with child protection we need to have a shared understanding of the risks. A family needs to be

acknowledging those, we need to be negotiating what we can on the child protection side, but unless a shared understanding has developed a successful collaboration doesn't happen. It's almost impossible to work with a lot of the families. You are the enemy, it's as simple as that. (Child protection worker)

Levels of engagement are affected by both the statutory responsibilities held by child protection and legislative processes. The statutory responsibilities and an enduring perception of child protection as 'the welfare' who take your children away mean that, as one worker said, 'It can never be a true, equal partnership when at the end of the day we are holding a great big stick.' In addition court processes that enforce a deficit and risk model of working have an impact on parents' willingness to collaborate and change their circumstances. As workers said, having a legal Order does not promote change. This only comes from working with families to address protective concerns.

Once we get into legal proceedings it's almost like there's a two track system. You might have a reasonable working relationship but in court it's quite negative and very adversarial. We can get really tied up in legal proceedings but we also try to continue our case work, but it does affect our relationship with them and normally in a negative way. It stops parents from making change too. They are so angry and frustrated by the court process and the things that you want sorted out that they won't focus on making changes, they don't have the capacity for whatever reason. It's all taken up on this legal process, which is really intimidating. Especially if they are opposing the Order or your application and they think that they will get their kids back and they hang on with their hopes on that outcome instead of continuing to progress. (Child protection worker)

Although family dynamics and tensions between families and the Department could make Family Group Conferences fraught they could also result in good quality plans that involved the extended family and prevented cases from going to court.



Difficulties in communication fuel low engagement levels. Parents complained about not having phone calls returned and not being kept informed about the progress of their case. Child protection workers complained about parents refusing to take calls, not keeping in touch and the lack of local offices where they could be more readily contacted by families they were working with. They were aware of the difficulties parents might have in finding and paying for transport to access child protection offices.

Often they won't leave a message. Reception doesn't take messages here and they put them through to our voicemail. They say I've rung

four times and you check your voicemail and there's not a message left because they won't speak to a machine. The other problem is because most people are using mobile phones they screen their calls. We attempt to return the call but they see a private [blocked] number and are not sure who it is and won't answer. If parents choose never to answer private numbers they are probably not going to receive our calls. At the same time we can't say we're perfect because there are times when we don't return calls but I can guarantee that everyone does their best to keep in communication.
(Child protection worker)

If telephone calls and face-to-face visits are problematic workers said they resorted to letter writing. Yet they were also aware of low educational and literacy levels among families, which meant that ideally verbal communication should accompany anything in writing to ensure that parents understood.

Child protection workers have the responsibility to ensure that families understand what we're talking about. They [the workers] need to clarify and they need to check it out. If they [the parents] are given a 17 page affidavit then they need to have it explained in dot point exactly what the risks are verbally, in a Signs of Safety document, in a care plan. We need to be responsible for making sure families understand. That is our role. We have fact sheets about what child protection is, which will work in some cases but for many [families] if you give them a bit of paper they may just chuck it away. It needs a worker or someone they're engaged with to sit down with them and talk them through it. They are probably more likely to hear it and understand it than they would from a hand out. But a lot of the time they're in crisis and you don't think or hear or understand when you're in crisis. (Child protection worker)

Putting things in writing was not always encouraged by the Department and did not necessarily communicate well to the parent. However it could provide a useful reference point for the parents and any services working with them.

The Department doesn't like you putting everything in writing. They want to keep things fluid whereas I like to put everything in writing. I say in the letter that it's to give you a black and white list of things I need you to accomplish and it's also something you can give to your solicitor so they understand as well, for instance "you are to cease all cannabis use". There are some you can be black and white with and they will still turn around

and say I don't know what you want me to do.
(Child protection worker)

A key mechanism for collaboration is the Family Group Conference (FGC) and child protection workers reported good outcomes from well-facilitated conferences. Although family dynamics and tensions between families and the Department could make conferences fraught they could also result in good quality plans that involved the extended family and prevented cases from going to court.

Family Group Conferencing is a good idea. We often get more family members coming forwards that we didn't know of and you can get some really positive plans and agreement. It can be a good time for family decision-making about what we're doing or working in partnership, what are you prepared to do for this member of your family? It can stop it from getting to court if you can come up with a way to sort it out. But the reality is, it can come down to the family, the situation. If we are going into a FGC saying "we are going to be applying for an 18 year order" and the family are going in saying "we want our kids back" you are never going to get a satisfactory outcome from either perspective because the plan is probably not going to address the issues we want it to and they aren't going to get the answers they want. It can depend on the skill of the facilitator and how well they've prepared the family. It is one of those things where the dynamics and variation in the situations can send it either way. It can be a really positive thing or you can walk out thinking "that didn't achieve a lot". (Child protection worker)

However there are resource issues that have impacted on the value of FGCs. The FGC system requires a coordinator to recruit and train FGC facilitators. In Tasmania the coordination role has passed to area child protection teams, which means it is undertaken from the 'side of someone's desk'. This has meant a shortage of facilitators and a longer time frame to set up a FGC.

Child protection workers expressed some concerns that their ability to work in partnership with families may be reducing due to under-resourcing, high caseloads and an increase in the seriousness and complexity of cases coming through to child protection. Workers attributed much of this to the establishment of Gateway, which acted as a filter to ensure that only serious cases were referred through to child protection. There were also concerns that Gateway was working with very complex cases that should have been referred through to child protection at an earlier

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stage. When they were referred it was because situations had deteriorated dramatically.

The cases we get are a lot harder, a lot more complex. Because we do have the Gateway/IFSS system they are picking up the cases where earlier intervention can work so by the time they come through the child protection door things are a lot more complex. Families have often been through many services before they get to this point so things are more difficult to start to untangle. They are not just one problem, they are drugs and alcohol, family violence, mental illness, disability. You get families with all four and they are the ones which are coming to us. They are not easily solved and are at times unsolvable. So there's increased complexity and recidivism and we are at the pointy end where the main game really hasn't worked and our prime responsibility is to make sure children are safe. (Child protection worker)

Under-resourcing, an increase in complexity and the politicisation of child protection work all combined to impact negatively on staff morale.

We get the feeling at times that we are 'just child protection workers'. No one wants to listen to us even within our own organisation. There is a feeling of a lack of self-worth working as a child protection worker and in that sense our organisation has got serious flaws. (Child protection worker)

On a positive note, workers pointed to the gradual implementation of the Signs of Safety Approach across child protection and how effective they found it. As one worker said, 'It provides a language to be able to have those conversations in an easier and less blaming sort of way.'

What was their view about working with parent advocates and its impact on partnership with parents? Child protection workers valued the role of advocates in improving communications and understandings with parents. This was of particularly benefit in working with parents with intellectual disabilities where a better understanding of their capacity enabled more collaborative work.

Advocates can elaborate on what we're trying to put across and help parents follow through what needs to happen to make things safe. Some of the messages we have to give to parents are difficult, upsetting. We try to keep those messages simple and if you have an advocate they can go away with them and talk it through so that's really helpful. It's not always information that's received very well and so

having an advocate can help to engage the family in other services and they might be more open to taking the information and referrals from the advocate than they would be from us. It's also a real benefit to know that there is someone looking out for the parent's needs and making sure that anything you may have overlooked when trying to act in the child's best interests will be picked up by them and you can deal with it. (Child protection worker)

3.4. The views of parents

A statement about the rights of parents within the Tasmanian Child Protection Service¹ says that they have the right to:

- be involved in care planning and informed about their child's progress and development;
- be fully informed about the child protection process and assessment of risk;
- access relevant and up to date information about processes;
- a comprehensive explanation of all matters and decisions in a clear manner;
- provide their opinion about the risk to their child and request reviews of decisions;
- legal advice and representation in court;
- be told where their child is placed unless this would put the child at risk or the carer;
- relevant information about their child's carer;
- have an interpreter if required;
- request services and supports to help establish a safe environment and reunify where possible;
- be treated with respect;
- the involvement of an Aboriginal organisation;
- attend meetings with a support person or advocate;

¹ Reproduced from Rights of Parents of Children in Out-of-Home Care. An information sheet for the public.

- be contacted by child protection to arrange a convenient time to meet;
- expect their ideas and plans to be considered seriously and accepted unless impractical or not in the child's best interests;
- provide feedback and make a complaint to a senior worker or manager; and
- request a FGC in writing to review arrangements.

Given the emphasis on partnership with families made by child protection practitioners, how was this experienced by parents? Our sample of parents was skewed towards those families where child protection intervention had resulted in the removal of children. This means it does not necessarily provide a window into the partnership working that takes place to divert families away from this outcome and provide solutions that keep families intact. However the secondary commentary from NGOs working with families suggested that parents encountered similar problems in their contact with the child protection system whether or not children were removed.

3.4.1 GETTING INFORMATION

Parents reported that for them working in partnership was about having information about the system and their rights within it, being kept informed about their situation, being involved in making decisions and being treated with respect by child protection workers. It was about being listened to, having some continuity in who they were working with and assistance in linking into support services. These are basic prerequisites for working in partnership.

When asked whether they had received information about the workings of the Department, very few parents reported that they had. When people are in crisis it can be difficult to remember information and strategies for communicating information need to be developed. At child protection's first visit parents should be provided with information about how the Department works and why child protection is becoming involved with their family. Many parents interviewed for this research reported having no memory of receiving this information either verbally or in writing. One parent said, 'The only time I knew about processes and procedures of what's going on in my case is when they gave me an affidavit.' This meant that those parents attending the Salvation Army's Doorways to Parenting

program had overwhelmingly appreciated the insight it gave them into how child protection works and reported that it had filled a big gap in their knowledge.

We found out all our boundaries and what we can and can't do and how they do their paperwork. Until we did that we didn't know any of it. We had no idea of our rights or anything apart from the lawyer in court. I wasn't given any written information. The course is the only reason that I know they have three 12 month orders up their sleeve. It's very slack. There's nothing available for parents where child protection is concerned because they don't care about what parents know and what they don't know. They care about just doing what they've got to do. They have far too much power. (Parent)

Parents went on to describe a lack of information about the progress of their case and about what was happening to their children in out-of-home care, fuelled by a whole range of more practical problems in communicating with child protection workers. They described ringing and leaving messages that they said were never returned. Although they were aware that this was often the result of large caseloads it nevertheless had a major impact on them. This fed into feelings of worthlessness, lack of respect and a sense of powerlessness, right from the point of first engagement, and did not provide a good basis for collaborative working.

It's really hard to get any information, it's like trying to get blood out of a stone. At one stage they wouldn't even talk to me because they said I rung up to much. If I've got something to ask about my kids then of course I'm going to. Then they changed to one phone call a week at 10 o'clock every Wednesday morning. Then they stopped that and now they won't even get on the phone to me. (Parent)

They don't return your phone calls. You can ring, leave an urgent message, can you please call me, they don't call you. Sometimes they don't even go back into the office and they don't turn up. And then they don't even follow up the call the next day half the time. The reason behind all that is the lack of resources. They have 50 families to deal with and they don't have time to return the phone calls. (Parent)



3.4.2 INVOLVEMENT IN DECISION-MAKING

How far were parents involved in making decisions about their family and their children?

Mostly parents responded negatively to this question. They reported that although they knew the Department said it was working in partnership and prided itself on that, this was not actually happening. They considered that there was a failure to listen to parents and to children and one parent said, 'They are a law unto themselves.' They commented on the way in which child protection had 'total and utter control' over their lives and that even if they were innocent of placing their child at risk there was nothing they could do to get that across. They considered listening to be a basic prerequisite for any collaborative approach, yet they reported this often did not happen and if it did, 'They write it down to use against you.' In terms of involvement in decision-making one parent said, 'They kept me like a mushroom, in the darkness. I was starved of any information.'

They don't work in partnership, they make the decisions. You can offer your opinion but at the end of the day they will make their own and that's what they do. They can say one thing to you, 'we're going to do such and such', and then the next day or two it's 'no we're not doing any of that'. It's very inconsistent. And they won't admit they're wrong, never. I haven't actually worked in partnership with child protection. There has never been partnership. What you mean is them being involved with me and me being involved with them. Unless you admit you're in the wrong you don't get anywhere. Partnership, that is absolutely not the case, there is none of that. (Parent)

We were cut out of the loop immediately. No one really informed you and we didn't know what was happening. In the whole hierarchy of importance in Simon's life, although we were his family, we were shunted to the back of who is responsible. There were things which made my jaw grind and I would be holding my words very carefully at some of the meetings thinking that if I say something that can come across too harsh, I am playing into their hands, 'we better watch that parent'. So you are playing it very carefully, trying to sound reasonable, trying to comprehend what's going on. And at the same time you get the feeling that you are the last person in a chain of this child's importance and you don't really have too much impact. At one meeting after two years they asked 'what do you

want?' They had never asked before. No one had previously wanted to know. (Parent)

How well do the more formal mechanisms for involving parents in making decisions work?

For some parents the FGC is where the partnership with child protection should begin and two-thirds of the parents in our sample had experienced one or more FGCs. They reported both good and bad experiences. On the positive side parents fully appreciated being asked 'what they wanted' and having a facilitator who ensured that the Department listened. They were aware that the outcome often depended on the skills of the facilitator and all the relevant people being able to be there. When experiences were not so positive it was because parents felt they had been ignored, that there had been difficult family dynamics and tensions or that the Department had overruled the decisions made at the FGC.

I had a couple of them. I don't like them. In my eyes it feels like they're always criticising you, they are not actually helpful. They don't say well done, you've done a really good job. They don't look at that at all. They say "right, you have mental health issues, you have partner picking issues. That is really bad, you can't protect your kids." They were going "you need to do this this and this." I wouldn't say I was mentally challenged. I'm not stupid, but I'm not overly bright, like a doctor or something. I was going "what does this mean or what do you mean by this?" and they look at you like you're retarded, like you're stupid, and you're put down. It deterred me from asking questions. They use these huge words and then when you ask for help they belittle you. (Parent)

They are great, and the people who hold them are very good people up to a point but child protection at the end of the day make their own decision. I think that's why a lot of parents just give up. Usually, it depends who's there but child protection can overrule at any time and what they say goes basically. The key to it is not to be frightened and to stand up and voice your opinion and that's what all parents should do. But a lot of them don't because they're frightened of child protection and child protection make it very clear that we are very scary people. (Parent)

We ended up having a Family Group Conference to plan what was going to go forward. There were so many things we wanted to happen but when child protection came back in that day they really didn't want to know.

They are supposed to be child friendly and family orientated but we're finding they are the total and utter opposite. Ours lasted four and a half hours. We all had rules and times to talk and we had a really strong family plan. Our facilitator was very, very supportive. Child protection came back and they just said this is not on. They didn't want to be there and we'd spent four hours doing this plan. (Parent)

As well as mixed experiences of formal decision-making processes parents were also concerned about the level at which decisions were made. A number described how they felt everything had been on track with their child protection worker with their case moving forwards, but then progress was overturned by a manager:

What we're finding is you can have a great relationship with a child protection worker but they have to go and talk to their superior and the whole thing turns to shit. The worker must feel completely undermined and you can see that in their body language. Because your case worker comes to your home, you have that engagement so they are seeing things from the ground point of view whereas the superiors are in their office. It sounds like there is a bit of a gap, and that they are coming from maybe more of a policy, clinical point of view. So there's this tension between what is actually happening at ground level and what is actually happening at their level. (Parent)

A few parents in the sample had made use of the complaints process. In a couple of cases complaints had gone up to politicians and the Minister. In others parents had not been happy with how the complaints were handled.

I requested to speak to a manager or superior person, somebody higher up in their hierarchy. Five times I requested that and nothing ever happened. The head ones in there they won't allow you to speak to them. When you want to make a general complaint there is no way you can make a complaint. It goes to the middle of the order and that's as far as it goes, it doesn't get to the people who are making all the final decisions. (Parent)

3.4.3 RELATIONSHIPS WITH CHILD PROTECTION WORKERS

Both child protection workers and parents agreed the single most important determinant of positive outcomes for them in the child protection system were good relationships. Having what parents considered to be a 'good worker' had a significant impact on their willingness to engage and how they felt about

their situation. When asked what a 'good worker' looked like they said it was someone who really took an interest in your life, had an understanding of your needs, who didn't make you feel ashamed that you needed help and who could encourage and support you to get the help you needed. It required a non-judgemental approach and being treated equally, providing practical help and wanting to see the family reunified—someone who was prepared to go the extra mile and who seemed to care. Many parents had positive things to say about child protection workers they had contact with, who had helped them through difficult situations, listened to them, shared information and kept in contact.

I'm really happy with my worker at the moment. He listens and he actually does things that he says he's going to. If you call he'll call you back that day, so you don't have to keep on chasing them up. He's kept me really informed and he's taken time. He's really good and he's really going into action and going into bat for me. (Parent)

The new child protection worker has been very supportive and since she's been on board I've had a lot of communication with her. She is very positive, very hands-on; she comes and does the home inspection. She says that she wants things positive for me, for things to work out right so Jake can come home. This is what you should do; "let's work on how we can do this". And the boss, she's been a gem to work with, really good towards me. (Parent)

However they also commented that often 'good workers' did not stay in the Department. Parents felt that the workers left either because they did not like the way in which they were obliged to work with families or they felt that when a positive relationship did develop they were moved on by the Department.

In my case I've had two workers that I could deal with and get on with but as soon as management saw that happening they were changed. I went through about half a dozen different workers. If they see you get close they will pull out the case worker. At the start I had a good worker. She was AI. The way we were working in the six months I would have had my children home. But when we got to that point of reunification she lost her job as a case

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Both child protection workers and parents agreed the single most important determinant of positive outcomes for them in the child protection system were good relationships.



worker because she became too emotionally involved with our case. I think if I still had her the children would be home now. I had a new worker and I had to explain everything all over again. (Parent)

The turnover of workers has a big impact on forging positive relationships. In addition, as parents move through the child protection system and from Response to Case Management the child protection worker allocated to the case changes. This means that most parents had experienced changes in workers involved with their case. Although this could have advantages in bringing new perspectives it also had disadvantages. It could mean having to repeat your story and build a relationship with another new person. It could also slow processes and delay reunification timetables and parents commented on unsatisfactory handovers where child protection workers had not read their files properly and had misunderstood the situation.

The frustrating thing was that I would get different case workers. The first case worker who became involved was really lovely and good

and she worked with me for a good year and she knew what was really happening. Then I'd get another case worker and another. You wouldn't want to tell your story, you didn't want to go through it but if you were getting help you wouldn't care because you needed help so badly. I don't like changing case workers at all because I have to get used to someone else. I'm not a very social sort of person. (Parent)

In one year I had 17 case workers. That is not so much, it's ridiculous because of the [number of] case workers, it's ridiculous because when they change case workers they go back to the beginning. So

you may be six months ahead and you'll have to go right back to the beginning just so the new case worker can get used to your caseload. With one of my old caseworkers I was going to start overnight visits but because they had to change my case worker I had to go back to day visits. I was not happy. But as soon as they said I was changing case workers I knew it was going to happen. I was hoping it wasn't. (Parent)

Parents commented at length on the attitudes of many child protection workers including a lack of understanding and empathy and as

one parent said, 'I wouldn't even say that you have a relationship with the child protection worker.' They were critical of young workers, newly qualified workers, those who lacked life experience and particularly those who were not parents themselves. This had a big impact on their willingness to engage and work with the child protection system. They wanted to see workers who had an understanding of the day-to-day challenges of raising children based on practical experience. Unless they had this they felt workers would never fully understand parents' situations or be able to work with them effectively and collaboratively.

Our case manager was just a young fellow, he had no children and that kind of got under our skin because our children were taken off us at that time; the young ones coming in and telling us how to be parents. They are just coming out of University and straight into the dark end. How can you expect a 23 year old, who's just come out of University, who they throw into the deep end of child protection work, supposed to know anything when they haven't even had any children themselves and don't know the sheer basics. The only thing they learn is what's written in a book. (Parent)

A lot of the Department don't understand. Maybe if they sat down and asked the parents what was it like to go through, that it might be different. But then a lot of people in there don't have kids either, so they don't know what it's like to raise three kids of your own. Until you have kids, you will not understand what it is like to have your kids taken away from you or to go through all this, you just don't understand. I hate it when people say they understand because a lot of people don't understand. (Parent)

Some parents reported personality clashes with their workers and had found it quite impossible to work with them. They described situations where, right from the beginning, they felt the case worker did not like them and had been hostile and antagonistic even to the extent of consciously aggravating them and then using their angry or emotional response against them. Common remarks were 'I think my worker deliberately does things to get under my skin' or 'all of them are glad to see us at our lowest'.

The case worker, from the beginning she's always been hostile to me I'd say and I don't like her either. About a year ago they said she would be taken off the case and I'd have a new worker but to this day she is still the worker and nothing has changed. I'm not allowed to ring there or to ring her. It's like they just

The chances of working in partnership would be improved by the careful matching of child protection workers to the family. As one parent said, 'They need to find the right worker for the right client.'



don't like me to start off with. Sometimes I get so depressed because I don't get treated like everybody else. They never write anything on paper and a lot of things they say they don't do, and it would be good to have some things in writing. Regardless of how you're treated you do know if someone doesn't like you, you feel it. And automatically the minute I'm in a room with her you can feel the hostility, like I'm already picked on before I even get to open my mouth, it's horrible. (Parent)

When you go through the process with the Department, sometimes you can get a really bad case worker who is not on your side from the word go and if they're not on your side there is nothing you can do about it. That can be really, really bad and they can take advantage of you and write whatever they want. I know that because I work in aged care and I have to write progress notes about the residents I look after and I'm really careful about the way you write them up. Sometimes you can write in a way that even though it's your opinion it's sometimes not good for the patient if you write it in that way. You have to take your emotions, your opinions out when you write up. (Parent)

These attitudes could impact on self-esteem, which was already at a low point.

A lot of them march in there and they think they know better than you. I've had it all the time, had people look down at me and I hate it. If they put your shoes on for a year how would they cope? Some play a really manipulative game, the good cop but they're really the bad cop. Some are really good at that and they suck you in and they can be the worst ones. They put you into a category and they don't know the life experiences and that can get really frustrating because when you're at a vulnerable point in your life, you are angry, they are just going to jot down this person is angry. (Parent)

The chances of working in partnership would be improved by the careful matching of child protection workers to the family. As one parent said, 'They need to find the right worker for the right client.' Overwhelmingly they wanted to see well-trained social workers who could work with families. They saw the absence of this as 'where it's not working now'. They also wanted to see more consistency across the state. Those who had worked with different child protection offices commented on how their ability and willingness to work in partnership varied. Some worked very collaboratively, others were the opposite.

3.5 The views of non-government organisations

NGOs provide support services to families dealing with the child protection system. Workers employed by these NGOs gave a rich secondary commentary on partnerships with parents and described what they had witnessed among the families they supported.

3.5.1 THE MEANING OF PARTNERSHIP

When asked about working in partnership many workers pointed out the different meanings attributed to 'partnership'. For most workers interviewed for this project it meant both parties having a say, having equal power and a mutual end point or goal. If this were the definition they described a chasm between the service's Practice Framework, which is child-centred and family-focused, and how practice was actually carried out on the ground. This meant that partnership and family orientated practice was rare.

Practice is inconsistent, with a big gap between what they say and what they do, with clients struggling to understand. Their practice framework is supposed to be family orientated and client focused but there seems to be a lot of variance in how they conform to their policy. This is a no man's land where families live with threats, and power is thrown about. (NGO worker)

NGO workers reported that the parents they were in contact with were generally scathing about child protection interventions and that they rarely heard positive or even neutral comments. NGO workers believed that rather than working with parents, child protection put interventions in place and monitored them with minimal support for families to change behaviours and an expectation that they will engage with other services to meet the conditions of orders. The approach was hands-off and about case management (assessment, planning and monitoring) rather than case work (practical day to day involvement). NGO workers reported that they believed it is impossible to have a real partnership through case management.

NGO workers also reported that support for parents was devolved to NGO services and that there was no oversight of the involvement of other services. There was little monitoring of the outcomes for parents from engaging with support services. They reported that there

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was no measurement of the effectiveness of interventions other than whether parents had attended appointments or not.

They don't work with parents; they put interventions in place and monitor them. They do work with children. Some workers are fantastic and work with the whole family but parents are not supported by the system and there is no one they can ring. They don't have their own case worker and they can't say they're not coping because it's used against them. They need a support worker. (NGO worker)

In addition NGO workers reported observing that some parents who actively sought partnership disadvantaged themselves because they were then seen as demonstrating protective behaviour and therefore not in need of support.

NGO workers believed child protection services need to work collaboratively with parents, to inform them about how things work and what is happening and to involve them in decision-making about plans for their children.



In terms of partnerships there's a certain irony that if parents or care givers initiate any support it is mutually exclusive with child protection providing support because if you are demonstrating protective behaviours we don't need to be involved. It almost seems like a partnership precludes the possibility of a partnership. Parents seek support and then they're seen as acting protectively. (NGO worker)

Referring families needing support out to external agencies may well be an effective model. External agencies can develop positive relationships with families untarred by the spectre of child protection and its associations with child removal. However workers in NGOs believed this did not preclude the need for child protection services to work collaboratively with parents, to inform them about how things work and what is happening and to involve them in decision-making about plans for their children. Comments from workers in NGOs closely followed the experiences reported by parents.

3.5.2 COMMUNICATION ISSUES

NGO workers described child protection as not being 'user friendly'. NGO workers reported that accessible information about processes and procedures was rare. They also reported that this was combined with a lack of clarity about timescales and the outcomes required of parents. Their view was that the system lacked transparency and was subject to a shifting analysis of situations, which rendered both NGOs and parents powerless and pushed parents into despair. Workers reported that parents were not offered clear pathways through the system and that there was no free-flowing information. They also reported that parents were met by a constant breakdown in communication beset with practical barriers. An example given by NGO workers was that child protection workers now use text messages to contact parents. However if parents reply to a text it goes into a pool and is not counted as 'making contact'. Making contact is only possible by ringing through to the main telephone number.

Parents need an authentic way of working that's real, that actually says this is what you need to do. Although that gets said, I remember being with someone recently on a child protection visit and they were just going round and round in circles. I said, 'Do you mind if I had some input, can I just get clear about what you want her to do in order to get her kids. Could you tell me so I could understand?' Everyone in the room their shoulders just dropped in relief once they all knew. I'm sure they were finding it difficult to be that blunt but we needed that. We needed to know what we had to work on so her children could come home to her. So that clarity is often missing. (NGO worker)

A lot of parents' frustrations and inability to move on can be impacted by a lack of communication with the child protection worker and a lack of clarity around expectations from child protection. I don't think I've ever seen a document that outlines child protection's expectations and any timelines that might be attached to those. There seems to be no knowledge with the families I work with as to hard and fast expectations, which doesn't allow them to then prove themselves. There is a lack of communication, they never return their calls and they are very dependent on the worker as to the outcome which is satisfactory to the family. (NGO worker)

NGO workers described how many of their clients had difficulty in comprehending information. They reported that what child

protection said to parents and what they actually heard were two completely different things. This often left the parent feeling confused, angry and upset, and having misinterpreted the situation. Workers questioned the amount of time and effort that was put in on the part of child protection workers to ensure that the parent had a clear understanding. It was rare to see expectations of parents clarified in writing:

It's about knowing your rights, what they need to do, what their rights are, who they can have in to support them, who are the services that can be in there, the whole notion of being empowered. A lot have low literacy and it's not user friendly in terms of dealing with child protection paperwork, having to do safety plans. People are very frightened, they get overwhelmed. They bring their paperwork, court documents to us. They will see three words in it, that their child has been exposed to drugs or poisons and they just get frightened because the rest of it is just gobbledegook for them. When we go with people to court they are absolutely terrified and they've often had really bad experiences, maybe as a child themselves where they have been removed. (NGO worker)

3.5.3 DECISION-MAKING

NGO workers reported that there were a range of challenges for parents in being involved in decision-making processes. A number of services described decisions being made without an holistic understanding of the family and their circumstances and based on questionable evidence about their functioning. The process of involving parents in decisions was described as flawed and usually the only decision a parent could make was about whether to engage or not.

NGO workers reported that although meetings with child protection could work well and genuinely engage families, they could also mean high levels of stress for parents and a lack of consideration about timing, venues, cost and how they were going to get there. In addition judgements were made about parents' capacities according to how well they dealt with these situations. NGO workers described the distress of parents beforehand, the level of support they required to deal with them and the need for debriefing afterwards. There was little discussion with advocates who might be supporting them about their needs. The Family Group Conference was heavily reliant on the skills of the facilitator. When they were first introduced one worker described them as 'a beacon of hope around the world'. However

NGO workers reported child protection being unwilling to collaborate during conferences, arriving late, not listening to parents or other services and overriding the decisions so that they became a legitimisation of decisions that had already been made. One support service said that they now refused to attend because they did not want to be seen to participate in such a tokenistic exercise. Another felt that although they could be very productive they were often only used at a point of crisis when a catalyst was required to move things forward rather than as a routine part of collaborative working with parents.

In theory there should have been lots of preparation with parents, they should have designed the agenda, there should be no surprises for them, they should be able to run it themselves. Everyone who needs to be there should be there to form a blanket of support around the parent. But instead it is exactly the opposite. It is run like a court, often no minutes are taken. It is not about empowerment and support but conducted like court proceedings. (NGO worker)

They can often be a very powerful process, a turning point. But we had it in this dingy room, freezing and revolting. The Department came late, an hour late when the conference process is that they should come in that first hour for the information sharing then leave for the family to have private time and come back for the agreement and any negotiation that has to happen. So that completely undermined the whole process that's supposed to happen. It was really insulting. It's a fairly normal phenomenon that the Department workers take their child protection telling role into the conference. Part of the facilitator's role is to invite them to listen to the family after they've talked about bottom lines and the safety factors. (NGO worker)

3.5.4 THE CULTURE OF CHILD PROTECTION SERVICES

NGO workers interviewed had all worked with child protection workers who worked well and supportively with their clients and several reported positively on the number of opportunities that were given to parents to change their behaviours and put them on the path towards reunification. However, they also commented on what they perceived to be the prevailing culture in child protection, one that they believed to be focused on parental deficits. They commented on the attitudes of some child protection workers. They believed

that there was a lack of consistency in the way parents were treated, inconsistent operational standards and a personality-driven service with each worker working slightly differently. They reported that these problems, combined with constant changes in case workers meant significant barriers to working collaboratively, engaging families and building up positive relationships. NGO workers believed that outcomes depended on who your case worker was and how they handled your case.

Workers felt that building a positive relationship required parents to overcome the overriding fear they had of child protection and to be able to see their role beyond the removal of children.



NGO workers pointed out that partnership can be a mutual responsibility, requiring change on both sides:

Some child protection workers have got great relationships with mums; others set them up to fail. Pre-birth they can be put on programs which are unrealistic and they feel they can't fulfil requirements; for example attending various parenting programs, assessments, counselling. For others it works. It's very dependent on the individual worker and about how they communicate with the mother and see her needs. (NGO worker)

There was a young mum I was working with who had all four of her children removed and had the last little one with her. She was a product of child protection and institutionalisation herself and she hated them. She spat at them and pushed them and was charged with assault. I met her when she was going to court with this new little baby. I said to her I don't really know you but what I think you need to do in there is take responsibility for things and own what you need to own if you want to keep this little girl. She was able to do that and she went on to have all the Orders off and kept the little girl. It was that insight into taking responsibility for her behaviour and the way they then responded to her because of that, so she got a positive response back that she'd never got before. It was that classic case of if I respond positively to them then I get that back. Her other four children there is a different team of people that work on that in a different part

of the state and she still has that toxic horrible swearing, aggressive relationship with them over those children to this day. That's how they know her, that's how they treat her and that's how she treats them. (NGO worker)

Workers felt that building a positive relationship required parents to overcome the overriding fear they had of child protection and to be able to see their role beyond the removal of children. This was very difficult for those who had been in care themselves and did not want it happen to their children. As one worker said, 'The fear can be insurmountable.' They were unwilling to say they were not coping or required support as this was then used against them as evidence of their incapacity to parent and they risked further child protection involvement. At the same time the small achievements of families went unacknowledged and unreported.

Typically what happens is that 'I'm not coping now and I need a few months to get my life back together and get some treatment, can you take them.' They do and then they come back and say 'I'm ready now, my doctor says I'm okay' and they say 'no, go away, we have an Order, sorry we don't think you're stable enough'. 'Well hang on, I was stable enough to know I had a problem and go and deal with it'. If you have a chronic mental health condition it is used against you. So three months turns into 15 months and then the person's health frequently deteriorates because of the stress and they feel they've done something wrong. It becomes a self-fulfilling prophecy and child protection says well we told you. The same happens going onto a methadone program or going into detox. (NGO worker)

NGO workers considered there was little understanding of parents' emotional reactions to situations and the way in which they might manifest—as anger or disengagement. They reported that some parents saw the only way to fight for their children was to fight the worker and this was then interpreted as abusive behaviour. They reported that parents could experience severe trauma and depression after children were removed but they were expected to engage with services and find solutions to a complex array of problems with little support to tie them into services that might assist.

I haven't met with so much angst as I have with child protection. It's a very emotional thing and all of my clients are all very emotional and have been through a lot in their lives and this is a huge thing to try and overcome. To have your children taken from you is a very big thing. Child protection are saying they have the right

to because the child is in danger but the actual process and communication with the parents? They are told that the ultimate aim is that they are reconciled with their children but there is no pathway through that. They are told to do parenting classes but there is no "Oh fantastic, you did that." There are no steps forward even after you've done all the classes, no extra hours added to your visitation. There are written plans that you can see but no movement and as far as the parents are concerned the movement they want to see forward is that they can see their children more. Some of them have never had reviews. If they [child protection] were looking after the child surely they could see that communicating with the mother effectively would be a good thing. I totally understand they are short-staffed but all service providers are short-staffed and there is not enough time in the day, but you still treat people with respect. (NGO worker)

The stereotyping of particular families or risk factors meant that they were immediately seen as 'a risk' and then had difficulties in escaping these labels. NGO workers talked about the reluctance of members of certain 'well-known' families to seek help because they were frightened of being tarred by the same brush.

It's about the institutional memory. Where those who have children removed were themselves removed there is a multi-generational experience of child protection and it is as though there can be no escape because they are named and identified. So a woman with post-natal depression, if she has any ongoing experience of it will be too frightened to disclose it. Some workers don't like particular families so they don't maintain professionalism. I understand that some families are angry, aggressive and this is used against them. But favouritism can slow down or speed up processes. (NGO worker)

Overall, NGO workers described a prevailing culture that was deficit-based. They believed that the system is built in response to parents' problems and then it focused on those problems so parents are seen as bad and unsafe. It then became very difficult for them to escape that label.

There is public pressure, political pressure and professional discourses of risk that have become very prevalent. There is a constant fear of litigation about what happens if we don't intervene so they go into situations talking safety because that is the new lingo, but looking for risk and if you look for risk you find it. The other thing that is really big in terms

of culture is deficit-orientated practices, the psychology that goes with looking for deficits in people. That kind of psychologising is really endemic in child protection. They talk about looking at the strengths of the mums but there's the pathologising of mothers' mental health, parenting and their general attitude. And parenting can always be pathologised. So you get comments like she is telling untruths, she is emotionally unstable, she needs parenting courses, she won't help herself with housing. You hear those comments and you're working with a young woman who is doing her damndest. (NGO worker)

Lastly workers from NGOs described what they perceived to be a workforce where many workers lacked skills in relationship building and engagement, and where child protection workers' empathy for parents diminished the longer they had been in the system. The turnover of workers impacted on the building of relationships, reunification timescales and access arrangements and fuelled inconsistencies and dramatic changes in approach to particular families. They also believed there was a stigma attached to stress leave, which meant that many child protection workers did not take it and if they did they were removed from caseloads on their return. Some NGO workers placed hope in the full introduction of the Signs of Safety Approach across the child protection system. All wanted to see many more advocates sitting alongside parents and supporting them in working in partnership with child protection.

The thing that will bring all of this together when it's practised properly is the Signs of Safety. It will help us all to get on the same page. Children take part in it, the parents take part in it, the extended family takes part, the case worker takes part and we, the NGOs take part. So each of these different views of the family and what's happening within the family then gives us a truer picture of what is happening. (NGO worker)

Workers from NGOs described what they perceived to be a workforce where many workers lacked skills in relationship building and engagement, and where child protection workers' empathy for parents diminished the longer they had been in the system.



3.6 Key findings

Working in partnership with families may be the goal of child protection interventions but only a minority of parents and NGO workers who participated in the research had experienced it. They described **a system that was adversarial rather than collaborative** and that judged parents harshly and unfairly. This is despite an enthusiasm for partnership working among child protection workers involved in the research.

There were **minimal opportunities to be fully involved in decision-making**, parents were given few choices and the attitudes of child protection workers left them feeling disempowered and that they were viewed with disrespect. The key mechanism for collaboration with families – the Family Group Conference – was not offered to families on a routine basis but rather on the basis of professional decisions about whether it would benefit them or not. Research suggests this is also happening in other jurisdictions (Harris 2008).

Although information is a prerequisite for any collaborative work **parents were not necessarily informed about how the child protection system works**, their rights within it, the complaints process or how to find an advocate or legal representative. Nor are they automatically involved in care planning or informed about their child's progress and development.

The quality of **parents' relationships with child protection workers was often described as poor** and the turnover within the service meant that parents were constantly having to build new relationships with new workers. This made any collaborative work very difficult.

For parents and NGO workers the key issue was **the lack of consistency of approach** between different child protection workers and different offices. This had created a very personality-driven service where some parents received a good service and got good outcomes and others received a poor quality service. This had a significant impact on their ability to keep their family together.



Part 4: Partnerships with Non-Government Organisations



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4.1 Introduction

Although they are often the lead agency, child protection is only one of many services working to protect children. Tasmania has a complex labyrinth of services and interventions delivered by an array of government and non-government organisations with a diversity of funding arrangements. These organisations share the responsibility for protecting children and provide different kinds of support to families. These organisations may or may not be working collaboratively to protect children. Collaboration can be defined as ‘all interaction aimed at working together, both informal and formal, which occurs across the boundaries of different organisations and sectors’ (Scott et al. 2005). The *Children, Young Persons and Their Families Act 1997* (Tas) asks child protection and non-government organisations to work in partnership to promote the safety and wellbeing of children. Yet, while interagency collaboration is well documented as having the potential to enhance family support and child protection services, it can be difficult to achieve. A lack of coordination means that families miss services and is often named as a contributing factor in child deaths.

This section looks at how the non-government sector works with parents and with child protection services to promote the wellbeing of children in, or at risk of, entering the child protection system. It is based on interviews with 147 workers employed by over 40 NGO support services spread across the state.



4.2 NGOs and their work with parents

Services quantified the extent to which they were working with parents in the child protection system. For some, particularly in the family support sector, almost 100 per cent of their clientele had involvement with child protection. For others the majority were either currently in contact, had been in the past or were on the edge of the child protection system. ('Complex need' was considered to be typical of their clientele.) There were agencies where only a minority of clients had involvement with the system but, as they pointed out, although numbers were small the complexity of their circumstances meant that they took up a disproportionate amount of worker time. They described the nature of their work with parents and a range of different roles including:

- making notifications, and many said that they would work alongside parents in order to do this;
- accepting referrals from child protection;
- monitoring parents and reporting back to child protection about the current situation;
- supporting parents and advocating for them during child protection processes — accompanying them to meetings, to court and interpreting child protection language and documents;
- building trust and a working relationship with parents;
- clarifying the risks and concerns of child protection with parents so they fully understand the reality of their situation and the need to demonstrate change;
- supporting parents to meet the conditions of orders, including referrals to other support agencies;
- case management — connecting up services and providing a co-ordination role;
- supporting parents to deal with the emotional and financial impact of an investigation, removal and access to children;
- role modelling positive communications with child protection workers;
- addressing the risk factors to prevent notifications or removals and to promote

reunification. This might include therapeutic interventions to deal with anger or attachment issues and provide in-home support;

- providing supervised access facilities and working with children; and
- running Parenting in Australia courses for migrant or refugee clients.

NGO workers interviewed described a client population characterised by multiple and complex needs who were commonly in contact with a range of different services and living on the edge of continual crisis. They demonstrated the range of risk factors for entry into the child protection system, including alcohol and drug use, mental health problems, family violence, cognitive difficulties and intergenerational disadvantage. Many were described as having an unrealistic picture of their situation and a level of denial about risky behaviours and their impact on children. One of the homeless shelters painted a picture of the kind of situations they were dealing with:

There is no communication, they feel in the dark, there is no contact with the child protection worker, there is confusion about what is required and the goals. There are access issues and they don't know when they are going to have access. They are unable to prepare or to save money to cover the costs. It is all open ended and there is no idea about how long reunification processes will take. Child protection doesn't work with mothers so they are on their own. They live daily with the stigma of being bad mothers. After removal if we were not there they would not be here. They need so much support and it's such a gap. Women are confused and traumatised all the time and don't know what's happening. There can be a wall between the mother and the system and not being given a chance to change or recover from a mistake and classed as having failed. (NGO worker)

A service working with families with mental health issues added to this:

Our brief is to keep families together and we always let families know when we are making a notification. We have a duty of care to notify and don't hesitate to do so. We will work with the family to prevent removal, monitor the situation and update child protection. We provide progress reports with our views about the mental health risks and advocate for the family and the support they require. We attend case conferences and clarify what is happening

especially when other services are involved and who is doing what. (NGO worker)

Advocacy organisations were typically brought in once an application for an Order had been made or was in place or when parents realised there was a process for seeking reunification.

Typically the child has been taken into care, parents are off side and feeling they don't understand what's going on and are not being given any back up or resources to deal with it. They don't know where to go or what to do. Then there is a relationship with a child protection worker, which builds into a confrontational issue and no one is talking to each other. Child protection are saying there is all this evidence that they can't cope with life or their child. Essentially it then becomes a question of unpacking it, trying to find out what's really been happening. You get very different stories on both sides of the fence and you need to reinterpret it for your clients in a way they can understand what they have to do, where to go and also trying to get child protection to back off a bit and understand this person's particular issues, which they may not have appreciated. (Advocate)

If the family remains actively within the child protection system undergoing investigations and assessments there is no automatic support available to them and they may have to wait a period of weeks or months to acquire this support from NGO services, advocates and lawyers.



4.3 Working with Gateway

Gateway services were established in 2009 to provide a single community entry point for families to gain support and to prevent them entering the child protection system. As well as providing advice and information, assessment, planning and coordination, families can be referred to the Integrated Family Support Service (IFSS) for more intensive case work and case management. A community-based child protection worker is co-located in each Gateway to assist in decisions about referrals to child protection.

Not all NGO workers were familiar with Gateway or understood its role. Others described how a good working relationship and clarity about roles had developed over time, particularly with the co-located child protection worker. However services commonly expressed three concerns.

Firstly, many NGO workers perceived Gateway as only responding to relatively high levels of need. They reported that if a case is notified to child protection but was seen as low risk (where the family is struggling but there are no major neglect or abuse issues) a referral will be made to Gateway for extra support. But in order to get help families have to ask the right question and give the right information, often in a telephone conversation. This can be particularly difficult for the most vulnerable, including parents with intellectual disabilities. NGO workers reported that it leaves families with lower level needs, who in the past would have had access to a range of early intervention options, unsupported or sitting on a waiting list for Integrated Family Support Service (IFSS) help. NGO workers described how they schooled their clients to ensure that they reached the threshold for accessing support through Gateway. It also left NGO workers with dilemmas about how to get a notification taken seriously when from their perspective there were high levels of risk.

I believe direct referral works better in small communities than the Gateway. In the past when we were able to link to family support directly it was better than having the Gateway process in the middle, which is time consuming with very long waits. They [Gateway] have their scores so if you're on a lower score you will take longer to get a worker. Sometimes I feel that the higher scores are probably not IFSS. They [the families] are too intense, too much going on for a lone worker to do and they should come to the attention of child protection who should be taking them on. Whereas on the lower scale there are people we could probably make more of an impact with. (NGO worker)

Secondly, NGO workers were concerned about a failure to refer families to child protection. An indicator of the successful performance of Gateway is a reduction in the number of families entering the Child Protection Service. NGO workers were concerned that this positioning of Gateway to stem the flow of cases into the child protection system meant that cases that should have been referred to child protection due to the level of risk remained with Gateway and the Integrated Family Support Service. They recounted numerous cases where feedback from IFSS indicated the family was doing well whereas in fact NGO workers knew they were in crisis, being evicted or homeless. Furthermore Gateway/IFSS was unable to provide the intensive support required to work with these families and keep them out of the child protection system; for example to have an impact on long term intergenerational issues or even to work effectively alongside them building basic life skills like budgeting or establishing routines. This gap could be particularly acute for parents with intellectual disabilities who required parenting support over long periods of time.

Gateway has changed the threshold for child protection intervention. It can provide up to 9-12 months support but it's a drop in the ocean and then they refer on to other community networks but these are becoming less available. Families usually arrive in crisis so the system is intervening too late. When they agree to Gateway they find they get two to three months support and seem to be doing okay so Gateway dips out. That doesn't deal with relapse. So they shut off support very quickly. This is a huge gap and services don't transfer the monitoring role to other agencies. So although Gateway is a good start what they offer is limited — one hour a week which is not intensive family support. (NGO worker)

Thirdly, NGO workers expressed concerns about hand-overs from Gateway to the child protection system. They reported that the parents they worked with did not necessarily distinguish between child protection and Gateway and that because Gateway was perceived as 'the eyes and ears of the child protection system' it operated as a major barrier to families seeking help. They reported that there was a strong sense of betrayal among families when they realised that a request for support to Gateway had resulted in a referral to the child protection system. This could impact on their motivation to engage with either child protection or Gateway services.

It is not made clear to them that 'you're engaging effectively with this program and giving it your best shot and this is what will keep you out of child protection and if you don't do it we are reporting you to child protection'. There is no clarity and honesty. They might think there is but they don't understand the terminology and I've heard them say things — 'well I said to you last week you really need to engage with this otherwise we will be reporting you to child protection'. It's not clear. (NGO worker)

Once referred into the child protection system any support that families might have been receiving through Gateway ceases. Entering the statutory part of the service system, they acquire a child protection worker who is new to the case, who has no relationship with the family and who may well require them to repeat their story with all its complexity and pain. If the family remains actively within the child protection system undergoing investigations and assessments there is no automatic support available to them and they may have to wait a period of weeks or months to acquire this support from NGO services, advocates and lawyers. Some NGO workers felt that the IFSS workers were ideally placed for the bridging and support work required as families moved between systems. This would then make it easier to continue the engagement once child protection withdrew. Yet, as one worker remarked, at this point the family are very likely to seek disengagement from all services rather than seeking further support from Gateway.

There are also difficulties for families moving between regions and coming in and out of Gateway services. The Gateway model anticipates that a family will come in, achieve its goals and exit. If new issues arise for them they can come back. The system's designers hoped that it meant that the model would not create dependency. However what NGO workers witnessed were unexpected consequences of families moving in and out of the system: delays in responding to families caused by the referral and intake process, parents having to retell their story and their loss of trust in the ability of services to help. This meant that coming in and out of the system frequently was probably more detrimental than otherwise.

Gateway workers come in and do their best and then families get re-referred from schools and child health nurses. The client says 'you didn't help me last time', so they are starting to feel that they've 'had two or three workers and they couldn't help me, what makes you any different.' It's awful because these families

go through the processes and the lengthy interview with the Gateway worker and the intake person when they have to repeat all of that again and meet their family support worker and get through. On several occasions I do direct referrals myself rather than wait for Gateway because it takes too long. There were two instances when IFSS workers had capacity to take families on but I was told they were full. Again I think maybe they [the families] didn't reach the criteria. As a worker I try and I tell the family 'we have to meet certain criteria, make it sound as bad as you can to get through and get some help, so we tick enough boxes.' It's ridiculous. (NGO worker)

Lastly, services reported instances of families dealing with profound disability who were being referred into the child protection system not because of child protection issues but in order to access resources that were not available elsewhere.

There are individual support packages but they are capped at 34 hours a week and huge wait lists for respite. Parents have actually rung Children's Services and said I cannot manage, I cannot cope. They go into the system because of the resources the child protection system will allocate, for example funding the transport of a child. Because the child is in care there are more resources available. It is a shared care scenario the parent wanted. She didn't actually want the regulation of child protection but she cannot get the resources any other way. The other thing that you're then guaranteed is that when your child gets older a placement will be found whereas if you've got a child at home supported accommodation is very, very difficult to get. (NGO worker)

This was described by NGO workers as a distortion of the system.

Services reported instances of families dealing with profound disability who were being referred into the child protection system not because of child protection issues but in order to access resources that were not available elsewhere.



4.4 The views of child protection workers about NGOs

Child protection workers valued the role of NGO services in being able to work flexibly and proactively with families and engage them in initiating change. Their role in clarifying parents' situations and concerns and explaining child protection processes was particularly important.

In terms of working collaboratively what works is good communication with other agencies and information sharing. The best working relationships I've had with NGOs about supporting a family is when you can meet regularly, they tell you when they have concerns, they tell you when things are good and the family knows that that's happening and is happy for you to be talking to the other people and the dialogue is really open. (Child protection worker)

A shining example of effective collaboration was considered to be Pathway Home, which supports families through reunification. Previously this work was done on top of heavy caseloads and the involvement of child protection impacted on parents' willingness to engage with what was required for successful reunification. Workers reported that the ability of Pathway Home to engage families voluntarily in the process and work with them alongside child protection to achieve the goals was proving effective.

Pathway Home work with us and they work with the parent so they gain an understanding of our processes and what we do and how we do it. We do explain our processes to parents and we do have those conversations but they may not hear it well from us but then they have Pathway Home who go back and reinforce it and try and explain it in different ways. So that sort of support service for a family is very beneficial because it's a service who understand our system and who aren't just going to jump on the advocacy band wagon but who are actually interested in what we do and why. So they are getting those messages in a few different ways and that helps with that clarity and that understanding. (Child protection worker)

Child protection workers interviewed for this research considered that collaborative working had been improving generally across the board and that these improvements had been greater in the non-government sector than with government services because there

was a contract and service agreement, which stipulated roles and responsibilities.

It depends on the support service and we work very closely with some and that's improved, absolutely. In addition to that there are new understandings which have been developed. Even from a meeting we had yesterday there are new arrangements being made with Drug and Alcohol Services. Where previously we haven't felt we communicated that well, we are now going to be working more collaboratively with them so things have improved greatly. There are also services we are involved with through Pathway Home who we have a very close working relationship with and we are doing lots of really excellent collaborative work with them to work with families to get the kids back home. (Child protection worker)

Barriers to working in partnership with NGO services included workloads and time constraints which could mean that relationships were not actively cultivated. They also included a lack of shared understandings and goals with child protection working to protect children and NGO services advocating for parents. In these circumstances it could be challenging to develop a collaborative approach.

There can be issues with services as well. They come in saying it's not fair on the mother. But what's in the best interests of the child may not be fair from the parents' point of view. Our core focus is the best interests of the child. So that can cause an issue because we get services advocating for parents about what they think is in the best interests of the parent and there is not that shared understanding of the risks. (Child protection worker)

Some child protection workers considered that relationships with NGO services had diminished since the implementation of Gateway. Gateway now stood between child protection and external agencies and operated as a barrier to forming direct working relationships.



Workers from the NGO services that worked most closely with child protection described their relationship as good and in some cases excellent.



4.5 NGO views of working in partnership with child protection services

Workers from the NGO services that worked most closely with child protection described their relationship as good and in some cases excellent. They reported that child protection kept in touch with them about processes and outcomes, information was shared and there was a level of collaborative working around individual families that they were happy with. They considered that child protection workers respected their professional expertise, took their opinions on board and drew on their experiences. In turn they respected the skills of experienced child protection workers. They had also witnessed positive interventions and effective working with families and had numerous examples of effective collaboration. This was particularly true in rural and smaller communities where there were better developed relationships between workers. They appreciated the ability of child protection to activate the involvement of other services for the benefit of clients which they were not able to do, for example, Housing Tasmania. In some cases they had been impressed at the lengths to which workers would go to provide opportunities for families to change.

We have worked alongside child protection to ensure no overlap and that different roles are negotiated. For example we worked with one family engaged with child protection to support them with mental health and parenting. They [the family] knew it was the end of the line. It resulted in them building skills and confidence and turned their situation around. Another family spent many weeks discussing support from child protection and finally agreed. The family really valued the intake worker and suggested to their daughter that she also engage. It was really proactive, successful work. Rural areas where all know each other may mean people work better together. (NGO worker)

A lot of the child protection people I've had a lot to do with over the last few years have been terrific. Under the old family support system we didn't have good relationships with them, they didn't talk to me. Now because we have daily contact by email or phone or meetings we have a big relationship with case workers. I have made it a point to develop excellent relationships and get excellent results. That's part of my practice and determination and to mentor and role model that to our mothers so that they can have those powerful conversations. If they [child protection] haven't got back to me I follow it up with assertive conversation. I use my skills to ensure a good relationship with them. We invite them to our open day. Because they are the hardest relationship for our clients to have we try to foster the best relationship so they get their needs met around stuff with their children. (NGO worker)

us. Our credibility with them has built up over time and means better outcomes for clients. So their response to our notifications has improved and they seek information from us. (NGO worker)

NGO workers reported that child protection workers now seemed to appreciate the skills of support services especially those associated with engaging and working flexibly with families.

They actually work within a certain framework and that framework doesn't necessarily allow them to have the flexibility we have. Their framework is one that is based around making sure that the legal implications of all that is happening. It's a culture that looks at the legality of everything rather than what is really the best journey that this particular family could take. There is a difference. We have the flexibility of being an NGO to work with them [families] to do things and try things that they won't necessarily be able to do. (NGO worker)

One of our great strengths is that we are able to build really good bridges and because it's positive and everybody is able to say stuff in a positive way, even if they're angry we have very good results. We have some really wonderful results in terms of the conversations that are had with people, both parents and child protection, related to their children. I think NGOs give them [child protection] a lot of skills. They don't really have the skills to talk to families. (NGO worker)

A lot of effort was put into developing relationships with particular workers in a system which they described as being 'very personality driven'.



Several services said that the development of an effective working relationship was the result of proactive work on their part to build relationships with child protection workers, inform them about their service and how it worked and demonstrate their value in working with a family to improve outcomes for children. And they knew that having a good relationship with child protection workers was in the best interests of the families they were working with. They reported positively on the training they had done around being mandatory reporters, which had clarified respective roles.

There has been a significant change in agencies' relationship with child protection in the last two years due to us building the relationship and being proactive in this and a lot of effort has been put in. We have developed working guidelines and MOUs and used a range of different strategies to work collaboratively so we can work together as partners. Once child protection understands how our programs operate the relationship is much more positive. They will share information and rely on us for information and work collaboratively with

Other workers from NGO services emphasised that their working relationships were entirely dependent on the individual child protection worker and the region. They reported that all workers and all regions worked differently and had different views. As one worker said, 'You have to manage the worker.' A lot of effort was put into developing relationships with particular workers in a system which they described as being 'very personality driven'. Another worker said, 'If you work collaboratively with a good child protection worker you get a good outcome. If you get a poor worker you know things won't work out.'

NGO workers also described how they performed a monitoring and surveillance function for child protection. Child protection would contact them to confirm that they were working with the family and ask about any concerns or observations. Often if a support service is involved, child protection will then withdraw from any further intervention unless the situation changes. Yet, despite the significance of this role, many services

commented on how little information sharing there was and how they were not necessarily given any feedback or invited to participate in meetings or case conferences.

The key is developing a good working relationship and we need to build a relationship with them and ask them to come to the party. They hope we will do the hard work. We try to work with them but they rarely provide us with information. Notifications from us don't carry the same weight as from school or hospital. This might be good for the child but not the parent. The lack of collaboration is due to attitudes, training, culture. Child protection want to remain independent and you can't have the victim and perpetrator both being clients of the same service. Child protection see us as supporting the perpetrators and collaboration is often seen as another term for compromise around wellbeing of the child. (NGO worker)

The less contact workers from NGO services had with the child protection system the more difficult their working relationships and the more negative their views about child protection. NGO workers described child protection service's statutory role focussed on the child as an obstacle to collaborative working. They reported that they believed it generated a defensive approach by child protection services to working with other organisations. They reported that NGO services often received no feedback about notifications or those that they made were not taken seriously. This had fuelled a reluctance on their part to make notifications and meant that they might take decisions to delay notification and instead put other support for families in place.

Like parents, these NGO workers described a constant struggle to communicate and collaborate with child protection services and get past answering machines to a response. This generated high levels of frustration when they were advocating for parents and as one worker said, 'If it's bad for us it must be much worse for parents.'

If they don't know you they don't respond to you and certainly don't respond to the client who is probably on a strict budget and can't afford the phone calls. There is no free flowing information. They are an entity unto their own with an inordinate amount of power and accessing them is a real barrier. You are usually met by an answering machine. (NGO worker)

They do not partner with NGOs well. They are happy to ask us whether we know the family

and then close the case if we do, reassured that we will monitor the situation. But often we are left out of the loop and it's frustrating for us. Sometimes they are prepared to share information with us and tell us everything. At other times they tell us nothing even down to when the court dates are. Is this deliberate or due to different approaches of workers? It's difficult to understand or to know their reasoning. I like to think the relationship is good but I'm unsure. (NGO worker)

Some services said that child protection did not always see them as professionals, and at times failed to take their views seriously, tap into their experience and insights or to build collaborative teams with a range of perspectives about individual families. For example they might have a holistic picture of an impending crisis and react to that whereas child protection would only respond when there was a crisis situation.

Like parents, some NGO workers described a constant struggle to communicate and collaborate with child protection services and get past answering machines to a response.



They refuse to consult. They have somehow been positioned as child protection experts and that expert discourse in professionalism gets acted out all the time so that they tell but they don't ask. They are not good at consulting. Consulting means asking, "what do you think?"; "where should this go next?" They don't seem to have that understanding. There are also shifting analyses of the problem so that addressing it is a bit like shovelling water because the analysis of the problem keeps shifting which renders the client, the person, incredibly powerless. The effects have been a lot of frustration, of feeling silenced and fearful of advocating in case of further pathologising [of the parents]. (NGO worker)

Sometimes they take what we offer, other times there appears to be a lack of respect. The attitude is “we are the Department and we know best” and it appears they do not take us seriously or our views. This would not happen if there was the trust and respect. The more people involved in decisions the better and the more checks and balances there are. (NGO worker)

All NGO workers interviewed expressed some confusion at times about the decisions being made by child protection; that decisions either minimised risks or over-reacted to them. This had generated a concern to find out how to make better notifications so that they were taken more seriously.

There was a lack of clarity among workers (both in child protection and NGO services) about who held responsibility for following up parents’ engagement with support services and for monitoring the outcome of any interventions and their impact on changing behaviours.



We are always in the fight to keep children at home with their mums and dads but sometimes you see things and think I’m not sure those children are safe and yet they’ll [child protection services] persist and persist and persist with supporting the family. I worry about the ongoing trauma experienced by those children. And yet the other side is the trauma of children being removed. I just wonder with some families why they [child protection] hang in there so long before they do anything. (NGO worker)

When you make a notification and it’s not acted on, their justification is that “it’s not a high enough threshold to have any intervention”, or, we [NGOs] are “providing support to the family so there’s no need to act”. Because they see what we’re doing as better than what they could offer anyway. When it’s not reaching the child protection threshold it is left to other

services. But [what is missing is] coordinating that ... or following through with that; that kind of oversight is missing. We can be left with complex high risk families and obviously we support them where we can and get them access to other services. But we can often be stuck with child protection saying “great, there is a service working with that family and we can move on.” But actually this is seriously high risk and we are not able to meet this family’s needs at all. (NGO worker)

There was a lack of clarity among workers (both in child protection and NGO services) about who held responsibility for following up parents’ engagement with support services and for monitoring the outcome of any interventions and their impact on changing behaviours. Child protection criticised NGOs for a lack of follow up or feedback about what had or had not changed for the family while workers from NGOs criticised child protection for not monitoring the outcomes of interventions for clients who engaged with their services. This could mean potentially false perceptions about how well families were actually doing and of the risks involved.

We can make referrals to a service that can then work a little bit more one-on-one with the parent. But even when you discuss things like you think the parents need help with behaviour management, setting boundaries and even developing a schedule, I’ve found that they’ve had chats about schedules but they haven’t gotten down with some cardboard and done it. I’ve had some services that have done it really fantastically and have made it easy and approachable for parents. But other times, like with parenting courses, they just discuss it in the course and then the parent doesn’t have anything tangible to bring back like “this is the schedule that I’m going to follow.” Or no one follows it up when they go home to see if it’s working. (Child protection worker)

Child protection clients will ring for an appointment saying child protection told them to but they don’t articulate much more than that. Even when child protection refer [a client to us] they don’t tell us what they want us to do with them. All they want to know is “have they engaged?” and nine out of ten times they [the clients] don’t come back after the first one or two appointments. But there is no measure and no outcome focus to it. It requires case managing. So women are told to do A, B and C and child protection just want to know whether they have engaged, how many times, not what they’ve learnt. So the intervention is not measured in any way. (NGO worker)

This divergence of opinion reflects an apparent lack of any strategic thinking about how best to support parents in the child protection system and who holds the responsibility for this.

NGO workers recognised the difficulty of the decision-making faced by child protection workers about interventions and removals and they respected that level of responsibility. However, they saw potential for better partnerships to develop with child protection workers to support this decision making.

The flip side of this frustration and feeling that families and children might be at risk is that I'm not responsible for making that decision ever. I have done what I need to do. They have the whole set of really big ethical decisions to make. (NGO worker)

Child protection can actually act where other services can't so there could be great partnerships for child protection to be able to say, "look there are concerns, instead of everyone speaking to a different service, let's put it on the table and work out what supports we could put in place for the whole family" – rather than a parent telling a worker from one service "don't tell anyone" and a young person telling another service "don't tell my parent". That is the kind of situation where there is considerable risk in the home, [but it is the kind of situation] where there could be partnership with child protection having that ability to help move the situation forwards.



4.6 Key findings

Effective collaboration between child protection, parents and NGOs is vital in improving outcomes for families and for children. The Pathway Home program is widely seen as a good example of effective collaborative work.

NGO services were highly valued by parents and child protection workers particularly in **mediating parents' contact with the child protection system**.

Those services working most closely with child protection have pro-actively built more collaborative relationships and the workers report that this has often meant **better outcomes for clients**. Those services operating more on the margins of the child protection system shared much of the frustration and confusion expressed by parents.

Overall, NGO workers considered that a **'we know best' attitude was often displayed by child protection** and that this was flawed. The information and expertise that NGOs provided was not always used effectively or acted upon. They considered that the more people involved in making decisions and the more checks and balances built into processes, the better.

Workers from NGOs had concerns about the thresholds for intervention, about the working relationship between Gateway and the child protection system and **what happened to families as they were passed between the two systems**.

There were also concerns about **who held responsibility for monitoring parents' engagement with support services and assessing outcomes**, particularly in terms of behaviour change – NGOs or child protection. This reflects a lack of strategic thinking about how best to support parents in the child protection system.

NGO workers wanted to see better partnership working with child protection and a system that **trusted the judgement of front-line workers** and where possible involved them in decision-making about what action to take. This would be fostered by quick and simple feedback on child protection responses to notifications and an increase in information sharing.



Part 5: Parents in the child protection system: having children in out-of-home care

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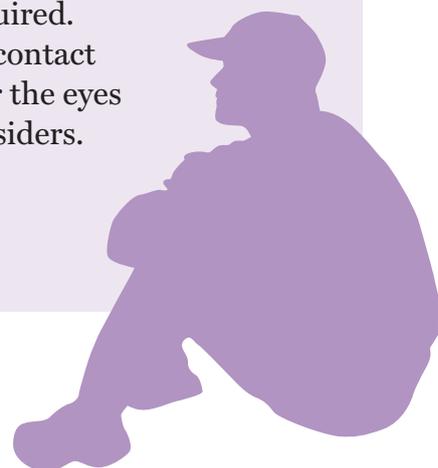
5.1 Introduction

In our research 35 households had experience of having children in the out-of-home care system, either in foster care or in kinship care. Whether or not children and young people are permanently or temporarily settled outside their birth families, issues associated with access can come to dominate parents' lives.

Access means the planned arrangements for contact with parents, siblings and extended family when children and young people are in out-of-home care. Maintaining this contact has been described as a 'complex constellation of variables rather than a straightforward and easily understood phenomenon' (Scott et al. 2005). Its purpose is to increase the possibility of, and prepare for reunification, preserve family ties in long term care and provide a therapeutic means to assess and enhance parent-child relationships. It can also provide teaching opportunities for parents to learn parenting skills. Without regular contact, out-of-home care can seriously and negatively affect parent-child relationships. Research has shown that long term outcomes for children in foster care are linked to successful birth family contact and that the greater the level of contact the higher the chances that the child returns home (Scott et al. 2005). Children with continued contact are more likely as adults to have contact with their birth family than their foster family.

As each case is unique, access arrangements are made on a case by case basis. If there are plans to reunify there is more access, often moving from being fully supervised towards unsupervised arrangements. Interim and temporary Care and Protection Orders where the focus is on reunification can mean high levels of contact and more intensive work with parents. A long term order where the emphasis is on permanency and stability for the child means that contact is set at a level which does not interfere with the child's growing attachment to their new family. This may be only two or three times a year. There is more access for babies and the court can order up to five visits per week.

Contact can take place in the child's home, the parental home, a public place such as a park, another agency or even a fast food outlet. There are also contact centres when supervision is required. Although homelike settings are considered to be best, contact can sometimes take place in impersonal settings under the eyes of carers, case workers, support workers and other outsiders.



5.2 Parents' experiences of contact

Parents talked about a range of access arrangements with their children and often different access arrangements for different children. Within one family there might be a child at home, a child in foster care and other children in kinship care. Children in one family may be spread in placements across the state and come under the supervision of different child protection offices. Access arrangements can change from supervised to unsupervised and back again with increasing or decreasing hours ranging from four times a year to weekly visits, overnight or weekend stays or stays during the school holidays. Families may arrange access to their children for special occasions like birthdays and Christmas. It is a fluctuating picture. There are also arrangements for siblings living in different placements to retain relationships with each other and with grandparents. And of course when parents separate there may need to be different access arrangements for fathers and for mothers. Access arrangements are regulated by the Department with decisions based on the wellbeing of the child involved. If good relationships develop between birth families and carers they may be able to work out their own access arrangements; for example spending Christmas together. Alternatives or supplements to face-to-face access include telephone calls, emails, letters and photographs.

Parents described their experiences: what it was like to have supervised access, the difficulties they encountered in coping with visits and their aftermath and their desire for more contact with their children. Supervised access means that someone, often a support worker from the Department, is present during the visit. Sometimes they take notes or help in practical ways and sometimes they might not do anything at all beyond observe the visit. They provide feedback to child protection but their presence can make parents feel judged and uncomfortable. Visits may be used to model positive parental behaviour but if parents feel access is being used as an assessment tool it becomes stressful and affects how they relate to their children. In addition, parents reported that the facilities for supervised access can be poor, in environments which are cold, dismal and not conducive to relaxed play. One mother, assisted by her advocate, explained what her access visits were like:

The toys there are not good. I usually bring Jessie's toys with me. They are very arrogant. It makes me frustrated and upset. (Do you ever get a copy of what they've written about you or been told you are able to see your file?). No (Why do you think they take all those notes?) To show later to the manager, the worker, carers. They always put everything negative about me. They are trying to make things worse about me I feel. (Parent)

The support workers sit there and you know that they're judging you. They follow you around so how can you have any normal activity with your kids with a stranger sitting there following you around, wanting to listen, wanting to inject themselves into your two hours with your kids. They are intruding by being there and then they want to tell you what to do, what's right and what's wrong and they all have different views. They might have done a course but they've all got different views on how to bring up children. (Parent)

They would sit there and just do their thing during the home visits. I got a call because I was vacuuming when my children were there during a visitation. I got in trouble for doing my housework because it was meant to be my time to spend with them. (Parent)

The descriptions of the subjective nature of feedback to parents about supervised access were supported in this research by interviews with advocates attending them. An advocate working with parents with intellectual disabilities reported that the nature of what might be recorded by support workers can be very subjective and reflect their own values and attitudes rather than using any set format or criteria. The advocate stated that support workers' notes may contain comments about how the house looks or about the food children are given. For example, she had seen a mother reprimanded for bringing a birthday cake to the visit; the birthday cake had been described as 'junk food'.

Parents and advocates reported that information collected at supervised access visits has then been recorded in affidavits and presented to the court as evidence of neglect. It meant that visits which are supposed to be a positive step towards reunification become a mechanism for assessment of parents, often negative and with little support given to them to develop better skills and ideas about how they might do things differently. To counter this advocates encouraged their clients to have someone with them during access visits as a witness or to make their own notes about what happened.

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Contact arrangements are affected by evidence of distress in the child and the anger, grief and anxiety felt by both parents and children so that they may both need help at the end of the visit. If child protection workers observe that regular access is more distressing for children it can result in a reduction in access hours or stopping access altogether. Parents reported children getting very upset when they had to leave and that when the children did become upset it was blamed on them.

They stopped my home access because Poppy would play up half an hour before she was due to go and there was so much trouble getting her back into the car, and they said I couldn't control her behaviour. I would forcibly put her into the car and she would say, 'Mum you don't love me, you're not looking after me, you're making me go.' (Parent)

One of the biggest resentments parents had was about the cancellation of access visits, often at short notice. They reported that a text message would arrive from a child protection worker to say they are unable to see their child the next day.



Jonny would get really upset. You literally had to go and pick your kid up and put him in the car knowing he doesn't want to go but just to get to see him next time you have to do it and the same thing happens again. And if you don't, you're doing the wrong thing. But I felt that I was forcing him and I got the feeling that he felt I didn't love him because I was pushing him away. (Parent)

They would come for visits and Heidi was so distraught on leaving me that she would cling to me and had to be pried off me. So they decided my visits with my children were too distressing and I was causing them too much distress so they stopped them. They were allowed to phone me whenever they wanted to but that was distressing them so it was reduced to a Monday night. (Parent)

Reductions in access were very difficult for parents to cope with and a number of parents in the research were battling through the courts to change or increase their access or to get unsupervised access. The turnover of child protection workers can mean changes to access arrangements and new workers might have a different take on whether there should be supervised or unsupervised access and for how long. Cancellations are currently plaguing the system due to a shortage of drivers to transport children to visits and a shortage of staff to provide supervision. One of the biggest resentments parents had was about the cancellation of access visits, often at short notice. They reported that a text message would arrive from a child protection worker to say they are unable to see their child the next day.

Because the government has no money they don't do weekend visits anymore. Their office hours shut at 5 and you have to quickly see your kids after they finish school and before their office shuts. So I get to see my children for two hours and forty minutes a month. That's ridiculous. It's not increasing, it's decreasing. In a month, one week it's Jake, one week is Sian, then I have them together. So I'm not even seeing them equally for a month. I've had home visits cancelled because they don't have enough carers. But that's nothing to them. An hour and twenty minutes with my children is a lot to me. (Parent)

They cancelled my visit. I was sitting there half an hour after the visit was meant to start and no one had bothered ringing me. I had to literally ring them for them to tell me "oh sorry it was cancelled an hour ago". The reason they gave for cancelling the visit was that they never had drivers available to pick the kids up. They [the kids] were devastated, they were crying because they didn't get to see me that day which meant I had to wait another month. So it took a month before I actually got to see them. I don't think that's acceptable to say we haven't got drivers. That's not my problem. They took the kids, they should have drivers available. (Parent)

As parents pointed out, they were required to be consistent with attending access visits and if they cancelled for whatever reason — a hospital appointment, ill health — it could be used as evidence of a lack of attachment to their child. As one parent said, "They say it's my fault and they tell the kids that you don't love them. It's all right for them to be inconsistent but they need to step up to the standards that they expect of you." A shortage of staff can also mean that precious time is lost by children arriving late to

access visits and constantly changing personnel with a different driver or support worker. Children could find this very difficult:

My little girl doesn't like people touching her. She gets used to the one person and that's fine because it's usually this old lady. But last time it was a younger person that she'd never had before and she was bawling all the way to the visit. It scared her. There is no consideration for the children whatsoever. (Parent)

Between access visits there might be phone calls. These are also often regulated and monitored.

We used to have phone calls but then they used to get upset getting off the phone and the carer had to deal with it so we left it to just visits. But then the Department said well you're not showing interest in your children. You're damned if you do and damned if you don't. You get lectures and you always feel like you're being watched. (Parent)

In 2011 I rang up the children to wish them a happy Christmas. I said to the carer can you give a message to them and she said, "don't worry you can talk to them". So I did and wished them happy Christmas. The next day I got told off by welfare because I rang them up. (Parent)

Access can be costly for parents particularly if they have to travel long distances or fund outings to swimming pools or bowling alleys. Changing and rearranging access visits meant that parents were unable to prepare for visits and to ensure that they had money available to provide food, treats and cover other expenses.

I was that upset when they rung me to tell me the visitations had come back from twice a week, two and a half hours at a time to an hour a month. It takes the wind out of you. My youngest daughter just had her fourth birthday and I wasn't there for her birthday. I have to send presents through the Department. You can't spend Christmas with them; you can't be with them when they're sick, when they just want their mother and father. When my children ask me when they can come home I'm not allowed to speak to them. Apparently if I said to them we'll have you home soon they will stop me from seeing them. They threaten me that way. So I'm not allowed to give my children an answer about when they're coming home. I was told by the courts that it would start in six months and they keep putting it off instead of going ahead with it or the unsupervised visits. Because of the Government cuts they cut it all back. With unsupervised

visits you can take the children to school of a morning and get them back to the carer on time, make sure they're clothed. But they've taken all that away from us. The only people who are suffering are the children and the parents, the Department don't mind. (Parent)

Once there is a long term order access may be severely limited to monthly visits or seeing the children just a few times each year.

I'm not even a mum anymore and they relish telling me that. You're not a mother on paper. That's what I was told and I'm not. On my card I don't have the kids on it and everything I get doesn't have any of my kids on it, like Newstart. (Parent)

I don't have any access. I've been trying to get access. I have a baby of 10 months, my fourth child, and I still haven't seen him since a fortnight after he was born. They keep saying I need to write him letters but I can't write letters to a newborn baby or a four year old. Every week I've phoned. But when it goes to court it's going to look like I haven't bothered with him because I haven't had one visit with him. (Parent)

Parents found it particularly difficult to deal with not being involved in their children's lives or decisions which affected them and not being given information about what was happening to them. This was especially true for those with children on 18 year orders but it also applied to parents with children on interim and temporary orders and where there might be plans for reunification. Although they were desperate to get information about their children many parents complained about being kept in the dark about important matters like their health, any medications they were on or visits to doctors. This lack of information could also apply to emergency situations where children had been admitted to hospital or run away from their carer. Parents were no longer involved with their children's school or invited to school functions or to talk to their children's teachers. They had to wait for information to be relayed to them through their child or their child's carer rather than from child protection.

Parents found it particularly difficult to deal with not being involved in their children's lives or decisions which affected them.



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She has eczema and she's allergic to a lot of foods so she goes to paediatricians, dermatologists, dieticians. She goes to a lot of health professionals but I don't get involved, I don't get asked to go. I don't get told what's going on because there would be too many people. This is what child protection says, there would be too many people at the meeting. I'm very hurt. She's my child and she's meant to be coming home to me. How am I meant to know what's going on or what to do? (Parent)

About a month ago Andy was riding his scooter and got hit by a car and the car kept going and he had to go to the hospital and I didn't even get told. I found out off my daughter but no one told me. The boss of welfare rang me two days later. I said shouldn't someone of rang me and he went, "oh yes I'll get onto that, I'll blast them." It got me really mad, it made me so angry. He had a deep graze on his shoulders. (Parent)

Some parents did not know where their children were, had no contact with carers and only supervised access with their children. This situation is the result of fears that a child might be abducted by the birth parents or that the carer may be at risk from the birth parents.



What upsets me is that I want to go to the school. I asked the Principal and the Principal rang them up and they said no I'm not allowed to go. I wanted to do parenting help and everything like a parent should do but they said no you're not allowed. I am trying to do the best I can to keep up with my children. My girl has her leavers' dinner at the primary school and I'm thinking great we can go shopping for your dress but I'm not even allowed to do that. That really hurts. Then I go to ring up the primary school where they are now but it's all confidential and I'm not even allowed to go there. I am thinking but I'm their mother, I want to see how they're going, they won't let me. They have just cut me straight off now since the 18 year order. I get really upset. I am trying to handle it as good as I can. (Parent)

All these access issues have a significant impact on parents' relationships with their children and on children's relationships with their siblings and extended family. Of course as children get older they increasingly make their own decisions about access and may find their own way home to their birth family.

They come here on the weekends without their (child protection's) permission because they're sick of it. The boss of child protection told us he can't stop the kids from coming for the weekend back and forth. They make up their mind as they go. In one breath they're not meant to be here and in another they are allowed to stay. I never know what's happening and it drives me mental. (Parent)

There were many concerns among parents about sustaining the relationships between siblings in out-of-home care.

In six months they have only seen the other kids probably twice. It's meant to be once a month but they've only ever done it twice in six months. So they say they're going to do it but it never gets to the point where they actually do it. If that continues up until they're 18 they are going to be strangers. I don't want that to happen. (Parent)

5.3 Relationships with carers

The majority of children and young people in out-of-home care are placed in either foster or kinship care. Recruiting enough foster carers to cope with the rising demand is a concern across Australia (CFCA 2012). This has meant an increase in the proportion of children placed in kinship care. There are also family group homes, therapeutic residential care, cottage care, independent living with support and adoption. In our sample 43 per cent of children were in foster care and 24 per cent in kinship care.

Aboriginal children are supposed to be kept within the Aboriginal community as far as possible and with siblings placed together. The Aboriginal and Torres Strait Islander Child Placement Principle, which has been endorsed by all jurisdictions, states that the preferred option for Aboriginal children is to be placed with the child's extended family, the child's community or other Aboriginal people. Only if an appropriate placement cannot be found from these three groups can the child be placed with a non-Aboriginal carer (CFCA 2012c). In Tasmania, of the total number of Aboriginal placements, 43 per cent were in preferred options.

Parents described a range of relationships which had developed with carers, both positive and negative. Some parents did not know where their children were, had no contact with carers and only supervised access with their children. This situation is the result of fears that a child might be abducted by the birth parents or that the carer may be at risk from the birth parents. As one parent said, 'I didn't even know what suburb my daughter was in. I had no idea where she was or who she was with.' However a number of parents had developed positive relationships with carers where they were able to work together for the benefit and wellbeing of the children. Carers can be crucial to maintaining positive contact with birth families and parents were very grateful when there was a carer that they trusted, who they could work with and who they felt cared well for their children. This positive relationship benefited their children.

You are really lucky if you get a good carer and I have a good relationship with her foster carer. We just chat with each other and work out our own days for when we each have her. But if it wasn't for that I would be so worried about her all the time. She's done a wonderful job. (Parent)

Carol and I have a good rapport; we get on really well, really close. I've been fortunate in that sense that I have a good carer for Kerrie. I go inside and take her back in. I am allowed in the home, she has opened her home up to me and she's said I'm welcome to go down there and have a coffee with her any time I want. She knows that those moments when I'm not well a lot of the time if I don't see Kerrie that brings me down, so she says if I feel I need to see her give her a call and she will say she's invited me to have a coffee but I will also get to see Kerrie so I don't get into trouble going there when I shouldn't. So she covers her own backside as well as mine. She's very protective of Kerrie, and of me as her mum. (Parent)

However parents also commented that the Department did not necessarily encourage these relationships and that they developed in spite of, rather than with the support of, the Department. Parents felt that developing collaborative relationships between birth parents, carers and the Department was not necessarily seen as a priority by the child protection system. When there was little or no access to children parents described very difficult situations where they had encountered their children in the street or the supermarket and did not know whether to say hello or not. These situations highlighted the need for

everyone to work together. As one parent said, 'We need to work together as a team to get the kids home.' To this end a number of parents wanted to see carers more involved and invited to meetings with child protection. They were also aware that carers were often left very unsupported by the Department.

The actual people who know the child the most, when they're in the system, is the foster carer; and that is the person who has the least amount of input, who should be having the most. Carers should be kept better informed and have more input. I find my daughter's carer, she's kept in the dark. Half the time child protection won't call her, let her know what's going on. My daughter had to go to court to see the judge and she didn't even know until I told her. She was also told not to take anything I say or the child says as the truth. So she's left in a situation where if no one else is telling her she's got to listen to someone. (Parent)

Nevertheless the relationships between carers and birth families could also be fraught with tensions. Two key issues for parents were whether their child called the carer 'mum' and the giving of gifts. As one parent said, 'The carer is not mum and dad no matter how bad mum and dad have been.'

She used to come to the door and say, "Mummy's going now" and I said, "no, you are Beth". And she says, "but he can't say Beth" and I said, "come here Nick and say bye Beth" and he says, "bye Beth". I am his Mum. She says, "I'll be Mummy too then" and I said, "no, you won't be, he's my son, I've given birth. I'm his mum and you have custody". (Parent)

Many parents wanted to give their children gifts to take home with them from access visits. However, this could cause a number of problems for carers, such as difficulties with other children in their care, and was discouraged. Parents were asked to save treat foods like cake or lollies for special occasions and they were told what they were allowed to bring to access visits.

When your kids have been taken away and you go and see them you want to show them your love. You want to take them home but

Two key issues for parents were whether their child called the carer 'mum' and the giving of gifts.



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you can't and how do you explain that to your kids? So you give them a token of your love by giving them a gift which they take away. But then they get it home and the kids play up and then it's your fault. It's only like a little \$5 toy or a journal or something. Why are we being punished from showing our love? And the carers are backed by the Department to say you can't support your love by giving a gift.
(Parent)

Parents reported that some carers had very strong beliefs about keeping families connected while others felt it was safer for children not to have contact with their parents. They also reported that some carers wanted parental relationships with the children in their care.



In addition birth parents could be very conscious of the standard of care and material goods that carers were able to provide and that they were not — the pair of designer jeans, a computer, paying for outings. They reported their children manipulating these situations and playing carers and birth parents off against each other.

They give our kids things we could never afford for them. She makes me feel very inferior.
(Parent)

Paula loved care because they would take her to the movies every weekend; how to make a kid not want to go home. I could not believe the things they were doing. There was no way as a single parent that I could afford to do all those things. Then Paula would take off, make up stories and every time I said no she would say, "I'm going to tell family services on you". How do you win with that one? You can't. So it became a nightmare. (Parent)

I had my daughter recently come home telling me her rights, "You can't do this, I can go and get on Centrelink and get my own place". She ended up leaving and accusing me of keeping her which was not the case. So they have all the power in the household. (Parent)

Both parents and NGO workers described foster carers who were destabilising relationships with parents. Parents had had experiences of very different carers. They reported that some carers had very strong beliefs about keeping families connected while others felt it was safer for children not to have contact with their parents. They also reported that some carers wanted parental relationships with the children in their care. Some of this might be an issue of education and training for carers but it could also have a significant impact on parents' experiences of contact with their children and children's attachment to birth parents.

We had some problems with the foster carer who was a lovely lady but became an obstacle and it became pretty obvious that she was working against us, wanting to keep him and that became a problem to us and child protection. She even gave him advice about getting legal advice and a psychological assessment to say it was going to be damaging for him to go home. It undermined us and child protection came to recognise that and eventually told her to stay away from him. (Parent)

The carers might do this and that and it's causing a lot of issues with your own family home. You are trying to get your unit together; they are trying to break it apart. Carers put stuff into the kids' heads. They find out what's going on in your life and they tell the kids this stuff so when they come to your place they come out with this stuff and you don't know what to say to them. You go to the Department and say this is going on yet they take that information and it doesn't go anywhere. They are just happy they've got somewhere to put the kids. It's just so fragile and we have to wear it. That's the whole psychological and emotional thing that they do with you. They always find blame and the blame has to go with you. I wanted to fix this issue before it became a big one. I said to the Department what's wrong with sitting down and meeting the carer and talking out these problems and trying to find a solution for the children, a half-way point. But we never got that chance because they were just not willing to put the trust with me or the carer. (Parent)

They told my son you can't go home because it's not safe because your daddy hits your mummy. My son was kicking and screaming because she made him fearful that I would hit him and that I would hurt him or that Adrian would hit and hurt him. He didn't want to go near Adrian, it broke Adrian's heart and my heart. He turned around and said, "I don't love you no more. You're not my daddy anymore. You do this to mummy and I can't come home to mummy."

They don't need to know this. How can they process this information? (Parent)

It's so easy for the carers to say just one little thing to put into the kids head and they believe it just like that. It's really easy for them to meddle with the kids. But us, how can we do it? We can't do nothing in a situation like that. We just feel helpless. (Parent)

There were many concerns and anxieties about what was happening to children in care, particularly as they grew older, their behaviour changed and they became adolescents. A number of parents felt that their children were not necessarily getting the support that they needed — support to deal with their anger and confusion. They pointed out that at the end of the day when children were returned, it was the parents who would have to pick up the pieces of the psychological impact of removal and its aftermath. They wanted to ensure that their children got access to support when they needed it and there was a big demand for therapeutic interventions for their children, particularly for counselling to help them deal with what had happened to them. They were, however, frustrated by what they perceived to be inaction on the part of child protection or long waiting lists to access services like counselling or mental health services. They themselves felt they had little access to support with their children's behaviours.

My little boy requested counselling and he's still waiting. They've put it off and put it off and there's a spot in the counsellors for him and he requested it himself. And that's to help this process, to say who he wants to live with. They are dragging it out as long as they can. He thinks that if something happens he's going to be taken straight away. That's because of the way the Department have done things. It's traumatised my little boy. (Parent)

When we did get them back two months later they displayed a lot of anger and violence. They had a lot of nightmares. We did pretty good to get them out of that. Right up until three years ago we had just got them out of all the anger, not all of it but most of it, and got them out of the nightmares because they were traumatised. And then they were taken again. When and if they do come home we will have to go through this process. (Parent)

At the end of the day when these children come home we are the ones which are going to have to pick up the pieces, not welfare, not anyone else, we are. We are going to have to work with these children. They think because they can't come

home we don't want them home. That's not right and we are going to have to start that trust and bonding all over again and it's not fair considering they were so loved. (Parent)

Parents worried about the other children they were with and the other families they might have contact with. They worried about risks and dangerous situations that they had witnessed at the carer's house and they worried about frequent placement changes. Three parents in the research reported instances of abuse in care which had led to their children being removed to other placements. This failure of the state as exemplary parents was very difficult for parents to witness.

The carer said Andy tells lies all the time and is mistrustful. I thought it's like he's getting beaten down; not hit, but being called a liar. I never hear anything good; it's always Andy does this and that. When he does come he's always in holey shoes and holey socks and jeans. He's 13 and he smokes cigarettes, he swears, he's nothing like he was. Now they hate going to school. Apparently Andy wags off but they don't tell me anything he's doing. (Parent)

My two eldest boys when they were in care I had them moved on three times. They were being burnt with cigarettes, they were being degraded, put in nappies and all welfare did was cover it up and move them on. (Parent)



Three parents in the research reported instances of abuse in care which had led to their children being removed to other placements.



The ones that my kids had was a proper bastard. He dragged Sue by her hair up the hallway, stuff that would have our children taken away, cigarette burns on him, he wasn't fed properly, he wasn't clothed properly. They came home in rags. He spilt some food on himself one day and he was told to get into a very hot bath and scrub himself with a steel brush. So he went and did it and scrubbed his skin off. She almost drowned in the river because she wasn't supervised. (Parent)

Parents also found it difficult when the positive gains their children were making in care were put down to the skills of the carer. They felt that the care they provided as parents was being judged unfairly.

When all the kids were removed, they split them up all around the place. They say the youngest one is making magnificent jumps forward. She's got a one-on-one carer so of course she's made these leaps forward. We've got four kids and we do everything with them and it's no easy feat but they are judging us on completely different circumstances. They have more time to do this stuff. (Parent)

She was near crawling the day welfare took her. That was because I had put in the hard work. But they wanted to take the credit for that work that was done. They are trying to make it look like they had to remove her and now she's done all these miraculous things that she would never do if she was at home when in actual fact there's no guarantee that she wouldn't have done exactly the same if she was home. (Parent)

Research shows that birth parents are significantly less likely to progress to reunification when children are placed with kin especially when there are alcohol and drug issues.



5.4 Kinship care

Although kinship care is the preferred option, where the children remain within the extended family, these arrangements can be difficult with a number of tensions. Research shows that birth parents are significantly less likely to progress to reunification when children are placed with kin especially when there are alcohol and drug issues (Scott et al. 2005). As a number of NGO workers commented, family members can become very good foster carers but there are others who do not want the child reunified and do not want the relationship to work because they want to raise the child themselves. This can make them determined to undermine the role of the birth parents by constantly denigrating

them. These arrangements can be especially difficult when parents feel that the parenting they got was inadequate yet their children are now living with those grandparents. As one mother said 'my parents ended up being the judge and jury and telling me I had to do this to get my kids back'. Tensions can be so acute that it can split families up and cause irreparable rifts between family members.

Us and Mum and Dad have different rules. There is no parenting. Yes she's loved and doesn't want for anything, but there's no going to the park and playing. They get sent outside to play themselves because Mum and Dad aren't young and some days Dad can't even move out of his chair and my Mum is not a very well lady either. We tried to put this across to the Department and for nine months we fought against her going there. She just thinks they're her children and doesn't want to let go. She has no right to apply for the custody of our daughter. That's going to make it harder for us to get our daughter back. (Parent)

My children are in my mum's care. My mum and I were best friends until she got the children and now she goes out of her way to upset me and uses the children against me. At the moment I think they might be better off with a foster carer because if they don't behave mum says "I'll put you back in welfare." That's not right. My mother has always been the same. I'm used to her but she's got no right to do that to my children. She had her children and she walked out when we were 11 and that's her prerogative. I'm not doing that to my children. (Parent)

One mother described the difference in her relationship with the foster carer and the kinship carer:

Me and the kids' carer have got a really good bond. She said she used to judge parents, well they're obviously not very good parents if the kids are here. But then she realised through the years you can't be like that. You've got to get along so the kids don't get uncomfortable, don't feel the tension between the mother and the carer. The kids have a good relationship with her because we work together. She tells me what's going on, if they've had a bad day at school, what they've done. She'll come and have coffees with me, and we'll go shopping together, go into town. But with Mary (my aunty), she thinks Tammy is hers and she's trying to get a way where she wants Tammy to be hers. So I'm working to try and get that bond with Tammy. My aunty puts her foot in the way, she makes it really hard. (Parent)

5.5 Key findings

Contact is of vital significance and **contact decisions and access arrangements can have far reaching consequences for the lives of children and their families**. This means they should be made on the best evidence available (Scott et al. 2005).

For many parents in the research, contact arrangements were **fraught with difficulties and tensions**. Both parents and children could need support to deal with them, their aftermath and a renewed sense of loss.

Most parents wanted more contact although they recognised that there would be less if there was no reunification plan. They particularly want to be able to spend Christmas and birthdays with their children and for their children to see grandparents and meet regularly with their siblings.

Parents wanted **information about what was happening to their children in the care system** which was not necessarily readily available to them. They also wanted to ensure that their children got the care and support they needed including therapeutic interventions but often witnessed long delays in accessing this kind of support.

The **constant changing of access arrangements can be confusing and distressing** for both parents and children. Frequent cancellations which are currently a regular occurrence generate high levels of resentment.

Much of the distress around contact is due to the **limitations imposed on parents and children** about how the visits are managed and supervised.

Access arrangements that become an opportunity for further assessment and possible negative feedback highlight **missed opportunities in working proactively with parents** to improve their parenting skills.

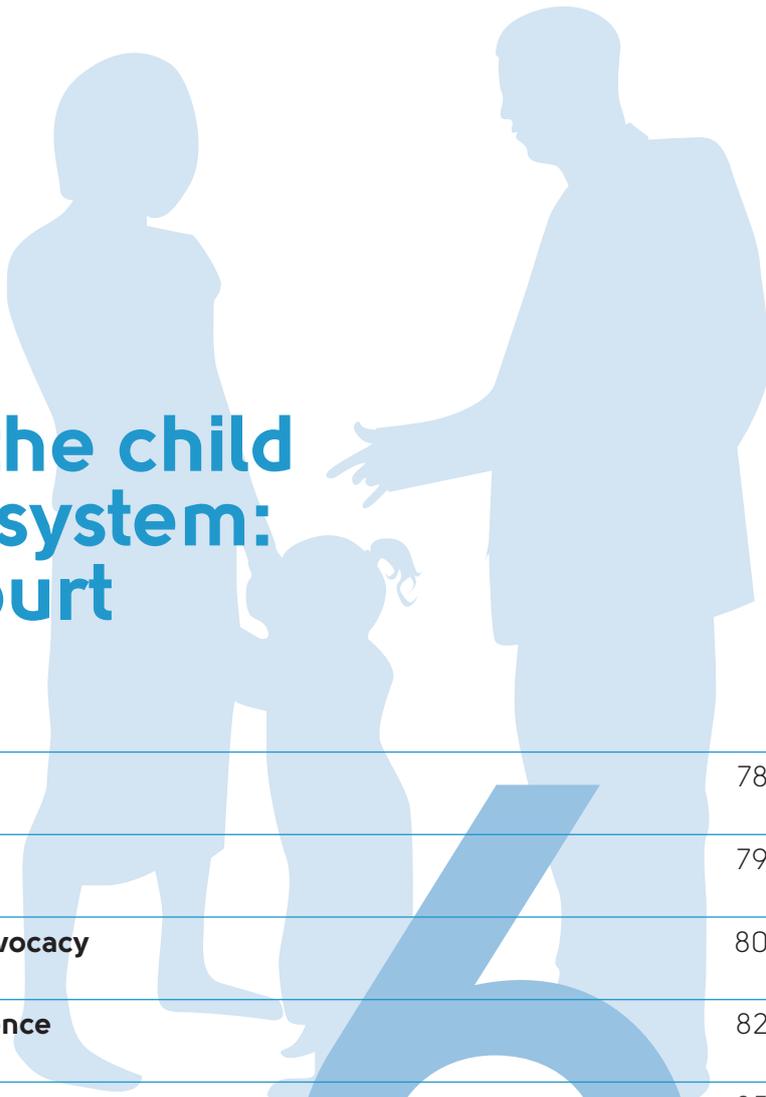
Carers may also need support to deal with these situations, help children prepare for them and comfort them afterwards.

Parents were frustrated by the **low priority given by child protection to encouraging team working** between the carer, birth parents and the Department.

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Part 6: Parents in the child protection system: going to court

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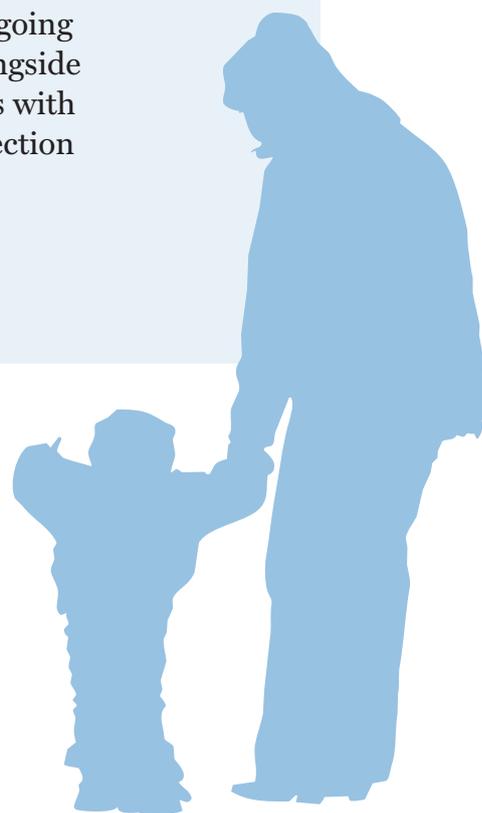
6.1 Introduction

Child protection matters are heard in the Children's Division of the Magistrates Court. This was created by *The Children, Young Persons and Their Families Act 1997* (Tas) and hears all matters arising from and under the Act. During 2011-12 there were 851 child protection applications lodged in the court (Magistrates Court 2012). The Magistrates Court also hears criminal cases, civil claims and coronial cases and processes restraint order and family violence order applications. Child protection lodgements form two per cent of the total work of the court. During child protection matters the court is closed to the public.

The way in which child protection cases are handled has recently changed. Previously the child protection system employed independent private lawyers to conduct cases. Now parents are prosecuted by crown lawyers working in a dedicated child protection prosecution unit for the Director of Public Prosecutions.

Reference to the court is considered to be a last resort and is about getting the best outcomes for children and young people. Legal orders may be necessary when there is no other way to ensure the safety of children. This may be because parents refuse entry into the home to discuss matters or to see the child, because there has been a criminal act and the child needs urgent protection, because parents refuse medical or other assessments or because the child needs care due to the potential future risk.

Most of the parents in the research had experience of going to court. This chapter describes those experiences alongside commentary from both NGO workers and five lawyers with experience of representing parents and the child protection system.



6.2 The court environment

A parent's first contact with the court may be in relation to the Department's application for an Assessment Order. Assessment Orders are generally initially for four weeks and can be extended for a further four weeks. During an Assessment Order specialist assessments may be done with children and parents, case conferences and family meetings called, referrals made to support services and plans made to address the concerns. For child protection the focus is on trying to find solutions to problems which have put a child at risk, reinforce family strengths and become clear about risk and reunification.

If it is decided that the child requires longer term protection there is an application for a Care and Protection Order and decisions are made about custody (or who is responsible for day-to-day care) and guardianship (or who has parental rights). Care and Protection Orders can result in a range of permutations. Guardianship may remain with the parents with day-to-day care provided by foster carers. Guardianship may go to the Secretary of the Department of Health and Human services with day-to-day care provided by relatives. Removal or the threat of removal can mean that parents have to work very quickly to challenge the order. There may be Orders before the court and getting a good lawyer fast who understands child protection matters and how they work is important. As one parent said, 'It can be really detrimental if you get a lawyer that's not interested.'

Under Section 52 of the Children Young Persons and their Families Act (1997), the court can also order a conference before or during proceedings to determine what matters are in dispute or to resolve matters in dispute. The Magistrate nominates an officer or conciliator to preside over the conference and it brings together all the parties involved to identify possible solutions. There are also informal pre-court conferences convened by the Department to attempt to resolve matters before going to court.

As commentators said, child protection is a highly legalistic system and many queried the appropriateness of hearing such cases and trying to find solutions to complex problems in a legal system. Cases tend to be long, emotional and complex and, although the court is closed to the public, many felt it inappropriate that child protection applications are heard alongside cases where someone has stolen a car or not paid a fine.

No one, including magistrates, likes child protection work. It's difficult and unforgiving and the most traumatic hearings you can imagine. The court is not necessarily conducive to resolving the kinds of issues presented to it. Parents are right to feel aggrieved by the child protection system. They are railroaded and patronised and punished and are not equal partners in the process. They are less well protected here than in the UK as there is no legal rights act which enshrines the right to family. Out of all the groups in the legislation they are the least well served. Workers feel under siege and this reflects in the manner in which parents are dealt with. They are not treated like human beings. (Lawyer)

Once parents are in the child protection system and at risk of or subject to Care and Protection Orders their lives can be dominated by legal and court processes. They may be attending court to be served with Assessment or Care and Protection Orders, they may be opposing Orders or applying to get more access to their children. Some research participants pointed out that instead of departmental energies being focused on legal processes they would be better spent on support to keep families together and reunify them. This requires different processes to court procedures.

Parents talked about their experiences of finding and working with lawyers, legal representatives and advocates, of attending court, the evidence being used and the impact on them of what can be a very adversarial process. Often they described proceedings as demeaning and shaming, particularly when affidavits reveal very negative details about their lives and parenting capacity. Many parents felt the outcome of the court process was just a matter of luck rather than any meaningful justice and depended on having the right legal representation, knowledge of your rights and not feeling completely disempowered by the system. It was also described as a very stressful experience and one mother said, 'When I go to court my arms shake, my legs shake.'



6.3 Representation and advocacy

Parents can be disadvantaged by court processes and it is difficult for them to engage without well informed assistance. Those who are unrepresented have a poor chance of success especially when this is compounded by their lack of knowledge about how things work, the complexity of their situations, heightened emotions and literacy difficulties. This makes representation and advocacy vital. As one parent said, ‘The legal side of this is horrendous.’

A first step is getting legal representation, and whether a parent is eligible for Legal Aid depends on their circumstances and assets. Eligibility is determined by the Legal Aid Commission through a means test and a merit test; the merit test is about ensuring that supporting the parent will add value to the proceedings. For a period of several months during 2010 legal aid was withdrawn from child protection cases due to a lack of funding within the system. This meant that parents were attending court unrepresented or were reliant on pro bono work. A campaign resulted in legal aid being restored and currently most parents have access to it, at least initially.

Those who had been able to access advocacy organisations — Advocacy Tasmania, Speakout or the Family Inclusion Network — had found their support invaluable and pointed out the importance of having an advocate as well as a lawyer in these situations.



Parents may not qualify for legal aid if they are trying to reactivate an old situation, for instance if their children are on 18 year Orders. Parents may also have to go to the Family Court to negotiate access issues and the ancillary orders required, for instance in kinship care situations where access is being disrupted by carers. As one lawyer said:

The indignity of having no legal aid available for such weighty issues. The idea that there is

no free legal representation to keep children in the care of their parents is appalling. When it was withdrawn things would have been very grim if there hadn't been those prepared to work pro bono. If you add into this people in highly emotional states, battling mental health, alcohol and drug and family violence issues, it's a bridge too far to act on their own behalf and without representation. (Lawyer)

Some parents are not eligible for legal aid. One father who was in employment had paid large sums of money to get legal representation:

I'm working so I don't get any rebate. I have to pay for everything at an hourly rate, for every letter that's sent out, phone calls, the whole lot. It's cost me \$20,000 to go get a lawyer who then sits there and says the same thing. It cost me over \$7,000 to go to court and I walked out last time crying. You feel like giving up. (Parent)

This can mean that parents go into court unrepresented and unsupported, trying to do all the paperwork themselves, being misrepresented or not being given the opportunity to speak. As one parent said, ‘If a parent can't get a lawyer, if legal aid aren't going to help it should be kicked out of the legal system. How fair is it if they can't fight it?’

I tried to get a lawyer and Legal Aid tells me they haven't got enough funding to deal with child protection so I literally got refused a lawyer because they don't have funding for people with kids in welfare. I literally had to go into court on the date. I go, they say there is no lawyer present and they read child protection's affidavits. Most departmental cases you can't fight even if you wanted to unless you're a millionaire. My mum reckons a private lawyer charged her \$115 to write a letter. I said heaven forbid they pick a phone up or anything like that. That would be \$200. There is no way I could afford that. (Parent)

They [the Department] tried to adopt one of mine out. They sat me down to sign a care form to transfer my care over to them. They told me that once I'd signed the form that she would come home. I signed it and then after that my lawyer told me that I had just signed away my rights. They don't tell you what you're signing. They don't give you the option to have a look. Whenever you have to fill out a form you should be given the option of a lawyer being there, every time. (Parent)

When parents did have a lawyer many were very positive with the support they received. Others however were not necessarily happy with the advice that was given to them. In

some cases they felt their lawyer was working with child protection rather than them and they complained about being poorly advised, particularly about the implications of signing 18 year Orders. Lawyers themselves raised concerns about a recent increase in the number of applications for 18 year Orders. This was proving unnerving for parents.

I had a lawyer but I hadn't had much time to speak to her. I walked all these miles to see her and sat there and she goes, 'Sally, you have this against you'. I didn't have an independent person. I was just there on my own. I asked, 'with the 18 year Orders, if I want to get out?' she said, 'you can get out at 6 months, at 8 months, at any time'. So not knowing what I'm doing I say, 'let's just do it, I want to get it over and done with'. But I didn't understand the whole process. I remember them [the lawyer] saying they would put joint guardianship, kinship orders with the grandparents. So I signed a thing with them to say we had joint custody even though I had day to day care of my kids. I didn't realise this would come to repercussions later. I said, 'I don't like the word kinship' because I assumed if they had kinship I wouldn't get the kids back. They went off and came back — and this was my mistake — and said 'guardians'. I thought that sounded better. (Parent)

We showed up to go to a four day trial and everyone who'd helped us through the process showed up and said their piece. We waited and waited and then they came out and said the trial's not going to go ahead, but we need you to sign this Order. It's an 18 year Order. No one explained anything, and we signed an 18 year Order because it was going backwards and forwards to court all the time and they'd be able to work with us and the 18 year Order could be changed at any time. The Department's lawyer told us that. If you guys are going along with it and they think that you'll be fit people to have the child back in your care it can be changed at any time. So we signed it, and of course that was the worst thing we ever did. When children are on 18 year Orders they get pushed to the back and it's, "we'll deal with them when we can". Basically I think the lawyers just go with the flow. (Parent)

Overall, parents complained about difficulties in understanding what was happening in court, a lack of readily understandable and accessible information and a general lack of support. Those who had been able to access advocacy organisations — Advocacy Tasmania, Speakout or the Family Inclusion Network — had found their support invaluable and pointed out the

importance of having an advocate as well as a lawyer in these situations. However other parents said that no one had told them that they could get an advocate and they did not even know what an advocate was.

They explained things to me, but I'd be like what are you on about? Is that a bad thing or a good thing? Because I'm not a lawyer, so I don't understand half the words. And with me, you've got to explain it to me a bit more than with other people, because it just goes in one ear and out the other. Same as I'm not the best reader or speller or anything; but I'm getting better as I get older. (Parent)

I've had the best lawyers and they are still working for me but the only information you would get would be from FIN or if you've got one of those advocates working for you to tell you about the process. There is not much out there for parents as far as information is concerned. You also have to find an advocate that you're going to relate to. Not every person relates to another person like an advocate. A lot of parents may not trust that other person or feel they can't relate to them for some reason and that makes it very difficult. But as far as the court is concerned the only information you get is if you have an advocate, or your lawyers telling you what to do. That's all that's available for parents. (Parent)

Advocates described their role not as legal representatives but as supports with legal knowledge and understanding. They can provide guidance to their client and perform an interpretive role. They can also guide lawyers by identifying other options beyond what the child protection system or the courts might be proposing. FIN has contributed significant amounts of time voluntarily to support parents in court. However, as one lawyer commented, FIN have recently faced a backlash from the Department and been told that in some instances they are not entitled to be present while the Department is dealing with individual cases. Advocacy organisations highlighted the difficulties for parents in getting impartial advice from lawyers:

They have their formulas so that people who represent the Department have relationships with the lawyers who represent the families. They have the pattern worked out and say, "well we won't challenge this, we'll ask for a Family Group Conference". The families feel so let down because they've been in twice and seen the lawyer and talked about what they want and they believe their lawyer is then going to go in and argue their case. It may not

be appropriate and the best thing for them but it's not explained to them first. Sometimes they don't get a meeting beforehand. So they meet with them, same as if they're being defended criminally. They get five minutes if they're lucky. (Advocate)

You have to learn how to work with lawyers and negotiate with them. Often lawyers don't see that there are alternative ways of getting people what they want. The lawyer may have looked at your case and thought the reality is that there is an 18 year Order in place, sound evidence as to why that needs to be there and that's as far as they look. So they see it as, "can I win this? No I can't, so it's not worth my energy and time and I will help people that I can make changes for". But what's really important about having your own voice when you go and see any lawyer is being able to map out every possible way something can be made to happen. That's the importance of having an advocate with you to go in there and say this is what I want, these are the things which stop the Department helping me at the moment. I know I can't change this, but I want these other things put in place so I can still see my child. If the Department think they're part of the solution it works. (Advocate)

Lawyers and advocates commented on the heavy use of hearsay evidence by child protection services and the low level of proof required for something as fundamental as parents keeping their children. The onus of proof lies with the parent, which is the reverse of criminal cases prosecuted by the State, and parents were guilty until proven innocent.



6.4 The nature of the evidence

Evidence is usually presented to the court in the form of an affidavit. This is a formal written statement of facts and supports applications for Orders. Affidavits should not include opinions unless they are from an 'expert' and they should avoid hearsay evidence or information received from others rather than personal knowledge. There are exceptions to this and if hearsay evidence is being used, decisions must be made about whether it is admissible in court. In hearings about child protection cases, the family should be provided with a copy of the affidavit and up-to-date Tasmanian Risk Framework at least three days prior to the court date spelling out the child protection concerns. They should also be advised of their right to legal representation and informed about legal aid.

Lawyers and advocates interviewed for this research commented on the heavy use of hearsay evidence by child protection services and the low level of proof required for something as fundamental as parents keeping their children. The onus of proof lies with the parent, which is the reverse of criminal cases prosecuted by the State, and parents were guilty until proven innocent. They described cases where there had been accusations of non-accidental injury but without any disclosure of how or why or any written medical opinion which made it impossible to get to the real facts of the case. In another instance there were claims that a mother was not bathing her baby. This is hard to dispute because it becomes a 'she says, he says' situation. They described cases where child protection workers were arguing that parents were not interested in having contact with their children because they had not replied to a call or text or failed to attend an access visit. This was seen as demonstrating non-compliance and lack of attachment and there was no opportunity for parents to explain that they had no credit and no money to get any credit or they had been in hospital at the time of the access visit. A mother who had not been allowed to see her son for three months and her newborn for two months was then told she had 'attachment issues'.

When you go to court and you look at the depositions being made by child protection officers and you compare those with what you know to be the facts which you get from in depth relationships with people, with your clients and with people around them, so much more profound than those experienced by the child protection workers, you just know there's a tangle of lies and distortions to suit their

case which is going through the courts and not being tested. It's not challenged at all, even if the clients have lawyers. When you look at some of the statements that child protection make, it is a bit like a hundred years ago when policemen made statements in court which were not challenged. They are so devastated when they go to court. It so often appears to the family and to us that it's all about losing face, losing a battle – initially we said this and we're not willing to change our stance. Child protection become the judge, the jury and the police. (Advocate)

One of the times I actually didn't go to court because they were renewing an Order. I wasn't getting him [my child] back or anything so I didn't go and it all came back down on me. They [child protection services] tried to make me look bad because I didn't show up at the appearance. I said, "Why do I need to go? I don't have a license, I don't have a car. You expect me to get there and to sit there for half an hour to listen to them say you have custody still of Nick and then go home. Why do I need to go to listen to that?" It seemed pointless to me. (Parent)

Parents expressed a number of concerns about affidavits. **Firstly**, they described how the information they contained misrepresented the truth and had been twisted to ensure that applications for Orders were successful. The evidence used was usually all negative with very few positive comments or acknowledgement about any changes which parents had made and even a failure to recognise that change is possible. This made it impossible for parents to move on. As one lawyer said, the lack of redemption made it harsher and tougher than the criminal justice system and it was a terrible indictment on the system that it could not forgive. This was particularly concerning because as one parent said, 'This information is on your file for the rest of your life as a parent.'

I said why haven't you put all this good stuff that I've done in the Order when it goes to court? They [child protection] turned around and said they are there to make you look bad not to put the good things that you do for the kids in there. That's up to our lawyer to do that. Now I would think it should be what's in the best interests of the child and if we've done these things put it down there. (Parent)

Everything we said at access visits would be recorded and come up in affidavits. They took our daughter shopping. They [child protection] gave her a voucher and she came in with this little strappy dress on with nothing underneath it and she's running around playing and her

Parents who had been sent for assessment to psychologists and psychiatrists and who had confided highly personal information about their lives and past traumas freely with the understanding that it was confidential were then horrified to find details of their lives being read out in court.



straps are falling down. Her father said, "this is inappropriate, she should have something on underneath the dress", and that was in the affidavit. Or he said, "show me your teeth because they are all covered in plaque. Come on you've got to brush your teeth tonight for so many minutes". That was in the affidavit, that he's a control freak, he has all this controlling behaviour. (Parent)

We went to see a psychologist through children's services. They wrote all this stuff down and it all got mixed up. The two people who were our case workers at the time said these are not the parents we know. Thank god these workers had been coming into our home on a regular basis trying to support us, speaking to us over the phone, and they knew that what that lady said was not right. But how many other reports have got written like that and those people haven't had the chance for the workers to get to know them. All the stuff she said was written into affidavits and that's on your file for the rest of your life and you can't change it. I was so embarrassed when it was read out in court. It makes your head spin. Every time a [new] case worker came on I had to explain. (Parent)

Secondly the nature and use of expert evidence was a particular issue for both lawyers and parents. For lawyers there was too much reliance on 'experts' and out-dated information. Parents who had been sent for assessment to psychologists and psychiatrists and who had confided highly personal information about their lives and past traumas freely with the understanding that it was confidential were then horrified to find details of their lives being read out in court. Parents were very frustrated that evidence of past trauma in their own lives was used to suggest that they were inadequate parents, on the assumption that these patterns would repeat themselves and they were therefore likely to harm their own children.



There is a big emphasis on expert evidence. Expert reports from a psychologist, a psychiatrist, are an industry and there is far too much reliance on them. They become gods of the system. Sometimes they are right, sometimes not, but once pronounced there is no more debate especially around alcohol and drug issues where parents are asked to show a track record. Even if parents prove they are stabilised on methadone they still bear the burden of proof and it can be very hard to dispute evidence as so much is out of context. The Department can refuse to update reports, so they are using two or three year old evidence which has not been updated. It means that old allegations are constantly rehashed so the client is unable to move on. (Lawyer)

There was a fear among parents that pursuing a complaint would mean that their situation deteriorated and that it might delay any reunification processes. This made them reluctant to take action.



I found that my psychiatrist assessment was put in the affidavits. I actually found that quite hard, that that was confidential, so to speak. Had the Department said, “look we want you to go and have this and we will also put it in the affidavit to confront in court” I would have said “right, okay”. I’d have been aware and I probably wouldn’t have said to the psychiatrist quite so many things and so many graphic details. So it was actually quite confronting when all this stuff I had said was being read out in court. The psychiatrist I spoke to, he didn’t tell me nothing, nothing at all. He just went through this series of questions, and I answered them. (Parent)

They sent me to see this psychologist. She sat there and said whatever you tell me is confidential. I don’t tell anyone and it doesn’t get back to welfare. So I literally talked from the day I was born everything that’s ever happened to me and that’s a lot of things that are beyond imaginable for a kid to go through. I left crying

because it was that emotional for me to tell her. I got a call from welfare to say we’re going to court. I waited and waited and no affidavit in the mail. I get to court and they hand me one at the Court House. I sit there reading it and that report, everything I said was in it and got read out aloud in front of the whole courtroom. Everyone sitting in the court listening to what happened to me as a kid. I didn’t want anyone knowing let alone the whole courtroom that I don’t know. She lied to me to get what she wanted out of me. (Parent)

One couple who had been required to undertake an IQ test felt ‘tricked’ by the Department. They also pointed out that the fact the mother had been suffering from depression at the time had not been taken into account.

We did a capacity test about twelve months ago. We went to a psychologist. It’s an IQ test I think. They tested us on American presidents. It wasn’t about Australia. We don’t know anything about America. Maybe you’re meant to, I don’t know. But we live in Tasmania. So of course we’re going to fail it. I didn’t understand how that had anything to do with actually bringing up a kid. I failed miserably but I wasn’t on my medication at the time and I suffer from depression. (Parent)

Thirdly, parents pointed out that affidavits were received late, or in some cases not at all, which meant that it was very difficult for them or their lawyers to challenge them in the courts. **Lastly** they described difficulties for their lawyers in getting information from the Department; where there had been no response to subpoenas to get access to a client’s file.

When affidavits are written there may be 30 pages when it goes through court. You can’t challenge every single point, there is no facility to do that. They can make any accusation they want. The first time they went to court I didn’t contest the Orders because there was no point and my solicitor said that. She said just go through the process. So everything they put on those original affidavits is true and correct no matter how grubby and wrong it is. They got so much wrong that it wasn’t funny but because it wasn’t challenged they bring it up for everything. The first affidavit is like you can’t jump over it. The first affidavit they had written made me that wild. I went through and highlighted things. Most of it was just lies really to make it sound worse than what it was. (Parent)

In the eight months we’ve been dealing with them we’ve been going back every four weeks

with another court order and every time we've got our paperwork at court five minutes before we go in, on the day. Sometimes on the document there will be a date, like three weeks earlier. It's like, "you've had this document for three weeks and you just gave it to me here at court?" All that paperwork, our lawyer never had a chance to go over it, divulge it, digest it. Or they slap an affidavit right at the last minute before you walk into court just to get themselves an adjournment. (Parent)

These difficulties resulted in delays and adjournments and some parents and lawyers believed these were being used as a conscious tactic to lengthen procedures. Delays were also exacerbated by changes to the child protection worker on the case. In reality what that meant was increasing stress for the parent and the potential loss of legal aid as funding expired.

That's what child protection do, they adjourn, adjourn, adjourn. In our case they just kept postponing it until our legal aid ran out. They will have the paperwork for three weeks to a month and because it's all stamped and dated you do not get it until that day or that afternoon and the next day you're going to court. And then you have to adjourn it and you have to come back and then you've gobbled up all your legal aid. The only reason they [child protection] went for a 12 month Order is that our legal aid funding ran out and we couldn't afford to keep going. It's a tactic, a long drawn out process, constant adjournments. It's pulling families apart. It's so drawn out and it's had a big impact on our relationship. (Parent)

Two parents had taken their case to the Ombudsman and to the relevant Minister. They found that a response can take months and when it did arrive their situation had changed and moved on. And there was a fear among parents that pursuing a complaint would mean that their situation deteriorated and that it might delay any reunification processes. This made them reluctant to take action.

6.5 Evidence from children

Parents expressed concerns about the information and evidence being given by children. They considered that in some cases children were being 'coached' by the Department to fit departmental views about particular individuals. Children were given treats and then interrogated with leading questions and with no independent third party present to monitor the situation. What they said was then 'taken as gospel'.

We had all the original accusations where she had said that her dad was yelling at her and threatened to hang her out the window and then he proceeded to punch all these holes in the wall. But would they come out to the house to see if there were any holes. They never once came out to our house to see if any of the stuff she was saying was true. He was supposed to have smashed up all the house and they didn't come and have a look. We all went to see a psychologist on the same day and even the psychologist just from talking to our daughter for one hour could tell straight away that her stories were elaborate. She couldn't give enough detail, she was telling fibs. But seven months later she's still in care. (Parent)

At the end of the day who's going to listen to me, who's going to let me explain this? Who is going to give me time to explain what is true and what's not true? Whatever is said it's the truth because a child has said it. In a court situation you go in and whatever the child said has to be believable. It doesn't matter how many lies there are. They take the child over the parent. (Parent)

Under the 1997 Act the child must be represented by a legal practitioner or a 'legal separate representative'. Legal representatives are usually lawyers appointed by the court and can be pivotal to the outcomes of a case. But lawyers interviewed for this research reported that in their experience representatives can adopt a negative view of parents, making the parents' chances of getting a positive outcome very remote. Lawyers raised concerns about the role and training of representatives given the power they can have over outcomes.

Parents considered that in some cases children were being 'coached' by the Department to fit departmental views about particular individuals.



6.6 Key findings

Parents were struggling to deal with court processes and to **understand what was happening to them in an adversarial and legalistic system**. Many commentators raised concerns about the appropriateness of dealing with such complex matters in a court system and where families were easily traumatised and re-traumatised by the experience.

Parents' difficulties were compounded by a **lack of access to good representation and advocacy** in situations where ideally legal aid, a lawyer and an advocate should be available to them.

A key concern for both parents and lawyers was **the nature of the evidence** being used in Care and Protection proceedings. The use of hearsay and expert evidence, evidence from children, an underreporting of the positive changes which parents had made and a failure to challenge the content of affidavits meant that parents often felt unfairly treated by the court system.

Informants report that **the failure to provide information in a timely manner** is detrimental to justice and to wise decision making.

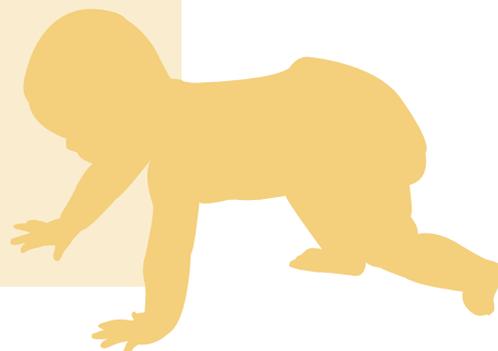


Part 7: The impact of contact with the child protection system

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7.1 Introduction

What kind of impact does contact with the child protection system have on parents and on the NGO support services that work with them? One of the main aims of this research was to identify how parents were affected by their involvement with the system and to explore ways of ameliorating negative outcomes to ensure that they were not made more vulnerable by their contact. This section explores parents' views about the impact on both them personally and their families in the short and longer term. It also looks at the impact on NGOs of delivering their services.



7.2 Emotional impact

The research included parents at various stages in the child protection system. Some were in the middle of child protection interventions and uncertain about what the outcome would be. There were those who knew they had lost custody of their children and that they would not be returning and those whose children had been returned or who were in the process of reunification. They were all asked to reflect on how the whole experience had affected them. All described how child protection completely dominated their lives.

My life has revolved around child protection. I can't do certain things because it gets back to child protection. I have a break from Ella and once a month she goes to my auntie's or ma's and I go out and am a total idiot for the weekend and get drunk and have fun and then I go home and don't do it for another month. But the first time I did it the child protection worker found out and they used that against me in court; that I'd gone out and got drunk. My daughter was safe. That's all I thought mattered that my daughter was safe. (Parent)

Parents spoke about the enormous sense of loss and numbness when children were taken, the emptiness of a quiet house with no children in it, the grief and the anger. For some, it may be clear from the start that they will never regain custody. For others this realisation comes after

years of working for reunification. For those coping with 18 year Orders the impact could be devastating.

It's made me most depressed. I don't even get dressed unless I have to. It's taken all the self-esteem that I've built up. I feel like I'm happy for five minutes and not the other twenty three hours and fifty five minutes. I used to be a happy go lucky person and in a way I still am but I tend to think there's always a bad side before a good and I never ever used to think like that. Welfare seems to have taken everything that I ever believed in. They have hurt my feelings, they've made me not believe in myself whatsoever. I feel like I'm more a victim now than I was before. (Parent)

I felt I was drowning, floundering. I didn't eat, I didn't function. They don't consciously do it to families but this is the result. Parents' experiences are very valid and we need to talk about it and look at it. We need to make it less horrible. (Parent)

A number of parents said it had made them depressed to the extent of having to seek assistance or take medication.

A lot of stress. I think that's why I got grey hairs early. I have spoken to a lot of people and I think it also impacted on my mental health. I can't see it but other people can. So I don't know whether that's a part of how I protect

myself. When it comes to contemplating suicide I've contemplated it and nearly done it a few times. If it's come to that it's a problem. There is definitely a problem and if it's going to take for a young mother to kill herself before anything happens. There is too much sadness, too much hurt and too much pressure. (Parent)

You know how stubborn us men are. They've driven me to depression tablets because they've pushed me and pushed me that far. I drive around and do a paper run. I had this tree spotted out for weeks, just to drive the car straight into it and do myself. That's how low they got me by all these allegations. I had to buck up my pride, go to the doctors and get something for it. It's trial and error getting the right medication. I'm on the right track with the one I'm taking now, but you still get angry with them. (Parent)

Once children are removed and access arrangements are in place parents reported that they had to learn not to show their emotions during access visits. They reported that child protection workers made it clear to them that they were not to express their feelings in front of their children because it would distress them. They had been asked not to cry or to show any emotion. On the other hand if no emotion was expressed then workers would question a parent's attachment to their child:

I'm missing my children but you're not allowed to be emotional, you're not allowed to be anything. And if you are, you're wrong and we [child protection] want you more distanced from your children. People are too scared to even express themselves because they have so much power. I've left welfare many a time and had to wait till we leave because you can't cry or get upset in front of the kids, take a few deep breaths. So no matter how much they cuddle you and say, "I want to come home, why can't I come home?" (Parent)

They will sit there and they expect you to be happy, you have to be calm when your kids are crying. And two or three years of going through this, it's really hard to sit there and contain yourself. Even if you have a little whinge they say you're over-aggressive. What can they expect really with everything they've put us through? You have to learn to be a blank board. If you get upset about anything you're putting your emotions onto the children and its upsetting them. But if you're not showing enough emotion you're detached and you're not connecting with the kids. You are constantly being criticised for trying to do the right thing. You have people telling you one thing, this is

right and other people saying no that's wrong. (Parent)

They make you feel like they've just ripped your heart out. And then they say, "oh you're depressed". You have to have completely neutral emotions and composure. When you go on depression tablets they go on about that. They are the ones that force you into that position and then they try and use it against you. (Parent)

A big factor for parents was the guilt they experienced in feeling that they had let their own children down. These feelings were intensified for those parents who had been in the child protection system as children and who had promised themselves this would never happen to their own children. It was accentuated when they had to witness their own child's grief and trauma on removal or returning to the foster carer after an access visit. The grief was also accentuated whenever there were key moments in their child's life which they were unable to share with them.

It has had a big impact. I was first taken into the Department when I was taken off my mum. That was the worst thing. I was a good kid until I was taken off my mum, but then welfare got involved. I made one promise to myself, that I'd never let them [my children] get taken off me, and that got broken. I've grown up a lot though, with everything that's happened. I sit there and go off at other people for doing what I used to do. But now it's affected me. If I wasn't on anti-depressants I wouldn't be able to sit here and talk to you without crying, but I can't even cry because it's the tablets. I'm depressed, I know that. So yes, it has affected me big time. (Parent)

I can never get those years back, my children's day at the park, the first appointment, first kindergarten, first child care. I don't get any of that. I never got to go to childcare on the first day. I don't even know where it is. Penny (the carer) gets to do all that. It's his birthday today and I can't have tea with him, I can't read him that story tonight. (Parent)

For some parents the grief has fed an intense feeling of anger at the system:

The anger that I have got inside me is overwhelming; anger and grief. The hatred and the anger that I have got and it builds every day. I have never been a nasty person but I could watch them [child protection] be hit by a truck and I would clap my hands. (Parent)

Of course this emotional impact, especially when it was spread over months or years, could

have a significant impact on relationships between parents. Three couples had separated because of the stress. It was not just something that affected the parents but also the whole extended family, the grandparents, aunts, uncles and cousins.

The flow on effect it's had on my life, my mother, my father, my brother. They are good people, whether they smoke or drink or what, they are good people. There's no coming back from the flow on effect. If resources had been in place I wouldn't have been at the top of the bridge ready to jump. And I wouldn't have lost all the time that I've lost with Michaela — three years. I've had a lot of trouble with myself you know in those three years. But you can't change it, you can't take it back, the kids can't get that time back with their parents. And I can't get that time back of being a mother that I always wanted to be. It's like stolen, it's lost, it's gone, it's taken away. I did do something wrong somewhere, somehow, but I wasn't the instigator of it. I've always been a good mum. (Parent)

The emotional turmoil that people experienced could have unforeseen consequences, including subsequent pregnancies to replace the lost child.



They have separated everybody. It feels like child protection was trying to turn us all against each other. They are not doing anything to be inclusive. They have tried to separate all of us. Thank goodness that we've actually stayed together through that. I can imagine in a very frail, fragile family the stresses and everything. They are turning everybody against each other. They are not trying to uphold people or keep them together or support them as a family. I think it definitely makes families more vulnerable. You feel totally and utterly powerless. (Parent)

The emotional turmoil that people experienced could have unforeseen consequences, including subsequent pregnancies to replace the lost child.

Then you want to have another baby just to show them. And I'm sure that they make a lot of people without knowing, these young girls go off and they're pregnant again and saying, "You're not going to get this one. If I can prove that they can't get this one then I can get the other ones back." That's the mentality they're creating out there. (Parent)

7.3 Financial impact

When children are removed families lose their parenting payments and family tax benefits and for those with babies all or some of the baby bonus. This occurs 14 days after removal and it can mean a dramatic drop in income — as much as two-thirds. This drop can be particularly severe for young women in receipt of Youth Allowance. In addition, many families are likely to be involved in 'renting to buy' arrangements for baby equipment like a pram or cot. This means that although the child is not with them they are still having to meet rental contracts for equipment. In addition to other essentials the reduced income may have to cover rent for accommodation large enough to house the children, food for the children's visits, transport and petrol costs to meet the conditions of Care and Protection Orders and to be able to have access visits with their children. Although on removal the child protection system should notify Centrelink, parents reported that this does not necessarily happen automatically and it can take Centrelink some time to stop the payment. Centrelink will then act to recover overpayments and will raise a debt against the payment recipient. This means parents can end up with not just a dramatic drop in income but also a Centrelink debt. As rent arrears accrue this can put people's homes at risk and 'tip people over the edge'.

I was put on Newstart Allowance, then they back fined me for still collecting money for one child and I didn't even know, I was so stressed I didn't know. They rang my doctor and rang people that knew me who all said there is no way that she has done this deliberately. I did go to Centrelink and tell them what happened. One of the conditions put on me was to find a house. Now I'm getting \$500 a week from Newstart, how do I find a house for my kids? I got fined \$13,000 by Centrelink which they waived by talking to my doctors. (Parent)

We incurred a debt from Centrelink over our baby bonus when our baby was born because we weren't informed whether we were allowed to keep her or not and that went on throughout the whole pregnancy. We just didn't know whether we were going to be able to keep her at all. She's

10 months old and we have her home now. We have fought and fought and they are not making it easy. We are still in a lot of trouble. (Parent)

We have very little for food and most of us have mobile phones that are pre-paid now. We need credit to ring welfare, our children, and we can't do it. We are missing out on at least one thing a fortnight so that we can get something else. Either we are missing out on food or power to get credit or missing out on credit so we can get power. It's not working. It's very easy to budget because we've only got a very little to budget with. It doesn't go far enough. (Parent)

There are also the additional costs of meeting the conditions imposed by Care and Protection Orders. This can be difficult for those parents on very low incomes, such as Centrelink payments. The conditions might include attendance at parenting programs, assessments or drug testing. Meeting these conditions can mean going to appointments on as many as five days a week, with the associated transport costs. Access visits can be expensive and, as well as transport to the venue, they might include snacks, drinks, birthday and Christmas presents. One couple were crossing the state on a regular basis to maintain contact with their children in out-of-home care. Whether parents get assistance from child protection to meet these costs is ad hoc and depends on the child protection worker and advocacy for the parent. As one parent said 'I just go without'.

We're scraping because of our transport. The Department are finally funding us. They give us \$30 a week for picking him up and taking him back to his carer. That's only just started about four months ago and that's actually in the court order, that they provide funding for us to go and see our children. And it stopped for two years. I kept saying to them about it, and they kept saying, 'oh we don't have a copy of the paperwork'. We're doing 140 kilometres a day, three days a week, and if Jack was not in kinship care, and he was in Department care you guys would be transporting at no cost to us whatsoever. It's very hard because out of our pay we'll buy him little bits and pieces we want him to have. Between me and Susan we get \$900 a fortnight from Centrelink, and we pay \$500 a fortnight in rent. Plus being able to buy groceries and pay to go over, pick him up, have him here for a day. It's been quite difficult. (Parent)

I lost the Family Tax Benefit and that's been significant. I found it really hard with my bills but mum helped me with that. What they

wanted me to do is take her to a public place but I didn't always have money to do things with her. The financial impact has been really difficult. There have been times when I've had to go and see her and my access visit has been the day before I get paid and it's been difficult to pay for things. Most times all I can do is buy her a drink and something to eat. They were saying why don't you take her to play golf or do this or do that? When Jye was in care they had the finance and they would pay for families to go and have an activity but that's all gone now and there's nothing like that. If you want to do anything with your child you have to pay for it. The only time I'll get money for her is when she starts staying and then it's got to be for three nights a week I think. (Parent)

When children are returned to their birth parents it can take some time to reinstate the parenting payments and family tax benefits — up to eight weeks. Although child protection can cover some of the costs for parents when they are on a formal reunification path the early stages of reunification can be costly with food, petrol money and equipment like cots and beds. Once there is a formal reunification process it requires three or more nights in the care of the birth parent (or 35% of the time) to trigger the return of Centrelink child related payments. This does not necessarily have to be overnight care. Parents were finding that Newstart was inadequate to cover the costs of this transition phase. In addition, an inability to demonstrate sufficient income or to get the documentation from child protection to say that they are involved in a reunification process can cause difficulties in accessing private rental accommodation or in getting assistance from Housing Tasmania.

I got her money back within three weeks. That's too long. I said, "You can take my money off me just like that, why can't I go in and press a button and you give it back to me straight away when I get my children back." I am suffering so imagine how many other parents who get their children back suffer financially. (Parent)

I've been told I have to wait eight weeks before I get any Family Tax Benefit again so I have to rely on charities to help me support the time I spend with her. We are also doing all the driving as well. I have to pick her up from her carers, take her to school everyday. (Parent)

While parents are on Newstart their obligations change and they are required to look for work. Reunification plans can make it very difficult to gain or maintain employment and to sustain training or study. Several parents commented

on the difficulties this imposed. Accessing employment means trying to find work which can be combined with getting children to school, continuing drug replacement therapy and dealing with the children's anxiety while at the same time feeling under the microscope and stressed by the obligations imposed by Orders. It could mean putting any employment or study plans on hold. Two parents described how their financial situation had driven them to stealing:

Once they went into care I was on Newstart Allowance. It was hard and that was one of the main reasons I ended up shoplifting and trying to sell things to support myself. I was staying in hotels and caravan parks so I went shoplifting to support having somewhere to live. I was shoplifting to survive. When Ruby went into care they didn't let me know that my payment was changed so when I went to the bank and my pay wasn't there I had to go and try and organise Newstart. That takes a little while to process so I had no income for a couple of weeks. (Parent)

Most parents were clear about the damage their parenting or the environment in which they found themselves had already done to their children. But they also described what they feared to be the lasting trauma of removal and the insecurity that had generated in their children ...



7.4 Impact on children

Parents had a lot to say about the impact of intervention from child protection on their children. Most were clear about the damage their parenting or the environment in which they found themselves had already done to their children. But they also described what they feared to be the lasting trauma of removal and the insecurity that had generated in their children which could manifest as nightmares, difficulties with toilet training, problems with school work and other developmental delays.

They are very frightened, insecure. They need counselling, which is something else child protection do not provide. They just think it doesn't matter how many homes they go in and out of, they should just get on with life. That's not the way it should be. They are severely damaged anyhow so taking them away from the only family that they know will damage them even more. It's left them with post-traumatic stress syndrome which is what they've got. It could take up to 12 months, two years, the doctor said before they start feeling secure. She thinks she'll be taken again, that's what she told the doctor. That's all she thinks about. So that's not a quality of life for her or for any of the other children. (Parent)

My eldest, he used to go and stay with family but now he won't stay anywhere without me. He likes to stay in his own home. I don't know if he thinks I'm not coming back to pick him up. So now we must work out how he can realise that I'm not going anywhere; that he can go away and come back and I'll be there. So it affected him a lot. At the moment he's seeing a doctor who is trying to help him. He runs from school and his school work is really bad. He can't read and write and he's in grade 3. Because he's been in care twice, he reckoned I didn't want him and had given him away. (Parent)

Concerns for their children intensified as they reached adolescence and their behaviour changed. For some parents this meant a teenager who had been removed as a child walking back into their home and having to get to know them all over again. Parents described how their teenage children caught between birth parents and carers became adept at manipulating the situation.

I notice more and more when I see them they are rude against their teachers, there is no authority; they are just rebelling. They don't listen to you, they say to the carer, "I don't have to listen to you you're not my dad or my mum." Children need their parents, they need authority to a certain extent and a lot of the

problems these days are about taking authority away from teachers, from parents. What are the children feeling as they're growing up and they haven't got their father or their mother, who do they listen to and talk to? One person tells them this, another person tells them that. It will make them grow up wild with the system. I always knew as a young fella that I could always go home to my parents and get their help no matter what you'd done or how you'd treated them, but my children haven't even got that. (Parent)

When children were reunified parents identified a lack of support to deal with the psychological impact of removal and its aftermath and a lack of acknowledgement from the Department about the cumulative harm which had been done in the out-of-home care system. Parents were very aware that the outcomes for children and young people in the out-of-home care system were poor. They expressed frustration that, despite this, the Department was still removing large numbers of children from their birth families. This meant a big demand for therapeutic interventions for their children, particularly for counselling to help them deal with what has happened to them.

My child has been under their care for 13 years and has serious mental health issues but there's nothing for adolescents with mental health issues. He was cutting himself up and I didn't know whether he was going to jump off a bridge or what. I've been banging on to the Department, "why has this been left for so long and him not getting help earlier?" The Department said, "what do you want?" I said, "get him fully assessed" and they just ignored it. (Parent)

With my second eldest, when he came home I went through every single place to try and get him a psychiatrist. There was something in his head that was really affecting him. Maybe everything that happened to him in care. I went to mental health services, to the GP, every mental health place. In the end I turned back to welfare and said, "look, he needs help, can you help me get him a psychiatrist?" If the child needs it there should be some way of getting it, considering he's a Departmental child and they've got access to services. (Parent)

7.5 Dealing with stigma

Being involved with the child protection system can mean being seen as 'bad parents', particularly 'bad mothers', and this was a common experience. It brought with it a sense of shame, loss of identity and not being worthy of help and support. As one parent said, 'They call us bad people and even if they're not doing that you feel like they are.' Not only had parents lost their children but they felt that both the system and the general community continued to punish them for what had happened.

With an 18-year Order, you must have been a bad mother, you must have done this to your kids, you must have abused your kids. You are in a stereotype and it's really hard to get out of it unless you come out at the other end and people see a different side. I've had people actually say it to me [that I'm a bad mother]. If they're going to say that I wonder how good mothers they are. (Parent)

Some parents talked about the stigma associated with living in disadvantaged areas.

We find we have a lot of stigma just from the area we lived in. When it all happened we were living in Gagebrook in a private rental house. There's all these people around us dealing with child protections as well and we just got put in this category of another of those Gagebrook people. I feel if we had lived in Sandy Bay it wouldn't have happened. (Parent)

Several people described difficulties they had encountered with hospital staff when it was recognised that they were being monitored by child protection. They felt that their subsequent treatment was due to stigma.

My problem was substance abuse and there was an incident where my youngest fell off a table onto the ground. I went to the hospital and because I was involved in child protection I was just treated, you have no idea, I felt that low. They interrogated me, they made me feel so low. She was fine. Anyone else not involved in the child protection they would have been sent home. But I was made to go and have urine tests and they even did a urine test with her. They kept me overnight. They did the shaken baby test. Even the Department said it wasn't my fault. It was just horrible, horrible. (Parent)

The stigma parents encountered could make it even more difficult to keep their heads above water and provide for their children.

We are trying to build ourselves up to their standard and keep getting kicked in the guts. We look for loopholes to justify what is happening to us and make us feel still part of the society. But they are pushing us away from society by labelling us. You go down the street and people say to you, people you don't know, "Is your child back in your care?" Parents look down on you, they don't know the full story. You become very vulnerable. (Parent)

In some cases support had come at just the right time and parents described becoming stronger and wiser through the experience. One parent had found the respite provided by her children going into the care system had allowed her to become a better mother.



7.6 Becoming a better parent

Of course one of the intended outcomes of any child protection intervention is to protect children and elicit changes that will address risk factors and allow children to remain or return to their birth family. How far did parents feel interventions had allowed change to occur? Although for some it was about acquiring more maturity and 'growing up', others described intervention from child protection, however unpleasant and traumatic, as being a 'wake up call'.

It pissed me off that they took him but it woke me up that I needed to stop doing what I am doing. It was a reality check. I am not going to have my kids if I keep living the way I am.

It has made me better because I wouldn't have gone to the support services and do what I had to do unless it was because of them. So it was like the push, shove that I really needed. (Parent)

In some cases support had come at just the right time and parents described becoming stronger and wiser through the experience. One parent had found the respite provided by her children going into the care system had allowed her to become a better mother:

They have saved my life and they have saved her life. Most people don't look at it like that and there's a lot of anger because they haven't wanted their kids to go into care. But I wanted her in and she has said on a number of occasions if it wasn't for my mum putting me into care I wouldn't be here now. This is why I get so upset when I get a hard time from family because they think she should never have been put into care, that the child should always be with the mother. (Parent)

And there were young parents who despite having lost children to the care system had been allowed to keep a new baby. In these circumstances they were determined to be a better parent so that they would not lose another child.

When I lost my kids I went feral. I tried to kill myself, didn't give a fuck and I couldn't admit to my wrong doings either. But I fell pregnant with her and I had to make a decision either to pull my head in and do what they wanted or lose another child and I couldn't go through that again. My case, that was bad and I know that but I didn't mean it. I didn't mean for it to happen. (Parent)

However for those parents whose children had not been returned and, despite them accepting their failings as parents and trying to make changes, there was a perception of a lack of forgiveness or redemption within the system. It meant that they were unable to move on or recover and that past mistakes would always be held against them.

Both me and Sally realise and accept that we've made mistakes and a child did get harmed. We understand that. We've done everything in our power over the years to try and overcome our own beliefs and griefs to deal with that. But they just can't let that go. That support of, "yes these people have made this mistake but they have bettered their lives, have moved on." It's just not there. (Parent)

7.7 Thinking about the future

Parents were asked how they saw their future. There was a range of responses depending on circumstances. Those who were on a reunification path were hopeful and looked forward to the time when child protection was out of their lives. Others were living with uncertainty and with the shadow of child protection hanging over them. Some with children in the out-of-home care system were determined to continue their battle to have their children returned.

I'm glad that it's almost over but I'm worried that welfare is going to throw up at me, how are you going to look after six kids, how are you going to do this with being pregnant again. I'm worried that if I go to court it's all going to blow back in my face and then it's back to getting the kids a couple of hours a month. I don't want to go into court and lose, I want to go to court and win. I just made that one mistake and I regret that and I hate myself for that, but I've got to get over it because if I keep dwelling on it it's only going to bring me down. (Parent)

Even though they've told me I won't get my other three kids back I'm determined. I'm going to prove them wrong. As far as I'm concerned they couldn't give me a good enough reason why I cannot have them. (Parent)

There were several parents in the research who were coming to terms with living their lives without their children.

I try not to think about it much. I am so confused. I don't know about the future at all. It's not pretty with pink roses. The only person I can put faith in that I feel won't let me down is my advocate. I feel like every other service just lets you down and it's welfare that's made me feel like that because they let you down. (Parent)

The emotional turmoil and financial impact, having their life plans disrupted and the on-going anxiety about children in the out-of-home care system meant that some parents at times wanted to give up and disengage. Child protection workers talked about parents who disengage and do not want their children back. Parents told a more complicated story about the factors which fed into this apparent disengagement. They described a growing belief that perhaps their children would be better off out of their care and an inability to any longer cope with the stress and the

emotions. Witnessing the distress, grief and anger of their children, particularly during access visits, made parents question their, and their children's, ability to continue to survive the situation:

You get to the situation where you question yourself as a human, as a parent. Are your kids better off without you? You get into that because you have no support. They say you didn't return our call or attend the access visit and we are made to look like shit and it knocks our confidence trying to build ourselves back up, trying to be a rock solid human parent. They just kick you in the guts and it brings you down again and you give up. A lot of times I just wanted to give up. (Parent)

We've thought are we better off to leave our kids with them for 18 years? Are they going to be better off there? Because they make us feel like that you are judging your own self. We all have our faults. People give up. They say I'm hopeless, they've told me I'm hopeless. No matter what I do I am a safety risk. That's what I'm facing at the moment. (Parent)

When we get these anxieties they say you can't have your kids back because you've got anxieties and you're on medication for depression. They take it all out on you. You are put down, put down. It fires you up to want to go for it but after a while you can see your progress going nowhere. And it gets to that point when it's like — I can't cope with this anymore. It's upset me, it's upset my kids. I need my life. I want my kids but it's doing my head in and I'm going to do myself in. (Parent)

Child protection workers talked about parents who disengage and do not want their children back. Parents told a more complicated story about the factors which fed into this apparent disengagement.



7.8 Impact on NGO support services

Other parts of the service system work with families involved with child protection. What kind of impact does this work have on these other services? All NGO workers were asked how a client's involvement with the child protection system impacted on outcomes for their service. They reported both positive and negative impacts.

Workers in non-government support services are mandated to report child abuse and neglect. On the positive side the mandatory reporting role could strengthen the relationship with the client or become a motivating tool to encourage them to engage with services. Workers reported that the removal of children can also be a catalyst for change. In particular the hope of reunification could push parents' engagement with a whole range of programs, and encourage them to change behaviours and lifestyles and better themselves generally. As one service said, 'It can be a very unique time in people's lives with unique opportunities to intervene.' NGO services and their position external to 'the welfare' meant that they could provide an important bridge between families and the child protection system with the ability to translate child protection interventions into positive change for families.

NGO workers reported that the removal of children can be a catalyst for change. In particular the hope of reunification could push parents' engagement with a whole range of programs, and encourage them to change behaviours and lifestyles and better themselves generally.



They don't really want to deal with welfare, they would prefer to deal with us. So it helps for us to liaise between the two. We are the good cops and they [child protection] are not. [It also helps] for us to have an understanding of what they are requiring so you can help your client. They seem to hear what we're saying rather than what the welfare system is saying. We have that advantage of being able to bridge the gap because we're not a government body. It can strengthen the relationship with the family as a reality check and they then step up to it. (NGO worker)

At the same time mandatory reporting or taking on a monitoring and surveillance role for child protection could erode the relationship of trust or make it more difficult to build and therefore present challenges for engaging and working with families. Workers reported that it could mean that clients no longer engaged honestly with the service and were more reluctant to admit to their need for support. In some cases services reported that clients had been given the impression by child protection that they had to engage with them and that if they did not they risked losing their children. This meant that engagement might not be genuine, which in turn could affect outcomes. It could divert clients from the aims of the program to dealing with child protection issues and 'the worst thing which ever happened to me [removal of a child]', crisis management, high levels of stress and heightened emotions.

Instead of dealing with their issues you are often dealing with their issues in regard to Child Protection. There is this huge emotional reaction to whatever Child Protection has done that week and you are dealing with that instead of whatever the presenting issues were in the first place. It's almost starting two steps behind the beginning in a way. If parents are convinced they are going to take the children away, and that's the starting point, we have to start there rather than with them being identified as needing some additional support to care for their children, which might be where we want to start. But it's adversarial from the start and for direct service workers it's a bit of an issue to not get conscripted onto the parent's side, when for parents often the alternative is if you're not on my side you must be on their side. A lot of time can be spent negotiating that space. (NGO worker)

There are few things which are much more fundamental than losing your kids. If you're trying to deal with someone in terms of their mental health or drug issues you won't get very far until you actually do something about

resolving issues with kids. If you can't stabilise that nothing else is going to happen. The huge sadnesses and huge stressors in their lives don't enable them. So the interlocking nature of issues for people mightn't be apparent to people looking at it through the lens of alcohol and drugs, but if you don't address all of these issues as they arise you're not going to get anywhere with any of them. (NGO worker)

Participation in our program had been represented to them as something they must mandatorily do otherwise they risk their status with child protection when in fact this is a voluntary program and we are giving them a different message. This then means their engagement may not be genuine. They are simply doing it because they think they've been told they must participate. This is obviously completely at odds with the program and its spirit. So they are coerced, they don't want to be there. It's a necessity, or they think it's a necessity. (NGO worker)

Monitoring and surveillance for child protection was a role that many NGOs found difficult and onerous and not necessarily appropriate, not least because the involvement of an NGO might then mean that child protection withdraw from the situation. Having this responsibility could feel 'really weighty and big'. Nevertheless services took it seriously and were conscious that they might be the first service to gain a more holistic picture of how well families are doing. They often had the luxury of time to get to know clients and build relationships way beyond the ability of child protection workers. However a lack of information sharing and collaboration with child protection could mean that services did not know what kind of situation they were encountering when they took on a family. It could also mean that the absence of feedback from child protection workers was perceived by their clients as a refusal on the part of NGOs to share information. This impacted negatively on the relationship between clients and NGO services.

Although removal can be a catalyst for change it can also have severe consequences for families. It can put everything about their lives in jeopardy, having an impact on substance use, mental health, their income and a threat to or loss of their home. NGO services are then involved in trying to minimise these impacts and resolve crises.

They say they are going to get their children back but it requires a three-bed house so there is a big disconnect between reality and their hopes. Child protection says, "reunification

once they have accommodation", but they can't get it. One young woman who lost four children to Child Protection was on the streets for two years. Her goal is the return of the children. She was in a transitional property for 18 months and then private rental. Housing offered a house five weeks ago but it was in a terrible condition and if wasn't for our advocacy we don't know what would have happened. They agreed to do the repairs required and two children are now being returned. So she came highly motivated, having done all the parenting course, everything, a model parent, but it's taken her four years to get her children back with support from us. We had \$1500 brokerage to spend and a number of support services were involved. Every time a child was returned it took two to three months for Family Tax Benefit to be reinstated and she was expected to feed the children on Newstart.

So we went together to the Door of Hope, City Mission and also used brokerage to fill the gap. She had no [financial] capacity to save. There were so, so many barriers for her. (NGO worker)

The difficulties parents had in their relationship with the child protection system meant that NGO workers became de facto advocates and case managers as there was no one else to fill the role. This might entail writing letters to child protection describing their client's perspective or attending meetings with them. They might be promoting self-advocacy by encouraging them to write their own letters and boosting their self-esteem as well as coordinating services and acting in a case management role.

We are advocates all the time as they are so powerless and further disempowered by the system and unable to work their way around it. Child protection cannot get an accurate picture in a snapshot of a fifteen minute visit. We feel families are not assessed properly and judgments are made. We may have a three month involvement so we become strong advocates for families who may be working to the best of their ability. We can also recognise when it's all going pear-shaped. (NGO worker)

The difficulties parents had in their relationship with the child protection system meant that NGOs became de facto advocates and case managers as there was no one else to fill the role.



We try not to be case managers but there isn't anyone else to fill the spot. It's almost a coordination role, who needs to be informed or involved. It's not directive, it's pulling the pieces together and making sure things don't get missed, — "when is that meeting, where is it and can you get there, do you need transport?" It's all that coordination. It's also the hard to reach people who haven't got anyone else working with them because they're hard to reach and they're not serious enough in any one area to have someone take responsibility so they're bouncing off different bits of the system. No one is actually picking it up. (NGO worker)

In child protection cases the child, not the parent, is the client of the child protection system. Advocating for parents therefore requires a different way of operating because the child protection system has no duty of care towards parents.



An advocacy role was not necessarily straightforward and services commented on the difficulties they believed some child protection workers had in working with parent advocates and the misunderstanding they might have of an advocate's role. They reported that it could take time to build rapport so that they were happy for the service to represent their client's interests and speak on their behalf. NGO workers also reported that at times advocacy was being cited by child protection as evidence of deficit, which made things worse for the parent. In particular, if NGO workers were seen as too close to the parent, their advocacy was dismissed and the support they were providing marginalised.

It depends how good you are in advocating, and that can be hard work. Then that comes back to you being a pain in their [child protection's] eyes. So they make decisions about you as a worker which will disadvantage your next client. So if you agitate really strongly for a client it can damage your relationships down the track. (NGO worker)

7.8.1 CHALLENGES FOR ADVOCACY ORGANISATIONS

Specialist advocacy organisations described three issues which placed working with parents outside their normal practice. Firstly, normal practice means working with the clients of service systems to support them in their contact with those systems. In child protection cases the child, not the parent, is the client of the child protection system. Advocating for parents therefore requires a different way of operating because the child protection system has no duty of care towards parents.

Secondly, advocacy organisations traditionally do institutional advocacy rather than best-interests advocacy. This means they may frequently disagree with the outcomes sought by the client but will still support them to advocate for their rights. For instance in the disability sector this might mean supporting a client to remain in independent accommodation despite the risks involved. In the child protection world, however, supporting the rights of parents may mean risks are not only borne by the parent but also by the child. This makes advocacy more complicated. In addition the usual rule of confidentiality has to be bypassed if there is any information relating to the abuse or neglect of a child. Parents may have to consider what information they convey to an advocate, which can distort the advocacy model because the advocate can no longer be completely independent in supporting the rights of individual parents. One advocacy organisation was developing a series of policy documents about how to operate in the area of child protection.

A third issue for advocates is that they can be required to work alongside legal services and the lawyers who are representing parents. Undertaking paralegal work can stretch the traditional advocacy model and raises questions about who manages the situation, who makes a plan and who monitors progress against the plan. Nevertheless organisations recognised a crucial role for parent advocacy within the child protection system.

Quite quickly child protection workers recognise that without support, parents won't make progress with reunification or contact with their children. So there are high transaction costs working with parents who are struggling, who don't understand what's going on, who can't communicate, and they [child protection] spend enormous amounts of time negotiating, informing parents about what's happening. The presence of an advocate

and giving parents support can lubricate the process. No support undermines a parent's ability to be a decision maker, and robs the service of feedback loops. (Advocate)

Overall, working with child protection issues meant big inroads into NGO workers' time. The number of different services involved, the urgency of the case and its complexity, the emotional toll on both parents and workers of dealing with people in constant states of high anxiety, the level of dysfunction brought about by the situation and the interlocking nature of the issues distinguished these cases from others. In addition these were often long engagements where child protection issues featured for many months and in some cases years.

Child protection cases eat up huge resources. By the time they reach us there are usually multiple crises and we are often the first organisation to get a window into it and see the overall situation. There is usually an urgency to cases so they cut in on top of other clients. If you get one of these you will be involved for quite a long time. You can't see yourself getting out of it in less than six months and sometimes they are three or four years. (NGO worker)

7.9 Longer term outcomes

Parents involved in the research had current or recent contact with the child protection system. This meant it was not possible to explore in detail the longer term outcomes of contact. However because parents commonly felt a huge sense of loss, unresolved grief, guilt, shame and self-blame for what had happened, this could develop into depression, impaired relationships with partners, children and the extended family, demoralisation, addiction, a sense of worthlessness and a wariness of seeking help from services. There were also the practical implications of a loss of income and accommodation. Overall, the consequences had the potential to stretch over a lifetime and result in repeated pregnancies, attachment problems in future parenting and severe impacts on a parent's health and mental health.

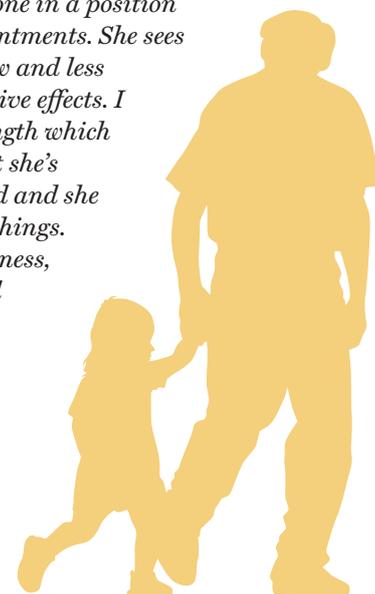
Support services commented on what they observed about longer term impacts on their clients. Although removal can result in behaviour change and reunification, it can also mean a downward spiral of loss of income, homelessness, a descent into hopelessness and disengagement from services. Parents were described as running from service to

service with their life crumbling around them, dominated by the child protection system and the risk of destitution. NGO workers described parents living in cars trying to meet the conditions imposed by child protection orders.

Longer term, the ongoing trauma is still there for people. It's that sense that it's inevitable. It's inevitable that I'll drive the car and get a fine and get caught. It's inevitable that child protection will always be on the door; that kind of inevitability that people have. That loss of hope. It just plays into that stuff that I'm not good enough, I'm a bad parent, I'm not a good person on so many levels. Those people that come from poverty, family is absolutely everything to them. So when I can't manage my family or someone says I'm no good at my family it's like my everything, it's like you're saying that I'm hopeless, I'm not fit, I'm hopeless because family is everything to me. It's so important and especially if my mum and dad didn't manage very well with me because I promised myself I'd never do that to my own kids. (NGO worker)

At the same time these experiences can strengthen parents, particularly if they have access to support.

She has probably emerged far more powerful than she ever was, at the same time as being very self-deprecating, feeling terribly guilty in relation to what's happened to her family, she says through her. So she blames herself and yet she can see what the Department's role has been. While they require people to jump through these hoops they will have people resenting the hell out of them and at risk for that reason. Whenever there is an attempt to enforce conformity you invite resistance. Some of the effects on her was that she said, 'I'm living for appointments, my life is about appointments.' It's dreadful to put someone in a position where they live for appointments. She sees herself as inadequate now and less than. These are the negative effects. I also think she has a strength which she didn't have before but she's also been terribly silenced and she knows it's unsafe to say things. It's uncertainty, hopelessness, desperation, anxiety and confusion and paralysis. (NGO worker)



7.10 Key findings

Involuntary removal of children can mean **long term physical, psychological and social repercussions in response to grief, anger and loss**. These responses can be overwhelming and impact whether or not children are reunified with their birth families.

Being labelled a bad parent or an unfit mother is a terrible blow to self-esteem and numbness is a common response. There can be a focus on action to get children back rather than on emotion which can impact on a parent's ability to bond once children are returned. It can also trigger and amplify other traumas like loss of one's own birth family and limit peoples' ability to make the changes necessary to reduce risk and reunify with their children.

The **practical implications of removal**, including severe drops in income and loss of housing, can turn lives upside down. Parents embark on another pregnancy, disappear from services, or lose motivation to deal with risk factors such as substance use or even to stay alive. On the other hand it can have the opposite effect and act as a catalyst to action and to making the changes required to reduce risks and improve parenting capacity.

Despite the severity of the trauma parents can face, **very few services address these issues head on or support parents to move on with their lives**. There may be individual counselling available but Tasmania has no support groups for women with children in care, despite the importance of continuing to recognise them as mothers and acknowledge rather than minimise the loss (Novac et al 2006). Opportunities for intervention, and to bring different organisations together to meet the needs of the parent are required before a downward spiral occurs.

Parents may not be 'clients' of child protection but they are often clients of other government and NGO services and will potentially **increase their dependency on other services as a result of child protection intervention**. The research shows clearly the potentially big impacts on other parts of the service system.

For NGO workers, working with parents in the child protection system can impact on their ability to deliver service outcomes and often meant they became **de facto advocates and case managers for their clients**. This could be time-consuming and onerous. Many described how they also acquired a monitoring and surveillance role which they were not necessarily comfortable with. They talked about how referrals from child protection workers were in effect saying 'these people need your help because of what we are doing to them.'



Part 8: When parents have particular support needs

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8.1 Introduction

The key risk factors for entry into the child protection system are substance use, family violence and mental health problems, often in combination. In addition Aboriginal families and parents with intellectual disability are over-represented in the system. In the research sample, over 60 per cent of parents disclosed family violence, half the mothers had experienced mental health problems and 45 per cent disclosed problems with drugs and/or alcohol. The true figures are likely to be higher.

This chapter combines information from parents affected by these risk factors with commentary from NGO services' staff and the research literature to form a picture of what is currently happening to these groups of parents in the child protection system in Tasmania.



8.2 Alcohol and other drugs

Several research studies have explored parental substance use and its impact on the wellbeing of children and on parenting capacity. Although having alcohol and drug problems does not necessarily imply a risk to the child, research suggests that children can be at a higher risk of abuse and neglect and developmental or behavioural problems where parents have these issues. These risks include the direct effects of intoxication and withdrawal, involvement in illegal activities, exposure to injecting equipment as well as an inability to manage the daily living skills required for parenting like preparing meals, ensuring school attendance and meeting the emotional needs of children (Dawe et al. 2007, 2008). Substance use can also engender mood swings and inconsistencies in parenting and an increased risk of mental illness especially depression. Child protection services nationally report alcohol as one of the top contributors to risk, with excessive consumption involved in up to 77 per cent of child protection cases (Meredith & Price-Robertson 2011).

This means that parents who use substances are likely to require help across many areas of family life — controlling use, psychological problems, social engagement and external stressors such as housing and finance.

Responding to these needs is complex. A major dilemma which all child protection systems struggle with is how to support both parent and child while keeping the family together. Typically attempts to do so involve a wide range of agencies including health, probation, education, enforcement agencies and NGOs who provide many of the treatment and support options. This can lead to uncoordinated efforts with different understandings, values, approaches and goals and a limited exchange of information, all of which act as barriers to collaborative working (Buchanan & Corby 2005). There is also a tension between the timescales, as the parent may require treatment and recovery over a long period of time while the child requires immediate protection from risk (IRISS 2011). When substance use interacts with child protection concerns there can be significant barriers for parents in seeking help (Hinton 2005).

Few studies have incorporated the views of parents on these issues, so little is known about what underpins their attitudes and behaviours and what kind of support they would like to see available for alcohol and drug problems. A number of parents in the research talked about how, prior to their contact with child protection, they had been frightened of seeking help with their problems. This was particularly true of those who had directly witnessed people they knew losing custody of their children. This meant that although they wanted help and recognised a problem they were afraid to reveal too much in case it was used as evidence of their unfitness to parent.

If parents knew they could go somewhere they might feel comfortable enough to ask for help if they're not scared. Smoking is a really big deal now. I know there are a lot of mothers out there who would like to stop smoking but they can't because it's, "what is she going to think of me?" I might be in welfare because I smoke pot, or I might drink of a night. I might want to stop but I'm not going to say it. There is heaps of that going on. Building trust takes a long time but it means you can go and get the help you need. (Parent)

Any existing alcohol and drug issues can escalate when children are removed and many parents spoke about how they had increased their substance use in efforts to cope with the situation and self-medicate.

You go to what you know and especially when you've got no kids to look after, it's what you do. You are bored and you have issues in your past and something has been taken away from you and that's all that's holding you up, you go to what you know. So if you're a drinker, you turn to the drink. If you were a gambler you would turn to pushing buttons. You have to do something to keep your mind occupied. I went back to going downhill. I was doing a little bit here and a little bit there but I don't think I would have took it if I wasn't put in that situation. So when I cried out for help they took my kids and didn't give me the support that I needed. (Parent)

Once parents are in the child protection system, stabilising, reducing or eradicating their substance use may be a condition specified for reunification. NGO workers reported that the approach is often one of zero tolerance and if substance use is affecting parenting capacity, then child protection requires evidence that they are engaged with an alcohol or drug service prior to reunification. This can involve regular testing with blood and urine tests, engagement

in counselling or a methadone program. It can also involve home visits and one parent described how child protection workers had checked her bins to count the cans of alcohol. Parents reported that the system required regular monitoring but provided little support. There are also a number of costs associated with being monitored for substance use. Although the costs of testing — commonly \$80 for a urine test — are usually borne by child protection there is rarely funding to cover parents' costs of transport to access testing.

They don't support you, they just say you need to go here, here and here but they don't come out and show you that they care. You are just supposed to go on methadone and then you're left alone with that. (Parent)

Up at the drug and alcohol they control your life. You have welfare controlling one aspect and drug and alcohol controlling the other. So you actually literally can't move, breathe, do anything. They work with each other. They give welfare your urine history instead of being two separate entities. Welfare will urine you and so will drug and alcohol if you're on methadone. But at that stage you're just doing anything to get back your kids and nine times out of ten you end up stuffing up anyway because it's just too much pressure. An appointment here an appointment there, do this, do that. They have to know everything about your life, when you change, what you're doing, how many visits you've got, who you're with, where you're going. They invade your life. (Parent)

As parents struggled to get on top of their substance use both they and the support services working with them commented on the absence of any recognition from child protection of successes and achievements. These may appear small to those without an understanding of addiction and recovery but were in fact enormous steps forwards for the individuals involved.

All of my clients have made huge strides in what they have achieved because they all want to come off drugs. That is their goal and they have all done that with relapses here and there. But the amazing strides that most of them have made since child protection got involved in their cases is not acknowledged. Everything is negative and there doesn't seem to be any acknowledgement of them as capable parents. The little things that happen that are good things never get mentioned and they are all put in the same barrel. There doesn't seem to be any understanding of what it means to have an addiction and the impact on your life.



Comments are made like, 'you prefer alcohol to your kids'. Things that aren't necessary or at all helpful and really showing a lack of understanding of where that person is coming from. (NGO worker)

Drinking doesn't even interest me anymore and welfare has never recognised the fact that I have gone from drinking three times a week to nothing whatsoever. They don't recognise anything good I do. That happened about two and a half years ago. I was proud of myself. It was like I woke up one day and thought I'm sick of alcohol and I haven't had a drink since. I went to detox and everything like that. I haven't drank for so long but anything good that I do doesn't get noticed anyway. (Parent)

Parents and NGO workers reported that this attitude was combined with a general lack of awareness about addiction issues, the challenges which confront parents who are trying to change their behaviour, about how particular treatments work and a commonly held expectation that parents who use substances will continue to use. This meant they were continually having to demonstrate change and as one parent said, 'You have to prove yourself innocent over and over.' If they did manage to change their behaviour it could result in social isolation as they separated themselves from those groups of friends who continued to use.

What kind of support did parents want to see available to them?

They identified having consistency in who was working with them, an understanding of addiction and recovery, recognition of their efforts to change their behaviour and empathy for their situation as being very important.



I was on methadone and I was very sick from Hepatitis C. I was working my way into getting into the interferon program after they took the children off me. I was doing all this stressing while I was having the treatment for Hep C and at the same time welfare are saying, "don't try and milk it. Don't try and say you're crying

because of your interferon." They were attacking me from all sides. "You can't be just emotional just because you're on interferon." It's like having chemotherapy for God's sake. Your hair falls out, you lose weight, you're very emotional, you want to do things to yourself. (Parent)

I don't think there's a huge understanding about what addiction is, how it works, how hard it is to change those patterns of behaviour and understanding a person's whole life, not just this part of it and what's led them to that point. The expectation is they will always continue to do it and they don't give them room to move on. One client who had heavy alcohol use, she appeared as tired one time when the child protection worker went to visit her. He immediately got on the phone, 'Do you think she might be using again?' She's a new mum. have you met a new mum who isn't tired? There is an expectation that she's automatically back on alcohol. Once tarred with the child protection brush they are not certain they will ever get rid of it and move on, be redeemed. (NGO worker)

Some parents found themselves in a vicious circle:

When they first took my children they wanted me off that methadone program so I went straight into detox and got off it. A month later they wanted me back on the program because they say you're not stable unless you're on it. On the other hand they say, "You won't be reunified until you're off the program." Everything is a catch 22 with them. (Parent)

Pregnant substance users are a special subgroup and they can be particularly fearful that they will lose their children. For a number of women in the research a pregnancy had been the catalyst to address their alcohol and drug issues.

I had had alcohol substance abuse since I was 14. I got told at the age of 22 that I was a full blown alcoholic. I was drinking every night of the week, I didn't really care about myself or my body or my kids at that stage mainly because I was that hurt and angry I just didn't know what to do. I fell pregnant with Ella, Ella saved my life. I stopped drinking, stopped going out, stayed at home. I went from the party animal to a completely different person. It took me two weeks to get off the alcohol when I found I was pregnant. I got sent to Melbourne for detox. I had to get clean for this little baby in my tummy. I also had a pot and speed habit and had been on speed since I was 15. I fell pregnant and went off it all. (Parent)

The Drug and Alcohol Pregnancy Service described a decrease in the number of babies being removed and better liaison with community supports, providing more opportunities to intervene and a more collaborative relationship with child protection. The focus is on engaging the mother and supporting her. As they pointed out, mothers do worse without their children and respond better to change programs when their children are with them. They are in the process of setting up a partnership agreement with alcohol and drug services and shared care planning to ensure more formal working arrangements which will improve parents' access to treatment programs, including residential rehabilitation.

One mother described how her son was born with Fetal Alcohol Syndrome (FAS). She had been unaware she was pregnant until she was four months along. She had then stopped drinking. She was also on methadone. Her advocate criticised the assumptions that were made about the development of children with FAS. It is a broad spectrum condition and it is difficult to predict the effects long term. Rather than it being a reason for always removing children, the advocate wanted to see more opportunities to assist the mother to parent and prepare her for the possible difficulties that might arise.

They just said you've got alcohol so you can't look after your son but I don't drink anymore. And they don't see the change. Because I go up to drug and alcohol they see that as a bad thing. I said I could go out in the street and put a needle in my arm. I am going up there for help and I don't abuse it. (Parent)

What kind of support did parents want to see available to them? They identified having consistency in who was working with them, an understanding of addiction and recovery, recognition of their efforts to change their behaviour and empathy for their situation as being very important. One parent commented on the value of residential rehabilitation programs which could cater for the whole family:

What really helped was Missiondale. That has family units available especially for children of a young age. Parents don't really realise that they need to change to have the children and to actually realise they are more dysfunctional than the normality. So the Department should refer you. They should say you are going to lose your kids if your drug use doesn't cease, slow down or stop. If those sorts of families could get sent to a place like Missiondale and say

you've got six months, it's a lifestyle change, it's a complete revamping of your whole head. It's not just get clean and get out and stuff up again because your head is too dysfunctional or you are too stuck in your ways to know what's better for your children, what's better for your family. It's a whole process. That's exactly the sort of place which maybe we should have been referred to so we could stop smoking pot and actually have a better life for our children while they were young. They are school age now and we have all the cumulative harm which is not just from us, it's actually them [child protection] as well because of the separation and being in foster care. They lay so much blame on the parents that they don't actually look at themselves for causing the cumulative harm. (Parent)

Any initiatives in this field are relatively isolated (Arney & Scott 2010). For instance, despite a growing body of examples of interagency collaboration between alcohol and drug services and child protection, there is often little consensus on the need to communicate or work together. The parent remains the primary client in substance use services, which generates concerns that sharing information with child protection will affect engagement. At the same time there is a duty of care to those who may be harmed by their client and child protection needs to ensure that the parent remains engaged with alcohol and drug services to keep the child at home and promote their safety. Protocols may help but are unable to guarantee the skilled working and mutual respect required. This picture can be replicated across the spectrum of services a family might need including mental health and housing services.

A recent announcement from the Families Minister in New South Wales reported on a push for legislative change which would force pregnant mothers with a history of drug and alcohol abuse into rehabilitation programs. Women who refuse could have their babies removed at birth. If this is successful it will be the first time the court will have the power to mandate behaviour change in parents, not just remove children (ABC 2012).

8.3 Mental health problems

Parental mental illness, particularly maternal mental health, and its impact on children has been well documented (Zufferey & Arney 2006). Among parents in contact with child protection it is often a key factor affecting their ability to care for their children and there is growing evidence that maternal mental health



has a greater impact on the child than substance use (Dawe et al. 2007). In this research, half of the parents who were interviewed in-depth identified as having mental health problems. This was also true of significant numbers who participated in the focus groups.

Research documents a number of systemic and professional barriers that prevent collaboration between child protection and mental health services. These include levels of communication between practitioners in different sectors, knowledge and confidence around mental health problems, a lack of resources, supportive structures and policies to facilitate intersectoral collaboration and issues around confidentiality. For example, child protection needs evidence from Mental Health Services to assist in determining whether a child is at risk due to parental mental ill health. However adult-focused mental health services are concerned with confidentiality and there are concerns that if they are seen as aligned with child-focused child protection it could threaten their relationships with parents, and hence the efficacy of treatment programs. NGOs in the mental health sector tread a delicate path in maintaining positive relationships with clients while working collaboratively with child protection to reduce risks.

NGOs in the mental health sector tread a delicate path in maintaining positive relationships with clients while working collaboratively with child protection to reduce risks.



Parents in the research talked about their mental health issues and described dealing with depression and anxiety, post-natal depression, trauma and schizophrenia. Two also identified as having personality disorders. Many of them were on anti-depressants and described how mental health problems had been exacerbated by their contact with the child protection system. They felt this was then used against them as evidence of not being able to parent satisfactorily and it was an issue that was often raised in affidavits.

That is part of the reason they are seeking a 12-month Order because my mother has got depression and she's had it for ever. My sister has got depression, I've got depression. It's a long term thing for the rest of our lives. They impact on that depression too by taking your children. I got depression after my children were taken and then they use that against you. Get my children back and I won't be like that. There are other things that can be worked on instead of taking the children away from us. (Parent)

Parents described obstacles to effective collaboration between child protection, mental health and other services. It can be difficult to develop any effective team working around particular families and to get mental health services to take into account the implications of a patient's contact with child protection and how this might impact on treatment regimes.

Every time we'd have a team meeting with children's services we'd want mental health to come. It was very hard to get everybody there. Her psychiatrist just wouldn't go because of confidentiality. To get that team of people there was just impossible; we just couldn't do it in the end. (NGO worker)

My partner had post-natal depression and it got worse over the years. She got a specialist and welfare were badgering this doctor so much he sent a letter off saying I am not your doctor anymore. They kept badgering him and badgering him to want to know the details of what depression she's got and how much medication she's taking and what she should be doing and what's she been saying to him. She [the doctor] just got fed up with it and signed her off and it took her a month and a half to find another doctor. (Parent)

One young woman who had two children removed described her stay on a psychiatric ward:

I was in a mental hospital with all these other people. There was no reassurance for me in the hospital, like just get through this stage. It was, you need to do this to get your kids back, you need to get a job, get a place. So there's no time for you to go through whatever you need to go through. I was vulnerable, I was so young. For me and the kids to be pulled apart was the worst thing that could possibly happen so I couldn't get better and that's when I got on the cycle of going downhill. If the kids had the right support and I had the right support things could have been for us as a family, we could have got through it. Going through that system

there's not a lot of support for people who have been through what I've been through. It's just put them on drugs and because you don't have that trust you're not going to open up and say what you've been through. I didn't really have any support. (Parent)

NGOs described the acute fear many of their clients with mental health problems had about child protection intervention. They also described inconsistency among child protection workers in their understanding and attitudes towards parents with mental health issues. Those services working closely with child protection in the mental health sector had found them generally very understanding about mental health and willing to draw on their expertise around the impact of mental health on parenting capacity. They described numerous examples of effective collaborative working to support families where child protection saw their involvement as a strong protective factor which operated to prevent removals. Other services however described a more reactive and risk-averse approach where normal or understandable behaviour was interpreted as psychotic:

They lack understanding about the issues and the things to look out for. One client who is on a reunification plan with her 18-month old has supervised access visits twice a week. She picked up her child and danced around in the lounge room and that was considered psychotic behaviour by child protection. So there is a lack of insight and stereotyping around mental health. (NGO worker)

8.4 Family violence

Domestic and family violence has long been recognised as posing a potential risk to children. Those who experience or witness it are much more likely to be involved in the child protection system or in out-of-home care. Exposure is considered to be a form of child abuse and there are clear similarities between the effects of child abuse and of family violence for people who experience them (Australian Government 2009). This means that it is included in legislation in some states as a reason for automatic notification.

There are strong links between family violence and parental substance use which present equally as the most prevalent risk factors in child abuse rates and child deaths (VAADA 2011). These links are complex and although substance use is not the cause of family violence it is frequently associated with it. Women who have experience of family violence are

disproportionately represented in alcohol and drug treatment services and may self-medicate to deal with the effects of violence. They are also at a greater risk of mental health issues.

Family violence is usually perpetrated by men. However within the child protection system violent fathers and partners often remain invisible while mothers are blamed for a failure to protect their children. There have been calls to review child protection practices where children are removed through a mother's 'failure to protect' rather than protecting women and children from family violence (Noble-Carr 2006).

In Tasmania unless women can demonstrate protective behaviours such as leaving the relationship or taking refuge in a shelter, children can be removed whatever the parenting capacity. As support services commented, for many women these protective behaviours come at significant cost — a loss of income, loss of support networks, risk to tenancies, homelessness and difficulties in finding accommodation which is considered secure and appropriate for reunification with children. The fact that a mother is not living with her children also precludes her from accessing public housing. If she is considered to be single the only offer she might receive is for a one-bed unit which would not be classed as appropriate by child protection for reunification. Again if the accommodation available is only transitional it may be considered safe but not appropriate. Service staff interviewed for this research were clear that a lack of collaboration between Housing Tasmania, Centrelink, family violence services and child protection can lead to a loss of accommodation, child removals, homelessness, Centrelink and electricity debt and severe delays to reunification.

A number of parents talked about their difficulties with family violence and how this had been one of the main factors in removal of their children. For some it was hard to accept that witnessing violence would trigger a removal, particularly women who felt they had been doing their best to protect their children. They also spoke about the complexities of leaving a long-term relationship.

In Tasmania unless women can demonstrate protective behaviours such as leaving the relationship or taking refuge in a shelter, children can be removed whatever the parenting capacity.



I do admit I did the wrong thing by going back to a violent relationship but the children were never harmed although they did witness the arguments. That's all they were — arguments. There was no slapping about or punching, they were arguments. I do understand that they class that as bad but it was my home, their father refused to leave and my children and I get punished for that and it's not fair. (Parent)

He was prepared to do whatever it took to have his children returned. However this had not been enough to change the Department's perspective or for him and his partner to be reunified with their children and there were no second chances.



There was never anything wrong with me as a mother. It was because of him and his violence. If you're in a relationship with a man who's violent for so many years it's not as easy for us to just break the relationship. So for them to come in and give us the support first when we need it and to explain to us what's going on and I don't think most of our kids would be taken off us. To make us strong enough for us to get away. A lot of the time it's "you've got to leave your kids' dad now" and welfare haven't helped you to make the decision. Perhaps you can't bear being without him but you have to choose your kids or him. They shouldn't just split them up. They should support them to get the violence out of the relationship instead of splitting the two partners up. They send someone out to talk to you, sure, but there's no real follow up with it. (Parent)

One father talked about how valuable it had been to participate in an anger management program and especially the value of working with other men. He was prepared to do whatever it took to have his children returned. However this had not been enough to change the Department's perspective or for him and his partner to be reunified with their children and there were no second chances.

It was very good. He told you right from wrong and taught you how reactions cause more reactions and just cause more trouble. Me being headstrong and a proud person, it takes

another man to get in your face to explain to you what mistakes you're actually making. It was fantastic. We still have a few fights but it's not like it was before, it's not alcohol fuelled and we just have our differences like any other couple. I'm proud of both of us and what we've done. We have changed our life around. It's a shame it had to come to what it came to before we realised. But there is no gratitude from the Department, no well done. Everything is negative. They promised us everything and they've given us nothing. And what they promised is all on paper. You work around ways of fixing your problems and once you've done that you deserve a fair crack at the whip. (Parent)

Parents were clear that there was not enough support for either mothers or fathers in dealing with the complexities of family violence situations.

8.5 Housing and homelessness

A lack of data about homelessness and child protection intervention mean that it is difficult to know how many homeless families have contact with the child protection system. However research about homeless children includes statistics about how many are subject to child protection orders and the figures suggest that 20-50 per cent of all homeless families have had contact with child protection (Noble-Carr 2006).

A literature review of the effects of family homelessness on children (Noble-Carr 2006) showed that homeless families disproportionately have experience of the child protection system compared to others who live in poverty. This strong correlation can be attributed to personal factors which increase the risk of both homelessness and factors which may place children at risk. Parental mental illness, substance use and family violence impact on the ability to sustain housing and on parenting capacity. Research exploring women's homelessness has demonstrated how contact with the child protection system can lead to a downward spiral of mental health issues, increased substance use and loss of housing (Hinton 1999; Novac et al. 2006). It shows how interaction with the child protection system can both increase the risk of homelessness and entrench the homelessness experience.

The literature review identified that child protection intervention can be due to the increased visibility and resultant scrutiny of

families who are in contact with homelessness services rather than actual parenting concerns; for example the inability to provide a safe environment (Noble-Carr 2006). In addition some workers may report families to child protection with the hope of getting them access to housing and support. This has been described as 'service abuse' as the system has not only failed to improve their situation, but actually contributed to cumulative disadvantage by holding parents accountable for their child's homelessness (Bartholomew 1998). A key theme in the literature is that reunification is often contingent on parents having access to stable and suitable accommodation (St Lukes Anglicare 2005). This can be problematic and can prolong children's placement in out-of-home care.

Many of the parents in this research had a history of unstable housing and an experience of homelessness. This might have been the result of family violence where women had fled for safety reasons or financial issues which had resulted in rent arrears and eviction or both.

That was our issue when we first came in, housing. We were in a caravan, we had nowhere to live. We got one which we still have but when they first took the kids they said as soon as mum and dad get a house you can go straight home. We've got a house now, everything is a lot better and the children thought they were coming straight home because that's what they were told. (Parent)

In terms of access to public housing, if Housing Tasmania is aware of the risk of family violence they will prioritise the rehousing of families. Police involvement makes an offer of alternative accommodation a priority. However if children are removed then the family is no longer technically eligible for a transfer and those in transitional housing may be downgraded from top priority for housing, Category One, to Category Two, which reduces their chances of rehousing. However if the plan is to reunify and this is confirmed by child protection, Housing Tasmania will make an allocation. Child protection may also be willing to reunify in transitional housing depending on the age of the child. In some cases there may have been damage to the property so that the family then acquires a housing debt which excludes them from the waiting list for public housing. Housing debts can be large and there were parents in the research who owed thousands of dollars. Police reports about family violence and advocacy from support agencies can mean that these debts are waived and repayment is not enforced. Families may also have electricity

debts which again can amount to thousands of dollars and act as a barrier to accessing housing or a new electricity connection.

Both parents and NGO workers commented on the lack of support from child protection with housing issues, including ensuring a timely response from Housing Tasmania when reunification plans are in progress.

In one case a child was taken away from the mother's care and she lost parenting allowance, she lost her house and became homeless. That did wonderful things for the notion of reunification. But it also introduced a new problem which was getting her housed. So it became a spiral. Or the mother with six kids who had been removed and where there was no reunification because she required a four-bed house and Housing Tasmania does not have any. (NGO worker)

I had no one willing to give me a house because I had no references and welfare didn't bother supporting me or help me go around looking. They knew I didn't have a car. I have just been through the worst abuse. I had petrol thrown on me and this man tried to light me up in my caravan with my kids sleeping in the bed. I couldn't sleep in my house. But welfare really didn't care and I had to get all that together and still be okay for them. (Parent)

Now I'm getting \$500 a week from Newstart. How do I find a house for my kids? [Housing support service] couldn't give me the bond money because they said that doesn't give you enough money to live on. No homeless shelters could take me so I ended up having to sleep on the floor of somebody that I didn't really want to be living with. (Parent)

Some parents talked about how difficult it was to continue to live in the same accommodation without their children. It reminded them too much of their loss.

Many of the parents in this research had a history of unstable housing and an experience of homelessness. This might have been the result of family violence where women had fled for safety reasons or financial issues which had resulted in rent arrears and eviction or both.



8.6 Intellectual disability

A high proportion of parents with intellectual disabilities will come to the attention of child protection services and they are over-represented in child protection proceedings. It is estimated that between one and two per cent of parents have an intellectual disability and that these numbers are increasing due to better opportunities to live in the community and the banning of involuntary sterilisation (Lamont & Bromfield 2009).

Although there is no generally accepted definition of intellectual disability it is usually taken to mean an IQ of less than 70. Those with an IQ of 70-80 may have limitations in their ability to self-care as well as limitations with communication, safety awareness and the capacity for self-direction. However, assessing parental competence is complex and there is evidence of an inappropriate use of assessment tools, over-reliance on IQ testing rather than on parenting skills and a preoccupation with attributing intellectual disability as the reason for any parenting difficulty.

Parents described difficulties in asking for help, in negotiating the child protection system, in communicating and speaking up for themselves and in understanding processes and procedures.



Although intellectual disability is a poor indicator of parental capacity and risk, these parents may be more likely to experience maternal stress, social isolation, living in hardship, mental health issues, health problems and a history of abuse or neglect as children themselves (Lamont & Bromfield 2009). Yet, intellectual disability is rarely mentioned in the research literature as being associated with key risk factors such as family violence or substance use — the most common risk factors for child maltreatment. This suggests that on the evidence available we do not know whether parents with intellectual disabilities experience these problems at a higher rate than the general population (Lamont & Bromfield 2009).

Five parents in the research identified as having an intellectual disability. They described difficulties in asking for help, in negotiating the child protection system, in communicating and

speaking up for themselves and in understanding processes and procedures. One advocate said:

People with a disability who are living in the community are very reluctant to ask for help. For many of them, their experiences have been generational with the Department. They have memories of brothers and sisters being snatched and never seeing them. There's a fear and a constant threat from neighbours, if you don't do what we want or you don't give us something then we'll contact the welfare. The thing that I've learnt in the time I've spent with families is that it's just easier for the Department to come in and take children from people who don't have a voice. Often these families don't have good strong networks around them. They don't have any knowledge to fight back and the amount of work required to work with them is huge, it's very time-consuming. (Advocate)

This reflects the difficulties highlighted in other research studies where child protection workers were likely to focus on deficits rather than competencies in parenting and apply a disproportionate scrutiny to their parenting capacity (Swain et al. 2002; McGhee & Hunter 2011). At the same time parents had little understanding and no control over child protection interventions and limited information about their rights and options. Overall, child protection, disability services, legal services and many support services lacked sufficient resources and skills to work effectively with these parents and provide them with the long-term support they needed.

All the difficulties experienced by parents in the court system are exacerbated for parents with an intellectual disability, in terms of understanding what is happening and getting effective legal advice and representation. Lawyers and advocates raised concerns about the absence of any comprehensive, generally accepted assessment related to functionality, particularly in terms of parenting capacity. This hampered parents' cases where assumptions were made about their suitability as parents based on IQ tests. Assumptions were also made about their comprehension and it meant that their voices were often not listened to and became invisible in court processes.

Parents with intellectual disability are very difficult for the courts to manage. They require a calm, slow, friendly, open approach. But if they say in court they don't understand there is nowhere to go with this. It's very discriminatory. There is a need to move away from assumptions about parenting capacity of those with intellectual disability. The Guardianship/

Administration Act can be used and a Guardian appointed but often they need an interpreter and the courts need to know how to work with an interpreter. (Lawyer)

As one advocate said, some lawyers have ‘no idea how to talk with people with a disability and don’t want to know’. This meant that parents remained very much at a disadvantage, daunted by the size of the court, the number of people involved and the language used. An advocate who could interpret the situation for them, explain processes and work at their own speed was crucial to the outcome.

One parent with intellectual disability was trying to get support from child protection to help him cope with his two boys, who had recently been returned to him from his ex-partner on a part-time basis. He had been told by child protection that because he was not the legal guardian they were unable to assist until he had gone through the Family Court to get custody. Both of the boys had disabilities but he had found it extremely difficult to get any support with parenting or with the impact of suddenly having to take responsibility for them.

It’s been very, very stressful. I feel like packing up. It’s not a job that anyone could take on really with a child with high needs. You think well, where can you get support? Child protection don’t give you any. I didn’t even have a bed, I slept on the couch. The washing machine broke down and we got a new one. I had nothing. And I had to pull it all together. The boys were saying “what can I have for tea?”, and me “there’s not much I can give you.” My kids should not have to live with this situation and I’m trying as a parent to better it but I need help. Without Family Matters and the others I wouldn’t be here, my job would be over and done, I’d be gone. I can guarantee that now, it would be all over. (Parent)

8.7 Aboriginal parents

Aboriginal people are over-represented among families in contact with the child protection system. Although nationally Aboriginal children represent 4.5 per cent of children aged 0-15 years, 29 per cent of those in out-of-home care are Aboriginal (ABS 2008). In the research sample 32 per cent of parents identified as Aboriginal and a number of these reported that they were children of the ‘stolen generation’.

In Tasmania under the Children, Young People and Their Families Act (1997), recognised Aboriginal organisations must be assisted to ‘establish and provide preventative and support

services directed towards strengthening and supporting families and reducing the incidence of child abuse and neglect within the Aboriginal community’. A decision or Order as to where or with whom an Aboriginal child will reside may not be made under the Act unless a recognised Aboriginal organisation has first been consulted.

The Tasmanian Aboriginal Centre (TAC) supports and advocates for families who are in contact with child protection services. They have a Memorandum of Understanding (MOU) with the Department and are informed about any notifications of families who identify as Aboriginal and are provided with opportunities to work with them alongside child protection. They provide a range of support services including legal services and referrals to mental health and alcohol and drug services.

A qualitative study explored the experiences of 45 Aboriginal parents and carers involved with child protection (Ivec et al. 2012). Many of the findings from that study are reflected in this research, including fear and anger about past government removal policies, current processes and attitudes and particularly about being treated disrespectfully.

Because we are Aboriginal we do feel different. When I got my kids taken off me I felt they were judging me because I was black. For us Aboriginal women, we are very proud mothers and we’re very strong mothers and to have our children taken from us, to be put down and to not be supported, it’s not good enough. For them to come in and take kids because of past issues you’ve gotten over with. Some are still there and that’s why we’re coming to you, we have issues that we need support with. It just feels like the stolen generation taking my children and the rate that the children are being taken away from the community. (Parent)

We do bring our children up differently to other people. When they took my kids off me I had a heap of whitefellas and you feel alienated because they are different. I have always been brought up around Aboriginal people so that was a big culture shock. (Parent)

Many of the findings from that study are reflected in this research, including fear and anger about past government removal policies, current processes and attitudes and particularly about being treated disrespectfully.



An Aboriginal support worker highlighted the tensions between different cultures and the importance of promoting cultural awareness among child protection workers.

The Department sees risk and puts measures in place but their assessment doesn't necessarily measure up to ours... Child protection workers do not have a proper understanding of Aboriginal issues or cultural awareness training. The courses are not regular enough to cope with turnover. (NGO worker)

However one mother described how things had improved for her once the child protection system recognised her Aboriginality:

Welfare have only just found out that I've got Aboriginal in me and it's been completely different. The change is a little bit better so I'm hoping. I wasn't allowed to have any extra access all of a sudden I now have extra accesses. So it might start working out a little bit better. (Parent)

Some Aboriginal parents wanted to see an Aboriginal liaison worker in child protection offices. As they said, 'blackfellas like to talk to other blackfellas, it's as simple as that.'

NGO workers identified a common community belief that the child protection system was not capable of working sensitively with cultural diversity. They wanted to see key people in CALD communities skilled up about the child protection system and how it works.



8.8 Parents from a culturally and linguistically diverse backgrounds

The National Research Audit (McDonald et al. 2011) acknowledged a large research and practice knowledge gap in recognising and addressing the needs of culturally and linguistically diverse (CALD) families who are in contact with the child protection system. Little is known about the needs of these families, the prevalence of abuse and neglect, the placement

needs of children and young people or when early intervention and prevention strategies are effective.

A recent review of Australian research in this area (Kaur 2012) found that CALD and refugee families share the same risk factors for child protection as other families but also have unique factors and challenges which may lead to child protection interventions. These include the stress of migration, racism, intergenerational conflict and the loss of extended family. There may also be a lack of knowledge about accepted parenting practices in Australia and the statutory role of child protection.

Unfortunately there were no CALD families interviewed in this research, but NGO support services working with this population reported on child protection's awareness of and approach to CALD parents. They commented on the small numbers of CALD families accessing services. This meant it was difficult to become familiar with the issues. They also commented on what they perceived to be a tendency in child protection not to respond to notifications because any difficulties were seen as cultural issues. Yet, there were times when a notification has resulted in a lot of collaborative work with families from a particular culture. A further issue is that CALD communities are not necessarily supportive of foster care and it can be difficult to find appropriate placements for these children.

The approach is to leave it to that community and try to avoid touching it. A lot may be hidden under 'culture' and there is a need to challenge it. There can be much domestic violence linked to alcohol but women will deny this because they are so scared about losing their children. Communities are very scared about removal and feel it is always best to keep things within community. For example a Sudanese mother made homeless through domestic violence and about to sleep on the street would rather tolerate the violence than go to child protection or would even prefer to go back to Sudan rather than run the risk of losing her children. She had managed to keep her children safe through a war-torn country so why inform child protection now. (NGO worker)

NGO workers talked about how difficult it can be for parents to understand that it is not okay to hit children in Australia and that children have rights.

I have worked with several newly arrived families and I try really hard to explain what child protection is. But you can go for an hour with an interpreter and still not feel like they've

grasped it. Child protection is a foreign concept. The family I work with – even the idea that there would be a government body that would take the side of the child. If there's a problem obviously the child is the problem not the parent. It is a really strange concept to think there is an organisation out there that thinks your parenting is the problem. We assume that their journey is much easier than it actually is. (NGO worker)

NGO workers did report an increasing awareness in child protection of CALD issues, which was demonstrated by child protection workers actively seeking out the advice of services in these matters. They also identified a common community belief that the child protection system was not capable of working sensitively with cultural diversity. They wanted to see key people in CALD communities skilled up about the child protection system and how it works.

8.9 Working with men

The research sample included 10 men. They spoke about being marginalised by the child protection system and not included in decision making. These difficulties were exacerbated when they were separated from the mother and they described instances when the Department would not acknowledge their relationship with either the children or the mother. For many men a typical response to distress is anger, but they felt this was never appreciated by the child protection system.

Ever since they've been taken I've been very upset the way in which I've been treated when it comes to stuff that happens with the kids. I think a father gets a raw deal in general especially if it comes to the courts. Ever since child protection have taken the kids I've been left out on stuff. My eldest daughter got nearly drowned and got fluid on her lungs. They took her into hospital. It took them two weeks to even bother telling me. I don't think it's right that I get treated like that and it continues to happen today. (Parent)

Sometimes John rings up and he's wild and they all turn really different then. He speaks very fast and doesn't think. But he is a frustrated father because he wants his children around. With that anger they take it that he's aggressive and they said 'no'. I said to him, 'you want to be calm', but he's really frustrated because he loves his children too. They have got it in for him because when they first met at a conference they just belittled him. He tried to have his say and he had no say in it. (Parent)

Men were rarely considered as primary or significant carers when they were the non-abusing parent and there were particular difficulties for stepfathers. They could also find themselves excluded from access to parenting courses and other support services to which the mother had been referred. This meant that when there were reunification plans they could find themselves left behind their partner in their understandings and skills.

We lived with Dale. Dale was the one who took him fishing, takes him to Targa, to see the fire engines, to see the helicopter, takes him up to his work, puts him in the truck and shows him the lathes and he calls him Daddy. But they have not wanted to investigate or know about Dale at all which I find really strange. They didn't want to use him as a good positive person. He's coming to the family group conference. He is a very big part of this. He's the one who does all these fatherly things but they never want to know about him. He's not really included and they ignore him even when he's sitting next to me. (Parent)

I was getting close to having the kids back and they just stopped their meetings. They pushed it away because it came to them making a decision and because I was a male they didn't want to hand those kids back to me. I could have provided a better place for those kids than the mother could. (Parent)

Lastly men who had perpetrated family violence found the lack of any redemption in the system very difficult.

I think the system itself is opposed to men in general and with the Department I haven't been given a fair go from the word go as a father. They can't cope with the fact that people can make mistakes and learn by them and go on to a future and move on. They won't let you move on. I spend most of the time with my partner but the Department don't want us to be together, they would prefer us to be separated. We did separate for six months and they still wouldn't let us see the children. So what's the use of us being apart with Liz home by herself and lonely all the time and worried as well as not having the children? They never ever look on the positive side of things. They treat men differently. (Parent)



8.10 Key findings

Parents who experience **substance use issues, family violence, mental health problems and housing difficulties** or a combination of these problems have a higher risk of entering the child protection system.

Aboriginal parents and those with an intellectual disability also face higher risks of entering the system.

Where there are drug and alcohol issues **parents are often fearful of seeking help** in case this triggers child protection intervention. There are also shortfalls in the support available to them. This can manifest as a lack of awareness among child protection workers about what overcoming addiction means and little recognition of parents' progress in moving towards this goal.

Parents with mental health problems are also fearful of intervention from child protection services. When mental health and child protection services work closely together parents are more likely to be adequately supported. When the sectors do not collaborate parents can fall through the gaps.

The requirement to demonstrate protective behaviour in **family violence situations** can have a significant negative impact on mothers including loss of income and of housing, and an increasing risk of homelessness. This increases risk of removal and reduces the chance of reunification.

Parents with intellectual disability are over-represented in the child protection system where there can be a focus on deficits rather than parental competency, combined with a **lack of long term support for parenting**. It is particularly important for these parents to have access to good advocacy to support them throughout their contact with the system.

Aboriginal parents raised concerns about **stereotyping** and a lack of understanding of cultural issues among child protection workers.

Although there were no CALD families in the research sample, NGO workers commented on both a lack of familiarity with this population in the child protection system and an increasing awareness of diversity. This is demonstrated by **child protection workers increasingly seeking out NGO expertise** in this area.

Men regularly feel marginalised within the child protection system and are rarely seen as primary or significant carers. In particular, if they have been perpetrators of family violence, there was little redemption within the system or pathways towards recovery.





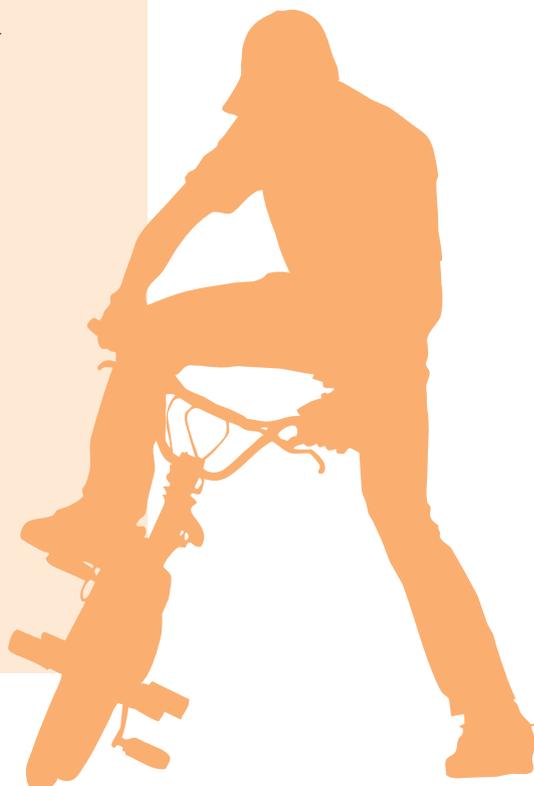
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9.1 Introduction

Parents, NGO workers and child protection workers were asked about what kind of changes they would like to see to the child protection system that would result in better outcomes for both children and for families. Parents in particular engaged very willingly with this task and contributed a large number of ideas about improvements.

There was a consensus among all parties about the key changes required. They include better partnership working with parents, more intensive and holistic support for families, improved service standards across the child protection system, the coordination of services and a better deal for children and young people in the out-of-home care system. They also wanted to see more opportunities for parents' voices to be heard.



9.2 What do parents want?

All parents strongly agreed that there had to be a statutory system that could intervene to protect children. However they expressed a range of views about whether the balance was right between protecting children and supporting families to parent, and they wanted to see more work with families to enable children to remain in their homes or to reunify them with their birth parents.

9.2.1 WORKING IN PARTNERSHIP

For parents partnership was about working with rather than in conflict with the child protection system. It meant being involved in robust, clear and accountable decision-making processes about their family's future. It also meant being given a chance and being treated with respect.

The Department should work with the parents and explain things to them, not just weigh us down but stick to their word and actually give the parents a chance. I just wish the Department would sit there and listen to

mothers and say we'll do this and see how this goes, and then work towards giving them back. They should work with the parents or if they've got any concerns say "we want you to start doing this, but if you don't start doing this, that's where we are going to start getting involved." You should be able to prove yourself, and if you can't do it, fair enough, take the kids if you're not prepared to do what they ask you to do. I said to him [the child protection worker] why can't I work with you to get my child back, why do I have to build a band of brothers and lawyers to come at you? Shouldn't I be working with welfare to get my child back? They are not meant to be the enemy. They make themselves the enemy. (Parent)

Parents questioned the current decision-making process and were deeply dissatisfied with the way in which decisions were made. They wanted child protection to have a much fuller and more holistic picture of families before they took action. They expressed concerns about the fact that child protection workers answered to someone that the parents

had never met — a team leader or supervisor — who then made decisions about their lives. They wanted to see a broader accountability and transparency and more people involved in decision-making to ‘confirm what’s going on’ and to whom child protection were accountable. This could be the support services they were involved with or an independent person who could oversee individual cases, review them on a regular basis and offer a second opinion.

It shouldn't just be child protection making all the decisions. At least two other organisations should be involved and have all the information and evidence. Child protection have too much power and they get it wrong. If the child protection worker takes a dislike to you, that's it, you're stuffed and you've got no help. You need an independent person to oversee you and your case worker's actions. It's not about representation; it's more about a law to keep them honest. They need someone to watch over them. (Parent)

Parents said they wanted more clarity about what was required of them especially in terms of the timeframe and conditions for reunification. And they also wanted speedier processes and more access to written care plans which spelled out conditions, goals and timings.

For any improvement in working in partnership there had to be a change in attitudes. This was a very high priority for parents, that they should be treated with respect, provided with choices and given hope that things can change for the better. Working with parents should be about building on their strengths and giving them the responsibility to find a path that worked for them.

The way the Department speak to the parents, instead of speaking down to them, they should speak to them like they're speaking to a lawyer or their other teammates or co-workers. I struggled a lot with them doing it to me. I'm not one of these people who will run, I stand there and fight. That's why I got the respect of them actually speaking to me. People in my position we need to be looked at as good and treated like equals. (Parent)

I would like to see the parent having the autonomy to choose what is best for them. If a parent is told you have to go to this, you have to go to that — that makes them feel they can't even have a choice. So it's allowing the parent to have the right to develop their own voice about what will work for them as opposed to saying you need to go and do that otherwise there will be consequences. (Parent)

Give them some kind of interval, something to look forward to when they're lost and burnt out. They have lost their children so they need help big time. They need hope. One thing they said at the last family conference, we're here to work with you and reunify you with your children. That gave me confidence. Just to hear that one little thing. I just looked at her and said, "can you repeat that?" (Parent)

Experiences of the system were very dependent on the nature of their working relationship with individual child protection workers. So, crucial to better partnerships was ensuring a positive match between worker and parent.

I think that Welfare should match the case worker to the parent and the child instead of saying this is your worker, you have to talk to her. I've got this new worker. I hate her to the point now that she's not allowed to ring me. If she wants to tell me something she has to write to me because I will not speak to her. I'm sick of getting spoken to like shit. Every time I ask something she says no straight away. She's come in on the case thinking she's king because she's the boss but she knows nothing. (Parent)

Lastly, parents wanted to see families being given more chances to prove themselves and more redemption and forgiveness within the system — a system which looked to the future rather than judged people for their past:

I would like to see people get treated fairly and not be judged on what they've done but what they can do to make it better. So they drink all the time, but now they don't, so try and help them work with the kids and put them back with the family if that will work. If it won't work, well try a different way. There are so many ways things can be done but Welfare won't admit that they're wrong. There should be a program where no matter what's happened, if the parents display that they've changed they should give them a chance to show that they've changed and there should be a pathway program to take the children home. (Parent)

Partnership working would be greatly enhanced by improvements in service standards — in communications with parents, in consistency in child protection processes and in the skills and experience of the workforce. Working with staff who did not have children themselves was a big issue for parents and impacted on their willingness to engage. They asked for effective communication mechanisms which promoted a dialogue and information sharing rather than the current situation, which one parent described as ‘like talking to a brick wall’.



They also asked for a more experienced workforce who were better supported and where there was a more proactive approach to building the engagement of parents.

Definitely more communication. It would be nice to hear back from them within 48 hours — I get it that people go on Long Service Leave, they get sick, I understand that — but for someone to make contact within 48 hours, not two or three months down the track. My case worker went on holidays and I didn't even have a name [to contact]. How is that helpful to me? I go on ringing and no one actually had her caseload so I had to wait until she got back from holiday before I could even get a visit with the kids. (Parent)

Many parents interviewed reported that what was lacking for them was intensive in-home support — a way of working with them while their children were still in their care. They wanted a way of working which would avoid removal and did not have the shadow of a child protection intervention hanging over them.



They [child protection workers] need help too with all the phone calls that they get and meetings, meetings, meetings. There must be a lot of children coming through their system. The child protection workers are saying we don't get much job satisfaction other than the satisfaction of protecting children. They need some other job satisfaction, ways of connecting with other people, organisations, other than having the satisfaction of taking someone's child off them and thinking that they're safe now. How are these workers looked after? Do they have counselling because surely they must need it? They need to know they are being looked after. (Parent)

Parents were aware of the Department's funding situation and the impact this had on being able to deliver a quality service. Many commented on the heavy caseloads of child protection workers which meant they were unable to provide support to families and unable to return phone

calls. They saw underfunding as a key reason preventing child protection workers from doing their job properly.

It's meant to be what's in the best interests of the child, not 'the best interests as long as it doesn't cost too much money'. Once you start weighing up is it a good thing if it doesn't cost too much money, it shouldn't be about the money, should it? If you haven't got the money, don't take the kids! It's never about money when you're a parent, is it? So it shouldn't be when it comes to the government. (Parent)

9.2.2 SUPPORT

Parents were very clear about the gaps in support for families and how this impacted on their ability to parent their children. They wanted to see:

- more approachable services where parents can build relationships with workers that they trusted;
- earlier intervention;
- advocacy and representation;
- relationship counselling;
- a support group for parents who have experienced removal;
- more education about how to be a parent;
- a worker who works with you to get your children home and supports reunification;
- immediate and intensive support post removal to promote a change process; and
- more intensive support to lessen the risk of removal and break the cycle.

When asked to look back and reflect on what might have prevented them from getting involved with the child protection system, parents gave a range of answers. These included having access to pregnancy terminations, saying no to a violent relationship, living in a different area and being older and wiser. But for many it was about getting earlier support — from services, from family and friends, having help in the home or access to respite so they could have a break.

I really needed Mersey Leven [children's service] to come in at that point and avoid having the children taken off me. Instead they took them off me and didn't put Mersey Leven in. They brought them in afterwards. Gateway

wasn't enough and they were the wrong people for me. Mersey Leven would have been the right people. They have more of a friendly structure; they talk to you like you're a person. With Gateway they ordered you to do this and that, and the structure wasn't there to be helpful; it was like you do or you don't. It felt like a trap for me and no one's going to tell me what to do. You can help me and advise me and I'll listen and I'll take it on board if I believe it's necessary, but you can't order me to do this and order me to do that and be horrible about it. It's control, a form of control. I just wasn't going to be put into that situation. Mersey Leven are the kind of people who would stay at your house. They would look after your kids, you run off to appointments and they stay here. If they had come into the home when I had all this trouble, that is exactly what I was looking for at that point in time.

Many parents interviewed reported that what was lacking for them was intensive in-home support — a way of working with them while their children were still in their care. They wanted a way of working which would avoid removal and did not have the shadow of a child protection intervention hanging over them.

If someone moved in with you, instead of just coming round for two hours and everything be hunky dory and all of a sudden things just fall out of the bottom and you get your children taken off you. If they are going to spend so much money on children in care why aren't they spending that money on parents? If they are worth it, if they've got great potential, if they have a sense of the realness and reality of their dysfunctional life and want to change, why not just chuck in a worker? If someone could have stayed with us for a couple of days a week, that would have actually helped us a lot more than what did happen. Two hours a week just wasn't enough for us to see the real reality. All we were doing was trying to mask what our problems really were and saying it was all bright and dandy because we were so frightened of the Department being involved with us. Why not give them a chance? Three months leeway where they go, "okay we are taking your children, we've got them on an Order for three months, do this and this, we'll pay your rent, we'll make sure you can sustain your accommodation. If you live up to it then we'll help you reunify with your children." (Parent)

Parents saw the immediate aftermath of removal as a key opportunity for working proactively with families, getting them to accept the concerns that child protection might have and building motivation to change:

Those first three months after children are taken are really crucial to helping parents accept and identify what was going wrong. When a parent has their children taken off them they obviously have underlying problems. I was one of them who said, "What's wrong with me? What's wrong with our life? We've just had a couple of fights, that's caused nothing." The parent personally, individually has to want to change. So those care planning meetings should be mandatory each week for the parents to say, "okay I've stuffed up." It might take them six weeks, eight weeks, but those first few months where they are so vulnerable and saying, "you've taken my kids off me", if they can finally say, "yes we were doing the wrong thing, we really want to help ourselves and get our children back" and for child protection to work closely every week with them. But it becomes "we can't have it (the meeting) this week" or "we'll have it in a few weeks." It should be happening straight away and then that parent will expose themselves to not being worth it, or, really say "I want my kids back" and every week will come back for a care plan meeting to show that we're worth the effort for the reunification. That should be happening within two weeks of children being taken. (Parent)

This intensive support was very necessary for those who had been in the care system themselves in order to 'break the cycle'. Parents were desperate to break this cycle and ensure that what had happened to them did not happen to their own children.

I was still in Welfare till I hit 18. If they see that you're not doing so well, they should come in and start helping you and say, "look if you don't pull your head in we are going to take your kids before anything bad can happen." They sit there and say at the end of the day they want kids to be with their parents. But that mustn't be true because they don't walk in and say, "do this, this and this." My mother was a prostitute, an alcoholic, most of my family are alcoholics. I probably wouldn't have listened to my mother if she had tried to step in because I would have said, "what do you know, look

Parents were desperate to break the care system cycle and ensure that what had happened to them did not happen to their own children.



what you've done to me." I blame my mother for a lot of what's gone on. But you don't get help, nothing, just we'll fix you later but they can't fix you later. It can be such a vicious circle and it's something that needs to be looked at very, very urgently. It's not something that other services should be doing, other services are there to do something else. Child protection should be supporting you. (Parent)

Overall, they asked for a change in attitudes within the child protection system to move from blaming parents for the situation to supporting them to change it.

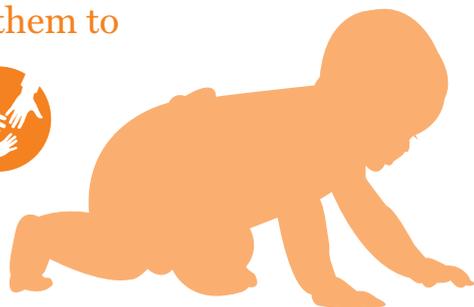
9.2.3 SERVICES WORKING TOGETHER

Parents had concerns about the ability of services to work in a coordinated way to support families. Parents wanted to see the child protection system work more collaboratively with other services so that both support and decision-making was more effective.

Child protection are not getting involved with other services and they are shutting them all off when they should be communicating with each other and it's not happening, not at all. Child protection seem to be a separate entity of their own and that connection is broken and it's obviously failing mothers and fathers and children. Where are all the services meeting together to brainwave and talk about cases? There should be a meeting of all services once a quarter to say, "this is what's going on, this is working good, this isn't working good." (Parent)

A lack of coordination between services was particularly acute for those parents dealing with issues such as mental health problems, family violence and alcohol and drug issues. Improving this needed a greater awareness in child

Parents asked for a change in attitudes within the child protection system to move from blaming parents for the situation to supporting them to change it.



protection about what recovery in these areas requires and in adult services about the needs of families caught in the child protection system. One mother with mental health problems talked about how the child protection system and mental health services had failed to work together to best meet her needs and hence the needs of her children:

If it was me rescuing me I would go back and put myself in the hospital in a nice way and say "now this is your time to heal." I needed someone to say, "Your kids are going to be safe, you're not going to lose them, you're not a bad person, you're sick, you've been through so much and now is your time to heal. It could take six weeks or six months but it's going to take time and we're not going to put pressure on you." But when they put you in there [the psychiatric ward] they say, "you need to go out and get a house, a job." You need the nurturing of a mother and even though I'm an adult, inside I'm broken. Of course I'm going to try and get out of the hospital and get away and not get better and fight them every inch of the way to get to my kids. If the Department had the resources and the money they could have done it. (Parent)

Again, for parents with intellectual disabilities, there is an absence of models of support to help them effectively parent their children in a safe environment. This is one of the key reasons why children from these families are removed. One parent wanted to see supportive communities available for mothers like her. As her advocate said:

One of my long-term clients was a mum of three children who sadly were placed in care. She needed a lot of help because of her disability, a disability that makes it hard for her to read documents, find information when she needs it. When she was asked what would help her be a parent and keep her kids around her she said women like me need a community, a street that we can live in with our children. At the end of the street is a house with some staff in it and when we have a problem we can go to them and ask for help. We know there's a safe place for us to get help when we need it and be around other mothers like ourselves. That was her solution. She felt she could manage everything but in those times when she can't "I want to walk up the end and help is there, I am not being judged and I am part of that community." (Advocate)

Parents who had experienced the Pathway Home program talked about the value of having someone in the middle to negotiate relationships with a range of support services.

There needs to be somebody in the middle. Now Lucy is coming home I have someone from Centacare. The child protection worker takes a step back and this person from Centacare, instead of me having to speak to the caseworker all the time, she relays back how we're going, she's been really helpful. She's offered us Second Bite hampers. I needed some storage space in Lucy's room so she took me to Vinnies and got some furniture and that type of thing. She's helpful, she tries to help us out. She is someone to talk to if you want to discuss any of Lucy's behaviours. I could have done with this lady in my life months ago to help me deal with the child protection system but it wasn't until we had a reunification plan that she came on the scene. It would be helpful if there was someone like that further back in the process. (Parent)

9.2.4 OUT-OF-HOME CARE

A key priority for parents was a much higher quality care system for their children — more options in terms of placements and a better partnership between birth families, carers and child protection workers and mechanisms to promote this.

When the kids got taken two years ago we were working on the '1,2,3 Magic' but the kids were going home to the carers and it wasn't happening. They were doing different to us. That's why I say family meetings once a month between the workers, the kinship carers or foster carers and the parents. One person is raising the children one way and they are coming home and we are raising them another way. (Parent)

One aspect of this was ensuring better access arrangements for birth families in order to maintain family attachments and lessen the stress and distress. Parents with children on 18-year orders were desperate to still be recognised as parents and to have a role in their children's lives. Improving things would involve better quality environments for access visits, proactively working with parents during access and especially a better funded system where visits were no longer cancelled at the last minute.

A major concern for parents was the lack of support in dealing with adolescents who were either in the out-of-home care system or being reunified with their families. They pointed to the gap in access to therapeutic support for young people in the care system and a failure on the part of the state to meet their needs. They also pointed to an absence of services working with young people who were putting themselves at risk.

Child protection give up on children very quickly when they get to a certain age. They've got no control but that just shows you that they're not exemplary parents because as parents we can't give up. If they're 16, 17 or 25 you keep on going, you can't just walk away and say no it's too hard, we can't do it. If they haven't got a place where they can put children, they should make a place that's going to help them. (Parent)

Some parents also identified a need for interventions with young people who are at risk. Some suggested statutory services for youth at risk which would sit between the child protection system and the youth justice system. They wanted to see this focussed on the needs of young people at risk who had not committed any criminal offences. The absence of such a system was described as a 'huge black hole'.

9.2.5 ADVOCACY AND PARTICIPATION

There is a lack of independent advocacy for parents within the child protection system. Parents wanted to see formalised advocacy mechanisms for families who could mediate their relationships with the system, attend meetings and provide information about their rights. They wanted:

A representative that child protection actually name and include, as much as they probably don't want to. You don't get told about FIN. If FIN was on board straight away when your kids are being taken off you, if we were referred from child protection and given a name and number to give them a call, FIN could be there for our legal rights and come to the first care plan meeting. That's two to three weeks after the children are taken instead of parents feeling absolutely worthless and that we are never going to get our children back. You go off the rails. (Parent)

Parents also wanted to see opportunities for their children to have a bigger say and to have someone who represented their interests in the system.

Parents with children on 18-year orders were desperate to still be recognised as parents and to have a role in their children's lives.



I would like the kids to have more of a voice. They don't have enough advocacy or rights for them. The case workers don't spend enough time with the kids, taking them out, building the trust. Their opinions get mixed up with the parents. And then what happens if the kids are really getting abused or something else is happening? Someone needs to build trust up with the kids and it takes a while to build it up. ...They need one person that they know they can trust and they can talk to. (Parent)

All parents felt it was critical that families had more of a voice so that the system could learn from their experiences and improve services.

They would prefer not to hear what I've got to say than hear it. I wish it was a fairer system and people like me could be heard. If anything could come out of this I hope other parents could be treated better than me. They should hear what parents have to say and not run parents down and make them feel like an ant because it doesn't do their self-esteem any good. It makes them feel worthless. We want someone to listen to us and to know that we're not all evil, cruel people. We're not bad people. (Parent)

They had plenty of advice to give to other parents who might find themselves in a similar situation to themselves. They talked about parents who were not prepared to change or who did not accept that they had done something wrong. They wanted to see parents taking more of a lead and being more proactive and collaborative with child protection. And they exhorted other parents not to be so intimidated by the child protection system.

A big gap in partnership working with parents is currently the failure to work effectively with men or to provide them with the same opportunities for promoting change as mothers. This can have a significant impact on the chances of reunification and its success or otherwise.



Don't do what you're doing now. Take control straight away and start telling them what you want to do and how you want it done. They are going to want to drug and alcohol test you. Don't wait for them to ask you for that. Stop doing what you're doing now and offer it to them. Ring up and let them know you are doing it so they know you're improving. You have to change yourself and you have to want to change and to acknowledge that you have problems. (Parent)

Some parents just give up because they're frightened of child protection. But when you actually get to know child protection they are not scary at all. They are just people like us with a lot of power and they use it. That's what they do. (Parent)

9.3 What do non-government organisations want?

The views of NGO workers closely matched those of parents and their list of priorities was very similar.

9.3.1 WORKING IN PARTNERSHIP WITH PARENTS AND IMPROVED SERVICE STANDARDS

There was a call from the majority of those working in NGO services for improved customer service standards across the child protection system and a more cohesive operational approach from the Department. This would foster better engagement and partnership with families, where currently outcomes were too dependent on the views or passions of individual child protection workers. NGO staff wanted to see improved communication with parents where telephone calls were returned promptly and information was shared in a dialogue. They wanted more transparency in decision-making and more clarity about what was expected of parents.

I would love to see things in writing from child protection: a clear, concise outline of expectations so the clients actually have a goal to work towards and have some form of hope. At the moment the people I work with don't have that hope because they've no idea of the expectations. I get many people saying the worker doesn't return calls and there's an expectation that the client will stay connected. Many of the people we work with don't have credit on their phones. (NGO worker)

My clients would like paperwork written down, a paperwork pathway forward. Things can be said on the phone and it doesn't happen and at least if you had something on a piece of paper that was a plan. So many have been told we'll do a review in six months and it doesn't happen so there's not a lot of trust on the side of my clients. Even meetings every now and then on a regular basis so they can talk and dialogue and say "look this is working well"; "that would be really beneficial." Also to let parents know the support services that are available. A lot of them don't know an advocate exists and so letting them know they can have an advocate to support them through the process. Just to give them more information would be very beneficial. (NGO worker)

A big gap in partnership working with parents is currently the failure to work effectively with men or to provide them with the same opportunities for promoting change as mothers. This can have a significant impact on the chances of reunification and its success or otherwise.

There has been work done with the mother and not enough significant work done with the father. So you get this cycle where the male withdraws from the process. There is a lot of movement which happens with the mother which is very positive. The situation is now much safer and so therefore reunification can take place and orders can come off. But if that work hasn't been done with the father he comes back into this particular space and nobody works with the perpetrator. There is a real lack of service for the males and it needs to be male on male. (NGO worker)

Some NGO workers also advocated for a move from case management or 'talk fests' to practical help, supporting referrals to other agencies and the coordination of services. They recognised that this was not possible with the current resourcing, high caseloads and administrative requirements. They also wanted to see full implementation of the Signs of Safety Approach. Increasing experience and skill levels in the workforce was seen as essential to any improvement in working with parents, service standards and consistency. What was required was better access to training and professional development opportunities for staff, particularly in terms of listening and communication, engagement skills and understanding the impact of trauma so that they are able to recognise when parents just do not care or when they disengage because they are despairing.

The ones who have been there longer it seems are the ones people have the problems with. They don't have the communication and the non-judgmental attitude. The new graduates come with their own set of issues but they learn quite quickly. It would be useful to do an across the board communication training. Even just admin staff there, you ring up and some of them are good but some of them I find it very confronting, so how do families find it? There's a lot which can be said for just listening to their story rather than saying, "I've had this call about you, you've been seen using drugs", or, "there's domestic violence." Very often it's the third or fourth generation coming along and that's all their life experience that they know. Just having openness to listen to a story and be willing to engage that person. (NGO worker)



Working with a newborn required very different skills to working with adolescents and yet both could be on an individual child protection worker's caseload.



Some NGO workers saw the skills of the workforce being improved by specialisation. Working with a newborn required very different skills to working with adolescents and yet both could be on an individual child protection worker's caseload. Workers reported that their observation was that having to be a generalist, and for instance, deal with mental health and drug and alcohol issues meant that child protection workers saw 'risks at every turn'. NGO workers suggested that specialist teams or dedicated posts within the child protection service would provide a pool of expertise for both staff and carers around CALD or Aboriginal issues, mental health, family violence or alcohol and drug use. They advocated for more support for the workforce to reduce turnover and the development of protocols to improve the consistency of approach in practice. This would in turn help to iron out cultural differences between regional child protection offices.



These children and families are let down by the lack of ability and skills of the workers appointed in the Department to deal with it. Many of them are not trying to do their worst, many are great. But the level of skill and training for some is obviously deficient and the other side of it is they are often so overworked that even if they do have that skill they are burnt out and their capacity to do it is not there. So there are major questions of inconsistency. (NGO worker)

Parents had a ‘toxic’ view of child protection, especially those where contact was intergenerational, and there were few places they could go to get support without feeling that they were risking child protection intervention.



Overall, NGO workers wanted to see a change in the culture of child protection and a more collaborative approach so that there was more empathy for parents, more positive relationships with all those involved and a more solution-focused, strengths-based approach that listens to families and is not so quick to judge them.

9.3.2 SUPPORT FOR PARENTS

NGO workers wanted to see earlier intervention for families to prevent the escalation of problems, the spiral downwards into crisis, entry into the child protection system and the risk of children being removed. Although this is the role of Gateway and IFSS, NGO workers felt that these services had been ‘tarred by the child protection brush’ and a more preventative approach which was not so frightening for families was required. Parents had a ‘toxic’ view of child protection, especially those where contact was intergenerational, and there were few places they could go to get support without feeling that they were risking child protection intervention. Support needed to be more accessible with a lower threshold for entry, more flexible with time limits and shorter waiting lists.

One suggestion was an effective public relations campaign around the role of the child protection system so that it was no longer perceived as removing children but rather was about supporting families. This should be accompanied by more opportunities for families to admit that they need support and to get assistance without the fear of child protection involvement.

It’s difficult for families to request help from Gateway as they are the eyes and ears of child protection, although they were designed as early intervention. In fact they are the last resort pre-removal and families also find it difficult to get in. Two hours per week for eight weeks is not adequate for these families. We try to rescue them and then we don’t provide any follow up support. We refer them to support agencies but this often results in a talkfest from behind a desk but no practical help for them. (NGO worker)

Child protection recognise that children are best in the family, that alternatives are just as likely to not work. But the consequence of that seems to be just raising the threshold for removing kids rather than going, “well what can we bring to this while the young person remains in the home?” It’s like, that’s shit but there’s no better options, as opposed to, “right, okay, we are not trying to take you away but we need to make this better.” Family support is seriously under-resourced and we know there’s no new money. And the intensive services aren’t intensive. You fight for months to get them into a service and find out that they can see them less than you are anyway. So that pouring in of resources at the point of crisis is not there. Obviously you need a systemic response and a structural response instead of crisis responses or really late intervention in terms of social change. (NGO worker)

Like parents, NGO workers wanted to see more intensive and holistic support available to families. They also reported a need for these family support services to coordinate services so parents were not so overwhelmed and confused by the system, and to be available for parents to remain in contact with over time. They advocated for a range of different models. For many this was about families having either their own worker or a service that is ‘in there’, so that once they enter the child protection system they had a case worker not a case manager to work with them. Some NGO workers wanted to see a state wide dedicated fully-funded family centre offering a ‘one-stop shop’ and an integrated and therapeutic pathway for families in, or at risk of, child protection intervention. The centre

would include a homework centre, psychologist, counsellors, training and facilities for access visits and for family group conferencing as well as a drop-in centre providing support and assistance with reunification.

Others wanted to see residential facilities available, as they pointed out it can take three months just to engage with a family and years to actually make changes. There is currently no residential program for families in Tasmania which can undertake highly intensive work over a long period. Services welcomed the current development by Hobart City Mission of supported accommodation for young mothers. It is anticipated that this will operate 24 hours, seven days a week to assist those who are isolated and disconnected from supportive communities.

It requires intervention services for mental health, alcohol and drugs, poor parenting and these are very resource intensive but there is no alternative as there are no other mechanisms for support and to bring it all together. There are no relatives or neighbours who can perform these roles or the likelihood of them. It requires a heavy investment of formal services and informal as well to build networks of support. It requires specific inputs and an overarching framework. Both of these are missing and there is a disconnect between Child Protection and the rest of family support services. It just doesn't happen. Gateway do resource allocation, assessment, planning but no ownership of ongoing management. Clients are not on someone's case load and there is no case coordination and a failure to find anyone saying "this is my client." Clients with high care needs require resource-intensive responses. We may try to build the capacity of the client but in the short and long term I suspect there is little alternative to in-house intensive support which may take the form of some kind of residential accommodation.

Of course, some of this support is currently available from individual NGO services but it is not consistent across the service sector and it is ad hoc whether a family can find and access it. For example, Pathway Home provides much of this support when parents are on a reunification pathway. Many workers wanted to see this kind of support available earlier, at the time of engagement with the child protection system, and also available to parents, even if they were not heading for reunification, to assist them to adjust and get on with their lives. They also wanted to see it available post-reunification to help families adjust, deal with the challenges and heal past traumas.

There should be a key worker as a hub for the coordination of services who sits with the parents and links into Housing and other services. A case manager should immediately be allocated to the parent for a full assessment and they would then sort out a Centrelink package for them. They are very costly services and time intensive and the outcomes are not necessarily guaranteed but the investment is well worth it. Trying to engage parents in reskilling and retooling is completely under-resourced. But that would be the key to supporting parents if we accept that when kids are in out-of-home care their outcomes can deteriorate. Loading resources into that space and engaging parents if possible to reunite the family would be the key. (NGO worker)

Many workers wanted to see this kind of support available earlier, at the time of engagement with the child protection system, and also available to parents, even if they were not heading for reunification, to assist them to adjust and get on with their lives.



9.3.3 PARTNERSHIPS BETWEEN NGOS AND CHILD PROTECTION

Services wanted opportunities to work more effectively in partnership with the child protection system and make inroads into the 'us and them' mentality. This could involve NGOs attending inter-agency support team meetings and being invited to case conferences, especially prior to removals. They described many missed opportunities in working with families as they 'fell through the cracks' between services. In particular they wanted to see more collaboration over the response to notifications, so that a crisis could be avoided with appropriate intervention and so that decision-making improved. Overall, they sought a much more interactive relationship with information sharing, coordination and collaboration right through the system through schools and child health nurses so that families would never reach the threshold for statutory intervention.

Services wanted opportunities to work more effectively in partnership with the child protection system and make inroads into the 'us and them' mentality.



A change in the power differential might allow for the exchange of information with NGOs and being able to better equip people exposed to these services at an early stage with information about support services that are available in the community. It could be about identifying shared goals. They might have a particular set of goals for a person but that person has identified their own goals with our workers. If it was possible to integrate those you might see greater progress. (NGO worker)

The call for a partnership approach was particularly strong around working with parents who were Aboriginal, who had experienced family violence, who were from a migrant or refugee background and who had an intellectual

disability. Aboriginal organisations wanted to see more active involvement and real collaboration with the child protection system.

It requires a greater awareness of cultural issues and how we see levels of risk and legislation for the power to be consulted about decisions and to be given a more active role. On the mainland when a family is identified as Aboriginal, a local Aboriginal organisation will work closely with the child protection system and there is a higher level of collaboration. Here we are often out of the loop. It's not always done deliberately. But we would like a higher level of trust between us and the Child Protection Service. Placements within the Aboriginal community are in the legislation but it's too broad. When a child is placed with a non-Aboriginal carer they should be required to link into the TAC [Tasmanian Aboriginal Centre] for support about cultural issues but we can be left out of the loop here. (NGO worker, Aboriginal service)

In family violence cases NGO workers wanted to see more coordination between the Child Protection Service, Housing Tasmania and Centrelink cemented by a 'working together agreement'. The key to this collaboration was ensuring that the child protection system, as the holder of information, had mechanisms in place to automatically inform other relevant services about their processes in order to stimulate an appropriate response. This should entail:

- The Child Protection Service operating with a checklist for removals, including early notification to Centrelink when a child changes carers to avoid the build up of overpayments and ensuing debt. This should also result in the immediate allocation of a Centrelink social worker to assist the family.
- Once reunification plans have been made, the Child Protection Service should inform both Housing Tasmania and Centrelink to ensure that relevant payments such as Family Tax Benefit are available as early as possible in the reunification process. Housing Tasmania should be given as much information as possible about timing, the ages of children and their gender to facilitate the allocation of a suitable property.
- Housing Tasmania should explore possibilities for designating stock specifically for reunification purposes.
- Centrelink should explore having a transitional support payment to pay the difference in rent and assist with other costs once children are removed.

For parents with an intellectual disability, services wanted to see a specialist service available which could be accessed throughout their parenting years.

9.3.4 OUT-OF-HOME CARE

Like parents, NGO workers wanted to see a number of improvements to the out-of-home care system. This included more training for foster carers in managing relationships with parents and in managing difficult behaviours among children. They wanted more support workers so parents and children did not have to deal with cancelled access visits and a more proactive approach to access so that it is more purposeful than just babysitting and allowed parents to grow and develop their parenting capacity. Overall, the system required improved and planned access arrangements for parents with children under Orders.

Mirroring the concerns of parents, NGO workers frequently raised the lack of support for adolescents within the system. Firstly, plans for young people leaving the care system were often lacking or too broad to be of any use. Secondly, they commented on the cessation of support at 18 years when other systems (for instance Youth Allowance) are based on the assumption that there is parental responsibility to the age of 25 years. They considered that the State should bear the same level of responsibility as parents and retain parental responsibility up to 25 years. Thirdly, although the state has a statutory duty to protect all children up to the age of 18 years, NGO workers voiced concerns that the child protection system is not meeting the needs of older children (aged 12-18). A number of services described this as the biggest gap in the current service system. Protection and support for this group is characterised by a lack of services and a failure by staff to comprehend their vulnerability.

Child protection have no capacity to work with the 12-15 year olds and this can be quite devastating. If you are looking at someone who is at risk or is actually homeless they have less support in the service system than the over 16s. While we try to bridge that gap it's not the core brief of what we do but there's nothing that really does. The law requires us to make a notification and child protection says "we can't do anything — they're over 12 so we can't act." So the discrepancy between the law and actual practice is difficult for families and for workers to manage. In the community often people think child protection can help with support and come in and rescue where other services can't, and yet the function of child protection

is set up quite differently. It's about assessment of risk and whether a child should stay or not. So that mismatch of perception and reality can be quite difficult for families because they feel like they've been let down. A lot of parents have called child protection in desperation and their experiences are of being brushed off. (NGO worker)

Services wanted to see an urgent review of the support offered by child protection to older children and a reshaping of services to meet their needs.

9.3.5 ADVOCACY AND PARTICIPATION

NGO workers called for easily accessible, independent advocacy and representation for all parents within the system. Some wanted to see a fully funded Family Inclusion Network. Others wanted an independent parent representative.

In an ideal world when a child goes into care there should be a representative from an independent body attached to the family who effectively case manages them. The Act talks clearly about the importance of families being together whenever possible, but it requires someone to undertake this role to actually do that and to make sure of the best outcome possible for the family. We have an adversarial system and this will not change overnight. So when something happens and the same service that was involved in the adversarial system continues to be involved, there is a conflict. You need to then engage with a completely different service that doesn't have any of that baggage but that works to the three main tenets of the Act. Having an independent parental representative would formalise the internal review process when these allegations are made. (NGO worker)

This should be accompanied by Plain English information packs using pictorial approaches detailing child protection processes and the support that might be available to parents, developed in consultation with families. As one worker said, 'We are all expected to have information packs. They need to have one but not necessarily "Welcome to Child Protection"'

In addition, lawyers who participated in the research recommended a number of changes that were required to current legal processes. As well as ensuring there was easily accessible information for parents about processes and an automatic offer of fully funded legal representation, they wanted to see:



- an automatic offer of representation and notification when warrants are issued for removal at birth;
- better training and education for frontline workers and court personnel to ensure they understand a parent's anger and grief and react appropriately to it;
- more options in administering Orders to provide the ability to structure an Order around a treatment plan;
- take child protection proceedings out of the courts as far as possible and put more emphasis on other dispute resolution mechanisms such as family group conferencing;
- training for lawyers and solicitors in working with interpreters or guardians; and
- better communication between counsel and child protection caseworkers and guidelines to accompany it, for example about access issues.

A failure to listen to parents in the system perpetuated intergenerational disadvantage and the only way to address this was to work in partnership with families and with non-government organisations whenever possible to achieve reunification or prevent removal.



9.3.6 THE LEGISLATION

NGO workers varied in their views about the appropriateness of the current legislation. Although all services recognised that there were times when children had to be removed quickly, many also acknowledged that maintaining the family is often in the best interests of the child and that working collaboratively, where that was possible, achieved the best results. They reported that it was often ineffective to separate the child from the family and the child's best

interests were in most circumstances met by helping and supporting the family to function well. Those workers asserted that legislation that is child-centred and family-focused would be a better basis for a more functional service delivery system and they argued for a change to the legislation to ensure that promoting the welfare of the child is seen as broader and within the prism of keeping the family together.

The interpretation of the Act about what their primary focus is, is an issue. They take the first section that what we do is to take the best interests of the child. Their obligation to try and work and keep the child within the family and the reunification is very, very secondary and it only happens if people push it. This is the elephant in the room. What we've argued in terms of contemporary rights, the rights of children are increasingly incorporated but families are not recognised. (NGO worker)

For them the legislation should include decision-making principles to ensure that child protection actively engages with families and children in decision-making and focusses on preserving the family. A failure to listen to parents in the system perpetuated intergenerational disadvantage and the only way to address this was to work in partnership with families and with non-government organisations whenever possible to achieve reunification or prevent removal.

If you are working with families you can't do anything without establishing some kind of relationship, standing with people to address the problems in their lives. You can't separate the wellbeing of the child, you can't do the best interests of the child without the best interests of the family. Probably very occasionally the child should not be considered part of that unit but most of the time that's their family for better or worse and even if they live their life in care they still have family. Those workers really struggle and many really work hard trying to do client-focused practice, but it's not the culture. Professional culture and organisational culture are more powerful than a worker with their ethics. (NGO worker)

There were other workers who felt the pendulum had gone too far and that a belief that children were always better off with their parents than in out-of-home care failed to recognise the positive outcomes for many children in foster and kinship care. They advocated for more and better quality placements for children rather than trying to sustain them in difficult families.

A number of lawyers wanted to see child protection legislation applied across Australia rather than being state-based. This should be administered by one specialist court with experience in children's matters and attached to the Family Court.

9.4 What do child protection workers want?

Although the research gathered the views of 16 child protection workers covering a range of roles and levels of responsibility, this was not a comprehensive look at what staff across the Child Protection Service think. However it can point to some areas where they would like to see improvements in the way in which they work with both families and non-government organisations. They had similar priorities to both parents and workers from NGOs.

- An enhanced ability for family support services to intervene early with those on the fringe of the child protection system with more intensive on-going support using assertive engagement strategies.
- Being able to assist families with intergenerational issues and a cycle of disadvantage and destructive problems. Child protection workers reported that they were regularly working with second or third generation families who had contact with the child protection system. This affected the ability to place children in kinship care. Potentially child protection could have a much more proactive early intervention and preventative role to ensure that those in the care system were able to become effective parents.
- Meeting the support needs of adolescents.
- Better partnership working with families and addressing power imbalances. Ideas for promoting this included giving a file to parents for their own case notes, copies of correspondence, safety plans and appointment dates. This would keep the child protection system to account and show respect to parents by valuing their perspectives.
- Improved access to therapeutic services such as family violence or trauma counselling for children and young people.
- Birth families, carers and child protection workers working in partnership to improve outcomes for children.
- Enhanced mechanisms for more pre-legal intervention which brings stakeholders together to plan a way forward.
- Fewer missed opportunities to promote reunification by ensuring proactive work with families rather than 'babysitting' cases.
- A more accessible and local Child Protection Service including developing shop-front facilities, out of hours services and better environments for supervised access.
- A full commitment from the Department to implementing the Signs of Safety Approach and embedding it into practice.

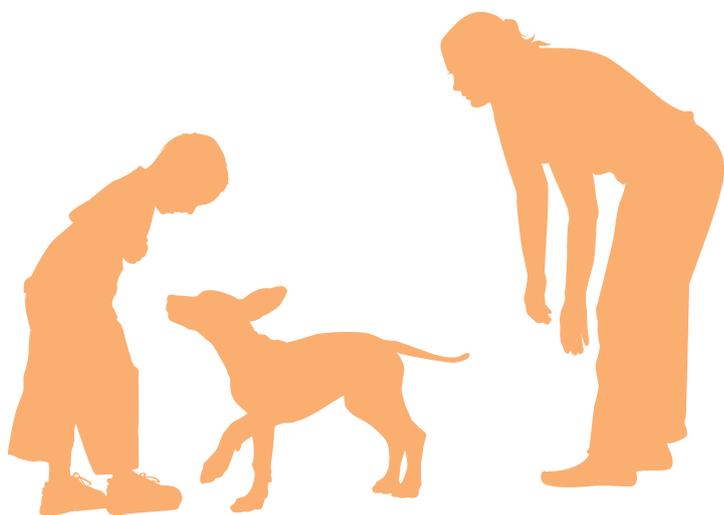
Overall, child protection workers wanted to see a change in perceptions among parents, NGO workers and the public in general about child protection work. As one worker said, negative perceptions are even perpetuated in social work training:

Child protection are there when children have been abused. That is our mandate and I often think that is what people forget. For instance the IFSS workers often over identify with clients. That's a values base they bring with them and it's lovely because people are in this work because they want to nurture and bring about change. But sometimes it becomes counter-productive to helping parents see where they need to make improvements and the very real things they need to do before they have their children returned or not have them removed in the first place. (Child protection worker)

They also wanted more resources to be able to more effectively promote reunification:

If we don't have resources it compromises what we're supposed to be doing. That's around staff time, support worker resources, financial resources to support reunification. If we are wanting to reunify children our Department is supposed to support that through being more creative with access, having time to do more positive things. But if we don't have the resources it compromises what we're supposed to be doing. The legislation says we should reunify children but without resources it's difficult or could be slowed down. (Child protection worker)





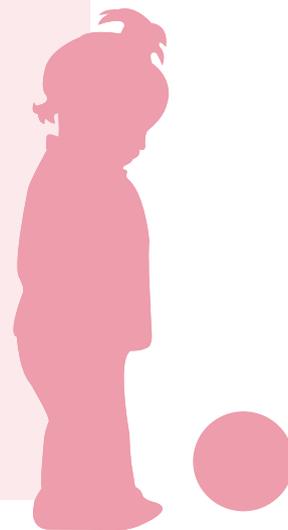


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10.1 Introduction

This research documents what it is like for parents who are involved in the Tasmanian Child Protection Service. It compiles a holistic picture of this experience and describes not only their relationships with the child protection system and their journey through it but also their experiences with the broad range of non-government services who are supporting them along this path. A key focus was to gather the views of parents, and of the organisations they are working with, about the effectiveness of services available to them and how the service system could be better geared to support them to parent their children well.



10.2 Conclusions

What the research found was parents struggling to understand and deal with what was happening to them within a legalistic and adversarial system geared to focussing on the wellbeing of children rather than of families. Despite a rhetoric of partnership with parents and family-orientated practice to keep families together, in reality there were many obstacles to making this happen on the ground, which effectively marginalised parents and reduced the chances of sustaining the family or achieving reunification with their children. This is not to say that there were no examples of good practice. The research describes numerous instances where the service system had worked well and achieved good outcomes for parents and for children. These examples were characterised by the full engagement of parents in the process, a willingness to change behaviours, empathic and non-judgmental support and services working together to meet what are often multiple and complex needs. They provide insights into how parts of the service system are failing families and children and about how policy and service delivery can be improved.

The research does not suggest that children should never be removed from their birth families. All those who participated in the research were clear that there are times when children need to be removed quickly into safe environments for a period of time or until they reach adulthood. However both parents and support services highlighted a series of missed opportunities to work proactively with

families to improve their parenting capacity and reduce risks to children. And this did not just apply to those families where there was a chance of preventing the removal of children or achieving reunification. It also applied to those who had lost guardianship but who nevertheless still considered themselves to be parents and wanted to have positive relationships with their children. This group remains invisible within the service system and despite their vulnerability and the grief and trauma they endure there is little recognition of their needs or support to meet them. Overall, what is missing is the strategic thinking about how best to combine the energies and skills of a multitude of services across numerous sectors to support families as they move through the child protection system.

Tasmania is not unique in facing these issues. What is striking, and what the literature review has revealed, is the global nature of parents' experiences in child protection systems and the range of responses to meeting their needs. A review of models of support for parents in child protection systems (Ivec 2013) accompanies this report. Many of the research findings will not be new to those involved in developing and implementing policy and delivering services on the ground. The current work of the Cabinet Sub-Committee, which is overseeing a whole-of-government response to the recommendations from the Parliamentary Inquiry (Parliament of Tasmania 2011), is exploring ways to increase resourcing and the intensity of support available to families. It is also exploring ways to foster collaboration

between sectors and better equip families to deal with their contact with the child protection system. However, what the research does do is bring into sharp relief the severe and lasting impact on entire families of not getting it right and hence the urgency with which these issues should be addressed. It also emphasises the value of parents' voices and the way in which they are able to translate their experiences into practical and positive suggestions for change.

10.3 Recommendations

The following recommendations have emerged from the research and are heavily influenced by the views and expertise of parents and front line

providers of support services — people who are closely involved with the child protection system in Tasmania and who have extensive experience of it.

A number of these recommendations are the subject of the Tasmanian Government's current reform agenda. These include investment in family support systems, strengthening collaboration between agencies, improving the legislative framework, reforming out-of-home care, ensuring transparency and accountability and skilling up the child protection workforce. This research adds an urgency to reforms by highlighting the implications for families and for children of not getting it right.

10.3.1 IMPROVING SERVICE STANDARDS

The research showed clearly how parents feel poorly treated by the system. Although working in partnership with families to ensure the safety of children is a key element of the current legislation, in reality opportunities for collaboration are often not utilised and parents are marginalised. Fundamental to this is poor communication between families and child protection workers which results in a lack of trust between both parties and a significant impact on parents' willingness to engage with the system and address concerns about their parenting. What is required is a profound shift in practice and approach to provide a quality service which provides care, support and participation for both children and their families as along with removing children from immediate danger when this is required. It requires an increased emphasis on collaborative processes to solve family problems and the earlier engagement of families in decision making so that they can become instrumental in solving their own problems.

Comprehensive implementation of the Signs of Safety Approach across the child protection system will have a significant positive impact on parents' experience of the service. The Sanctuary Model also has the potential to radically change the way in which the child protection system responds to parents. These initiatives should be accompanied by changes which can systemically empower parents within the system.

RECOMMENDATION 1:

That the State Government/Child Protection Service incorporate the following as part of standard practice:

- Clear, accountable and transparent decision making processes that involve parents from the very beginning of their contact with the child protection system or prior to it;
- Clarity about goals and timescales;
- Recognition of the parental responsibilities of men and their inclusion in decision making about their children;
- A culture that offers choices, hope and empathy and treats people with respect; and
- Recognition of the importance of relationships between individual child protection workers and parents for positive outcomes. This requires the building of communication and engagement skills across the workforce and promoting consistency in practice.

RECOMMENDATION 2:

That the State Government ensure the full involvement of families in making decisions about the safety and wellbeing of their children from the beginning of their contact with the Child Protection Service.

10

10.3.2 PROVIDING SUPPORT

The research identified a big demand from parents and from NGOs for earlier intervention and support that would assist families to address their problems and stay together prior to any contact with the child protection system. It also pointed to a lack of capacity in the current family support service system to provide the level of intensive support required to deal with complex and often multi-generational issues. In particular mandatory reporting, the association of Gateway with the Child Protection Service and the current inability to respond speedily to lower level need all act as barriers to families in seeking and obtaining help.

In addition the research clearly showed that once families are in contact with the child protection system they are not adequately supported and nurtured to address their problems. Instead what they find is pressure to change behaviours without the necessary support, and increasing vulnerabilities that can lead to poorer outcomes in the longer term for both themselves and their children, including continued cycles of abuse and neglect. What they need is coordinated support from the point of engagement with child protection through the trauma of removal to after either reunification or loss of guardianship. There is a large gap in services that are able to address the longer term needs of those who have lost their children and who then become very invisible within the service system.

To date resource constraints have meant that only basic programs can be implemented and not the supports that are really needed to tackle the root causes of abuse and neglect across generations. Addressing these issues will inevitably require financial investment and there are no 'quick fixes'. As one parent said:

If they are going to spend so much money on children in care why aren't they spending that money on parents, if they are worth it.... if they have a sense of the realness and reality of their dysfunctional life and want to change....why not give them a chance?

Parents wanted to see a shift from blaming them to supporting them to change and that recognises and appreciates their attempts to do so in a supportive and non-judgmental way. The new reunification program, Pathway Home, is highly valued by parents but many families do not get access to it and are unaware of its existence. There are numerous models of

intensive family support including key worker models, 'wrap around' services and residential models, which can reskill and equip families to effectively parent their children. A more strategic approach is required with intensive coordination across sectors as an essential ingredient.

Parents with intellectual disability are particularly poorly served by the service system and its current shortfalls hit them especially hard. In particular the lack of consistent support for parenting over a long period of time is a big gap in the service system.

RECOMMENDATION 3:

That the State Government invest in the provision of intensive support for families at risk of entering, or already within, the child protection system.

RECOMMENDATION 4:

That the Child Protection Service ensure that a care/support plan for families (as well as for children) in the system is developed as a matter of course. The plan should have clear goals and targets which are regularly reviewed.

RECOMMENDATION 5:

That the State Government explore ways of providing easily accessible support for families in crisis or pre-crisis that are not overshadowed by the fear of child protection involvement.

RECOMMENDATION 6:

That the State Government review long term support mechanisms for parents with a disability.

10.3.3 SERVICES WORKING TOGETHER

Most research about service systems will recommend better collaboration and partnership between services for a more coordinated and hence effective response to needs. This is not necessarily easy to achieve. However this research showed that a lack of collaborative working was having a significant impact on families and their progress through the child protection system and was in many cases making them more vulnerable. This is clearly demonstrated in the alcohol and drug field with shortfalls in help available to prevent relapse and in the increased risks families face to their accommodation and financial circumstances once children are removed. In particular a failure to draw on the expertise of workers in NGOs has a negative impact on the quality of decision making about families.

At a broad level the recent partnership agreement between the DHHS, DPAC and the community sector (Tasmanian Government 2012) promotes the importance of collaborative working across sectors and provides a framework of shared values and principles. In addition ways of working with children and families in adult-focused services are being trialed in Tasmania in the Communities for Children program. On the ground collaboration would be greatly enhanced by having a key worker system for families so there is one point for communication across a range of services and sectors. The employment of dedicated or specialist workers within the Child Protection Service would also ensure a better understanding of a range of key issues and act as a resource both to staff and carers.



RECOMMENDATION 7:

That the Child Protection Service acknowledge the contribution and expertise of NGO support services and proactively build good working relationships to ensure a holistic picture of family circumstances and promote better decision making.

RECOMMENDATION 8:

That the Child Protection Service invest in specialist posts to foster working relationships with external agencies and stake holders and raise awareness of issues affecting particular cohorts of parents. These might include Aboriginal parents, parents from culturally and linguistically diverse backgrounds, and parents with mental health and/or drug and alcohol issues.

RECOMMENDATION 9:

That the State and Commonwealth Governments ensure the development of a coordinated approach between Child Protection, Housing Tasmania and Centrelink to reduce the severe financial impact and risk to housing for families of contact with the child protection system and reunification processes.

RECOMMENDATION 10:

That the State Government promote awareness raising in adult services about the experiences of parents within the child protection system and its implications for outcomes for their services.

10.3.4 OUT-OF-HOME CARE

Promoting partnerships and collaborative working also applies to those families who have children in the out of home care system. The research pointed to the need for better working relationships between child protection workers, carers and birth families in order to meet the best interests of children. Currently these relationships, rather than forming a strong team around the child in the out-of-home care system, are often fraught with tensions, secretive and in some cases actively discouraged by the Child Protection Service. In addition the expertise of parents and their knowledge about their children's needs or their concerns about what is happening to their children in the care system may be dismissed. Encouraging these partnerships may involve the building of positive relationships and training foster and kinship carers in how to best relate to birth families.

Parents emphasised the importance of maintaining relationships with their children whether or not they were involved in their day-to-day-care or on a reunification path. To this end they wanted to see a more proactive approach to access arrangements to sustain these relationships and to use them as opportunities for working with parents to improve their parenting capacity in a supportive and non-judgmental way. This approach is not helped by a scarcity of resources that has resulted in the Department facing difficulties even in meeting access arrangements that have been ordered by the court. The cancellation of access visits due to a lack of support workers and drivers has had a negative impact on both parents and children and on their ability to sustain good relationships and attachment.

Better quality out-of-home care provision was a top priority for many parents who felt that the current system was little better than a neglectful parent. As well as ensuring the safety of children the system should also meet their therapeutic needs and deal proactively with the trauma that they had experienced. They were particularly concerned about the lack of services and of intervention for young people who are putting themselves at risk. These young people may be either in the out-of-home care system or in the process of being reunified with their birth families.

RECOMMENDATION 11:

That the Child Protection Service pursue mechanisms to encourage partnership working between birth families, carers and child protection workers for the best interests of children.

RECOMMENDATION 12:

That the Child Protection Service be adequately resourced to promptly assess and meet the therapeutic needs of children and young people in the out-of-home care system.

RECOMMENDATION 13:

That the State Government review the service system in order to reshape it to better meet the needs of adolescents who are putting themselves at risk.

RECOMMENDATION 14:

That the Child Protection Service proactively utilise opportunities during access arrangements to improve parenting capacity and encourage positive attachment between parents and children.

RECOMMENDATION 15:

That the Child Protection Service be resourced to meet its obligations to facilitate access arrangements as ordered by the Court.



10.3.5 ADVOCACY, REPRESENTATION AND PARTICIPATION

In order to be able to make choices about the future of their family and to fully participate in decision making processes, parents need information about child protection processes, decision making mechanisms, the choices that are available, their rights, the rights of their children and what support is available to them. This is an essential part of any empowerment of parents within the system. Information should be delivered both verbally and in written form including plain English versions. Better informing parents and ensuring they are involved in early decision making will reduce the numbers of families who experience court processes. Those who do go to court need good access to both affordable legal representation and to advocacy that can work alongside legal representatives to explain processes. Advocacy was also highly valued by parents in their dealings with child protection more generally and both parties found skilled advocacy could lubricate communication, ensure that child protection services and parents understood each other and allow parents to voice their views.

Parents who participated in the research were able to translate their experiences into suggestions for changes to the design and delivery of child protection and support services. Their expertise is vital in order to develop a service structure that effectively meets their needs. This requires on-going consumer engagement mechanisms that can tap into this rich vein of information when developing policy frameworks and services.

RECOMMENDATION 16:

That the Child Protection Service review both the written and verbal information available to parents and the points at which it is disseminated to ensure it is easily accessible and understandable. This should be done in consultation with parents.

RECOMMENDATION 17:

That the State Government ensure an entitlement to legal representation for parents involved in Care and Protection proceedings.

RECOMMENDATION 18:

That the State Government ensure access to free, expert independent advocacy for parents and acknowledge its place within the Child Protection Service.

RECOMMENDATION 19:

That the Department establish a consumer engagement strategy to ensure the ongoing participation of parents with experience of the Child Protection Service in making decisions about the design and delivery of services.

10.3.6 LEGISLATION

The research clearly demonstrated that there is a need to amend the current Act to promote a more child-centered and family-orientated child protection system where families can work in partnership with the child protection system to make decisions about the safety of their children and receive support to address the factors that put their children at risk. A key element of any amendments to the Act should be about removing the resolution of child protection issues from the courts as far as possible.

In order to promote a child-centered approach whilst seeing the child's best interests in the broader context of supporting the family to function well and in keeping the family together, the following reforms to the *Children Young Persons and their Families Act 1997 (Tas)* are recommended:

RECOMMENDATION 20:

That the Object of the Children Young Persons and their Families Act 1997 (Tas) 'to provide for the care and protection of children' be changed to 'to ensure the best interests of the child'.

RECOMMENDATION 21:

That Supervision Orders be promoted by the Act to provide further opportunities to work with families to address concerns without removing children.

RECOMMENDATION 22:

That the Act provide a framework for ensuring that families are involved early on in decision-making and that opportunities for resolving problems without having to go to court are maximised.



Part 11: How we researched the experiences of parents



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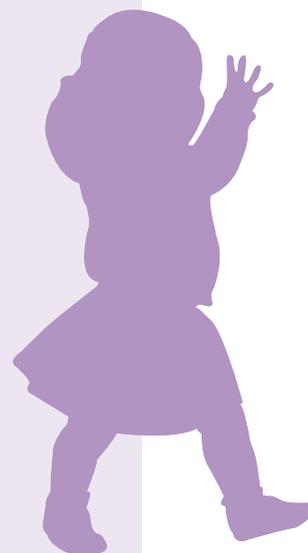


11.1 Introduction to the research

For some time it has been recognised that parents, and hence their children, are poorly served by the child protection system. In Tasmania this has been highlighted by a number of recent reviews and by anecdotal evidence from NGOs who are working to support them. The most recent Inquiry (Parliament of Tasmania 2011) described a system under pressure, struggling to cope with the needs of families and children. It showed how contact with the system can leave parents unsupported, marginalised and confused with little knowledge of their rights or support to promote the chances of reunification. This is not a situation unique to Tasmania; globally child protection systems have difficulties in achieving a satisfactory balance between protecting children and supporting families to parent effectively.

The research was designed to respond to these concerns by documenting the experiences of parents within the child protection system and their views about how to improve the design and delivery of services. It focuses on the way in which child protection services are regarded by those who are most involved and often the least likely to be heard — parents, frontline support services and child protection workers. The research is framed by the principle of partnership working between the Government, NGOs and families as expressed in the *Children, Young Persons and Their Families Act 1997* (Tas). To this end it explores the challenges for families, NGOs and the child protection system to work in partnership to protect children.

This investigation is timely, as despite an increasing trend towards public participation in welfare services some of the most marginalised and those perceived as the most problematic, including families in the child protection system, have been the least likely to be involved in participatory processes, decisions about interventions, service systems and policy frameworks (Arney & Scott 2010). The experiences of these parents remain a world little known beyond the families themselves and the small network of services that work with them. The absence of their voices is an indication of the profound social marginalisation they experience.



11.1.1 AIMS OF THE RESEARCH

This research aimed to document the experiences of parents in contact with Tasmania's Child Protection Service and the experiences of other services that work with them to provide support. It identifies the challenges for families and for services in providing a safe environment for children and collates the views of parents and frontline workers about how to best support families to ensure they do not become more vulnerable due to their contact with the system. In particular the research aimed to:

- map the current policy frameworks and support services available to parents in contact with the child protection system;
- document the experiences of parents and their preferences about support that will make a difference to their capacity to protect their children;
- explore the perceptions of support services about what supports or hinders them in their work with families;
- identify the options and challenges for creating cost-effective models of support for families with multiple needs; and
- formulate recommendations for improving the experiences of parents in contact with child protection services.

The research was carried out by the Social Action and Research Centre (SARC) at Anglicare Tasmania over a ten-month period from April 2012 to January 2013.

11.1.2 RESEARCH METHODS

The research used qualitative methods and entailed:

- **A review of the literature** about parents' experiences of child protection systems;
- **In-depth interviews with 20 families** about their experiences of the Tasmanian Child Protection Service and preferences for service delivery. Potential interviewees were contacted through a broad range of services run by NGOs and were invited to participate if they fitted the following criteria:
 - had been in contact with Tasmania's Child Protection Service within the previous four years;
 - where concerns have been sufficient to warrant an investigation and where

there had been direct contact with child protection workers;

- were aged over 18 years;
- were from low income households in receipt of a Health Care Card or Pension Concession Card; and
- had a level of stability in their circumstances.

Recruitment into the research was assisted by the positive relationships clients have with these non-government organisations.

- **Six focus groups** across the state involving a further 27 parents who fitted the above criteria. Discussions focused on what changes participants would like to see to the service system. The focus groups provided an opportunity to bring together particular cohorts of parents within the system to share experiences. These included parents with an intellectual disability, Aboriginal parents and parents experiencing homelessness and parents experiencing family violence.
- **Interviews with 147 workers** based in 58 different NGO teams across the state representing 40 different support services. Interviews were conducted with individuals and with teams both face-to-face and on the telephone and involved services across the sectors — in family support, mental health, alcohol and other drug, housing and homelessness, family violence, counselling, disability and advocacy services. Interviews provided a secondary commentary on the kinds of experiences parents were having within the child protection system and the impact it was having on them. They focused on the interactions between different service sectors on the ground and how a client's contact with child protection can impact on service outcomes in non-government agencies. This enabled the research to not only paint a picture of the current situation but also focus on what is helpful, the gaps in the service system and how to improve coordination and collaboration between services to better meet the needs of parents, families and children.
- **Interviews with five lawyers** with experience of representing both parents and the child protection system in the court.
- **Two focus groups with child protection workers**, one each in the South and the North of the state. The 16 participants were spread across intake, response,

case management and out-of-home care teams and included support workers, child protection workers, managers and supervisors. Discussions targeted the realities and challenges of partnership working between the child protection system, families and non-government services.

- **Mapping current policy and service initiatives** to support families in contact with the child protection system. This was undertaken by collating relevant documentation and through conversations with key informants in government and non-government services about policy and service initiatives in this area.

In-depth interviews with families lasted up to one and a half hours. They captured the range and diversity of experiences by providing an opportunity for people to ‘tell their story’. Focus groups with parents lasted for two hours. They built on the information gathered through in-depth interviews and began to quantify the kinds of experiences parents were having within the system. In addition they enabled the research to move away from individual stories to providing an opportunity for parents to use their expertise to develop solutions to the problems they had experienced.

In conducting the research there was a high level of awareness of the potential practical and emotional implications for parents of telling their story or participating in a focus group. In order to ensure that people felt safe to take part and that their confidentiality would be protected the following protocols were built into the research process:

- participants were able to bring a support person to the interview or focus group if they wished;
- in-depth interviews were conducted at a time and place that was comfortable for the interviewee and negotiated with regard to individual safety and confidentiality. Most in-depth interviews were conducted in the respondent’s own home. Focus groups took place on NGO premises;
- all interviews and focus groups were recorded and transcribed;
- all participants were reimbursed for their time and for any travel, child care or other expenses involved in participating in the research;

- participants were able to withdraw from the research at any time without it having any impact on their access to services; and
- the researcher was able to refer participants to support services if that was required. NGO staff who mediated the original contact agreed to provide post-interview support and additional resources were made available through Anglicare to support this process if necessary.

All participants received an information sheet about the research and were asked to sign a consent form. There was one exception to the confidentiality norm. The researcher, as a mandatory reporter, was obliged to act on any information emerging during interviews that suggested that children were at risk of actual or potential harm. It was also made clear to interviewees that participation in the research did not provide an opportunity to further their quest for a resolution of issues they might have with child protection services and did not have any bearing on their own individual situation.

Quotes from interviews, focus groups and discussions with NGO workers have been used throughout the report to illuminate experiences and perspectives. However all names and identifying details have been changed to protect peoples’ privacy.

11.1.3 PROFILE OF THE RESEARCH PARTICIPANTS

Through in-depth interviews and focus groups the research explored the experiences of 44 parents and three grandparents acting as primary carers who had had contact with the child protection system in the previous four years. Although the research participant was usually the mother, the sample included ten men and nine couples. The involvement of couples means that the research is based on the experiences of 38 households located across the state with six in the North West, seven in the North and 25 in the South.

These were large families and the majority of households (94%) had two or more children. Between them they had 139 children aged from 0 to 18 years with almost one-third aged six to ten years (see Table 1). A quarter of the sample had three children and a further quarter had five children. There were three households that had seven children each. Two of the women were pregnant at the time of interview.

Households were at various stages in their pathway through the child protection system but were heavily skewed towards those whose children had been removed from their custody, either temporarily or permanently (see Table 2). Of course the majority of notifications to child protection (85%) result in closure without any investigation but possibly diversion to family support services. Parents in these circumstances may or may not be aware that they have been brought to the attention of child protection services. Once cases are investigated two-thirds result in substantiations of abuse or neglect and approximately two-thirds again of these will go on to care and protection orders and possibly removal from their birth families. Our sample did not include any households that had been subject to investigation but where allegations remained unsubstantiated, or any households where allegations were substantiated and child protection interventions may have prevented a progression on to the removal of children. Although this is where many of the successes of child protection services in keeping families together may be located, it is here that it is particularly difficult to recruit research participants — either because they are satisfied with the child protection interventions they

are experiencing or because they are fearful of ‘rocking the boat’ in situations where there is the threat of removal of children.

The research was able to fill this gap through the commentary of NGO staff about the experiences of parents they were working with. What this commentary suggests is that there is indeed much positive work with families to keep them intact. However it also suggests that parents subject to investigations and interventions intended to sustain the family experienced many of the same difficulties with the child protection system as parents who had experienced removal — including difficulties in understanding the system, difficulties with communication and the emotional trauma of a child protection intervention.

The 139 children in the sample were living in a variety of circumstances and these were complex situations. Some families might have three children on 18-year Care and Protection Orders but a new baby living with them. Others had children both in foster and kinship care and with adolescents drifting back into their care. They may have been involved in formal reunification processes with some but not all

Table 1: Ages of children

Age	Number	Percentage %
Under 1 year	11	8
12 months to 5 years	39	28
6 to 10 years	43	31
11 to 13 years	20	14
14 plus	26	19
Total	139	100

Table 2: Current stage in child protection process

Stage in Process	Number	Percentage %
Children on 12-months Care and Protection Orders	11	29
Children on 18-year Orders	9	24
Engaged in formal reunification process	6	16
Reunified with some children but with other children on Orders	6	16
Reunified with all children	3	7
Asking child protection for assistance	3	7
Total	38	100



of their children. Almost half the children were living in foster care (see Table 3).

How far was the sample representative of families in the child protection system? Risk factors for child protection intervention include being a single parent household, having a mental illness, using drugs or alcohol and being involved in family violence. They also include being Aboriginal, having an intellectual disability, low educational achievement and being a teenage parent. Detailed personal information was collected for those 20 households who participated in an in-depth interview and the risk factors they demonstrated are detailed in the table below (see Table 4). It shows that the sample reflects what is known about the population of families in contact with the child protection system in Tasmania (see section 11.2.3).

Although five of the 47 parents in the sample did identify as having an intellectual disability, the actual number included in the research was probably higher. Almost one-third (32%) of the sample identified as Aboriginal. In addition there were also mothers who said that although

they themselves were not Aboriginal, their children were.

The economic circumstances of households varied but most had no one in employment. In the nine households where there was someone in work, only two cases were of full-time work. The rest were employed in part-time and casual positions. Four people described themselves as studying. Overall, there were low levels of educational achievement. Of the 47 parents interviewed, over half (55%) had left school in Year 10 or earlier. Twelve parents had completed Year 12 and a further five had obtained vocational certificates. Four parents had trade qualifications, diplomas or degrees.

What was striking in the sample was the extent of inter-generational disadvantage. Parents were asked whether they had been in out-of-home care themselves and whether as children they had experienced homelessness, parental alcohol or drug use, mental illness or family violence. Over half (51%) had experienced family violence and abuse as children and a third (32%) had been in out-of-home care (see Table 5).

Table 3: Location of children

Location	Number	Percentage %
Foster care	60	43
Living with birth parents	37	27
Kinship care	33	24
Other*	9	6
Total	139	100

*Note: Other refers to a variety of situations including living informally with their father or mother's ex-partner.

Table 4: Risk factors for involvement in child protection services

Risk Factor	Number of Households in Sample	Percentage %
Family violence	12	60
Maternal mental health issues	10	50
Alcohol and drug issues	9	45
Single parent*	8	40
Aboriginal	7	35
Young/teen mother	5	25
Total	20	-

*Note: It was difficult to ascertain the number of single parent households. There were women bringing up children by themselves but there were also step-families, blended and re-partnered families in the sample. These figures reflect those households that considered themselves to be single parents.

As well as talking to parents, the research interviewed NGO support services working with them. Information was collected from 58 teams, spread across the state and across sectors (see Table 6).

11.1.4 LIMITATIONS OF THE RESEARCH

This was a qualitative piece of work based on interviews with a small number of families alongside commentary from the staff from NGOs who work with them. This has imposed some limitations on the research and its findings.

First, parents were recruited into the research using purposive sampling. This meant that the sample was selected in a systematic way based on what is known about parents in the child protection system and the purpose of the study. The aim was for the sample to reflect, at least in key ways, characteristics of the target population, the whole population of people involved in the child protection system. Emphasis was placed on including

people who were using a diversity of different services and on parents with a range of ages, family composition, cultural identity and key risk factors for entry into the child protection system. However it is acknowledged that purposive sampling means that the study cannot claim to be truly representative of all parents in the child protection system.

Second, many NGO workers can provide anecdotal information about ‘horror stories’ or the extreme difficulties parents encounter in their contact with child protection services. Extreme situations can tell us important things about the service system but for the purposes of this research we wished to capture the ‘average’ or ‘common’ experience of parents and to ensure the research allowed an exploration of both positive and negative experiences of the service system. To this end NGO workers were asked to approach those who they considered to be ‘typical’ clients who met the selection criteria. This has meant that:

- parents with no support from NGO services and whose only contact with the service system is through child protection services

Table 5: Intergenerational disadvantage

Nature of Disadvantage	Number	Percentage
Family violence and abuse	24	51
Living in out-of-home care	15	32
Parental alcohol and drug use	11	23
Homelessness	7	15
Parental mental illness	6	13
None of these factors	13	28

Table 6: NGO teams by sector and region

Sector	South	North	North-West	Total
Family support	3	8	6	17
Housing/homelessness	6	5	3	14
Mental health	4	2	2	8
Alcohol and drugs	1	2	1	4
Advocacy	2	1	1	4
Counselling	1	2	1	4
Family violence	2	0	0	2
Aboriginal	1	1	0	2
Financial counselling	0	1	1	2
Disability	1	0	0	1
Total	23	20	15	58

were excluded. These parents may have particular experiences, needs and wants that are not reflected in the outcomes of this research;

- there is potential for NGO providers to recruit only those parents who are likely to provide a positive account of their own service; and
- parents most willing to participate are likely to be those who have had less satisfactory experiences, including having children removed, and who feel confident about articulating them.

Overall, those who came forward to participate in the research may not necessarily represent the norm. However advertising publicly for participants would have meant that the entire sample would be self-selected with the risk of skewing the research further.

Third, given the unique nature of each individual's situation, it was not always relevant to ask the same questions of each person. Interviews and focus groups therefore used an open and semi-structured interview schedule to capture this diversity. This meant that participants focused primarily on aspects of services that were most meaningful for them. If there were issues that they failed to mention it cannot be assumed that they experienced them more positively or negatively than any other interviewees.

Fourth, current reforms, policies and practice for families with complex needs are in a state of transformation. Many initiatives, although underway, are unproven. It is anticipated that given these circumstances the research will provide a commentary on an evolving system, identify gaps in services and draw some conclusions about how to improve support services as they develop.

Lastly, this research has not been able to look in any detail at the difficulties facing children with disabilities or parents with disabilities and their interactions with the child protection system. Neither did the research sample include any parents from CALD populations. These are complex areas and additional targeted research is required to explore them in depth. Nevertheless where these issues have arisen they have been documented in the research findings.

11.2 Background

This section frames the research by outlining the challenges common to child protection systems internationally, nationally and in Tasmania. It provides an overview of Tasmania's Child Protection Service, its size and scope and summarises the findings from other research about parents' experiences of child protection systems.

11.2.1 PROTECTING CHILDREN: NATIONAL TRENDS

Across Australia statutory child protection services are the responsibility of individual jurisdictions and are one component in a complex web of child and family services at primary, secondary and tertiary levels of protection. This means that Australia has eight different child protection and family support systems. These vary in terms of policy and practice, the relationships between family support and statutory intervention, access and eligibility for different kinds of services and the mix of government and non-government providers. All jurisdictions however face a common set of challenges and all are undergoing major shifts in the way services are delivered (Bromfield & Arney 2008; McArthur & Thompson 2011).

Two major trends dominate. Firstly, there has been an apparent increase in demand with notifications of suspected child abuse and neglect continuing to rise, combined with high re-notification and substantiation rates. This has resulted in an overburdened tertiary child protection system, large numbers of children and young people entering out-of-home care and children staying longer in care. Child protection systems struggle to meet these demands with a shortage of foster carers and of skilled child protection workers combined with escalating costs. Secondly, policy making, in seeking to address these issues, has lurched from crisis to crisis often led by public and media outrage and blame about child abuse tragedies (Healy 2010). Concerns that the pendulum has swung too far towards preserving families at the expense of compromising children's safety has resulted in bureaucratic regulation, a legalistic approach and risk minimisation strategies. This has led to increases in investigations and removals and a move away from supportive services and family preservation that has marginalised parents.

Child protection straddles two worlds. On the one hand social work emphasises empowerment, strengths based learning, trust

building and support. On the other hand is law enforcement, focussed on collecting evidence, applying rules and the administration of the law. The result is tension about how to help and respect families while at the same time protect children. The key is about finding the right balance between a 'soft' supportive approach and a 'tough' interventionist approach (Ivec et al. 2012). The first approach has led to child deaths and the second to children being removed from families capable of providing adequate parenting. Child protection services across the world struggle to resolve these tensions.

Against this tension is a growing awareness that many child protection referrals are about parents not coping and needing advice and guidance. Families are not necessarily abusive but are the victims of more generic and complex problems like poverty, inadequate housing, trauma, illness and stress, which require support and a need to distinguish between child protection problems and welfare concerns. Generally children do not do well in out-of-home care and there is an increasing acceptance that in most circumstances the best interests of the child are met by helping and supporting the family to function well.

Complex problems need integrated solutions and joined-up service systems to prevent problems from escalating and to ensure that families only enter the child protection system as a last resort (Arney & Scott 2010). This has led to an explosion of interest in how to effectively impact on the functioning of families in order to improve outcomes for children. What is indicated is a need to intervene early before situations escalate and to maintain a better balance between tertiary child protection and secondary community-based family support services.

Across child protection systems there is a push to provide support that strengthens the capacity of families to parent. Alongside this is the development of evidence-based policy and practice rather than a reliance on a myriad of largely unstudied assumptions, so that service provision is driven by what works and avoids extreme policy shifts. Today the very best practice points to helping families before problems occur and finding solutions to problems with their participation.

Child abuse and neglect has been described by sociologists as a 'wicked' problem where despite public concern, finance and over three decades of attempts globally there is a perceived lack of progress in reducing its incidence

and improving outcomes for children. 'Tame' problems are well defined and have solutions that can be objectively evaluated. 'Wicked' problems are characterised by disagreements over both their nature and the solutions (Devaney & Spratt 2009). Every wicked problem is a symptom of another problem.

In the case of child abuse and neglect the majority of children in the child protection system are there due to a complex interplay of adult problems that impact on parenting. These include alcohol and other drugs, mental ill health and family violence. For some commentators the conceptualisation of child abuse and neglect is flawed. They argue that a focus on important but short term outcomes like the child's immediate safety primarily reflects the outputs of child protection systems rather than the outcomes for children. If child abuse and neglect was seen as a 'wicked' complex problem there would be a recognition that one problem just reveals another more complex problem and that quick fixes are unlikely to be successful in the longer term. The focus should be on outcomes that meet children's and families' needs in the long term, not the needs of the system.

The key initiative at a federal level to address these issues is the **National Framework for Protecting Children** (COAG 2009), and a second three-year action plan associated with the Framework has recently been announced. This outlines a comprehensive national approach to protecting children. It recognises that despite significant investment in family support and child protection across jurisdictions many children and young people are failed by the system. It sees the protection of children as a public health issue going well beyond statutory child protection, so that it becomes a collective, community responsibility. It lists numerous actions to reduce abuse and neglect with a national priority being joined-up service delivery and a more coordinated response to the needs of families. It prioritises having universal support available to all families, prevention and

In the case of child abuse and neglect the majority of children in the child protection system are there due to a complex interplay of adult problems that impact on parenting.



early intervention services for those who require them and tertiary child protection services as a last resort. It includes a detailed strategy for Australian governments to work in partnership with NGOs and with adult services that work with parents such as mental health and drug and alcohol services to improve responses to complex needs.

The National Framework has been accompanied by the development of a **national research agenda** (FaHCSIA 2011). Alongside a broad range of issues this has raised questions about how to better protect families in contact with child protection from becoming more vulnerable, including the possible trauma associated with investigations conducted on children. A further research priority is vulnerable families' perceptions, experiences and preferences for services.

Across the welfare sector there is now a stronger focus on consumer engagement and the need to listen to what those affected by issues are saying about their situation. This is accompanied by recovery movements pushing towards more holistic approaches and with a focus on strengths-based approaches, building resilience and empowering people to participate in decision-making. This emphasis has yet to impact on families with complex needs and to become a reality for parents caught in child protection systems. However there is a growing recognition that an increased understanding of parents' experiences can lead to more effective service provision.

11.2.2 CHILD PROTECTION IN TASMANIA

The *Children, Young Persons and Their Families Act 1997* (Tas) came into effect on 1 July 2000 and provides the framework for Tasmania's Child Protection Service. It makes provisions for securing the welfare of children who are considered to be 'at risk of child abuse or neglect'. The Act sets out the legal framework and the responsibilities of government, non-government services, the wider community and families in relation to the care and protection of children. It provides the legal mandate for the statutory Child Protection Service located in the Department of Health and Human Services (DHHS) to receive and assess notifications where people are concerned about children's safety.

The Object of the Act is 'to provide for the care and protection of children in a manner that maximises a child's opportunity to grow up in a safe and stable environment and to reach his or

her full potential.' This Object is supported by a set of Principles that guide how the Act is to be carried out in practice. These include:

- the importance of strengthening and supporting families in their primary responsibility for the care and protection of children;
- the importance of the community in helping this to happen;
- the involvement of families, neighbourhoods, government and non-government services working together to build a child-safe community;
- the involvement of the Aboriginal community in assisting Aboriginal children and families; and
- the use of legal Orders as a last resort.

In addition there is a series of general principles, which require that all clients should be treated with respect and dignity and that they have a right to be consulted about decisions that are being made about them. They have a right to information about them and to information on Departmental policies and procedures that is sufficient to enable them to fully participate in any proceedings under the Act. The Act encourages collaborative approaches, and it enshrines the notion of partnership working with both families and non-government organisations where the Minister 'must seek to promote and assist in the development of a partnership approach between the Government, local government, non-Government agencies and families in taking responsibility for and dealing with the problem of child abuse and neglect'. These principles are reinforced in the Vision Statement for Child Protection Services and in the Practice Framework that guides work practice within the service.

However a number of shortfalls have been identified in the ability of the Tasmanian Child Protection Service to work in partnership with families and with NGOs. Like other jurisdictions in Australia Tasmania has seen a series of reviews of the child protection system. Thirteen reports and over 600 recommendations have been released since 2005. The most recent Parliamentary Inquiry (Parliament of Tasmania 2011) described a child protection system under pressure, struggling to cope and failing children and families. In relation to the experiences of families within the system it reported:

- families often feeling hostile, angry, alienated, excluded and without a voice and that mechanisms available to provide that voice are not always being used;
- a culture within child protection services that is defensive, risk averse and secretive in its dealings with families, foster carers and other stakeholders. This results in an intimidating experience for those who interact with the system;
- a failure to recognise the family unit as the primary construct binding communities; and
- a considerable under-resourcing of support for families and children from the statutory system through to family support services, specialist support and universal services.

By necessity the primary concern of the child protection services is to protect children. However commentators have also identified a culture whereby parents may be perceived as morally flawed, which immediately sets up adversarial relationships and presents obstacles to working together with families for the wellbeing of children. The report proposed various solutions to the needs of families including improving the operational culture, having a stronger focus on supports for families and additional resourcing for earlier intervention and prevention services.

In response to the report the Government established a Cabinet sub-committee to oversee a whole-of-government response and a structure to implement the recommended reforms not just in Children and Youth Services but also in Alcohol and Drug Services, Mental Health Services, the Departments of Education, Police, Emergency Management and Justice and the non-government sector (DHHS 2012a). Six key action areas or statements of intent have been identified to be actioned over the next three years:

- continuing system reform and an investment of resources across a range of areas to provide ongoing support and intervention over extended periods of time;
- building and strengthening relationships including collaboration between government and non-government organisations and developing protocols for interagency working. This also includes adequate resourcing for the Child Protection Service to allow for networking with outside services and information for parents about their rights and child protection processes;

- improving the legislative framework to more accurately reflect current good practice;
- ensuring transparency and accountability, including listening to the voices of children and young people;
- reforming out-of-home care including reducing the numbers of children and young people in the system; and
- increasing education, training and professional development to ensure a more skilled workforce and monitoring the workload of child protection workers to ensure it is manageable.

At the time of writing the legislation is under review. The review will include exploring the Object and Principles of the Act as well as non-adversarial dispute resolution mechanisms within the system.

11.2.3 NUMBERS

How many families have contact with the child protection system in Tasmania and what do we know about them? These figures are not easy to extract because records are based on the number of individual children subject to notifications rather than the number of families and one family can be subject to multiple notifications over the course of a year.

The latest figures (AIHW 2013) show that in 2011-2012 Tasmania had over 11,836 notifications involving 7,752 children. Of these 10,059 (85%) were closed without any investigation. During the year 1,728 investigations were carried out and two-thirds (68.3%) of finalised investigations resulted in substantiations of abuse and neglect relating to 939 children. The overall rate of substantiated cases of child abuse or neglect was 8.1 per 1,000 children. This is over three times higher than the national average rate and the third highest rate after the Northern Territory (which is 24.4 per 1,000 children) and New South Wales (which is 9.0 per 1,000 children). The rate of substantiation has been steadily increasing over the past five years while the number of notifications has decreased over the same period.

In terms of the kind of abuse and neglect found in substantiated cases, emotional abuse (48%) was the most common. One-third (33%) of children had experienced neglect or a failure to provide the conditions that are essential for the healthy physical and emotional development of a child. Fifteen per cent (15%) had experienced

physical abuse or a non-accidental physical act inflicted on a child and 4% had experienced sexual abuse or the exposure of the child to or involvement in a sexual process beyond his or her understanding or contrary to accepted community standards. Tasmania has a relatively high rate of neglect, indicating that abuse is often linked to parental factors such as poverty or family violence (Parliament of Tasmania 2011).

Approximately half of the children where cases were substantiated (638) were admitted to Care and Protection Orders and of these well over one-third (261 children or 40.9%) were admitted for the first time. Most children on Orders live in kinship or foster care and few reside with their birth parents (see Table 7). Tasmania has lower rates of kinship care and higher rates of foster care than other jurisdictions (excluding Queensland and Northern Territory). One suggestion is that this might be due to higher rates of intergenerational disadvantage in the state, which limits the extent that children can be placed within the extended family. There have been increasing numbers of children coming into care and a nearly 50% increase over the past five years. This has not been matched by increases in funding to provide appropriate out-of-home care and support to them.

Placement stability is considered to be a key predictor of achieving a successful transition to independent living for young people and there are associations between continued instability and adverse psychosocial outcomes like emotional difficulties, behaviour problems and poor academic achievement (CFCA 2012b). During 2010-11 more than 20% of the children who came into care had been in three or more placements in a 12-month period.

Generally across Australia Aboriginal and Torres Strait Islander children comprise 4.9% of all children aged 0-17 yet in 2011-12 they constituted a third of all children placed in out-of-home care (AIHW, 2013). In June 2012 they had a placement rate of 51.1 per 1,000 Aboriginal children or ten times the placement rate, compared to 5.4 per 1,000 for non-Aboriginal children. In Tasmania there was a placement rate of 25.1 per 1,000 Aboriginal children, almost four times the rate for non-Aboriginal children, which stands at the national average of 5.4 per 1,000.

Research about the principal social factors driving child abuse and neglect indicates that the majority of families in the child protection system are affected by a combination of factors including unemployment and financial difficulties, inadequate parenting skills, substance use, mental health problems, housing and neighbourhood issues, family violence and a lack of social and familial support. This is true for Tasmania, but quantifying these factors in terms of the families involved with child protection services is problematic. It has been estimated (Parliament of Tasmania 2011) that of the families involved with the child protection system in Tasmania:

- up to 65% of parents have a history of alcohol or other drug use;
- up to 50% have been perpetrators of family violence;
- up to 50% have a history of mental illness;
- about 10% have an intellectual disability; and
- 87% are in contact with homelessness and/or alcohol and drug services.

Table 7: Children on care and protection orders in Tasmania by living arrangements, 30 June 2012

Placement	Number	Percentage
Foster care	529	44.6
Kinship care	311	26.3
Birth parents	136	11.5
Independent living with support	23	1.9
Family group homes	16	1.4
Residential care	26	2.2
Other, unknown	144	12.1
Total	1185	100

Source: AIHW 2013

A quarter of Tasmanian children (24.5%) under 15 years live in single parent families yet 49 per cent of those where abuse and neglect is substantiated come from single parent families (AIHW 2013).

How do these figures translate into workload for Tasmania's Child Protection Service? It has been estimated that at any one time there are up to 2,500 families in the child protection system with about one-third active and a further third 'simmering'.

11.2.4 COSTS

It is difficult to specifically quantify expenditure on child abuse and protection activities because many services funded to provide support and assistance to families may also help to prevent child abuse and neglect. Nationally in 2010-11 (CFCA 2012a) approximately \$2.8 billion was spent on child protection and out-of-home care services with the majority accounted for by out-of-home care services (64.9% or \$1.8 billion). There has been an average annual increase of over ten per cent per annum since 2006-07 on child protection and out-of-home care services. Intensive family support services are designed to prevent the separation of children from primary carers as a result of child protection concerns and to reunify families where separation has already occurred. Expenditure on these services has also increased by 24.1% per year (CFCA 2012a).

In Tasmania during 2010-11 a total of \$63.4 million was spent on child protection services with approaching two-thirds (62%) on out-of-home care. Intensive family support accounted for only seven per cent of the total.

The immediate economic cost of providing child protection services is only one facet of the overall cost associated with child abuse and neglect. The longer term or indirect financial cost is also substantial because of the adverse impacts of abuse and neglect on the children themselves in terms of future drug and alcohol abuse, mental illness, poor health, homelessness, juvenile offending, criminality and incarceration. This makes the prevention of abuse and neglect a critical priority because of the social costs and the imperative to prevent children from experiencing its devastating effects (Bromfield et al. 2010).

11.3 Themes from the research literature

What do we already know about parents' experiences of the child protection system? This is a difficult area of research, policy and practice and many of the research gaps are due to the willingness and ability of families with complex needs to participate. The ethical dimensions associated with disclosure of suspicion of abuse or neglect limit the kinds of methodologies that can be used and the complexity of cases makes it difficult to look at causal pathways (Bromfield & Arney 2008). This gap in the research literature is significant because parents are central to children's wellbeing and child protection systems need to be able to work constructively with them to get the best outcomes for children. It has been pointed out that the lack of credible child and family advocacy and the voices of practitioners within the system and in policy making means that reforms fail to focus on systemic issues that can address the social and economic exclusion of families (Healy 2010). Even though the parental role is central to the care, development and wellbeing of the child there is little recognition that this might suffer if parents feel misunderstood, unvalued, ill-informed and unsupported.

Globally most child protection research focuses on risks, child abuse and interventions rather than the experiences of families, children and young people. There is an increasing body of research about the needs and experiences of children in care, what is happening to them and how they fare in later life yet less attention has been paid to what is happening to families and in particular to parents of children who are removed. This is despite the fact that child protection cases typically involve families who belong to vulnerable populations that have been marginalised by poverty, illness, social isolation, addiction and disability. Relatively few studies around the world have asked parents what they thought about the system or how it affected them and what it is like to be on the receiving

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end of a child protection intervention. And what research has been done focuses more on accounts of the personal and emotional impact of being involved with child protection rather than their views about the effectiveness of services.

11.3.1 WHAT THE RESEARCH TELLS US

There is research that has focused on parents' experiences of different aspects or stages of the child protection system — initial contact, assessment, investigation and substantiation, intervention processes, having children in the out-of-home care system or living with the threat of that loss. It has been undertaken by talking to parents and to those services working closely with them. Studies have also focused on particular cohorts of parents, for example those with alcohol and drug issues or mental health problems. Less research has undertaken a more holistic analysis of family experiences and outcomes and there is a particular gap in knowledge about the longer term outcomes for parents who have had their children removed in terms of their own lives and their relationships with their children.

A literature review (Harries 2008) of Australian and international research undertaken in 2007 about the experiences of parents and families identified a number of key themes:

- **an absence of attention to the voices and ongoing experiences of parents** and few attempts to involve parents themselves in finding answers to what works in meeting their needs;
 - **an absence of attention to the emotional reactions of parents** and a range of misunderstandings in relationships between parents and workers. The research is described as resonating with stories of despair, loss, grief, feelings of powerlessness, helplessness and intimidation. An understanding of these emotions can explain why some parents struggle to maintain contact with their children in care and can prevent workers from misinterpreting these reactions as disengagement, lack of interest or enduring personality flaws rather than an understandable reaction to loss. Researchers suggest that parents can better meet the needs of their children if their own pain is acknowledged and worked with. A further analysis of work with groups of parents whose children had been removed (Thorpe & Thomson 2004) described the overwhelming loss that parents said continued forever, the
- **a problem-focused orientation** and a negative discourse that dominates the literature and the media's representation of parents. Attention is given to the small number of extreme maltreatment cases. This fuels a perception of large and growing numbers of children needing to be rescued from cruel and uncaring parents. Journalistic practice further legitimises this construct of child protection practice in the public's mind (McConnell & Llewellyn 2005).
 - **social constructs of motherhood.** Research tends to suggest it is mothers rather than fathers who are identified as failing when children are removed and who continue to be blamed for the majority of problems in families. They are labelled as 'hard to reach', 'inaccessible', 'untreatable' and 'unresponsive' parents. Factors associated with child maltreatment cultivate the image of the archetypal 'bad mother'. The fact that they might display strength, resilience or courage in the midst of difficulties is often ignored in the literature and in the context of child protection interventions.
 - the importance of **continuation of contact between parent and child** is overwhelmingly supported in the literature. This can ensure better placement outcomes for children and young people in out-of-home care and is of immense value to them in terms of resilience, identity development and reunification. When children have intense emotional reactions around the issue of contact with parents this is often attributed to family issues and seen as justification to limit or terminate the contact. It is rarely acknowledged that separation disrupts primary attachments and affects children's sense of identity (Family Inclusion Network 2007). FIN Queensland reports that the frequency and success of contact is founded on the practice, wisdom, knowledge and skills displayed by individual child protection workers.

shame that meant they couldn't talk about it and the ongoing loss of meaning and identity in their lives. This contrasts with what workers and the community assume parents are experiencing where workers can perceive them as having forfeited their rights to be seen as real people and to be unworthy of any intervention or effort. The research argues that without support parents may suffer irreparable damage themselves and are limited in their capacity to provide ongoing care for their children.

● **relationships between parents and child protection workers.** There is minimal evidence to show that good practice by child protection workers towards parents is a goal or outcome of child protection work and evidence suggests that across jurisdictions respectful practice has never been very common. This means that many parents' experience of child protection is negative, reinforcing any tendencies to aggression or withdrawal. Interviews conducted with parents by MacKillop Family Services highlighted the importance of workers developing trust and working collaboratively with parents. Parents considered that trust was quickly established by being respected, involved, valued and kept up to date with information about their children. The issue of power as a central dynamic to understanding parents' experiences is reflected in the literature (Thorpe 2007; Dumbrill 2006) and the challenge is to maintain positive relationships with parents despite the unequal power dynamics of the situation.

A literature review undertaken in Ireland (Office of Minister for Children and Youth Affairs 2008) demonstrates the enduring and global nature of the experiences of families caught in child protection systems. It highlights the disempowerment of parents in an adversarial system and the importance of relationships between parents and child protection workers in determining outcomes.

These themes are repeated and reinforced in a series of small-scale Australian studies. Forty-two parents with experience of having children and young people in care were interviewed in Western Australia (Harries 2008). The research found high levels of stress, unresolved anger, guilt, shame and despair from being judged as failing their children (or grandchildren). Very few had family or support networks that could help and many had been in care themselves. They did not deny that they had problems and all agreed that the state had to have a role. Some agreed that children needed to be removed for a time in order for them to reorder their lives. Commonly they felt demeaned and marginalised by statutory intervention. They felt they had been given minimal information and support to deal with their situation and they felt an overwhelming sense of powerlessness. They were confused by the term 'best interests of the child' especially when they knew the outcomes for children in care were poor and tended to ignore long term family relationships. Very few believed that interventions had had a beneficial impact on their children. All expressed a need

to be seen as people in need of support so that they could continue to contribute positively to the lives of their children. Suggestions for improvements focused on improving relationships and engagement with workers. This was about the need for respect, honesty, involvement in decision-making, information and how to deal with multiple workers.

Thirty-two community workers in NSW whose client base included parents known to child protection authorities were interviewed (Douglas et al.

2009). The study found a lack of information about processes, responsibilities and entitlements for parents and inadequate communication, with entrenched adversarial interactions and a lack of trust between parents and child protection workers.

Workers felt that those in poverty were being disproportionately targeted for intervention and if identified as being in need of support were considered to be at risk, which could result in children being removed. The research found that child protection workers misunderstood the nature of family violence and held mothers responsible for failing to end violent relationships. Community workers saw the solutions to these problems as being formal information-giving protocols to reduce the level of mistrust and uncertainty. These protocols should ensure an offer of advocacy at all stages. They wanted to see a focus on building the capacity of families to care by providing material aid and identifying existing strengths. They also wanted to raise the awareness of child protection workers of the dynamics of and issues relating to family violence. The study emphasised the need for various services to work together to support women and children in the child protection system.

A study in Queensland explored parents' opportunities for and experiences of participation in child protection decision-making (Healy et al. 2011). It confirmed widespread perceptions of exclusion and powerlessness with adversarial interactions, a focus on weaknesses rather than strengths, a lack of respect and of rights. Interactions where there was a willingness to listen and

The research found that child protection workers misunderstood the nature of family violence and held mothers responsible for failing to end violent relationships.



support and that generated goal-focused plans facilitated positive outcomes. Involvement in making decisions improved processes and outcomes and increased compliance amongst parents.

Workers in two ACT services addressing homelessness and substance use were interviewed to explore the needs of families involved with child protection and the extent to which the agencies could meet those needs (Hamilton 2011). The research found half of the parents had no legal representation in child protection proceedings and almost half had had previous experience in care as children themselves. Families were accessing a wide range of services and had complex and multiple support needs. Their main support was workers in NGOs and they were relying heavily on them to assist them to negotiate the child protection system. NGO workers were finding this challenging in terms of time, workloads, competency, collaborative working and emotional stress. NGO workers felt many of the issues were outside their area of expertise and that they were working in an environment where child protection workers saw them as unprofessional.

The research found half of the parents had no legal representation in child protection proceedings and almost half had had previous experience in care as children themselves.



The Building Capacity in Child Protection Project at the ANU Regulatory Institutions Network has conducted a series of studies about different aspects of Australian child protection systems. The studies draw on theories of responsive regulation, empowerment, restorative justice and shame management to explore how institutions can overcome the challenges and build the capacity of parents and young people in the child protection system. The Project has found that capacity building is currently undermined by child protection interventions often occurring when there is limited knowledge of the extent of the problems

and where the intervention is perceived as threatening by families, which affects their willingness to cooperate. It is also undermined by difficulties in dealing with high workloads and a risk averse culture, which relies on laws to justify interventions rather than on frameworks for best practice.

These studies included:

- Interviews with 156 parents in the ACT who had been investigated by child protection (Harris & Gosnell 2012). Interviews covered how parents perceived the investigation, how they felt about it and how they responded to it, with an emphasis on ‘first timers’ in the system. The study is valuable in that it has produced quantitative information about a relatively large sample of parents’ views about particular aspects of the child protection system. Key findings were that:
 - although a common initial response to an investigation was to feel intimidated, powerless and fearful, most felt workers were professional and respectful, explained what was happening and gave parents a chance to explain from their perspective. Most parents intended to do what was asked of them and cooperate;
 - when informed their child was at risk the majority agreed, although almost one-third (30%) felt there was no cause for concern and many were not clear about the procedures and the decisions that had been made about their case;
 - most felt the situation occurred due to factors beyond their control and was not typical of their parenting. Contributing factors identified included stress and mental ill health, family violence and relationship problems, and financial difficulties and housing, with substance use being the least likely to be identified. Significant numbers felt their circumstances and the nature of society prevented them from looking after their child as they would like;
 - most parents were sceptical about the benefits of investigation and over 50 per cent felt there had been no benefits for themselves or their children. This made them less trusting of child protection;
 - a minority felt there had been benefits; and
 - most considered they had a good relationship with their child and could

provide a safe environment for them. They expressed a strong need for control over the way in which their child was cared for.

- A web survey of the views and values of 859 child protection workers in all jurisdictions (McArthur et al. 2011). The study found that despite a commonly held belief in empowerment, rights, respect and the social inclusion of families a surprisingly large number (50%) did not believe that empathy was important in changing parents' behaviour towards a more satisfactory parenting style and being an effective worker. This is at odds with traditional social work beliefs, which emphasise care and compassion. In addition half did not feel valued and/or that they were getting the support they needed. This predicted low job satisfaction and 44% expected to have left child protection work within two years.
- A survey of 427 professionals from all jurisdictions working alongside child protection, including workers and managers in community service organisations, government departments and doctors, teachers, lawyers and police, asked about their perceptions of child protection authorities and their work (Ivec et al. 2011). Overall, respondents believed parents wanted to be good parents and that they should be engaged in decision-making. However they also felt that child protection was not strong on building relationships with parents and that the involvement of third parties in a support and advocacy role was positive and led to better outcomes overall. Third parties often had a better understanding of the family's situation than child protection workers and a greater capacity to effectively intervene. They saw child protection processes as unfair, unreasonable and inconsistent and had poor engagement, cooperation and low levels of trust with them. Overall, respondents saw the system as limited in its ability to act on the best practice principles outlined in the National Child Protection Framework by the turnover of workers, high caseloads, inexperienced workers, inflexibility and paperwork, a resistance to working with others and difficulties in seeing the big picture.
- Interviews with 45 Indigenous families focusing on the nature of their relationship with child protection and how this promoted or acted as a barrier to cooperation as well as ideas on how the system could work better (Ivec et al. 2012). The study found fear and anger about past government removal policies, current processes and attitudes and particularly about being treated with disrespect. Despite a parental expectation of help and support from child protection authorities, parents were treated as untrustworthy and without an important role to play in their children's lives. Bureaucratic decision-making lost sight of the person and induced a state of alienation and helplessness in families. Child protection was often seen as not appreciating Aboriginal culture or parenting norms and was unable to keep children safe. The capacity for child protection to exacerbate the difficulties people were having was seen as significant.
- An examination of parents' perceptions and experiences of being involved with child protection drew out the key messages for enhancing their participation with a focus on those with a learning disability (McGhee & Hunter 2011). The benefits of participation were seen as better outcomes, improved family functioning and more focused practice and service delivery. Practice guidance in the UK reinforces parental participation and legislation reinforces the importance of parental involvement in decisions about children in out-of-home care. This includes meeting the communication needs of parents with learning difficulties and a requirement for independent advocacy to redress power imbalances and facilitate participation. The research emphasised the importance of straightforward language and easy to read documents. Simple techniques such as allowing parents to speak first in decision-making, for example, can create significant change.

11.3.2 LONGER TERM OUTCOMES FOR PARENTS

There is a significant gap in the research literature about what happens to parents who have lost children to the child protection system in the longer term. We know little about the impact of child removal and subsequent reunification on family relationships or how to moderate the harm done to these relationships by child protection interventions. This gap is partly attributable to the reluctance of parents to remain visible within the service system once their children have been returned or permanently removed from their custody. Once child protection services are out of their life many want to forget about these experiences and leave them behind.

Clues about outcomes can be found by talking to parents who experienced out-of-home care themselves and how this impacted on their relationships with their own parents. They can also be found in homeless populations where removals have led to a downward spiral of depression, increase in substance use and destitution. Some data is available in the homelessness literature. A UK study exploring the experiences of homeless mothers who have lost their children to the care system (Hinton 1999) identified the overwhelmingly negative and destructive impacts on these parents' lives and particularly on their chances of rehabilitation and resettlement. This population is particularly invisible as they are commonly nobody's clients and it is no one's responsibility to ensure their wellbeing despite their vulnerability.

A literature review of the impact on young mothers of the loss of child custody (Novac et al. 2006) documented a range of emotional problems, including guilt, anger and depression, which can often persist and lead to chronic unresolved grief. The review highlights the fact that although there is much research on the impact of separation from the mother on the child there is very little about the impact on the mother. A common response initially is a rapid subsequent pregnancy to replace a lost baby and renew hope and a sense of meaningful purpose. An almost universal response post removal is a drug and alcohol binge to dim memories and drown sorrows. Some studies have found that removal is accompanied by more grief symptoms than the death of a child including more denial, despair and sleep disturbance, exacerbated by the lack of social acceptance. Family and marital problems are common and there is a high risk of long term physical, psychological and social problems,

which generate a future demand for substance use, mental health service and homelessness services.

11.4 In Summary

- This is a qualitative piece of research based on interviews with 47 parents alongside commentary from over 140 NGO workers who work with them. As such it cannot claim to be truly representative of parents in the child protection system. However it does reflect what we know about the characteristics of families who have contact with child protection in Tasmania.
- During the last decade there has been a steady increase in the number of children in the Tasmanian out-of-home care system and Aboriginal children are four times as likely to be placed in out-of-home care than non-Aboriginal children.
- Tasmania, like other child protection systems, faces a number of challenges about how best to work with families to prevent their entry into the child protection system, avoid children being removed and promote reunification. This has led to a series of reviews and recommendations for change and there are a number of new developments in the state, which are having a positive impact on parents' experiences of services.
- The research literature abounds with descriptions of parents' trauma due to their contact with the system and its negative impact on them and their families.
- One of the most disenfranchised groups is parents whose legal ties with their children have been permanently severed. No studies have asked birth mothers what they think would help in this situation and the literature review shows no formal established models for working with mothers around their loss.
- If policy makers are to design services that parents find valuable they need to understand how they experience and negotiate interventions. They need to accept that no matter what the circumstances, the parent-child relationship is not only central to the lives of children, but also of parents. It is these knowledge gaps that this research seeks to address.

References

- ABC News, *Families minister cracks down on parents*, 15 November 2012, retrieved from <http://www.abc.net.au/news/2012-11-15/families-minister-cracks-down-on-parents/4373042>
- ABS — see Australian Bureau of Statistics
- AIHW — see Australian Institute of Health and Welfare
- Arney, F & Scott, D (eds) 2010, *Working with vulnerable families: A partnership approach*, Cambridge University Press, Melbourne.
- Australian Bureau of Statistics 2008, *Experimental estimates of Aboriginal and Torres Strait Islander Australians*, cat. no. 3238.0.55.001, ABS, Canberra.
- Australian Government 2009, *National plan to reduce violence against women and children*, Australian Government, Canberra.
- Australian Institute of Health and Welfare 2013, *Child protection Australia 2011-12*, Child Welfare series no. 55, cat. no. CWS 43, AIHW, Canberra.
- Bartholomew, T 1998, 'Family poverty, family homelessness and the systems abuse cycle', *Family Matters*, no. 51, pp. 37-40.
- Bromfield, L & Arney, F 2008, *Developing a road map for research: identifying the priorities for a national child protection research agenda*, Child Abuse Prevention Issues no. 28, Australian Institute of Family Studies.
- Bromfield, L, Lamont, A, Parker, R & Horsfall, B 2010, *Issues for the safety and wellbeing of children in families with multiple and complex problems*, Issues No. 33, National Child Protection Clearing House.
- Buchanan, J & Corby, B 2005, 'Problem drug use and safeguarding children: a multi-agency approach', in R Carnwell & J Buchanan (eds), *Effective Practice in Health and Social Care*, Open University Press, Maidenhead, UK.
- CFCA see Child Family Community Australia
- Child Family Community Australia 2012a, *The economic costs of child abuse and neglect*, fact sheet, Australian Institute of Family Studies.
- 2012b, *Children in care*, fact sheet, Australian Institute of Family Studies.
- 2012c, *Child protection and Aboriginal and Torres Strait Islander children*, fact sheet, Australian Institute of Family Studies.
- Council of Australian Governments 2009, *Protecting children is everyone's business: National framework for protecting Australia's children 2009-2020*, Commonwealth of Australia, Canberra.
- Commissioner for Children Tasmania 2012, *Child protection in Tasmania 2010-11*, Fact Sheet no. 1, Commissioner for Children Tasmania, Hobart.
- Dawe, S, Frye, S, Best, D, Moss, D, Atkinson, J, Evans, C, Lynch, M & Harnett, P 2007, *Drug use in the family: impacts and implications for children*, report prepared for the Australian National Council on Drugs, Canberra.
- Dawe, S, Harnett, P & Frye, S 2008, *Improving outcomes for children living in families with parental substance misuse: What do we know and what should we do*, Child Abuse Prevention Issues Paper no. 29, Australian Institute of Family Studies, Canberra.
- Devaney, J & Spratt, T 2009, 'Child abuse as a complex and wicked problem: reflecting on policy developments in the UK in working with children and families with multiple problems', *Children and Health Services Review*, vol. 31, issue 6, pp. 635-541.
- Department of Families, Housing Community Services and Indigenous Affairs 2011, *National Research Agenda for Protecting Children 2011-2014: Filling the research gaps: a priority project under the National Framework for Protecting Australia's Children 2009-2020*, FaHCSIA, Canberra.
- Department of Health and Human Services 2005, *Review of the Tasmanian family support service system*, report prepared by KPMG, DHHS, Hobart.

- 2012a, *Sharing responsibility for our children, young people and their families: Government embracing change in response to the select committee on child protection final report 2011*, DHHS, Hobart.
- 2012b, *Gateway and family support services: Midterm review report*, Disability and Community Services, DHHS, Hobart.
- DHSS *see* Department of Health and Human Services
- Douglas, H, Walsh, T & Blore, K 2009, *Mothers and the child protection system*, University of Queensland, Brisbane.
- Dumbrill, G 2006, 'Parental experience of child protection intervention: a qualitative study', *Child Abuse and Neglect*, vol. 30, pp. 27-37.
- FaHCSIA — *see* Department of Families, Housing Community Services and Indigenous Affairs
- Family Inclusion Network 2007, *Family inclusion in child protection practice: Creating hope, re-creating families*, Family Inclusion Network Queensland, Brisbane.
- Hamilton, S 2011, *The needs of parents and family members with children in the care of child protection services in the Australian Capital Territory (ACT): A pilot study*, Regulatory Institutions Network, Australian National University.
- Harries, M 2008, *The experiences of parents and families of children and young people in care*, Anglicare WA and Centre for Vulnerable Children and Families, University of Western Australia, Perth.
- Harris, N 2008, *Family Group Conferencing in Australia 15 years on*, Child Abuse Prevention Issues No. 27, Australian Institute of Family Studies, Canberra.
- Harris, N & Gosnell, L 2012, *From the perspective of parents: interviews following a child protection investigation*, preliminary findings, occasional paper 18, Regulatory Institutions Network, Australian National University, Canberra.
- Healy, K Darlington, Y & Feeney, J 2011, 'Parents' participation in child protection practice: Toward respect and inclusion', *Families in Society: the Journal of Contemporary Social Services*, vol. 92, issue 3, pp. 282-288.
- Healy, K 2010, *Scandals and policy making: failure and success in child protection reform*, review of J Gainsborough, *Scandalous Politics: Child Welfare Policy in the States*, viewed 22 March 2013, <http://www.australianreview.net/digest/2011/08/healy.html>
- Hinton, T 1999, *Forgotten mothers: meeting the needs of homeless women who have lost their children*, Health Action for Homeless People, London.
- Hinton, T 2005, *Residential rehabilitation for women with drug issues and their accompanying children: Developing a best practice model in Tasmania*, The Salvation Army, Hobart.
- Institute for Research and Innovation in Social Services (IRISS) 2011, *Leading for outcomes: Parental substance misuse*, IRISS, Glasgow, UK.
- Ivec, M, Braithwaite, V & Reinhart, M 2011, *A national survey on perceptions of how child protection authorities work 2010: the perspective of third parties, Preliminary findings*, occasional paper 16, Regulatory Institutions Network, Australian National University, Canberra.
- Ivec, M, Braithwaite, V & Harris, N 2012, '“Resetting the relationship” in Indigenous child protection: public hope and private reality', *Law and Policy*, vol. 34, no. 1, pp. 80-103.
- Ivec, M 2013, *A necessary engagement: a review of parent and family engagement activities and programs in Australia and overseas*, Anglicare Tasmania, Hobart.
- Jacob, A & Fanning, D 2006, *Report on child protection services in Tasmania*, Department of Health and Human Services and Commissioner for Children, Hobart.
- Kaur, J 2012, *Cultural diversity and child protection: A review of Australian research on the needs of culturally and linguistically diverse (CALD) and refugee children and families*, Diversity Consultants, Brisbane.
- Lamont, A & Bromfield, L 2009, *Parental intellectual disability and child protection: Key issues*, National Child Protection Clearing House Issues No. 31, Australian Institute of Family Studies, Canberra.
- Magistrates Court 2012, *Annual Report 2011-2012*, Magistrates Court Tasmania, Hobart.
- McArthur, M, Braithwaite, V, Winkworth, G, Wilson, F, Conroy, S, Thomson, B, Ivec, M, Harris, N & Reinhart, M 2011, *How relevant is the role of values in child protection practice? A national survey of statutory child protection staff 2009*, preliminary findings, occasional paper 17, Regulatory Institutions Network, Australian National University, Canberra.

- McArthur, M & Thomson, L 2011, 'Families' views on a coordinated family support service', *Family Matters*, no. 89, pp. 71-81.
- McConnell, D & Llewellyn, G 2005, 'Social inequality, the 'deviant parent' and child protection practice', *Australian Journal of Social Issues*, vol. 40, no. 4, pp. 553-556.
- McDonald, M, Higgins, D, Valentine, K & Lamont, A 2011, *Protecting Australia's children research audit (1995-2010), Final Report*, Australian Institute of Family Studies and Social Policy Research Centre, Canberra.
- McGhee, J & Hunter, S 2011, *Involving parents in assessment and decision-making*, Scottish Child Care and Protection Network, University of Stirling, Stirling, UK.
- Meredith, V & Price-Robertson, R 2011, *Alcohol misuse and child maltreatment*, National Child Protection Clearing House Resource Sheet, Australian Institute of Family Studies, Canberra.
- Noble-Carr, D 2006, *The experiences and effects of family homelessness for children: A literature review*, Institute of Child Protection Studies, Australian Catholic University, Canberra.
- Novac, S, Paradis, E, Brown, J & Morton, H 2006, *A visceral grief: young homeless mothers and loss of child custody*, research paper 206, Centre for Urban and Community Studies, University of Toronto, Toronto, Canada.
- Office of the Minister for Children and Youth Affairs Ireland 2008, *Service users' perceptions of the Irish child protection system*, Office of the Minister for Children and Youth Affairs Ireland, Dublin.
- Parliament of Tasmania 2011, *Select Committee on Child Protection 2011*, final report, Parliament of Tasmania, Hobart.
- St. Luke's Anglicare 2005, *No home, no kids: The vicious cycle of homelessness and out-of-home care placements, for families in Central Victoria*, St. Luke's Anglicare, Bendigo.
- Scott, D, O'Neill, C & Minge, A 2005, *Contact between children in out-of-home care and their birth families: literature review*, Centre for Parenting and Research, NSW Department of Community Services, Sydney.
- Slee, P 2006, *Families at risk: the effects of chronic and multiple disadvantage*, Flinders University, Shannon Research Press, Adelaide.
- Swain, P, Goodfellow, J, Lee, J, Cameron, N & Bennett, W 2002, *Pride and Prejudice: A snapshot of parents with disabilities' experience of the child protection system in Victoria*, Disability Discrimination Legal Service Inc, Melbourne.
- Tasmanian Government 2012, *A partnership agreement between the DHHS, DPAC and the community sector, Tasmania 2012-2015*, A joint initiative of the Tasmanian Government, Tasmanian Community Sector Peaks Network, Tasmanian Government.
- Thorpe, R 2007, *Family inclusion in child protection practice: building bridges in working with (not against) families*, keynote address presented at Borders and Bridges, national conference of the Australian College of Child Protection and Family Practitioners, Melbourne, May 2007.
- Thorpe, R & Thomson, J 2004, *When kids are removed into care: The mental health effects of loss and powerlessness for parents*, paper presented at the Second National Conference on the Mental Health of Persons Affected by Family Separation, Wacol, Queensland, 14-15 October.
- VAADA 2011, *Connections: family violence and alcohol and other drugs*, position paper, Victorian Alcohol and Drug Association, Melbourne.
- Zufferey, C & Arney, F 2006, *Evaluation of the mental health liaison project: Final Report and recommendations*, Australian Centre for Child Protection, University of South Australia, Adelaide.





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