



Queensland Child Protection Commission of Inquiry
PO Box 12196
George Street QLD 4003

24 January, 2013

Submission from the Family Inclusion Network Brisbane

Thank you for the opportunity to make a submission to this important inquiry.

The Family Inclusion Network (FIN) Brisbane is unique in that it brings together a representative group of practitioners, academics and parents with children in care. Together we seek to improve policy and practice in working with parents of children and young people in the statutory child protection system.

FIN Brisbane is an auspice of Micah Projects, a not for profit service provider that works with vulnerable families and children. FIN Brisbane has been supported in recent years by two non-recurrent grants to provide input to Child Safety Services from parents and NGO practitioners. FIN Brisbane is currently unfunded.

This submission builds upon almost ten years of research, engagement and learning by working together on what practice works, taking listening and acting on what parents themselves say will work for them and their children.

FIN Brisbane has consulted with 37 parents and 30 practitioners to develop this submission.

This builds on consultation and engagement with more than 80 different community agencies and 85 parents since 2010. Note the list of agencies involved at the end of the submission.

Please contact me if you would like more information or have any questions regarding FIN Brisbane or this submission.

Sincerely,

**Karyn Walsh, Coordinator
Micah Projects**



Family Inclusion Network Brisbane

Submission to the Queensland Child Protection
Commission of Inquiry

January 2013

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Background to the Family Inclusion Network Brisbane and this Submission

The Family Inclusion Network (FIN) Brisbane is a representative grouping of practitioners, academics and parents with children in care, seeking to advance practice and policy in working with parents of children and young people in the statutory child protection system.

At regular intervals there have been stories profiled in the media of very serious instances of child abuse. Such instances are reprehensible and deserve society's strongest condemnation.

But as a result, parents of children removed into care have been typecast as cruel and uncaring. However the vast majority of cases bear little resemblance to the few that are in the headlines. Many more children enter care through neglect and minor instances, or risk of maltreatment rather than severe abuse.

Research indicates that such neglect and maltreatment is closely related to poverty, ill health, disability, domestic violence, indigeneity, young parenthood or problematic substance use: that is, conditions which could be alleviated by investment in preventative social policy initiatives aimed at providing support for vulnerable families and communities¹.

The Family Inclusion Network was first formed in Queensland in 2004. In 2007 it undertook research involving focus groups with parents with children in care and workers from the non government and government sectors. The results were published in Family Inclusion Network (2007) *Family Inclusion in Child Protection Practice*. In October 2010 a major forum "Collaboration for Change" was held which determined to establish a Community of Practice amongst practitioners in Brisbane. In 2010-11, data from 85 parent surveys, a Service Providers Forum and Poverty in the City research were pulled together in a report: *Working in Partnership with Parents Report 2010-11*. And based on this information and driven by the Community of Practice, a series of discussion papers: *Supporting Families through Evidence Based Practice* were published. In March 2011 a strategic plan, together with a business plan and governance model were adopted.

Three working groups have been established based on the goals and objectives of the network:

- Parent Engagement and Inclusion Group. This group includes parent representatives and continues to access and survey parents about their experiences and feedback.

¹ Thomson, J. & Thorpe, R. (2003). The Importance of Parents in the Lives of Children in the Care System. *Children Australia* Vol.28, No.2 (special edition) pp 25-31

- Community of Family Support Practice Group. This group develops and strengthens the network and skill sets of practitioners in the secondary and tertiary intervention system. It meets on a monthly basis.
- Systems Advocacy Group. This group brings together systemic issues and provides the basis for advocacy at a local and state level, consistent with the *National Framework for Protecting Australia's Children 2009-2020*.

A representative from each of these groups forms the FIN Brisbane Steering Committee.

This submission draws on the information gathered by FIN Brisbane over almost ten years as well as focus groups with both parents and family support practitioners held in November and December 2012 to specifically address the terms of reference of the current Queensland Child Commission of Enquiry and the Options Paper.

In November 2012, FIN Brisbane supported the Kyabra Community Association, the Queensland Injecting Health Network (QulHN) and Micah Projects to facilitate three focus groups involving parents of children who have been or currently are the subject of notifications to the child protection system. 37 parents from the greater Brisbane area participated in the three forums. Another family supported by the Benevolent Society submitted a written survey. Their information was supported by the comments from the 85 parents interviewed in the previous survey, *Working in Partnership with Parents Report 2010-11*. **Part 2 of this submission: What Parents Say** brings together their views

The FIN Brisbane Community of Practice held meetings on two separate occasions in November and December 2012. The December forum considered the Commission of Inquiry Options Paper in detail. At this forum 30 practitioners and managers from 20 different non-government organisations attended. A list of the membership of the FIN Brisbane Community of Practice is attached.

The FIN Brisbane Steering Committee met in December and January to consider the feedback from parents and local agencies and provide input and direction for this paper which forms Part 1 of this submission.

The Vision of FIN Brisbane is:

People, families and communities grow in a fair, just and respectful society, which responds to their needs.

PART 1: Response to the Queensland Child Protection Commission of Inquiry: options for reform (October 2012)

Investment in intake and secondary service (1) and effective coordination (4)

Sections (1) and (4) in the Options Paper are strongly linked and therefore FIN Brisbane has chosen to respond to them together.

The Family Inclusion Network submits that a substantially increased investment in secondary services is critical, as is a major change in the service system that allows a much greater chance for parents to self-refer.

Also essential is agreement on common assessment frameworks across the primary, secondary and tertiary systems and government and non-government systems so that there are multiple points of entry to the service system and there are fewer entries through the current intake point managed by the child protection system.

This should be a critical feature of a newly created collaborative approach to family support services with secondary services resourced to effectively assess for risk and lead case coordination and planning.

1.1 A new focus for the service system

There are two different approaches to protecting children in western OECD countries ²*A child protection orientation* recognizes the rights of children to protection by the early involvement of government if there is evidence of suspected abuse or neglect. “The *potential* for coercive intervention is therefore indicated at an early stage in any work with families”³

1. *A family service orientation* starts with the recognition that children are best cared for within the family and that the best outcomes for children are achieved with a family service approach acknowledging that all too frequently indirect harm (and sometimes direct harm) occurs for children in the child protection system. Family well being and the parent-child relationship are the foci of the support and the “normalisation of community intervention is

² Allen Consulting Group, (2008) *Inverting the Pyramid*. A report prepared for the Australian Research Alliance for Children and Youth (ARACY).

³ *Ibid* p. 28

associated with a greater degree of voluntary accessing of services by families. With this approach, the invocation of statutory powers is an intervention of last resort⁴.

FIN Brisbane recommends the Queensland system be changed to the second approach.

1.2 What parents say:

“Instead of removing the children from the parents, put the money and resources into actually trying to fix the problems in the homes by intensively working with the parents ...giving disadvantaged families a chance... courts aren’t filled up and time, money, resources...are not wasted by fighting.”
(Parent participant in Parents Forum 14 November 2012)

The shortage of family support services (having to wait many weeks before an appointment) and the lack of visibility of them were repeated time and again in the Parents Forums. Parents said that having the information about services readily available is a key point in not only prevention from entering the child protection system but also exiting the system as quickly as possible.

“The whole system of removing children needs to be overhauled and the government’s emphasis needs to be focusing on building families rather than destroying them.” (Parent Participant in Parents Forum 14 November 2012.)

1.3 The services parents want to stop their children going into care (secondary services):

The parents have told us time and again during their involvement with FIN Brisbane about the things they really needed to properly support their children

- Support to escape domestic violence
- Support during homelessness and housing
- Mental health services
- Disability services
- Support before child birth
- Support at home after child birth
- Rehabilitation from drug and alcohol misuse,
- Respite services, and
- General help with how to be a good parent.

1.4 And where do they want them:

⁴ Allen Consulting Group (2008) Inverting the Pyramid. A report prepared for the Australian Research Alliance for Children and Youth (ARACY), p. 28

One parent participant self-referred to Child Safety seeking support – the result: *“I don’t advise anyone to self refer to child safety. I went there for help and it made things worse.”* (Parent participant in Parent’s Forum 22 November 2012) This complaint was repeated frequently across the forums.

Parents talked about their hesitation in using some services for fear of it being used against them by Child Safety. They identified that rather than seeing it as strength when families ask for help, Child Safety Officers often use it as proof that parents were not coping. One family in particular talked about accessing a food voucher from a service, to find that this had been used in an affidavit to say they could not afford food for their children.

“...it (the place to get help) should just be a safe place where you can be open and get help when you need support so it doesn’t get to child (protection) services. I think prevention is going to be the best path, because going through child services takes years and costs so much money.” (Parent participant in parent’s forum 22 November 2012)

It is recommended that secondary services provided by non-government organisations be the primary point of entry to family services.

1.5 The new service system

It is recommended that the new system be driven by a goal to *prevent* rather than *respond* to child abuse and neglect within their families. A guiding value must be that abuse and neglect can be prevented in most families, given adequate support early enough⁵. This value needs to be the driving force across the universal, secondary and tertiary service systems.

Secondary services providing targeted support to “at risk” families must be acknowledged as the lynchpin in this new system.

Universal services should accept responsibility for working with complex family issues with the support of secondary services.

Tertiary child protection services must accept that a strong and resourced secondary service system is essential for the well-being of the child and trust that this system has the ability to accurately assess risk and involve and refer to the tertiary system as necessary,

1.6 Essential characteristics of these secondary services:

Parents and practitioners in all the forums agreed that the services need to be based in the non-government sector and be able to:

⁵ This is supported also in the previously cited Allen Consulting Group (2008): *Inverting the Pyramid*. A report prepared for the Australian Research Alliance for Children and Youth (ARACY), p.29.

- address whatever the underlying issues are through adequately funded specialist services and a strong collaborative model of service delivery (see more detail below)
- be highly visible, requiring capital investment and geographic coverage Queensland wide.
- be primarily voluntary (including entry to these services but also including out of home care and respite).
- include the option of in-home support.

The Early Years Centres established in Queensland promised to be a good starting point but they have not been progressed beyond the initial model and locations. The UK model of Children’s Centres is an excellent model. Services are co-located; there is a common assessment framework and a voluntary early intervention method to provide multi-agency support to families in need who do not meet child safety thresholds. A lead professional is responsible for coordinating the care. Centre based early childhood services are accompanied by outreach teams going to families in their homes, providing services, resources and opportunities for both the children and their families. A targeted strategy is in place to focus on young parents identifying that different strategies of engagement and support are required due to the age of parent.

1.7 Legislative change

The focus of this new system must to be reflected in legislation to enshrine the principle that the system is “family focussed and child centred”.

Legislation must enable family conferencing to occur earlier in the process. Legislation must also re-examine the current system where guardianship is taken by the department without going to court. Parents often reported feelings of being coerced into voluntarily agreeing to relinquish guardianship with no access to information, their rights or representation.

Parents rights to information, participation in decision-making , access to legal, representation and redress when abuse of power or abuse of children occurs in care should all be enshrined in legislation.

1.8 Entry to “the system”

A tertiary Child Safety intake point should *not* be the major point of entry to child and family support services. A single intake point may be useful for government workers who want the system of referral to be simple. But it does not work for people who are seeking help and who are the most important – parents and children and relatives and friends.

Multiple entry points to the system require:

- An assessment framework agreed and shared between the primary, secondary and tertiary systems with the ability to provide differential responses depending on the assessment.

- The continuation of the current government intake for a report or notification by a third party.
- However a wide range of prominent regional non-government secondary services could also take on this role (similar to the Child First model in Victoria).
- The sharing of information between government and non-government services (similar to the proposed New Zealand Vulnerable Kids Information system).
- The major point of entry to the service system will be via voluntary referrals to places that families trust but also where they will receive the immediate and practical support they need. If the assessment indicates the need to refer to the tertiary child safety system, then this will be done quickly and efficient.

There are useful elements in some of the “trials” that have been established in Queensland for example:

- The Early Years Centres had the potential to provide an easily accessible and visible intake and assessment point for voluntary self-referral, similar to the highly visible and multi-disciplinary Children’s Centres established in the UK. But the Early Years model has become another “trial” which has not been expanded geographically or functionally.
- The Helping out Families initiative would have been useful if it had been promoted early on as a major avenue of support through voluntary self-referral by families. And while it is now possible for families to do this(it was not initially) the majority of families are still notified through the government tertiary intake system and referred on to HOF services who are directed to “cold call” on the family with a potential hostile and uncooperative response.

1.9 A collaborative system

The new system is predicated on the understanding that all parts of the service system (universal, secondary and tertiary, government and non-government) have a shared vision around preventing child abuse and neglect by focusing on working with parents to meet their aspirations for their children and themselves as a family and on outcomes for the child both now and in the longer term.

Essential elements of this collaboration will be :

- Articulation of a shared vision developed through joint planning and the identification of the desired outcomes for children and families and working “with” rather than “on” families (as distinct from the measurement of system processes and outputs as occurs at the moment).
- Building a supportive culture – mutual respect between professional groups and providers
- The potential for liaison officers to be embedded in another agency (a feature of Child First in Victoria)
- Shared assessment frameworks around risk as well as a shared view of how to respond to it.
- Joint training
- Integrated case management
- Co-location and integrated services.
- Culture change which builds shared responsibility and overcomes the current culture of risk aversion.

- Strong leadership from media and politicians that supports the new approach rather than erodes it.

The above is from the Allen Consulting Group⁶ however the same views were raised repeatedly in the practitioners' forum when discussing the necessary preconditions for effective collaboration.

1.10 An integrated family focussed service model

FIN Brisbane supports the New Zealand Strengthening Families model and the Western Australia Strong Families approach.

There is a strong case⁷ for parental involvement in child protection decision making, not only from a rights perspective, but also because their knowledge is important for decision making and for outcomes, and there is increased compliance and therefore a likelihood of family reunification. There should be less focus in interactions with parents on their weaknesses and more on their care-giving qualities and child rearing competencies.

Important characteristics of this new approach will include:

- A focus on involving and gaining consent from the families early on.
- An independent coordinator/lead worker/ key contact person from a non-government organisation to meet with the family to plan the process and who should be involved.
- Feedback from the families is listened to.
- A non-government agency should be the lead agency in this process.
- Where needed a shared and coordinated service plan for the family and this should be very early in the process.
- Collaboration should be strengthened by an agreed inter-agency protocol, for example the Cambridge Protocol, involving specialist knowledge and a shared service plan.
- Effectiveness should be judged on an outcomes based framework, not on outputs. Evaluation based on outcomes is possible, despite current bureaucratic thinking (see, for example, the UK Looking after Children Framework which considers the child's needs in seven life areas.)

1.11 Matters relating to program design

The program model is important. A "whatever it takes" model is needed so services are able to be adapted to the specific needs of the family, whether it is housing, support and protection from

⁶ Allen Consulting Group, (2008) Inverting the Pyramid. A report prepared for the Australian Research Alliance for Children and Youth (ARACY), px-xii.

⁷ Healy, K., Darlington, y. And Feeney, J.A.(2011) Parents' "Participation in Child Protection Practice: Towards Respect and Inclusion" *in Family and Society* Vol. 92 No. 3

domestic violence, parenting support, health services and so on. A family's complex issues will generally require a complex response. Agencies should have this flexibility.

The funded services should be able to respond to the various levels of support that are needed by families with greater flexibility to cope with the multiple crises which a family might face over time. Over the funding period an organisation should be able to provide primary support to one third of the cases it deals with, secondary support to one third of its cases and very intensive support to one third of its cases. Multi-disciplinary teams of family support workers would be beneficial to ensure that the scope of needs of children of all ages and parents can be resourced including healthcare, early childhood services, youth development, case management, education and employment.

1.12 Matters relating to cost

It is unrealistic to expect that this reinvigorated secondary service system be funded initially at the expense of the tertiary system. It must be accepted that there will be a need for transitional funding to allow for the funding of both, with the good prospect of progressive reductions in the cost of the tertiary system as the secondary system begins to lessen the burden at the tertiary end (for example, the parents forums were very vocal about how well parents could cope if they received the same resources to look after their children that are available to foster carers).

However FIN Brisbane would strongly disagree that a secondary service system is created just by changing the focus of existing tertiary services. There are many secondary service organisations where parents are already presenting voluntarily and where a culture of partnership with parents is already established. This type of secondary service with an enhanced role will form the basis of the new service system.

1.13 Funding for ongoing parent input to the reform and continuing improvement of the system

The system cannot be fundamentally improved without continuous feedback and advice from parents about what works.

It is recommended that new funding be available for a system of family inclusion groups across Queensland.

Increasing Aboriginal and Torres Strait Islander self-determination, in particular the scope for Aboriginal and Torres Strait Islander communities and agencies to play a greater and more active role (2)

While Aboriginal and Torres Strait Islander families and Aboriginal and Torres Strait Islander community controlled services do participate in the Family Inclusion Network Brisbane, their representation is not sufficient to provide a the detailed response to this issue.

There was general agreement at the FIN Brisbane Forums that increasing Aboriginal and Torres Strait Islander self determination and providing culturally sympathetic services are vital. There is definitely scope for their communities and agencies to play a greater and more active role.

In deciding how this is best done, the Family Inclusion Network Brisbane defers to the greater wisdom of these communities and services and their peak bodies, in particular the Queensland Aboriginal and Torres Strait Islander Child Protection Partnership.

Decision Making Models (3)

It is understood that the current Structured Decision Making Model was introduced to provide for standardised, evidence-based case planning that is consistently applied and focuses on the best interests of the child.

However the views of both practitioners and parents who participated in the FIN Brisbane forums are that the current structured decision making model is not the best system and needs to be replaced. Greater effort needs to be placed on progressively assessing and understanding the family dynamic and needs of children before making decisions and supporting families to mitigate risks by connecting to resources and services.

3.1 What parents say

Parents say current decision making models mean they are unfairly judged because of history and previous generational problems:

“They are stereotyping and only seeing what they expect to be there... (They) are holding past issues (old domestic violence relationship) against you.” (Parent participant, FIN Brisbane Parent Forum 22 November 2012)

“Look into the case you have been given and find the truth, don’t just read the file. Look at their life and look at how they act with their children... See the stress that parents live under personally.” (Parent participant, FIN Brisbane Parent Forum 28 November 2012)

“(We are) guilty by association. A parent is held responsible for other people’s actions, even when those people are not directly involved in your life.” (Parent participant, FIN Brisbane Parent Forum 28 November 2012).

3.2 What a better decision making model should look like

The views of the parents were supported by practitioners. The current structured decision making does not allow for well-informed professional judgements to come into play, or for a strengths based approach when assessing the family context.

There was strong preference for a model which is more akin to the New Zealand and European approaches that are outlined in the Options Paper. Decision making should be:

- More holistic/ multi-disciplinary
- A focus that is not on outputs and but on improved outcomes for the child.
- Satisfying the long term needs of the child, particularly cultural issues
- Building a system that is based on fairness and recognition of the impact of poverty
- Building a workforce that is skilled and knowledgeable, not one that teaches child protection workers to be risk-averse fearing blame, with performance indicators over-riding quality and effectiveness.

It is recommended that the preliminary assessment be undertaken by the non-government organisation with the ability to immediately follow up with a service that supports the family, and the second assessment where necessary involves tertiary sector workers and investigates more deeply child safety matters.

Court Models (5)

5.1 What parents say:

They want to know their rights. Parents want information at the first contact with Child Safety about their rights particularly in relation to legal rights and they want the right to have a support person involved.

Some parents said that they had signed children over voluntarily feeling that they had to, only to find they didn't and then the children were already removed.

They said legal aid has limited experience and availability for child safety cases and even then the application process takes a while to get approved so it is not until children have already been removed and are in care that legal representation is available.

A number of parents said that hearsay evidence was too often used in court affidavits - *putting things out of context or just untrue in affidavits to back up their claims*" (Parent participant at Parent Forum 14/11) and this in turn led to Legal Aid deciding against the probability of winning and therefore not representing the family.

Parents would like to see booklets on what their rights are and that it be mandatory for child safety officers to provide to people on first contact so they have instant access to what their rights are. A hotline would be even better.

They would also like to see a greater *"focus on the case plan and reaching goals rather than dragging it out."* (Parent participant at Parent Forum 22/10)

"(In case plan) actions that Child Safety are supposed to do, they don't get around to it. So orders are extended and reunification delayed."(Parent participant at Parent Forum 14/11)

The adversarial nature of the courts is a big problem for both parents and children. They say the current process is confusing, disempowering and intimidating for both parents and children.

5.2 What a better system would look like:

- A less adversarial system is definitely preferable and a Tribunal may be able to do this more effectively but it does need to be accountable and recognize the rights of parents.
- A system which recognised parents as consumers (or clients) as well as children.
- If it is to remain within the Court system then specialist training and expertise are necessary. Given the necessary expertise there is a strong argument for a specialist court. Alternatively a model based on the Children's Court Clinic in Victoria must be implemented.
- Parents should have representation. Parents should have Legal Aid and not have to pass the test of probability of winning.

- Alternative Dispute Resolution should definitely have a place in the proceedings. It should be held as early as possible and each party should have support to enable collaborative decision making.
- The current Family Group Meeting process is not being properly implemented and it is not fulfilling its original intent. The Family Group Meeting process in New Zealand needs to be revisited as a preferable model. The current Meetings have become legalistic and not a problem solving meeting that will enable the best outcomes for the child. They do not give parents empowerment or confidence that all parties will follow through on their actions.
- The idea of the Court having an active case management role (along the lines of the system currently being proposed in New South Wales) should be explored. This will mean the immediate availability of funded services to enable the case plan to be implemented.
- Courts that specialize in drug and alcohol and family violence have had success in other jurisdictions.
- There should be research into and the development of strategies for the better integration of matters that cut across different court systems, for example domestic violence, child abuse or neglect and family court related matters.
- FIN Brisbane supports the recommendations contained in the submission the Commission of Inquiry has already received from the Women’s Legal Service.
- The current Queensland Civil and Administrative Tribunal review process needs to be improved. Clear advice must be given to parents about the opportunity to seek a review of a decision and some extension beyond the 28 days needs to be given to parents to allow them sufficient time to appeal a decision.
- An ombudsman for parents must be established to ensure that abuse of power and unfair process can be investigated.

Adoption as one response to permanency planning (6)

The universal response at all forums to the question about whether adoption is a socially acceptable and appropriate option for children who are unable to remain with their families is: NO.

Adoption is simply a way of avoiding the need for and the cost involved in the overhaul of the current system.

Part 2: What Parents Say

The following contains extracts and quotes from three forums which were held in November 2012 with 36 parents of children who have been or currently are the subject of notifications to the child protection system. The forums auspiced by FIN Brisbane were held with the generous support and facilitation provided by the Kyabra Community Association, the Queensland Injecting Health Network (QulHN) and Micah Projects. The Benevolent Society supported a parent to contribute a written survey.

The parents were asked the following questions.

Why families become involved with Child Safety?

The parents say that they have been unfairly categorised as high risk because of some issue in their life at a particular time and they are being unfairly judged as a result. For example:

Intergenerational history

We had no parent willing or able to look after us as children and now child safety think the same about me....My mother was a child in care and her mother was a child in care. From ages 9 to 18, I was in care and they think I live the same life my mum did and that I would hurt my children in the same way, but it's not true.

Child myself in care...my name is already on the list.

Workers need to care about children who are in care and not judge parents who have been in care and make assumptions that because I have been in care I'm not going to be a good parent.

(There are) assumptions that children are being harmed based on parents' backgrounds...They shouldn't be able to use the past against you.

Domestic Violence:

I had a violent partner. That's why Child Safety became involved. I should have been offered to go to a refuge.

Lack of information regarding options available for issues – DV, housing, refuges

Give the mother a choice to go, to leave and go somewhere else that is safe.

Didn't know of services that could help:

Not enough knowledge of what services are out there – often just referrals to websites and that is not always helpful.

Parents don't know where to go...they are scrutinized when they ask for help so they try to do it independently.

Being stereotyped:

People who are using drugs “may love their children dearly” but the children are still taken off them into a system that does them more harm.

Stereotyping people in low income in housing commission areas.

Mental illness can be a big part of involvement. Judgement from DOCs about being able to parent.

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The services or supports families need to prevent Child Safety from becoming involved in their lives?

Support Services

There was discussion across all levels of intervention (primary, secondary and tertiary) about the lack of support services and/or the lack of knowledge about support services. The parents said that having the information about services readily available is a key point in not only prevention from entering the child protection system but also exiting the system as quickly as possible. But families also said that rather than Child Safety seeing it as strength when families were asking for help it was often considered proof that they were not coping and it is used against them later.

Services need to be in there straight away rather than being placed on a waiting list for three months.

Sometimes I just need help with practical stuff, transport, housing

I wish I had known of support services available before DOCS became involved.

I needed help when age twelve to thirteen which things started going downhill

If you ring DOCS and ask for help they don't send you to a service. They just come out and take the kids when I was asking for help.

I have only been given one referral by a CSO in two years.

DOCS told me we don't care about the parent, we are concerned with the child.

Support services need to be identified – separate to Child Safety.

Parenting course, family help, drug counselling

Early treatment of postnatal depression

Help and work with you whatever things need to be addressed before they take your children. Come to the house and do check –ups. Let parents do courses while they have their kids.

Observing parents seems to be where most resources go...not useful for parents who may not have skills...if they worked with families and parents to improve skills and help develop connections to support before removal

Someone to stay at the house to help teach about parenting because some people have not had experience of that in their own home.

Domestic violence

Families discussed the need for mothers to be given options and opportunities to move into a safe space with their children instead of removing the children. Families identified the need for support around information from as early as police being called to an incident in the home. They talked about feeling like they were blamed and held responsible for being victims of violence and not knowing where to go for help.

A place to find information and then resources to actually assist moving, counselling, accommodation.

Instead of Child Safety getting involved, speaking to DV services immediately in the moment before partner returns.

SAFE HOUSING

Mother is punished for being the victim of DV and so are the children.

Unborn notifications

Families spoke of children being removed from birth in the hospital despite having never had contact with Child Safety. This was common across all groups, not isolated cases.

Have a meeting with the parents and DOCs before a child is born and make a plan and give the parents options

What families need to be reunited with their children as quickly as possible?

There were some common themes around what delays reunification and the return of the children to their families.

Consistent support from Child Safety

Parents said it was common for families to work with many different CSOs during their involvement and this led to delays in achieving cases plans and increased contact with children which are pivotal to reunification. They also said Child Safety officers need to be held as accountable as parents are for meeting their responsibilities in the case plan.

We have had fourteen different case workers...reunification plans are not done...we are now two months from the end of the order and what we negotiated hasn't been done. The order will probably get extended again.

...getting caught in the middle of legal advice and Child Safety...We have ended up getting blackmailed because the solicitor is saying do not sign the case plan but they are withholding contact until we do.

In case plans, actions that Child Safety is supposed to do, they don't get around to it. So orders are extended

Psych reports and assessments need to be made straight away and not dragged out.

Family Group Meetings need to be done in the right time frames.

We didn't receive our case plan for two months after the Family Group Meeting

Lack of support services

More contact with children and case worker to work with parents as well as children

Focus on case plan and reaching goals rather than dragging it out... Do plans straight away so that parents can show they can look after the children properly. This can't happen in one hour.

Support information to assist parents to change situation.

Resources

A common factor was the parents not being able to afford to do all the things required in the case plan, for example *transport to drug testing, three or four buses and no money on the Go card*. Across all forums parents discussed the difference in resources available to families to help them raise children as opposed to foster carers – respite care for example. Some parents said when they had gone through a difficult period, for example a mental health episode or DV and if they had access to respite for a short period of time while they got back on top of things then the children would not have been removed. Parents also talked about the need for financial assistance and help with getting children with high needs to appointments. This is available for foster carers.

The child needs to be placed close to where the parents live. DOCS need to pay parents for transport costs for contact visits for parents who have to go long distances (Toowoomba to Brisbane).

What families need to stay connected with their children?

Parents wanted more connection with their children and the chance for more contact visits as well as more information about their children's health and well being.

If parents are doing the right thing they should get increased contact

Regular contact to increase when doing positive things and moving forward...weekend visits...every four to six weeks reviewed and if not enough staff at Child Safety, other family members could be supervising... being flexible.

Especially with newborn babies – contact needs to be regular...breastfeeding should be supported and encouraged.

Legislation should specify where and when parents can visit children – so it isn't left up to the CSO.

Genuine opportunities to meet children, grow attachment with them when removed. Opportunities to speak freely with children, communication as normal...having visits in an environment which allows you to demonstrate good parenting...I couldn't be the parent I really am when they are watching...Can't be yourself with your kids during visits...you feel you are being judged.

When there are DV issues and the child is given back...needs to be more information and assistance with court processes and orders.

Why do schools etc need to change? This isn't fair on children, this punishes and traumatises children...Child's environment should stay the same as much as possible – area, friends, schools.

Activities that parent and child can do together, a playgroup or outing to develop relationship...playing games, reading books.

Therapy for the whole family...each child requires counselling...assistance to keep the whole family together

The longer the children are removed the harder it is to reunify as a family – sometimes it's too late- it won't be possible for us to be family again.

Cultural and spiritual beliefs

Should check and appreciate spiritual beliefs...Children should not be forced to follow the religious beliefs/values of carers which affects your relationship with your child.

Identity crisis...loss of culture/language as daughter placed in a family of a different culture. My child is now living in a different culture.

Families want to be told immediately there are problems for the child in care, or even just simple things about what is happening:

Want to be told immediately a child is hurt.

...did not receive child school reports automatically. They had to ask for them and follow it up.

Want to know about activities, Christmas concerts etc.

My son went to juvie three times and I found out twelve months later.

Advice to Child Safety about working with parents?

Don't be so judgmental

Each case is different...don't tar us with the same brush

Check your assumptions with professional s...(for example) mental health issues...get professionals to do the assessment

Treat people how you would like to be treated. Don't talk down to parents

Need life experience – not just straight out of uni

Should approach situations more positively, usually negative from the very beginning about parenting.

Acknowledge that this is someone's life...you are not just doing a job.

Do investigations with evidence and don't use hearsay

CSOs want you to go on methadone, so you do and then say you were dozing off on a visit, but they don't take into account what the doctor said.

Case shouldn't be held up if worker goes on leave...parents and children's lives don't stop.

We need information on our rights

Your rights aren't explained to you...needs to be an information brochure on your rights and your child's...also including how to complain.

Parents should have the right to complain without feeling like they will be punished...needs to be an external body to complain to and to investigate issues...somewhere to report inappropriate CSO behaviour.

Refocus on families – how can you prioritise a child but not prioritise the family unit.

Be family focused...don't concentrate on splitting up families

Keep kids together

Don't work against us, work with us.

They should be trying to support you, not just win a case.

Need to work together with parents, but first listen to what parents need. Child Safety has never worked with us only against us...Understand parents ,listen and see where they are at.

What stops families from being given an equal chance to parent their kids?

The families don't have equal chances because Child Safety has more power over families.

The Department's needs were always first.

Child Safety breaks people. People aren't given equal opportunities.

Low income is a major problem for the majority of parents. All parents' forums raised the unequal access to resources for foster carers compared with resources for parents. For example foster carers can access respite when things get tough and they get help for getting kids with medical needs to appointments. They also have access to networks for support. Parents on low incomes cannot access this sort of support.

Parents need to have access to the same support and services as carers. Re-direct funding to keep families together.

Observing parents seems to be where most resources go...not useful for parents who may not have skills...(what about) someone to stay at the house to help teach about parenting because some people have not had experiences of that in their own home.

They don't want there to be a stigma attached to accessing services. Resources for parents need to be available for community services that are easily accessible.

The mother who is a victim of DV is punished as well as the child...a parent should be given safe options.

Importantly and finally there was a lack of information being provided to parents about their rights. Parents want information at the first contact about their rights particularly their legal rights.

List of References

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Healy, K., Darlington, Y. And Feeney, J.A.(2011) “Parents’ Participation in Child Protection Practice: Towards Respect and Inclusion” in *Family and Society* Vol. 92 No.2

Thomson, J. and Thorpe, R. (2003). “The Importance of Parents in the Lives of Children in the Care System” *Children Australia* Vol.28, No.2 (special edition)

List of organisations that have participated in FIN Brisbane

In the previous two years, a number of agencies have participated in FIN Brisbane meetings and workshops, as well as planning and steering meetings.

- 139 Club
- Aboriginal and Torres Strait Islander Community Health Service
- Acacia Ridge and District Community Centre
- ACT for Kids
- AMEND (Assisting Mothers to End the Need for Drugs)
- Anglican Women's Hostel
- BABI Youth and Family Services
- Bahloo Women's Youth Shelter
- BRIC Housing
- Brisbane City Council
- Brisbane Domestic Violence Resource Centre
- Brisbane Youth Service
- Cannon Hill Family Support Centre
- Carers QLD Brisbane North
- Caxton Legal Centre
- Centacare
- Child Safety Services, Department of Communities
- Commonwealth Respite and Care Link
- Communitify Qld Inc
- Community Connections
- Community Living Association
- Department of Communities
- Department of Employment and Training
- Domestic Violence Resource Centre
- Dress for Success
- East Brisbane Community Centre
- Ethnic Communities Council Queensland
- Family Intervention Service

- Family Support Group
- Gallang Place
- Glenhaven Accommodation
- Harmony Place
- Hart 4000
- Hub Neighbourhood Centre
- Inala Community House
- Inala Youth Service
- Indigenous Family and Child Support Service (IFACSS)
- Jabiru
- Kinnections
- Kingston East Neighbourhood Group
- Kummara
- Kurbingui Youth Development Organisation
- Kyabra Community Organisation
- Legal Aid Queensland
- Life Without Barriers (Family Intervention Service)
- Mamre
- Marsden Families Program
- Mater Hospital - Child Development Clinic and Child Protection Unit
- Mercy Family Services (New Families Program and Unaccompanied Refugee Minors Program)
- Mercy Foundation
- Metropolitan North Mental Health Services
- Micah Projects
- Mission Australia (RAI Inala/Goodna, Pathways Program and Communities for Children)
- Mission Australia
- Mt Gravatt and District Community Centre
- Multicultural Development Association
- National Council of Women (Qld)
- National Disability Services Queensland
- New Farm Neighbourhood Centre

- North West Aboriginal and Torres Strait Islander Community Association
- Othila's
- PeakCare Queensland
- Picabeen Community Association
- Playgroup Queensland
- Queensland Council Of Social Services
- QPASST
- Queensland Health, (Child Health and Safety Unit and RCH Child Development Program)
- Queensland Aboriginal and Torres Strait Islander (Child Protection Peak)
- Queensland Alliance
- QuIHN (Brisbane Treatment Services)
- Real Community Services
- Red Cross
- Royal Brisbane and Women's Hospital Social Work Dept
- Salvation Army, Pindari, Fathers with Children Project
- Sandgate and Bracken Ridge Action Group (SANDBAG)
- Save the Children Australia
- Sherwood Neighbourhood Centre
- Silky Oaks
- Southside Education
- Spiritus (Homeless Services and Counselling and Education Services)
- St Mary's Support and Accommodation
- St Vincent De Paul Society QLD
- South West Brisbane Community Legal Service
- TAFE Queensland
- The Benevolent Society