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Response to Queensland Child Protection Commission of Inquiry: Emerging issues - September 2012

- Parents with an Intellectual Disability and the Child Protection System.
- Children with an Intellectual Disability in Child Protection out of Home Care and Exiting out of Home Care aged eighteen.

Parents with an Intellectual Disability: Key issues and recommendations

Parents with an Intellectual Disability are too frequently viewed in a risk adverse climate such as Queensland's to be unable to parent. International research disputes this fear. What is currently observed in Queensland is children being removed from parents with Intellectual Disabilities who are willing and able but require some support to parent well and effectively. These supports are often not forthcoming at any prevention and early intervention stage until there is a tertiary services response which results in children being removed and then placed in the alternative care system. By this stage parents and children are dealing with the additional burden of tangible grief and loss issues as well as the previous matters that required support and still need to be addressed.

United Nations Convention on the Rights for People with Disabilities

- Article 23 - Respect for home and the family

1. States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that:

(a) The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized;

(b) The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided;

(c) Persons with disabilities, including children, retain their fertility on an equal basis with others.

2. States Parties shall ensure the rights and responsibilities of persons with disabilities, with regard to guardianship, wardship, trusteeship, adoption of children or similar institutions, where these concepts exist in national legislation; in all cases the best interests of the child shall be paramount. States Parties shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities.

3. States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families.

4. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents.

5. States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.

Intellectual Disability and Adaptive Behaviour:

Currently the American Association on Intellectual and Developmental disabilities (AAIDD) defines Intellectual Disability as:

“Intellectual Disability is a disability characterised by significant limitations both in intellectual functioning and adaptive behaviour, which covers many everyday social and practical skills. This disability originates before the age of 18.”

Intellectual Functioning:

Also called intelligence, refers to general mental capacity, such as learning, reasoning and problem solving.

One criterion to measure intellectual functioning is an IQ test. Generally an IQ test score of around 70 or as high as 75 indicates a limitation in intellectual functioning.

Standardised tests can also determine limitations in **Adaptive Behaviour** which comprise three skill types:

- Conceptual skills - language and literacy, money, time and number concepts and self-direction.
- Social Skills - interpersonal skills, social responsibility, self-esteem, gullibility, naivety, social problem solving, and the ability to follow rules/obey laws and to avoid being victimised.
- Practical Skills - activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, use of money and use of the telephone.

Most people with an Intellectual Disability do not identify as having an Intellectual Disability. This is because it is a difficult disability to conceptualise and understand one's own disability; it is difficult to explain; and people tend to mask their disability if possible due to their experience of stigma in the community. Professionals and service providers may not be aware of a person's disability simply due to the fact that many people with intellectual disability mask their disability, not necessarily intentionally but through the communication patterns they tend to feel most comfortable with, for example agreeing with those more confident and in control.

Recommendation One:

That Child Safety officers receive training on identifying and working with people with an Intellectual Disability. This would facilitate opportunity for better engagement of the parent

during the investigation process as well as contributing to a more effective process of assessment and case management.

Recommendation Two:

That protocols be developed and routinely employed between Child Safety and Disability Service and Community Care Services in order to provide appropriate funding and support to assist parents with intellectual disabilities to parent most effectively. This protocol may include a Child Safety officer being required to actively provide Disability Services contact and funding package information to a parent in all circumstances where the officer has a reasonable belief that the parent has an intellectual disability. It may also include provision for a Child Safety Officer to endorse the prioritisation of a parent's application for Disability Services funding in circumstances where their child is subject to any form of Child Safety intervention and the provision of appropriate funding would optimise their parenting and or support family reunification activities.

Recommendation Three:

That Disability and Community Care Services recognise in its assessment process and eligibility requirements that 'parenting and child rearing' is an activity for daily living of the same core necessity to a person as 'health care' or 'education' and offer Disability Services support to parents with an Intellectual Disability.

Recommendation Four:

That the Department of Communities further explore and put in place prevention and early intervention responses to support parents with intellectual disabilities who have children from pre-birth through different child development stages in order for the children to remain within its natural family and prevent removal and involvement of Child Safety, particularly when the parents are willing and able but require some support to parent effectively.

Recommendation Five:

That Disability Services Queensland press the Commonwealth to include 'parenting and child rearing' as a core activity for daily living in the NDIS eligibility definition for Individualised Funding support.

Parents with an Intellectual Disability: Successful parenting and issues related to children being taken into care

There is a significant body of research that indicates that parents with an Intellectual Disability can parent successfully, particularly if they are provided with adequate supports and have access to in-home supports such as mentoring, home help such as cleaning, washing etc, other community support options and if necessary utilising shared or co-parenting models. Shared parenting is most successful when supplied by trusted family members but can be provided by foster carers or other non-related community-based persons. The success of parenting would be optimised by the provision of supports to parent the child within the family home.

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more akin to those present in the Scandinavian countries or in or other non-related community-based persons. The success of parenting would be optimised by the provision of supports to parent the child within the family home. The use of tutors could also be of significant assistance as often we hear of children removed from families struggling to assist their education to then receive tutoring or other forms of educational support when placed in foster care. These supports being available earlier could ensure the family remains intact.

Where parental supports and mentoring, shared or co-parenting is not possible then service support is an alternative.

Recommendation Six:

That where Child Safety identifies parenting concerns in relation to parents with an Intellectual Disability that strenuous attempts are made to identify potential in-home community supports that may alleviate some concerns and/or shared or co-parenting possibilities or other supports.

Recommendation Seven:

As co-parenting or shared parenting is not possible in all situations, Queensland Department of Child Safety and Department of Disability will work together to fund:

- a) A small number of specialist Intellectual Disability parent support services; and
- b) Ensure generalist family support services are equipped to support parents with an Intellectual Disability.

Recommendation Eight:

That Department of Community Services Queensland fund grief and loss counselling services to parents with an intellectual disability whose babies/children are compulsorily removed.

Children with an Intellectual Disability in Child Protection Out of Home Care and Exiting out of Duty Home Care at eighteen

There is considerable evidence as to the poor outcomes for young people exiting care; young people with an Intellectual Disability if anything experience increased vulnerability. There are also a number of well researched and documented actions which could be taken to support transition from care. Young people in care, and therefore those exiting, have particular vulnerabilities. These are exacerbated for the group of young people who have intellectual disabilities and research shows the extent to which they are preyed upon is alarming.

Approximately 20-25% of children exiting out of home care each year have some kind of a developmental disability which affects their upbringing and transition out of care (Department of Communities, 2011). There are many other young people that have not been formally identified nor diagnosed with any kind of developmental or intellectual impairment. Disability and Community Care Services assessment processes and service response are inadequate in assessing and providing the support needs of this group, simply because they are not seen as disabled enough and their social disadvantage issues are ignored.

Transition programs currently in place are inappropriate with many young people being exited into homelessness support services and inappropriate employment programs which fail. There is little followup by the Department of Child Safety with these young people once they exit care.

Young women exiting care are at particular risk of experiencing early parenthood, homelessness, and becoming victims of crime with the Journeys of Exclusion (Jackson, O'Connor and Chenoweth, 2006) research report, which examined the lived experience of young people with intellectual disability transitioning out-of- home-care. The report showed:

- That out of the 29 women and 14 men interviewed, 17 were parents and the mother's average age was 20.8 years old. There was also a child protection intervention rate of 96%.
- 59% had experienced homelessness.
- Only one participant was in the same accommodation, living with former foster carer, and the rest were in boarding houses (40%), homeless shelters (30%) and public housing and private rental.
- Almost one in five had been charged with a criminal offence, with 10% charged with more than one offence. One served time in prison. One person has been reported on several occasions for indecent sexual behaviour. The varied offences have included: theft, fraud, drug possession, assault, rape and burglary.
- 88% of participants have been victims of crime. Only 3 of the perpetrators of these offences were convicted of the crimes. The vast majority (67%) of the crimes perpetrated were of a sexual nature, that is, sexual assault and rape. Domestic violence, theft/burglary and financial exploitation were other forms of crime committed against the participants. 73% of these crimes were reported initially to service workers.
- Contact with mental health services was reported in 60% of cases.
- 44% are reported to have engaged in substance abuse. Alcohol is the most commonly abused substance (76%).
- Almost all the participants (94%) are unemployed. Only two of the participants are reported to be in open employment. Only 13% obtained a Year 12 certificate and 15% a Year 10 certificate.

See - <http://communityliving.org.au/publications/Journey%20of%20Exclusion.pdf>

Recommendation Nine:

All young people in care require full assessment to identify any intellectual, developmental or cognitive disabilities which may affect their developmental and education needs and supports provided by foster carers. This identification will also lead to improved education outcomes and transition processes when exiting care. This assessment should encompass and assess the risks of being a young person transitioning out-of-home-care and lack of family and social supports.

Recommendation Ten:

That options for supported housing - either live-in support or visiting service support - are developed. Existing housing exit processes often focus on housing a young person leaving care to unsupported Housing Department housing and limit other support to the provision of furniture. Housing, which often breaks down quickly, and furniture which is abandoned.

Secondly, supportive positive relationships have also been shown to be at paramount importance in successful exit from care.

Recommendation Eleven:

That where continued residence in foster care situation is desired by all parties that it receive policy support.

Recommendation Twelve:

That post care transitions programs are developed that have a focus on building or retaining supportive relationships as well as supporting young people to access community roles such as employment. There are already some pilot transition programs funded under Federal and State Homeless persons' monies and these should be continued.