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COMPLEX SERVICE SYSTEMS

Community worker perspectives on the needs of families involved with ACT Care and Protection Services

Sharynne Hamilton and Valerie Braithwaite

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EXECUTIVE SUMMARY

Historically, Australian child protection authorities have consistently failed to protect the children it has removed from their families because of concerns of abuse or neglect. Literature abounds on the failures of child protection departments, and the poor outcomes for children who have grown up in out-of-home care around Australia (see Appendix 1). The research presented in this report examines the problems through the eyes of community workers. The purposes of this research project are three-fold. First, it aims to obtain a nuanced understanding of the lives and service needs of parents and family members who are subject to child protection interventions. Second, it examines the experience of community workers who provide support to families with child protection interventions and identifies factors that may impede their efforts. Third, it examines the pathways available for parents to engage with the Australian Capital Territory Child Protection Services (ACT CPS) and be involved in the decisions that are made about their children.

The report begins broadly with a review of the international literature on the complexities involved with parenting, on good and bad parenting and on the risks involved with parenting. Included is an account of parenting in contemporary Australia. The literature review explores the profiles of families most likely to come to the attention of child protection services and examines the strengths, weaknesses and resilience of these families to look after their children, despite complex lives and enduring adversity. The review examines the recently evolving literature on parent experiences of the child protection system in Australia.

Following the literature review, an analysis of two types of data is undertaken. Quantitative data, describing families presenting to community organisations in the ACT, was used to provide an understanding of the service needs of parents who were subject to child protection interventions. A second set of data was collected from a range of staff from the community sector. Interviews were conducted to explore the challenges of providing advocacy and support for these families, often above and beyond their funded service delivery. The qualitative analysis was used to construct a fictional case study to capture the essence of the intractability of the child protection problem. In the present system, no-one wins.

As has consistently been the case in Australian child protection systems, Aboriginal and Torres Strait Islander families are over-represented in the data collected for this research. In addition, there is a high representation of parents and children who have disabilities. Families presenting to community services comprised mostly single mothers who were socially marginalised, poor, and reliant on Centrelink incomes and government housing. All the families had ACT CPS interventions. The research captured the experience of families of 321 children known to the care system in the ACT. This is not an insignificant number of families, given there are just over 500 children currently in out-of-home care. The data have a strong claim to capturing the lives of families involved with the care system in the ACT.

The main contribution of the research is to demonstrate that parents and families in contact with community workers are dealing with complex needs, are socially marginalised and stigmatised. They are observed by community workers to have little to no trust that they will be treated equitably by child protection workers. Community workers overwhelming reported arbitrariness, inconsistency and low transparency in the ACT CPS. In many of their cases, community workers failed to see processes as fair or outcomes as good. For both

families and community workers engaged with child protection authorities there was a sense of powerlessness and despair: Stigma was so great that parents were fighting against the odds to win respect from child protection workers for the steps they took to be better parents, and to convince the child protection authorities that their lives had changed and they were able to care for their children.

Three findings warrant further exploration. The first was the correlation between previous and current care experiences of families. The data clearly showed significant transfer of disadvantage and trauma, with families more likely to be involved in the care and protection system if someone else in the family had been removed from the family and placed in care. Given the known trauma and government apologies given to the Stolen Generations and the Forgotten Australians, there is an urgent priority to research exactly how trauma is transferred, and investigate how cross-generational trauma can be exacerbated by government interventions, entrenching socio-economic disadvantage and disrupting social ties.

The second finding warranting further research was unexpected and disturbing. Community workers described the experience of 'courtesy stigma' when attempting to provide support or voice the concerns of parents and family members. Courtesy stigma occurs when stigma is transferred from an "out-group" to those who are supporting or advocating for them. Community workers felt that they were not seen as primarily keeping the interest of the child as their focus, and often felt accused of putting the needs of the parents or family member before the child. As a result, community workers felt devalued and untrustworthy in the eyes of child protection services. Relationships between child protection services and community workers suffered as a result, with adverse consequences for families.

The third major finding of the research is the difficulty experienced by community workers to fully meet the needs of parents and family members with child protection interventions in the ACT, despite the fact that all services were pushing their boundaries in helping their clients. Everyone is operating under crisis conditions. There are few structures in place that build relationships between all stakeholders and support coordination and cooperation in offering assistance to clients. The dynamics in the relationships are complex and there are no mechanisms that allow for inclusive relationships. Service providers themselves on occasion felt disconnected. This research suggests everybody is suffering.

Conceptualising a way to deal better with complex needs and complex relationships is essential. It is possible to have more nuanced, cooperative and responsive relationships between different groups: child protection workers, foster carers, kinship carers, parents and family members, and community organisations. The current and future economic and social costs of continuing on a path of child removal in its current form impels our institutions to take the first step to seriously address relational disconnections and develop meaningful and efficient partnerships that truly care for children.

1. INTRODUCTION

Acting in 'the best interest of the child' has been both the guiding philosophy and the mantra of child protection agencies across the developed world. The principle is a reminder to adults to listen to children and to invest energy in understanding a situation from the child's perspective, rather than purely an adult perspective. As such, it holds considerable value for parents, families, community organisations, government authorities and the legal system. When institutions that are highly bureaucratised make decisions according to sets of rules and protocols, they can easily become too rigid to be responsive to the needs of children. In its institutionalised form 'the best interest of the child' can also generate some perverse child protection practices. It has been noted that although the unification of families remains a priority of child protection agencies, practices can often 'atomise' the child and fail to recognise both attachment and identity bonds that children have with their families and that are fundamentally important for their well-being.

In recent years, the body of research on how the decisions and actions of child protection agencies impact families has grown substantially. Broken attachment bonds, between parents and children, between siblings and between communities gave rise to feelings of shame and guilt, anxiety and stress as a result of past removal practices (Human Rights and Equal Opportunity Commission, 1997; Senate Community Affairs References Committee, 2004). Children may have been considered at risk when living with their families, but in general, they failed to thrive when placed in out-of-home care experiencing multiple placements, abuse in care and a lifetime of poor outcomes as a result of poor child protection governance (Forde, 1999; De Maio, Zubrick, Silburn, Lawrence, Mitrou, Dalby, Blair, Griffin, Milroy and Cox, 2006; Ford, 2007; Mullighan, 2008; Wood, 2008). When compared to the broader population, research shows that children in care achieve poorer outcomes on measures of health, education, well-being and overall development (Morgan Disney, 2006; Mullighan, 2008; Wood, 2008).

As a result, earlier child protection research concentrated on why family re-unification after child removal was desirable. This work has now been extended to question, at a more fundamental level, the way in which parents and families experience child protection interventions (Thomson and Thorpe, 2004; Family Inclusion Network, 2007; Harries, 2008; Ivec, Braithwaite and Harris, 2012; Mason, 2010; Hamilton, 2011; Harris and Gosnell, 2012; Hinton, 2013; Watson, 2014). This paper briefly reviews this recent work which casts a more nuanced perspective on the role that families may play when the safety and well-being of their children comes under the purview of child protection authorities.

This body of scholarly work recognises the contribution that parents want to, and can make to the lives of their children, even if they are living in out-of-home care. Less often addressed, however, is the question of whether there are pathways available for parents to engage with child protection authorities in planning their child's future. Do parents feel able to engage, are there ways in which they are empowered by child protection agencies, and do they have advocates in community organisations who can help them navigate their way through the child protection system and negotiate with child protection authorities? These are the questions that this paper addresses.

The quantitative data reported in this paper focuses on cases which were active with the Australian Capital Territory Child Protection Services (ACT CPS) for a three month period between 1 September 2011 and 1 December 2011. The informants for this research were not the families themselves, nor their children, but rather community based programs that were providing support to these families. Two types of data were collected. First, quantitative data were collected on the kinds of families that were seeking help from community organisations, their needs, and the degree to which the organisation was able to provide advocacy and support to assist families when they were involved with ACT CPS. Second, between January 2012 and October 2013 a range of staff from Chief Executive Officers, senior executive staff and community workers of these organisations were interviewed.

Interviews reveal firstly, whether these organisations were able to give adequate attention to providing support and advocacy to families with complex problems. Second, the interviews explore how the organisations engaged with the child protection service while at the same time supporting their clients. These qualitative, semi-structured interviews gave us a broader understanding of the pathways that might be strengthened to enable parents to contribute constructively to re-gaining their right to parent, or at least, to contribute positively to the parenting of their child when living in out-of-home care. The report is divided into four sections: (1) a literature review, (2) an analysis of the quantitative data, (3) an analysis of the qualitative data and (4), a summary of the findings and discussion for future directions.

The review in Section 1 addresses the international literature on the ideal parent. Because mothers are the major group affected by child protection interventions, the review also examines the social construction of the 'good' and the 'bad' mother. Attention then returns to the profile of parents who are most likely to come to the attention of child protection authorities, and identifies the strengths and weaknesses of both the children and parents in these families. Next, is an examination of the literature on parent experiences of the child protection system in Australia: who are they, their experience of child protection systems and their capacity to contribute to the well-being of their children whether they live at home or in out-of-home care. The national literature on the stigmatisation of parents from marginalised groups is also reviewed as well as their capacity to trust child protection services. Finally, the literature review examines parental strengths and resilience when supported by positive social networks, and the problems which erode family strengths and that of their networks such as excessive and uncoordinated service delivery, social isolation, and the lack of dedicated support and advocacy services for parents and family members.

Section 2 presents the results of Data Collection Phase 1; quantitative data collected on 126 families identified with child protection interventions. In particular, the circumstances, needs, service use and informal support networks of these parents were explored. Then the historical experiences of these families with child protection services is examined. Finally, the number of clients who had multiple needs and were involved with multiple agencies, and who was available to advocate for them with ACT CPS were analysed.

Section 3 presents the findings of Data Collection Phase 2; qualitative interviews with service providers. These interviews focused on how organisations engaged with CPS and how they worked toward helping their clients resume a parenting role or contribute to their children's well-being. Further, barriers to achieving these outcomes were identified by community workers.

Finally, Section 4 summarises the findings from both data collection phases, and discusses future directions for enabling and empowering families involved with ACT CPS who want to resume their parenting role and/or be engaged in a positive way with their children.

It is worth noting that Australia is a signatory to the International Convention on the Rights of the Child. As such, the Australian government must respect the rights, duties and responsibilities of parents, or where applicable the members of the extended family or community (Article 5), and they must recognise that parents, or legal guardians, have the primary responsibility for the upbringing of a child and provide assistance to them in this responsibility (Article 10).[1] In summary, children can expect that their parents will not experience undue or unnecessary interference by the state, and further, that if they are struggling they will be resourced to look after their children.

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[1] Information on Australia's international human rights obligations is available at: Australian Human Rights Commission <https://www.humanrights.gov.au/>

The literature review ultimately tells us that a poor family, an Indigenous family, women who experiences intimate partner violence, parents with a mental illness or a disability, a homeless family or families who experience a combination of these factors could see a child or children removed from these families 'in case' something happens to them. The report suggests that child protection policy and practice in Australia is imbued with the prejudice and stigmatisation of marginalised groups. Further, findings from the data which has been collected and the interviews which were undertaken indicate that this is indeed the state of affairs in the ACT. As there is mounting evidence that parents involved with child protection authorities around Australia are stigmatised, misunderstood and disempowered, the report argues that it is difficult for families to act 'in the best interests' of their child, and as such parents have few choices but to relinquish parental responsibility for care of the child to the state or another guardian.

2. LITERATURE REVIEW

Parenting in Australia presents significant challenges with diverse community understandings of parenting styles and concepts of what is 'good' and 'bad' parenting. This literature review begins by examining understandings in the literature of the 'good' and 'bad' parent, with a focus on the 'mother'. With these concepts in mind, this review examines the limited but recently expanding literature on parent experiences of child protection authorities in Australia. The literature review will explore who the typical parent who comes to the attention of child protection authorities is and how they are treated, highlighting issues such as stigma and trust which impact on their ability to engage with the child protection process. It will examine the resilience factors which exist in these families. Finally, the review explores the literature which suggests ways to increase parenting capacity to whit id deemed 'good enough' and what contributions parents, even those with complex lives and complex problems, can make to their children's wellbeing.

Australian Parenting: 'Good' Mother 'Bad' Mother

Dominant views about motherhood in contemporary Australian society project an image of the 'good' mother as available for school runs, homework assistance, play, emotional support, the preparation of appetising and nutritious food, and the maintenance of a hygienic home environment: she fulfils all of her family's needs (Lindsay and Dempsey, 2009). This vision of motherhood is, indeed, a high ideal. It assumes a two parent middle class family with resources and can be challenging to achieve, particularly for non-traditional family units or families with lower incomes. While ideals of motherhood are based on the middle class nuclear family, at the 2011 Census of Population and Housing, one parent households comprised almost 21 percent of Australian families, reflecting the diversity in household and family structures in contemporary Australia (Australian Bureau of Statistics, 2012). The median income of two parent households was $960 a week compared to $618 in one parent households (Australian Bureau of Statistics, 2013).

Central to the notion of the 'good' mother is the provision of a loving and a nurturing environment in which the 'good' mother is always present for their children (LeBlanc, 1999). As LeBlanc (1999) suggests, the ideology of being a 'good' mother is entwined with her always being available to her children, spending time with them, guiding, supporting, encouraging and correcting them, as well as loving and caring for them physically. Similarly Wearing (1996) contends that a 'good' mother is responsible for the cleanliness of her children's home environment, is unselfish, and puts the needs of her children before her own.

Constructed against this ideal of the 'good' mother is the vision of the 'bad' mother, or one who does not provide for their children in a way that reflects the values and norms of the broader society. Ladd-Taylor and Umansky's *'Bad' Mothers* identifies the familiar stereotypes: 'the welfare mother, the teen mother, the career woman who has no time for her kids, the drug addict who harms the unborn, and the overprotective mother' (1982, 2). They go on to say that millions of mothers have been deemed substandard because of race, class, age, single motherhood, sexual orientation and other factors (Ladd-Taylor and Umansky, 1998). Despite an ever evolving society and an increasing diversity in family structures, the dominant ideal family in Western societies remains the 'nuclear' family, with the discourse of the 'good' mother as one who provides a loving, clean, supportive environment and is always there for their children.

Mothers, though, and indeed fathers, increasingly struggle to fulfil these expectations. In her research on 'intensive mothering', Hays (1996) finds that social class is key to meeting the needs of children. Similarly, Ladd-Taylor and Umansky (1998) claim only white middle-class mothers in the United States can fit the 'good' mother image and that mothers must constantly guard against slipping into the 'bad' mother category in a culture that disagrees on the major belief systems of motherhood. Research in Australia suggests 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 (Hinton, 2013). Features of child abuse and neglect conjure up images of the archetypal 'bad' mother. Ultimately, the 'good' and

'bad' parent are contested concepts. In a multi-cultural society such as Australia consensus on a 'good enough' parenting standard is very difficult to achieve. This then means that for many Australian parents, idealised community attitudes and expectations have a profound impact on parenting and family life (Tucci, Mitchell and Goddard, 2005). For some Australian families, complex problems which affect their children can bring them under the scrutiny of a child protection service.

Defining the State as a 'Good Parent'

It is important to understand the relationship between being a 'good parent' and the removal of children, both in Australia generally, but in the context of this report specifically in ACT CPS. The ACT Auditor General (Cooper, 2013) proposes that the state, to be a 'good parent' must always be able to answer three fundamental questions about the children in its care - who are they? where are they? and how are they? Over the last 15 years a number of inquiries have taken place into ACT CPS. They will not feature in this report, but of note is that ACT CPS has had similar difficulties as other jurisdictions in Australia in changing its practice and culture so that it can provide answers to these questions about children in its care (Clarke, 1998.; Vardon, 2004; Murray, 2004; Phillips, 2011; Phillips, 2012; Cooper, 2013). All these reports and inquiries into the ACT Child Protection system highlight intractable problems in its operation. Most disturbingly, the ACT Auditor General (Cooper, 2013) found that since 2009, reports of abuse in out-of-home care have increased by 53 per cent.

Families Likely to Come to the Attention of Child Protection Services

Considerable consensus has emerged on which families are most likely to be subject to intervention from child protection authorities: Aboriginal and Torres Strait Islander (ATSI) families; homeless families; those living with domestic and family violence and with mental health issues; single and young parents; and those who misuse legal or illegal substances. All are at higher risk of child removal and family breakdown (Mullender, 2001; Kantor and Little, 2003; Huntsman, 2008; Stanley, Cleaver and Hart, 2010; Sterne, Poole, Chadwick, Lawler and Dodd, 2010).

In addition to these groups, parents with disabilities, and parents of children with disabilities are identified as having a significantly increasing presence in child protection systems around Australia (Mason, 2010; Collings and Llewellyn, 2012).

ABORIGINAL AND TORRES STRAIT ISLANDER FAMILIES

In 2012, ATSI families were overrepresented in child protection systems by a factor of more than ten (Australian Institute of Health and Welfare, 2013). Like the general out-of-home care population, ATSI families experience poverty, homelessness and family violence but for many of these families this is exacerbated by the impact of colonisation and previous history with care systems (Human Rights and Equal Opportunity Commission, 1997; Atkinson, 2002). ATSI families are over-represented among those who are homeless and among those seeking housing assistance (Australian Institute of Health and Welfare, 2012; Mission Australia, 2011). ATSI young people are over-represented in the criminal justice system and in general, there is a significant disparity between ATSI and non-Aboriginal Australians in health outcomes and life expectancy (AIHW, 2013).

HOMELESS FAMILIES

Homelessness, which includes those with inadequate or unaffordable accommodation, short term housing and indeed those with no housing at all, is an issue of national significance. The 2011 Census counted 105,237 homeless people in Australia with one in 93 Australians accessing specialist homelessness services in 2012-13 (Australian Institute of Health and Welfare, 2012). Families comprised 34 per cent of those seeking help with housing. Aboriginal and Torres Strait Islander people were over-represented in this group (22%). Of the 34% of families seeking assistance, single parents comprised the biggest portion (61%) (Australian Institute of Health and Welfare, 2012).

Scholars contend that the traumas associated with homelessness can test family dynamics and put stress on parents in their attempts to ensure the wellbeing of their children (Howard, Cartright and Barajas, 2009; Dotson, 2011; David, Gelberg and Suchman, 2012). In Australia, Wesley Mission (2013) found that homelessness, and

its recurrent nature is a significant contributor to the relationship breakdown between parents and their children, and that mothers face the prospect of losing their children when they are found by authorities to be homeless. Similarly, Gibson and Johnstone (2010) note that homelessness is a consideration when determining whether neglect is or has occurred by child protection authorities. They suggested that the numbers of children living in situations of homelessness are increasingly coming to the attention of authorities and is a problem which is significant and deserves much closer analysis (Gibson and Johnston, 2010).

FAMILIES EXPERIENCING DOMESTIC OR FAMILY VIOLENCE

The most common reason for family groups seeking assistance with housing was domestic and family violence (Australian Institute of Health and Welfare, 2012). For a variety of reasons, data on children who experience violence in their lives in Australia is difficult to obtain (Richards, 2011). Douglas and Walsh (2009) argued that mothers experiencing domestic violence are extremely prominent in child protection systems. A recent study in the Australian Capital Territory by a domestic violence service found that child protection services were in the lives of 77.1% of their families, which was putting these families under more duress (Watson, 2014).

FAMILIES EXPERIENCING MENTAL HEALTH PROBLEMS

Parents with mental health problems are also more likely to come to the attention of child protection services, and this can result in the removal of children (Huntsman, 2008; Steer, Reupert, and Maybery 2011; Westad and McConnell, 2012). Estimates on the number of children living with a parent with mental health problems are somewhere close to a quarter of all Australian children (Steer et al, 2011). Many of these parents are parenting alone.

LONE PARENT FAMILIES

The 'unmarried mother', 'the single parent', 'the supporting parent' and the legitimacy or 'illegitimacy' of their children, have been the subject of ongoing child welfare concerns in Australian child protection history (Swain and Howe, 1995). Single parent families have significantly increased in representation over the past fifteen years, and further, they exist on significantly less income than two parent families in Australia (O'Donnell, Scott and Stanley, 2008). Sole parents are significantly socioeconomically disadvantaged. Socio-economic disadvantage is highly prevalent in families who come to the attention of child protection authorities in Australia (Dotson, 2011; David et al, 2012; Gibson and Johnstone, 2010; Kirkman, Keys, Turner and Bodzak, 2009).

FAMILIES EXPERIENCE SUBSTANCES MISUSE PROBLEMS

There is much literature that suggests that substance misuse by parents is associated with high rates of child abuse and neglect. The international literature proposes that families where substance use is present are more likely to be involved with the child protection system (Smith, 2003; Barth, Gibbons and Guo, 2006). Reliable estimates of the use and misuse of alcohol and other drugs among Australian parents in general and those with child protection interventions in particular are difficult to ascertain. However, the misuse of alchol and other drugs is accepted as a major health issue in Australia that affects families with far-reaching social and economic costs. Literature suggests that exposure to parental substance abuse may lead to physical or psycho-social needs of children being neglected, resulting in these children being more likely to experience various negative impacts and come to the attention of child protection services (Lewis and Creighton, 1999; Smith and Testa, 2002; Fuller and Wells, 2003; Walsh, MacMillan and Jamieson, 2003; Scannapieco and Connell-Carrick, 2007).

FAMILIES WHERE THERE ARE DISABILITIES

Parents with disabilities are a diverse group with a range of needs (Wade, Llewellyn and Matthews, 2011). There are those who suggest that parents with disabilities are at significant risk of losing their children. Collings and Llewellyn (2012) highlight that in families where a parent has an intellectual disability, the likelihood of a child being removed from their care is higher. There is also an identified increase in parents of children with disabilities who are relinquishing their children to child protection systems. Tasmania's then Children Commissioner, Paul Mason (2010) found that some disabled children are relinquished to the care of child protection services by parent/s who were both willing and capable to continue to care for their children if they had been provided with an appropriate level of support and had respite been available on an ongoing basis.

FAMILIES WHERE MULTIPLE FACTORS EXIST

The impact of each of these problems experienced by the families of these children can be variable, but more concern surrounds situations where multiple risk factors are present, undermining parents' and families' capacities to cope (Centre for Parenting and Research, 2006). McGaw, Scully and Pritchard (2010), for example, provided an analysis which examined the different risk factors between high risk and low risk families with disabilities. They found when multiple factors existed, such as where both a parent and a child live with disabilities or where there is a history of abuse or neglect, children are at higher risk of abuse or neglect. Furthermore, with these complexities additional problems can occur such as financial stress and social isolation, which contribute to family stress and pressure on parenting capacity (Westad and McConnell, 2012). Many of the problems listed above do not occur as isolated events. Homelessness, for example, is influenced by factors such as poverty, inadequate social networks, domestic and family violence, mental illness, substance misuse or significant personal events (Dotson, 2011; David et al, 2012; Gibson and Johnstone, 2010; Kirkman et al, 2009).

All of these factors are highly visible risk indicators that have emerged through a methodology that encourages child protection authorities to segment the population into groups that pose different levels of risk to their children and concentrate their interventions on those segments that are deemed to be high risk. Specifically, child protection authorities argue that parents are more likely to be placing their children in harm's way or jeopardising their well-being if they are a party to family and domestic violence or substance misuse, or if their family is dealing with mental illness, homelessness, disability, has only one parent or where the parents are young. It therefore makes sense to concentrate limited resources on following up these groups. It is not difficult to explain why these factors feature so prominently when child protection authorities assemble their risk profile to concentrate resources on those groups most likely to be abusing or neglecting children. At the same time, it is important to question whether all parents who are apportioned a place within these high-risk segments actually do place their children at risk or whether they take action and have the social supports necessary to buffer their children from being harmed or feeling unsafe.

Parents and Children: Resilience and Strengths

The experience, thoughts and feelings of children living in families with many of the problems identified above have been found to vary considerably depending on age, protective and resilience factors, and the particular circumstances of families (Mullender, 2001; Sterne et al, 2010). Research overwhelmingly suggests that in and of themselves, substance misuse, domestic violence, mental health issues or disabilities are not necessarily good predictors of parenting capacity. In the child protection context, concerns are raised when parent's behaviour violates certain social norms such as drug use, domestic and family violence or engaging in criminal activity (Ivec et al, 2012). Within a risk assessment framework, these may be indicators of risk. If, however, these activities do not appear to be causing harm to a child, family practitioners and researchers question whether child protection authorities should intervene in the lives of families (Ivec et al, 2012).

A significant number of studies recommend policy interventions to help families cope with multiple problems. If such interventions are not available, children may suffer, but not necessarily. It is important to recognise that even when parents may be struggling to cope, not all children living in these families will experience adverse outcomes; certainly no more than they would experience should they be removed from their families. Children can build resilience, strength and coping mechanisms to live in their family situations. This body of scholarly work underpins interventions that offer parenting training and assistance, emotional support, eliciting assistance from extended family and building support networks to increase the likelihood of better outcomes in families when multiple problems are at work (Ward and Howarth, 2006; Aunos, Feldman and Gospel, 2008; Wade et al, 2011).

Foster O'Brien and McAllister (2004) argue the resilience and the presence of protective factors of and for children, can counterbalance less than ideal family circumstances. They summarise a number of protective factors or qualities which exist within children or are externally available to them. Their age, internal factors such as intelligence, levels of self-belief, and easy-going personalities can all make a difference for children (Mullender, 2001; Foster et al, 2004; Sterne et al, 2010). Further, children who possess good problem solving and communication skills, independence, those who have external interests, good emotion regulation and relational bonds with others may thrive regardless of family problems (Foster et al, 2004). Other external factors such as friendships, consistent and reliable adults and positive affirmation can mitigate difficulties and boost resilience (Foster et al, 2004).

Research contends that priority is given by most children's parents to ensure their children are protected. Wesley Mission (2013), for example, argue that the risks associated with homelessness prompts mothers to protect children and seek the assistance of support services to regain housing and stability as soon as they can. They highlighted that in some cases mothers had lost children as a result of homelessness. As a result, parents saw protecting the relationship with their children as critical as well as ensuring that children experienced some sense of normality (Wesley Mission, 2010). Mothers who have experienced domestic violence are

frequently held responsible for 'failing to protect' their children (Holt, Buckley, and Whelan 2008). However, research shows that mothers make considerable efforts to protect their children (Mullender, 2001). Similarly, Westad and McConnell (2012) argued that a parent suffering mental illness or who has a mental health diagnosis will not necessarily be a 'bad' parent. Scannapieco and Connell-Carrick (2007) reported that substance use in and of itself does not predict child maltreatment. Other research has also found that substance use by a parent does not necessarily mean that their children are at risk of harm (Grella, Hser and Huang, 2006). Finally, Lamont and Blomfield (2009) contend that in and of itself, disability is no predictor of parenting capacity.

In summary, research shows conflicting conclusions about the impact on children living in families where one of these factors exist. The impacts on children can be variable with risks to children sometimes increased by the presence of multiple factors (Centre for Parenting and Research, 2006). Many parents, in spite of these difficulties, meet their children's needs, provide positive role modelling, are reliable and responsive to their children, have good support networks and can provide a home in which their children are safe and protected (Sterne et al, 2010). Regardless of these arguments, a significant number of children from these families end up in the out-of-home care system and it is important to explore the research which examines parent's experiences of the child protection process.

Parents and the Child Protection Process

Research devoted to the way parents and family members experience child protection is limited. Most of the child protection research that has been conducted globally focuses on the risk of maltreatment to children and ways of managing child protection interventions (Harries, 2008). Concern is increasing about the treatment of parents in child protection systems. A number of recent studies have examined the experiences of parents who have been involved with statutory child protection authorities in Australia. Western Australian researchers interviewed 42 parents or family members who had experiences with the Western Australian child protection system (Harries, 2008). Ivec and her colleagues interviewed 45 Indigenous parents

or carers who were subject to child protection intervention in three separate jurisdictions in eastern Australia (Ivec et al, 2012). The Family Inclusion Network in Queensland examined the experiences of parents, child safety officers and non-Government workers with the Queensland Department for Child Safety (Family Inclusion Network, 2007). In Tasmania, two recent reports have examined the experiences of parents. Firstly, Mason (2010), the Tasmanian Children's Commissioner, examined the experiences of parents who were willing and able to look after their disabled children but who lost the right to parent due to a lack of resources and support. Most recently, Hinton (2013) released a report in Tasmania in which the views and experiences of parents and frontline workers from the child protection system were documented.

The voices and ongoing experiences of parents are largely absent in the literature, and few pathways are available to engage parents in child protection practice in Australia. There is a 'parents are the problem' discourse that dominates the literature and the media's representation of parents. Media and political attention is given to a tiny proportion of extreme cases of abuse or neglect. This drives public perception that there is a large and growing number of children who need to be rescued from cruel, sadistic parents, who need permanency and should be given 'better' opportunities. The message to the public is that children who come to the attention of child protection services deserve 'better opportunities' through adoption by kin or foster parents (Griffiths, 2013). These media portrayals have shaped community attitudes and views, which in turn has legitimised the actions of state actors who intervene in the lives of these 'at risk' families and remove their children.

Various factors such as shame, insufficient consideration of cultural need, or negative experiences with authority shape parents' view of child protection (Boag-Munroe and Evangelou, 2012). There is already an historical distrust of child protection agencies fuelled by the traumas experienced by the Stolen Generations, the Forgotten Australians, and most recently, the victims of Forced Adoptions. This historical distrust combined with the negative conceptions of parents as perpetrators of abuse and neglect make it difficult for parents to request support for fear of losing their children. These problems are then exacerbated by continued poor practices that fail to provide parents with fair and transparent processes.

In Western Australia, a government commissioned inquiry into the operations of the the Department for Community Development found that parents, extended family members, foster carers, relative carers and other members of the public experienced difficulty in obtaining information and seeking clarification or an explanation from the Department (Ford, 2007). They reported that requesting an explanation or clarification was often met by a disdainful or disrespectful response from the Department and as such it was widely recognised as a futile and even dangerous engagement (Ford, 2007). Harries discusses the experiences of Western Australian families and the relentless hurdles that parents endure (Harries, 2008). Participants each repeatedly commented on the fact that they had to 'jump through hoops' and described the brick walls that they felt they hit before restoration would be considered (Harries, 2008). Ivec et al (2012) describe the dissatisfaction expressed by Indigenous parents at the unclear and confusing processes of child protection systems. Interviewees discussed child protection workers' tendencies to change care arrangements with little or no warning or explanation, and many parents and families did not understand why they had some children removed while others remained in their care (Ivec et al, 2012). This then created great angst and emotional distress for parents that was enduring and harmful.

Parents and family members expressed anger and distress at both having their children removed, and the ongoing child protection process (Ivec et al, 2012). Thorpe and Thomson (2004) described the overwhelming loss that parents endlessly experienced, the shame which silenced them and the ongoing loss of meaning and identity in their lives. In a recent report into the experience of women living with violence and their contact with ACT child protection, parents were described as 'feeling fearful and powerless' (Watson, 2014). Ultimately though, parents were significantly affected by community perceptions and labelling. Further, their experiences were marked by marginalisation and stigmatisation.

Stigmatisation and Marginalisation

Eminent scholar, Erving Goffman (1963, 3-4) defines stigma as 'an attribute that is deeply discrediting' and proposes that a stigmatised person is reduced 'from a whole and usual person to a tainted, discounted one'. Goffman describes stigma as 'a special kind of relationship between an attribute and a stereotype'. Goffman argues that stigma is rooted in a 'language of relationships' (1963, 3). In Goffman's view, stigma occurs when there is a discrepancy between the way a person is characterised by society and the features actually possessed by a person or their 'actual social identity'.

This quote from a parent in the Tasmanian research highlights the general consensus on stigma in the literature:

> *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* (Hinton, 2013, 35).

The research reports into parental experiences of stigmatisation abound. Forde's Inquiry into Abuse in Queensland's Institutions (1999) highlights stigma in the terminologies which were used in early child protection practice and the ongoing

stigma associated with growing up away from their families and communities. In their discussion on varied responses to family problems Allen Consulting Group (2008) highlights that families are stigmatised even when if a family is only referred to a child protection agency for support. Ivec et al (2012) found that stigmatisation occurred and was interpreted by parents and families as a communication of disrespect or as unworthiness. 'Bad' or 'unfit' parents was the label used to stigmatise parents in their study. A study by Harris and Gosnell (2012) of parents with first time experience of ACT CPS found that up to 46 percent of parents showed that they felt stigmatised by the investigative process. Other studies have found disrespect, unworthiness and stigmatisation entrenched in child protection system approaches to parents (Harries, 2008; Thomson and Thorpe, 2004; Family Inclusion Network, 2007).

Goffman (1963) furthers his ideas on stigma with his idea of 'courtesy stigma' where he posits that in all likelihood, stigma spreads from the stigmatised person to those around them. He further contends that when an individual 'is related through the social structure to a stigmatized individual', the wider society may then 'treat both individuals in some respects as one' (Goffman, 1963, 30). Goffman's ideas can be applied to family members involved with child protection services. The children in these families can experience stigmatisation and can be stigmatised purely because of parental or family adversity and are required to employ a range of strategies to manage or avoid stigma (Fjone, Ytterhus and Almuik, 2009). Research has shown that some children whose parents have an intellectual disability may experience stigmatisation (Collings and Llewellyn, 2012; IASSID, 2008). Other research has found that kinship carers experienced stigmatisation and were viewed as 'part of the problem' by ACT CPS (Ivec et al, 2012).

Stigmatisation silences and disempowers those who might otherwise make a constructive contribution to managing risks to children. Ultimately the literature presents a picture of parents and family members who are involved with child protection authorities, and who are significantly disadvantaged, disempowered and stigmatised throughout the child protection process. Of equal concern to this

research is that those who work with parents and family members also experience a 'stigma by association'. In the qualitative study, presented in Section 3 of this report, community workers experience stigma when attempting to support and advocate for parents involved with ACT CPS. Given the important role community workers play in the social capital of these families, further research on this idea of 'courtesy stigma' for community workers is warranted, particularly in relation to whether this impacts on their ability to fulfil their support and advocacy roles when working with families.

Trust

In addition to stigma, there is a significant lack of trust in child protection services in Australia. The Bringing Them Home (HREOC, 1997) report into the forced removal of ATSI children, the Forgotten Australians report into British and migrant children, the inquiry into the consequences of 'Forced Adoptions' and children removed from unmarried mothers, all provide evidence of the lifetime of difficulties experienced by those removed from their families and communities. These, and a myriad of other reports and inquiries into child protection practice in Australia, have seriously eroded public trust in child protection systems (See Appendix 1).

Definitions and understanding of trust are multiple and diverse (Braithwaite and Levi 1998). Barber (1983) characterised trust as a set of socially learned and socially confirmed expectations that people have of each other, the organisations and institutions in which they live: a relational understanding which describes a social orientation toward other people and toward society as a whole. In addition, there are a variety of traits related to trust, such as power, cooperation, information-sharing, informal agreements and having organisational autonomy. For parents and family members involved with child protection services, trust particularly impacts firstly, on whether or not they engage with services and secondly, on the way in which they engage.

In a study of the experience of Indigenous parents' experience with ACT CPS, Ivec and colleagues (2012) found that confidentiality and trust were a source of significant distress for most parents and carers. Participants in their research shared the belief that ACT CPS did not trust 'informal' care networks. The 2009 Report, 'Mothers and the child protection system', found that a lack of trust gives rise to fears among many mothers when they come into contact with child protection authorities (Douglas and Walsh, 2009). Similarly, Tarleton and Porter (2012) found that some parents with disabilities are reluctant to seek assistance for parenting difficulties due to a fear that their children will be removed. This is occurring despite the fact that many of these families have existing social networks and supports. This lack of trust toward engaging with child protection authorities suggests that it is so deeply entrenched that parents dare not acknowledge parenting difficulties or weaknesses.

Social Networks and Support

Social networks are an important source of support for children and families. They are also the primary means through which child protection authorities and families come into contact. Mandatory reporting means that those who work with children or are involved in their lives are responsible for contacting child protection if they have concerns about the well-being of the child (Australian Institute of Health and Welfare, 2012). It follows, then, that children who are socially disconnected from community networks because parents live an isolated and disengaged existence will slip through the legislative net that has been set up to look out for children who may be abused or neglected (Bromfield, Gillingham and Higgins, 2007). Social capital works in other ways to connect families with child protection agencies. A not insignificant number of parents call child protection because they need help with parenting (Hinton, 2013; Mason, 2010; Ivec, 2013). Whether or not expectations of help are met varies considerably (Hinton, 2013; Mason 2010; Ivec 2013).

Parental expectations of support when requested from child protection authorities was found to be disturbing. Mason (2010), for example, found that when parents attempted to get support to raise their disabled child, they instead lost their children. Hinton (2013) found that parents were disconcerted when the support they had been expecting from child protection was not forthcoming. Hinton (2013) also found that parents were wary of the mandatory reporting requirements of organisations and of relationships between agencies and child protection services which meant they withheld important information when they were struggling in their parenting role. This then meant they were not receiving the support they needed to overcome problems in caring for their children.

Ultimately, child protection agencies did not meet the needs of parents when they approached the agencies. As Hinton (2013) found, despite an 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. Importantly, Hinton (2013) highlighted the need for research into the long term outcomes for parents who have experienced the removal of their children, in particular, how they move on with their lives and how they maintain or develop the relationships they have with their children. This is a sound recommendation given the body of research that has shown that parental child contact and relationships with parents after removal are largely unsupported and that a culture of disrespect toward parents abounds in child protection practice (Forde, 1999; Thomson and Thorpe, 2004; Family Inclusion Network, 2007; Ford, 2007; Harries, 2008; Ivec et al, 2012; Mason, 2010; Harris and Gosnell, 2012; Hinton, 2013; Ivec, 2013).

Without an approach that embraces networks of support in a responsive manner, outcomes are likely to remain poor for the children in these families. Social support and social networks increase the safety of children. Garbarino and Sherman (1980, 188) hypothesise that when parents are socially isolated they miss out on the 'nurturance and feedback' of parental learning that social support systems can provide. This then suggests that when support networks are diminished or absent, the 'correction' mechanisms for poor parenting are not available, with an increased

a risk of harm to children. Addressing complex family problems to mitigate the effect of cumulative harm and chronic neglect requires a coordinated 'whole of family' approach with collaboration between multiple services (Bromfield, Sutherland and Parker, 2012).

Without effective coordination and collaboration, fragmented service delivery can occur which results in confusion for families and their supports and hinders providing effective assistance to families (Cleek, Wofsy, Boyd-Franklin, Mundy and Howell, 2012). Huntsman's (2008) research found that young children and those who lack positive supportive relationships experience higher risk of negative effects from their parent's mental health status and poorer long term outcomes. Lack of support for parents and families and high stress from multiple issues impact parenting ability and subsequently, the wellbeing of children (Wade et al, 2011). Tarleton et al (2006) comprehensively specify what effective support can entail: clear assessment of the support needs of parents; quality parenting education and skills development, emotional support and drawing on the support of extended family and other networks within the family. Tarleton and Porter (2012) highlight that the ability to access information, to understand the concerns which may arise about their parenting, and to be able to accept and respond to support is key to engaging these families. Similarly, Wade et al (2011) highlighted that working with parental strengths to provide supportive assistance, skills development and the provision of clear and accessible information is vital for success with these families. In general, though, the research reports of parent experiences of child protection agencies suggest that parents who are subject to these interventions are typically thought of as 'hard to reach' and unable to respond to the needs of their children (Hinton, 2013). Displays by parents of tremendous strength and spirit in spite of great adversity is often ignored in the literature and in the context of child protection interventions (Hinton, 2013).

Given the complex nature of these families, the stigma they experience, and the lack of trust which exists between parents and child protection authorities, it is important to explore ways of giving parents and family members the best chance to look after

their own children or to have meaningful input into their children's lives when they are in out-of-home care. Douglas and Walsh (2009, 4) suggest that giving 'parents access to an advocate at all stages of the intervention process would help to reduce mistrust and halt the common experience of mothers being 'railroaded' and 'intimidated' by child protection workers'.

Dedicated advocacy and support services for parents to negotiate the child protection process only exist in one state in Australia. In 2009, The Family Inclusion Network of Western Australia (FINWA)[2] was funded to provide these services for parents. An evaluation of the service after 2 years, found that child protection workers viewed the service as 'a valuable partner in the process providing unbiased advocacy which helps to resolve issues and re-establish engagement with DCP' [Department for Child Protection]. A Senior Policy Development Officer quoted in the evaluation feed back described the FINWA as 'very much a partner, valuable in the development of policy and practice not just advocacy' (Henderson, 2012: 2). Working within a 'culture of respectful engagement' is proving to show substantial benefits in the early development of this agency as a conduit between a large and complex bureaucracy and vulnerable families.

Conclusions

Our society produces very few children with no parents or extended family, even if their care is manifestly inadequate. What it does produce are families with multi-generational histories of poverty, neglect and abuse which often leaves a legacy of mental illness and substance abuse. These cases are among the most intransigent; failed by child protection agencies. Although these parents struggle with multiple problems families and their children are not passive in response. They find ways of building resilience and effective ways of caring for and protecting each other, albeit at times ways which deviate from western parenting norms. They are often judged as a risk to their children, yet most children love their parents, and parents love their children and do not want to relinquish their parental rights. In the minimal available

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[2] For more information see: <http://finwa.org.au/>

research on parental experiences of child protection systems in Australia, a lack of respect, a lack of information, poor advocacy and generally no formally coordinated response to parental need were commonplace. The literature review highlights that parents risk a dangerous liaison if they are to approach child protection agencies for support. As such, they are unlikely to seek help with problems associated with parenting or support. Australian families who need help, children who cannot safely remain with their own families, and the substitute families who are prepared to offer them a home are all in need of far greater security than child protection systems in Australia are currently able to offer.

3. DATA COLLECTION PHASE ONE: QUANTITATIVE STUDY OF CPS/COMMUNITY ORGANISATION CLIENTS

Fourteen community organisations were invited to complete a one page tick-box questionnaire (see Appendix 2) on each client they had who had an active child protection case. An active case could be one of two kinds. First, a family may have contacted the service prior to the removal of a child; for example, a woman may have accessed a homelessness service after coming under scrutiny by CPS for living in a vehicle with a child. Alternatively, contact with the service may have been made post removal; for example, a woman may access a service after having her children removed following a domestic or family violence incident. Of the fourteen community organisations approached to take part in the research, five agreed to collect data. Together they provided data for 126 clients.

This section presents the quantitative data collected on these 126 clients. We look at how many clients had multiple needs and were involved with multiple agencies, and who was available to support and advocate for them. We look at clients whose families have historical involvement with child protection, their needs and service use and how many of them had children who were also in out-of-home care.

Attention is given to those clients who have children in out-of-home care compared to those who have their children at home on a supervision order. They may have different service needs. We look at the capacity of service providers to advocate on behalf of families with ACT CPS; a topic that we return to in the next section based on qualitative interviews with another set of service providers in the ACT.

The tick-box questionnaire used to collect data for 126 clients in Phase 1 was completed by staff from 5 different organisations. All organisations included services for parents involved with child protection, though their scope of work was not exclusively devoted to this group. The organisations covered different specialist aspects of community organisation involvement in child protection. One of the findings of the study is that it is common for particular clients to use multiple

services. It is, therefore, possible that a client who we have data on from one agency is the same client who we have data on from another agency. While we cannot rule this out definitively, we have no reason to believe that this problem distorts our findings. All records that matched on sex, age, no of children, ATSI, culturally and linguistically diverse, married and having a disability were identified in the data set. These characteristics were chosen as the most objective and least subject to error. Records matching on these variables were looked at more closely to identify people who may have appeared twice among the clients seeking support. Four records were in question, meaning there may have been two clients who were represented in the sample collected by two different agencies.

The questionnaire had been developed in a pilot study in 2011[3] with some refinements made for this round of data collection. Information was collected over three months by organisations at the same time as they collected their standard data at client intake. Information collected was for statistical purposes only and could not be used to identify clients. It included age, sex, marital status, cultural background, work status, accommodation type, co-residency arrangements, income source, referral type, needs of clients accessing the service, and other supports available to the client, both formal and informal. Also requested was information on child protection involvement: the types of orders, whether or not criminal proceedings for abuse or neglect had occurred, and the client's previous care experiences. The child's care arrangements were also recorded. Finally, data were collected on the service providers; the type of services that the agencies provided and the capacity of these organisations to provide advocacy and support to clients, in addition to their primary service delivery. The questionnaire data were analysed using the Statistical Package for Social Sciences (SPSS) program.

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[33] Hamilton. S. *The needs of parents and family members with children in the care of child protection services in the Australian Capital Territory: A pilot study'.* Available: <http://regnet.anu.edu.au/publications/needs-parents-and-family-members-children-care-child-protection-services-australian-cap>

Client Demographics

Clients using the five services who had involvement with ACT CPS varied in age from 16 to 49 years. The mean age was 32 years. Most were women (79%), most were not married (82%), and most lived in public housing (61%). The number of children identified equalled 321 and their ages ranged from unborn to 7. The average number of children was 2. The proportion of clients who identified as Aboriginal or Torres Strait Islander was high (32%), consistent with their over-representation in child protection systems right around Australia.

The majority of clients received income from Centrelink (78%) mainly as a Supporting Parent Benefit, a Newstart Allowance or a Disability Support Pension. The percentage reporting a full-time or part-time wage was 20%.

Thirty-seven percent of clients had one or more of these kinds of disability – physical (8%), intellectual (9%), emotional or behavioural (22%). Information was also collected on whether a child of the client had a disability. 23% of clients had a child with a disability. Of this group, 2% had an intellectual disability, 3% a physical disability, and 19% a disability of an emotional or behavioural kind.

The highest proportion of clients, 47%, were referred to the service provider by a government department. A further 34% were self-referred. 17% were referred by a non-government organisation.

Client Needs, Service Use and Informal Support

Service providers were given a list of 16 possible client needs and were asked to check those that were relevant to that particular client. Given that these were all cases with some involvement with child protection, it was not surprising that at the top of the list was support with children (66%). Next in descending order were counselling (35%), support with life skills (34%), support with substance misuse (31%), support with mental health issues (30%), housing (29%), support to acquire income (26%), legal advice and representation (26%) and advocacy (19%). The

remaining needs were mentioned in fewer than 13% of cases. In descending order of occurrence clients needed assistance with medical and psychiatric treatment, conflict resolution, disability, domestic and family violence, interpreter and culturally specific services.

Each client was given a total score corresponding to the number of needs they were judged to have by the service provider. The total ranged from 0 to 12 needs with an average of 3: 51% had 3 needs or less while 49% had more than 3 needs. Just over half of the services described themselves as offering one primary service (55%) to the client. Not surprisingly, the vast majority of clients (94%) were involved with other services apart from the one being contacted when this questionnaire was completed. 24% used one other service, 32% used two other services, 21% used three other services, and 17% used between 4 and 7 other services. The most commonly mentioned additional services related to child and family issues, health and legal matters. It seems reasonable to conclude that clients who are involved with child protection are high service users and usage extends across a variety of services.

The majority of clients had support of some kind, but importantly a substantial number relied on formal sources. The informal support of family was, at 46%, the largest single source of support. But it is of note that this is less than half the sample. Given that these cases involved child protection, it is interesting that at a time when family could help most, a substantial 54% did not have family to rely on. 42% looked to community organisations for support. The third most highly mentioned source of support was from friends (28%). 48% of clients had two or more sources of support whilst 11% had no support at all.

Living arrangements provided another perspective on support, indicating whether others were available in the home to provide instrumental help or call for help if it was needed. 62% of clients lived with someone other than their children. 21% lived alone.

Experiences with the Child Protection System: Present and Past

The final set of questions regarding these 126 clients related to experience with the child protection system. An extremely high 45% of clients had themselves been in care or had siblings, parents, or grandparents in care. Closer examination of how clients with a family history of removal differ other clients will be undertaken further in the report.

Details were collected on the care and protection orders for clients' children. Care and protection orders are legal or administrative arrangements which give child protection authorities some responsibility for a child's welfare. The level of responsibility varies with the type of order or arrangement. Care and Protection Orders are granted in the ACT usually on either an interim or final basis. Interim orders are usually granted in order to secure short-term protective arrangements for the child and are designed to allow time for independent assessment of a family's situation and to grant time for families to address concerns. Twenty eight per cent of clients were in this situation.

Final orders, which can be for 1 or 2 years or until the child is 18 years, are used to secure more long-term arrangements for a child, and requires ACT CPS to submit an Annual Review Report to the courts and to the child's parents for every year of the care arrangement (55% of cases).

The involvement of ACT CPS might take the form of total responsibility for the welfare of the child (for example, final orders) or responsibility for overseeing the actions of the person or authority caring for the child (supervision orders). Supervision orders covered 16% of the cases.

In addition, an Enduring Parental Responsibility (EPR) order could be granted to a third party. An EPR order transfers all of the Chief Executive's parental responsibilities, including residency, to a nominated carer. Upon the granting of an EPR order, the Chief Executive has no further involvement in the child's life, and the carers are responsible for making all decisions for the child. This was reported to have occurred in 3% of cases.[4]

The majority of parents had children who had current child protection orders. A minority of parents still had care of their children (39%) with 32% under scrutiny from child protection. For example, they may have been referred by child protection services to early intervention programs such as parenting support or education services. Those who were no longer living with a parent were most likely living with foster carers (41%) followed by kinship carers (24%).

Just under a quarter (25%) of the clients had sought legal assistance. Parents are generally allocated duty lawyers on the day of presentation to court for child protection hearings. These lawyers usually only provide immediate representation and only occasionally do parents continue with the same lawyer in future hearings.

We also asked for information as to whether or not criminal proceedings were taken against any clients for actual or alleged abuse or neglect of their child. 5 of the clients (4.0%) were charged with an offence related to their child. Of these 5, 3 were female, 1 was male, and 1 represented a couple. Four of the 5 were regarded as needing life skills. All fell into the group with a low number of needs. In other words, they were not like the majority of clients who had multiple needs being met by multiple services.

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[4] In interpreting these data it is important to note that the particular types of orders do not sum to 100% because some families had multiple children on different orders. Children from the same family can be on different types of orders, varying from interim to final orders, can be on supervision orders or have multiple children living in different kinds of arrangements (that is, some with Kin and some in Foster Care).

The Relationship of a Family History of Out-of-Home Care to Other Factors

The removal of children has long-term effects. We used the data collected through our five service providers to look at the characteristics of clients who had a history of having someone in their family in care and how they differed from those without such a history. The person who was taken into care in the past could have been the client, grandparent, parent or sibling. Those clients with a family history of removal were more likely to be economically and socially disadvantaged, with a high number of needs and linked with a number of service providers. The percentages of clients from each group who were experiencing hardship are provided in Table 2.1 along with the statistical significance of the relationship. Only those relationships that were significant are presented in the tables.

Looking more closely at these results, those with a family history of spending time in out-of-home care were more likely to identify as ATSI, to have a disability, to have a child presently in care, not have employment, and therefore, to rely on Centrelink. They were more likely to have a far ranging set of needs including: legal assistance, advocacy support, interpreter services, drug and alcohol support, mental health support, medical treatment, counselling, life skills, and income/Centrelink support. They were more likely to be receiving additional services in response to family violence, drug and alcohol misuse, and health. They were more likely to be linked into special ATSI services and to legal support services. Overall, those with a family history of spending time in out-of-home care had much higher level of needs and used more services to meet those needs.

Table 2.1: Differences between clients with family history of removal and clients without family history (% of each category) in terms of demographic background, needs and service use

Client characteristic	No family history of removal (col%)	Family history of removal (col%)	Chi-square (df)
Aboriginal and Torres Strait Islander (ATSI)	20%	46%	9.239(1)**
Child currently in out-of-home care	48%	77%	11.33(1)***
Parent with disability	29%	47%	4.51 (1)*
Centrelink payments	71%	86%	4.037(1)*
Employed	26%	12%	3.740(1)†
Need legal assistance	17%	37%	6.109(1)**
Need advocacy	13%	26%	3.566(1)†
Need interpreter support	1%	16%	8.785(1)**
Need drug/alcohol support	19%	46%	10.469(1)***
Need mental health support	16%	47%	14.640(1)***
Need medical treatment	7%	19%	4.090(1)*
Need counselling	20%	53%	14.367(1)***
Need life skills	20%	51%	12.999(1)***
Need Centrelink/income support	20%	33%	2.747(1) †
Other service use: Family violence	3%	10%	3.054(1) †
Other service use: Drugs and alcohol	12%	23%	2.826(1) †
Other service use: Legal service	17%	33%	4.277(1)*
Other service use: ATSI health	17%	33%	4.277(1)*
High (versus low) number of needs	30%	68%	18.057(1)***
High (versus low) number of services used	30%	46%	3.075(1) †

† *p* < .10; * *p* < .05; ** *p* < .01; *** *p* < .001

Comparing clients with at least one child in out-of-home care with clients with children at home

Having at least one child in out-of-home care was used to distinguish clients whose children remained with them at home and those who had had a child removed. These groups were compared in terms of background characteristics, needs and service use. The results appear in Table 2.2. As observed above, clients with their own child in care were more likely to have a family history of care. Clients with at least one of their children in care were more likely to receive Centrelink payments and to have family support, and were less likely to be employed and less likely to be married.

Clients with children in out-of-home care were higher on needs for life skills, income support, drug and alcohol support, counselling, interpreter services and mental health support. In general, clients with children in out-of-home care had more needs than clients with children at home. Finally, clients with children in out-of-home care were more likely to be using services for legal advice and drug and alcohol services.

Table 2.2 Differences between clients with child at home and clients with child in out-of-home care (% of each category) in terms of demographic background, needs and service use

Client characteristic	All children at home (col%)	Child in out-of-home care (col%)	Chi-square (df)
Family history of child removal	29%	56%	8.991(1)**
Married	26%	12%	4.577(1) *
Centrelink payments	69%	83%	3.266(1) †
Employed	35%	10%	11.121(1)***
Has support from family	31%	56%	7.674(1)**
Need drug/alcohol support	8%	46%	19.484(1)***
Need mental health support	20%	36%	3.619(1) †
Need interpreter Service	2%	12%	3.814(1) †
Need counselling	22%	43%	5.488(1)*
Need life skills	20%	43%	6.713(1)**
Need Centrelink/income support	14%	34%	5.878(1) *
Other service use: Drugs and alcohol	4%	25%	9.144(1) **
Other service use: Legal service	16%	30%	2.961(1) †
High (versus low) number of needs	46%	54%	3.808(1) †

† $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$

The Community Organisations

While most community organisations identified themselves as single service providers for most clients, some provided more services when they were needed. Clients with more needs received more kinds of support in general. There was a limit to how much assistance services could provide, defined in part by the scope of their work and by their capacities. In addition to primary service delivery, service agencies were asked if they did specific advocacy and support for the client with ACT CPS. The response was 'to a limited degree' in 42% of cases, and 'not possible' in 32% of cases. In 26% of cases, agencies considered they had good capacity to provide support and advocacy in addition to their own service delivery.

Findings and Conclusions

The information collected on 126 clients who were subject to a child protection inquiry or intervention was in keeping with expectations based on the results of the 2011 Pilot Study. Criminal action over abuse affected only a small number, five. Apart from life skills, they were not seen as having special needs.

Others in the sample seemed to have bundles of needs that were being met by bundles of service providers in the community sector. The vast majority of clients were economically disadvantaged, socially marginalised, reliant on welfare, reliant on public housing, and were unmarried. Added to poverty and single parenthood was poor mental health, lack of life skills, a need for counselling, a need to control substance misuse, a need for help with their children, and a need for legal advice. Most had been referred to the service by a government or other community sector organisation – only a third were self-referred.

Multiple needs for support and multiple services providing support were the norm, with direction and leadership as to delivery seemingly coming from somewhere else, presumably child protection in many cases, but perhaps also from institutional 'directives' based on service provision agreements and priorities. The situation became more extreme when clients had a family history of child removal. Clients

with a family history of child removal also were more likely to have a child in care. ATSI families were disproportionately represented among those with a family history of removal and in the sample more generally.

The findings are consistent with many other analyses examining the profile of those coming under child protection intervention. Notably absent were domestic violence cases, but this was most likely due to specialist services dealing with domestic violence not taking part in data collection. This phase of the study brings together a sample of the cases dealt with by mixed service organisations and organisations specialising in out-of-home care, crisis services, homelessness and substance misuse.

One finding is particularly striking: the high level of service coordination that must be necessary for many clients. These data do not tell us who is doing the coordination and how well it is being done. Probably, the answer is variable, but if we have learnt anything from the many child protection government inquiries that have been held around Australia (now reaching the half century mark), it is that coordination across services, in many cases, is seriously deficient. Presumably most parents attending these services hold hope for regaining custody of their child or keeping their child with them. It seems likely that a good many are fighting for the right to parent. How many are actively involved in developing a plan involving service use and building their own resources to help with parenting? Looking at the background of these parents, life circumstances will not make rearing a child easy.

Active engagement in the process of meeting the commitments and expectations of children, family, service providers and child protection authorities seems essential for parents. Do they have an advocate or mentor to help them in this process? How much control do parents have in service coordination? Is this a process that empowers and gives confidence, and builds the parenting skills that are needed to navigate a future for themselves and their children? Or do parents approach a child protection intervention like a puppet, responding to every string being pulled in the hope that they can resume their lives with their children when it is all over? These questions cannot be answered from the data we have here, but they remain

important issues for us to consider in the next section. For some parents the answer to all of these questions will be positive – they emerge from the child protection intervention stronger and more able. But for most parents, the evidence suggests that it is not the case (Thomson and Thorpe 2004, Harries, 2008, Ivec et al 2012, Hinton, 2013). In the present data set, it is worth noting that advocacy is not something that most clients (74%) had ready access to, particularly not those with a family history of removal. Consideration of the view of community workers will assist to explore some of these questions in the next section.

4. DATA COLLECTION PHASE TWO: QUALITATIVE INTERVIEW ANALYSIS

Introduction

Ten community and non-government organisations were invited to take part in interviews after Data Collection Phase 1 had been analysed, as we considered the pathways open to families wishing to contribute to the well-being of their children. Of those approached, nine organisations agreed to participate in the interviews, between them providing fifteen participants.

Four organisations that took part in Phase 1 also participated in Phase 2. The service providers involved with this research are contending with families who have an array of complex issues which impact on the personal, social, cultural and economic wellbeing of these families. All participants in this research will be regarded as 'community workers'. They came from a range of backgrounds – management, professional social workers and advocates, to workers with minimal qualifications but extensive experience working with families with child protection involvement.

Community support programs were provided through services to the homeless, domestic and family violence services, alcohol and other drug organisations, services for people with disabilities, services providing counselling and conflict resolution, mental health services and those providing supports to prisoners. Families carried, as described by one participant, *'a basket of issues'*. Many of the agencies identified duplication in services and resource wastage as well as gaps in service provision to particular groups involved with CPS. As identified earlier in this report, families need co-ordinated services, good information provision and the building of networks of care to get through the issues they are presented with and be viewed as 'good enough' parents.

This section will examine interviews conducted with community workers engaged with families with complex problems to ascertain their views on the shape of the sector: on relationships in the child protection sphere; their views on fairness and the treatment of parents and family members; and their views on stigma, trust and power. It discusses what pathways are available for parents and family members to work with the agencies involved, and whether these parthways enable community workers and CPS to empower whole families in this process. The section identifies gaps in service delivery and brings forward community workers' views on the main barriers in child protection services to working toward good outcomes for whole families.

The analysis draws out five barriers that prevent community workers and child protection workers from providing better outcomes for the families with whom they were working. Firstly, child protection services are constantly operating in crisis, which inhibits their ability to see a family's 'bigger picture'. The second barrier is decision making that is viewed as unfair and inconsistent, making it difficult for community workers to build and maintain relationships of trust with families. The third barrier is the stigmatisation and marginalisation of families and their workers, and fourth is the challenge of managing relations of trust and power between CPS, community workers and families. The final barrier is challenging community understandings of child protection as 'everybody's business'.

The qualitative analysis concludes that community workers overwhelmingly see the parents and families that they work with as a powerless and stigmatised group. They see the group as discriminated against and as being denied recognition that, with support, they could improve their situation. Further, there are no structures in place which can resolve the conflicting viewpoints and dynamics within the relationships between CPS, families and community workers. Developing capacity and assisting the engagement between families with complex problems and child protection services presents an almighty challenge for community workers.

Analysis of Community Worker Views

Community workers who participated in the interviews for this project recognised, firstly the important work that child protection workers undertake to protect the most vulnerable members of our community. They also recognised the importance of building relationships both with ACT CPS and with other organisations with the general consensus being captured by this participant:

> *We have always had a good and unique working relationship with CPS … for us it is in the client's best interest and it is in their interests to work with and liaise with as many other organisations as possible.*

For other organisations, the struggle of meeting the needs for complex families was evident:

> *… we have to fight our way with everyone, disabilities, mental health, housing, the advocate's office, child protection …*

For the families receiving services to sort things out without assistance, prospects of coordination seemed dim:

> *A lot of the women we work with, their lives are chaotic, they are not able to, they aren't strong enough to deal with this and they often don't have the knowledge.*

The importance of building relationships to meet the needs of these families was a topic of significant discussion in the interviews.

Relationships

Participants identified the strengths and weaknesses of the relationships between service providers, families and child protection services. Some participants acknowledged the significant changes in the way care and protection services operate:

> *Before they would just make the decision to do whatever, based on what they think should happen. Now they are much more likely to call and ask for advice on what we also think should happen.*

Others recognised that *'there are great services in Canberra'* but that *' … just everyone is kind of shut out'*. One participant, found when working with a family

that the services themselves were shut out: *I never got to talk to anyone else except CPS*. Against this variety of views, generally the interviews converged on the following perspective: that CPS created a divide and conquer mentality in order to achieve its outcomes. This meant that ACT CPS was distant from service providers and service providers were even wary of each other.

Overwhelmingly, perspectives of relationships in the interviews were negative. Some felt affronted at injustice:

> *The things they do sometimes are very deliberate and very very undermining of us; very very rude; we would never treat them like that, never, because we wouldn't be game. We know that the door wouldn't be open ever again.*

Highlighting inequality in relationships they added: *That's not fair, and you can't even fight back on it.* Another senior manager highlighted the plight of workers treatment by CPS:

> *They are not treated with respect …. Or very very rarely.*

Relationships were not viewed as mutual:

> *There is a lack of reciprocity. If they have a problem they have not a second hesitation in asking me or our organisation to solve the problem. If I have got a problem it is my problem. The lack of reciprocity in everything. We are good enough to do everything that is really really hard for them, so, on one hand they recognise it, but on the other hand they dismiss it.*

One participant recognised that often there was insufficient reciprocity in building relationships:

> *We work really hard at maintaining that relationship; if we let the relationship slip they would let it slip.*

One community worker identified the simplicity in resolving these problems:

> *To me it's not a very complicated thing. The solution is simple, stop trying to deal with things by yourself. Look to people who have expertise and recognise they have an identity and they know things.*

The difficulties in forming relationships with multiple parties is evident, and community workers reflected on the impact that this had on the fairness of the system for their clients.

Community Workers' Perceptions of the Child Protection System

ACT CPS was perceived largely by participants as an unfair system for parents. There was no dispute that in some situations child removal is necessary:

> There are children, where the situation is so extreme that removal is the appropriate action.

Many participants felt, however, that among the removals taking place, many were unnecessary. Many were due to a lack of understanding by child protection workers of the complexity of families and their potential to do well if appropriately supported. This belief was captured by this participant:

> What we know is that if people are given permission to succeed, they claim it and they do it. We think that in many of the child removals that happen there is a complete lack of understanding that the mother is not an inherently dangerous person.

It was recognised, however, that problems lay not only in the number of removals, but in decisions about child removal. These were not consistent with community worker views:

> I have seen situations where I thought kids were unsafe and staying or where kids get taken before I thought they would.

Community workers identified that sometimes inconsistencies occur because of the views taken by individual workers:

> And the children are not necessarily at risk or in any danger, and in fact sometimes the mother has actually made arrangements for what happens when she is a bit out there for a while, but if the wrong person in the system decides to question it ... wham, you are done.

Many participants questioned the ethics of child removal in families where mental health need, disability need or general high need is present in families. This was captured by one participant:

> What we do know nationally is that a lot of mothers, when they are raising concerns about ... their own needs ... they are then punished by having their children removed. I would say 99% of our mothers are loving, caring parents who simply just don't know what to do to look after their kid because no one has ever taken the time to tell them.

Community workers from all of the interviews identified the lack of information and support being made available to parents involved with complex child protection cases and legal processes as a considerable source of unfairness.

> *They just don't understand at all what's going to happen and they were never given any information of the process and what was going to happen to them. They sign things without knowing what they are signing, they agree to things without understanding what they are agreeing to.*

And:

> *... they [parents] are told what to do, how to do it without having the support and understanding of actually what is required of them and trying to make sense of what is going on.*

Others suggested reporting inaccurate or incomplete information was also an issue. One participant described with much dismay a supervised contact visit where a mum brought along fruit and lollies for her children.

> *When the report was written up the child protection worker recorded her concern that the mother had been feeding the children lollies. There was no mention of fruit in the report.*

Contact with children and permanency planning objectives attracted considerable discussion. Participants expressed concern that so many children from the families they work with are on long-term orders. Their concern was primarily that when children enter long-term care arrangements contact with family is minimal and as such they lose valuable knowledge of family, culture and their community.

As important was that community workers felt that the rights of parents and the knowledge they hold of their children's lives is treated as insignificant. This was expressed overwhelmingly by almost all participants as totally unfair treatment of parents and family members. One participant captured this:

> *The current system has this real thing about it is in the best interest of the child ... but even if the kids aren't living with you, they are still your kids, they know that you are their mother and there is an ongoing relationship ... a long term expectation of involvement [with parents] is currently not supported by the system at all.*

Community workers expressed deep concern at the rights of children and parents to see each other four times a year.

> *I think the permanency planning objectives are pretty bad ... anyone who can only see their children four times a year – what is that all about? If you can only see your biological mother four times a year, and if it's a supervised visit ….*

This participant identified difficulty in getting anyone to be responsible for arranging a contact visit:

> *I would contact them, they would say they would arrange it and make it happen, but it was up to the child as to whether they wanted to see mum, and then the next time it was up to the foster carers, it was always somebody else's problem.*

This participant captured the consequences of all of these inadequacies for one mum:

> *She doesn't know what she did wrong, and we can't help her to understand that because we haven't been told why the baby was taken. The baby is three months old and there is just this terrible sense of hopelessness.*

Community workers, ultimately, considered that child protection authorities failed to see the capacity of parents to change, with potentially devastating long-term damage to families.

Parents: A Capacity to Change or Never 'Good Enough'?

> *… sometimes it is almost like they are set up to fail …*

This statement by a community worker captures a common theme which runs through the interviews. Child protection workers were consistently viewed as failing to consider that parents had a capacity to change their circumstances. Further, community workers consider permanency planning objectives hinder parental capacity to change.

Generally, it was felt that 'good enough' parenting was the benchmark that should be set for parents by CPS.

> *For the parents to be able to be a 'good enough' parent ... that should be all they are looking for ... looking for 'good enough' parenting because the long term effects of child removal are well documented.*

The consensus of community workers was that parents are viewed by child protection authorities as '*losers for life',* as described by one community worker. Similarly, community workers thought ACT CPS generally believe parents with problems had no capacity to improve their situations. This participant captured the general consensus of participating organisations:

> *If you look at the way things are set up with CPS, they certainly have the view that people can't change.*

And this:

> *...her baby was removed, newborn from the hospital. She [mum] is in such a different space than she was then. There is no recognition of change, or of the capacity to change.*

And this:

> *They just looked at what was wrong with her not what had been right, and that she might be able to recover and never looked at her capacity to change her situation ... it's her first child.*

Some participants described the continual yearning to be a 'good mother':

> *We have mothers who say to us, I am trying my best, I am doing everything they are telling me – you know they are actually keeping their houses so clean it's ridiculous ... trying to be a good mother.*

Other participants recognised that the complexity and expectations were too much for some parents:

> *Some of the girls I worked with – they just couldn't even try, there is just too much going on for them. They just can't do it ... they aren't stupid, they know how things work, but once those children are removed until they are 18, how is that person, who has a criminal record, who lives in ACT housing and who is living on Centrelink ... how does that parent give that child a better life?*

This results in some parents disengaging from the CPS process and sometimes their children.

> *Sometimes parents totally shut down when their children are removed because they feel they don't have a hope in hell of getting their children back. People just get more and more removed or withdrawing from trying to have contact, and going more and more secret and silent when they have these negative experiences. They just shut down further and further.*

Community workers overwhelmingly expressed the view that not allowing or acknowledging changes which parents made in order to care for their children was punitive and unproductive, and made advocating and supporting a family with complex problems and child protection interventions extremely difficult. There were a few examples in the interviews where positive relationships with workers, however, made a difference to the outcomes for parents. This worker described this difference:

> *Her [mother] experience with the CPS worker was of shifting goals and always – never having done enough. It is like a constant anxiety and stress which made her responses traumatic. Eventually she got a different CPS worker from the UK and her approach was so different …*

This resulted in good and unexpected positive outcomes for the family which the community worker said:

> *… was because of important collaborations – she had long term supportive engagement with a service but what really made the difference was when she got a worker who … just communicated, was open to connecting with me and there was a sense of respect. The power imbalance was still there but it was reduced.*

Ultimately though, forming effective working relationships with parents and understanding them to be an integral part of their child's life was a priority for community workers that they did not believe ACT CPS shared:

> *Work can be done to explore the connections with the parents or whoever is important to that child … this doesn't seem to be important work to care and protection services.*

Overwhelmingly, community workers saw the philosophy of ACT CPS in these terms: parents were judged as being largely unable to change and stigmatised by the child protection system, and their children were considered 'better off' in other families, having only minimal contact with their parents.

Community Workers' Views for Future Directions

When asked what direction they thought child protection should take, community workers identified a number of programs that exist already which could be adapted to support children in the home, rather than removing them from their family.

The topic of economic and social costs of current ways of working and future directions generated much discussion:

> *All these things need to be weighed up. They look at programs and think they are too expensive, when in fact the current system is incredibly expensive and doesn't have good outcomes … and not just economically, personally , and socially.*

And this:

> *… if when they thought about removing children … if they put the money they are going to pay carers into that person, into managing their home, their shopping and supporting them to get some skills. I think it would be much better utilised than giving it to a foster carer who has five children.*

And, highlighting the well known poor futures for child in out-of-home care:

> *It costs a lot of money to remove children – and it's not got good outcomes does it?   We've seen what happens when they turn 18.*

Some organisations described individual 'packages' for clients with particular problems. For example, clients with mental health issues were delivered services through the HASI and HARI programs. The HASI (Housing and Accommodation Support Initiative) and HARI (Housing and Recovery Initiative) programs provide supportive tenancy management for people with complex mental health issues in partnership with Mental Health ACT, community providers and clinical services.

> *Funding is $50,000 per year per person … the money is almost all for service provision … the HASI program is working really well … the fact that they are living in their own homes means they have workers go in three or four times a week and a combination of daytime, night time and weekend support. The workers assist with housework, shopping, cooking, appointments. The outcomes seem to be good and $50,000 a year is a lot less than keeping someone in hospital.*

When asked whether this could seem like a model for implementation in ACT CPS the community worker emphatically replied:

> *Yes – at $50,000 a year – how much does it cost to remove a child? … they have very flexible applications of money to client need so that is what is good about those programs. Spending can be aimed at stressed times, it can be delivered in a much more flexible way. It's definitely a good alternative to removing children.*

Another viewed it this way:

> *We've seen kids removed because a house is messy – it would have to be a lot cheaper to implement services such as this – especially given people need support when they are not well skilled in keeping their house.*

Community workers also felt the service was a way of empowering some of their very disadvantaged clients. They explained that client support is driven by a mental health worker who provides the client with all their options for support. Ultimately, the clients make their own informed choices about service delivery and are central to decision making about their lives.

Support programs over the long-term for parenting were overwhelmingly seen as in need of implementation, an idea also driven by client demand. Many community workers felt that removal of a child would have been mostly unnecessary had parents been provided with support:

> *The mothers that we have worked with, the vast majority of them, they would have been ok. There are those who are having a pretty bad episode or those who really were just not in the parenting space and substance abuse had become more important, but they are few and far between.*

And this:

> *Most of them, with support and early intervention with parenting skills would have achieved. That is the stuff we really want to see.*

Parents with disabilities were of particular concern. In this case, it seemed a hopeless exercise:

> *We have made it clear that other things must occur as well like support programs for parents with disabilities to retain their children, but none of it is going anywhere. It's almost falling into a pit. So we are really struggling to have anything happen other than on a very ad hoc basis.*

Despite moments of despair, community workers were not reticent in putting forward their ideas for change. One community worker pointed out that money for supporting families, when a child was not truly "at risk", could be better utilised.

They described a client they were providing support for at the time of the interview, and suggested a different use for this money:

> *The requirements [for the organisation] are to be present and to provide support. For $40,000 dollars though, given the baby is not really at risk, imagine what that could have done for that young woman. She could have had everything she needed, a car .. you know – things that would make a difference to her life and her opportunities.*

Their analysis was based on a much deeper knowledge of the family:

> *"she is one of 12 kids all removed from her mum".*

Ideas were generated supporting the use of restorative practices as a way of empowering families:

> *The restorative justice model works in other areas like justice and mental health, if you involve the people who are involved. If you do that then you involve people in the family who are naturally involved anyway and if they want to, they can be invited into the solutions.*

Finally, advocacy and support services dedicated to assisting parents and families in negotiations with the child protection process were identified by every participant as a major gap in child protection services, even though some organisations were succeeding in stretching their service delivery to assist some clients.

Service Gaps

Community workers identified a range of gaps in service provision to families involved with CPS: a lack of dedicated advocacy and support services to parents and family members who have children in care and gaps in service provision to marginalised clients within this cohort - ATSI families, families from culturally diverse backgrounds, and families where either the parent or the child or both have a disability.

Additionally, it is worth mentioning that a number of participants recognised significant difficulties with recent changes to the community sector funding arrangements:

> *With all the cuts that have happened in the community sector in the ACT, which have been significant, there are less to refer to and less capacity of organisations to take referrals now.*

Crisis services are finding it particularly difficult to meet the needs of their clients:

> *There aren't enough agencies to send referrals through to – there aren't enough family support services to send our clients out to as a crisis intervention service.*

The onus that is put on community workers to provide child protection support and advocacy for familiies, in addition to their own funded service delivery, was overwhelmingly difficult and impacted on the relationships that organisations and workers developed both with each other, and with the families they worked with:

> *We often have mothers who prefer that we are the conduit of communication because they are so traumatised by their experiences and that is not necessarily respected. We struggle with that. Case conferencing is growing. So some of our work is about preparing clients for case conferencing – it is outside of the scope of our counselling work but it is needed so we try to fill it. We try and link people up with caseworkers – but that is not easy.   There is a gap in advocacy for families with care and protection involvement.*

The right to advocacy and support services for clients was captured by this participant:

> *If you just take these most common effects [of people's problems] and don't even add to that the symptomatic health and mental health and suicidality, anxiety and depression all the way up to death … where is their capacity to advocate on their own behalf with an agency like care and protection services?*

Also identified was a gap in legal services available to parents, in particular absence of legal advice was identified at the beginning of a child protection intervention. Some community workers felt that the imbalance was caused by inadequacies in the structure of the legal system and parental access to adequate legal representation:

> *There is a lack of legal representation ...where that initial exposure to care and protection has been without any representation, support or legal assistance, or where a duty lawyer who knows nothing about the case or the client has represented for emergency orders. We have a lot of those cases.*

And this:

> *We have had a couple of applications where we have had to get people legal assistance. There is a gap when people aren't on Centrelink and have an income – then they have to find their own legal assistance.*

Significant for workers was the inability for parents and family members to challenge incorrect assumptions made about them, or decisions which they felt were wrong.

One community worker described this as 'an unwinnable battle':

> *You would never get legal aid to challenge anything the department has said or the views it has. If you were to appeal against it they would go, well what is this person's chances of winning? No one gets funded to challenge the decisions that are made. Only in child protection do they decide first, that CPS has a really good case, so we are not going to challenge it. And that is their orders by consent ... It's the only system too, where people are guilty until they can prove their innocence ... they aren't able to defend themselves.*

And this:

> *The playing field is the legal arena, the department is well represented, most parents have like a smidge of anyone to help them and they are restricted in the amount of help they can get anyway. If people don't have lawyers they are disadvantaged. The department has a huge legal team. It's about trying to get some balance in the power.*

They also questioned a 'one-stop-shop' approach to child protection:

> *One would think that in every different case, when you are dealing with human beings and families that there would be grey areas, and legislation shouldn't be used to the letter to determine what is going to happen.*

Participants identified that special needs groups such as ATSI and culturally diverse families or families where disabilities are present are particularly poorly served. Further, they recognised gaps in specific parenting support for these groups. In the view of this community worker there was an absence of support:

> *... services that support people with disabilities to parent and the recognition that it is pretty much for the juvenile existence of the child ... support services that are very long term that help support the daily routine. And to assist to trouble shoot the challenging things that arise in parenting. There are no support services like this.*

The use and availability of the Australian Government's Translating and Interpreting Services (TIS) was highlighted as a significant and increasing issue for families from non-English speaking backgrounds.

> *A lot of services are not funded to use the TIS. There are a number of organisations who won't take referrals if they cannot speak English because they cannot communicate with them. And they don't have the funding to communicate with them …*

And this:

> *If English is your second language and you are not involved with a service, and you don't get a grant for legal aid, then you got nothing … you don't qualify for TIS and you would have to pay for that independently … how is that equity of access, how is that fair, where is the justice in that?*

Concerningly, in one case a participant described translation occurring with the child of a mum:

> *...the son is frequently called upon to translate, which really exposes him to additional concern and misunderstanding potentially about what is being said. He is pretty good with English, but to expect that he might translate effectively for his mum – that is putting a lot on a nine year old …*

Participants identified gaps in services to families with more unique problems. Violence toward parents from children and teenagers was described as an embedded problem in some families and was described as *'a very big gap'* with *'no specialist services that work with that because it is a unique problem'*. Women living either with intimate partner violence or violence from a carer were a particular challenge for agencies. Options for assisting affected clients leave violence were identified as a significant gap in service provision in the ACT. These more unique types of service need were a particular problem: *It's like whose box? Oh not my box, not my box, not my box ...* This suggests that the capacity of services is stretched to capacity.

Service Capacity

Gaps in service provision, both specific to care and protection issues and to marginalised clients were clearly difficult and resource-consuming. Mostly, meeting this full set of needs was beyond the capacity of services to provide on top of their own service delivery.

> *A client with care and protection is pretty well having to go to something once a day; they need support with, courts...*

And:

> *You are working with far too many complexities in the same zone ... it's hard enough battling for her without battling for the custody thing as well.*

This participant captured the general consensus on their organisations' ability to provide services to parents with child protection interventions:

> *My opinion regarding the capacity of [workers] to provide advocacy and support for child protection issues lies somewhere between "Unable" and "Limited".*

This means that organisations were needing to prioritise and families were missing out on advocacy and support with care and protection matters:

> *I was doing a lot of that but I had to pull back – it was too complex.*

Clearly, organisations are stretched to capacity. They identified a number of barriers to providing better outcomes for the families they were working with. These will now be reviewed.

BARRIER 1: OPERATING IN CRISIS WITHOUT EFFECTIVE CO-ORDINATED RESPONSES

Interestingly, in 2012 at the time these interviews were taking place, the ACT Pulic Advocate (Phillips, 2012) described ACT CPS as operating in a *pervasive reactive culture*; an environment which"tends to mirror the chaotic and complex nature of the clientele" (8). Participants in this research expressed much concern at the rapidity with which child protection processes such as removal occurred, the lack of

support for families to prevent things getting to crisis, and the stress this puts on families and organisations. They talked of having to go to the rescue:

> .... we are often not brought in until the case gets to a crisis point. So we come in at the end and try and save the situation.

They talked of punishing responses:

> So things happen so quickly, suddenly your kids are gone and pretty much you are going to battle to see them again, and if you put a foot wrong you will be punished by not seeing them, they will be held away from you.

Describing the situation of the parents of a child with disabilities one community worker said:

> ... the family has said 'we are just not dealing with this kid any more, take him away'. And we have had to try and work hard for the child to stay with the family. And it is the same thing, it is the amount of support available, the stuff in place means that the family has reached a crisis point and there is no other option except to get the kid out of there.

In describing the difficulties incurred by the family to get to this point they said:

> Nobody will act until there is a crisis – nothing happens until you get to crisis point – you have to be in serious crisis need before you get anything at all – even basics.

This participant suggested one of the barriers to dealing with relationship difficulties was in the crisis nature of the work.

> When people are confronted all the time by a massive in your face crisis they don't really know that there is anything else outside the window. So if you see them [child protection workers] as someone in crisis they are always dealing with something that is this far away from their eyes … if you don't let people help you to see beyond what is right there, you can't see that you might have this option or that option or someone there and someone there.

Operating in crisis raised questions for participants about the ability of child protection workers to see the strengths and resilience and coping mechanisms that children build while living in families where complex issues exist. This participant captured these views:

> I asked him how he felt about his mum and the violence, and he said 'my mum is a good person, but everyone thinks she is bad [CPS]'. 'She is a really good person and (father) did some really bad things to her'. And what I saw there was a clear understanding of what is going on.

And:

> *Sometimes children do and have, through their experiences, developed rich and caring ways to become great contributors to the community from difficult times, but it is not one or the other – its acknowledging the diversity and keeping it and getting some coordination in that.*

Operating in crisis was not seen as a productive way for child protection services to operate at maximum capacity. In addition it requires significant collaboration and agency co-ordination for good outcomes for children and families, and for much of the time, this is lacking.

Participants identified a number of consequences as a result of operating in crisis mode. Further, they identified problems with communication and relationship building which resulted poor, fragmented and often duplicated service delivery. Community workers, overwhelmingly agreed on the necessity for well-coordinated services:

> *It makes sense to have a coordinated response to somebody so that we are not doubling up on what people are doing.*

And:

> *we want people to have a good web of services and nobody to fall through.*

Participants felt that they could play an important role in service coordination. Comments such as:

> *We are in the best place to coordinate services. We have much more contact with the parent.*

This participant offered an answer as to why:

> *CPS has their team who do case coordination or conferencing but they are also part of an organisation that doesn't have the same connection to the family as we do. We are often the coordinating service … government often finds that too difficult.*

Clearly, the co-ordination of services for families with complex problems requires significant time, effort and knowledge of the family and their supports.

BARRIER 2: INCONSISTENCIES AND ARBITRARINESS IN DECISION MAKING

Community workers saw themselves as having a much broader understanding of family's lives and needs. They also considered that child protection workers' judgements on families about abuse and neglect were very individual and subjective, resulting in inconsistent decision making and an unequal distribution of resources to families. One participant highlighted inconsistent support packages of substantial sums of money being delivered to some families, whilst other families in similar situations were losing their children:

> *I think that is great but why is it good for one and not good for another? ... wouldn't you want to give this person an opportunity to succeed? And then the next day, you have someone who is going to get $40,000 worth of opportunity. And that's great but what about her. There is no consistency in what they do.*

Inconsistency was a recurring theme:

> *I certainly see very little in the way of the criteria of accountability. Decisions seem to be made very much on a personality by personality ad hoc kind of basis*

This participant summed up the general consensus on consistency:

> *The hardest thing is there is no way to predict what outcome you are going to get.*

Participants also identified shifting threshold levels for assessing risk: 'sometimes it is higher, sometimes it is lower'. Community workers discussed the removal of children from families as often inconsistent:

> *I have seen the removal of children that I don't think should ever have happened. I have seen children staying with their parents that I don't think should ever have happened.*

This worker attributed 'subjectivity and a lack of a consistent approach across the board' as reasons for these inconsistent practices. Ultimately, unfair, non-transparent decision-making resulted in the greatest angst among community workers in this research. They were deeply affected by what they saw as an arbitrary system for families. It is this arbitrariness that creates a problem of

inconsistency. If child protection authorities are going to be responsive to the needs of families, they are bound to adopt different responses. The problem lies when these differences do not make sense to people. Failure to explain or account for differences in responses produces fear and suspicion in community workers.

BARRIER 3: STIGMATISATION AND MARGINALISATION

Stigma is something that permeated the interviews twofold. Firstly, participants overwhelmingly acknowledged that most of their clients were stigmatised, particularly clients with substance misuse and those with disabilities and families living with violence. This participant highlighted, not just stigma but:

> It is multi-layered stigmatisation depending on the family that you are working with and how complex their needs are. Our families in particular, are stigmatised in relation to violence … it makes you one of "those" people. One of those who people say to why don't you leave … why do you stay, why do you put up with it, why aren't you protecting your children ….

One community worker identified a cultural history of stigma with people with disabilities:

> … the cultural presumptions about disabilities and about women with disabilities particularly are very profound. They are very strong and extremely demeaning.

This community worker also identified that stigma and assumptions that mothers with disability are unable to parent:

> We have had some mothers where it is just an assumption on the part of the midwives that, oh my god she's got a disability so she is not going to be able to manage, so they get reported to CPS before the baby even arrives.

Similarly a community worker in the drug and alcohol sector:

> Getting rid of the stigma with our clients (drug dependency) is a huge thing and looking at it as a disease – it's not just a moral issue, it is something that needs addressing.

One community worker described variable responses to a parent's treatment by ACT CPS said:

> *It depends on the worker at Child Protection. The stigma is great. At times I have felt very uncomfortable with the way that some CPS workers were talking about families.*

One participant described a more universal level of stigmatisation:

> *… assumptions that all women experience violence the same way and therefore their children must be affected in this way, when in fact every single individual person has unique strategies and abilities to put in place protective mechanisms for their kids, but there tends to be a much more global stigmatisation that no women living in violence can possibly keep their children safe.*

The second predominant concern for community workers was that they felt 'courtesy stigma' or stigma by association very much existed for them when working with families. Workers described repeatedly how child protection workers considered them as not holding the interests of the child as paramount in their work.

This community worker captured the general consensus of interviewees:

> *... we are often accused implicitly of putting the needs of the client over the children .... we never ever do that. When a child is at risk we will make a notification, we will tell the parent we are doing that unless it is going to put the child at further risk.*

This from another community worker:

> *Who is the client - the people in front of us or care and protection? We had to make clear that we will work with the family, we are happy to work with the family, but we are not here to monitor them and then to report back to you. We are mandated to report if we have concerns about a child at risk and you have to trust that we uphold that.*

And this:

> *So the thought is that we will do anything to protect the women so they can keep their babies ... The reality is that if we have the slightest sense that a child is in danger we are not going to ignore it. Our duty of care is to the baby as well.*

They also made clear that putting the needs of the children first, did not mean that the rights of their clients were of no concern:

> We don't go in saying these people should have their children, but we go in with the view that their rights should be heard and that they are more than just somebody who is accused of these things. And we have fought for that for a long time. We have a very strict policy. So we don't put the needs of the client above the needs of the children ever, but we also still hold the needs of the parent as important.

And this:

> The parent is a client by extension – doesn't that make it important too?

Finally, stigma was recognised for children living with parents with mental health issues, who use or misuse substances, children living with violence and children whose parents have a disability. Ultimately, community workers felt that all forms of stigma impacted on developing relationships and trust for everyone.

BARRIER 4: TRUST, POWER AND CASE CONFERENCING

Clearly, community workers worked very hard on developing trust with families. Families were described as suspicious and distrustful when it came to child protection authorities. As described by one community worker: … *there is a real sense that just about everybody will dob you in.*

Organisations and their workers were clearly central to developing trust with families and assisting the process with governments:

> We have also had many many mothers and others that we have advocated for over the years who have made it quite clear to us that we are the only people they can trust. It doesn't matter whether its care and protection or if it is another matter, we often become the only person they can trust.

And:

> We do work with people on a daily basis and work with people with humanity, so there's a reciprocity of trust that often people don't have with the big organisations or the government.

They described challenges building trust with families:

Sometimes the person initially sees us as part of the system so we have to go through that process of making it clear that we are not, we are very much outside of that, we are independent and we don't have any relationship with care and protection at all.

They described the consequences when trust was breached. A community worker, describing the experience of what they perceived as the unnecessary removal of a child from a family for one week said:

There was nothing wrong, it is as wrong as it has ever been and actually there is a lot more right than it has ever been, but their actions – six solid months of work, of building relationships and gaining trust with this family have been ruined by you. Can you see that? No.

Ultimately, challenges of trust were perceived by most of the participants as a much bigger problem for workers in ACT CPS. In the words of one participant:

In terms of trust - I would think that it is child protection that has the problem with that.

Power and power imbalance featured prominently in the interviews. It is clear that engagement between organisations and child protection services is fraught, with transparency, honesty and integrity questioned. This participant expressed the sentiment of many of the community workers, highlighting an almost abusive work environment where tensions were high and communication low:

We feel like we are quite powerless, so you can imagine how parents feel to go into a meeting with CPS, they will just walk all over, and shout you down almost. If they would actually communicate with us and tell us why they are doing the things they are doing.

One participant saw poor communication as a way of CPS workers maintaining power:

Well that way they keep that position of power over us too don't they? They don't have to tell us why, they don't have to tell the mum.

And another:

To maintain power they often think they are a lot better than us, they know it all ...

Case conferencing is increasingly being used in child protection practice to promote efficiency and an effective way for sharing information with all who are involved with a family. Community worker views on case conferencing, however, were mostly a negative portrayal of power imbalance, a lack of true independence and generally, a difficult and disempowering experience for parents and community workers alike.

A participant captures this:

> *… case conferences for clients are highly traumatic, and for everyone. It is like sitting so uncomfortably, watching them [parents] be spoken about by support services, in a very objective, sometimes like they are 'not even there' way.*

And this:

> *… people feeling like 'oh god I've got to put my shoulder pads in' – you know that's awful.*

And this:

> *They are run by CPS for CPS and there are times when I have been there that clients feel the only support in the room is the community worker because we are not there in opposition to the client or objectifying them.*

For some community workers it forced them to change the way they personally practiced their work and resulted in reduced response to client need. Describing how she went to support a distressed mother in a meeting she said:

> *The person who was in charge looked at me and sighed and said 'you'll have time to do this out of the case conference'… I felt shamed … I went into a very professional, pragmatic, authoritative mode. I didn't respond the next time she broke down crying …*

Others described their expertise as devalued:

> *CPS certainly see themselves as the expert in relation to a lot of things. We've had CPS workers think they are the experts in domestic violence for example, but we can see from   what they are saying and what they are doing they are far from that. But they can't recognise the expertise [outside].*

Others found it difficult with the follow up processes and actioning from case conferencing:

> *I have often waited for feedback of what I have to action ... I was told that a worker will be in contact with what I need to do – I have never received that contact.*

Case conferencing generated discussion on power:

> *When you are in a big case conference, you might have four CPS workers, and a chairperson and three or four other people and then mum ... CPS is always the primary worker. They are the government body that have power over every single person sitting at that table.*

Many participants discussed the case conferencing component of child protection services. Questions were raised on the independence of the Independent Chairperson who convened case conferencing on behalf of ACT CPS:

> *... the independent person is from the Office from Care and Protection ... they say they are very independent ... but they work for the department and for the government ...*

And this

> *they do have an independent chair that is very linked in with CPS. I'm not sure how independent that really is, and they added: the chair is in a position of tremendous power.*

They suggested that in order to get a better balance in power...

> *... it needs to be someone who understands the law and child protection stuff, but they should be totally independent.*

Community workers clearly perceived case conferencing as unjust and adversarial and one which fails to recognise nor effectively provide for the needs of parents and families and their supports.

BARRIER 5: CHALLENGING COMMUNITY PERCEPTIONS: CHILD PROTECTION AS 'EVERYBODY'S BUSINESS'

Many participants observed that a child protection concern can happen to anyone in the community with devastating consequences. They raised concern about the level of community awareness of the way the child protection system truly works and the

impact it has on children and their families. One worker, reflecting on a conversation with her management body over the removal of a child, captured the general consensus on community perception:

> *I say you know, this is someone who lived independently, she had a job, she got pregnant, the house she was living in got sold and so she was homeless. She got really stressed, and then she had the baby and she had nowhere to live, so you know, you would be pretty stressed, when you have been independent ... how could that happen? It could happen to anyone ... and anyone I tell says, no that can't be right, that poor woman.*

One participant felt that the community, at times, keeps at arms length:

> *CPS sometimes work in a place where, when they do engage in the community, some still think ultimately it is their responsibility – rather than being everybody's business.*

Another participant considered that despite the fact that the work of protecting children was extremely important work, there was little community:

> *Even though it is great that there is somebody keeping an eye on that pointy end, but how does it not be a silo?*

Another participant called for a broader understanding in the community:

> *It is not the kind of sensationalist current affairs commercial television stuff, which seems to be what the broader community sees as care and protection; it is an assumption that they [parents] are all like that [abusive] when we know that that is quite rare ...*

Some participants recognised that there is an embedded culture in child protection services which influences community responses:

> *bad parents need punishing and it needs to be a punitive response …*

Another participant identified that it appears that the community and even CPS do not understand their true vision. They ask:

> *What is the vision and purpose of CPS? It's called Care and Protection Services, but what does Care and Protection mean? And what is the vision about that? And how does CPS work on safety … what is the bigger meaning of what safety, wellbeing and thriving is about for children?*

Another participant's view lay much more in increasing community responsibility:

> *I think there is a lot of everything is someone else's responsibility. From a community perspective they are happy to report people, there is more of a willingness to report on people where there are child at risk concerns, but I don't see any willingness for those people to then say to that person, or engage with that family in a supportive way, or a way that is going to make a difference, because we have such a narrow view of what is normal, anything outside of that is treated as an aberration or as the 'other' ... So the community when they see someone in need just don't do it.*

Finally, community workers identified positive aspects of relationship building and networking and acknowledged the steps being taken by ACT CPS to bridge these gaps:

> *I think the more CPS workers can be out and about and talking to services the better. Previously there have been bus tours – where they go to services or sitting with community workers on a bus – great initiative. The more that they are visible the more relationships can develop.*

Conclusions

From the interviews, it is clear that agencies see their clients experiencing a power imbalance, stigmatisation which results in discrimination, a lack of recognition that parents can improve their situation and too few services to assist and empower them to do so. Exacerbating this is a gap in dedicated service provision to assist parents who have their children removed understand and navigate a complex statutory system. The participants also highlighted gaps in services to Aboriginal and Torres Strait Islander families, families from other cultures and services to those with disabilities in relation to what CPS requires of the family.

Community workers emphasised a lack of trust between families and child protection workers, between community workers and child protection workers, and importantly how this lack of trust can affect the relationships between workers and their clients. The statutory, top down approach means there is an imbalance of power between CPS, agencies and families which is hampering the work of community organisations and resulting in families not being assisted in ideal ways. Structural and organisational changes aimed at reducing service delivery 'silos' and promoting integrated responses to the needs of individuals and families are required.

With rates of children in care rising and an ever-increasing demand on services, clearly meeting the needs of and assisting families and their networks is proving a difficult task. Yet it is a vital component of assisting these families to better protect their children. The number of parents who incur legal punishment for harming their children is very small and the figures for actual harm of children are also quite small. In addition, child protection agencies around Australia have a poor history of protecting the children they remove from what are deemed 'unsafe families'. Finally, in a welfare democracy such as Australia the state should only be intervening in the private life of a family when a child has been harmed or is at imminent risk of being harmed. Given these three points, it is time to reconceptualise the way the state intervenes in the lives of families where 'actual harm' has not occurred. This research alone, in this small jurisdiction where just over 500 children are in care, identifies over 120 families where the state is sitting at their kitchen tables with some kind of statutory legal intervention in place. Clearly the community workers in this research recognise much of this as a major issue, whilst they are operating with fragmented and duplicated service delivery resulting in the waste of their valuable resources.

The final chapter will examine alternative ways to assist community organisations help families in these complex and difficult environments. Families have good services available to them; services who have well-trained and highly professional staff, and which are innovative and resourceful. But community workers in this research also talk about an immeasurable power imbalance between child protection authorities, services and families, which inhibit their ability to provide support services. As such, they see themselves as gatekeepers for families to protect them from government harassment and injustice. At the same time they see themselves treading a fine line to make sure they do not jeopardise their ability to constructively work with families toward better futures.

5. SUMMARY AND FUTURE DIRECTIONS

Families in Australia come from a range of diverse cultures, and as such, parenting standards in Australia do not attract a general consensus. Many Australian families face an array of complex problems: poverty, homelessness, mental health problems, substance misuse, domestic and family violence or disability; either in isolation or in combination. Many suffer social isolation and low levels of social capital and many come under the watchful eye of Australian child protection authorities as high risk segments of the population. This is despite the fact that the literature tells us that children and families living in adverse circumstances often have strong resilience and coping mechanisms. Children are not necessarily at risk in these adverse circumstances and parents are not necessarily 'bad' parents. Yet they are far more likely to be the subject of a statutory child protection intervention.

When a parent enters a child protection process their experiences are extremely negative. The literature shows that parents experience unfair, non-transparent and unsupported processes where they are given inadequate or virtually no information. They are not treated respectfully nor are they empowered, they are marginalised and stigmatised and there is little to no trust in the child protection system. Essentially, it is considered a dangerous liaison even to approach a child protection authority for help.

The researchers who undertook the interviews with community workers, time and time again, heard stories which told of injustice, degradation, power imbalance and of trust and its betrayal. To provide some context to the reader of the types of stories we heard, we decided to write a fictional case study as close to the average story as we could get. The case study was shared with relevant participants and it was unanimously agreed that this resonates with many of the experiences they have observed and been involved with. One participant captured this agreement: *'gee, you could be talking about any one of our families involved with CPS'.*

Fictional Case study

Family Composition: Mum, Dad and Children ages 5, 7 and 9.
Issues: Domestic and family violence, homelessness, mental health issues, substance misuse

Child Protection Services visited the home of this family following a report of violence which was being witnessed by the children. Following investigation a meeting was held and the mother was told that she was failing to protect her children by remaining in a violent relationship. She was given numbers for domestic and family violence support services with an ultimatum – 'do something or we will take your kids away'. The mum left the relationship to take up an offer of a bed for her and her children in a women's refuge.

This is hard for mum. She has been with her husband for a long time, and overall she considers him a good husband and good father and loves him deeply. Suddenly she faces the burden of parenting her children by herself, of thinking about where they are going to live, of attending to a different set of financial needs and of many other things which are new and scary and isolating. She can't reconcile her relationship in any way because the children will be removed. She is grief stricken, scared and traumatised.

But child protection authorities persist. You must attend parenting classes, you must attend counselling services, you must stay at the refuge and you must not see your partner. Mum is feeling burdened to the point where she must escape. A beer? A wine? A joint? Maybe just an over-the-counter medicine which will help just a bit. Just once. But watch out - child protection has got wind of this. So now drug and alcohol problems are added to her list of inadequacies.

All she is trying to do is cope with this whirlwind of trauma and turmoil. She rings one place and gets told one thing. She rings another and gets told something different. No-one is talking to anyone else and few are listening. The pressure is relentless. More appointments, parenting assessments, psychological assessments, urinalysis, drug and alcohol services, supervision orders, courts: mum is feeling ashamed and overwhelmed and now the children are reacting. They want to see their dad. They love their dad. He doesn't hurt them. They don't want to see mum hurting. They miss their friends. They miss their grandma - they can't see her in case dad is there. They miss their pet because the refuge couldn't let them bring it. They miss playing sport. They miss their schools. They miss their bedrooms, their possessions. They grieve the sudden loss of everything stable in their lives. But they don't blame mum and dad. They love their parents and their parents love them. They want their parents to be helped. They don't want to live somewhere else.

But the children are damaged and it's all Mum's fault. That violent incident and her failure to protect has damaged them for life. It is in their best interest to be taken into care – clearly Mum can't get her life together... CPS call an emergency meeting. The worker tells child protection that they can help mum, they can assist her with housing, and Centrelink and counselling and support and they can help the children and get them counselling and get them into school. Mum comes to the meeting – she is looking pretty terrible this morning, she hasn't slept much, she is stressed and vulnerable. She doesn't feel supported and she doesn't have a voice.

The emergency meeting happens: they talk about her but not to her, they decide what should happen to her, to the children. They don't ask for her contributions yet insist on her agreement. She is feeling very disempowered. They know nothing about her private life, her friends, her networks, her strengths and abilities and nothing of her wishes and dreams for her children. And they don't want to know. They have a job to do and are only 'working in the best interest of the children' after all. But they know nothing of the children's lives, their networks, their resilience factors and their strengths and weaknesses and they take no time to find out. They have no time. That can come later. But it never does.

The worker is satisfied that there is a workable plan even though they did not think the process was very good and they think that mum was treated pretty badly. Don't rock the boat though – they might take the children. They give the family a house, they enrol the kids in school, they make sure they have food and they give mum a number to call if she needs to talk to someone. And they rush off to the next crisis unfolding, the next family whose children are deemed at risk. Then the phone rings. It is 3.45pm and mum is hysterical. She went to school to pick the children up and they were gone. Child protection had taken her babies away ... and nobody knew this was going to happen? All those meetings, all those people and nobody knew. Where are my kids? We can't tell you that. What have you told them? No-one will ever know..

We pose the question: does this case call for a statutory child protection system response or a response by the community and networks of this family? Most would agree that this mum and her children should be supported within their own networks and community. The reality for those working with these families, however, is that these children are perceived to be at risk of harm from parents who experience problems with mental health, substance misuse, disabilities, cultural diversity, and homelessness with some families experiencing multiple issues. Essentially they perceive most children are removed because they fit into a particular family profile of being cared for by 'not good enough' parents.

In Section 2 we analysed the Quantitative Data Collection Phase 1. This data collection identified that first, ATSI families are overrepresented. Second, that the majority of clients who accessed community organisations with child protection interventions were women, socio-economically disadvantaged, socially marginalised, were reliant on welfare, lived in public housing, and were not married. To have multiple support needs and access multiple services for assistance was the norm in the data collection. When combined with a history of removal in the family by a grandparent, parent or sibling, needs and service use rose considerably. All of this, then, equates to the need for good collaboration and coordination between government, community organisations, families and their supports. The qualitative data analysis allows us to consider these aspects in more detail.

Section three analysed interviews with fifteen community workers who occupied a range of positions and provided a range of services which required significant expertise to address the complexities exisiting in these families. Relationships between community workers, families and child protection services proved difficult and impacted on the ability of community workers to effectively work with families. Community workers perceived the child protection system as failing to provide fair process for families. They did not understand why children were removed in some cases and not in others. In their eyes, the decisions were non-transparent, and in many cases, arbitrary. Community workers identified various gaps in services to parents and other marginalised groups such as ATSI, people with disabilities and

those families from culturally diverse backgrounds. Further, the analysis examined the capacity of the community workers to provide advocacy and support to family. Community workers and the organisations they work for are clearly stretched to capacity when trying to support and advocate for families with child protection interventions. They identified 5 barriers to providing better outcomes for the families they were working with: (1) child protection services are constantly operating in crisis; (2) decision making by ACT CPS is unfair and inconsistent to the point of seeming arbitrary; (3) stigmatisation and marginalisation by ACT CPS is experienced both by families and their workers; (4) betrayal of trust and power imbalance occurs between CPS, community workers and families; and (5) the community is unable to understand the notion of child protection as 'everybody's business'.

One significant finding that opens up debate is that concerning the timeframes, reasonableness and fairness afforded to parents dealing with ACT CPS. This is particularly important, given the number of issues that they are dealing with, and on which they must show improvement if they are to have contact with their child, keep care of their child, or have their child restored to their care. The data collected is minimal, almost clinical, through our tick box questionnaire. Yet the description of clients communicates lives that are full of stress: economic, social, personal, and interpersonal. Added to this daily stress, is the traumatic life event of a child protection intervention to possibly remove a child, with multiple agencies teaming up to try to change a client to help avoid this outcome.

Assume for a moment that there is good will on the part of all parties. Assume that parents' needs are real and they want to be a 'good enough' parent, and that parents are motivated by the desire to have their child in their care. Assume that child protection workers and service providers are dedicated to looking after the best interests of children and want the same for their clients, but have serious concerns that the current situation does not achieve this. Even under these highly empathic circumstances where everyone is genuinely concerned for the wellbeing of the other, the stress and pressure to perform must be overwhelming. Is it fair and

reasonable to expect parents to meet the standards of the child protection authority in the time allocated? How are time lines developed and how are milestones monitored and adapted to context? Surely with multiple needs and multiple pressures, hands-on live-in assistance and support over a significant period of time is a reasonable option and a certain level of responsiveness to circumstances and events is required.

The problems with ACT CPS are broad and entrenched: as evidenced by the Clark, Vardon, Murray, Phillips and Cooper reports into ACT CPS over the last 10 years. The researchers are aware of, and acknowledge the ongoing work that ACT CPS are undertaking to restructure out-of-home care service provision in the ACT, particularly the recently developed *WORKING TOGETHER FOR KIDS: A guide for parents and family members working with Care and Protection Services in the ACT* [5] filling a much needed gap in information provision for parents. However, evidence throughout this research suggests that without examining the structures which support better ways to have relationships it will be difficult to achieve better outcomes overall.

The problem is not in the Children and Young Peoples Act (2008) which guides the way ACT CPS operates and it is not that child protection workers are seen as inherently bad. It is not in the lack of willingness and desire by everybody for better outcomes for children and their families. There are examples of positive personal relationships existing between parents and child protection workers, community workers and child protection workers; parents and carers. These are documented in research on parents in the ACT (Harris and Gosnell, 2012; Ivec et al, 2012). We also heard such accounts. Mostly, however, we heard of poor relationships and broken communication. The problem is that there is no conceptualised way to juggle the complex dynamics between all stakeholders.

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[5] http://www.communityservices.act.gov.au/__data/assets/pdf_file/0008/598103/FINALFINAL14MARCHA-guide-for-families-involved-with-Care-and-Protection-Services.pdf

This comes back to the community workers' ideas of the greater use of in-home support services such as those described in the interviews: the HASI and HARI programs and the creation of dedicated parent support and advocacy services, assigned to each parent to optimise the usefulness of service input and assist parents in taking responsibility for their own lives and those of their children. Cost immediately enters the discussion at this point. Who will pay? The answer lies in cost effectiveness. The empirical question is whether in-home support or dedicated advocacy and support services at the time of an initial child protection intervention prevents future costs of both an economic and social kind that come about through repeat child protection interventions, out-of-home care expenses and long-term poor outcomes for children.

We identified throughout the data collection phases two major areas which require further research. Firstly, there is clearly an historical relationship between families and care systems which have resulted in a gross distrust of child protection systems by the community. The level of families involved previously in care systems clearly indicates a transfer of disadvantage and trauma that is either not recognised, is misunderstood or is not factored into statutory interventions or service delivery. There is an urgent necessity to undertake research to explore whether there is an entrenched transfer of trauma and socio-economic disadvantage in families where generations of children have been removed.

Second, the level of stigmatisation the workers felt when advocating for parents and family members, specifically through the case conferencing process, but also much more broadly in their interactions with child protection workers was of major concern. The idea that community workers experience a 'courtesy stigma' or stigma by association deserves exploration. This was a very unexpected finding but was of great significance. Overwhelmingly, it was an aspect for community workers which devalued their expertise and had an enormous influence on their ability to support and advocate for their clients. As such there is an imperative to further research the way in which the child protection authorities, community workers and parents and families interact.

Conceptualising a way to have complex relationships where the power balance is more even is necessary. We accept that there will always be a difference in power, but such differences should not prevent fair process, such as ensuring parents are provided with dedicated information, support and resources. It is necessary, and indeed possible to have a more nuanced understanding of ways to balance the different dynamics in relationships between different groups: child protection workers, foster carers, kinship carers, parents and family members, and community organisations. Parents who have involvement with ACT CPS suffer true marginalisation. They have no dedicated service to assist them, and the community workers have real constraints on their ability to optimally support parents. It is little wonder there are so many children staying in care longer. Parents cannot fight for their rights in the system and have no choice but to, effectively, relinquish their right to parent.

Overall, when we examine the two phases of data collection, and we add to that the consideration that ACT CPS has been consistently found to be wanting as a 'good parent' to the children in its care, a new relational and restorative focus, which holds at its centre the international obligations of governments to comply with the International Covenant of the Rights of the Child is required. Parents must be supported in their role, particularly when past harm of child removal policies has been inflicted and children and families are living in the most complex of circumstances. They must be resourced to effectively parent. A relational system of governance must be found to make the best use of all the skills available within family networks, both to ensure the safety and wellbeing of children and that child protection services can deliver what is truly in 'the best interests of the child'.

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APPENDIX 1: MAJOR AUSTRALIAN CHILD PROTECTION INQUIRIES

STATE	INQUIRY
National	Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families (Sydney: Human Rights and Equal Opportunity Commission [HREOC], 1997); Australian Senate Community Affairs References Committee [SCARC] Lost Innocents: Righting the Record Report on Child Migration (Canberra: Australian Senate Community Affairs References Committee, 2001); Australian Senate Community Affairs References Committee [SCARC] Forgotten Australians: A Report on Australians Who Experienced Institutional or Out-of-Home Care as Children (Canberra: Australian Senate Community Affairs References Committee [SCARC], 2004).
ACT	Murray, G. '*The Territory's Children. Ensuring safety and quality care for children and young people*'. Report on the audit and case review: Review of the Safety of children in care in the ACT and of ACT child protection management (ACT Government: Canberra, 2004). Vardon, C. *The Territory as Parent: Review of the Safety of children in care in the ACT and of ACT child protection management* (ACT Government: Canberra, 2004). Phillips, A. *Who is looking after the Territories Children? Review of the Emergency Response Strategy for Children in Crisis in the ACT* (Australian Capital Territory Government: Canberra, 2012).
NSW	Wood, J. *Report of the Special Commission of Inquiry into Child Protection Services of NSW* (Sydney: Government of NSW, November 2008).
NT	Anderson P. and R. Wild. *'Ampe Akelyernemane Meke Mekarle: "Little Children are Sacred"'*, Report of the Northern Territory Board of Inquiry into the protection of Aboriginal children from sexual abuse. (Darwin: Northern Territory Government, 2007). Bamblett, M., H. Bath and R. Roseby. *Growing them Strong, Together: Promoting the safety and wellbeing of the Northern Territory's children,* Summary Report of the Board of Inquiry into the Child Protection System in the Northern Territory 2010 (Northern Territory Government: Darwin, 2010).

STATE	INQUIRY
SA	Mullighan, E.P. Children in State Care Commission of Inquiry, *Allegations of Sexual Abuse and Death from Criminal Conduct* (Adelaide: Government of South Australia, 2008).
TAS	Jacob, A., and Fanning, D. *Report on child protection services in Tasmania.* (Hobart: Tasmanian Government Department of Health and Human Services, 2006). Parliament of Tasmania 2011, *Select committee on child protection: final report* (Hobart: Parliament of Tasmania, 2012).
WA	Gordon, S. *Putting the Picture Together, Report of the Western Australian Government Inquiry into the Responses by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities* (Western Australian Government, Perth, 2002). Ford, P. *Review of the Department for Community Development*, Final Report (Perth: Government of Western Australia, 2007).
QLD	Forde, L. *Report of the Commission of Inquiry into Abuse of Children in Queensland Institutions*. Commissions of Inquiry Order 1 (Brisbane: Queensland Government 1999).
VICTORIA	Ombudsman, Victoria. *Own motion investigation into child protection: Out of home care* (Melbourne: Victorian Government, 2010). Allen Consulting Group, *Protecting Children: The Child Protection Outcomes Project,* Final Report for the Victorian Department of Human Services (Melbourne: Allen Consulting Group, 2003), available <http://www.allenconsult.com.au/publications/download.php?id=30 1andtype=pdfandfile=1> accessed 17 June 2013.

APPENDIX 2: DATA COLLECTION FORM

PERSONAL INFORMATION

Male ☐
Female ☐
Aboriginal/Torres Strait Islander ☐
Australian ☐
Culturally and Linguistically Diverse ☐
Married ☐
Single ☐
Age: _____
No of Children: _____

DOES THIS PERSON HAVE A DISABILITY?

Physical ☐ Intellectual ☐ Other ☐

ACCOMMODATION TYPE

Own Home ☐
Private Rental ☐
Public Housing ☐
Refuge/Supported Accommodation ☐
Homeless ☐
Other ☐

RESIDES WITH

Parents ☐
Spouse ☐
Children ☐
Alone ☐
Other Family ☐
Other ☐

INCOME

Full Time Wage ☐
Part Time Wage ☐
Newstart Allowance ☐
Disability Pension ☐
Supporting Parent Pension ☐
Austudy ☐
Abstudy ☐
Youth Allowance ☐
No Income ☐

CLIENT NEEDS

Housing ☐
Life Skills ☐
Centrelink/Income Support ☐
Medical Treatment ☐
Psychiatric Treatment ☐
Counselling ☐
Disability Support ☐
Support with Children ☐
Legal Assistance ☐
Culturally Specific Services ☐
Interpreter Service ☐
Mental Health Support ☐
Drug and Alcohol Support ☐
Conflict Resolution ☐
Family Violence Support ☐
Advocacy ☐

REFERRAL SOURCE

Self ☐
Health Centre/Doctor ☐
Hospital ☐
Family ☐
Friend ☐
Police/Court ☐
Government Agency ☐
Non-Government Organisation ☐
Other ☐

IDENTIFIED SUPPORTS

Family ☐
Friends ☐
Church ☐
Non-Government Organisation ☐
Doctor ☐
Counsellor ☐
Other ☐

OTHER AGENCY INVOLVEMENT

Drug & Alcohol Services ☐
Mental Health Services ☐
Child/Family Service ☐
Aboriginal/Torres Strait Islander
Health Service ☐
Other Aboriginal/Torres Strait
Islander Service ☐
Legal Service ☐
Child Protection Services ☐
Intensive Family Support ☐
Family Violence Services ☐
Disability Services ☐
Other ☐

CHILD PROTECTION INFORMATION
Orders:

No Order ☐
Guardianship Order ☐
Third Party Order ☐
Temporary Order ☐
Supervisory Order ☐
Final Order ☐
Enduring Parental Responsibility ☐

Are there previous or pending criminal
proceedings relating to neglect or abuse of
the concerned child/ren?

Yes ☐ No ☐ Unknown ☐

CHILD/REN IN

Foster Care ☐
Relative/Kinship Care ☐
Residential Care ☐
At home ☐
Care in another State ☐
Does child/ren have a disability? ☐
Physical Intellectual Other ☐

OTHER CARER INFORMATION

Children cared for by:

Grandmother ☐
Grandfather ☐
Aunty ☐
Uncle ☐
Other Relative ☐

PREVIOUS CARE EXPERIENCE

Did/does this person:

Grow up in care ☐
Spend time in care as a child ☐
One or both parents in care ☐
One or both Grandparents in care ☐
Have Siblings in Care ☐

ABOUT YOUR SERVICE

Do you provide services for:

Women ☐
Men ☐
Aboriginal/Torres Strait Islanders ☐
Children ☐
Multi-cultural/Migrant/Refugee ☐
Drug and Alcohol ☐
Domestic/Family Violence ☐
Homelessness ☐
Mental Health ☐
Legal ☐
Crisis ☐
Disability ☐
Other ☐

What is the capacity of your
organisation's workers to provide clients
with advocacy and support for child
protection issues in addition to your
primary service delivery?

Good ☐ Limited ☐ Unable ☐

Notes