



*FIN values children, families, community and culture*

*FIN assists parents, grandparents and significant others  
involved in the Child Safety system*

# **Ten Key issues raised with the Queensland Child Protection Commission of Inquiry**

**September 2012**

**by**

**Family Inclusion Network Queensland (Townsville) Inc.**

PO Box 1839 Townsville Qld 4810

0402 253 984

[Finqldtsv@gmail.com](mailto:Finqldtsv@gmail.com) [www.fin-qldtsv.org.au](http://www.fin-qldtsv.org.au)

**President:** Emeritus Professor R. Thorpe

**Secretary:** G. Tama

**Treasurer:** K. Ramsden

## Table of Contents: 10 Key Issues

	<b>Page</b>
<b>Preamble</b>	<b>3</b>
<b>Key Issues</b>	
<b>1. Assessment of Risk, no actual harm</b>	<b>4</b>
<b>2. Risk aversion and the majority of less serious situations</b>	<b>9</b>
<b>3. Mother Blaming</b>	<b>15</b>
<b>4. Demonisation of Fathers</b>	<b>21</b>
<b>5. The adversarial approach. Focus on deficits; inadequate legal support and inadequate accountability mechanisms</b>	<b>26</b>
<b>6. Misinterpretations of facts; less than thorough assessments</b>	<b>31</b>
<b>7. Disrespectful, unsupportive relationships with parents</b>	<b>38</b>
<b>8. Selective respect for the voices of children and young people</b>	<b>42</b>
<b>9. A system based on Fear</b>	<b>48</b>
<b>10. The long term harmful effects of removal into care for children and their families</b>	<b>53</b>
<b>Appendix 1: What is the Family Inclusion Network Qld Townsville Inc?</b>	<b>56</b>
<b>Appendix 2: From Child Welfare to Child Protection to Child Safety:     some FIN Townsville observations of Queensland since the 1990s</b>	<b>58</b>

## Preamble

Family Inclusion Network (Townsville) Inc (FIN TSV) welcomes the Carmody Commission of Inquiry into Child Protection in Queensland. We wish the Commissioner well in bringing about much needed reform in the system. Since the CMC Inquiry into the Abuse of Children in Foster Care (2003), a substantial financial investment has been made. However we argue that the investment targeted the wrong areas. It heightened risk averse approaches at the tertiary end and was reactive rather than strategic.

Our submission to the current Inquiry argues that systemic change in the child protection system should be directed at the family support and direct early intervention end of the service system. Our focus is on keeping children with their families and avoiding children coming into care. If children need to enter out-of-home care, it should be of much higher quality than is presently the case and the focus of all stakeholders should be on supporting parents and other family members to ensure re-unification of children with their families as a top priority. Long-term out-of-home care should be reserved for the very few children who cannot live with family, not the many children whose families need support to raise them.

This FIN (TSV) submission document is framed around ten key issues which we see as the highest priorities for change. Our members look forward to expanding further on our points at our scheduled meeting.

**Note:** *Parents' and children's names have been changed in this submission with the exception, at their request, of Graham, Kimbali, and Alex.*

This document has been prepared by the following members and supporters of FIN Townsville:

Abul Khan	Madge Sceriha
Alex Chisari	Marg Oxley
Annette Williams	Mary Ivec
Erin Rigby	Ros Thorpe
Frank Reilly	Sandy and Coil Marshall
G. Tama	Simon Glen
Graham and Kimbali Oyston	Steven Payne
Jamie Rostron	Vicki Klein
Jane Thomson	
Kayla Mitchell	
Kim Ramsden	

And 5 other members/supporters of FIN Townsville who prefer to remain anonymous.

*Thank you everyone: It's been an empowering experience to work together on this submission.*

## Key Issue I

### Assessment of Risk, no actual harm

**In perhaps as many as one third of cases, children are removed into care only on assessment of Risk, when no actual harm has occurred.**

**This very removal inflicts harm onto previously unharmed children or young people.**

### A Family Inclusion Perspective on Risk and Risk aversion in Child Safety

Many commentators, and in particular *Peakcare*, have written and spoken to the Inquiry about how woefully risk-averse the child protection system has become in Queensland. In general the focus has been on the problematic widening of both mandatory reporting and the definition of “unacceptable risk”, so that more and more families are drawn into the child protection net and are subject to unfriendly investigation at best, surveillance rather than support under IPAs or, at worst, loss of their children into care.

The Family Inclusion Network Qld Townsville Inc [FIN] wishes to reiterate all that *Peakcare* and other commentators have said. Rather than restate the points already made by these organisations, FIN would like to comment from the point of view of parents, grandparents and significant others and, in doing so, make some points which may not have been mentioned by professional commentators.

FIN’s **first point re this Issue** is that the official statistics serve to mask the extent to which substantiation is made, not on the basis of actual abuse or neglect, but on the basis of perceived possible future risk of harm from abuse or neglect in families where, hitherto, the quality of parenting has been “good enough” (Winnicot 1965), where children are loved and cared for and where they feel they belong and have pride in the family and community and have loyalty to their family. The reason that statistics mask the difference between substantiation of abuse or neglect or substantiation of a risk of harm is that, although internally these are recorded differently (SUBS and SARI), the figures are amalgamated in the presentation of official statistics.

While professionals might argue that this doesn’t matter since what is substantiated in both sets of records is the assessment of an “unacceptable” level of risk of future harm, for parents the difference is profound. FIN’s **second point**, therefore, is that where there has been no harm, parents and families are affronted to be treated in the same disrespectful ways as those who have actually harmed their children (however mildly), and are distressed to be tagged with the label “abusers” when they have not been abusive and are providing “good enough” care for their child/young person. This demonising of such parents is experienced as deeply demoralising at best, and as unimaginably unjust when their children are removed from their care simply on the grounds of “unacceptable risk” (see Lyn’s story below).

FIN’s **third point** is that parents’ anger at this perceived abuse of their identity as good enough parents is exacerbated when their children suffer harm in care - as a result of their removal and further harm from their experience in the out-of-home care system. Not only are parents outraged that their previously unharmed children are harmed by the very system which is meant to protect and care for them but, furthermore, they are beside themselves with anger and indignation when

professionals, researchers, academics *et al* unthinkingly assume in their talking and writing that **all** children in care are likely to display signs of disturbance **on account of the abuse or neglect which they suffered prior to entry to care**. Many children did NOT suffer abuse and neglect prior to entry into care. (see Sandra's story below)

But how many is many?

In reality, world-wide, we have **no** idea how many children in care have suffered no harm prior to entry to care. And in only a couple of jurisdictions – NOT including Queensland - do we have an indication of how many substantiations are based on risk rather than actual abuse or neglect. Statistics from WA, Australia and from South Wales, UK [Lonne *et al* 2009 Pp 30-31] suggest that about two thirds of substantiations are based on actual abuse and neglect and one third on perceived risk only. If this proportion is similar in Queensland (we can only guess that this would be a reasonable assumption) then the number of children for whom substantiation was based only on an assessment of future risk was likely to have been about 2200 in 2010-11. It is not possible to know how many children were from the same family but, even so, it is reasonable to estimate that well over 1000 Queensland families who were providing good enough care may have been drawn into the Child Safety net in 2010-11. Little wonder there is widespread fear and negativity in the community about the Department of Child Safety.

Another fact we do not know is whether, or not, removals into care occur at the same rate for children substantiated to be "at risk" (but with no actual harm thus far), as for those for whom substantiation has been of actual abuse or neglect. Currently we have not found any jurisdiction (including WA and South Wales, UK) where these figures are reported separately. We do know that overall about two thirds of children/young people from substantiations were removed into care in 2010-2011 in Queensland. What we need to ask is:

- Are these mainly from the actual abuse and neglect group?
- Or are they spread between that group and the "at risk" group?

This is important since, where no harm has occurred and parenting has been "good enough", it is very difficult for Child Safety workers to establish a good working relationship in which parents can acknowledge the "risk" which Child Safety considers to be "unacceptable". Workers then justify their controlling responses by (1) criticising such parents for not acknowledging the risk identified through use of the Risk Assessment tool and, in consequence, (2) deeming them likely to "fail to protect" the child/young person from future harm.

Use of Risk Assessment tools in this way have been criticised, *inter alia*, for: overlooking contextual and structural factors; neglecting strengths, resources and competencies of families; assuming a causal relationship between risk factors and abuse when, in fact, it is at best a statistical association or correlation. Thus, it is asserted, there will always be a proportion of "false positives" (ie finding grounds for intervention when an intervention is not actually required) [Price-Robertson and Bromfield 2011]. Furthermore, in a risk-averse organisational culture, there has developed a tendency for the main intervention to be removal of children into care rather than family support to reduce a perceived level of future risk. By elevating hypothetical concerns re future safety above applauding and nurturing the quality of loving relationships which exist between parents and their

children, the Queensland Child Safety system has definitely “lost the plot” in promoting child welfare.

For parents in FIN, workers appear to lack a nuanced assessment of risk and increasingly in recent years have classed as “unacceptable” a level of risk which is actually lower than chance (ie below 50%) and which is inescapably present in all sorts of everyday activities. As Mary Ivec, from FIN ACT wrote on 13<sup>th</sup> July 2012:

*All parents have reason to fear authorities. It could be oversleeping the alarm, having worked night shift and not being there to collect the kids from school. It could be taking your child to the doctor after an accidental fall leaving them bruised; or, in one case, where a small child was hit by a car and killed walking to school with her mother. Her other three children were removed because of the 'risk' she and her husband couldn't look after them.*

*The occasional story that makes the headlines is the tip of the iceberg in terms of what children, their parents and families are subjected to once they 'enter the child protection system'. **Every parent needs to say to themselves, 'this could be me'.** If children are judged to be overweight, if they are left at home unattended (even when there's a 16 year old around) a report can trigger such surveillance that no parent should think they are 'above' this sort of state intervention. We comfort ourselves that the old days of involuntary child removal are gone. But coercive child removal is alive and well and costing billions.*

***Every parent should ask themselves, 'what would I do if this happened to me and my children? Where could I turn?'***

Disrespectful behaviour on the part of workers towards parents who have been abusive is not good (as we argue under Key Issue 7); however, disrespectful behaviour by workers is even worse, indeed utterly unacceptable, in relation to Parents who have not abused their child/young person. What is needed for all parents caught up in child protection is understanding, support and help – and for some, simply to be left alone to continue their “good enough” parenting.

**This first Key Issue** is regarded by FIN Townsville as providing a vitally important, perhaps original, perspective. It is a perspective based on the lived experience of FIN parent and family members. It is disappointing that professionals and academics do not get sufficiently close to parents, and stay there long enough, to become fully aware of this perspective, and continue to not challenge the myth that all children and young people taken into care have experienced harm in their own homes. This challenge, we believe, is a significant contribution to debate made by the Family Inclusion Network Townsville.

**FIN Townsville would very much like to see the collection of official statistics changed so that figures are available publically of:**

- 1. How many children and young people are assessed as at risk of future harm but have not yet experienced any significant harm**
- 2. How many of these are removed into care**

### **Sandra's story**

Sandra (7 years) was removed from a single father with no evidence of actual harm but a wowsyish perception of risk of possible harm.

She spent 2 years in care in several foster homes. One foster carer became particularly possessive. The father sold his house in order to pay for legal representation and eventually Sandra returned to his care following an 'out-of-court' settlement which became a court order. Sandra was deeply harmed by her experience of actual removal from father to whom she was strongly attached in a healthy relationship, and by her experiences in care. She returned an overweight "couch potato" in place of the lively child engaged in learning and activities she had been before removal. As a teenager, Sandra remains very angry about what happened and, while not blaming her father, takes this out on him regularly through physical violence. While her father is always passive in the face of violence, he remains committed to his daughter but is unsupported and is very often stressed. No Departmental help with restoration and reluctance to ask for help, through fear of losing Sandra once again.

### **Lyn's Story**

My name is Lyn Jones I am 41 years of age and currently residing in Townsville. I have two children: my daughter Marie who is twelve years of age and my son Jesse who is eighteen years of age.

I have no convictions of any kind, not even a parking ticket. I have held full time employment for the past five years and I am in a stable relationship. I don't take drugs or alcohol and have never harmed my children in any way and I have always raised them with ethical and moral values.

When my daughter was born I was living with her father. When Marie was six weeks old I had no choice but to remove my children and myself into a safe and stable environment due to Marie's father's problem with alcohol and violence. To obtain this I asked my mother's nephew for support. My two children and myself moved into my mum's nephew's home for six weeks.

We then moved into a private rental property in which we resided for six months until I was granted a housing commission house in which I have lived for the past twelve years. In this time I obtained full time employment in the transport industry for about one year and I am now working in the retail industry and have held this position for four years.

I have always been a good provider; always put food on the table and provided a safe moral and ethical home for my two children. I have always responsibly maintained medical check-ups in sickness and in health for my two children.

In maintaining full-time employment with the transport company I had to access after school care due to the long working hours. To obtain this I again asked my mother's nephew for support in looking after my daughter in these work hours. My daughter bonded with my nephew's children and partner and enjoyed spending time with them while I was working. In my daughter forming this bond with my mother's nephew's family, my daughter requested to spend more time there having children of her own age to play with. Marie was seven years old at the time.

I then obtained employment in the retail industry which allowed me to spend more time with Marie as school finishes at 3.00pm and retail shops close at 5.30 pm. In those two and a half hours of working, Marie stayed with my mother's nephew and his partner until I finished work. I would pick Marie up at 6.00 pm.

Twenty six months ago my daughter was taken away from me by Child Safety. Marie was ten years old at the time.

I was accused of doing something of a sexual nature and after my daughter and I were interviewed several times it was confirmed that I did not do this. However, my daughter was not returned to my care and it has now turned into an emotional case.

I find this outrageous and appalling since I have not had any contact with my daughter in the past twenty six months, not even a phone call.

Child Safety have not fulfilled their responsibilities on the parenting end of this case. I keep getting quoted the same statement from Child Safety "Marie does not want to see me". I requested my daughter be counselled and this was done for six weeks and then terminated by Child Safety, claiming it was Marie's decision to stop counselling.

I find this unacceptable. Marie was ten years of age at the time and was not of sound mind and judgement or mature enough to make a decision of this magnitude.

Marie has resided with her carers who are my mother's nephew's family for the past twenty six months, since the case began.

I worry that my daughter has been conditioned by my mother's nephew and his partner. The reason I have come to this conclusion is because of the slander written in the affidavit by my mother's nephew and his partner. I was shocked and appalled to have learned this.

I love my daughter very much and have always had a close relationship with her and I am prepared to do whatever it takes to get my daughter back as I love my daughter unconditionally and she should be home with her mother.

Child Safety have now applied for a long term guardianship order till Marie turns eighteen years of age. I contest this order as I have done nothing wrong and have always been a good mother.

To conclude: I have had my daughter wrongfully taken away by Child Safety; have been slandered by my mother's nephew's family; and have suffered severe emotional turmoil and anguish as I have been a good mother; Child Safety has failed me completely and, as time has progressed, I have been completely alienated from my daughter who I love very much.

Lonne B., Parton N., Thomson J. and Harries M. (2009) *Reforming Child Protection* Oxford: Routledge.

Price-Robertson R. and Bromfield L. (2011) *Risk Assessment in Child Protection*. National Child Protection Clearing House Resource Sheet. Melbourne: Australian Institute of Family Studies.

Winnicott DW (1965) *The maturational process and the facilitative environment*. New York: International Universities Press



## Key Issue 2

### Risk Aversion and the majority of less serious situations

Policies based on the relatively tiny number of extreme cases<sup>1</sup> tend to be applied across the board – “when in doubt, move them (the children) out”. For the majority of cases this is unnecessary, expensive, and harmful to children and families – *like an amputation to deal with a splinter*. Arguably, for all but the most extreme cases, family support services could help families reach “good enough” standards of care<sup>2</sup>.

The Structured Decision Making process is used to justify removing into care children and young people where there is little or no evidence of actual harm (let alone significant harm). Often removal is based on a judgement prompted by historical records, rather than a current professional assessment, of risk of harm.

Instead of action to reduce the perceived but hypothetical risk, children, including new born babies, are being removed, thereby sometimes (arguably often) inflicting harm (through the removal process and subsequent care experiences) on children who had not experienced harm with their own parents. And even where children had experienced minor harm in their own homes, the harm caused through removal and placement history in care is often far more severe, with hugely detrimental effects on their current well-being and adult outcomes.

This is true for a number of parents who are members of FIN in Townsville. Some of them have their children now restored into their care BUT, as one parent said, "they are 'damaged goods'"; and another frequently says “it’s not over when it’s over”. Parents are having their work cut out to remedy the effects of this **state caused harm** on their children with little or no help offered by the Department (usually only surveillance). And in any case these parents are deeply afraid to ask for help, fearing that to draw attention to their situation would risk their children being removed from their care again (see Key Issue 9).

**What is worse, the left or the right hand column?**

**Which is the least detrimental alternative?**

**Which, with the benefit of hindsight, would have been in the best interests of each child?**

WHAT HARM OR PERCEIVED RISK OF HARM LEAD TO A CHILD’S REMOVAL	WHAT HARM HAS THIS CHILD EXPERIENCED WHILE IN CARE
<b>Female child (5 years) considered to be at risk of sexual abuse whilst in care of grandparents. This risk was never substantiated. Child still in care, aged 13.</b>	<ul style="list-style-type: none"><li>• Sexual abuse</li><li>• Physical abuse</li><li>• Mental abuse</li><li>• Child (13 years old) has not been to school for 2 years</li><li>• Suffered sexually transmitted disease</li><li>• More than one pregnancy scare</li><li>• Alcohol and tobacco abuse</li><li>• Mental health issues</li><li>• Several break and enter charges</li></ul>

- Several appearances before the courts
- Two custodial sentences
- Low self esteem
- Suicidal thoughts
- Above all has been denied a stable and loving home with biological family.

**Female child (11 years) when she was in my (father's) care was " a little bit" of a wild child....she had stolen from me, and shoplifted once or twice before, and from time to time had gotten a suspension from school... and I was trying everything in my power to change her behaviour...**

I am disturbed that my daughter's behaviour is exponentially WORSE now than when she was taken off me nearly 18 months ago. I am tired of the Department making out that her behaviour is (and I quote what has been said to me) "a direct result of the trauma that she has suffered whilst in your care" (demonising me!).

Now, might I point out that the kids have not been in my care for a LARGE period of time, so how can the kids be getting WORSE and not better? And why am I CONSTANTLY having the blame put on me???

Serious lack of supervision of my daughter has led to her sniffing glue, smoking dope, drinking and being raped!!!..etc..etc. which is STILL ongoing whilst in their care!!!

Since entering care her behaviour has exponentially gotten worse and I most definitely feel that it's a result of the outward anger and hatred of "being in care" that is the main cause of this... it's like she's rebelling against anything and everything.

**Child 3 years, born with effects of substance misuse and separated from his mother – to whom he was attached - at around 8 months. Placed with grandmother around 12 months, and moved at age 3 to an unrelated foster home when grandmother developed serious, but treatable, ill health. Grandmother had cared, supported and loved her grandchild for over 2 years and hoped to resume care in due course.**

In foster care this child suffered terrible mental and physical abuse from female carer who didn't have the skills or ability to support a child with high needs. All the incidents between the child and carer took place while child was in the home or vehicle alone with female carer.

After two years of grandparent visiting the child for three hours per week the visits with grandparent were suspended on the grounds the child returned after each visit agitated, confused and angry.

The child had been placed in a foster home as a single placement due to high needs however, the Department placed a further two younger

children in the home. During this period the child developed severe behavioural changes creating many challenges. The child was lead to believe these children were little brothers and they would be staying for a long time.

After 3 months, suspension of contact with the grandparent was overturned with advocacy assistance from FIN. Foster carers then took further action to cease contact by threatening to terminate the placement. Eventually they did this by having police escort the 6.5 year old from the house into emergency accommodation.

The Grandmother, now in good health, persuaded the Department to return her grandchild back into her care. However this took several months to finalise during which time the child experienced placement in no fewer than 7 emergency homes, due to placement breakdowns.

The child, aged nearly 7 and now returned to the grandparent fulltime, suffers not only Separation Anxiety Disorder (from multiple separation experiences) but also now has to cope with post-traumatic stress from placement issues and self-inflicted wounds. The child has been suspended then expelled from school, suffers from severe anxiety and disturbed sleep patterns. The anger and frustration this small child has to deal with on a daily basis overwhelms the child's ability to focus on any given task and, in the long term, looks as though it may affect the ability to learn.

As the grandparent, home support or respite when grandchild was 3 would have greatly reduced the possibility of a heart attack, and prevented this child from having to endure the horrendous experiences in care.

Grandmother herself had been placed in care as a baby and suffered tremendous brutality from people who supposedly cared. Having now seen history repeated in her grandchild, she begs: PLEASE STOP THESE CRIMINAL ACTS ON OUR CHILDREN.

**Female child (8 Years) removed at height of a domestic violence incident and held in care**

8 weeks in foster care where she cried herself to sleep every night as she missed her mother and

**despite mother finding refuge in a shelter where she could have had her daughter with her.**

knew her mother missed her. Felt that she was to blame for being taken into care and kept apologising to her mother on contact visits. She said “you don’t know what it’s like to be me”.

The girl now tells her friends she was in care for a year. She is surprised to hear it was only 8 weeks and says it feels like it was a year. The girl now runs and hides under her bed whenever a stranger knocks on the door until she knows she won’t be taken from her mother again. Her mother says “I think they’ve harmed her more than I ever did and they’re supposed to keep ‘em safe”. No Departmental help with the aftermath of care; parents are left to pick up the pieces.

The Independent representative for the Children’s Court stated that there “was no firm case” for the girl to be in care or supervised following return to her mother’s care.

**Female Child (11 years) removed from school when she disclosed an older step brother had behaved inappropriately. Parents immediately made step brother leave home permanently, but child not returned home for 9 months and only following supportive Report from Independent Representative for the child.**

In 2 different foster homes over 9 months in care. In first home threatened by carer she’d be moved to a worse home unless she behaved. The girl now reflects that she felt like she was in prison.

In the 2<sup>nd</sup> foster home she received good care but reports that her father was implicitly criticised by the carers.

Comfortable material circumstances of the foster home lead to challenges on restoration to the “good enough” but less affluent home of father. Both the girl and father feel constantly “on edge” that Child Safety may disrupt their lives again.

These are just a sample of the situations known to FIN Queensland Townsville Inc.

There is a misguided assumption in Child Safety Services, and in the community, that removal of children into care is always in the child’s best interests. It is the view of FIN Townsville that this is frequently not the case.

There is another misguided assumption that the quality of foster and other forms of alternative care are sound, if not good; that they are beneficial; and that they are better than care in the child’s own home. It is the view of FIN Townsville that, far more often than the department is prepared to

acknowledge, care is not sound, let alone good; that it is often not beneficial; that a child or young person in care does not feel loved; and that only one third of foster carers have a positive attitude towards supporting a child's ties with their natural family (Thorpe, Klease and Westerhuis 2005). Frequently, all things considered, statutory care is not better than it would have been in the child's own home. In these circumstances, given *"the ties that bind"*, remaining with or being restored to the child's own family may, indeed, be the *least detrimental alternative*.

Strengthening this view is the knowledge that Child Safety workers repeatedly fail to recognise that the very act of removal itself is harmful (see Jennifer's story below). Far too often removal is used as the first resort (*when in doubt, move them out*) and the often traumatic method of removal, perhaps necessary for the tiny minority of extreme situations<sup>1</sup> - is used unnecessarily and harmfully with the majority of children (eg removed from school or abruptly from home with no time to adjust or face the reality of leaving home) [McConnell and Llewellyn 2005]. In FIN's view removal should always be a last resort action as, indeed, is stated clearly in the Queensland 1999 Child Protection Act. Instead, efforts to support families to keep their children would be far less harmful.

Supporting children in their own families may sometimes be risky. The challenge is to provide support to reduce the risks, rather than removal which is always risky. The Act clearly identifies there is no need for removal of children from parents who are "willing and able" to provide good enough care. It is FIN's view that very willing families should be "enabled" – given a "leg up" - to provide the best care possible rather than disregarded and discarded from their children's lives.

The state generally does not make an impressive parent and we know that on exiting care at 18 years many young people return to their original families where they feel they belong. Sadly by this stage, if the relationship has not been kept well and truly alive in the intervening years, it is less supportive for the care leaver than it might have been had they not been removed into care. Thus the adult life outcomes for care alumni are notoriously unsatisfactory (Doyle 2007).

**Jennifer's Story: *When I was In Care* ( age 9 years)** [see also Elizabeth's story page 34]

*When I wasn't in care me, B and my mum moved to K in Kirwan. One time when it was dark time the people at K were fighting with my mum when mum and B, my little brother, well when mum was holding B in her hands when mum and B was walking inside this black person punch my mum on the lip and punch B on the face and there was yelling and everything. Then my mum called the police on them but when the police came they were sticking up for the black people and the police were taking us, but B was going with his dad, but me and mum were going with the police, and me and mum have to be out the back of the police car where the bodies go. When we were at the police station me and mum we have to be separated and I said to the police people "is that my mum and can I go to her?", but the police said "that's not your mum" so when she was gone I said "that is my mum". When I was finished speaking the police said "come with me I will take you somewhere you can stay". So when we arrived there was this old lady and she had heaps of foster kids and when I was in the bedroom to stay I was crying in the bedroom because I want my mum. So on the next day it was my birthday but no one didn't care. So on the other next day I went to another carer's house and she had one boy and he was in foster care but is only 3 months old. So a couple nights later someone arrived and it was a boy and he's in foster care but he was very mean and bashed me up and I had a black eye and I was staying with them for 2 months. But after school I all ways seen my mum but when I was going back in the Child Safety car I THINK I WANT TO LEAVE. I was crying but starting*

to get yoost to it and one day someone said I am going back to mum. I was very happy when I was with my mum. I cried. That's the end.

- 1 for example, in a Canadian study fewer than 5% of 3780 children with substantiated child abuse needed medical attention (Trocmé *et al* 2003) and, similarly, in a study of children with severe injury (Woodman *et al* 2008) abuse was the identified cause for 5% of children aged 1-4 (Gilbert *et al* 2008 *The Lancet*)  
see also: Brandon M., Sidebottom P., Bailey S., Belderson P., Hawley.C, Ellis C. and Megson M. (2012) *New learning from Serious Case Reviews: a two year report for 2009-2011*. DFE-RR226 Research Report-  
<https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-RR226>
- 2 Gilbert RE., Kemp A., Thoburn J., Sidebotham P., Radford L., Glaser D. and Macmillan H. (2008) Recognising and Responding to Child Maltreatment. *Child Maltreatment Series No. 2* The Lancet published on line DOI:10.1016/S0140-6736(08)61707-9 [www.thelancet.com](http://www.thelancet.com)

Doyle, J. (2007). Child protection and child outcomes: Measuring the effects of foster care. *American Economic Review*, 97(5), 1583–1610

McConnell D. and Llewellyn G. (2005) Social Inequality, "the deviant parent" and child protection practice *Australian Journal of social Issues* vol 40 (4) Pp553-566

Thorpe R., Klease C. and Westerhuis D. (2005) Foster Carers' reflections on working with a child's natural family. Paper presented at *Challenging Practices*, Centre for Research on Community and Children's Services, 3<sup>rd</sup> International conference, Mackay, August. <http://pandora.nla.gov.au/tep/56368>

Trocmé N *et al* (2003) Nature and Severity of physical harm caused by child abuse and neglect: results from the Canadian incidence study *Can Med Assoc J* 169 Pp 911-915

Woodman J *et al* (2008) Performance of screening tests for child physical abuse in Accident and Emergency departments. *Hlth Technol Asses* 12

## Key Issue 3

### Mother Blaming: The re-victimising of mothers who have experienced domestic violence in child protection practice.....

***“The experience of being deliberately hurt by someone you love is hideous and reaches to the core of your being. To be blamed for the pain and torture that has been inflicted upon you and then have your children removed because of your failure to protect them reaches further than I could ever find the words to explain”.***

Families with multiple and complex problems such as domestic violence, substance misuse and mental health issues are no longer a marginal group in service delivery, but rather they have become the primary client group of modern child protection services (Bromfield, Lamont, Parker & Horsfall, 2010). Children’s ‘witnessing’ or exposure to domestic violence has been increasingly recognised as a form of child abuse, both in Australia and internationally and as a consequence has had significant implications for child protection practice (Laing 2000). Similarly children of parents who experience mental health concerns or addictions are considered at risk of harm (Bromfield et al., 2010).

It is the significant experience of FIN members **“that when child protection workers encounter parents who are struggling irrespective of the reason, they see children at risk as opposed to families in need”** (McConnell and Llewellyn 2005). These families, who form the core of those investigated are instead treated as alleged child abusers, deserving of reproach and punishment, resulting in channelling significant resources into investigation and surveillance functions at the cost of family support and preservation initiatives (Lindsey 1994,p156; Parton 1995, Pelton 1989; Scott 1995 as cited in McConnell and Llewellyn 2005) . Within this practice environment the response is to reform the parent or remove the child with victimising and life altering consequences.

Many authors voice concern about the tendency of statutory child protection departments to focus on the woman’s failure to protect the children, rather than on the perpetrator of violence (Irwin et al., 2002) and note that a pattern of holding women accountable has emerged with the increasing recognition of the overlap between domestic violence and child abuse (Laing 2000). Ironically and sadly, one of the main reasons for women finding it difficult to seek help and disclose their experience of domestic violence to professionals is their fear that their children will be removed (Parkinson 1996; Stanley 1997 as cited in Laing 2000). Policy and legislative approaches that mandate the reporting of children’s exposure to domestic violence significantly discourage many women from reporting their own victimisation. This is particularly concerning for Indigenous women, given past government practices of removing children from Indigenous families and given the current overrepresentation of Indigenous children in out-of-home care (Bromfield et al., 2010).

***For years I did everything I could to make things work, to understand my partners issues, try harder, leave, involve the police and obtain a protection order, leave again and even go as far as asking child safety for help. Initially I had denied there being a problem because I knew of other kids who had been taken. When the CSO spoke to me I told her that I wanted to leave the relationship and had tried but needed help. They never acknowledged the fact I had previously called them in regards to the issues they had and had asked them for help. The help that I got was punishment. There was a ‘history’ of violence which posed an unacceptable risk and I was judged “unable” to keep myself or my children safe and was therefore unfit to have them. I had a protection order for the past two and a half years, had the support of my extended family whenever I needed it...I’m not sure what else I was supposed to do?? No-one else could stop him – the police, the court, the program he did BUT I WAS SUPPOSED TO BE ABLE TO.***

The Department of Child Safety became part of my family's life when our daughter was 8 months old. She has not been taken from me however I live with constant scrutiny and the fear that the day will come. The Police arrived unannounced and searched every inch of my home for their 'welfare check' and questioned me regarding the food I feed her, the groceries that I had in the house and how many nappies I had. I felt like a criminal even though she is well cared for and has never been harmed. One officer made comment about it being a bit of a worry that there was so much dust upstairs. The vinyl is missing upstairs and I had swept the dust into a pile and hadn't been up with the dustpan. Fortunately I had been shopping the day before as sometimes I run low towards the end of the fortnight.

Her Dad had to leave us .....if we reside together or if I even let him see her they will take her from me immediately. We have had 6 years together and 6 months of difficulty, with some violence. I'm not trying to minimise the violence I know that it is not ok, but I'm not going to throw everything away when we are a family. I can't believe that they would expect me to. Our little girl loves her father and he is awesome with her. She would lie on his tummy and he would read her books. He grew up with younger kids and is comfortable and can just do things. I hadn't had anything to do with kids until I had her and was petrified, but he just did it calmly. His mother was killed in front of him when he was a child and our daughter has her name. She means the world to him.

He has been through a lot of tough stuff from early in his childhood and has experienced every form of abuse imaginable. He has been to jail on and off since he was 17 mostly for doing things to afford his drug habit and he has a diagnosed mental illness. The Department have told him that he is not safe to be around our daughter and that they can keep her from him until she is 18. The way they went about things put him off side straight away with their accusations, ultimatums and threats. They need to learn how to talk to people with respect and see the whole picture of people's lives. And they need to have better skills at talking with men who think about things and react differently.

The letter from the Department says that the outcome of the investigation and assessment is that he is responsible for harm and I am responsible for failing to protect. I don't think they understand dv at all, if they assume that women "let" men be violent to them and that we could stop them if we wanted to. They shouldn't treat us like we are incompetent and assume we haven't put things in place and done as much as we can. We both have lists of things to do, although I feel like I have more to do than he does, even though we are involved with them because of what he has done. Perhaps it is because they have given up on him? They have never met him in person, but from his records made such important decisions about our lives. I was told to do a heap of courses including dv counselling about the impacts of violence on children. I have completed certificates in community services and could tell the CSO about the effects but she told me.... we just need to see you do it!!

The Department don't take into account any of the positive things that we do and don't have any idea how much we love our daughter. We had put things in place prior to the incident happening that brought us to their attention. We were seeking help through the mental health system and my partner had a case plan (that the CSO wasn't interested in). Services take a while and he got unwell while we were waiting. The system failed us both as children and continues to blame us rather than help. We feel re-victimised and worse still our daughter is now a victim of the system too, being denied her family.

She took her first steps to her Dad and could say Mum, Dad and our dogs name before her Dad was evicted from her life.

When he left she stopped talking.



Child Safety policies and practices have been found to compound the victimisation of women and children, with women routinely being held responsible for the violence and given ultimatums “that they leave and keep the children or stay and lose them” (Douglas and Walsh 2010). The primary concern raised by these and other authors is that child protection officials often misunderstand the dynamics of domestic violence, have unrealistic expectations of women victims of violence and that this has negative consequences for both mothers and children, and also fathers. As demonstrated in the included case examples within this paper, some women require urgent support to escape violence, while other women are committed to their relationship and want support for themselves and their partner, and for the violence to stop.

**Experiencing violence is not ok for anyone, and I very much understand the harms for children. The world we live in is not perfect and sometimes (a lot of times) bad things happen to lots of people. I think government services should do the most they can to recognise the difficulties for families, realise that we are doing the best we can and provide help for us to do better. I don't believe there are very many parents who would deliberately hurt their children; most of us want to give them the best that we can. This isn't always easy. It is not as straight forward a formula as Domestic Violence + children = take them away.**

**My children had not often witnessed their father and I fighting, they were usually in their beds asleep. I'm not trying to make it seem ok, because I know better than many how not ok it is, however the risks for these children in my opinion were not appropriately assessed, and certainly weren't weighed against the devastating impact of removal from their mother.**

Domestic Violence Workers participating in a forum in Brisbane, Queensland, reported that women are regularly told by CSO's that they have to go into refuge, obtain a Domestic Violence Protection Order, apply to the Family Law Courts for residence of their children and attend parenting classes – in order to stop their children being put into (or have them returned from) foster care (Womens House Shelta Collective 2009).

Edleson (1998) argues that this continued focus on the mother, rather than on the man who is violent, is unfair and urges action by a variety of systems to hold the perpetrator of violence accountable, rather than to focus on the mother's 'failure to protect' her children. Too often, he argues, women are held accountable for systemic failure to deal with violent men. **“Strategies implemented by these mothers may fail in the face of persistent abuse and communities unwilling to offer realistic safety and economic alternatives, but it is unfair to characterize our collective failure to rein in abusive men as battered mothers' failure to act”.** (Edleson, 1998,p295 as cited in (Laing 2000).

**FIN strongly asserts that this accountability be consistent with a proactive and respectful intervention which addresses the needs of these men rather than punitive measures currently experienced.**

It is frequently assumed that domestic violence will have significant and deleterious effects on women's parenting capacity, however, Levendosky, Lynch, and Graham-Bermann (2000) cite several studies with children and adolescents, in which the young people do not see their abused mothers as limited in their parenting capacity. This finding is supported by qualitative studies in which children and young people have identified their mothers as their greatest source of support (e.g. (Blanchard, Molloy et al. 1992; Mullender, Hague et al. 2002) whilst also identifying the need for support for their mother in relation to the violence (Irwin, Waugh et al. 2002).

*When my children were taken from me they were placed with strangers for two weeks while the Department did their assessment, even though they had previously attended my parent's house asking for my whereabouts and were very aware that my parents wanted both children to be placed with them. They were both under 3 and had never been away from me for longer than a few hours.*

*When Mum and I went for our 1 hour supervised visit the kids clung to us like they were never going to see us again. When our time was up we had to pry their little fingers from us and walk away with them screaming and pleading for us. It was worse than anything that I had experienced from their father and so hard to understand that a Department who is supposed to protect children was responsible for causing this trauma.*

*When my children were placed with my parents I had to be 'supervised' with them. I felt like a criminal. When I was with the kids they were extremely clingy, following me anywhere I would go. Many of the milestones that they had reached were lost and their sleeping was very badly affected. My son is now afraid of the dark and needs a light on to sleep.*

*I have loved and cared for them since they were born and had always done all that I could to keep them safe.*

***"Policy and practice should recognize this and not cut across this one element of continuity and hope" (Mullender, Hague et al. 2002) (Mullender et al., 2002 p211). Blanchard describes best practice as one where "workers and mothers join together to help children cope with what they have experienced" (1999 p16 as cited in Laing 2000).***

In studies with mothers who had experienced violence (Levendosky, Lynch et al. 2000) identified that: ***...the majority were aware of and attempting to address the negative effects of the violence on their parenting as well as the direct effects of the violence on the child. The desire to prevent a repetition of the violence and to provide a more nurturing and safe environment was prevalent throughout the women's comments. Many of these women seemed to be actively working to compensate for the negative effects of the violence on their children.*** (p.257). These authors caution against pathologising women because they are being abused, suggesting that it would be more helpful to intervene in ways which support women in the actions they are already taking to assist their children, rather than 'presuming ignorance or incompetence' (p. 258).

It is important to note that the severity and longevity of the effects of parental substance misuse, mental health problems and domestic violence on children depend upon the nature, extent and severity of the problem and manner in which it affects the individual. Not all children whose parents experience mental health problems, substance misuse or domestic violence will experience poor outcomes (Bromfield, Lamont et al. 2010) and comprehensive assessments are required with families. **FIN members stress the importance of factoring the known detrimental harm of child removal into this assessment.**

***"In the long term, improvement in the quality of the service provided to children, young people and families ...rests on having a well- trained, well supported workforce that understands the underlying principles of child protection and has the space to assess how best to apply them."***(Munro 2011p18-19). The goal of assisting the child protection system to integrate knowledge about domestic violence into practice is described by Mills et al. (2000) as being able to ***"respond to families where women and children are abused in ways that protect the child, empower the mother, and do not unnecessarily separate children from a non-abusive parent, the person who intimately understands the trauma they face"*** (p328-329 as cited in Laing 2000).

***No-one had the time to take to get to know my story.....***

***The lawyer I was assigned through legal aid was enormously busy as they all are, and after cancelled and missed meetings, my day in the children's court arrived without having had contact with him. At the courthouse he advised me to relinquish care of my children and accept a 12 month order as if I disagreed, the process would take longer and then the 12 months would just finish later.***

***In 6 months, I had 3 different CSO's, all too busy and just look through me as they tell me how it is. Each of them had very different ideas about my situation. The second did the greatest damage. I thought they were supposed to be social workers but she had an education background, was only new to the Department and has since left. She shared her own experience of domestic violence and seemed highly influenced by this in her work with me. She told me that I should be glad the children are safe and not be in a hurry to have them back with me in our own place. She was more frightened of my ex-partner than I was, and I think would quite happily see the children behind closed doors, wrapped in cotton wool till they were 18.***

***My CSO sent me to parenting programs and a budgeting course and told me to obtain some kind of counselling, and to keep in contact regularly with the Women's Domestic Violence Service. She said that when I have finished those she would think of something else for me to do. I didn't have any problem managing money or looking after my children. I needed help to make him stop.***

***I am on the waiting list with the Department of Housing and can have my kids home when I find somewhere to live.***

**"The challenge for child protection services is to respond holistically to address inter-related problems, in order to better support families to make and sustain changes to better meet the needs of children"( Bromfield et al. 2010p1).**

### **References**

- Blanchard, A., F. Molloy, et al. (1992). "I Just Couldn't Stop Them". Western Australian Children Living with Domestic Violence: A study of children's experiences and service provision \_Perth, The Curtin University School of Social Work for the WA Government Office of the Family.
- Bromfield, L., A. Lamont, et al. (2010). Issues for the safety and wellbeing of children in families with multiple and complex problems. The co-occurrence of domestic violence, parental substance misuse, and mental health problems  
National Child Protection Clearinghouse Series. Melbourne, Australian Institute of Family Studies, Commonwealth of Australia. **3**.
- Douglas, H. and T. Walsh (2010). "Mothers, Domestic Violence, and Child Protection." Violence Against Women **16**(5): 489-508.
- Irwin, J., F. Waugh, et al. (2002). Domestic violence and child protection. A research Report. . Sydney, The University of Sydney & Barnados Australia.

- Laing, L. (2000). "Children, young people and domestic violence." Australian Domestic Violence Clearinghouse Issues Paper 2(2).
- Laing, L. (2000). "Progress, trends and challenges in Australian responses to domestic violence: a background paper to the Issues Paper Series." Australian Domestic Violence Clearinghouse.
- Levendosky, A. A., S. M. Lynch, et al. (2000). "'Mothers' Perceptions of the Impact of Woman Abuse on their Parenting" Violence Against Women **6(3)**: 247-271.
- McConnell, D. and G. Llewellyn (2005). "Social Inequality with 'deviant families' and child protection practice." Australian Journal of Social Issues **40(4 Summer)**.
- Mullender, A., G. Hague, et al. (2002). Children's Perspectives on Domestic Violence. London, Sage.
- Munro, E. (2011). The Munro review of child protection. Interim report: the child's journey. London, Department for Education, Government of the United Kingdom.
- Womens House Shelta Collective (2009). Domestic Violence and Child Protection: Best Practice from a Feminist Perspective. Domestic Violence Forum. Brisbane, Womens House Shelta.

**FIN members involved with writing Key Issue 3 would like to make the following recommendations to the inquiry.....**

1. Please recognise that "most" families are doing the best they can and are not deliberately falling short of the best for their children
2. Children need their families. Demanding the end of relationships and removal of children from their families is devastating.
3. The best you can do is to help families be the best they can be for their children
4. Thorough assessments should be made "with" families (including children – even young children understand more than we realise) to work out what the issues are and how we can work on it together.
5. Qualified workers are so important. We have seen the difference this makes. This is such an important job, making life changing decisions in people's lives. Families deserve workers who are capable of doing the job properly rather than causing greater damage.
6. Domestic Violence is a common and complicated issue for our community, as are issues relating to mental health and substance misuse – All child protection workers, magistrates, family law judges and legal aid solicitors could do with valuable training from professionals with expertise in these areas to strengthen their ability to appropriately support family members with these issues.
7. We need a better integrated system where services work together better. When we fall through the gaps it ends up being our fault.
8. A positive working relationship is necessary, based on respect, providing clear information, letting families know their rights, taking time to listen rather than making assumptions and seeking positive solutions. Being treated as "untouchable" is not conducive to good outcomes. Parents in need require help up not to be kicked further down.
9. Risks are a part of life and eliminating all risk is unachievable...please be realistic.
10. When making case plans and deciding upon goals and tasks, please make them relevant to the child protection issues and not merely an act of giving us something to do and measuring compliance.

## Key Issue 4

### The Demonisation of Fathers by Child Safety

Although the vast majority of Child Safety front line workers are female, the discussion under the previous Key Issue 3, indicates that it would be wrong to assume that feminism is a dominant theoretical underpinning in the work. As has been argued, mother blaming is an extensive *modus operandi* but, interestingly, in recent years this has been matched by a simultaneous demonization of fathers. Thus, although the approach in Child Safety was originally conceptualised as child centred/family focused [www.comunities.qld.gov.au/childsafety/child-safety-practice-manual; Winkworth and McCarthur 2006], it would appear that in practice the “family focus” runs a rather poor second to “child centred” practice, with scant recognition of the importance of the family to children and young people.

This has led, in recent years, to the emergence of a front-line Child Safety culture in which children’s parents are seen as “the Baddies” [new social work trained CSO June 2012] and mostly this tag is applied equally to fathers as to mothers.

Historically, this is an interesting development. Judith Milner identified that in previous decades Child Protection authorities tended to give little attention to fathers, focussing instead on letting fathers “off the hook” – neither challenging their violence, nor offering any help – and instead requiring mothers to change, even when the threats to their own and their children’s safety and well-being were largely located in the violence of the men in their lives (Milner 1993). Such gendered analyses of the 1990s have led to a changing perception among child protection workers in recent years “of threat as a dominant theme in relation to men generally” (Featherstone 2003). Thus, in Child Protection services the view of men in families shifted from one extreme to another - “from disappearing to demonised” (Milner 2004).

Instead of developing skills in working purposively with men - challenging and supporting men to change - there emerged a readiness among Child Safety workers to fear for their own safety in dealing with fathers and to misunderstand and misinterpret men’s angry reactions to their interventions. This is fuelled by a tendency to work from labels and stereotypes (a “common error in child protection” [Munro 1998]) rather than making thorough, up-to-date professional assessments, informed by human understanding. As Jim explains:

They think I’m aggressive because when they came to my door out of the blue and took my baby I blew my top. Who wouldn’t?! How would they react if their kids were taken? Would they just sit back and let it happen? They need to understand when we’re angry and not take it personally and act like a prison officer. They’re meant to be social workers aren’t they? I thought they were supposed to be able to walk in our shoes - not tramp on us. They are nearly all women and they simply don’t understand men. They seem to have stereotyped negative views about men (as patriarchal, violent, and/or sexual abusers) and they don’t seem to know how to connect with us and our feelings. [Jim]

Sometimes Child Safety workers go to great lengths to avoid even meeting with men and proceed to make paper assessments of fathers as posing an “unacceptable risk of future harm” to children. Such assessments typically rely heavily on a man’s criminal and other records from youth and early adult years and down-play more recent evidence of growing maturity, rehabilitation and reformation, as Graham and Kimbali’s story illustrates.

**Graham:**

Our names are Graham and Kimbali Oyston and we live in Townsville, North Queensland. Our experience with the Department of Child Safety (DoCS), in brief, is as follows:

Our story involves an ex-spouse who works in the Qld Police Force who has very easily manipulated the DoCS system to his advantage and had our 3 children removed from us and 2 of them placed with him. DoCS agree that there is no actual abuse from either of us, but rather DoCS are claiming a theory called ‘Probability of Harm’ based on my criminal history. We believe DoCS view to be biased and unconstitutional as I have paid my debt to society and I am now a fully rehabilitated citizen. I am a God fearing Christian man committed to living a positive lifestyle; I do not drink, I do not do drugs, and I do not associate with people who do.

On the 15<sup>th</sup> of July 2011, just two weeks prior to our wedding, Kim had her children removed from her care. Her 2 daughters, S and V, then aged 7 and 6, were placed with their father who, for some time, had made threats of taking the children. At the same time her older son C, then aged 13 years, was separated from his mother and has been living in kinship care with his Maternal Grandmother ever since. Almost a year later, on the 6<sup>th</sup> of July 2012, our new born son M was taken from us in the labour ward of the TTH and placed with an anonymous ‘departmentally approved foster carer’. Baby M was placed back with Kim 12 days later however, as a married couple, we are now forced to live apart until we can satisfy DoCS that I (Graham) am actually Fully Rehabilitated and of no threat to my children or anyone else.

I do not look lightly on my actions from the past however the crimes from my past were mainly drug related, with 2 armed robberies which were committed in support of the drug habit which I no longer have. Furthermore, I would like to highlight that I have not been charged with an offence within the past seven years and also that I have never committed crimes against women or children, ever. I do fully acknowledge that my past lifestyle led me to make some bad choices and I regret this, however, I cannot change my past; I can only grow from the mistakes I have made. While still in prison I participated in a Psychological Intervention Program for nine months before my release, which created the opportunity for me to acknowledge my past mistakes, identify my strengths and move forward. As such I developed new behaviours in preparation for my reintegration back into society as a contributing citizen. I am now a fully participating member of society. I go to work, I pay my taxes and I do not commit any criminal behaviour, nor do I associate with anyone who does. As such I believe it is my civil right to have and support my family.

I have for the past two years post release lived within the laws of our community, met and married my wife, Kimbali. I now choose to surround myself with like-minded people who have a positive influence on me and create accountability in my life. As such I request that any decisions made regarding my life and the lives of my wife and our children fit within the essence of protecting our family unit, and protecting our Universal Human Rights, to which Australia is a signatory.

During the first year that our children were taken we have a record of the attempts we made to communicate with DoCS in Aitkenvale on many occasions, urging them to begin their Investigation and Assessment on Graham and asking how we could start working toward reunification. However we were told that they were not going to be investigating him as they had all they needed. In fact, from their first involvement with our family on the 15<sup>th</sup> of July 2011, DoCS Aitkenvale made no attempt to contact us in relation to Investigating or assessing either of us until 13<sup>th</sup> July 2012, 2 days short of 1 whole year. We have seen, though, just how fast DoCS can move and how much Government Funding they can access when it is going to benefit them in some way, for example Our baby M was taken from us when he was just 7 hours old!! DoCS Aitkenvale open at 9 am, they had the court application made at 10am and removed him from us at the TTH at 11am, 2 hours in total.

### **Kim**

How is this in M's best interest? Also, why was our baby not able to stay with his Mother at his Grandmother's place as he is now, when his Grandmother is an approved carer? Or why was little M not left with his mother to be breast fed in the hospital under security? Separated from Mummy and Daddy at just 7 hours old and forced to take formula from a stranger!! How are these actions in line with the 'best interest of the child' in this case?

We have shown from the start, our willingness to work with DoCS and undergo whatever they require of us to work toward the reunification of our family. We had been urging DoCS to begin their Investigation and Assessment and to provide us with their requirements eg: various courses, drug and alcohol testing and any number of other resources available, but during that first wasted year not one thing was offered for us as the parents. We find this ironic because of the abuse of Government funds that DoCS could have accessed during that time to reunify our family. Instead these Government funds were used by DoCS to tear our family apart even more by snatching our healthy little baby from his hospital bed, away from loving parents with the use of what we saw to be roughly 50 QPS members, including at least 2 detectives, uniformed officers and a SWAT team, actual DoCS officers and Hospital Security Staff, not to mention how many Hospital Staff that were used to stall us in the labour ward until the 'circus' arrived.

How is this gross waste of Court time and Government Funding working in the best interest of our children? Our children are sad and confused as to why none of them can spend time with Graham as a family anymore and yet Graham can spend any amount of time with our friends and their children.

Our family is now fully torn apart and unable to function as a normal loving family should, like we used to. The daily strain we are under is enormous and torturous, especially now that we have been forced to live apart and we are dealing with it only with God's strength. I believe that if DoCS' concerns could have been handled differently the outcome could fit within the best interest of the children involved.

We have proven to be willing to work with the department to satisfy their concerns and it is therefore, I believe, in the best interest of all of our children to be reunified as a family and spend quality time in a normal family environment. Since I have always been a proactive parent with a proven history of protecting my children, I firmly believe it is in their best interest to know us, know of our culture and for us to have input into their lives as captured in the essence in the Child Protection Act 1999. In short, our family are living on a daily basis with the repercussions of bullying and harassment experienced at the hands of Child Safety officers working within an out dated, inhumane and ineffective Department of Child Safety.

As Graham and Kimbali's story illustrates, rather than working *with* fathers to support them in their role and reduce the level of risk in a family situation (Milner and Myers 2007), many fathers are forcibly ejected from their families by Child Safety (assisted by the Police) and abandoned to a life of exclusion, public castigation, and personal heartbreak.

Alex's story is a classic example of professional judgemental neglect and callous disregard for his children's need to know and have contact with their father.

### ***The Life of Alex***

Alex's World fell apart when he awoke from a deep sleep to find his baby son had died (cause officially recorded as SIDS). Alex's relationship with the baby's mother broke up a few months later due to the significant toll this loss had taken on their relationship, and Alex was alone with his 6 year old son and utterly grief stricken. In time, a friend from his past, Claire (now with teenage children), re-entered Alex's life with the promise to look after him and his son. However, this friendship brought him little comfort. Constantly he had bad nightmares, talked loudly in his sleep, and sometimes he wept uncontrollably. He wanted another baby to relieve his grief and mend his broken heart, but Claire was unable to have more children. One evening, when Claire was at work, one of her daughters – Sally, a sexually active not quite 16 year old – invited Alex to have sex with her, suggesting she could give him what her mother could not – a baby. Afterwards Alex felt bad. There was no repeat of the liaison and Sally had not become pregnant. Alex confessed to Claire what had happened and she accepted this as she knew her daughter was sexually active. And she forgave Alex but then proceeded to pressure him to marry her, even buying a wedding dress and rings. Alex did not want to marry Claire and, almost a year after the incident with Sally, their relationship ended. Claire, feeling jilted, went to the police and reported Alex (but not any of the other men) for having sex with her daughter when she was under-age. Alex pleaded guilty to the crime and served a year in prison. After his release Alex formed a new and loving relationship with Anne and, in time, they had a baby boy. Alex was ecstatic – but not for long. The child protection service removed the baby shortly after birth, on the grounds that the baby was “at risk” given Alex's carnal knowledge offence. Anne was given clear advice that her own rights to this child were dependent on her decision to stay or leave the relationship with Alex. She chose to leave and the baby was placed into her care.

The Child Safety Services records indicate that Alex was viewed as a paedophile, despite the fact that a single incident of carnal knowledge of a young person so close to the legal age for consent is not synonymous with paedophilia - a term restricted to *persistent* abuse of *pre-pubescent* children. All of Alex's other sexual partners have been adult women. Thus, Alex lost a second child when his weakness, in succumbing to Sally's invitation following the death of his first son, was not understood as related to the complicated grief he had been experiencing. Years later Alex remains socially isolated and deeply distressed by the loss of his children and the loss of a loving partner. Moreover, he has been seriously assaulted by neighbourhood vigilantes who were told he was a “paedophile” by a Child Safety employee. Clearly in Alex's case “there are no facts, only interpretations” (Nietzsche) – interpretations which have left Alex feeling, as he himself says, “dead inside, due to DoCS killing the most basic of human requirements, LOVE”.



**Is there any justification for the risk averse action (removal of the new baby) given its basis in erroneous interpretations of the facts of Alex's life? Why was the fact that Alex had successfully reared one son to young adulthood ignored?**

FIN Townsville has several father members who have been demonised by Child Safety but who, on account of FIN's way of working, have never exhibited any displays of uncontrolled anger nor threats to the safety of others. FIN argues that there is an urgent need for Child Safety to employ more front line workers **who have the skills to engage with fathers** (NB these skills are not automatically held by all men). Additionally all Child Safety Officers need to learn how to work constructively with fathers and there is a growing body of research-informed literature about this (Maxwell *et al* (2012). Engaging fathers is important, not merely because many mothers wish to continue their relationship with the man in their lives, or because fathers are sole parents for their children, but most importantly because children in care, or at risk of entering care, need to know and think well of their fathers as well as their mothers.

Of course, FIN acknowledges that there are some men whose violence or paedophilia pose a serious threat to the well-being of children and action to protect such children is vitally important. Overall, however, the net-widening assessment of "risk" in recent years has entrapped many men who no longer pose a serious threat to the safety of their children – if they ever did. In the interests of children's need for family preservation, such men should be offered professional help and support and not dismissed as monsters.

Featherstone B. (2003) Taking Fathers Seriously *British Journal of Social Work* 33 (2) Pp 239-254

Maxwell N., Scourfield J., Featherstone B., Holland S. and Tolman R. (2012) Engaging Fathers in Child Welfare Services: a narrative review of recent research evidence. *Child and Family Social Work* 17, Pp 160-169

Milner J. (1993) A disappearing Act: The differing career Paths of Mothers and Fathers in Child Protection Investigations. *Critical Social Policy* 13 (38) 48-63.

Milner J. (2004) "From disappearing to Demonised": the effects on men and women of professional interventions based on challenging men who are violent. *Critical Social Policy* 24 (1) 79-101

Milner J and Myers S. (2007) Working with Violence: Policies and Practices in Risk Assessment and Management. Basingstoke: Palgrave Macmillan

Munro E. (1998) Common Errors of Reasoning in Child Protection Work. *Child Abuse and Neglect* 28 (8) 745-758

Winkworth, G. and McArthur, M. 2006. Being 'child centred' in child protection. What does it mean? *Children Australia*. 31(4). 13-21.

<http://www.communities.qld.gov.au/childsafety/child-safety-practice-manual/practice-framework-and-maps/integrating-and-understanding-the-practice-framework#principles>

## Key Issue 5

### **The adversarial approach. Focus on deficits; inadequate legal support and inadequate accountability mechanisms**

**No allowances are made by Child Safety for parents' growth and change, rehabilitation and reform: instead there is a blind regurgitation of the past in totally negative ways, including generational labelling. No focus on strengths**

The adversarial emphasis in Child safety is a major stumbling block to good quality outcomes for children and their families. For example, an ex-worker from the front line in Child Safety (who wishes to remain anonymous) has shared the following views with FIN Townsville. These views concur with the experience of many parents and many support volunteers in FIN.

- *.Child Safety workers work **ON** families ....very seldom **BESIDE** families*
- *.Most Child Safety workers' aim is to WIN THE CASE, **not** spend time and money strengthening families...*
- *Every fact can be used to support the family or twisted to WIN THE CASE.....*
- *The family is looked upon as GUILTY UNTIL THEY CAN PROVE THEMSELVES OTHERWISE...*
- *Child Safety workers most often think they are rescuing children, never stopping to consider they are inflicting wounds that leave horrible scars on the child's soul*
- *Child Safety workers don't understand that INTERVENTION CHANGES ALL THE FACTS...*
- *Child Safety workers very seldom consider the FAMILY or the FACT that it will always be the CHILD'S FAMILY and*
- *Child Safety workers often don't stop to consider situations as they are....*
  - *they go at a case looking for NEGATIVES...*
  - *they turn A BLIND EYE TO ANY POSITIVES...*
    - *A POSITIVE MIGHT MEAN A WEAK SPOT IN CASE AGAINST THE PARENT!*

*The UN Convention on the Rights of children is very important and*

- *Although children are not always privy to every right awarded to them whilst with their family*
- *most of their rights are taken away from them once the Child Protection system intervenes in their family life...*

*I would like to live to see a change where intervention is in the form of assistance to the families, not an attack on them*

*The money spent on Out of Home Care is out of hand and if half was spent assisting families it would be a good start*

*I had met several parents who were in horrible tangled messes with the Child Safety system who arrived there simply by phoning them for advice or out of desperation for some sort of assistance. In one case, for example, facts were turned into fiction by Child Safety workers who*

- *did not understand the culture (indigenous) or*
- *the intergenerational impact their biased intervention had on the families involved.*

*Every child born in and around that family was taken at birth because of one person who the family only asked he be talked to or warned about his behaviour! It destroyed the family. **This all started because the mother rang the Department, asking for assistance.***

*I have also known a young man who has had his life unnecessarily ruined because he had sex with a 16 year old who told him she was 18....no one considered the FACTS.....*

*EVERY CASE SHOULD BE THOROUGHLY INVESTIGATED AND JUDGED ON IT'S OWN MERIT by a panel of people who understand their own value system and its impact on their work*

*I understand not all situations can be fixed....but assisting and **not working on** families is in my opinion the only way to prevent child abuse from family and Child Protection workers.*

*Yes, I have seen abuse and neglect from parents but the worse abuse I have seen is from Foster Carers. **It's abuse with no love attached.** Yes I have met the odd good foster carer but they are few and far between...Children are more often "out of the frying pan into the fire".*

***So much injustice happens.***

In FIN's experience all of this critique of the adversarial approach in Child Safety rings true. Moreover, the adversarial approach is exacerbated by the near impossibility of obtaining good legal support to contest Child Safety applications in court.

The cost of legal assistance is prohibitively high - one FIN parent sold his house to pay for legal representation which, fortunately, was successful and his child was restored into his care (albeit after two years unnecessarily in care turning her from a vibrant child into a couch potato); others have few assets to sell and bravely attempt to represent themselves, with mixed results.

For parents fortunate to secure Legal Aid support, frequently it is disappointing. Legal Aid lawyers, in FIN's observation, rarely fight strongly on behalf of a parent. Rather they take an easy way out and advise a parent to accept whatever Child Safety is proposing. Where a parent has the confidence to insist their Legal Aid lawyer works hard for them FIN is aware that this can be effective. However FIN is aware that the payment for Legal Aid Lawyers is insufficient to enable them to invest a great deal of work or effort in representing a parent.

So a parent has to be exceptionally assertive for this to happen and, unfortunately, many are too demoralised and already defeated by the professional advice that they receive and in which they (naively) put their trust. The Department rarely makes enough time to advise families of their rights. Parents are also impacted emotionally (depressed) by losing their child into care and understandably not functioning at their best to be sufficiently assertive.

Alternatively some parents' assertiveness, determination and will to "fight" for their child is misinterpreted as aggression and does not serve them well. Many parents learn quickly to become submissive and compliant within a cold and punitive system.

This inadequate legal representation is an example of systemic injustice in Queensland. While, clearly, changes need to be made at a systems level, meanwhile The Family Inclusion Network in Townsville is providing support to parents in self advocacy both in court and with Child Safety Services to the extent that is possible by a non-funded volunteer community organisation, but quite effectively in some situations.

Another example of systemic injustice is the experience of many parents of grossly inadequate complaints and appeal processes leading, effectively, to the Child Safety investigating itself and "covering their backs". It's possible this poor situation may be improved now that QCAT is responsible for dealing with complaints. However, far greater transparency in Child Safety dealings with parents is highly desirable. Families are faced with a "Kafkaesque" situation in which they can only obtain copies of the evidence against them through RTI applications. It's ironic that one obtains greater written documentation handing over a garment at the Dry Cleaners than handing over your child into care.

Thus, for these and many other experiences of injustice, FIN Townsville is of the view that a Restorative Justice approach would be far more effective in protecting children from harm and promoting child and family well-being.

### ***Applying a Restorative Justice approach in child protection***

Restorative approaches recognize harm done, aim to restore and repair damaged relationships and offer a process whereby parties with a stake in the particular wrong-doing come together to resolve collectively how to deal with the aftermath of the harm and its implications for the future.<sup>1</sup> Central to the restorative process – regardless of the seriousness of the problem, is empowerment of the family and its support network. Empowerment is a forerunner of parents and families accepting responsibility. Equally important is a clearly articulated and agreed plan to ensure the child’s safety – who will do what and when will it be done. The command and control imperative of child protection systems to tell people what must be done takes a backseat to listening and understanding the family’s problems and seeing what their own solution might be to ensuring the safety of the child. At the level of restorative conferencing, the child protection authorities would be on a par with other participants – they would not dominate or dictate the agenda, although they would be expected to meet their responsibilities of clarifying standards and insisting that they be met.

### ***Is protecting children everyone’s business really?***

What we have witnessed in the evolution of child protection systems is a ‘thrust...to professionalize, systematize, scientize and de-communitize’<sup>2</sup> child safety. This has led to the community genuinely coming to the belief that the ‘experts’ can scientifically prescribe solutions to the child abuse problem through careful and scientific forms of risk assessment and the proliferation of rules and procedures in how to respond. To this end “there is a risk that citizens cease to look to the preventive obligations which are fundamentally in their own hands.”<sup>3</sup> So if I observe that my next door neighbour, a single mum, has a chronic health problem, is regularly in hospital, has a young son in primary school and no family in town, it is much easier to say, I should mind my own business. There are a host of professionals and experts who can manage the situation and those problems. It takes away my preventive obligation to offer to cook an occasional meal, to allow Billy to sleep over while Mum is in hospital rather than leaving him unsupervised, to make sure Billy gets to school with lunch and help mobilise a community of support for the family.

---

<sup>1</sup> T F Marshall in *Restorative Justice and Responsive Regulation*, J Braithwaite, Oxford University Press, 2002, p. 11.

<sup>2</sup> J Braithwaite, *Crime, Shame and Reintegration*, Cambridge University Press, 1989, p. 6.

<sup>3</sup> *ibid.*

Just as 'a neutralization of community activism in crime control positively encourages crime'<sup>4</sup> so too, does the neutralisation of informal support networks (be they extended family, neighbours, church/school communities etc) encourage the conditions which weaken care potential for children and young people. Informal care networks feature significantly in the lives of families who come in contact with child protection authorities. Authorities were perceived, however, as being reluctant, even unwilling to engage with informal care networks when concerns for a child's safety existed, even when those very networks alert authorities to concerns for children's safety.<sup>5</sup> In a recent study of parent perspectives on child protection interventions, 83% of parents knew who made the report, over 50% of parents thought that reporting them was the right thing to do and 57% said they would accept support from the person who made the report.<sup>6</sup> The fact that most parents and families who had come to the attention of child protection authorities had informal networks routinely ignored by authorities raises the question of why these resources are not better harnessed and utilised by authorities to ensure child safety?

### ***Restorative justice practice – a vision for child protection***

While restorative justice is most commonly understood as being applied in the criminal justice and particularly youth offender setting, its wider application is now being seen in school settings, to address bullying; in university residential halls; with 'delinquent' and at-risk young people; and with families in the child protection system and young people leaving foster care.<sup>7</sup> While family group conferences are an example of restorative justice approaches, the use of conferencing in Australian child protection systems has not yet become part of mainstream practice.<sup>8</sup> Yet, international studies and evaluations are showing effectiveness in restorative justice approaches<sup>9</sup> in terms of safety for children and reduced notifications to authorities.

A restorative justice approach to child protection recognize the link between informal and formal regulation and the degree to which formal mechanisms need to make sense within the informal

---

<sup>4</sup> Braithwaite, *op. cit.*, p. 8.

<sup>5</sup> M Ivec, V Braithwaite & N Harris, 'Resetting the relationship' in Indigenous child protection. Public hope and private reality, *Law & Policy*, vol. 34, 1, 2012, pp. 80-103.

<sup>6</sup> N Harris & L Gosnell, *From the perspective of parents: interviews following a child protection investigation*, RegNet Occasional Paper No. 18. Australian National University. 2012.

<sup>7</sup> J Braithwaite, 'Emancipation and Hope.' *Hope, Power, and Governance: The Annals of the American Academy of Political and Social Science*, vol. 592, pp. 79-93.

<sup>8</sup> N Harris, 'Family group conferencing in Australia 15 years on', *Child Abuse Prevention Issues (Series)*, vol. 27, 2008, pp. 1-20.

<sup>9</sup> G Burford, 'Who's Regulating Whom. Challenges to families looking after their children', *Communities, Children and Families Australia*, vol. 4, no. 1, 2009, pp. 24-30.

system for successful outcomes.<sup>10</sup> Second, a restorative justice approach places the safety of children and young people at the centre, where the ‘whole community that belongs to this child’ is provided with the opportunities ‘to step up’ and rally behind the child and his/her family, to both control harmful behaviour and to maximise support and safety thus encouraging and facilitating active responsibility of all participants. This contrasts to current model of intervention where state child protection systems investigate, come up with a solution and take action, leaving all other participants with a passive responsibility. Restorative justice conferences de-centralise power and decision making of formal child protection systems, nurture the capacities of families and communities to work both in tandem, and go ‘beyond compliance’ with formal systems – getting the best outcomes for children not through coercion, but through co-operation. Third, top down intervention when bottom up problem solving fails to protect children is an ever present strategy – by virtue of being an authority invested with legislative powers. However, keeping children safe must be grounded in informal networks which in turn need to have goals and processes of statutory authorities clearly spelt out when the two systems interact: Solutions that are long term can rarely be imposed from above in a command and control fashion, however government is empowered to ensure that harmful practices to children are confronted and cease, guarding against those instances where informal networks may deny or sidestep harm to a child.

---

<sup>10</sup> *ibid.*

## Key Issue 6

### Misinterpretations of facts; less than thorough assessments

Child Safety's misinterpretation of the facts; negative interpretations, middle class norms. Failure to do thorough, comprehensive investigations. Little use of research or theory.

#### What is the meaning of "the facts" in Child Protection cases?

There are no facts, only interpretations.

Friedrich Nietzsche

Facts and truth really don't have much to do with each other.

William Faulkner

The facts are always less than what really happened.

Nadine Gordimer

What world view/theoretical perspective(s) inform the interpretations of facts that child protection workers make?

What critical reflexivity do Child Safety workers employ to interrogate whether their interpretations may be based on pre-conceived assumptions/judgments/prejudices/their own personal values/anglo and/or middle class and/or "white" values, etc etc?

Are "facts" used to reinforce a negative case against parents? Does a suspicious mind put 2 + 2 together and make something other than 4?

Could facts be used, instead, to build a picture of a parent's strengths?

Do Child Safety workers check out their interpretations with parents? Do they listen to their stories/walk in their shoes? Do they attempt to understand the world view of parents and how a parent's actions make sense to them?

Are Child Safety workers *Seekers After Meaning* [David Howe; Introduction to Social Work Theory], or do they think they are right/know best?

Some examples:

1. Carol told me that when they first took her daughter away they presented her with a form to sign which authorised them to take her. Carol wanted to read it carefully but her husband, stressed out over his own criminal problems, glanced at it and told her it was okay and she should sign it. The CSO did not offer to explain the signing of documents to Carol in a safe environment away from her husband and Carol signed it without reading it properly. Now in an affidavit the Department accuses Carol of being under the control of her husband because she too readily signed the document they wanted her to sign and

they are using her apparent readiness to comply with her husband's wishes as a reason not to return the child, even though she has separated from him and no longer has any contact with him except through a lawyer.

### **Are a parent's reactions in the immediate shock of Child Safety intervention a reliable guide to a parent's ability and strengths?**

2. During a supervised contact with my daughter at the Department's office, I decided to clip her finger nails because the foster carer had been negligent. We had discussed this during supervised contact two days previously and I said I would bring nail clippers next time. So, at the next supervised contact I put a manila folder on my lap in order to catch the nail clippings. I then cut her nails. No drama. Then two weeks later, the CSO supervising that contact said in an affidavit that I had deliberately placed my daughter's hand over my groin. Naturally, my lawyer protested vigorously especially on the grounds that if I was deliberately placing her hands on my groin why didn't the supervising CSO stop me. The Department did not reply or respond to my lawyer's protests. Unfortunately, as they say, when you throw mud some will always stick. It is all so unfair and treacherous.


### **Do CP workers look for/adapt evidence to reinforce the labels they have attached to a parent, without considering alternative explanations?**

**Did the CSO in this instance clarify with the parent why he was doing what he was doing, or merely jump to their own conclusions? Is there a case for considering the possibility that there is "method" in what at first glance might appear to be "madness" (in a parent's actions)?**

**Did the CSO demonstrate evidenced-based knowledge of how Child sexual abuse occurs?**

3. I would like to make additions to the way that the letter (from the CSO) only focused on the negatives that happened during the visits, AND was spun/written in a way that made it seem sinister/negligent. Some of the issues that led to my contact being confined to the office were:

1<sup>st</sup> Issue in CSO's letter

 *During a contact visit you were observed to discipline James who was sitting on the ground crying. You were observed to be filming him on your mobile phone. James was very upset and your response escalated his distress*

I have VIDEO of an event that happened, when (CSO) said that I was escalating James's behaviour at the park. NONSENSE!! I have it on film. and I WAS going to show James "AFTER" his hissy fit... about how silly his behaviour was considering that it was only a silly thing that John (older brother) did... and I was filming as I had a feeling that (CSO) was only reporting NEGATIVES about visits, and the film was to show that I WAS in fact trying to calm James down.



## 2<sup>nd</sup> Issue

- ✚ *During a supervised visit you were advised on numerous occasions to supervise the children whilst they were swimming. John went missing twice and on one occasion was missing for 15 minutes before being located*

John did in fact “disappear” during this contact. The reason he did is that, whilst the kids and I were playing in the pool, John was being very mean to his brother and I sent him up to the table that we (and CSO) were sitting at for a time-out (a strategy learned in a parenting course I had done - on the instruction of the Department). I said that when he is ready to apologize for his behaviour he can return to the group and continue on with the fun we were having throwing the ball to each other. It was not until (CSO) called to me and asked where John was that I noticed that he was no longer sitting at the table. I immediately went looking for him, and after a while "I" found him (CSO was also looking for him) in the other pool playing with another group of boys. I sat him down at the table again and had strong words with him about how he scared me that he had disappeared and that I had to look for him, and sat him once again for a time-out, where he sat until he eventually came over and said sorry to James and we once again continued on with the games in the pool as a group.

## 3<sup>rd</sup> Issue

- ✚ *During the same contact James approached you on numerous occasions to take him to the canteen to spend his pocket money. You refused to take him as you were drinking coffee. You got your daughter Jane to take him. Later in the contact you went to the canteen yourself to buy yourself a burger.*

James DID ask me to take him to the canteen, but I had only JUST arrived after driving into town from home (2.5 hours drive away) and as I passed the canteen I grabbed a coffee before meeting up with the group. As soon as I sat down, James asked if I could take him to the canteen so he could get lollies. I asked him to wait a few minutes so I could have a few sips on my coffee and collect myself after a long drive. When Jane (older sister) asked if she could take him over I agreed (as it's just across the other side of the pool, and I could see them). Later (after drinking my coffee) yes, I did grab a burger from the canteen (the children had brought their lunch with them) and as soon as I ate it we all went into the pool and had a great time until John decided to be very mean to James and the above incident happened (roughly 2 hours into the 3 hour visit).

I am a bit tired of typing this all out, but I'm pretty sure you get the point. On the visits I was NEVER told "numerous" times to supervise my children. From recollection I don't even think it was more than ONCE (because the CSO was there to see MY interaction's and skill's as a parent, and you can plainly see that she only noted the visits in a VERY negative manner) and frankly, after RE-reading it all, I am utterly disgusted in how the visits were portrayed.

**Should CP workers check out their observations with parents before arriving at conclusions which have negative consequences for children and their parents (in this case change of contact to an unsuitable location)? Should CP workers be more precise in their wording? “Numerous” conveys many when the reality may have been only a couple. Can you see how choice of words in reporting “the facts” may distort the facts? Should positive interpretations always be included in equal or greater measure than negative ones wherever possible (ie a strengths approach)?**

4. Meg was having her regular (but infrequent) 3 monthly contact visit with 3 of her children – aged between 3 to 9 years - in a shopping centre. She asked them what they would like her to buy them to drink. They said Coke and she started to order Coke, wanting to respond to her children’s wishes on this special occasion. The supervising CSO intervened saying “Coke rots kids’ teeth; you should buy them juice”. Meg was embarrassed. She complied but felt that the CSO had undermined her in her children’s eyes and spoilt their time together. The children were disappointed too. Later the CSO recorded in the file that Meg had wanted to give her children junk food and that this was yet another example of her unsuitability as a parent. Meg had acted out of love for her children.

**What assumptions underpin the interpretation put onto Meg’s behaviour by the CP worker in this example? How reasonable are these assumptions, given that the whole planet drinks coke!? Are the judgements based on the assumptions fair?**

5. I wasn’t coping very well, my husband had left to live with his new fling, I was depressed and then I had a car accident. I needed some help but didn’t know where to go so I made the mistake of phoning child safety, and instead of help I lost the kids! They didn’t listen and simply labelled me a “monster mother” without any reason that made sense to me. They saw me just as a bad parent rather than disadvantaged and needing a bit of a leg up.

**In this instance, are interpretations used to justify removal of children when, arguably, more positive interpretations could have indicated a need for family support, thereby avoiding unnecessary separation between mother and her children?**

6. Elizabeth and her two young children were re-housed into a neighbourhood notorious for anti-social behaviour. She tried to befriend her neighbours but one day found herself in the midst of a drunken brawl in which an angry out-of-control man accosted her in her front yard while she was holding her toddler son. Her son was hit above the eye while her daughter (primary age) cowered in fear just inside the house. Elizabeth was terrified. Once she could get to her phone she called the Police and then called her son’s father (with whom she shared care) to come and fetch their son to ensure his safety. The police notified the Child Protection service and two workers decided to take the daughter into care as Elizabeth could not guarantee her immediate safety. Elizabeth fled from the neighbourhood and stayed with friends. Subsequently she moved to a Women’s Shelter, resolving to find new accommodation as she feared for her life to return to her housing commission house. As children were allowed to stay with their mothers in the Shelter, Elizabeth sought to have her daughter returned to her care. This was denied as it was deemed she had “failed to protect her daughter”, even though she was now in a safe place. Elizabeth fought and won in court to have her daughter returned to her care, insisting that since she was no longer in the bad neighbourhood she was able to protect her child.

**While the facts of the violent incident and the immediate lack of safety for the children are not in doubt, the interpretation of reasons for the lack of safety is contestable. Was it due to personal deficits in Elizabeth? Or was it due to socio/environmental factors? Is this a case of unfair “mother blaming” when a mother is not enabled (rather than unable) to act protectively? Might not**

**changing the environment be a less harmful strategy (eg moving house) than separating a closely bonded mother and child?**

7. Cindy is an Aboriginal woman with both pokie machine and drinking habits. Her young pre-school aged son is in what is considered a culturally appropriate foster home on grounds of neglect – meaning: home conditions which the CSO considers to be semi-squalid and, sometimes lack of food due to lack of money. [Arguably, the home conditions are not as bad as judged by the CSO, but hunger is a bit more concerning towards the end of the Centrelink benefit cycle]. The case plan is to work towards restoration into Cindy’s care and an Indigenous NGO is working with Cindy to get her to clean up the house and learn budgeting skills. Cindy is also attending (spasmodically) an Indigenous drug and alcohol service. In order to demonstrate her commitment to working for restoration Cindy is expected to make her own way to the Child Protection office for regular contact with her son. Some weeks Cindy does not turn up to contact. This is interpreted as lack of motivation and commitment on Cindy’s part and these interpretations are being assembled as evidence to apply for a long term order on Cindy’s son. When Cindy feels safe [which isn’t often] she talks with the FIN support worker about how some weeks she does not have enough money for the bus fare to get into town to see her son; other weeks she feels too depressed to get to the office and face the deep shame that overwhelms her. The foster carer is her “auntie” and an active member of a pentecostal church. Cindy feels judged not only by the non-Indigenous Child Protection workers but also by the foster carer who she fears wants to keep her son long term. Cindy loves her son dearly but is scared he is growing attached to the foster carer.

**Are the interpretations of Cindy’s behaviour culturally fair? In what ways might culturally sensitive practice come up with more positive interpretations?**

**Pertinent Questions to consider**

- Should Child Safety workers recognise the traumatic impact of their intrusion into people’s lives and seek to understand parents’ behaviour *in this context*?
- Should they try to understand what it’s like to live in poverty for days/months/years on end, and how living in poverty shapes a parent’s behavior?
- Should Child Safety workers have a deep understanding of how different cultural values may make good sense to people of that culture, yet be seen in a negative light by the CP worker’s own values or the dominant values in society?
- Should Child Safety workers be constantly aware that they have the **power** to use “difference” in a negative way against parents? Should CP workers seek, instead, to use power WITH rather than over parents? As FIN members say: **Listen; don’t judge. Ask; don’t tell** (FIN Townsville DVD on [www.fin-qldtsv.org.au](http://www.fin-qldtsv.org.au))
- Do Child Safety workers undertake thorough, comprehensive investigations accessing ALL critical information? And are the professional assessments made in reports and affidavits

backed up by evidence to support the assessment [see case example given separately, in confidence, to the Inquiry]?

The following **theoretical approaches and research knowledge** are considered by FIN Townsville to be pertinent to critical reflection about the meaning of “facts” in the case examples provided above.

1. **Sociology:** Constructivism: the social construction of reality [Parton 2000]; Interpretivism and narrative approaches – seekers after meaning [Howe 2009].
2. **Psychology:** human relations theories [Egan 2009]; Empathy; Compassion; [Hugman 2005]
3. **Philosophy:** Power – *whoever controls the discourse has power* [Foucault 2002]; critical theory [Habermas 1989]
4. **Social Work** theories:
  1. Relationship based practice (Ruch *et al* 2010)
  2. strengths based and empowerment theories (O’Neil 2005; McCashen 2005)
  3. Culturally appropriate practice (Babacan 2006; Long and Sefton 2011)
  4. Anti-oppressive Social work – (Dominelli 2002)
  5. Restorative Justice – (Smull, Watchel T.& Watchell J. 2012)

*People are happier, more cooperative and productive, and more likely to make positive changes when those in positions of authority do things with them, rather than to them or for them.*

5. **Research evidence** re:
  1. Domestic violence, gender relations, power and control
  2. Sexual abusers’ grooming activities
  3. Mental health and parenting
  4. Disabilities and parenting
  5. Poverty and parenting
  6. The harmful effects of removal into care
  7. Family support (see Key Issue 9)

## References

Babacan, H., (2006). Literature review: Service response models in child protection for culturally diverse communities. Report prepared for the Department of Child Safety, QLD.

Dominelli L (2002) *Anti-Oppressive Social Work Theory and Practice*. UK: Macmillan

Egan G. (2009) *The Skilled Helper*. USA: Wadsworth Publishing Co Inc.

Foucault M. and Faubion JD (2002) *Power: The Essential Works of Michel Foucault 1954-1984: Vol 3*. Penguin

Held D. (1989) *Introduction to Critical Theory: Horkheimer to Habermas*. Bristol UK: Polity.

Howe D. (2009) *A Brief Introduction to Social Work Theory*. Basingstoke, UK: Palgrave Macmillan

Hugman R (2005) *New Approaches in Ethics for the Caring Professions*. Basingstoke, UK: Palgrave Macmillan

Long M. and Sephton R. (2011): Rethinking the “Best Interests” of the Child: Voices from Aboriginal Child and Family Welfare Practitioners, *Australian Social Work*, 64 (10 Pp 96-112

McCashen (2005) *The Strengths Approach – a strengths based resource for sharing power and creating change*. Bendigo: St Lukes Innovative Resources.

O’Neil, D. (2006). How can a strengths approach increase safety in a child protection context? *Children Australia*, 30(4): 28-32

Parton, N. and O’Byrne, P. (2000) *Constructive Social Work: towards a new practice* . Basingstoke, UK: Palgrave Macmillan

Ruch G., Turney D. and Ward A. (2010) *Relationship-based Social Work. Getting to the Heart of Practice* London: Jessica Kingsley

Smull E., Watchel T. and Watchel J. (2012) *Family Power: Engaging and collaborating with Families*. Bethlehem, PA: International institute of restorative Practices

## Key Issue 7

### Disrespectful, unsupportive relationships with parents

**Disrespectful relationships with parents; misuse of power; parents kept in the dark; nothing in writing; phone calls not returned nor recorded; Surveillance rather than support; Unacceptable time delays; shifting goal posts;**

Where what is deemed significant harm has occurred, invariably the parents involved are regarded by CSOs as “*broken and drug-addicted*” [Pru Goward, *Lateline* 5<sup>th</sup> June 2012] or “*the Baddies*” [new social-work-educated CSO, May 2012].

In fact the majority of parents accept that there is a problem<sup>11</sup> and actively seek help for the issues they are struggling with in their lives<sup>12</sup>. However, their experience is that their calls for help are often met with hostility and punitive responses from Child Safety Services. Input from other professional workers outside the statutory setting with whom the families may have been working is routinely ignored by authorities<sup>13</sup>.

Many parents seeking help feel deeply stigmatised and offended by the facile, judgmental labelling of **all** parents as “*broken and drug-addicted*” or “*the Baddies*”. Further, parents feel denied common courtesy, let alone being treated with respect. They feel intimidated, demeaned and even bullied.

FIN Townsville is concerned that such negativity about parents has been allowed to become a prevailing departmental cultural belief in recent years. It does no credit to the state government and is an utterly unprofessional standard of service. This negativity needs to be outlawed forthwith.

Most parents/grandparents are not broken and drug-addicted, nor are they “*Baddies*”. Rather, most parents/grandparents whose children are taken into care love their children deeply and their children love them. Instead of being dismissed as unwilling and unable to care for their children, they should be regarded as willing but needing support which **enables** them to be ‘good enough’ parents.

The Human Services used to be seen as the ‘helping’ or ‘caring’ services. These days the last place parents turn to for help is Child Safety. This needs to change.

---

<sup>1</sup> Harris, N. & Gosnell, L. (2012) From the Perspective of Parents: Interviews Following a Child protection Investigation. Preliminary Findings. Regulatory Institutions Network Occasional Paper 18, ANU Canberra. <http://regnet.anu.edu.au/sites/default/files/publications/ROP18.pdf>

<sup>2</sup> Ivec, M., Braithwaite, V. & Harris, N. (2012) Resetting the Relationship In Indigenous Child Protection: Public hope and private reality, *Law and Policy*, 34(1), 80-103.

<sup>3</sup> Ivec, M., Braithwaite, V. & Reinhart, M. (2011) A National Survey on Perceptions of How Child Protection Authorities Work 2010: The Perspective of Third Parties, Regulatory Institutions Network Occasional Paper 16, ANU. <http://vab.anu.edu.au/pubs/SurveyOfThirdParties.pdf>

## **FIN Parents' views on disrespectful and unhelpful Child safety workers' practice**

The following list was generated by a brainstorming email process among parents, grandparents and significant others in FIN Townsville in response to the (wry) question *What do CSOs do well?*

- Not returning phone calls
- Exercising power over (rather than with)
- Ignoring or minimising or rationalising complaints
- Bullying and intimidation of parents with children in care, or at risk of being removed into care
- Causing anxiety and grief
- Little awareness of the degree of loss and grief experienced
- Reacting unprofessionally to understandable anger
- Making assumptions
- Filtering the facts
- Punishing those who need help
- Ignoring or devaluing the lived experience of parents they work with
- Removing children into care
- Removing children into care badly – ie without thought to minimising trauma
- playing fast and loose with the truth (blatant lying)
- vindictiveness (especially when parents fight back)
- sarcasm (a particular strength)
- belittling parents
- putting their own best interests first before those of the child/children/family
- intolerance of difference
- making value judgements based on their own WASP beliefs
- displaying an inability or lack of willingness to accept the positive changes parents may have made
- expect parents to work “with” them BUT they won’t work “with” parents
- refusal to countenance a change of CSO when personalities clash
- officiousness, NOT social work
- ignoring the wishes of the child/children
- Discriminating against parents with mental illness
- Using “the best interests of the child” to justify whatever they do even when clearly it’s not .... in the child’s best interests.
- Inflexible working hours – evenings and weekends would enable them to work “with” parents and their work commitments.

By contrast, here is a list compiled from research studies (in Australia, the UK, Canada, the USA) with parents with children in care of the things which a few (sadly, nowhere near a majority) parents experience as Good Child Protection Practice.

## Good Child Protection Practice

### **interactional style of professionals:**

being friendly, interested, concerned,  
informal style and a way of being that encouraged connection  
challenging professional boundaries  
relate to clients as people--as interesting, worthy individuals who merited respect,  
understanding, and empathy; deeply human, person-to-person connections (*versus pleasant but distant professional-to-client working relationships*), mutual liking, caring, respect, trust, understanding, and honesty.  
she respected me.  
really listened to us  
Saw us as people with feelings; understood how I felt.  
understanding and accepting the parents' reality,  
Was compassionate and caring; comforted me  
tried hard to walk in our shoes  
found out the good things about us, didn't judge us as totally and forever no-good; realised that we must have some strengths  
spent time seeing and supporting our strengths.  
Believed that avoidance of a care order (or timely reunification) should be the goal for all except the 10% of extreme cases

### **Skills to overcome parental hostility/anger:**

**don't ever take it personally**; reflect "professionally" on **the behaviour being understandable** in the face of the parents' position and sense of powerlessness.

### **Helpful**

very keen to help in collaborative ways.  
offered us help; asked what she could do to help me get the kids back  
Effective use of high quality interagency interventions accessing therapeutic and support services provided as part of the child protection plan  
opening up access to resources,  
Going the extra mile  
back-up and support; they ring me up now and again saying, "Are you alright? Do you need anything?"  
advocating for them

### **Wise use of Power**

Clearly, FIN Townsville would like to see a strong commitment to Good Child Protection practice in a reformed Child Safety system in Queensland



## References

AASW (1999) *Code of Ethics* Canberra: AASW

Peter Dale 'Like a Fish in a Bowl': Parents' Perceptions of Child Protection Services. *Child Abuse Review* Vol. 13: 137–157 (2004)

de Boer C and Coady N (2003) *Good helping relationships in Child welfare: co-authored stories of success*. Waterloo, Ontario, Canada: Faculty of Social Work, Wilfrid Laurier University.

Dumbrill G C (2006) Parental experience of child protection intervention. A Qualitative study. *Child Abuse and Neglect : The International Journal* 30 (1) 27-37.

Family Inclusion Network [Cary M., Klease C., Thomson J., Thorpe R. and Walsh K.] (2007) *Family Inclusion in Child Protection Practice. Creating Hope: Recreating Families. Working with Parents to ensure the Safety and Well-being of Children and Young People in the Queensland Child Protection System*. Brisbane: Family Inclusion Network

Family Inclusion Network Queensland Townsville Inc. (2011) *Ask, don't tell; Listen, don't judge* DVD [finqldtsv@gmail.com](mailto:finqldtsv@gmail.com)

Kapp SA and Vela RH (2004) The unheard client: Assessing the satisfaction of parents of children in foster care. *Child and Family Social Work* 9: 197-206.

Mackinnon L. (1998) *Trust and Betrayal in the Treatment of Child Abuse* USA: Guilford Publications

Thorpe R. (2007) Family Inclusion in Child Protection Practice: Building Bridges in Working with (not against) Families. *Communities, Families and Children* 3 (1) 4-1

## Key Issue 8

### Selective respect for the voices of children and young people

**CSOs only listen to Children & Young People's views if they support what Child Safety wants to do - despite obligations in the 1999 Act**

Far be it from minimising harms and making children safer, the Family Inclusion Network, Townsville regularly encounters evidence of a Child Protection system urgently in need of overhaul. Indeed FIN-TSV regularly encounters cases where intervention increases, magnifies and reinforces harm and damage to children and families struggling to provide *good-enough* parenting. Around these egregiously-caused harms to children and families, FIN-TSV often encounters child protection empire-building by a child protection industry expanding through net-widening (Thorpe, 2007) which over-taxes the resources of the work force of Child Safety and associated services and systems. Children are unnecessarily caught and unproductively trapped in a fiscally extravagant industry that appears to serve its own interests rather than the best interests of the child. The fundamentals of the legislation which underpin Child Protection are ignored by practitioners and professionals who, in practice, do not respect the voices of children and young persons and do not honour the *Charter of rights for a child in care* codified in Schedule 1 in the *Child Protection Act 1999*

The chief executive, “as far as reasonably practicable, must ensure the charter of rights for a child in care in Schedule 1 is complied with in relation to the child” as stated Chapter 2 of the *Child Protection Act 1999* (Part 6, cl. 74, s.2). The *Charter* sets out to ensure that young children in care are respected as persons by ***exercising agency in life***, by ***participating in decisions about their own lives***, and by ***having their views considered***. This obligation of the chief executive is, however, honoured more in breaches of this undertaking than in compliance. Selective parts of the *Act* are rendered merely as decorative paper tigers.

In practice, **selective respect** for the voices of children and young people manifests in work practices of **selective listening-to, arbitrary non-listening, and discounting** that is disrespectful not only of the views and values of the children and their families but also of the legislation. This culture is evident in service delivery by the Department of Child Safety itself, with Child Protection officers failing to adhere to the standards set out in the Child Safety Department's *Practice Manual* (2012). It is also in the culture and services of the legal systems underpinning child protection; in the culture and services of healthcare agencies servicing the child protection system; and in the delivery of sub-contract services to the child protection system. In FIN-TSV's view, **selective respect** leads to poor decisions that damage children and families; it also goes to the heart of professional competency and the professional capacity to empathise and work safely with children and families.

The following example of a Child Protection intervention illustrates FIN-TSV's views, in this and associated submissions, that current systems of service delivery are fundamentally flawed. **Selective respect** by frontline professionals of the views of children and families undermines the *Charter of rights for a child in care*. The system is thereby self-serving and poses an increased risk of further harm and damage to children and families caught up in its dragnets.

**LEAH'S story (13 y.o. female). Status; in the Care and the Custody of the State.**

**Homeless and in Detention - a Most Supreme Irony. Abused in Care and not listened-to.**

*As a direct consequence of the failure to take account of her expressed needs and provide access to appropriate services, Leah has become homeless and has entered the Youth Justice system and detention. She has become the subject of dual Court Orders (a Child Protection Order and a Youth Justice Order).*

*Leah (and her two younger siblings) has been in the care and custody of Child Safety while the sole-parent father retains guardianship. This type of Court Order implies that Reunification is the overarching goal of case planning for Leah. The father, who lives out of town, demonstrates extraordinary commitment and drives for 5 hours each week to see his children for an access visit of one and half hours only. The estimated distance driven by the parent in the last two years is 50,000 kilometres with about two week's face-to-face contact.*

*Leah has **consistently stated** since being taken into care two years ago that she wishes to live at home with her father and her siblings. In contradiction of the goal of Reunification implied by the Order, **the views of Leah** about her need to be at home with her father and family have **not been listened-to** by Child Safety. Other human service agencies that Leah is in contact with have consolidated Child Safety's position and do not work with Leah's experience of the trauma of separation.*

*As a direct consequence of being **not listened-to**, Child Safety's case work assessments and reviews were out-of-date and unresponsive to emerging risks to Leah's health and wellbeing. Leah and her siblings experienced serialized abuse in successive foster care placements. On-going assessments also failed to keep pace with Leah's rapidly changing developmental needs as she approached puberty. During her penultimate placement in a group residential setting, Leah (12 y.o. at the time) began experimenting with drugs with foster-care peers, developed addictions, and was sexually assaulted by two teenage boys. She did not receive counselling for separation trauma, sexual assault, and nor did she receive ATODs counselling for her addictions.*

*Child Safety opposed Leah's desperate wish to return to her family home. Her voice was shut down and she was shut out from her **legislated right** to participate in planning for her own needs. She was denied access to appropriate health and welfare services and has experienced significant emotional and social adjustment problems. Leah's views about her own needs and contact with her family were resolutely and obdurately **not listened-to**.*

*In effect, Leah was forced into **Homelessness while in Care** of the Department. After more than 40 placements and on the breakdown of her group-residential placement, Leah was shuttled between and housed and homed in motel rooms. Foreseeable and predictable consequences for her health, wellbeing and social welfare were fully realised when Leah entered detention for what simplistically may be viewed as uncontrollable and anti-social behaviour that reflected the abuse and exposure to risks that she experienced while in care and for which appropriate therapeutic treatment was not provided.*

## Case Planning for Leah

### An Exemplar of Selective Respect for a Young Person's Participation through the FAMILY GROUP MEETING (FGM)

At the FGM held just prior to Leah entering detention, there was an 11<sup>th</sup> hour opportunity to remedy ongoing harms resulting from Leah being forcibly held against her will in residential care instead of being placed at home with her parent in safer and more stable living arrangements (Thorpe, 2007). Sadly, the opportunity was lost due to **selective respect** at this key case planning event. **Selective listening** to the views of the young person occurred when Child Safety practices failed to adhere to the legislation; with failure in implementing the Department's policies and procedures for convening an FGM; and when there was a general failure to apply the principles of the *Charter for the rights of a child in care*.

Family group meetings involve the child (where appropriate), the family, a Child Safety Services representative, service providers and other significant people who are important in the child's life. This list of participants included FIN-TSV, which provides support services to both Leah (indirectly), and directly to the parent. The family group meeting brings together the child or young person (where appropriate), the family, those who best know the child and their family, and other relevant persons and agencies (Department of Communities, 2012).

Legislation and Child Safety's policies and procedures stipulate that a convenor organises and facilitates the FGM. The Child Safety Officer for the child speaks to the reasons for the Department being involved with the child, and the assessed needs and strengths of the child and family. Other people attending are invited to provide information for discussion.

Unfortunately, this meeting did not comply with the rules of Procedural Fairness (Kennedy and Richards, 2011) including the Duty to Enquire, the Hearing Rule, the Rule against Bias, and the Evidence Rule. The absence of Departmental accountability, a culture of disrespect for grievance mechanisms, an adversarial relationship with parents and a culture of self-serving professionalism all conspired to silence the voices of the child and the family representatives. The dynamic of **selective respect** resulted in undue delays in timely access to appropriate health and social services for Leah and delays for a timely resolution for a safe and stable living environment for Leah in her own home.

The conduct of the FGM provides evidence for concerns about **Procedural Fairness** being denied and examples of **selective respect** in the conduct of the FGM which were implicated in the denial of Leah's rights under the *Charter of rights for a child in care*. The Department heard only its own well-honed narrative about the care needs and living arrangements for Leah. In breach of **Administrative Fairness** and counter to its own procedures, decisions about Leah's living arrangements and care needs had been made without her participation, without the participation of the parent, and without reference to her exposure to risk and harm while in residential care. An Affidavit had been prepared in advance of the FGM seeking an extension of the current Order for Leah to remain in the care and custody of Child Safety. Alternatively, the *Act* provides that "if the child is in the chief executive's custody or guardianship under a child protection order, the chief executive may place the child in the care of a parent of the child" (Ch 2, pt. 6, s 82). Child Safety did not discuss this option with the child or the parent, despite the child's distraught pleadings to go home (as recorded in the Affidavit). The parent's attempted representations at the FGM also were not discussed nor was due consideration given to his extraordinary willingness and the positive changes in his capacity

to provide for Leah's well-being as well as his enhanced understanding of her changing developmental and protective needs through his contact with FIN-TSV.

Clearly, the level of participation allowed for Leah by Child Safety was restricted to the bottom rungs of Hart's 'Ladder of Participation' discussed by Daly (2012, p. 214) who observes that:

*In policy and practice there is a paucity of analysis that includes the reality of social exclusion and its impacts on children and their families. If family disadvantage was reintroduced in place of family dysfunction, child development instead of child safety, and community development for community safety, it would produce a different appreciation of the importance of participation for children and young people as it relates to power and opportunity. It would influence the type of participation opportunities offered" (2012, p. 216).*

## **Worker Competencies, Professional Decision Making and a Reflective Framework for Practice.**

Current submissions before the Carmody Inquiry, including this submission, raise allegations that errors are being made in child protection decisions and professionals are seen to be removing children too readily; not working to return children to their homes in a timely manner; and causing serious trauma to children and families. When professionals draw wrong conclusions in child protection, subsequent tragedies and distress occur. In researching the reasoning processes of workers, Munro (1999) makes the point that over-taxed workers will take short-cuts in decision-making. Common areas where errors emerge include:

- Not using evidence from past history.
- Not using research on risk factors.
- Not using written evidence (files, reports).
- Not using information known to others, but not collated.
- Persisting Influence of First Impression.

All these types of errors are present in the Affidavit and FGM for Leah and feed into a common set of failures identified in the literature revealing a significant frequency of errors where workers fail to revise earlier judgements; fail to take a longer-term perspective; and fail to notice an emerging pattern of risk. The case history for Leah reveals examples of such errors:

- Leah was not invited to participate in the FGM to present her views (which were graphically included in the pre-emptive Affidavit, but ignored) on why she wanted to go home. Attempts by the parent to discuss these matters and a comprehensive care plan that he was putting in place for Leah were ignored and shut down, in breach of Principles 1, 2, 3 4 and 5 of the *Charter* (Appendix 1). Condescendingly, the weighting in the consideration given to Leah's and the parent's views did not match the weighting given to the consideration of the views of a contract psychologist, who had but a passing acquaintance with a history and knowledge of Leah and her relations with her family.
- The Department refused to consider the Leah's views and the parent's views that she should return home largely on the basis of (in FIN-TSV's view) an egregious and unethical psychological report that, at best, was devoid of scientific validity and relevance to this Child Protection matter. In an extreme invasion of the family's right to privacy that breached Principle 6 of the *Charter*, the report had been prepared by a psychologist who worked with sex offenders in

detention. At worst, it was deceitfully gained, was extraordinarily destructive and disrespectful of the family's strengths and attributes, and it bordered on defamation. It too lacked professional competence and was informed by a biased Child Protection History. Further, it contradicted and undermined the implied goals of Reunification.

- Apart from two FIN-TSV representatives supporting a consideration of Leah's views and those of the parent, no other service providers were present. In a demonstration of **selective respect** for the rights of the child, the parent was unable to discuss with service providers how to best meet the changing developmental needs of Leah who was now approaching puberty.
- The Child Protection History was stale while assessments and interpretations were unrepresentative of the full history and were grounded in a refusal to consider fresh information about Leah and the family. The protective concerns detailed in the Affidavit were out-of-date and did not fit Leah's changed risks and needs profiles. She was in extreme discomfort in residential care, she had been sexually assaulted while in residential care, she was at risk of sexual exploitation (Beckett, 2011). She had also developed poly-drug use behaviours which suggested Comorbidity and potential Dual Diagnosis e.g. loss of agency and social exclusion (Daly, 2012); and mutually reinforcing separation trauma, substance dependency, untreated anxiety, post-traumatic stress, emotional and behavioural dys-regulation.  
A stable living and home environment is critical to a child's engagement with specialised therapeutic responses to special needs and this was not provided by residential care. **Leah's lived experience was of Homelessness.**

Another problem highly evident with Leah's career in Care, which Professor Karen Healy has already brought to the attention of the Carmody Inquiry, is the professional failure/inability of child protection workers to consistently maintain a practice framework that fits with the model of practice endorsed by Child Safety (Madigan and Helbig, 2012), at <http://www.couriermail.com.au/news/queensland/inquiry-told-of-adoption-pain/story-e6freoof-1226463441078>) A relevant sample from the framework is included below:

#### CHILD SAFETY PRACTICE FRAMEWORK: KEY AREAS FOR REFLECTION

Child-centred	Family-focused	Culturally responsive	Collaborative
<ul style="list-style-type: none"> <li>• Have I focused on the best interests of the child?</li> <li>• Have I listened to the child? Is the child at the centre of my planning and decision-making?</li> <li>• How are my actions impacting on the safety and well-being of the child?</li> <li>• Are my actions contributing to continuity of relationships for the child?</li> <li>• Is the child's experience reflected in my recording?</li> </ul>	<ul style="list-style-type: none"> <li>• Is my contact with the family respectful, informative and setting the scene or future work?</li> <li>• What is the family's understanding of the child's needs?</li> <li>• Have I involved the family in decision-making about their child?</li> <li>• Are the goals for the family realistic and achievable?</li> <li>• How am I enabling the family to meet the case plan goals?</li> </ul>	<ul style="list-style-type: none"> <li>• Do I understand the child and family's cultural background?</li> <li>• Have I demonstrated respect for the family's culture in all my dealings with the family?</li> <li>• Do I understand what is culturally important for this individual family?</li> <li>• Are the child and family's cultural needs included in case planning?</li> <li>• Have I given the family or relatives the opportunity to be involved in significant</li> </ul>	<ul style="list-style-type: none"> <li>• Have I sought information from, and shared information with, all relevant agencies?</li> <li>• Have I involved the child and family in decisions that impact on them?</li> <li>• Have I worked collaboratively with foster and kinship carers?</li> <li>• Have I interacted with other agencies' staff respectfully and professionally?</li> <li>• Am I talking with those people that are important in the</li> </ul>

Child-centred	Family-focused	Culturally responsive	Collaborative
<ul style="list-style-type: none"> <li>• Have I fully considered information that contradicts my assessment of the child's safety?</li> </ul>	<ul style="list-style-type: none"> <li>• Are my actions focused on improving family functioning?</li> <li>• Are my decisions transparent and does the family understand them?</li> </ul>	<ul style="list-style-type: none"> <li>• decisions about the child?</li> </ul>	<ul style="list-style-type: none"> <li>• life of the child?</li> <li>• Do I contribute to a culture of mutual respect and collaboration within my workgroup?</li> </ul>

Child Safety Department, 2012.

<http://www.communities.qld.gov.au/childsafety/child-safety-practice-manual/practice-framework-and-maps/child-safety-practice-framework>

An examination of the processes and practices that came to bear on Leah's case would suggest that very few items in the above framework would receive an unequivocal tick. This lends weight to calls for cultural, structural and systemic adjustments (Daly, 2012; Healy, 2012; Thorpe, 2007; Munro, 1999) to ensure that all frontline child protection workers (including legal professionals) have the professional capacity to empathise with the lived experience of children and their families and the professional skills needed **listen-to** the views and **work-with** children and families, **with respect**. The public also needs strong assurances that paper tigers like the *Charter of rights for a child in care* will be given teeth and will be implemented in practice to ensure that young children in care are respected as persons by exercising agency in life, by participating in decisions about their own lives, and by having their views considered.

Australian association of Social Workers (Qld) – Karen Healy (2012)

[http://www.childprotectioninquiry.qld.gov.au/\\_data/assets/pdf\\_file/0005/160727/AASWQLD-Healy,-Karen.pdf](http://www.childprotectioninquiry.qld.gov.au/_data/assets/pdf_file/0005/160727/AASWQLD-Healy,-Karen.pdf)

Becket H. (2011) *Not a World Away: The sexual exploitation of children in Northern Ireland*. Northern Ireland: Barnardo's

Daly W (2012) *What makes a good foster carer? The views of children and young people with an out-of-home care experience*. PhD thesis (under examination). James Cook University.

Kennedy R. and Richards J. (2007) *Integrating Human Service Law and Practice*. Australia: Oxford University Press

Madigan M. and Helbig K. (2012) Queensland Child Safety Inquiry told of adoption pain *The Courier-Mail* September 03 at <http://www.couriermail.com.au/news/queensland/inquiry-told-of-adoption-pain/story-e6freoof-1226463441078>

Munro E (1999) Common Errors of Reasoning in Child Protection Work *Child Abuse and Neglect* 53 (8) Pp 745-758

Thorpe R. (2007) Family Inclusion in Child Protection Practice: Building Bridges in Working with (not against) Families. *Communities, Families and Children* 3 (1) Pp 4-1

## Key Issue 9

### How a system based on Fear impedes effective support

#### A Climate of Fear

##### Case 1 Brooke Brennan

3-year-old Brooke Brennan was living with her mother, Ms A, and a man, Troy Self, who was not her father. It is understood that mother and child were already 'known to the Department' when on 12 July 1999 Ms A took Brooke to a GP because of bruises, some hair loss and vomiting. The GP referred the child to the Southport Hospital because of suspected non-accidental injuries but told the mother it was because she was dehydrated. Once at the hospital and with the registrar's interest in the bruising, the mother became suspicious and next morning walked out of the Hospital with Brooke. The Hospital contacted the Police JAB and the SCAN Team and case workers from the Department went to Ms A's unit to look for Brooke. Ms A and Brooke were hiding downstairs in the laundry and the case workers missed them. The search for them was not seriously followed up.

On 25 July 1999 Brooke was dead. An ambulance crew had been unable to revive her. She had been severely beaten by Troy Self and died from her internal injuries. He was later convicted of her murder. Ms A fled to another state and is believed not to have returned to Queensland since.

Full details of the sequence of events and the Ombudsman's investigation of Brooke's death can be read in the May 2002 State Ombudsman's report: *An Investigation into the Adequacy of the Actions of Certain Government Agencies in Relation to the Safety of the late Brooke Brennan, aged three* which can be found at:

[http://www.ombudsman.qld.gov.au/Portals/0/docs/Publications/Inv\\_reports/brooke\\_brennan\\_report.pdf](http://www.ombudsman.qld.gov.au/Portals/0/docs/Publications/Inv_reports/brooke_brennan_report.pdf)

A two-page summary of the Ombudsman's report can be found in the 2004 CMC's *Inquiry into the Abuse of Children in Foster Care* at pages 81-83.

The whole emphasis of the Ombudsman's report was on "assessment and investigation" with the focus on blame for where a series of systems "inconsistencies" caused a failure to intervene and prevent the abuse which led to Brooke's death. Typically, all involved ducked for cover. And, typically, the report's recommendations focus merely on the need for the Department, the Police, the Hospital and SCAN teams to review procedures, keep better records and develop more appropriate written policies.

Yet, the Ombudsman's report doesn't even touch on the main issue. Even a pre-schooler, could tell us that the reason why Brooke was not protected by Departmental intervention was that her mother was terrified they would take her away and this was the cause of the little girl's death at the hands of Troy Self. Didn't the Ombudsman think to ask why Ms A removed her daughter from the hospital? This child died because her mother was frightened of the Department.

Two years later The Crime and Misconduct Commission re-examined the Brooke Brennan death. Again, with its *Inquiry into the Abuse of Children in Foster Care*, a golden opportunity to ask the most obvious question was missed. Instead, the CMC moved in the opposite direction. It recommended the setting up of a department geared specifically to the forensic policing of child welfare. This new Child Safety Department merely continued the old ethos of 'when in doubt, remove the child', only



with a new vigor which reinforced existing public fear. Many labelled this new Department as the “gestapo”. For families in difficulty fear became the order of the day.

But, what if the Department was already known by the public as a caring supportive agency which helped parents and families in times of stress? Bearing in mind that this imaginary Department helps struggling parents, on becoming aware of Brooke’s injuries, skilled and well-trained Departmental workers with excellent inter-personal skills would have honed in on the couple, Ms A and Troy Self, and swiftly started working pro-actively with both of them in a supportive, caring and understanding way. Perhaps, if such a Department existed, then Brooke might still be alive, Troy Self might not be in jail for murder and Ms A might still be living happily in Queensland. This is not idealistic nonsense. This is something the Department should be working towards or at least aspiring to achieve. Moreover, this goal is normal practice in several northern European countries. In Sweden, for example where the official policy is the “welfare of the child in the family” rather than forensic child protection, the number of children per 1,000 living away from home on Court orders is roughly half that of Queensland.<sup>1</sup> It is not perfect and there are failures but it is humane and respectful of children’s and parents fundamental rights.

### **Case 2 Mother let her child die**

In June 2006 disaster struck the mother of four girls at Nerang on the Gold Coast. Her husband was in jail in Darwin and she herself had recently been released from prison for drug offences. She was doing well on a drug rehabilitation programme and finally the Department had decided to return her four daughters (aged 8, 7, 5 and 3) to her. However, she hardly knew her own children because they had been in foster care for a number of years. She was provided with temporary accommodation for the reunification but there were problems with both the accommodation and the reunification process. Anyway, one afternoon three months after reunification the 3-year-old is believed to have fallen while in the shower and injured her head seriously. The mother delayed calling the ambulance for nearly ten hours because she was frightened of the Department. She told a neighbour: “I don’t want to lose my kids over something silly.” Unfortunately, ten hours later the ambulance crew found the little girl was already dead. A post mortem investigation found the girl had died of her head injury but earlier intervention could have saved her life.

Sadly, the other little girls were immediately returned to foster care. Then, following a trial, in January 2008 the mother was convicted of manslaughter. And, those remaining three girls have had their lives disrupted again with their return to the dubious benefits of foster care.

There is more to this story particularly with regard to the Department’s lack of adequate support for the reunification process. Nevertheless, the question of why the mother was afraid to call the ambulance has never been properly addressed. The Department has not been able to seriously examine its own rôle. Instead, it was full of blame towards this hapless mother. In December 2007 at a Community Cabinet Meeting in Toowoomba I asked the Minister for Child Safety, Desley Boyle, in front of Child Safety CEO Norelle Deeth why this woman had been so scared of the Department and why the Department had not given this mother enough support for reunification. The Minister told me quite forthrightly that she would not tolerate abusive parents. She had a new get tough on parents policy of “two chances and you’re out”. And, “while I cannot comment on individual cases,

1. Socialstyrelsen (2008), *Barn och unga-insarser ar 2007*. [Children and young persons subjected to measures 2007], Stockholm: Sveriges Officiella Statistk.  
Department of Child Safety (2008), *Child Protection Queensland: 2006-2007 Performance Report*. Brisbane: Queensland Government.  
Thoburn, J. (2008), *Inter-Country Comparisons of Children in the Public Care: Sweden*. Norwich: University of East Anglia.

for parents like this who have been given a second chance at parenting and, having failed so demonstrably, we will ensure they will not have another chance”.

I was appalled by this callous perspective. I was disgusted not just by the attitude towards the mother but also because it also failed to take into account the interests of the children and their rights to have their own parents. (See the *UN Convention of the Rights of the Child* especially at Articles 5, 9 and 18.) Above all, I was seriously worried that the Minister and her CEO could not see that fear of the Department had yet again lead to the death of a child.

This case was reported in the Brisbane *Courier Mail*, *The Australian* and *The Gold Coast Bulletin* immediately after the child’s death in June 2006 and at the time of the trial. For a summary, see: Oberhardt, M. (2008), ‘Mum failed dying child’. *Courier Mail*, Brisbane, 30 January 2008.

<http://www.news.com.au/couriermail/story/0,23739,23131902-3102,00.html>

### **Case 3 Common domestic.**

I have a friend, in his sixties who used to live two houses away from me. His daughter, her partner and father of their 18-month-old little girl were living with him in his house for a while. However, the daughter and her partner used to have terrible domestic rows which involved loud shouting with the most foul language, especially from the daughter. The rows could be heard throughout the neighbourhood especially in the early hours of the morning.

My friend and I discussed these rows and came to an arrangement whereby next time there was a loud row, he would rush over to my house with the little 18-month-old girl and leave her at my place. This meant that should any neighbours call the Police no child would be found at the scene of the ‘domestic’ and the Child Safety Department would not be called and the little girl would not be removed into foster care. This worked several times. My friend and I successfully saved that little girl from being removed.

My friend’s daughter and her partner are still together despite the loud ‘domestics’ they continue to have. They have moved to their own rented house in another part of town and they have come to a similar arrangement with their new neighbours. And, they now have three little children.

Nowadays, we accept that ‘domestics’ are not good for children. However, despite this the community has responded by protecting the children from the harm of being removed. The community fears the Department and what it does.

Yet, why should a government department which is meant to serve the people be so feared by the people? As we’ve seen from the first two very real and sad cases above, this fear has led to the death of two little children. It is in the best interests of children that the Department responsible for the protection and welfare of children should re-assess itself, do an about face turn, make a paradigm shift of focus and now work with parents and families and not against them. Platitudes about “early intervention” and trial schemes like those recently implemented by the Department are not enough. Positive, pro-active and supportive early intervention should be the norm. And, when there is urgency (as with Brooke Brennan) the Department’s intervention should still be positive, respectfully pro-active and supportive. Forensic policing should be the province of the Police Child Protection and Intervention Unit, not the Department. This is in the best interests of children. A climate of fear is counterproductive. Children die as a result of this fear.

A seminal article in *The Lancet* provides support for this view:

*The emphasis of a child-safety policy on substantiation is linked with blame, punishment, and criminalisation of child maltreatment. This association creates potentially damaging stigma and, at times, the need for evidence before protective or therapeutic intervention can be offered. It can also limit provision of services. **International comparisons emphasise the need for an approach that combines a focus on child safety with the broader benefits of a focus on child and family welfare** [Gilbert et al 2008].*

Gilbert RE., Kemp A., Thoburn J., Sidebotham P., Radford L., Glaser D. and Macmillan H. (2008) Recognising and Responding to Child Maltreatment. *Child Maltreatment Series No. 2* The Lancet. published on line DOI:10.1016/S0140-6736(08)61707-9 [www.thelancet.com](http://www.thelancet.com)

## **Countering the Climate of Fear: Models for Change**

There are two examples of innovative and effective models of practice which have been implemented in the UK in recent years which have inspired FIN Townsville and to which FIN recommends the Inquiry to give strong consideration.

Both are consistent with the FIN philosophy of working alongside families as respectful, resourceful and non-judgmental allies in the empowerment process as we move forward together toward mutually agreed goals.

**The first model, The LIFE Programme**, was developed and trialled successfully in Swindon in the UK in 2010/11. This programme brought together a multidisciplinary team whose specific training and use of technology enabled the minimising of bureaucracy and the dedication of up to 80% of worker's real time to be spent with clients.

In this model the families concerned drive the programme at every stage from recruitment and also decide who they want to work with from the team. Participating families are required to commit to fundamental change and to work out with the team meaningful plans to effect change (both externally in the community and within the family). An important stage of the process is enabling families to develop the capabilities they need to effect those changes, while the final stage is focused on supporting and encouraging families to take up opportunities for strengthening social and other networks within the community.

It has been found that the programme is challenging for professionals as well as the families, many of whom were among those with the most protracted and complex problems, but there are definitely life changing rewards for all concerned. There is an emphasis on love in the relationships between the team and families which many at first are startled by. But this is an important part of the developer's vision. They define love as trust, respect, a willingness to share the self in an authentic way and as being non-judgmental.

This dramatically new approach is reported to be saving considerable sums of money and, following the trial period, there are plans to scale up this model nationally (Bunting 2011; <http://www.alifewewant.com>; <http://www.participle.net/>).

**The second example, The Reclaiming Social Work model**, was designed to "...help social work agencies to make the journey from a compliant to a learning organisation where the experiences and outcomes of children are the key feedback data that shape the work" (Munro, 2012 in Goodman

and Trowler: p10). The significance of hearing the voices of children is an important concern for FIN Townsville (see Key Issue 8).

Among the positive outcomes of the introduction of this model have been considerable cost savings, significantly fewer children coming into care and higher staff morale. This was the model heralded as a best practice design in the 2011 Munro Review of Child Protection. The model was first trialled in Hackney in the UK and has since gained national recognition there. It has been brought to an Australian audience this month in Adelaide at the *Rising to the Practice Challenge Conference* being held in that city, September 26 -27 2012.

This model is another which is geared toward workers spending most of their time with families; it aims to keep children safely together with their families wherever possible and to avoiding the all too familiar punitive, risk-averse approach which engenders fear. Instead, the emphasis of training for this work is on emotional intelligence and empathy and on the ability to engage constructively and flexibly with families.

The model requires selection of the right people for the job and high levels of skills to be honed and maintained based on prescriptive methodologies which ensure the maintenance of the integrity of the systems upon which the model was developed. Discussion, debate and reflection are integral to this practice model which is fundamentally a collaborative, respectful working environment where family, workers and all stakeholders in the child's wider system are involved.

It is important for the success of this model that relationships with other professionals who may be involved in the family's life are perceived as integral to the overall success of the programme as this helps to dispel tensions and other potentially disruptive setbacks.

Professionals are not seen as having all the answers and the family's own understanding of what is happening in their lives is respected and forms the basis for working through issues. This reinforces a strengths based process which helps build the family's resilience.

The creation and implementation of the Reclaiming Social Work model is the subject of a book of the same name. The authors shared a belief in "...the pivotal role of family (for better or worse) and the necessity for minimum state intervention..." (Goodman & Trowler, 2012 : p162).

FIN Townsville shares that belief and FIN Townsville volunteers work *with* and *alongside* parents and families as *Resourceful Friends* (Holman 1983) providing support and, when necessary, challenge in a caring way. Parents involved with FIN Townsville say that this is in stark contrast to the unfriendly surveillance, judgement, and patronising control (Sennett 2003) of their experience with Child Safety workers and the fear which this engenders. [see also Appendix 1 re how FIN Townsville operates]

## References

Bunting M. (2011) Tough Love for Troubled Families *The Guardian* 9<sup>th</sup> February

Goodman S. and Trowler I. (2012) *Social Work Reclaimed: Innovative Frameworks for Child and Family Social Work Practice*. London: Jessica Kingsley

Holman B. (1983) *Resourceful Friends: Skills for Community Social Work*. UK: The Children's Society.

Sennett R. (2003) *Respect in a World of Inequality*. London: Penguin

[http://morninglane.org/Morning\\_Lane\\_Associate\\_1./Join\\_us.html](http://morninglane.org/Morning_Lane_Associate_1./Join_us.html)

## Key Issue 10

### The long term harmful effects of removal into care for children and their families

**Broken Circles; confused identities; Loss and chronic sorrow, costs to the state: criminal justice, health and mental health, homelessness, unemployment etc etc**

The state generally does not make an impressive parent (Cashmore *et al* 1994, Osterman 2007) – instability/placement changes, insecure or superficial attachments, abuse in foster/residential care, limited educational attainments, and so on. FIN anticipates that most of these issues will be brought to the Inquiry's attention by other organisations. For this reason the Family Inclusion Network Townsville focuses here, in particular, on the long term harmful effects on connections between children, their families and community, and the long term effects on parents who lose their children into care.

Michelle Moss' very recent research in Queensland highlights how children in care suffer from identity confusion and how this impacts especially harmfully on those from Indigenous or culturally hybrid backgrounds, creating "broken circles" of connectedness (Moss 2008). We also know that on exiting care at 18 years many young people return to their original families where they feel they belong (Cashmore and Paxman 1996). Sadly, by this stage, if the relationship has not been kept well and truly alive in the intervening years, it is less supportive for the care leaver than it might have been had they not been removed into care. Thus the adult life outcomes for care alumni are notoriously unsatisfactory not only for young adults themselves but also costly for the state – physical and mental health services, unemployment and income-support, criminal justice etc.

The costs for the state of removing children from their parents' care is also high with similar impacts on adult services for health, mental health, income-support, criminal justice and so on. Despite this, when children are removed into care the impact on parents is rarely acknowledged. Many parents experience not only non-finite loss (of a child who is still alive somewhere) [Bruce and Schultz 2001] but also disenfranchised grief [Doka 1989, 2002], as their experience of loss is stigmatised rather than validated in the community. Such grief is then compounded by the experience of powerlessness in relation to the child protection system and, for some, exclusion from contact with their children in care [Burgheim 2002].

The mental health effects for parents are severe, both in the short term following children's removal into care, and also over the long term when parents may develop chronic sorrow or even post traumatic stress [Roos 2002, Rickarby 2002]. These mental health consequences for parents are profoundly under-recognised, although they were well documented in the *Bringing Them Home report* [HREOC 1997].

The mental health effects lead to a situation where parents are misunderstood and their actions and reactions are misinterpreted. Parents are often judged by workers. Little is offered to parents by way of hope for the future and the downward spiral continues [Thorpe and Thomson 2004].

The words of parents are an indictment of a child protection system which could do a far better job in promoting the well-being of children and their families:

*There's nobody knows what a mother goes through  
when her children's been took away.  
It's hard to explain.  
I nearly got myself three years in prison through it,  
Through letting myself go because I was in such a state. [Paula]*

*I felt empty when they went.  
The house was empty; I felt empty.  
I'd lost everything; it was awful.  
I got so low that I got into enormous debt.  
I took to gambling and I can't stop now.  
It's got a hold on me.  
I've lost everything now. [Roy]*

*You tend to get this downtrodden feeling  
That you're not the same as other people . . .  
You're completely shut off from other people.  
You're on the outside looking in because you miss the family life.  
It's such a great wrench.  
It was the most dreadful thing that could ever happen  
And the anxiety state lasts for years.  
It was a tragedy for me.  
I still forget things –  
It's a defence against thinking about things which are too painful. [Grace]*

*I can't talk to anyone except the Probation Officer - and now you.  
I just say silly things which don't really show what I feel inside.  
Sometimes it all builds up inside  
And if you took the top off my head steam would pour out. [Patrick]*

*Many a time I cry  
And even now I still cry.  
My feelings go a lot deep down. [Eve]*

[**Note:** the above quotes are from parents interviewed in 1972 in a UK study (Thorpe 1974). These words have been endorsed as “ringing deeply true” for experience in Queensland, Australia in the early 21<sup>st</sup> century by parent/grandparent and significant other members of FIN Townsville]

## References

Burgheim T. (2002) *The Grief of Birth Parents Whose Children Have Been Removed: Implications for practice in Out of Home Care*. Paper delivered at “What Works!?! Evidence Based Practice in Child and Family Services “ Australian Children’s Welfare Agencies (ACWA) Biennial Conference, Sydney: 2- 4 September

Bruce E. J. and Schultz C. L. (2001) *Nonfinite Loss and Grief: A Psycho-educational Approach*. London: Jessica Kingsley

Cashmore, J, Dolby, R & Brennan, D, *Systems Abuse of Children: Problems and Solutions*, (1994).

Cashmore, J & Paxman, M, *Wards Leaving Care: A Longitudinal Study*, NSW Department of Community Services, Sydney (1996).

Doka K.J. (ed) (1989) *Disenfranchised Grief: Recognising Hidden Sorrow*. Lexington, MA: Lexington

Doka K.J. (ed) (2002) *Disenfranchised Grief: New Directions, Challenges, and Strategies for Practice*. Champaign, Illinois: Research Press

Doyle, J. (2007). Child protection and child outcomes: Measuring the effects of foster care. *American Economic Review*, 97(5), 1583–1610

HREOC (1997) *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

Moss M. (2008) Broken Circles to a Different Identity: An exploration of identity for children in out-of-home care in Queensland Australia. *Child and Family Social Work*.

Osterman M. *et al* (2007) Disruptions in Foster care. *Child and Youth Services Review* 29, 53-76

Roos S. (2002) *Chronic Sorrow: A Living Loss*. New York: Brunner- Routledge.

Rickarby G. (2002) *Post Traumatic Phenomena Following Separation from a Baby*. Paper presented at the 1<sup>st</sup> National Conference on the Mental Health Aspects of Persons Affected by Family Separation. Liverpool, NSW 10- 11 October.

Thorpe R. (1974) *The Social and Psychological Situation of the Long Term Foster Child in relation to their Natural Parents*. PhD thesis. Nottingham University, UK.

Thorpe, R. and Thomson J. (2004) When Kids are Removed into Care: The Mental Health Effects for Parents of Loss and Powerlessness. Keynote address at 2<sup>nd</sup> National Conference on Mental Health Aspects of Persons Affected by Family Separation. Brisbane, October.

## Appendix 1



### *What is Family Inclusion Network Qld Townsville Inc.?*

FIN in Townsville is an incorporated unfunded *service users'* organisation which aims to assist **parents, grandparents and significant others who are involved in the child protection system**. FIN operates with active involvement from other people, including professionals, who support the Objectives. However, it is not an organisation run only or mainly by professionals; rather *it is "parents" action by parents, for parents, with the help of supportive others*".

FIN firmly asserts that children in care need knowledge and understanding of, and contact with their parents' as real people with strengths as well as weaknesses, and with the capacity to change. Thus, FIN aims to support **ALL** parents in their interactions now and in the future with Child Safety. *FIN is an inclusive organisation and does not judge parents as "deserving" or "undeserving"*. Regardless, FIN upholds and *respects the human dignity and worth of all parents*, even though FIN recognises that for some their involvement in their children's lives will be appropriately constrained.

*FIN provides safe space for the "voice" of parents* who, as stakeholders, are invariably silenced, to be expressed and heard by those who are willing to listen without judgement. This safe space is an essential *part of the healing process from trauma and loss, leading to hope, growth, personal change* and, in time, *collective action*. Activism is both a means for achieving social change and also, in itself, an additional "... powerful therapeutic tool", which can strengthen healing through the experience of dignity and a positive identity.

[Judith Herman 1992 Trauma and Recovery].

On average FIN in Townsville has new contact with two families a week, many using the FIN hotline phone [**0402 254 984**] which is held by FIN member volunteers on a monthly roster. Callers are often in deep distress, having recently had their children removed into care by Child Safety Services. They are offered a listening ear, acceptance, information and support, including more active ongoing support both from FIN Townsville and/or referral to other agencies.

Many new contacts find out about FIN in Townsville from our leaflets and our website [[www.fin-qldtsv.org.au](http://www.fin-qldtsv.org.au)]. Increasingly though, people are discovering FIN from other services or from our provision of support outside the Children's Court on Wednesdays. This latter process has proved highly successful in FIN making contact with new families caught up in the child protection system.

Beyond the provision of general support, FIN in Townsville has taken the following action with families new to FIN:



- Provision of information
- Face to face discussion and support
- Drop-in group support
- Support Letter writing to DoCS and/or lawyers
- Support in lodging a complaint with DoCS
- Court support
- Support in meeting with DoCS or other services
- Referral to a service: eg Red Cross, Family Relationships Centre
- Referral to a Politician

With regard to regular activities, FIN in Townsville holds twice monthly drop-in morning teas at North Queensland Domestic Violence Resource Centre, once a month at the Women's Centre (women only), and once a month in Ayr (100klm south of Townsville). At these drop-in groups families gain information and support, develop friendships, and engage in project work. For example last year much time was spent devising, producing, filming, and editing a 7 minute FIN DVD: ***Listen, don't tell; Ask, don't judge.***

The whole experience of making the DVD was emotionally challenging for all of us as the stories have a powerful, distressing impact. However, the experience of showing the DVD in public (at the Community Development workshop in Brisbane, October 2011; and the Australian Association of Social Workers conference in Townsville, November 2011) was great as we all felt that at least now we are getting the FIN message "out there". By and large the response to the DVD has been good, with many requests for a copy to use in training of students and workers. The DVD is now available on *Youtube* with a link to the *Youtube* site on the Home page of the FIN Qld Townsville Inc. website [<http://www.fin-qldtsv.org.au>].

All things considered, FIN in Townsville is becoming recognised as an example of good community development practice, and parent and family members are increasingly taking-on action roles in the organisation. There are plans to write-up the FIN Townsville development story for publication as we think it is important, in these days of managerialism in the human services, that examples of alternative ways of operating are available for students, workers and service users/consumers alike.

Additionally, we believe that the story of FIN in Townsville might give hope to parents and families caught up in the child protection system around Australia. Not only is FIN in Townsville providing support to individuals and families, it is also, we sense, beginning to have a positive effect on local child protection processes and practices. There is still far to go, however.

On a final note, it's significant to mention that FIN in Townsville is providing a sense of belonging, meaning and purpose in life for many families who previously may have felt socially isolated and disempowered. FIN also, at times, brings fun into people's lives, and this can only be a good thing. As one student has commented "*there is never a dull moment on this placement with FIN!*"

**Post script:** FINs first emerged simultaneously in Queensland and in Perth (WA) around 2005. FINs now exist in all Australian States and Territories, with the exception of Northern Territory and Victoria. There is also an umbrella FIN Australia (FINA) organisation which became incorporated a year ago and which acts as "The National Voice of Parents with Children in Care". Most FINs are unfunded and parents generally do not want to be funded by the Child Protection Department. FIN in Perth is funded by the WA government and FIN in Brisbane has in the past also accepted some funding from the Queensland Department of Child safety. Parent members in FIN Queensland Townsville prefer not to seek similar funding. We are a community development rather than a service delivery organisation.

Contact us: [finqldtsv@gmail.com](mailto:finqldtsv@gmail.com) 0402 254 984 [www.fin-qldtsv.org.au](http://www.fin-qldtsv.org.au)



**From Child Welfare to Child Protection to Child Safety  
some FIN Townsville observations of Queensland since the 1990s**

1. 1990s Focus on child and family welfare: **promoting** the **wellbeing** of families; **preventing harm** to children. Department of Families *et al* [various name combinations over time]
2. 1999 Child Protection Act: focus on **protecting children from harm** partly through supporting families and use of short term orders. Department of Families *et al* [no significant name change]
3. Steady increase from mid 1990s in the number of children in care – both an increase in the number entering care and in the number remaining in care (see Clare Tilbury<sup>1</sup>)
4. 2004 Department of Child Safety replaced Department of Families *et al* following the CMC Inquiry into Abuse in Foster Care and the consequent Blueprint for implementation of the CMC recommendations. In 2011 the separate Department became *Child Safety Services* in the Department of Communities. The 1999 Child Protection Act remained in place, albeit with periodic amendments.
5. Since 2004 there has been a shift **FROM** a focus on *the child in the family* (supporting families, promoting well-being and preventing harm) **TO** *the child* (alone): **ensuring child safety**. There is a sense that this narrowing of focus from the child in the family to the child alone has been embraced by workers as it makes their job less complex. However, it has led to:
  - a. The demonisation of parents as a group and, consequently, as individuals.
  - b. Various demonising **myths** re parents of children removed into care:

**Myth 1** all cases are at the serious end of the Child abuse spectrum (fuelled by the media especially, and by some commentators eg Joe Tucci<sup>2</sup>, Jeremy Sammut<sup>3</sup>)

**Myth 2** all parents of children removed into care have harmed or “failed to protect” their children (accepted, in error, by even the best of child welfare researchers and educators who do not yet allow for the effect of risk aversion: see point 6 below)

**Myth 3** all parents of children removed into care are “broken and drug-addicted” (again, fuelled by some commentators and state government Ministers<sup>4</sup>)

**Myth 4** all parents of children removed into care have mental health issues (again fuelled by media and commentators) [**FIN comment: *In truth, if parents didn't have mental health issues before, there's a serious risk their experience of the CP system will leave them with mental health issues eventually – eg Chronic Sorrow (Roos<sup>5</sup>)***]

**Myth 5** pre-care experiences with parents have caused the troubled behaviour of children and young people in care rather than the child's experience since removal into state care (see 7a.b below). Astonishingly, this myth is applied even to those children removed not because of actual harm but only perceived risk of possible harm.

- c. The change of focus to the child from the child in the family has also prompted a disregard of structural factors eg poverty, social disadvantage, thereby disrupting the link between the **Personal and the Political** and having a disastrous impact on Aboriginal families and communities.

6. Also since 2004, a shift to a risk-averse approach has been fuelled by
- a. societal moves towards risk aversion (See Anthony Giddens<sup>6</sup> and other sociologists)
  - b. the introduction of the Structured Decision Making Model in Queensland Child Safety.

Combined, these risk-averse influences have led to the continued increase in the number of children removed into care and a continuing decrease in the number restored home from care

7. FIN observations since 2004 of Departmental lack of critical reflection re
- a. the harm caused to children by removal into care
  - b. the deeply problematic quality and instability of state care
  - c. the undesirability of revived Poor Law attitudes re deserving v. undeserving parents
  - d. the exercise of Power
  - e. the equal importance of care alongside control
  - f. the value of relationship-based practice and a humanistic approach in working with parents, families and children
  - g. the value of a strengths (rather than deficits) approach
8. FIN observations since 2004 of Child Safety workforce and organisational issues:
- a. Not social work
  - b. No professional supervision
  - c. Breaches of core professional ethics: judgmentalism, exclusion
  - d. Work culture hostile and punitive towards parents
  - e. Managerialism
  - f. Increase in bureaucratic and compliance requirements on staff
  - g. Net-widening of perception of risk of harm → increased workloads
  - h. Heavy workloads
  - i. Insufficient time for direct work with children and families – let alone relationship based professional work – let alone even basic etiquette eg returning phone calls
  - j. Corner cutting (or ignoring) implementation of specified protocols and procedures
  - k. Inflexible work hours
  - l. Legalistic over-emphasis on workers' own health and safety
  - m. Hopeless inability to work well with (understandably) angry parents: take anger personally and react defensively, not professionally; provoke (rather than diffuse) anger in parents
  - n. Youth and inexperience of some staff
  - o. Premature promotion
  - p. Turnover of staff
  - q. Inadequate support, education and training for foster carers

## References

1. Tilbury C. (2009) A "Stock and Flow" analysis of Australian child protection data. *Communities, Families and Children Australia* 4(2) 9-17
2. Tucci J. <http://www.childhood.org.au/press-releases/> accessed 30.06.2012
3. Sammut J. <http://www.cis.org.au/research-scholars/cis-research-scholars/author/18-sammut-jeremy> accessed 30.06.2012
4. Pru Goward *Lateline* ABC 05.06.2012
5. Roos S. (2002) *Chronic Sorrow: A Living Loss*. Brunner-Routledge: New York
6. Giddens A. (1999) "Risk and Responsibility" *Modern Law Review*