

Family Inclusion Strategies in the Hunter

Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse

Consultation Paper – Institutional Responses to Child Sexual Abuse in Out of Home
Care

Submitted in April 2016

Family Inclusion Strategies in the Hunter (FISH) is a partnership of child protection and out of home care practitioners and parents with children in care. Broader FISH membership and involvement includes workers from a range of agencies and backgrounds, educators, researchers and carers.

FISH receives administrative and practical support from the Family Action Centre at the University of Newcastle. We also receive in kind support from a range of other organisations in the Hunter Valley of NSW including a number of out of home care agencies. Our leadership group is made up of people and parents with diverse experiences and exposure to the child protection and out of home care system in NSW. We are independent from other organisations and the views in this paper are representative only of FISH.

More information about FISH can be found at our website at www.finclusionh.org. We have also attached our mission statement and objectives at Appendix A. These make clear that we are concerned primarily with improving outcomes for children and young people and that respectful, meaningful family inclusion and engagement is a pathway to achieving this.

We very much appreciate the opportunity to make a submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, specifically to the Out of Home Care (OOHC) Consultative Paper. We respectfully suggest that the voices of parents and family of children in out of home care have not yet been sufficiently heard in your consideration of the out of home care system. Yet parents and family are vital stakeholders in the system and have a unique and lifelong connection to the children and young people subjected to the out of home care system. All children, whether they be in out of home care or not, need their parents to protect them from sexual abuse and to respond appropriately and protectively if children are abused.

Our submission has relevance to all aspects of the consultative paper and we feel greater family engagement and inclusion in all aspects of the out of home care system is needed. However we feel our comments are particularly relevant to issues of prevention and quality care. Therefore we have addressed our submission to the issues raised in these sections specifically.

What is family inclusion in child protection and out of home care?

In consultation with parents and other stakeholders FISH has developed this definition:

“Family inclusion is the active & meaningful participation of parents and family in the lives of children. It requires open, warm, professional relationships aimed at building equity with workers & carers. It is underpinned by respect & trust.”

When families are being actively and respectfully included in practice and in their children’s lives:

- Relationships between children and their families are ongoing and have depth;

- Relationships between parents and other stakeholders, including and especially carers, are informal, professional and have integrity;
- Parents and family are involved in and crucial to decision making with and for children and young people. For example, parents will be active parts of case planning processes – not just kept informed. Parents and family are supported to continue their active involvement in their children’s lives even when children do not return home;
- Children and young people see and know their parents and family in a relaxed and non-stigmatising way.
- Children and young people leave care with a secure family and social support network that is lifelong.

Our response refers to several different service models and approaches that will help improve the safety of children and young people in care and prevent entry to care. However these models will only have success when there is a family inclusive practice culture across all aspects of the system including the courts, statutory child protection authorities, out of home care agencies and other related agencies and organisations. Family inclusion is a pathway to better outcomes for children and young people including children being safer while they are in care. Please see our report *Building Better Relationships*, for more information about family inclusion and its implications at Appendix B.

Prevention of child sexual abuse in out of home care.

The best way to prevent sexual abuse in out of home care is to prevent entry into out of home care in the first place and, when this cannot be avoided, to reduce the lengths of stay when children and young people do need to enter care.

Rates of entry and lengths of stay continue to increase especially for Aboriginal children (AIHW, 2015). NSW has a particularly high rate of children in care and to date, attempts to intervene earlier to prevent placement in care have not reduced these rates. We would argue there are a range of reasons for this lack of success including:

- A lack of family inclusive practice, especially at the tertiary end of the system;
- An inability by service systems and workers, particularly statutory services and out of home care agencies, to respectfully engage with and build relationships with vulnerable families;
- A tendency for service providers to focus only on the perceived individual causes of child neglect such as child behaviour and parenting capacity;
- The lack of availability of suitable family support services and services to support restoration
- The use of secondary and preventative tertiary family support services to collect evidence for child removal instead of the provision of needed services;
- A lack of willingness to acknowledge and address the social causes of child removal including poverty, racism, domestic violence and intergenerational trauma.

Even when they are available, the secondary and tertiary placement prevention services in NSW have tended to exclude the very families that need them the most. For example, families who have had children previously removed can be denied access to help that may prevent subsequent removals. Families who are deemed to be too “high risk” can be excluded from parenting programs and support services that families with lower levels of need can access more easily. A recent evaluation of a range of placement prevention initiatives in NSW found that role confusion and entry criteria took significant time away from service provision and meant that families with high needs could not access needed services. (Valentine and Katz, 2015). These are systemic and structural barriers that are well beyond the control of families. Our work locally has found that parents and family who have children placed in care do not know what to do to get them back. They are

confused and frustrated by these issues which represent a significant obstacle to restoration (Cocks, 2014).

“Everyone wanted me to stop, wanted me to fail...”

“Weren’t even telling what I needed to do to be considered for restoration. Didn’t get a care plan identifying what to do until signed legal orders (for long term care)”

It was on my own shoulders to go out and do it all myself”

You are a parent. You definitely know you are, but you feel so distant. I didn’t get to be able to bond and firm those bonds.. Instead I had all these obstacles”

(Parents with children in care as quoted in Cocks, 2014, p. 28)

Parents and family working with FISH talk about the lack of earlier support and intervention offered to them before their children were removed. Sometimes there had been multiple reports made about a family yet very little or no intervention had occurred before the children were removed and the removal of children often came as a shock.

Even when tertiary level intervention is required than placement or long stays in out of home care can still be avoided through the use of evidence based family empowerment and decision making models such as Family Group Conferencing (Harris, 2008) and Family Finding (Bringewatt et al, 2013). FISH sees little evidence that these models are routinely used despite their availability to practitioners and would encourage their broad adoption in the system. The success of these approaches relies on organisational cultures of family engagement and empowerment.

FISH supports a greater investment in these family empowerment approaches and in early interventions that support children to remain safely with their families, and on services that support early restoration (thus reducing stays in care) where children have been removed from their families. As well as the provision of secondary and tertiary end supports, universal services and specialist adult services have an essential role to play in the early identification of children and young people who are at risk and through the provision of support based on a holistic assessment of families’ needs (ARACY, 2014; Wood, 2008).

The emphasis of policy and programs should extend beyond parents accessing services, to services ‘reaching out’ to engage with very vulnerable parents and families including:

- Aboriginal and Torres Strait Islander families especially those with intergenerational trauma and loss;
- Parents who are themselves in out of home care or have a care history;
- Parents and families who have previously had children removed
- Other very vulnerable children and families such as those with high levels of DV and substance misuse.

FISH also suggests that prevention services need to be targeted at the social causes of child abuse, neglect and child removal. Most children in care come from poor families and there is emerging evidence that low income families may be the subject of more punitive risk assessments than families with higher income levels (Enosh and Bayer – Topilsky, 2014). There is also increasing evidence that poverty is linked to the experience of child abuse and neglect and that it is through reducing poverty that societies can best protect children from harm (Bywaters et al, 2016). Yet anti-poverty programs do not feature in the current suite of placement prevention services. For

example, homelessness and unstable housing are common issues when children are removed. We would strongly recommend the following extra initiatives be given urgent consideration to prevent entries into care:

- Expansion of community development programs aimed at supporting vulnerable families including those delivered within the Communities for Children program
- Anti poverty programs in vulnerable communities including the Hunter Valley and Central Coast regions
- Urgent measures to address family homelessness which has been used to justify child removal even when child abuse and neglect is not otherwise an issue
- Alternate and less punitive out of home care models such as regular respite (Brennan and Crowe, 2002) and approaches that foster and support the whole family (Cocks, 2014, p. 23).
- In individual casework matters the immediate provision of practical and financial support to families to lift them out of crisis situations when this will overcome child welfare issues should occur. If removal is a last resort then providing practical support such as emergency housing, housing maintenance or cleaning, transport and emergency relief should always be provided first.

At a systemic level, a leadership and accountability framework that promotes interagency work and coordinated multidisciplinary responses - across related sectors including domestic and family violence, mental health, drug and alcohol and homelessness - is a key requirement of an effective service system.

The service system also needs to reflect the reality of family life. All families, including those with significant problems, move through periods of high difficulty followed by periods of relative stability. If a family receives intensive support at one point it does not mean they will never need it again or that the earlier intervention failed if need again escalates.

[A national strategy to prevent child sexual abuse in out of home care.](#)

FISH supports a national education and training strategy for children, young people and other stakeholders aimed at prevention. It is vital that parents and family are included in this strategy. Parents and family are children's first and most enduring relationship. They are almost always psychologically and /or practically present in children's lives (even if they are not living together) throughout and beyond their childhood. This is in contrast to carers and workers who may change to varying degrees of frequency.

Some of the other reasons to include parents and family in a national strategy are:

- Many children and young people want to go home and will return home at some stage during their care experience or shortly after leaving care
- Many children and young people want increased and more relaxed contact with their families while in care (See for example Create, 2014)
- Many parents and family with children in care have also had a care experience. Some of these people have experienced sexual abuse in care and worry about whether or not their children will also be abused
- Children and young people with strong family support networks are safer and have better long term outcomes (Mendes, Johnson and Moslehuddin, 2012).
- In Australian society most children and young people have access to their parents and other family as advocates and supporters when learning about sexual abuse and when making

disclosures. Children and young people in care also have a right to parental advocacy and support.

Due to the current limitations of the research and paucity of evidence based training materials, we would advocate for a coordinated cross sector approach inclusive of parents and family to the development and evaluation of the effectiveness of training materials.

A supportive and quality care environment

The importance of quality care cannot be overstated. Not only in the area of child sexual abuse but in all aspects of out of home care. Children and young people who experience high quality and stable care are not only less likely to experience sexual abuse but also to experience better outcomes generally. Respectful, family inclusive practice is an important component of quality care.

Relationship based practice that includes family, builds relationships among stakeholders, that is tailored to the individual needs of children and that is non-judgemental will improve outcomes for children and young people in the following ways:

- Better assessments and greater safety for children (Howe, 2010)
- Children and young people who have broader family and social support networks which in turn will reduce their vulnerability to abuse (Mendes et al, 2012)
- Increased rates of restoration
- Better relationships among stakeholders
- Better permanency and continuity of significant relationships

Placement matching.

Careful and quality placement planning and matching in NSW (and we suspect this is Australia wide) is rare. There are a range of reasons for this including but not limited to the following:

- The number of children currently in and entering out of home care is higher than the number of quality caring households and placements available and that unless the numbers of children entering and remaining in care reduces substantially this will not change;
- Placements may sometimes be made that meet the needs and wants of carers rather than the needs and wants of children and their families;
- Children are almost always placed in out of home care in an unplanned way including their first entry to care and following a placement breakdown;
- Children's families are not normally involved in the decision to place them and where they should be placed. Family members rarely meet the carers of their children (often including kinship placements) early or before the placement is made and may never meet them.

A placement matching process that excludes family brings risk to children. Family members have knowledge and resources that can make children safer. For example, family members are far more likely than strangers or even other known adults to know whether or not their child has previously sexually harmed another child.

The Aboriginal Placement Principles*

The implementation of the Aboriginal Placement Principles remains a pressing problem as does the rising numbers of Aboriginal children in care. FISH believes that these two issues are linked and need to be understood and addressed together if they are to be successful. FISH also argues that family inclusion is a key part of both the prevention of entry into care and the effective implementation of the placement principles.

Family decision making and empowerment approaches should be used well before removal is being considered. This includes locating family, building relationships with family and holding family meetings where family decision making is supported (using approaches such as Family Group Conferencing as appropriate). It is vital that family engagement and decision making approaches are culturally appropriate and are managed by Aboriginal families, workers and communities. These models are available now in NSW from Aboriginal and non Aboriginal organisations (See for example Absec, 2016).

If authorities wait until after or just before child removal to begin to consider the placement principles and family engagement they are much harder to implement. They tend to become a legal process that caseworkers and agencies are obliged to follow rather than be part of an ongoing family engagement process. Aboriginal families in Australia remain deeply affected by the stolen generation, by intergenerational trauma and families are understandably distrustful of child protection authorities. If family meetings and attempts at family finding only occur after removal then these trust and relationship building barriers are worsened for family.

FISH would argue that the difficulties in implementing the Aboriginal Placement Principles are complex and unlikely to be able to be resolved through regulations and legislation alone. Their successful implementation requires a culture of family inclusion and engagement in close consultation with independent Aboriginal organisations.

Placement breakdowns and multiple unrelated placements

FISH is particularly concerned about this issue. The impact on children and young people of placement breakdowns and placement, often in a crisis, with other children not known to them, can be very damaging. This includes situations when children are placed with other children who may sexually harm them or where they may sexually harm others. It also includes situations where siblings are separated from each other but then find themselves sharing placements with other unrelated children. There is rarely consultation with parents and family in these decisions even though there is evidence linking quality family contact arrangements with placement stability (Rock et al, 2015).

More research is urgently needed into the impact of placement breakdowns as an event that is inherently traumatic and on the experience of multiple unrelated placements with children with diverse and high needs including sexually harmful behaviours. FISH would urge that a nationally consistent approach be developed to support more appropriate and consistent responses to placement breakdowns that includes consultation with family members.

FISH believes the experience of placement breakdown and placement with unrelated children can be extremely damaging for children already suffering from the effects of trauma, loss and grief and disconnection and may lead to greater vulnerability to sexual abuse while in care. The involvement of parents and family in these decisions may lead to their reduction as parents will be able to advocate for their children's quality care.

The importance of evidence in out of home care practice and a nationally consistent therapeutic approach.

There is growing evidence that a more family inclusive approach to out of home care will improve outcomes for children. For example, the evidence based program *Children and Residential Experiences* (Holden, 2009), has "family involved" as an underpinning principle. The developers of CARE have selected this principle because of the evidence linking family involvement to better outcomes. In turn, the CARE model itself has a growing evidence base.

FISH would support a nationally consistent approach to out of home care but only if family inclusion is one of the underpinning principles for that approach as is the case for CARE. There needs to be a lot more research, preferably Australian based research, in this area. The voices and lived experience of children, young people and their families are key components of a research agenda which have remained under explored over time (Cashmore and Ainsworth, 2004, McDonald, Higgins, Valentine and Lamont, 2011).

A national approach should also be underpinned by core values of respect and relationship based practice. Parents and families describe being treated rudely, disrespectfully and in a judgemental way by workers, the legal system and other stakeholders generally (Cocks, 2014, Klease, 2008, Hansen and Ainsworth, 2007). A national approach of any kind needs to be recognise that negative and stigmatising attitudes towards parents and family do children and young people in care great harm and are in themselves poor practice when they are held or promoted by service providers.

Finally a national approach should be concerned with evidence based principles and values and not be prescriptive in day to day practice. It should allow for flexibility to the individual circumstances of each child and their family and be non-formulaic. It should also allow for innovation. Formulaic and prescriptive practice dominated by set rules and procedures has not improved outcomes for children and is not family inclusive.

Expand trauma informed therapeutic treatment, advocacy and support services

FISH supports access to all services that will help children heal from trauma. Many children experience trauma in care as well as pre care as the Royal Commission is well aware.

The best way for children to receive quality therapeutic care and to prevent child sexual abuse is in relationship with a secure social and family support network that may draw on paid therapists but will not in the end rely on these and will continue beyond their care experience. A family inclusive approach to out of home care will help ensure that families remain connected to their children in care and that families are able to care therapeutically for children during and after their care experience.

Increased access to formal therapy for children in care is very much welcomed but should not be delivered in isolation from their family network. Many parents and family have also experienced trauma, often as the result of being in care and being abused while in care, and have never had access to support. Even when children are in care their families should also be offered support and care which in turn will enable families to better care for children.

We support the need for systematic training for carers and practitioners as well as quality supervision however suggest that this training should be inclusive of family if it is to have a lasting impact on the care of children and young people.

Enhance placement stability and reduce the number of strangers in a child's life by increasing the availability of placement options – including professional carer models.

FISH is gravely concerned that increasing the number of available placements will simply lead to greater numbers of children in care. It will not lessen the ongoing "crisis" in placement availability. Instead, as vacancies become available they will be filled and the system will remain in great stress.

FISH understands that there will always be children who need to come into out of home care. However we feel strongly that the high numbers of children currently in care and entering care is avoidable, unsustainable and inherently damaging.

There is a pressing need for alternate models of care which will allow children to stay closely connected to their families who actively share in their care to varying degrees. Such models have already been raised in this response and include:

- Regular preventative respite care /regular short break care (Brennan and Crowe, 2002)
- Fostering the family approaches (Cocks, 2014)

Professional foster care may have a place in the out of home care system but should be used rarely, following a thorough and family inclusive placement matching process and should be implemented in a family inclusive way using an evidence based approach such as the CARE model discussed above.

[Provide better workforce planning and development for residential care staff.](#)

FISH is gravely concerned about the professional standards and conduct of workers in a range of roles in the out of home care system including but not limited to residential care. Parents and families encounter caseworkers, managers, carers and other staff with a wide variety of skills and qualifications. The variability in these skills and qualifications is of concern to the quality of care being provided. Families and parents also confront rapidly changing staff and struggle to understand what is expected of them as parents and what they should expect from staff members and carers.

FISH would advocate for a national registration scheme for child protection and out of home care workers (including both government and non-government workers) which has minimum qualification standards and requirements for ongoing training and development. Such a registration system would make staff accountable to families and children for their professional conduct and give families a complaints mechanism that is taken for granted in other professions such as psychology and teaching. It would also incentivise professional and respectful behaviour from child protection and out of home care workers.

[Increase support when leaving care and in the care leaver's post care life.](#)

FISH supports the need for leaving care plans and suggests that these be developed inclusive of parents and family.

We would support the use of internet and mobile applications to communicate with care leavers and support care leavers to disclose sexual abuse. In fact we would support the use of similar applications to communicate with and inform children and young people before they have left care. FISH feels there is much untapped potential in the use of technology to build more family inclusive practice across the board.

We endorse the consultative paper's discussion and approach in relation to care records. We agree improvement is needed. Many parents and family are shocked and distressed by what they read in files and what has been written about them and their children by workers and other stakeholders. Our experience is that the language used about children and families is often very judgemental and poorly linked to actual child and family experience. We are deeply concerned that this language is reflective of deeply held ingrained attitudes in the child protection and out of home care system which may represent a more complex problem than can be resolved by training in how to write better case notes.

[Contact details](#)

Again, FISH is appreciative of the opportunity to contribute to the Royal Commission's deliberations on out of home care. We are available for further discussion as required. Please contact our convenor, Jessica Cocks, on 0455 092 960 if needed. Our email address is contact@finclusionnh.org.

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**Our response in relation to the Aboriginal Placement Principles is drawn from our consultation with Ms Petrice Manton of the Muloobinba Aboriginal Corporation, Newcastle. We fully acknowledge Ms Manton's expertise and knowledge. The response remains the responsibility and view of FISH.*