

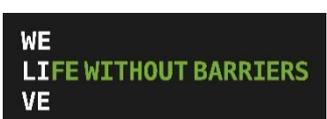


**‘No voice, no opinion, nothing’:
Parent experiences when children are
removed and placed in care**

A RESEARCH PROJECT

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The project also relied on a number of **out of home care and family support services** in the community to approach and recruit participants. The team acknowledges the valuable time this required from very busy practitioners and is grateful for their contributions. The practitioners in those agencies worked hard to enable parent participants to have a voice in the research and provided valuable follow up support with many parents, both individually and in group programs.

The **parent consultants** who worked on the project require particular acknowledgement. Teegan Bain and Felicity Kime, both leaders in Family Inclusion Strategies in the Hunter Inc, contributed substantially to the project. They provided valuable help in the development of data collection instruments, focus groups and data analysis. The involvement of peer consultants is an innovative approach to conducting child protection research in Australia. The research team learned a lot from these parent leaders and consultants and encourage other child protection researchers to consider including the voices of lived experience in their projects to consolidate knowledge development.

Finally, and most importantly, the research team acknowledges the bravery and generosity of the **parents who took part in this research**. It is not easy to share stories such as these in a society that can be quick to judge and blame. The parents showed fortitude, insight and an extraordinary capacity to resist and keep struggling within a system that was often overwhelming for them and their children. The research team was continually amazed by parents' capacity to fight for their children and for an ongoing role in their children's lives – often against great odds. Without exception, parent participants in this research were motivated by a desire to make things better for other children and families. This research is dedicated to those parents and their children.

“Kids needs their parents in their lives... one way or the other”¹

¹ Parent quote from practice forum, see J Cocks *Building better relationships: Outcomes of the Family Inclusion Practice Forum held on 18 July 2014*. (Family Action Centre, 2014).

Executive summary

In 2014 and early 2015, a community organisation in the Hunter Valley, Family Inclusion Strategies in the Hunter Inc (FISH), held two landmark research and practice forums designed to explore the importance of family inclusion in child protection and out of home care practice and of family relationships for children in care. The forums included the voices of parents and carers with children in care and dramatically highlighted the need for this research. The research team was formed following those events. The research team was made up of practitioners and academics from three faculties of the University of Newcastle and from Life Without Barriers, a large, national provider of out of home care services which originated in the Hunter Valley in 1995. There was also ongoing collaboration with FISH, through research team membership and involvement of FISH parent leaders as parent consultants in the research process. Two parent consultants worked on the project, as co-facilitators in focus groups and analysing focus group data with a research team member. Funding was obtained via a grant from the Faculty of Business and Law, University of Newcastle. **Sections 1 and 2** provide more on the project history and background.

Section 3 describes the research design and process. The project spanned the period March 2015 to October 2016, from initial development of research questions, methodology and data collection tools, through to data collection and analysis. The research aimed to explore the experiences of parents of the legal and support system when they had children removed and placed in care. Methods employed were predominantly qualitative, with some quantitative aspects, and included a brief demographic survey, a semi structured interview and focus groups. The interviews were conducted by three members of the research team and the focus groups were co-facilitated by a fourth team member and a parent consultant. The interviews were all transcribed and subject to multiple levels of analysis by research team members and, in the case of the focus group data, co-analysis with the parent consultants.

A total of 18 parents took part in the research. All 18 parents were interviewed and 8 also took part in a focus group. Across the families, there was a total of 50 children. Of those, 34 children had been removed and six of those had been restored. Eight parents from 15 families had children in their care at the time of the research, some of whom had been restored from care and others had never been removed. All parents were offered the opportunity to review and provide comments on this report.

The data that has emerged from this research is incredibly rich and diverse. Although no two stories were the same, distinct themes emerged. The themes are overlapping to some extent but also standalone with discrete practice implications. Overwhelmingly, parents found their dealings with the formal child protection system, including the courts, the Department of Family and Community Services (FACS) and non-government out of home care (OOHC) agencies, as extremely difficult. Their experiences with non-government family support agencies were better and many parents described supportive and caring workers who had helped them. Parents had many ideas and suggestions about how their experiences could be improved in the interests of their children. They had a strong child-focus, wanted to continue their parenting role and worried deeply about the well-being of their children in care.

Sections 4 to 9 discuss the following five primary themes that emerged from the research:

- **Power and Inclusion** – how parents experienced inclusion and exclusion in systems, in practice and in the lives of their children. This theme explores parents’ experiences of disempowerment as they navigated the complex child protection and out of home care system and its associated layers of relationships.
- **Professional relationships and relating** – how systems and practitioners supported (or failed to support) family inclusion by building trusting and open professional relationships between parents and workers. Many parents talked about the challenges of forming relationships with the people who exercised control over their children’s care.
- **Parent child relationships and attachment** – parents described the impact of child removal on their children’s attachment relationships, and significant problems in maintaining attachment relationships with their children, especially younger children, once they were removed. This thematic area includes considerable discussion about parent’s experience of contact arrangements.
- **Grief and loss** – parents found removal experiences traumatising for themselves and often for their children and described profound grief and loss after the removal of their children. Parents also felt their understandable expression of emotions at these highly charged times was often problematised by agencies.
- **Identity** – all parents described an ongoing and central role as parents of their children in care. They described experiencing this fundamental parenting identity as contested and “under threat”. Parents found their parenting role extremely challenging and faced great obstacles in both improving and maintaining their parental role when children were in care.

Overall, the parents in this study were child focused and willing to play an ongoing role in caring for their children. In many cases their ongoing commitment to their children was remarkable, and they had overcome challenging odds to continue to be parents to their children, both when they were in care and when they were at home. Parents described a systematic devaluing of their identities as parents and limited service offerings to support their roles as parents. When support was offered, it tended to be restricted to the relatively rare occasions where restoration was directed by the children’s court.

It was evident that the experience of being a parent of children in care can be extremely challenging and is often undermined by agencies, processes and people in the child protection and OOH system. The findings suggest that children’s rights – to be supported and cared for by their parents – might not be upheld in the child protection and OOH context. This may reflect an approach which isolates children in care from their family and fragments their lives. This is arguably inconsistent with a children’s rights approach and a misunderstanding of the responsibility of parents to uphold children’s rights, as outlined in the UN *Convention on the Rights of the Child*.

The report concludes in **Section 10** with discussion about opportunities for change and building a family inclusive approach. Practice and sector implications that emerge from parent experiences are profound. Parents provided an array of tips and advice for workers, carers, lawyers, managers, policy makers and other practitioners about how to better support and care for parents and their children. They also described a range of untapped opportunities for parents and family to be included in ways that would benefit children.

Overall, the findings from this research call upon the service system to build more respectful professional relationships and a family inclusive approach – in the interests of children.

1. Introduction

"It's like a David and Goliath battle, you against them..."

"We should be working together, not against each other"

2

This research investigated the perspectives and experiences of parents in the Hunter Valley, New South Wales, who had their children removed and placed in out of home care (OOHC) in the last five years. It was prompted by concerns that parents were generally not active participants in child protection processes and had limited involvement in the development of recent reforms to legislation, policy and practice in child protection, OOHC, and adoption in New South Wales.³ The idea for the research was initiated in late 2014 after a group of practitioners, educators and parents with children in care established Family Inclusion Strategies in the Hunter (FISH)⁴, to explore family inclusion as a pathway to improved outcomes for vulnerable children.

The Hunter Valley is in New South Wales (NSW), Australia. The major city in the region is Newcastle, which is around 160 km north of Sydney and home to the University of Newcastle, a well-established regional university. The population of Newcastle and Lake Macquarie Local Government Areas (LGAs) is 368,000 while the rest of the Hunter Region, covering nine LGAs, has a population of 264,000. This includes a number of country towns, both inland and on the coast. The Hunter Valley in particular has one of the highest rates of children in OOHC in NSW, at a rate of about 1.8%, compared to a state-wide rate of around 1% and a national rate of about 0.8%.⁵ Rates of children in OOHC are also much higher in rural and remote regions.⁶ Although the reasons for these rates are not well understood, it is likely they reflect social and structural disadvantage including poverty, social support and access to quality services.

This group of parents has limited access to specific services and little involvement in consultations for practice and policy improvement. In prior research, similar groups of parents have expressed appreciation of the rare opportunity to have their say in an area of deep personal interest to them.⁷ Research carried out with parents that asks them about their experiences, perspectives and ideas meets their needs to be involved, allows for public recognition of their collective loss, and contributes to the body of knowledge that can be drawn upon to improve outcomes for children.

² Both quotes are from this research; the first is from a parent about experiences of the court system; the second is from a worker – as described by a parent during the research – when apologising that a previous worker had not included the parent.

³ See the *Child Protection Legislation Amendment Act 2014* (NSW) which commenced on 29 October 2014.

⁴ More information about FISH can be found at www.finclusionh.org

⁵ NSW Government, Family and Community Services, *FACS Statistics, Hunter-New England 2015-16* (2016) <http://www.facs.nsw.gov.au/facs-statistics/facs-districts/hunter-new-england>. This provides detailed statistics on rates of children in care including those in rural and regional areas, and differences between metro Sydney rates and regional rates can be seen in data from the individual districts.

⁶ Australian Institute of Health and Welfare (AIHW), *Child Protection Australia 2014–15* (Child Welfare Series No. 63 Cat. no. CWS 57 2016); NSW Government 2016, above n 5.

⁷ M Kiraly and C Humphreys, 'A Tangled Web: Parental Contact with Children in Kinship Care' (2015) 20(1) *Child and Family Social Work* 106-115, 108.

Elements of child protection assessment and legal proceedings focused on parents are often informed by practitioner perspectives *of or about*, rather than *from or with* those parents.⁸ This research provided an opportunity for parents to articulate their own perspective, unencumbered by the heightened and immediate pressures often associated with child protection assessments and possible or actual child removal. Lawyers, child protection and other social service practitioners can benefit from hearing parents' stories told outside the pressure of their own work settings. This allows them to consider how they might use the findings in their practice.

The idea for this research project was initiated between academics from the University of Newcastle and practitioners, in conjunction with FISH and following several FISH events where the concept of family inclusion was discussed.⁹ An ethics application was submitted to the University of Newcastle Human Research Ethics Committee in March 2015 and ethics approval was given in June 2015. Between June 2015 and March 2016, interview and focus group schedules were created, advice on their suitability was sought from the parent consultants, and ideas on how to recruit parents were considered. During this time, research team members also communicated with members of FISH and local OOHC agencies about the development of the research. Data collection commenced on 5 March 2016 and finished on 23 August 2016. Transcription was finalised in September 2016, followed by completion of data analysis in October 2016. Funding was provided via a University of Newcastle, Faculty of Business and Law Research grant and was used for transcription, vouchers for parent participants, venues, food, parent consultant fees, and research assistance.

As a small exploratory study, this project forms the cornerstone of a potential future research program, to build on existing knowledge about parents, children, young people, families and practitioners involved with OOHC services and impacted by policy, legislative and practice reforms. This report of key findings and recommendations has been provided to participants and partner organisations. Partner organisations are encouraged to make the findings available to parents with whom they have contact, and to comment on the findings and recommendations themselves. The research team plan to use the research in various publications, presentations, workshops and conferences.

⁸ Ryburn, (1994), as cited in C O'Neill, 'Christmas Without the Kids: Losing Children Through the Child Protection System' (2005) 30 *Children Australia* 11–18.

⁹ For example, a Family Inclusion Practice Forum: See, J Cocks, above n 1.

1.1. Research Team

The project was initiated and undertaken by a team of researchers and practitioners. It was also a cross-faculty project, comprised of staff from three faculties at The University of Newcastle (UoN). The research team members were:

Dr Nicola Ross, Senior Lecturer, Newcastle Law School, Faculty of Business and Law

Nicola is an academic who has practiced as a lawyer and social worker. She undertakes socio-legal research. Her experience and research interests encompass child protection, family and criminal law with an emphasis on children's participation, lawyers' work with children and family violence. She has previously interviewed lawyers and children about their experiences of family, child protection and criminal proceedings.

Ms Jessica Cocks, Practice Lead, Children, Young People and Families, Life Without Barriers

Jessica is a practitioner member of the research team with extensive experience working with children and families in child protection and OOHC contexts, in government and non-government agencies. She is a foundation member of FISH. Jessica has a particular interest in family inclusive practice and in enabling the service system to learn from the lived experiences of children and families.

Ms Lou Johnston, Lecturer, Social Work, Faculty of Education and Arts

Lou is an academic and practitioner with interests in organisations, systems and worker development. Recent research includes perspectives of parents and carers of children with a disability and the NDIS, and her PhD study is on developing supervision practice. As a consultant, Lou has worked extensively with managers in statutory and non-government child protection services.

Ms Lynette Stoker, Lecturer, Family Action Centre, Faculty of Health and Medicine

Lynette is a lecturer in the Master of Family Studies and has experience and interest in out of home care, child welfare and child-focused practice. She is also a foundation member of FISH. She has been a practitioner in health and community services, a consultant with non-Government organisations and is interested in exploring early intervention and organisational responses to support better practice.

1.2. Parent consultants

The research team collaborated closely with two parents, Teegan Bain and Felicity Kime who had their own removal, placement, and restoration experiences with their children. Both are leaders of FISH and are active in a range of projects, including planning and resource development to improve advocacy and support of parents who have had children removed. They regularly attend presentations and forums to share their experiences and collaborate with workers in the field. In this research project, they had two key roles:

- Consultants – providing advice on interview and focus group questions during the planning phase, participating in analysis and interpretation of collected de-identified data, and generating ideas about practice improvements informed by the data; and,
- Co-facilitators – working alongside one of the research team members to gather data from focus groups.

Their involvement provided an opportunity to model a respectful partnership approach which values and learns from the lived experience of families and children. The parent consultants provided invaluable benefits to the research process, and data collection, analysis and interpretations were improved as a result of their shared reflections and advice. Their co-facilitation of focus groups exposed participant parents to role models who were navigating the system with some success. They provided parent participants with direct advice and lessons that were helpful and engaging. One participant described her interaction with the parent consultant to a research team member as “inspiring – it shows what we can achieve if we try”.

2. Background

The research team undertook the research with the recognition that government child protection services, particularly government and non-government OOHC service providers, make efforts to support parents’ participation in services and processes. It proceeded on the basis that past research had shown that despite those efforts, parents often felt disempowered and marginalised. There have been a raft of reforms to the child protection legislation, the *Children and Young Persons (Care and Protection) Act 1998* (the Act) and services in New South Wales since the publication of the Wood Report of the *Special Inquiry into Child Protection in New South Wales* in 2008.¹⁰ Most recently, in 2014, reforms to the Act focused on means to improve permanency planning for the long-term care of children within strict time frames: this has implications for the ability of some parents to maintain the parental responsibility for their children.

Alongside legislative changes, reforms have also included a staged transition of OOHC services from government to non-government providers, which was still in-process during this research. The NSW government child protection agency (FACS NSW) has responsibility for investigating child protection concerns and acting in relation to those concerns, including initiating and progressing applications in the Children’s Court to have children removed or restored to parents. In terms of organising OOHC placements and casework responsibility, which includes involving parents when their children are in care, FACS and non-government OOHC services have either sole or shared responsibility depending on the needs and circumstances of the child or young person.

¹⁰ The Hon. James Wood, *Report of the Special Commission of Inquiry into Child Protection Services in NSW: Executive Summary and Recommendations*, Volume 1 viii, November 2008.

In any decision concerning a child in New South Wales, the safety, welfare and well-being of the child are paramount.¹¹ Under the new Permanency Placement Principles in section 10A of the Act, the first preference for permanent placement following removal of a child, if practicable and in their best interests, is to support restoration of the child to their parents. However, the reforms also aim to increase the likelihood of children being adopted or becoming the subject of guardianship orders. Both of these outcomes may make it harder for parents and children to maintain ongoing relationships and, in the case of adoption, permanently and legally change a child's identity.¹² The reforms require the court to make a decision about whether or not there is a realistic possibility of permanent restoration to parents. This decision has to be made for children who are under two years of age, within 6 months of the court making an order that they should be removed, and within 12 months for children over 2 years of age.¹³

The legislation in New South Wales acknowledges the importance of parents and their role in raising children, by requiring legal and administrative decision makers to take an approach which amounts to, "the least intrusive intervention in the life of the child and his/her family that is consistent with the paramount concern to protect the child from harm and promote the child's development".¹⁴ International law, to which Australia is a signatory, stresses the role of governments in supporting parents to rear their children.¹⁵ For instance, the United Nations *Convention on the Rights of the Child* Preamble states:

[T]he family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community.

While parents are vital to the aim of restoration, under the reforms they may continue to play an important role even when children are permanently removed under adoption or guardianship orders, or by placement in long term OOHC under the Parental Responsibility of the Secretary.¹⁶ Fernandez says:

¹¹ Section 9(1) of the Act

¹² Adoption orders may be made without parents' consent in certain circumstances: Division 3, *Adoption Act 2000* (NSW); Children 12 years of age or older must give consent to their adoption: s 55 *Adoption Act 2000* (NSW).

¹³ Section 83(5) of the Act.

¹⁴ Section 9(2)(c) of the Act.

¹⁵ States are under the obligation "to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her" (Article 3.2); "to respect the responsibilities, rights and duties of parents or...legal guardians...to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognised in the Convention" (Art 5); under Article 7.1 each child has the right, as far as possible to "know and to be cared for by his or her parents"; under Article 9.3 has the right if separated from his or her parents to maintain personal relations and direct contact on a regular basis with both parents, except if contrary to their best interests; under Article 18.1 [p]arents or...legal guardians have the primary responsibility for the upbringing and development of the child" and under Article 18.2 governments "shall render appropriate assistance to parents and legal guardians in the performance of their child rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children."

¹⁶ E Neil, 'The Benefits and Challenges of Direct Post-Adoption Contact: Perspectives from Adoptive Parents and Birth Relatives' (2010) 27 *Aloma* 89-115.

Birth parents are to be considered an integral part of the care team for many reasons: their involvement helps the child's adjustment; through exposure to parenting approaches of foster carers or care staff they acquire the skills needed to respond to their child's needs; while enabling them to work towards restoration. Based on the international evidence on supporting maintenance of children's links with their birth families, this is an important area of practice to be developed and enhanced.¹⁷

However, there is little research on the lived experiences of parents who have children removed and placed in OOHC, pending and following a decision made in the Children's Court about their children's future long term care. The urgent need for research into parents' perspectives in New South Wales has been increased by significant changes to services following recommendations from the Wood Special Inquiry into Child Protection (2008)¹⁸ as government has transferred much of the responsibility for OOHC services to non-Government organisations.¹⁹ Those organisations have a strong influence on whether or not parents are able to maintain relationships with children under interim and permanent care arrangements.

This group of parents have traditionally had limited involvement in policy development processes that impact them and their families²⁰ and when children are taken into care there is little evidence of ongoing work to support parents.²¹ Parents who have contact with the child protection system are often socially and economically disadvantaged and many have experienced removal from their own parents.²² The welfare of these parents' current and future children depends on understanding parent experiences and building parenting capacity to support restoration and prevent loss of future children into care. Removal of children from their families raises social justice issues, given the role that poverty and disadvantage play in increasing the likelihood of contact with the child protection system. For instance, a recent study found a number of child and parental factors that increase the risk of substantiated child maltreatment. The strongest factors were child intellectual disability, parental socio-economic status, parental age and parental hospital admissions related to mental health, substance use and assault.²³ Families with complex problems associated with family violence, substance use and mental health issues make up the primary client group involved with child protection

¹⁷ E Fernandez, 'Child Protection and Vulnerable Families: Trends and Issues in the Australian Context' (2014) 3 *Social Sciences* 785-808, at 799 citing E Fernandez, *Accomplishing Permanency: Reunification Pathways and Outcomes for Foster Care Children*, New York: Springer 2013.

¹⁸ Above n 10.

¹⁹ NSW Government, Family and Community Services, *Ongoing Transition Achievements*, Dashboard June 2015 (2015). Accessed on 17 October 2016 at http://www.community.nsw.gov.au/_data/assets/file/0008/336653/jul13-jun15_transition_dashboard_snapshot.pdf: At June 2015 57% of the total number of children and young people in statutory care were in non-government placements, and the government had transferred OOHC responsibility to 50 non-government agencies.

²⁰ M Harries, *The Experiences of Parents and Families of Children and Young People in Care*, 6 (Anglicare, 2008).

²¹ E Fernandez, above n 17, 799.

²² M O'Donnell, D Scott & F Stanley, 'Child Abuse and Neglect — Is it Time for a Public Health Approach?' (2008) 32(4) *Australian and New Zealand Journal of Public Health*, 327.

²³ M O'Donnell, N Nassar, H Leonard, P Jacoby, R Mathews, Y Patterson and F Stanley 'Characteristics of Non-Aboriginal and Aboriginal Children and Families with Substantiated Child Maltreatment: A Population-Based Study' (2010) 39(3) *International Journal of Epidemiology* 921-928; Harries, above n 20, 38; Fernandez above n 17, 799.

services in Australia.²⁴ Overseas research is consistent with these findings, noting almost all children who are subject to child protection intervention come from families in poverty, and the risk of child abuse and neglect is reduced as poverty is alleviated.²⁵ Parents who have children removed are themselves a highly vulnerable group, and as such it is vital that they have appropriate support to negotiate the child protection system. This research helps to address some questions about how parents see their involvement with current legal, administrative and practice systems that make decisions about children's removal, their care whilst not in the care of their parents, and long-term care arrangements.

This research aimed to give a voice to these parents who are relatively silent in research and service provision and a largely invisible population.²⁶ They have often suffered multiple disadvantages, including high rates of childhood physical and sexual abuse and associated trauma,²⁷ which may have led to their removal from their own parents.²⁸ They experience grief reactions to the loss of a child,²⁹ with repercussions for well-being, including their own, their children in care and children they may have in the future. Consideration of future children is very important given the frequency of consecutive or concurrent removals from parents.³⁰ This research adds to limited existing studies with this group of parents in Australia.³¹ Parents' views about legal, child protection, social and contact services can inform new models of family inclusive practice before and after children's removal. While children are in care, parents need support to maintain contact with their children for continuity and to foster the child's identity.³² The knowledge arising from this research can assist services to increase the chances of

²⁴ L Bromfield, A Lamont, R Parker and B Horsfall, *Issues for the Safety and Wellbeing of Children in Families with Multiple and Complex Problems: The Co-occurrence of Domestic Violence, Parental Substance Abuse and Mental Health Problems* (National Child Protection Clearinghouse, No 33, 2010).

²⁵ P Bywaters, G Brady, T Sparks and E Bos, 'Inequalities in Child Welfare Intervention Rates: The Intersection of Deprivation and Identity', (2014) 21(4) *Child and Family Social Work* 452-463; K Raissian and L Bullinger, 'Money Matters: Does the Minimum Wage Affect Child Maltreatment Rates?' (2017) 72 *Children and Youth Services Review* 60-70.

²⁶ M Kiraly and C Humphreys, above n 7, 108.

²⁷ S Taplin and R Mattick, 'Supervised Contact Visits: Results from a Study of Women in Drug Treatment with Children in Care' (2014) 39 *Children and Youth Services Review* 65-72.

²⁸ L Jackson-Foster, G Beadnell and P Pecora, 'Intergenerational Pathways Leading to Foster Care Placement of Foster Care Alumni's Children' (2015) 20(1) *Child and Family Social Work* 72-82.

²⁹ C O'Neill, 'Christmas Without the Kids: Losing Children Through the Child Protection System' (2005) 30 *Children Australia*, 11-18; J Thompson and R Thorpe, 'The Importance of Parents in the Lives of Children in the Care System' (2003) 28 *Children Australia* 25-31; C Klease, 'Responding to Mothers' Experiences of the Child Protection System' (2008) 33 *Children Australia* 21-28; M.F. Malet, D Mcsherry, E. Larkin, G. Kelly, C. Robinson, and D. Schubotz, 'Young Children Returning Home from Care: The Birth Parents' Perspective' (2010) 15 *Child and Family Social Work*, 77-86; Taplin and Mattick, above n 27.

³⁰ This includes parents who may grieve for a child who was removed and subsequently become pregnant again. There is little literature on this phenomenon in Australia but, see M Shaw, K Broadhurst, J Harwin, B Alrouh, S Kershaw, C Mason, 'Recurrent care proceedings, Part 1' September (2014) *Family Law* 1284-1287; Part 2 October (2014) 1439-1443; Part 3 November (2014) 1572-1576.

³¹ See Family Inclusion Network, *Family Inclusion in Child Protection Practice, Creating Hope, Re-Creating Families* (Family Inclusion Network, Queensland, 2007); Harries, above n 20; O'Neill, above n 29; M Kiraly and C Humphreys, 'Family Contact for Children in Kinship Care: A Literature Review' (2013) 66(3) *Australian Social Work* 358-374; T Hinton, *Parents in the Child Protection System* (Anglicare, 2013); Taplin and Mattick, above n 27; Kiraly and Humphreys, above n 7.

³² E Fernandez, above n 17, 799; R Bullock, D Gooch, M Little, *Children Going Home: The Reunification of Families* (Ashgate, 1998).

reunification, enhance children's development and meet fundamental identity and relationship needs for children in care, such as knowing their family of origin and culture and remaining connected to their families throughout their care experience.³³ Government policy and child protection legislation in each state and territory in Australia promotes children being raised by their parents where possible. It has been suggested that parents' and children's wellbeing requires that mothers and fathers receive genuine attention and help. Research is needed on their perspectives of what constitutes effective help and support, both when reunification is possible and when it is not.³⁴ This study aimed to build on the existing research in this area.

3. Research design and process

This research was a mixed methods study – although predominantly qualitative – that employed a brief demographic survey, interviews and focus groups for data collection. Qualitative approaches are centrally concerned with participant experience and allow a focus on interactions among individuals and the contexts in which they live.³⁵ The narratives and subjective accounts of this group of parents were fundamental to this study.

We invited parents to participate who,

- Were 18 years or older; and
- In the past 5 years, had a child removed and placed in out of home care. This child could still be in care or may no longer be in care; and
- Had a child in out of home care for more than 6 months at some time in those 5 years.

Where multiple children had been removed from parents, the most recent child removed was the focus of the research. Information that was provided to potential participants to inform their decision about participating is provided in Appendix A, which also provides a summary overview of this research project.

³³ E Fernandez, 'Children's Wellbeing in Care: Evidence from a Longitudinal Study of Outcomes' (2009) 31 *Children and Youth Services Review* 1092-1100; Family Inclusion Network, above n 31; Taplin and Mattick, above n 27; Bullock et al, *ibid*.

³⁴ Kiraly and Humphreys (2013), above n 31.

³⁵ J W Creswell, *Research Design: Qualitative, Quantitative and Mixed Method Approaches*, (Sage Publications, 2014).

3.1. Research aim and questions

The aim of the research was to better understand, document and provide evidence for policy makers, service providers and practitioners, of the perspectives of parents who had children removed from their care, and of how best to include them in their children's lives while they are in OOHC. The research questions were:

1. What are the experiences and perceptions of parents with statutory child protection processes and community services, in relation to;
 - how they experience statutory child protection and legal processes associated with their children's removal
 - how they perceive services seek and take account of their perspectives and experiences
 - how they experience contact arrangements made during proceedings and support for those arrangements
 - how they perceive they are currently supported by services to prepare for future children's care
2. Is a policy of family inclusion reflected in parents' accounts of their experiences of legal processes and community services?

3.2. Methods

The data collection methods are described below. Parents were invited to participate in one or more of the three methods.

Brief demographic survey: This was used at the start of interviews to collect a small amount of demographic information about participating parents, such as family composition, children removed, living arrangements, and children still at home. Where interviews were face-to-face, the interviewer used a small whiteboard with the parent to draw a genogram of their family. A copy of the survey is in Appendix B and survey results are in graphs in Section 3.5.

Individual interview: (approximately one hour). Semi-structured interviews were used to achieve a balance between seeking information specific to the research questions, hearing parents' unique stories and experiences and providing space for other information that might be prompted in the interview. An interview question schedule was developed that included a range of prompts for the interviewer to use selectively based on the direction, content and duration of an interview (see Appendix C). Parents received a shopping gift card (\$25) at the end of their interview as acknowledgement for taking part.

Focus group: (up to 90 minutes, with up to 4 parents, co-facilitated by a parent consultant and researcher). The emphasis in the focus groups was on ideas for improved practice – 'tips and advice' for workers and agencies – and parents' knowledge about and access to laws and policies relevant to child protection and OOHC. The intention was to complement the interviews that were about experiences that had occurred, by considering what needed to occur in the future to improve the services and practices of practitioners, lawyers and carers. A copy of the focus group questions is in Appendix D.

In addition to demographic data about the families, publicly available child protection data was accessed to quantify the numbers of children on child protection orders who had been removed

from their families and placed in OOHC in the Hunter Region and New South Wales.³⁶ This provided data to analyse the extent to which responsibility for OOHC has been transferred from government to NGO agencies.

Data collection locations: The original plan was to hold two full research days in a community-based service centre during times when parents had fewer care responsibilities, and with child care, lunch and morning or afternoon tea provided. A total of nine parents agreed to attend the first scheduled day, and three attended. Following this experience, depending on participant preferences, face-to-face interviews were conducted with most participants – in their homes or at an agency – and some phone interviews also took place. Focus groups were organised at community agencies in locations close to participating parents' homes.³⁷

Sensitive issues and parent support: The research team wanted to make sure parents were properly supported through the data collection process and to ensure they felt comfortable that their privacy would be respected and that the impact of exploring sensitive issues was acknowledged. As part of the ethics approval process, a number of strategies were developed to address these issues, which were communicated to potential participants in initial phone discussions with researchers, in-person and on research information documents (see the Participant Information Statement in Appendix A). The research team also approached community-based OOHC agencies as part of a strategy to support parent participants before, during and after the research. This would have involved appointing an 'agency contact person'³⁸ to (i) answer participant questions about the research process and possible impacts during recruitment, so parents could make informed decisions and, (ii) during the research, to provide support after interviews/focus groups and identify other support needs. Responses were limited and ultimately workers from five agencies agreed to be a contact person, and two linked a total of three potential participants with the team.

3.3. Recruitment

The research team were aware that parents who have had children removed could be difficult-to-reach, which was the case for this project. Researcher experience in this project indicates that future research efforts with this group of parents should rely on family support and similar agencies who are providing specific parent services, as well as social media and parents themselves. Initially, the team planned to recruit parents through partnerships with NGO agencies, which included recruiting agency contact people not in operational roles (see above). The team put particular emphasis on OOHC NGO agencies because they would be most likely to have parent contact details that they could pass on with parents' consent and would also be in a good position to follow up participants and offer support if needed. This strategy with NGO OOHC agencies was largely unsuccessful.

In the end, community based family support and related agencies referred most participants, mainly from their interactions with parents in group programs, especially those for parents who had children in OOHC. In addition to recruitment via agencies or workers, flyers were displayed in local agencies and venues, and then the team found other ways to reach out to parents. FISH

³⁶ For example, M Paxman, L Tully, S Burke, J Watson, 'Pathways of Care: Longitudinal Study on Children and Young People in Out-of-Home Care in New South Wales' (2014) 94 *Family Matters* 15-28.

³⁷ Groups were conducted in Maitland (Lower Hunter), Muswellbrook (Upper Hunter) and Kanwal (Central Coast).

³⁸ An agency employee in a non-operational role (e.g. training, strategic, policy).

promoted the research on Facebook and the FISH website, and the team created a Google Form for potential participants to register interest and be contacted by a researcher. The social media approach proved successful, with the added benefit of parents passing on information to each other.

It is not clear why the original recruitment strategy via NGO OOHC agencies was unsuccessful. The team contacted 19 managers of agencies to identify a contact person and support recruitment. Most staff and managers agreed the research was important and expressed a willingness to support it. The reasons for ultimate non-participation added valuable knowledge to the research, such as contexts, values and attitudes that might influence agency work with parents. They included heavy workloads, worker shortages, organisational change processes, and office relocations that meant inadequate resources or time to provide support. Some also stated that the agency's clients were children in care, or that regular parent contact was not important, or that they did not see their role as working with parents and family.

3.4. Participation

A total of 30 parents expressed interest in the research, and 18 ultimately participated. Within those 18 parents, there were three partner sets, which meant 15 families were represented. The remaining 12 parents did not participate because they were from outside the Hunter Valley (4) or for various other reasons, including difficulties in making contact and finding suitable times to meet. All 18 participants attended an interview. 16 of those parents agreed to attend a focus group and eight ultimately attended. The other eight parents who were scheduled for focus groups were unable to attend for various practical and scheduling reasons.

The 18 individual interviews were conducted between March and July 2016, with durations of 45-80 minutes. Interviews were conducted by three research individual team members and were audio recorded and transcribed by a professional transcription service. A total of four focus groups with eight participants were conducted between March and August 2016, with each attended by between 1-3 parents. The duration of the focus groups was between 50 and 90 minutes and each was co-facilitated by one research team member and a parent consultant. All focus groups were audio recorded and recordings were analysed and summarised.

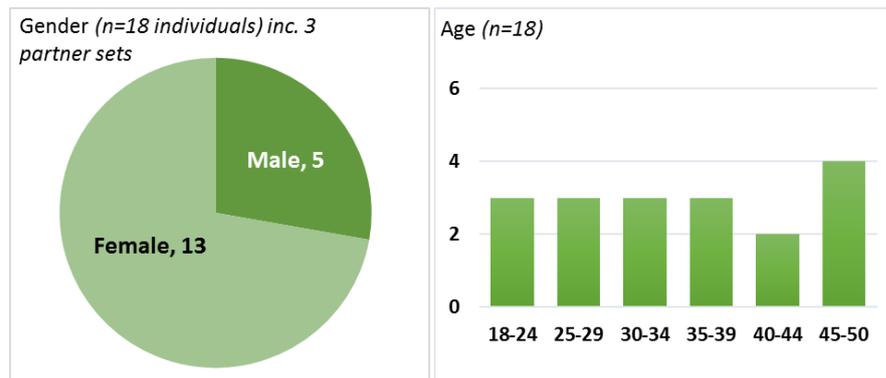
3.5. Demographic data

At the start of individual interviews parents were asked some demographic questions (see Appendix B) before drawing a genogram of their family. The following provides an overview of demographic information obtained from those questions, which is complemented in parts with information provided by parents during their interviews.

Parents: Within the group of 18 parents who participated there were 13 women and 5 men (Graph 1). The group included three partner sets, which meant the project focused on 15 families. To our knowledge, all three partner relationships were heterosexual. LGBTIQ identity or type of relationship of any of the parents was not information sought in our brief demographic questions. During interviews, at least two parents stated they had an intellectual disability and one parent at least was Aboriginal.³⁹ The average age of the parents was 35 years. The majority of parents (12) were aged between 18 and 39, with equal numbers in each of the age brackets within that range.

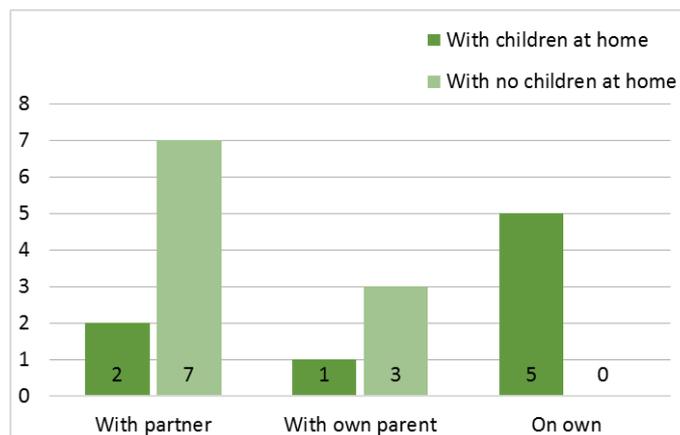
³⁹ There were no specific questions about these factors in the demographic survey.

Graph 1: Parent participants (a) Gender (b) Age



Graph 2 shows eight parents were caring for children at home at the time of the research, either on their own or with their own parent. One parent had one stepchild in care and was caring for three other children at home. The children living at home included children restored and children who were not removed (in addition to those in care). None of the three couples in the research had children living at home with them. In family terms, there were seven families with no children at home and eight families with children at home.

Graph 2: Parents' living arrangements



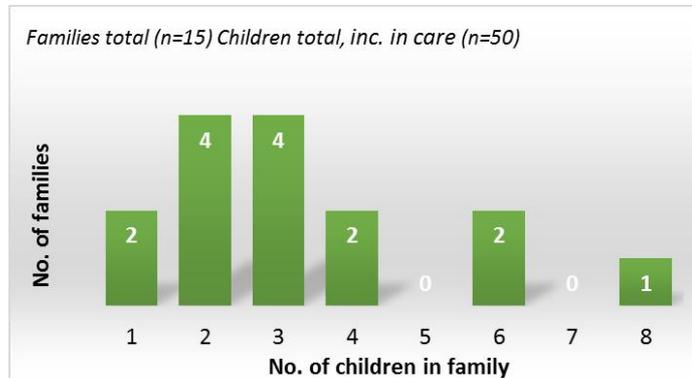
Children: There was a total of 50 children in the families of the participating parents. All of the parents' children were considered as part of their families, regardless of whether they were in care or not. This included children who were never removed, those who were removed and restored, and those who were removed and were still in care. The group included at least three step parents⁴⁰; one of whom had none of their own children in care, one of whom was also expecting their first child and feared removal, and one who also had children in care. Graph 3 shows the median number of children in the participant families was two children, and eight (53%) of the families had two or three children.

Graph 4 shows the gender of children was almost evenly split between male (26) and female (24). The same graph shows all the children's removal histories – whether they were removed

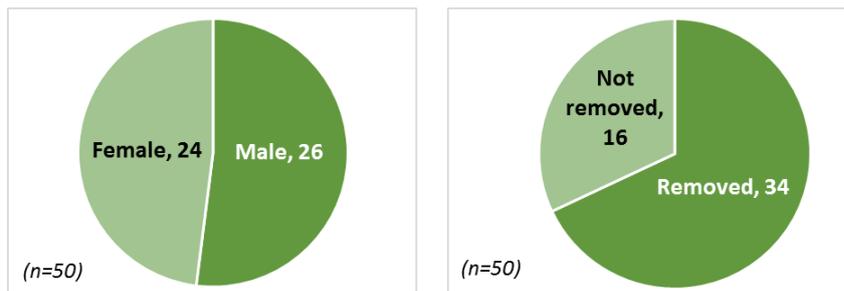
⁴⁰ There were no specific questions in the demographic survey or interviews about step parent arrangements.

or not – which includes one child who was removed twice and was still in care at the time of the research. Of the 34 children who had been removed, 27 (79%) were still in care during the project, six (18%) had been restored, and one had left care due to being over 18 years (see Graph 5). All of the children in care were in a mix of kinship and foster care and at home; all were living in family-based care.

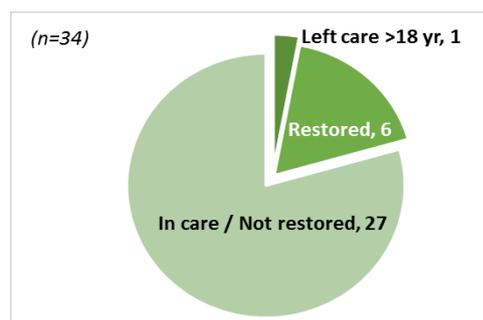
Graph 3: Number of children in parents' families



Graph 4: Number of children of parents (a) Gender (b) Removal history

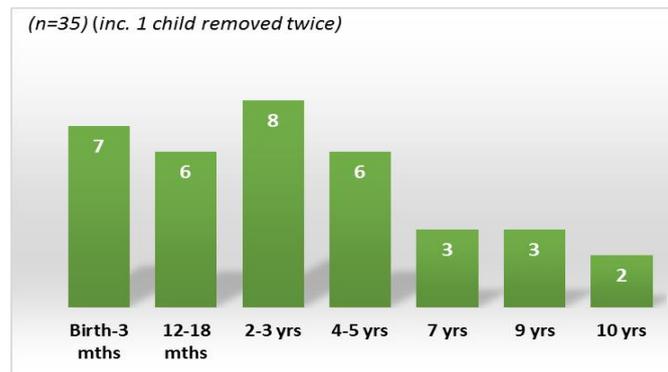


Graph 5: Current status of children who were removed

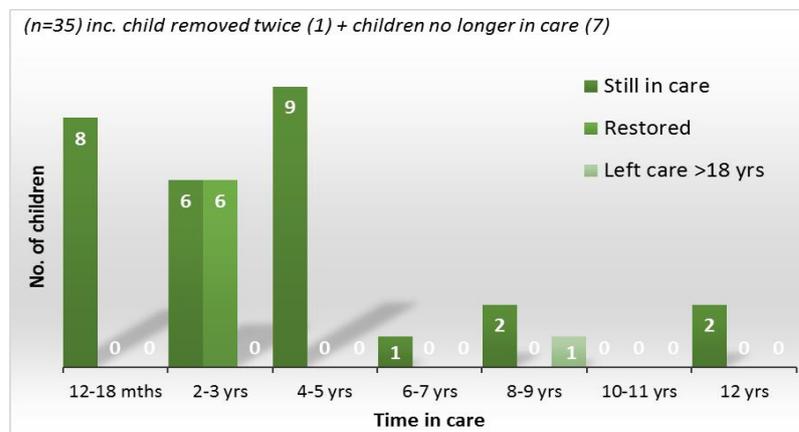


In terms of age at time of removal, Graph 6 shows that 27 (79%) of the children were removed at the time of their birth up to 5 years of age. Graph 7 shows that 82% (28) of the children who had been removed and were still in care during the research had been in care between 1-5 years, nine of whom had been in care for 4-5 years.

Graph 6: Child's age at removal



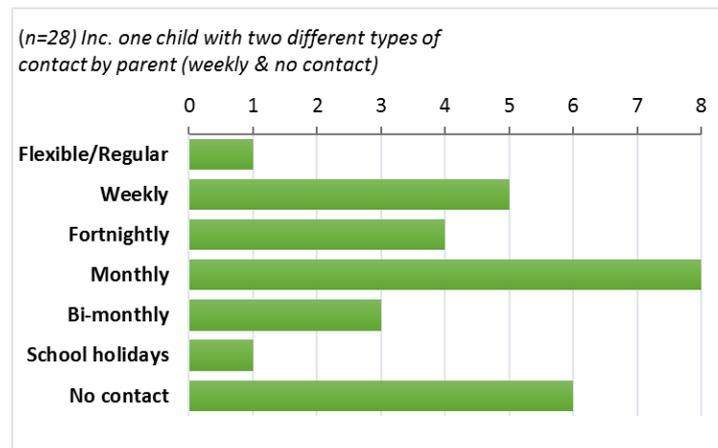
Graph 7: Time in care



Contact arrangements: Children had various types of contact arrangements, with 17 (61%) children involved in the most common frequencies; weekly (5), fortnightly (4) or monthly (8) (see Graph 8). The contact data in Graph 8 includes one child with two types of contact between parents ('weekly' and 'no contact'); the 'no contact' is the child's step parent who was interviewed in this research.⁴¹ The five other children who had 'no contact' included four children from one family, two of whom had been in care for 12 years, since birth. In terms of sibling contact, eight parents provided details about their children who were not in care and attended contact visits to see their siblings, which was a total of 10 siblings with contact described as 'regular visits' (7), 'weekly' (2), and 'monthly' (1).

⁴¹ That was the only couple for whom two types of contact was recorded in the graphs, i.e., if both parents had the same contact with the one child, one event of contact was recorded.

Graph 8: Current contact with parents for each child in care



3.6. Limitations

Because this was a small study, and restricted to a particular geographical area, the results cannot be generalised. There are however, strong connections between the findings of this project and other studies and literature about this parent group. Parents who participated in this research may not be representative of the larger community of parents who have had their children removed. For example, there may be other parents who do not access the same communication channels as those who participated, or who may not have the same resources or capacity to engage in a research process; a completely new experience for many. Most of the parents who took part in this research were accessing at least some services which may suggest parents who were not accessing services may not have had opportunity to take part. Some other possible reasons for not participating may include parents being fearful of speaking about or *against* the system and the implications for them and their children, parents wanting to put their experiences behind them and move on, or reliving their experiences may have been too painful. Another possible limitation of the research relates to biases of the research team due to past and current experiences working in legal and child protection/OOHC systems and agencies. While the research team put processes in place to contain and manage biases, they could never be entirely avoided.

4. Analysis and overview of themes

This research generated an extraordinary amount of rich information. The 18 parents who participated in interviews and focus groups engaged deeply and positively with the research team and generously shared their stories and their experiences. The research team held meetings every 2-4 weeks throughout the project. The standing agenda had dedicated time for discussing and reflecting on data collected, researcher experiences during collection, progressive analyses, preliminary interpretations, and emergent findings. The meetings also provided opportunity to pay attention to researcher biases and influences connected to all team members' practice experiences. This included questioning, making comparisons, exploring language and meaning, and connecting personal experiences.⁴² Meeting discussions also identified links with literature already collected and considered, and other literature that might be necessary to inform analysis and conclusions.

The brief demographic data (see Section 3.5) was collated manually, linked to relevant interview or focus group data, and used for descriptive and comparative purposes. Team members who conducted the interviews manually identified themes from transcripts of their respective interviews and summarised them. They then audited each other's summaries, to establish validity through checking for accuracy and credibility⁴³ which included triangulation of different data sources, and researchers' reflections on data to consider biases and identify information that contradicted initial ideas. Once the focus group summaries were prepared in a document, the co-facilitators discussed the initial summary and analysis and explored different interpretations of parents' responses and perspectives, which was then discussed with other team members. The data analysis included translating parents' data into summary lists of 'tips and advice' for workers and processes, e.g., removal, assessment, contact, etc.

Because of the depth and complexity of the data it was difficult to clearly delineate themes and there is considerable overlap between data allocated to each theme. Five overarching themes were identified. Table 1 contains a list of themes and subthemes. The primary themes are summarised below, with more detail and related quotes presented in the sections that follow.

⁴² J M Corbin and A L Strauss, *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory* (Sage Publications, 3rd ed., 2008).

⁴³ Creswell, above n 35.

The five main themes were:

Power and inclusion: While this theme has been separated out with a specific focus for discussion, it is a feature and explanation for the other themes. This theme encompasses family inclusion at a systems level and how parents experienced inclusion and exclusion in the many legal and other processes within the child protection and OOHC system, including service systems, statutory agencies and courts. It covers how parents were supported, or not, to participate, as well as how they experienced inclusion in or exclusion from their children's lives and care. Parents described experiencing quite extreme levels of disempowerment, before, during and after key events, such as their child's removal, court processes and continued interactions with agencies while children were in care.

Professional relationships and relating: This is a fundamental theme in relation to ways in which family inclusion is initiated and sustained at organisational and interpersonal levels by lawyers, workers and carers, which most parents described as very limited. There was acknowledgement that including parents begins with trust and openness. Many parents talked about the challenge of forming relationships with people making decisions about their children. They talked about this beginning with difficulties they considered to be 'the basics' of relating – such as brief greetings, tone of voice, and active listening – which got in the way of having respectful relationships and partnerships focused on their children's well-being.

Parent-child relationships and attachment: This theme describes parent perspectives of the relationships they had with their children while they were in care and the impact of removal and care experiences. Parents described significant problems in maintaining contact, relationships and attachments with their children once they had been removed. Because most of the time they spent with their children was during contact visits, there was considerable discussion of the nature of contact visits, including planning, locations, activities, parental control and post-contact experiences for parents and children. Parents also discussed a range of other ways to maintain, build and support ongoing relationships with their children.

Grief and loss: Many parents felt that it was important to see their reactions, behaviour and expression of emotions – especially at the time of removal – as a normal response to trauma, separation, grief and loss. It became clear during interviews and focus groups that many participants had a history of trauma prior to their child's removal and several had been in care as children. However, parents felt their essentially natural and normal responses of grief and loss were misinterpreted by workers, agencies and systems and could be used against them in assessments. Parents also experienced attempts by agencies to "protect" children from the emotional responses of their parents, even when it might not have been in children's interests.

Identity: Parents continued to see themselves and identify as parents of their children who were in care, and focused on child safety and wellbeing. They saw themselves in an ongoing and important role, which was contested and under threat through actions such as exclusion from decisions and information about their child, and being replaced by carers as their children's parents, including losing titles such as 'mum' and 'dad'. There was scope identified in this research to nurture and support an ongoing parenting role, whether or not it leads to restoration, in the interests of children and young people and their own identities. Parents found the parenting role extremely challenging and faced considerable barriers to both improving and maintaining their parenting while their children were in care.

Table 1: Themes and subthemes

POWER AND INCLUSION	PROFESSIONAL RELATIONSHIPS AND RELATING	PARENT-CHILD RELATIONSHIPS AND ATTACHMENTS	GRIEF AND LOSS	IDENTITY
<p>Assessment, expectations and information</p> <ul style="list-style-type: none"> ▪ Deficit focus in assessment of parental capacity: Only seeing the bad things ▪ The power of the written word ▪ Lies, trickery and deception ▪ Lack of clarity and consistency in expectations and requirements ▪ Limited knowledge about laws and policies <p>Legal proceedings and court</p> <ul style="list-style-type: none"> ▪ Characterisation of parents ▪ Responding to parents’ needs in court ▪ Power imbalances: Not a level playing field ▪ Few alliances and supports in court ▪ Lack of informed consent to findings in legal proceedings ▪ Interim hearings: distancing parents from children before final orders ▪ Concerns about guardianship orders <p>Catch-22s</p>	<ul style="list-style-type: none"> ▪ Little evidence of partnership approaches ▪ Not getting help ▪ Little or no involvement in decisions and case planning ▪ Power laden relationships with carers ▪ Challenges in maintaining constructive parent-carer relationships ▪ Legal representation 	<ul style="list-style-type: none"> ▪ Traumatizing children ▪ Challenges in maintaining parent-child relationships in out of home care ▪ Contact visits and family relationships ▪ Rebuilding relationships after restoration 	<ul style="list-style-type: none"> ▪ A lack of recognition ▪ Misinterpretation of behaviour and emotions ▪ Support to process emotions is helpful – if it is the right support ▪ Emotional support to ensure quality family time 	<ul style="list-style-type: none"> ▪ Parents who are very important to their children ▪ Responsible for <i>teaching and advocating</i> for children ▪ Responsible for <i>making decisions and providing direct care</i> ▪ Reacting normally, as parents, to a very challenging situation ▪ Parents in need of help and support

5. Power and inclusion

While power and inclusion is presented as a single theme here, it was evident as a thread across parents' experiences and other themes. Parents described limited opportunities to participate in the legal and administrative processes that occurred after their children had been removed. From their perspective, those processes were often restrictive, exclusive and featured complicated practices, protocols, and language. Parents repeatedly and overwhelmingly experienced disempowerment when their children were removed. This was most evident in court and other legal processes and in interactions with OOHC agencies.

5.1. Assessment, expectations and information

Deficit focus in assessment of parental capacity: Only seeing the bad things: Parents described child protection assessments as negative – about problem behaviours and what they were 'not' doing – with little recognition of their strengths and positives. Many parents felt judged and stigmatised by child removal, and said this led to even greater levels of social isolation. This

They will take three or four conversations that you've had with them that might have been months apart, put it in an affidavit and make it look as if it's one conversation.

outcome of statutory involvement is particularly worrying given that parental, social and family support is a significant protective factor for children, both in supporting them to remain safely at home and for those children who are restored.⁴⁴ Many parents acknowledged their own behaviours that had led to their child's removal, and could see the connection between those behaviours and their child's safety. They sought equal recognition of new information about how they had worked on and improved their behaviour, circumstances and parenting skills.

Children's court, you're guilty and then you've got to prove yourself innocent. That was the biggest thing. Because [statutory agency] can say whatever they like, it can be a complete and utter lie which most of their stuff is. They put it in an affidavit – it becomes fact... [They] pick out all the bad bits they've had within the conversation, put it in as one and there you go, you've had one really bad thing with them... Yep. Yeah, there's never any focus on anything that's promising for you; that doesn't help their case. They really focus on what they've got to do to get the kids off you and keep the kids off you.

This deficit-focus was also referred to by parents who had no child protection intervention and had never been identified as causing harm to their children, as well as to parents who were successfully parenting some of their children at home while others were in care. For example, one parent (a step parent) described herself and her partner (the father of the child) enduring 18 months of rigidly supervised and managed contact visits, despite neither of them having any prior child protection issues or being involved in the initial proceedings or incidents that led to the child being removed. Further, that father was not aware he was the parent of that child until after final orders had been made. They wanted unstructured, informal, relaxed contact arrangements with the child in order to build a relationship. From the perspective of that parent, such involvement was actively resisted by the agencies and she didn't understand why.

⁴⁴ E Fernandez and J Lee, 'Accomplishing Family Reunification for Children in Care: An Australian study' (2013) 35(9) *Children and Youth Services Review*, 1374–1384; N Prasad and M Connolly, *Factors that affect the restoration of children and young people to their birth families*, (Transition Program Office, Department of Community Services, 2013) 18.

So, they made us feel like what were we even thinking considering to have custody of [child], like we're not responsible enough, we're not grown up enough. This child was taken and the only people that she should be with is her [carers]. They just really made me, I felt so embarrassed and I felt ashamed. I mean, I don't have a criminal record, my son's never been in care or anything like that.

The power of the written word: Parents' views about other people's power and authority was potent in many stories, especially in written records about parents. Documentation was presented repeatedly as a central source of knowledge and power for any person in the process. Parents talked about the deficit nature of written records and court documents and how they were not well represented by the "paperwork" about them. They regarded this paperwork as preventing them from being fully known by the legal system, which meant they had even less influence over proceedings.

Court was the worst, the anxiety and everything you get before you walk into that court house is horrible. You don't know who is going to be there to judge you. They're only going on what's written there in black and white to them, they don't know who I am or who I was as a mother, it's only what they've been told. It was horrible.

A key source of disempowerment for parents was the view that what other people said about them was considered the 'truth'. It was appreciated when workers and lawyers were able to hear parents and express an alternative view.

Reports should just be a guideline of what's going on in their life, not who that parent is as a person.

When [they removed the children] she [statutory agency worker] was reading out the paperwork, saying that I was too stupid to be a mum because supposedly they had reports that claimed that I'm disabled, and I'm not... [In court] because [statutory agency] had put in the paperwork claiming that I was disabled, I had to sit there and explain to the solicitor that I'd got that, I'm not stupid. I can read, I can write, I can function as a human being. You don't need to dumb anything down for me.

They have all these reports coming in and rather than actually speaking with the parent, it's taken on face value that these reports are true and correct and absolute...

When parents felt that workers took time to know them, they experienced better outcomes, although the presence of negative documentation remained as a threat.

Yes, because we had an issue with the two boys when they were younger and my [statutory worker] up there, I couldn't ask for a better person, he was lovely, absolutely beautiful... he never read my old paperwork or anything... he gave me a chance to prove to him that I wasn't the mother they said I was.

Lies, trickery and deception: Parents experienced many services as untrustworthy and dishonest. They felt lies and misleading part truths were told about them in court and elsewhere which they found difficult to challenge. Parents felt respected and validated when lawyers and other support workers were supportive and acknowledging, and they highly valued friendly and understanding approaches. Some parents felt they were tricked and deceived at the time of their children's removal, including at times when they thought they had been working positively with agencies.

They were as lovely as anything until we got to the house and then just said, 'oh by the way, here's the order, we're taking them'.

So, they [statutory agency] come and they pick us up, take me and the kids back to our house and sit down on the couch and hand me the order to remove the children. That's how they did it. They were removing them. Didn't say a word of it in the car.

I suppose one of the biggest challenges was hearing some of the - I suppose evidence from [statutory agency] that they brought up. Some of it wasn't true or not completely true, so it was hard to not stand up and say 'hey, that's not fair, that's not true'... There were certain things they were saying that were true and that was hard to hear but there were also things they were saying that were not true and it was hard not to stand up for myself on those things.

Lack of clarity and consistency in expectations and requirements: One important aspect of parents' powerlessness was lack of understanding of what they needed to do to have their children restored to them and how to get help from services so they could change behaviours

I did the best I could and it still wasn't enough for them.

and show parenting that was "good enough". They talked about the importance of being provided with specific details of what needed to be done. Some also said that expectations should have remained consistent. They described situations where they completed activities they were told to do and were then advised to do different, additional activities, or told they had not done enough.

Then when it came to the next court they said, 'they haven't done enough'. We said, 'we don't know what we need to do, you haven't told us what we need to do'.

[It] confused me because I did the best I could and it still wasn't enough for them...I had a house now and I was on the waiting list for the psychologist. I engaged with the young parent social worker.

In the few cases where parents said they were told what to do, information often came from or was clarified by their lawyers, which parents found helpful. In some cases, parents perceived a lack of good faith in the suggestions of workers that they engage in services, believing that FACS had already made the decision not to recommend restoration:

Instead of [statutory agency] going with the whole attitude of 'no, you're never going to get the kids back'...if they actually looked at things and instead of being so negative and seeing the bad side, if they concentrated more on getting the kids back to us. Everything we've done except for the initial assessment for drug and alcohol at [country town] and the domestic violence education we've done off our own bat. We've had to source everything ourselves, yeah. The school - we were working with the school to try and work out through some of [our son's] issues that he had, but we knew we couldn't trust [statutory agency]. I think they could work a lot more with parents before the removal of kids.

Limited knowledge about laws and policies: Parents' knowledge about laws and policies, and their access to that knowledge, are major indicators of their power and inclusion in processes and the care of their children. Such knowledge ensures parents understand and can meet their responsibilities to uphold their children's rights. Additionally, it provides a means by which parents can understand legal, child protection and OOHC processes and how they are intended to be used in the interests of children and their families. Most parents had little or no knowledge about laws and policies. Some parents knew a little about, or named, the following: guardianship orders; adoption; transfer of restoration cases to NGOs; FACS policy on providing support to parents and parents seeking help in preference to removing children (removal as the last resort); and FACS policy on family preservation.

My understanding, and again, this is just my understanding because we haven't been given proper education or knowledge around it... [another participant in the focus group...] Exactly, they've signed us up and you don't even know.

There was no one way, or organised approach, for parents to access this information. As with help seeking and service access, most parents sought this information on their own using familiar methods. A lot of parents received information through the 'grapevine' from other parents. Other ways they found out about laws and policies were internet searches (e.g., Google, website fact sheets), social media (mostly Facebook), television (e.g., current affairs programs), and radio. Some parents received information from their lawyer and one parent said she got a fact sheet and verbal explanation from a FACS worker on her right to attend her child's school. Other parents said they received information during group programs and those who were studying (TAFE and university) had developed a lot of their knowledge from course content and assessment work.

We learnt in that 'keeping children safe' course, I actually learnt that we do have more rights than what we have been led to believe. Up until I did that course I didn't know that there were certain things that I could do. Even speaking to [group facilitator] about it, she goes 'no, you can do this, and you can do this', and I'm like 'I didn't know I could'. Up until then I was letting things slide because I didn't know that I could actually say 'no, that's not happening'. Now I know I can say, 'no, you can't take the kids out of the state, you can't do this, you can't do that', and they can't do it. It's making me feel a bit better about it.

I don't know how I know that, I just do. Probably because I'm interested in it, so I see it when it's advertised on TV, and also studying Community Services, you see a lot of stuff and hear a lot of stuff through networks and stuff. I do know, I've read a lot too, that they have a lot of early intervention programs that they didn't used to have. I've just seen more of it, and I don't think they were there before, because I would have heard about them.

5.2. Legal proceedings and court

If you sit back, if you actually go to the courthouse,...you can sit there and you can watch. People go in and people come out. Parents, grandparents.

Parents experienced major disempowering and isolating experiences in court proceedings. They vividly described power imbalances between them and other people within the court environment. A number of issues and ideas related to power and inclusion in legal proceedings and court were identified, including:

They're all going in,
they're all going out,
nobody knows what
they're doing.

Characterisation of parents: In legal proceedings, parents described being characterised in very negative terms which was often a painful process.

The biggest challenges would have been sitting there and getting told what a horrible person you are, it's not a nice feeling, it makes you feel so little and you just want to crawl under a rock and not be there.

For some parents, court was a frightening, demeaning and dehumanising experience:

Court was awful. It was belittling, worst feeling ever. The judge, looking at you like you're the biggest loser, let your children down. It wasn't so much I let my children down, I had nowhere else to go. My ex, we had a domestic violence relationship, so it made me feel scared as well when I was in the courthouse with them all and them all lying. It was horrible....the anxiety and everything you get before you walk into that court house is horrible.

Responding to parents' needs in court: Many participants found the experience of being in court traumatic and confronting. For many, it compounded the impacts of other trauma experiences, including the moment of their child's removal and their own experiences in welfare. Past exposure to trauma was evident in the backgrounds of most participants, with common experiences of issues such as domestic violence, substance use, mental health and homelessness. For many parents, aspects of the legal proceedings mirrored some of their other experiences, such as being controlled, feeling threatened and not being heard.

Very machine-like, there was no compassion, there was no - they just spoke to me about the paperwork. He [lawyer] knew what I wanted. I explained the situation, I said all this has happened, I haven't had a leg to stand on, all these people are coming into my life making all these decisions, they don't know me personally, they don't actually know my situation personally, they don't spend every day with me.

I was sitting there and I was watching more and more distraught parents, some actually being escorted out by security because they were so unreasonable and so emotional that they were asked to leave the courthouse. I'm like, 'can you, where's their fair representation? Where's their compassion of, 'we can understand this is a...". There was none of that.

The following examples of parents with babies or who had recently given birth demonstrate the importance of being sensitive to parents' needs and circumstances, and acknowledging how they might feel in the court environment.

I had a newborn baby in the court – in a lot of the court things – and I was breastfeeding in court and the judge was seeing my boobs which was really scary [laughs]. That was horrible, that didn't work. I remember that was extremely difficult because if you're not relaxed you can't feed well, and I wasn't relaxed being in a courtroom. If it was anywhere else decent I would have been given a break for half an hour, 'so [participant] can go and feed the baby and then we'll come back' kind of thing, that would have been a nice thing to happen.

Because I was healing from the caesarean it was a very traumatic experience on my body especially. I just wondered what am I doing here? Why is this happening? Why was she taken? And I was...expressing milk as well to give to her.

Power imbalances: Not a level playing field: Parents perceived a very significant power imbalance in court proceedings, despite the fact that all parents were legally represented and many (but not all) parents liked and trusted the lawyers who represented them. Even though they were represented, parents felt silenced, unable to actively participate in legal processes and didn't feel their voice was heard in court processes.

Even the lawyer said, 'you don't have a lot of rights when you're a parent and your child's been removed'.

...my lawyers did most of the talking...up until the two-day trial at the end. That was the point where I got to actually speak to the judge one-on-one. I felt like an observer up until that point. I didn't feel really part of the process. I was being talked about but I wasn't being spoken directly to. It was a judge talking to [statutory agency] and the judge talking to the lawyers...

It was evident that some parents did not understand proceedings and felt tricked by legal processes into making admissions that were only partly true. They did not feel the truth, as they saw it, was properly represented in court.

The court didn't hear my side. The DOCS solicitor only wanted to get his case across. That was it. They heard my ex-partner's side. It didn't get mentioned in court that he's not been in my life since 2003. It didn't get mentioned that I was in a domestic violence... [I didn't get to talk] because they were under the impression that I have a mental illness, which I don't. I just had to sit there and let my solicitor do his job.

Even when they were represented, at best, parents described feeling confused and powerless about the legal process and marginalised in proceedings. This included not being involved in discussions, not being asked what they wanted, not having information explained to them and not understanding legal jargon.

There was no discussion, no – we'd get handed paperwork but not explained to us. A lot of jargon was used and a lot of misinterpretation. If you were speaking jargon – speaking professional language – it leaves a lot to say we're doing everything right but we're doing everything right by the letter of the law, which means we don't actually have to include you.

I turned up every day. As I had to. I still do... That's all I could do really, there's not much. My solicitor spoke for me. I didn't get to get up and have my say as I would like to.

Sometimes the court process was seen as unfair and parents believed legal, court and child protection practitioners were actively colluding against parents:

When it's all these people fighting against one person, it's not a good feeling.

No one questions what they [FACS] say, because the government is paying the court and the government is paying DOCS, and Legal Aid, so they're not really there to fight for you. That's the problem.

Parents felt that in some situations lawyers were also disempowered by the process when attempting to represent the parents:

[My solicitor] was fantastic. Even he got frustrated, because our side wasn't being heard.

You don't really take part; the solicitor just does it all. They don't have an opportunity either really to say things. There's a certain time and a place for everything to be said and each time he goes for a certain issue and that's all they deal with. They don't get a chance to get up and say other stuff either.

Few alliances and supports in court: Parents often described court as a lonely experience, where they felt it was them against everyone else.

They don't really tell you that you can take support...they don't even really acknowledge that you're in the room. I mean they'll ask and the judge will say 'is the mother present' but she doesn't look at you, they just sit there and go 'okay, good'.

Some parents saw their own lawyers as allies, who understood their circumstances and who challenged information from others. Most however, talked about their court experiences as a battle to be fought, where others had the power, resources and alliances to win;

You see these knowing-nods from lawyers to FACS workers to public prosecution. You know perfectly well, there is an agenda behind the agenda, okay. It's obvious to everybody.

When there's someone else that can say, 'hey, I know how you feel and it must be like this'... It's just one word that starts what you need to get out.

This was made bearable for some parents who had support people – mostly friends and family – attend court with them. Others thought more support options before and after court would have helped them deal with the stress of feeling on their own and not knowing what was going on.

I have a friend of mine's mum who has been more of a mother figure to me than anything and she's basically come to every single court case. [My partner's] step-mum actually showed up on the first court date and they've tried to be involved as much as they can because they know that we're not these horrible people that would do that.

There's a lot of things you miss when you go to court, when you tell your solicitor and stuff like that. It's not until you get out and think, 'I really wanted to say that', and some people just get bound and they can't go any further.

Lack of informed consent to findings in legal proceedings: It was very common for parents to describe agreeing to things in court that they did not *actually* agree with or fully understand. This may have reflected a misunderstanding of the legal options available to parents in light of the evidence and the relatively low thresholds for such things as a finding 'in need of care and protection'. For example, one father talked about agreeing to a finding that his children were in need of care and protection, which then led to further actions and decisions that he also did not agree with, but could not object to due to that initial finding. He was clear in his interview that he did not agree his children should ever have been removed. However, his lawyer may have advised him that he should consent without admissions to a finding that his children were in need of care and protection. Parents felt the system gained momentum as they moved forward and they felt unable to exercise control over it.

We sort of got conned in a bit to agreeing with and that because my solicitor was 'if you do this then you go on that path' sort of thing ... Then, even though you're disagreeing with stuff, you've got to agree with it to move in other directions ... after you're disagreeing and disagreeing [they say], 'oh no, it's really too late... You can't say that now because the court's already found there was reason for them to be removed'.

However, a few parents were able to reject legal advice and continue to argue for their children's restoration. For example, one parent had great difficulty with lawyers, with legal advice and with concerns about what she perceived as lies presented as evidence to the court. She continued to advocate for herself and her child, dealt with her substance use issues in a very determined way, managed to persuade FACS to support contact with her daughter and eventually had her daughter restored. In relation to her contact with lawyers, when she and her husband were separately represented she said:

It was very much separate, divide and conquer attitude. So, it was separating my partner and I, so we both had different lawyers. They didn't want us sitting in the same room together. It got to a point where I near killed my husband because he signed papers to sign my daughter away. Oh, and that was part of the divide and conquer. He went off with his lawyer and I said please do not sign anything. Do not sign anything unless you've spoken to me first. Anyway, he signed papers...

Interim hearings: distancing parents from children before final orders: It was difficult for parents to challenge the finding by the children’s court that a child is in need of care (this is called ‘establishment’). Before FACS can move towards the making of a final care plan and final orders about a child, they must satisfy the court that the child is in need of care and protection on grounds specified in section 71 of the Act. Although children can be removed beforehand, establishment empowers the court to decide that those children will remain in OOHC pending final orders being made. Following a finding that a child is in need of care, parents have a limited time to demonstrate their capacity to respond to the concerns that triggered their child’s removal.⁴⁵ After that time, courts must accept or reject a recommendation by FACS that there is, or is not, a reasonable possibility of restoration (RPOR) of the child to his or her parent/s. Marginalisation of parents from contact with children in the period between interim hearings and the court making a finding about RPOR arguably contributes to a finding of *no* RPOR. This can affect parents’ ability to demonstrate their suitability for restoration. Parents saw this as aiding a partially determined outcome, where limited contact—restricted in frequency, duration and by supervision – undermined their identity as parents and damaged attachment relationships with their children. Both of these factors are major considerations in long term care decision-making

...they really try and break that bond between you and the kids. Then that's one of their reasons for not letting you have the kids back because ‘oh, they're settled where they are and you've only been seeing them once every fortnight, and then when the final orders go in you'll only see them once every two months for two hours. You don't really have much to do in their lives anymore’, so, yeah. (They keep shifting the goalposts).

Parents felt they were disadvantaged at interim (establishment) hearings, where the court made a finding that children needed care and protection. The low threshold for establishment proceedings meant that many parents were advised to consent to this finding without their evidence being presented or tested. Parents perceived that establishment proceedings were weighted against them in comparison to later proceedings such as situations where they made a section 90 application, to vary or overturn final orders, where both parties had to present evidence.⁴⁶

One parent who eventually had her child restored discussed problems with ensuring her inclusion in her son’s life prior to the restoration order being made, noting that the weekly phone calls that she was supposed to have rarely occurred.

At seven o'clock I would sit next to the phone and wait and wait and wait...

...I was meant to get a phone call once a week as well but that rarely happened, and it was horrible. I remember in the beginning it was really horrible how that happened because I would be awaiting a phone call every Tuesday... and some weeks it just never came. So, that was pretty horrible, but that could have been facilitated a lot better by the carer. The carer forgot some weeks totally. I was not involved in any of the medical care until he was restored home.

⁴⁵ Within 6 months for children under 2 years, or 12 months for children over 2 years of age.

⁴⁶ Application for the rescission or variation of a care order under the *Children and Young Persons (Care and Protection) Act 1998* (NSW).

Concerns about guardianship orders: Although parents often commented about court orders, the researchers did not attempt to confirm the legal orders in place for parents and children in this study. However, it was clear there were a variety of arrangements in place including supervision orders for other children who had been restored, and orders for short term and long term parental responsibility to the Minister. Adoption and the relatively recently created guardianship orders that allocate guardianship to carers, were also either in place or under consideration. Placement arrangements varied and although all children were in family based care there was a mixture of relative/kin and “stranger” foster care arrangements.

There's just no room for a birth parent in those orders.

Some parents expressed concern when consideration was given to making guardianship orders to allow permanent care of their children by relatives. Parents worried this would reduce their involvement with their children even further. Parents of Aboriginal children expressed relief that an adoption order would not be likely for their children.

I don't want to have guardianship [allocated solely to carers] with my children, take my rights away from me. Not on your life.... So [with guardianship allocated to carers] if I see something that I don't like in my children's life, I haven't got a chance to change it.

So, I'm really concerned for parents who have children in out of home care and agencies pushing the guardianship order. I can't understand for what reason they would want to do that and exclude a parent.

5.3. Catch-22s

In the midst of discussing their experiences of different child protection and OOH processes, parents indicated a number of contradictory challenges for them in terms of how they would be perceived and what would influence decisions about their parenting. They were summed up by the research team as ‘Catch-22 situations’, also captured by phrases such as ‘between a rock and a hard place’ or ‘damned if you, damned if you don’t’. They are good examples of less visible power dynamics compared with those commonly seen in communication exchanges and system processes. They can add to the emotional distress of parents as they tussle – often in silence – with these dilemmas.

The common Catch-22s identified in the interviews and focus groups were:

Asking or not asking for support or help: If parents ask for help with issues such as a drug relapse, this may lead to more involvement of the statutory agency. Disclosure of the behaviour and a request for support might be viewed as information to support child removal or a decision not to restore children to their parents. On the other hand, if parents do not ask for help, it may mean the issues that triggered the removal would not be addressed and support to improve parenting skills would not be offered. (see also, financial Catch-22 below)

They need to realise that these people have had their children taken off them. Because we had our son taken off us years ago, and never got him back, and then the three kids were taken off us. So, we'd already dealt with DOCS, so if we're having a really hard time, you don't feel there is anyone really you can turn to because if you go and ask for help, then DOCS is going to get involved and I don't want DOCS involved in my life. So, you've already got that perception of, 'I know we're going through a hard time at the moment, but we might need help but we've got nowhere to turn', because if I do turn somewhere DOCS is going to get involved and go, 'oh no, you are shit parents, you need your kids taken off you'.

In actual fact, they probably 'say' the right thing, but then they just use it against you. They go, 'have you got a problem? We can help you with it', and then they turn around and go, bang [hand clap], 'we've got you. You admitted you use marijuana'.

Asking or not asking for financial support: For example, if parents ask for financial assistance for contact visits, they might be reported for not having enough money to care for their other children at home, and thereby increase the risk of more children being removed. Alternatively, if they do not ask for financial support they might not be able to provide for their children, which is important for both their children who live with them (who were not removed or who were restored) and their children in OOHC (e.g., to fund contact visits).

DOCS are saying, 'if you do all these changes and you do all these things, you'll get your kids', but at the same time, they are not thinking of 'you've lost a lot of financial stuff that would be helping you', and they're saying to the court, 'they can't financially support their children'.

Working or not working: Both could be viewed as a problem in some way, in terms of being available to care for their children and parenting suitability;

[You are] seen as an unfit parent if you're working all the time, and you don't have time for the children.

It was difficult, because not having my child in my care meant that I wasn't eligible to Centrelink support in that area. There was no compassion from Centrelink at all because they were expecting me to be seeking full time work, which is impossible when you're trying to do parenting courses.

Emotional reaction or no emotional reaction: This is a common Catch-22, in the context of child protection and OOHC, that has significant implications for parents. Either response may be used in assessments to determine behavioural concerns, suitability as a parent and as grounds for removal or non-restoration, or vice versa. One parent captured this double-bind in this way;

[workers] actually judge a parent for being 'unreasonable', 'aggressive', 'yelling', 'overemotional'. Yet, you show no emotion at all, and [they think] the parent is 'clearly on a substance', 'unable to make eye contact'.

If you're not emotional enough, then you're cold and uncaring, but if you're too emotional you're mentally unstable. So, you have to find that happy little medium... [another parent in response] Which is very hard when you have just had your kid ripped away from you and you just have that natural parental response to 'my kid'.

6. Professional relationships and relating

Parents consistently referred to difficulties in interactions, exchanges and decision making processes with workers, lawyers and carers, and for many, those relationships were non-existent. This added to parents' experiences of isolation and powerlessness, and the loss of their identity as their children's parents. Their responses indicated that both relating and relationships required attention. Relating had two parts; basic respect and skills of engagement – such as

There are two carers I've never met, three actually, and you're going, 'I wonder what these people are like?'

greetings, tone of voice, listening and speaking positively about parents to children – “thinking of people more as people than as numbers” – and recognition of parents' circumstances and contexts. Relationship meant an established foundation for ongoing, respectful and meaningful engagement, within a partnership – “come alongside the parents” – which many parents understood to be fundamental to their children's well-being, identity and family connections.

Have this partnership right from the very beginning. Have everything laid out on the table; 'yes, we've taken your children, but we can put in contact plans while we're sorting through this. We can work together. We can link you in with services'.

Parents described the behaviour of some workers through the court process as intimidating and bullying and thus, further disempowering.

She was scary, she was really intimidating and we just basically had nothing to do with her after that. She would try and contact us and she was very – she was a bully. She would try and bully us into things.

Little evidence of partnership approaches: Parents' stories seldom included descriptions of partnership approaches being adopted by FACS or OOHC agencies, and in court proceedings

Honestly, all we do is go to see our son [at contact] and then go home. There's no other involvement whatsoever.

where parents continued to feel silenced and marginal to proceedings. With some important exceptions, parents saw agency workers as obstacles rather than supports in helping them to undertake the work that was required for their children to be restored, and some suggested that agencies might have deliberately scheduled events that disrupted their involvement in activities for or with their child.

The new worker who I never even met, never even spoken to, was still against them coming home. So, I fought the whole of 2014 to 2015. It was basically getting adjourned. She wasn't even considering it. She didn't take any consideration into what I'd done. I'd keep on ringing and saying 'come and meet me, come and see where I am, come and see what I've done' and she wouldn't participate. [I did] another parental capacity assessment; she said give them back. But, the FACS worker still refused.

A number of parents who had children restored noticed a difference in how workers interacted with them once a decision to restore had been made.

They were very supportive in the end, but not in the beginning. They treated me entirely differently when we were going through the court process, to when the court had agreed to restoration. They should have treated me like that in the beginning, not just the end.

Not getting help: Parents generally felt they were not helped on a number of fronts. This included knowing why their children had been removed in the first place, knowing what to do to address the problems that led to their children being removed and knowing how and where to locate and engage in services that would address the problems. This extended to comments that very few OOHC agency workers were helpful to them, which included an absence of useful referrals or suggestions. Parents were generally not actively connected with services, which they thought would have demonstrated workers' commitment to helping restoration;

Instead of trying to catch you out to keep your children from you, they could actually try and have a fair dinkum go at trying, they should be really trying.

When parents were told what to do, or had their own ideas, suitable services were often not available until after their children had been removed, if at all. All of the parents wanted help. For most, this was not forthcoming. Parents said they searched the internet to find out what they should do and to locate services and programs; "I did a lot of googling". One parent with an intellectual disability was encouraged by her caseworker to use the internet to find services and when she found this difficult and asked for help it was not provided.

When you do ask for ideas and that from [statutory agency], they seem to close you out ... I've asked a few times 'what is it that you want to see me do so I can have my children back?' And it stops there.

I know what to do now [after two children have been removed]. It's taken me all this time but I know what you expect of me. I didn't get any help from you. I had to learn it all the hard way.

Parents faced other significant barriers to getting the support and services they needed. Many parents took a "scattergun" approach to accessing services. In the absence of direction, they undertook as many parenting and other programs as they could. Some parents had undertaken six or more parenting programs and some had attended similar programs more than once. There were also structural barriers to accessing services, such as requirements that parents should have children in their care.

We are still looking into more courses that we can be doing. There are not many out there for men ... It is really hard ... you've got to have your kids in [your] care to do these courses ... Seeing the mothers in there with their kids, it was heartbreaking, it hurt.

Existing group programs that were designed for parents with children in care and counselling services were highly valued and appreciated by parents, but again, generally they had to find them for themselves.

That was very beneficial in helping my mindset change from being angry to trying to work with them.

I have to say [agency] run a group called Pathways to Parenting, which is specifically for parents who have had their children removed, and that program, I think it went for about six weeks, four or six weeks, but that program was very, very beneficial in changing my mindset. Because in the beginning when my son was removed I was angry and I was vengeful and very, very angry, and I hated [statutory agency] and I was just hell-bent on proving them wrong and I was just really, really angry. That Pathways to Parenting program really helped me, I suppose, realising where I went wrong and in learning how to work with [agency], learning how to communicate with them in a healthy manner I suppose. That was one of the groups.

When parents did get clear information, and help to access services – such as explicit referrals with named, programs and agencies – they valued this highly. For example, one father talked about being referred to a named DV group at a local agency as part of a case plan he was given by a statutory agency. He then followed this up himself and found help. Another parent was only able to get the right help after her child was removed and then had to cease services as soon as she had a child in her care again. Nevertheless, she was able to get good help that was well targeted to her circumstances, at least for a time. This also enabled her to build a solid support network that helped keep her family together over time. However, that parent sourced the help herself; she was not told about it by the agency that removed or cared for her child.

So, when I went to the rehab, because it was a church based rehab, I was linked in with that church and it was the support and relationships that I built on while I was in rehab and then after rehab I stayed connected with that support service – that support family at church.

I knew what I needed to do years earlier, I just didn't have the support to do it.

The lack of suitable services for parents did not appear to be a consideration in child protection or court assessments of parents' suitability to parent, subsequent child removals – sometimes permanent – and determinations about restoration. The absence of appropriate services, supports and help is a structural issue in the first instance; not controllable by parents.

It is feasible to suggest that, had such services existed and parents accessed them, issues that parents recognised affected their ability to parent (e.g., substance use, mental health) may have been addressed and, in turn, may have prevented children going into or staying in care.

They look at [government housing residence] as a slum. They look that we live around drug addicts. They look at it we live around domestic violence and that's not good when you go to court. Even I know that. But at the end of the day some people can't afford to go private.

I knew I needed to go to rehab, I didn't have a family member that would look after my child while I was at rehab, and there were no rehabs that would take his age group except for one [interstate] which was a long, long, long way away from my family support. I couldn't see a solution. So, when he was removed I was able to go to rehab and get the help I needed.

One young mother had already had a child removed. She moved to find better accommodation but could not access services quickly enough and subsequently her second child was removed:

[there needs to be] more of a priority for people who have got trauma happening at that instant [removal] because I needed that psychology service before she was born and they weren't able to help me.

Parents also acknowledged resource and staffing challenges for agencies that impacted their ability to help, develop and support parents to keep their children;

A lot of people, they can't do the intervention stuff because they have to focus on people at rock bottom. With more funding, it would be good if they could get to people before they get there, which means more funding and more workers.

Little or no involvement in decisions and case planning: Several parents talked about limited or no involvement in important decisions about their children. A particular example was decisions about baptisms and religious education. This was concerning because there are clear guidelines about religious and cultural identity in NSW,⁴⁷ which parents' reports indicated may not have been followed.

No, she goes to a Catholic school and [father] was like, why does she go to a Catholic school when I'm not Catholic? They [the carers] are Catholic, so they sent her to a Catholic school. So no, we got no say in any of that.

You think once your kids go into care you don't have a voice, you don't have an opinion, you don't have nothing. I am supposed to be informed when the kids have things at school, I am allowed to attend the school, now, do they let me know? No.

Several parents talked about important information they knew about their children that they wanted to share with carers and agencies in their children's interests, which was either not sought or rejected when offered. This included information about current services, such as speech therapy, and potentially very important medical history information, such as how a child responded to particular medications.

So really, even though I was making bad decisions, I had a lot of knowledge about him that they were not really taking into consideration.

He [child] was put on medication without consulting with me. I knew his history about medication and I wasn't consulted about that or other decisions. I knew him better than anyone else.

...we had appointments with the OT worker, we had appointments with speech therapists, we had appointments for the two boys with an ophthalmologist. Well, [agency] in their wisdom decided that no, you don't need any of those appointments with all of those people.

When parents were able to achieve greater levels of inclusion, especially with workers' acknowledgement of parents' importance, there were good results for them and their children.

My last caseworker was so good. She actually apologised for how the last caseworker acted because she thought that was beyond a joke, that we were treated the way we were, because in her eyes we should be working together not against each other.

Similar to accessing services and programs of their own accord discussed previously, a few of the parents also initiated their involvement in decisions and planning, for example;

I attended my first case plan by the way. My child has been in out of home care for 9 years. I got invited to one in the last couple of weeks. [Asked by co-facilitator how she got that invitation] I actually invited myself. I got an email going 'well, this is on the next case plan', and I'm like, 'well, I think I should be attending that case plan meeting'.

⁴⁷ Office of Children's Guardian, NSW, *NSW Child Safe Standards for Permanent Care* (Sydney, 2015) Accessed on 31 October 2016 at <http://www.kidsguardian.nsw.gov.au/out-of-home-care/statutory-out-of-home-care/nsw-standards-for-permanent-care> : see standards relating to identity, children's rights and family and significant others.

Power laden relationships with carers: A common isolating and disempowering experience, described in different ways, was parents being on the outside of their child's world. Much of this was controlled by carers and was characterised by exclusion from their children's day-to-day activities and developmental events, as well as children's developing relationships with carers and carer families. Parents frequently sought relationships with carers. Some had never met carers and for some, this was multiple carers over time.

I can't contact, I can't ring my son or daughter for their birthday, Christmas, Fathers' Day ... I've asked the carer to ring me on those days, which is okay, but I can't ring them.

I think we had a case review every six months where the carers would go but they still wouldn't say things. I asked if I could have phone contact and the carers didn't want that to happen. I wrote letters and cards but they never responded. If he was sick or he was diagnosed with asthma while he was there I didn't even know.

Many parents felt judged by carers and some described carers actively seeking to prevent family inclusion and restoration. They placed high value on feeling respected and acknowledged by carers. Overall, parents described carers as exercising considerable influence over their ongoing involvement in their children's lives and their family relationships. Some parents expressed considerable concern and worry about the quality of care their children were receiving but felt powerless to address these issues because of the inequalities in their relationships with carers and agencies.

It's constant treading on eggshells with this carer... It is crippling these two little kids.

Deadset, I'm grateful. I'm grateful, they've [agency] been nothing but helpful. It's just the reviews, if they could just do those reviews with - yeah - a little bit more control. Like I felt safe. The fear came up for me once I knew their involvement had gone down. I was full of fear because I thought 'she's got free range now. I'm gone'... The thing - as a father there's nothing I can do about it. I can't make waves... I can't make waves. I can't even - it's a waste of time me contacting [agency]. They're not even involved in it anymore... There's nothing I can do. All I can do is - I can't even keep harping her. I've just got to let it go dormant for a little while and keep being super nice and butter her up so hopefully she's going to let me see more of my kids.

Yep, because we argued about [ex-partner] living at the house all the time. In the end, I just didn't say anything, I just let it all go because it was easier. Otherwise she could just stop my contact altogether. It's all up to her [carer].

Challenges in maintaining constructive parent-carer relationships: When parent involvement was achieved, this often occurred following the carer and parents developing a relationship. Carers were often the ones with the power to make this happen, and in some situations, carers supported parents despite the opposition of the agency employing them. In a few cases, carers went well beyond what was required, demonstrating great sensitivity to parents' wishes to be included.

Being in the system, myself, as a kid, I guess I could tell the ones who actually care compared to the ones who are just in it for the money or the - prize gain, to show off what they've got. I had that a lot growing up, they didn't care. They just wanted the money or just to show you off and it's like, no, I'm not a toy. I could tell the [child's] carer's not like that, even the little things that she's done for me.

In a few cases, carers went well beyond what was required, demonstrating great sensitivity to parents' wishes to be included.

When my daughter started solids, she agreed that whenever she was introduced to a new food, that she would send it off to visitation so that we could be the first ones to give it to her. So, we get to see her expressions, those types of things. So, she was very caring.

That foster carer was amazing... I think the world of her... she communicated well... She was very kind.

Despite many carers not involving them, parents had lots of ideas about how they wanted to be involved. They wanted to be involved at school, in sporting activities, at concerts and special events. They wanted to be included in decisions, like choice of schools and preschools. They wanted children to be raised in the religion of their family background and to be by their sides during medical procedures and hospital stays. When this occurred, they were often very grateful and described going to great lengths to maintain tenuous relationships with carers and agencies to ensure it continued.

Kinship and relative carer arrangements were particularly challenging for the parent-carer relationship. Parents who had children placed with their relatives often experienced great difficulties in these relationships. Parents who did not know or had limited knowledge of the kinship/relative carer needed to carefully negotiate and build a relationship which was often very challenging.

Mum didn't let me change nappies or anything. She'd actually stop me from getting in the way.

She'd be like, 'get out of the way, I've got to change a nappy'. She wouldn't let me. But I was able to hold her. I was able to feed her. It's not the best relationship but over the past year it's got a lot better, especially with [subsequent child] as well. Because we're more of a family unit and I find that [child in care] is more warm now. It's just taken a long time to get to this point. I mean seeing your kid once a week, it's different from seeing them every day. Of course, it's going to take longer to build a relationship. But it's been positive... I'm a very sort of robotic person when it comes to dealing with emotions and being around my parents who caused me a lot of drama. I don't care if my mum is acting aggressive or dramatic or whatever, I just focus on the kids when I'm there.

I'm always emotional, like I'm attentive. I'm not always emotional in there because I can get quite annoyed with the limited access [family carer] has given me after everything I've completed. I've got to know him too from the contact. I didn't know him even though I was going out with [other parent to child in care]. I didn't know him. He wasn't in our lives. I don't like him as a person.

Overall, these relationships tended to be led by parents and carers, rather than agencies, and there could be significant scope for agencies to play a greater role in supporting parent-carer relationships that are more equal and child focused.

Yeah. I also asked for [child's] foster family to be there [at contact visit]. Because this was before I knew them the way I do. I wanted to meet the foster siblings of [my child].

I wanted to know, as a mum, just who's in her life. Who loves and cares for her? and stuff like that.

Legal representation: Most parents had good things to say about their lawyers, although this did not mean they got their intended or desired outcome. Many appreciated their lawyer for being “direct” and “straight talking”, for example, about what the parent needed to do to be represented, raising concerns about both the parents’ and agencies’ actions, and commenting openly on likely outcomes.

My lawyer was brilliant, she was brilliant. She was one of those ones that was quite honest with me about what was going to happen and how it was going to go. At the start, she thought that because of how FACS removed the kids and that I had breached my ex-husband that they would give them back. Then the more they fought on it the more she started saying ‘look, honestly that's not going to happen’. So, she was good.

[My solicitor] was very straightforward with me. The first time I met her, she took one look at me and said, ‘get to rehab’. She was straight down the line, and honest, and ‘if you want your son back, you need to do these things’. She was very honest, and I needed that too. She was good.

Some parents were not able to develop good relationships with their lawyers. Not all parents knew how to go about getting another lawyer, especially one with specialist knowledge and expertise in child protection law, and some noted additional problems when they had a lawyer without that expertise.

I had a hard time understanding my lawyer. I had to ask him multiple times to repeat certain things... He knew what I wanted [but] I just couldn’t get through to him, he just put me through the process. The lawyers didn’t want to question anything that DOCS were saying [despite the fact] that I had letters from doctors, health professionals, my paediatrician, basically saying that what DOCS said was the complete opposite of what these professionals said.

Well this is my second one [lawyer] that I've got now because the first one was a dead set retard. He was absolutely ridiculous. Didn't listen, wouldn't get affidavits in on time, and wouldn't sit to meet with me to discuss court or anything like that. [My new solicitor] she just listens and I think that's the biggest part in solicitor-client representation, everything like that. If the solicitor doesn't listen to you then they don't know what you really want. They're going off their own back and it's like, ‘well, hold up, step back’, you know. The solicitor I had before, he was just about agreeing to almost everything and it's like, no, that's not what I want.

...he's a good lawyer but probably not the best when it comes to child protection issues. We were a bit rookie in that area, so if we had to go back again we probably would find someone that specialised.

He basically looked at me and he actually said some quote about naïve mothers...I got the feeling that he judged me straight away.

7. Parent-child relationships and attachments

Parents understood how the OOHC system and its processes impacted on their relationships with their children. They experienced disruption in those relationships through removal and other OOHC activities, which they saw as resulting in profound grief and loss for both them and their children. Overall, parents seemed attuned to the likely impact on their children's development of disrupted and changing relationships and they worried deeply about the quality of relationships their children experienced while in care.

Traumatising children: Parents talked about the impact of removal for their children. Most parents acknowledged their own actions had contributed to their predicament. At the same time, parents understood they would continue to be very important to their children and that removal had damaged and harmed their children, including their attachments.

Some removals were very dramatic and compounded the trauma associated with removal for parents and their children. For example, they occurred in the middle of the night while families were sleeping or involved the police. Child removal is highly disruptive of parent-child relationships for all children. Younger children can experience disruption of vital early attachments and older children experience trauma, loss and grief which can have ongoing and long term impacts on development.

That's what we learnt the first time around, that they really try and break that bond between you and the kids.

On the night they were removed, the police held my arms. They said 'we're here to take your children'. One has walked to each side of me and held my arms down to my side. I begged them, I said 'look, can I please give them a cuddle?' and they allowed me, while they're holding me, to just reach forward and put my arms around each one and kiss them goodbye....

[My child said] 'you're not going to leave me are you mummy?' You'd only get a little bit ahead of him sometimes and he'd be – 'you won't leave me mum, where are you?' So, it was pretty hard to have him removed when you'd always told him you are going to be there.

Challenges in maintaining parent-child relationships in out of home care: Parents were very concerned that their relationships with their children were damaged by child removal and OOHC placement. They described a lack of time – during limited contact arrangements – to maintain and build relationships. Overall, many parents demonstrated a good understanding of the importance of attachment in child development and how separation from parents, especially for very young children, would damage the parent-child relationship.

I think they need more groups, not just about how to parent while the children are in care because, to be honest, you can't... you don't parent. It's all thrown out the window because all you want to do is cuddle them.

Parents described the impact of systems and processes on their relationships with their children and on the likely legal outcomes. They were well aware that common restrictions on parents seeing and interacting with their children while in care – such as supervised visits and irregular phone contact – did not allow them to build their relationship or to practise the parenting skills necessary to provide safety and wellbeing for their children. They

[My partner] finds it embarrassing, because all the mums are looking at her... if there was a bit extra time, maybe she would be fine with it.

were equally aware that this would impact heavily on court decisions to restore their children to their care and home.

Yeah, there's never any focus on anything that's promising for you ... They really focus on what they've got to do to get the kids off you and keep the kids off you, and to make as minimal contact as possible so as you start to lose that bond between yourself and the kids ... if you do go back for a [variation] hearing they can go, 'Oh, look, you haven't really got much of a bond with the kids now'. That helps their case.

I feel like we can't bond properly... [partner] worries about it because we don't have enough contact with him. Sometimes he will cry the whole time if she picks him up and stuff. Its fine for me, because I don't know, he just likes it. But she's got to have her time too... They don't give us enough time.

A bit more support to 'rebuild', that's the word I am looking for, to rebuild my son... in himself, his education, his health, all that stuff.

Some parents described some difficulties and developmental issues that their children experienced as a result of their disrupted attachments. Parents who achieved restoration had gone to considerable lengths to help their child overcome those issues – to 'rebuild' their child, as one parent put it – including maintaining connections with previous carers and accessing mental health and child development services when they were available.

Once [child] came home she still went over there for the weekend, but it just started dropping off and dropping off to the point that now – so [child] has formed an attachment disorder and anxiety around separation at night.

A few years later, he's back home and things are settled and fine, but he's got a big gap where he's got to catch up and I think if they [FACS] had done some early intervention stuff before, maybe they wouldn't have had to remove him; that he wouldn't be behind the eight-ball now. They weren't hugely supportive during the restoration process with all that kind of thing, like his health was behind, his education was behind, all that kind of stuff, but there was no support in catching up afterwards... There's a whole period of his life where he didn't get that kind of stuff. So, I think the rebuilding needs a bit more support.

Contact visits and family relationships: Parents' participation in their children's lives, especially for children subject to long term care orders, was often limited to contact visits and other forms of brief contact, such as phone calls. Parents tended to experience these as a series of appointments or events, and as insufficient for them to build and strengthen the parent-child relationship that was expected of them and that would support restoration. The role of *supervised contact* was a big concern for parents and many did not understand its purpose. They rarely experienced supervision as adding to the quality of their time with children although they did appreciate it when supervisors were friendly and kind.

No, it [contact arrangements] wasn't really explained. I think, from memory...actually I think I might have gotten a letter from [agency] right at the start that said this is where your contact visits are going to be, please remember to not talk about the court process. I think that was pretty much it. But you don't get told it when you go to the visits, they don't say 'now, don't say this or that'.

Almost all the parents had some variation of supervised contact arrangements. They wanted supervision requirements removed or relaxed and, whether supervision was in place or not, most parents wanted more frequent and longer contact so they could interact more easily and constructively with their children. Some parents did not question their contact arrangements,

and most were unaware they could question them. Others said they did have some say over contact arrangements, which tended to be limited to location and (sometimes) activities.

...because if we just sat there [during contact] for an hour and a half talking, that's not rebuilding our relationship, so I went out of my way to get different little things, whereas I think it would be, a lot of parents, if they're struggling with addiction or something, they might not have that money, they might not have family supporting them financially, or they might not know to do that.

Parents described minimal interaction and support from supervisors and being monitored closely – without reasons given to parents – such as, following them to the toilets and listening-in on conversations. The weather was sometimes a barrier to interacting with children, as many visits were held outside.

They say to you, 'see you next time', they don't, well, they don't say 'are you OK?'. They just say 'see you next time'.

I felt judged the entire time. Even when the supervisors were lovely I still felt like – and it depended on the [contact] supervisor, because there were so many different supervisors in that time. They changed very quickly.

I think that all up I've had about 4 or 5 different caseworkers through [agency] just because of changes and that. I know they tell you not to cry, 'please don't let your child see you distressed'. So, that was really hard.

Some supervisors actively created opportunities for parents to have more private and positive time to engage with their children. For example:

Our supervisor changed and said, 'how about we go over to the netball courts. Then we can be just by ourselves' and we weren't around that whole environment of supervised carers and contact everywhere. She said, 'how about we get out of here, and go over there where it's more private. You can interact with your kids more'. A supervised visit is far from normal, but they did the best they could in a bad situation... They were really good ... They tended to stay out of, and let us have, but we'd sort of pull them in too so it was more comfortable, so it wasn't like they were standing over, we brought them in. [partner added:] It was like having your nice aunty there or something.

Rebuilding relationships after restoration: Two parents who had their children restored (both after long term orders had been made) described their children as suffering from attachment-related problems. One had a child with a formal diagnosis of Attachment Disorder, and the other had a child who was seeing a counsellor about post-traumatic stress-related issues. Both parents sourced this support independent of the agencies responsible for caring for their children in care.

Parents spoke of the difficulties in parenting successfully after restoration and the need for ongoing support. During the time their children were in care, parents felt they lacked opportunities to maintain their relationships and to actively parent their children in preparation for restoration. In fact, legal and other processes acted as barriers to this happening for many parents. Almost all parents expressed deep concern about the well-being of their children and very much wanted to continue to have, or develop, warm and loving relationships with them.

But I do think they need more programs about parenting after restoration because they do not talk about how you're going to feel because you do guilt-parent because you've missed so much of their lives.

Even when they had children in care, some of the parents were still caring for other children of their own at home⁴⁸, including those who had been restored and never removed, and some were caring for stepchildren.

8. Grief and Loss

Parents experienced profound grief and loss when their children were taken from them. This was accompanied by a feeling of exclusion and social stigma. Parents often had little or no support from others and many felt abandoned or judged by family members.

I smile on the outside, but
inside I'm dying.

So, it's like losing a child without a burial, without a grave. It's the only way I could describe that... I still have her bedroom. Nothing has been touched...

[People said] you should have left earlier, why did you stay, you're an idiot, this is all your fault. Just the typical response you get from domestic violence.

Reactions such as anger, distress and frustration are all understandable when a child is removed and placed in care. Parents reported that their emotional reactions were perceived negatively by workers and the system.

A lack of recognition: Many parents felt that it was important to see their reactions, behaviour and expressions of emotions – especially at the time of removal – as normal responses to a difficult and power-laden situation. They also described being in need of help to deal with and process the intense emotions they were experiencing in ways that benefited their parenting and their children. They described receiving little help from agencies to do so.

I'm not asking for easy and I'm not asking for leniency. Clearly, we parents have obviously done something for the children to be removed, but what I'm looking for is more understanding of a period and timeframe where we are going to be emotional, we are going to be angry, and let's be true and correct and put it in the context which it is in.

[Partner] and I had a miscarriage and then we were told that I wasn't to see him if I wanted to get [child in care] back. So, we split ... I just turned to drinking... to numb everything. I'd sit there with a picture of [child in care] ... and straight bourbon in the other hand, just drinking, like I couldn't stand it. I did that for almost every night for about three months.

⁴⁸ Eight parents in total. (see Graph 2).

Misinterpretation of behaviour and emotions: Parents felt their normal responses to grief and loss were misinterpreted and used against them. One mother referred to terms used to describe her such as, 'unreasonable', 'aggressive', 'yelling' and 'overemotional'. Parents expressed concern that their behaviour in the circumstances was understandable but not recognised as such. Added to this were worries that their behaviour in the first instance – and judgements about them on the basis of such behaviour – remained with many for the duration of their involvement with child protection services and courts, no matter what changes they made.

Anybody who's having their child removed, I don't think they are rational. They're certainly not going to be happy.

I had to catch a bus, a train, a bus. It was a rainy day, it was cold. I walked in there very arthritic [from previous injury] and the case lady from DOCS drilled me and said, 'you can't come in here looking like that. You can't come in here looking like you're sad. You've got to be positive for the children'.

Support to process emotions is helpful – if it is the right support: One young parent described losing her child and having a normal grief and loss reaction. In order to cope with the pain, she used alcohol to excess for the first time in her life. She was clear that she did this to reduce her emotional pain and after some weeks she was able to stop and to seek support. However, she was not offered support to help her manage her grief. The focus of the service system, from her perspective, was on the child's care in the form of the OOHC placement, with no regard for how attending to this mother's experience and needs would ultimately benefit her child.

Parents found it very helpful if they could process grief and loss reactions in a supportive and caring environment. Several parents talked about the value of group work processes, especially groups for parents with children in care. Counselling was also highly valued and helped parents, but only when they were able to develop trusting relationships with caring professionals.

They were gentle enough to just keep slowly going and then I kept having light bulb moments. Because they wanted to help me.

When my son was removed ... I was vengeful and very, very angry, and I hated [agency] and I was just hell-bent on proving them wrong ... That [group for parents with kids in care] really helped me, I suppose realising where I went wrong and in learning how to work with [statutory agency], learning how to communicate with them in a healthy manner I suppose.

I didn't know what to do and I came here to [support agency] and boy did they have their work cut out for me. It was, they were so patient with me because my brain would flat line...Yeah, there was nothing there. It was just a void.

She's fantastic [counsellor]. She's encouraging, massive impact on my life. She gets me to stop and think. It's like we've worked really hard on my temper from being a tsunami, I think she labelled it, to a volcano where the lava is just bubbling, but now we're working on me to stop being smarty pants and saying things that are not called for.

Emotional support to ensure quality family time: As previously noted, parents found time with their children emotionally fraught and challenging.

When you see a child once a month for four hours, how are you supposed to forge a relationship with them?

The week of access I get a little nervous. Is he going to have a go at me? Is he going to be happy? Am I going to be attacked again? Is he going to take it out on me again? Or are we going to actually have a nice visit where we can actually be nice?

I used to feel relieved when it was over because you felt like you were being judged the whole time and it's hard-work keeping a little girl entertained that you don't know for four hours once a month.

Overall, parents said they looked forward to seeing their children despite the challenges associated with being under scrutiny and in a structured environment. Parents worried about things going well and tried to prepare, and talked about feeling distressed, upset and exhausted after time with their children.

I just was bursting with enthusiasm leading up to the visits. Probably a little bit of anxiety there because it was a supervisor.

It really takes it out of you, because the night before I find we're up a lot, can't sleep very good. We find we're up nearly all the night before because we're getting ready, getting stuff ready, packing the car, and because we can't sleep anyway because you get that anxious.

Parents demonstrated that the emotional cost for them can be very high indeed and it seems likely, at least to some extent, that this may impact on how children experience their time with their parents. There is considerable scope in OOH and child protection practice to offer improved emotional and other help to parents to assist them cope and to enable family time together to be less stressful for everyone.

9. Identity

In various ways, parents consistently talked about their identity as their children's parent, no matter where their children lived or how much involvement parents had in their children's lives. They continued to see themselves in an ongoing role as parents, with a focus on child safety and

[Statutory authority worker] said, we don't consider you really parents. I don't consider you a parent. You're more like genetic material that your child has a right to know.

wellbeing. Parents found the parenting role extremely challenging and faced considerable barriers to both improving and maintaining their parenting while their children were in care. They expressed concern about inadequate recognition of their identity as parent by others, their identity often being under considerable threat which, at times, included being under overt attack and spoken to with cruelty.

Parents described examples of their own efforts to maintain their parent identity and be involved in their children's lives and decisions about their children. They saw themselves as parents in ways that seem quite similar to how most parents would see themselves in Australian society. Unlike most parents however, they had to *squeeze* their parenting into contact visits and into complex, power-laden interactions with the legal system, agencies, workers and carers.

There was scope identified in this research to nurture and support an ongoing and child focused role for parents, whether or not restoration was a possibility, and to do so in the interests of children and young people. Across parents' stories, particular aspects of parent identities were discussed and are outlined below.

Parents who are very important to their children: Parents saw themselves as intrinsically important to their children's wellbeing. They saw themselves as having ongoing roles that were very important to their children. They wanted to stay involved in their children's lives and to fulfil significant parenting roles – not because *they* needed it, but because they felt this was important for their children. The majority of parents had managed to stay in contact with their children and most wanted more contact with less supervision.

It's an unbreakable bond. You can't, yeah, it's an unbreakable bond. There are no expectations on are they going to jump out of the car and run over there and hug their dad, it doesn't - it's beyond that. It doesn't matter - yeah, but it's always - yeah, it's beautiful... Put them kids in a room with their carers, and put them in with me, and let's see with your own eyes the attachment theory... I've got an unbreakable bond.

However, parents felt that agencies did not understand or see how important they were to their children. One parent felt agencies did ask her opinion about things but only to meet rules and procedures, and felt her opinion was not actually viewed as valuable and ultimately not considered in decision making.

You are asked for your opinion, but I think only to cover their butts.

Parents acknowledged that carers were important to their children. They talked about how difficult it was to hear another person being called 'mum' or 'dad', even though they understood why it happened. However, they felt strongly that this should not diminish their own important role as parents.

She calls her carer 'mum' and at first, the first time I heard that I cried. I just lost it. I was like, 'no, she is not your mother'. But I understand. A mother is someone who feeds you, loves you, cares for you, puts you to sleep at night, reads you stories. The love that [child's] carer has for her, it is true. It's not just for the money or for the - anything like - so I can see why my daughter calls her 'mum'. It doesn't hurt so much anymore.

Some parents talked about how their children had also lost relationships with other family members as a result of being removed, especially siblings. For example, one dad didn't know he had a child until he found out she was in long term care. He had never been approached to care for her or included in initial proceedings. He and his partner knew of no reason that would have prevented him being included in proceedings and for him to care for his child. He was told by the OOHHC agency to discourage his child from calling him dad and to encourage the use of his first name instead.

He [dad of child in care] said I understand that, I don't care if she calls [carer] 'dad', but I'm also her dad, so why can't she call both of us dad? But they don't support... and that's a big deal to him.

Many parents could see how their own actions and decisions had led to children being at risk of harm. They did not always agree with the need for removal but, in some cases, they did;

I don't get to hurt my children. I get to nurture them and help them grow. I have so much to offer them. Where before, I would have been crippling them.

Again, they felt their ongoing role remained important for their children – even if they stayed in care. For example, one dad who agreed his children needed to be out of his care at the time they were removed had grave concerns for their wellbeing while in care. He had been grateful that the caseworker had been robustly monitoring their wellbeing;

I thought the kids are going to be safe and the kids were getting monitored by her [caseworker]... which was a relief to me.

However, his children no longer had a caseworker and he needed to work directly with the carer to maintain contact and an ongoing role. He felt his ongoing role as their father was crucial to their wellbeing, including monitoring the quality of their care, and he found this role extremely challenging in a situation where he relied on the goodwill of their carer to keep in contact with them.

Responsible for *teaching and advocating* for children: Parents continued to exercise complex roles including the role of teacher and advocate. For example, parents used their time with their children to monitor their developmental and educational progress and to continue to teach them in a developmentally appropriate way. One parent wanted his children to enjoy their time at contact with him but he also felt it was his responsibility to continue his teaching role, which he saw as a key role of parents;

Yeah. You don't want the kids to go away from the visit going, 'oh god, mum and dad, they're so hard on us'. But in the same sense, well, I'm not going to let them get away with murder just because I want to look good, look good because I'm under scrutiny.

I thought that was really unfair... to be thrust in her own school all by herself whilst knowing that the other two were at school together.

Parents relied heavily on limited interactions with agencies, workers and the legal system to advocate for their children's needs. However, many parents found when they did advocate for their children it seemed to go unheard, even when requests seemed very reasonable. For example, parents regularly experienced their sibling children being separated from each other in care and could not get that changed.

I was like, 'put her at the same school'. They just kept on saying 'yeah, we'll look into that', but they never did it. I always questioned it.

Responsible for *making decisions and providing direct care*: Most Australian parents make the majority of decisions for their children in an age appropriate way. They also provide the majority of direct care, such as changing nappies, bathing, putting children to bed and dropping off at school. Even when children are in the care of others, such as in child care or at school, parents retain a large degree of responsibility for how children will be cared for when they are not there.

The parents in this study also wanted to participate in decisions that were in their children's interests, such as health and medication. They described wanting to determine important issues such as what religion their children were raised in. Several parents talked about their children being raised in faiths that were not part of their children's cultural backgrounds and against their wishes.

I should have had some say in what was to happen with him...I think that psychologist would have been able to make a much better informed decision had I been involved in that process because I could have given him 10 years' worth of background history.

Parents wanted to provide direct care for children and squeezed this into contact visits the best they could. This included negotiating with OOHC agencies to get age appropriate contact facilities so they could undertake basic care tasks, such as feeding. Parents understood the connection between direct care and attachment and worried about this. They talked about a range of direct care, age appropriate activities, such as dropping off and picking up from school, getting ready for and attending sporting events, personal care activities, and monitoring children's development. They described going to considerable trouble to prepare food and activities for contact visits to ensure they made the most of limited parenting time and demonstrated care for their children. Additionally, many funded those items themselves, from finances that also had to fund their living expenses and other children who lived at home with them. In the case of parents receiving government benefits, their financial responsibilities for contact visits were not recognised in the benefit allocation – as they might be in family law shared residency arrangements – which for some parents extended to up to four children in their care as well as their children in OOHC.

She doesn't need a visitor.
She needs a mother.

I'd like to be able to actually have proper time being able to parent my child, being able to do real time with her. I haven't give her a bath in such a long time. To be able to have a more natural experience, where she can develop an attachment with her mother.

We do not get notified on any of it. So, if he's going to be hospitalised or anything, we're meant to be notified. They do not notify us. They completely ignore us and then when we see them, they just go, 'oh, he was in hospital the other day'. It's, like, well, we would have liked to know. It's our kid.

When asked about other involvement, parents often responded with one or two word answers such as “no involvement”, “nothing” and “they don't let me be involved”. When involvement was achieved, it often occurred following the carer and parents developing a relationship, although the power for this to happen tended to remain with carers. When this did occur, parents described managing tenuous relationships with carers and agencies to ensure it continued.

Reacting normally, as parents, to a very challenging situation: This is related to aspects of the grief and loss theme addressed earlier. The experiences described by parents – of their reactions to the loss of their child and the lack of support to process emotions – also suggest a focus by agencies on preventing parents from behaving in ways that might otherwise be considered normal and understandable when parents separate from their children, even for the shortest time. Although this may occur with the good intention of limiting the impact of distress on children, it may be very challenging for parents, and by extension, may negatively impact on children over the longer term.

When you're yelling and really emotional you were judged so harshly on that and I looked at them strangely. I remember thinking how on Earth could I not be emotional and not be angry with someone removing your child? Then, I guess, I had so many other issues that I'd never dealt with around my own removal and then [child's] removal that by the time it got to [same child's] removal I was so screwed up in the head.

Parents in need of help and support: There was a very strong message from parents that they needed help and support to be parents and were willing to access it, but it was not available. Many of the parents had accessed a range of support services but they had tended to do this without the support of the key agencies tasked to support their children in care, including supporting family restoration and family relationships.

They didn't give me a clear picture. I was young. I didn't understand.

Parents felt they were not seen by these agencies as parents in need of support and help; instead, they were generally seen through the lens of risk or threat to their children. Despite the seriousness of the issues that led to their children's removal, they reported they were given limited or no referrals to support services and limited direction about what they needed to do to get their children back. In the absence of knowing what to do, parents tried to do a range of things to demonstrate their willingness to address problems, show they could be a parent, and get their children back.

They never told me what I was doing wrong. They never said, 'alright, well you need to do A, B and C otherwise we're going to take him'.

Pretty much zero... I was pretty much thrown out of Court as a no good. And there was no support so I started to give up.

I said [to program provider] 'look, I've got three months, I've got an open case with DOCS, I really need this'. And they still weren't able to help me straight away.

When referrals were well targeted and facilitated by agencies this was helpful and led to improved outcomes. As the quote below exemplifies, parents often needed advocacy and support to get access to the services they required.

Yeah, with the numbers, I called up all those numbers [provided by agency] and when we were trying to get into the 1, 2, 3 Magic course but we were told through the Keeping Children Safe course, they were saying, 'but you need to be seeing them a bit more regularly than once a month'. Well, I then spoke to the new caseworker and I said to her 'we'd really like to at least try and do that course if we could and we know one is coming up'. She actually ended up calling up the place out at [location] and explained to them what was going on and then when I called them up they said, 'yeah, no problem'. So, we were able to do that course... Yeah. Surprisingly, they helped [laughs].

They helped to get us into that course which we have now completed and we've learnt a lot from.

10. Opportunities for change: Building a family inclusive approach

Children’s needs, and very frequently their stated wants,⁴⁹ are not distinct from their families’ needs. A family inclusive approach is a focus on the child *in* family rather than on child *or* family.⁵⁰ A family inclusive approach, as described by parents in this research, has a focus on the lived experiences of children and families, maintaining and building family and social connections for children, normalising children’s lives and is less formulaic and procedurally driven. This research has found that parents were generally not experiencing inclusion in their children’s lives or in the legal processes and support systems that surround children when they are placed in OOHC. Parents were asking for greater involvement and had a range of ideas and strategies for this to be improved.

10.1. Tips and advice from parents

Parents were asked specifically in the focus groups what tips and advice they would give workers, other professionals, carers and agencies to improve practice and support for parents, which complemented ideas provided in the interviews. Parents’ ideas about important ways of relating and working with them and their children are captured in Table 2 (workers and other professionals), Table 3 (lawyers and legal representation) and Table 4 (carers) and are linked to aspects of the themes discussed in this report. They represent practical and concrete ideas for correcting the problems and difficulties parents identified in their experiences. They could be used as a practice and relating guide by people who work with parents and look after their children. Other ideas from parents are included across this section of the report as ways of supporting the suggested opportunities for change in practice.

Table 2: Parents’ tips and advice for workers and other professionals

<ul style="list-style-type: none"> • Be supportive and positive • Be supportive and non-judgmental of parents at all points of involvement • Use tones of voice to indicate support, non-judgement, etc. • Be honest • Maintain contact with parents • Listen to what parents have to say • Work in partnership • Treat parents with respect and as people • Be open to parents changing 	<ul style="list-style-type: none"> • Acknowledge parents love their children • Use a human approach and perspective • Support help-seeking • Help parents when they are struggling • Invite trust • Understand parents’ circumstances • Be sensitive to impacts of removal and related processes on parents • Respect parents in conversations with children • Involve parents in decision making processes that will affect their child for the rest of their child’s life
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⁴⁹ CREATE Foundation, *Hearing from Children and Young People in Care: Experiences of Family Contact* (CREATE, 2014)

⁵⁰ D Scott, & D O’Neill, *Beyond Child Rescue: Developing Family Centred Practice at St Lukes* (Allen & Unwin, 1996)

Table 3: Parents' tips and advice for lawyers and legal representation

<ul style="list-style-type: none">• Give specific guidance and requirements to parents• Have particular knowledge about children's legal matters• Change approach based on new or different information• Be available and realistic about availability• Focus on the child; be clear that agenda is about child• Commit to including parents as part of the focus on child• Direct approach, e.g., straight talking, clear about expectations and parent commitment to engage and change• Point out discrepancies in information and where information is not available• Add or present context of evidence presented about parents	<ul style="list-style-type: none">• Provide 'true' and 'fair' representation for parents• Use information provided by parents• Be aware of how others see your behaviour at court and perceptions of collusion, e.g., when talking to FACS and other workers• Advocate when agencies present information that is, e.g.:<ul style="list-style-type: none">○ Not available or delayed, e.g., presenting evidence on the day without notice.○ Presented unfairly or out of proportion, e.g., behaviours that may contribute to risk of harm• Balance giving advice and following parent's wishes; parents should have more say
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Table 4: Parents' tips and advice for carers

<ul style="list-style-type: none">• Be non-judgmental• Know the parents• Maintain involvement and communication with parents• Invite trust• Work with parents• Involve parents in making decisions• Consider parents' views and requests• Involve parents in activities, in addition to contact visits• Allow children to visit parents at home and spend time with them	<ul style="list-style-type: none">• More communication at visits – not just dropping off and going• Support children to understand that both carers and parents love them• Stick to agreements about communication between parents and children, e.g., agreed phone calls and other contact arrangements – don't forget about interactions that are important for children• Respect parents in conversations with children• Acknowledge children's identity includes their parents
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Carers could also use tips and advice in Table 2 to inform constructive ways of relating.

10.2. More inclusive and supportive approach to removal and legal processes

The stories parents told of their children's removal and placement demonstrated that these were often harrowing and distressing experiences for them and for their children. There are opportunities to modify practice to reduce the stress and trauma associated with removal and out of home care processes.

Parent ideas for removal:

- Understand and consider context.
- Acknowledge that having children taken explains some behaviour and emotional responses, e.g., understandable responses to the situation, understand stress and vulnerability.
- Give parents a proper goodbye after removal; when they are less stressed.
- Hold a meeting or conference as soon as possible after removal to explain decisions and for a conversation between child and parent.
- Time and breadth of assessment, e.g., as well as initial reports consult with others before making decisions (such as, psychiatrists, psychologists, clinicians); allow time between removal and assessment of parents (e.g., 2-3 weeks) to reduce reliance on initial (understandable) reactions in broader assessments of parenting and capacity.
- Present removal as an open and preferably short-term option in the very early stages, e.g., do not tell children at the start that it is forever when timeframes are unknown.
- Discuss restoration and consider supports, e.g., initiate visits as soon as possible after removal, organise intensive contacts during early stages of assessing action post-removal.
- Reassure parents they can see their child during these early stages.
- Inform parents about expectations, e.g., reasons for removal; specific details about what needs to change and what is available for help.
- Provide information about services and supports, e.g., legal processes, available lawyers, support services, etc.

Parents' experiences showed that courts and the legal system could be more respectful of parents and family members: there is room for more thought about how to ensure parents' and family members' voices are heard. Parents may need support to take part in the legal process and this support may include emotional and practical support. Parents found court appearances and participation in legal processes extremely stressful. There are opportunities to mitigate this by ensuring parents have support workers with them, especially if their informal networks are inadequate.

Parents described feeling marginalised and disrespected by some staff in courts and some staff associated with courts. They greatly appreciated kindness and respect when it was offered. An important implication for practice is the need for kindness and respect to be conveyed in all interactions with parents with children in care.

Parent ideas for legal proceedings:

- Statutory agencies should have to prove risk of harm in early proceedings, the same as Section 90 hearings. (See Section 5.2)
- Look at parents' evidence.
- More time for initial proceedings, e.g., urinalysis results over time.
- Focus on balancing information and positions of both FACS and parents.
- Ensure FACS are being fair, e.g., query decision not to return children who are in care to parents who have other children in their care.
- Commit to keeping children with families or returning them at some point.

Parent ideas for court support:

- More support for parents attending court.
- A room for parents that is run by other parents (e.g., parent mentors).
- Two types of rooms: one for *pre-court* support and discussion with FACS and others involved, to talk about possible plans that could be presented to the court; and for *after court* to debrief and manage some of the immediate impacts of the court appearance.
- Support people; just for support, not involved in case, to help self-manage.

10.3. Re-focusing on family relationships – not just family contact

This research highlighted the need for practice to refocus on relationships between parents and their children, rather than event-based contact visits and arrangements. Parents said they saw their time with their children as an opportunity to continue their parenting role and to maintain and develop relationships with their children. However, they were not getting help and support to do this from agencies who they perceived as primarily managing and controlling these relationships and contact visits. The purpose of contact supervision was not clear to many parents and often contact arrangements did not acknowledge children's rights to know and have involvement with their family. There are opportunities to review how family time and contact is organised, facilitated and supported. Instead of focusing on the management and control of parents and children during set contact periods and events there is opportunity to refocus on a relationship-based process that honours and respects the ongoing parenting role and the importance of multiple positive relationships, including parents and their children, parents and service providers and parents and OOHC staff. Parents asked for a move away from a formulaic and rigid approach, towards a child and family-centred approach that is process-oriented and relationship-based.

10.4. Mitigating power imbalances between parents, carers and other stakeholders

This research suggests that parents have experienced profound powerlessness in a range of ways as a result of their children's placement in OOHC. Their parenting role has been significantly undermined. They have experienced being marginalised and silenced in legal and case planning processes. They have struggled to stay informed and involved in their children's lives and have "walked on eggshells" to manage power imbalances between them and other stakeholders. The research found that parents with children in care can, and do, play positive and ongoing parenting roles and that they have many ideas and strategies to do so. However, those ideas and strategies are unlikely to be implemented if parents remain in a position of powerlessness relative to other stakeholders. OOHC agencies have the opportunity to engage positively with

parents and purposefully aim to ameliorate and reduce power differentials whenever possible. Parents in this research were eager for this to happen.

There are particular opportunities to build relationships and address power related barriers between parents and carers. This research found that parents often don't meet the carers of their children and, when they do, it is reliant on carers and parents themselves taking the initiative. There are opportunities for OOHC agencies to provide opportunities for parents and carers to meet, form child focused relationships and work collaboratively in the interests of children and young people.

10.5. Building skills and capacity in relationship-based practice – connecting policy to the lived experience of parents

Respectful family work, even when children are removed and in OOHC, is in children's interests. This is recognised by existing government policy and contemporary practice frameworks that have been adopted by OOHC agencies.⁵¹ These frameworks recognise that relationship-based practice, including learning from the lived experience of children and families is important in a child welfare context. Government policy across Australia is clearly focused on family support, family preservation and early restoration. This research found a disconnect between those practice frameworks, government policy and what parents actually experience in their interaction with OOHC agencies and the legal system. This provides an opportunity to purposefully build skills in this area to improve parent's experiences, their children's outcomes and to better implement the intent of the service system.

Findings from this research could be used within practice and professional development initiatives with professionals in legal and human services, as well as carers, to promote learning that is informed by the lived experiences of parents and their children. The list below outlines the suggestions some parents had about what knowledge and skills workers and carers need to work with parents. Combined with the other lists of parent ideas in this report, this would provide a good starting point for building skills and capacity.

Parent ideas for professional development – workers and carers:

- Knowledge and skills around:
 - Reasons why children are removed, e.g., domestic and family violence, drug addiction, mental health.
 - Trauma, grief, emotional responses (provided by clinicians, psychiatrists, psychologists, educational professionals).
 - Planning and decision making.
 - Working with parents who have had their children removed.
 - Relating at a human level.
- Re-employ or assess workers when a new policy is introduced, to test knowledge and commitment to using it (e.g., principles of restoration)

⁵¹ Family and Community Services, NSW, *Care and Protection Practice Framework: Improving Children's Lives Everyday* (Office of the Senior Practitioner, FACS NSW, 2015); Life Without Barriers, *Pillars of Practice Framework* (Newcastle, 2014), available at: www.lwb.org.au

10.6. Helping parents to be better parents – no matter the legal outcome

An important message from this research was that parents with children in care continue to be parents and that they are just as able to be child focused as any other stakeholder. However, just like all other parents in Australian society, they need and want help and support. Parents who have had children removed are likely to be impacted by poverty and other significant barriers that make it more difficult for them to be the best they can be. This research found that help is often not forthcoming even though it is badly needed.

Parents tended to describe being viewed through the lens of risk to their children, rather than through a lens of humanity and parenthood. If they were viewed through a lens of parenthood, and as people important to their children, it is possible help would more likely be offered to them. The voices of parents in this research invite us to change the way we view parents with children in care and, as a result, take a more helpful role with them.

Parents' ideas about services, supports, programs and casework for them (see below) indicated the need for a comprehensive initiative, or suite, of integrated interventions, activities and programs specifically for parents who have had children removed. The 'scattergun' approach by many parents that was discussed previously – to demonstrate suitability to care for their children – could be alleviated by a purposeful arrangement that is specific to their needs. A 'one-stop-shop' approach like this could be a central referral point for workers and agencies, some of whom could also contribute to its design and implementation, as part of collaborating with each other and parents.

Parent ideas for programs:

- Specific for parents who have had children removed and do not have children in their care.⁵²
- Knowledgeable and supportive facilitators in group programs.

Type and content:

- Relevant to parent's circumstances, e.g., relationship program if relevant.
- Intergenerational focus, e.g., your parents' parenting.
- Include content on rights, policy and legal issues.
- Gender, e.g., groups and services for men/fathers, not just mums.

Access and availability:

- Publicise programs more.
- More programs available- type and location.
- Free or affordable.
- Transport; provided or in proximity to the program venue.
- Accommodate child care needs, e.g., provide child care as part of program, or fund access to child care to facilitate program attendance.
- Be creative to help parents meet program criteria, e.g., be allowed to practice parenting and caring skills with other people [when you do not have children with you], e.g., basic communication skills feature in parenting programs, which can be practised with other people.
- Accommodate parents' education and other commitments when planning, especially commitments for self-development and improved parenting.
- Make "warm" and supportive referrals to make sure the services are helpful and appropriate

Parent ideas for casework and support for them:

- Services to guide parents through processes, e.g., removal, restoration.
- Support navigation of complex systems and assistance to identify and access the multiple services and agencies needed by parents and children.
- Support or develop parents' planning skills, e.g., care and restoration planning

⁵² Many programs attended by parents who do not currently have children in their care were also attended by parents who had children at home, and in some programs, those children were present during sessions.

Glossary

Carers; foster carers, relative and kinship carers with whom children and young people reside when they have been removed and placed in care.

DOCS; [in some parent quotes] 'Department of Community Services' is the former title of the current agency, Community Services, which is part of NSW Family and Community Services (FACS) (see below). It carried that name for many years and 'DOCS' is still commonly used by many stakeholders in the child protection and OOHC systems.

FACS or FACS NSW, Family and Community Services NSW; a NSW government department. One division within that department is Community Services, which is responsible for statutory child protection and OOHC services (see below). This is the former 'DOCS' referred to above.

Family and Community Services (FACS) versus, or compared to, non-government (NGO) agencies; FACS has responsibility for investigating child protection concerns and acting in relation to those concerns, including initiating and progressing applications in the Children's Court to have children removed or restored to parents. In terms of organising OOHC placements and casework responsibility, which includes involving parents when their children are in care, FACS NSW and non-government OOHC services have either sole or shared responsibility depending on the needs and circumstances of the child or young person. Non-government OOHC organisations may also be involved in such things as writing reports to the court, under section 82 of the Act. The reality of who has responsibility in child protection and OOHC can be more complex at a practice level than it appears. For instance, non-government OOHC agencies can be influential stakeholders in determining outcomes for children in care.

Families; in this research, means the immediate and extended families and kinship networks of children in care and their parents. They may include other parents, elders, siblings, grandparents, aunts and uncles and other members of the family or the family support network.

Family inclusion and family inclusive practice or approach; A family inclusive approach is a focus on the child *in* family, rather than on child *or* family.⁵³ It involves a focus on the lived experiences of children and families, maintaining and building family and social connections for children, normalising children's lives and taking a less formulaic and procedurally driven approach.

OOHC; out of home care. When children and young people cannot live with their parents for a time, they may be placed in one a range of options, including kinship care, foster care or residential care.⁵⁴

OOHC agencies and OOHC workers; includes both Family and Community Services (FACS NSW, government) and non-government (NGO) out of home care (OOHC) agencies and workers.

Parents; in this research, means parents who have had their children removed and placed in out of home care (who are still in care, have been restored, or have left care).

⁵³ D Scott and C O'Neill, above n 50.

⁵⁴ NSW Government, Family and Community Services (FACS), Our services – out of home care [website] <http://www.community.nsw.gov.au/about-us/our-services>

Relationship-based practice; Relationship-based approaches to practice seek to be participatory and empowering, acknowledging the expertise of the client as well as the practitioner.⁵⁵ The combination of knowing the person, connecting with them at an interpersonal level and understanding how systems and environments around them affect them is the means by which supportive and respectful work is done and achieves outcomes for children and young people.

Statutory agency or authority; refers to Family and Community Services (FACS NSW), the state government child protection agency.

Workers; child protection and OOHC workers, in both government and non-government agencies, unless otherwise stated in the report.

⁵⁵ G Ruch, 'Relationship-Based Practice and Reflective Practice: Holistic Approaches to Contemporary Child Care Social Work' (2005) 20(2) *Child & Family Social Work* 111-123, 115.

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Appendix A: Participant Information Statement

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Participant Information Statement for the Research Project:

Parents' perspectives on support and legal services after having a child removed and placed in out of home care

You are invited to participate in this research project, which is being conducted by the research team listed at the end of this information statement. You have been identified by an agency as a parent who may be interested in participating in this research. One worker at the agency is the contact person for this research and is helping organise the activities. They do not work directly with parents with children in out of home care or their children. To ensure your privacy, only that worker knows you have been invited to participate.

We are seeking parents or family members who have had a child/ren removed and placed in out of home care and who can discuss their experiences of legal, child protection and other social services. This includes experiences of the removal of their children and support for parents and families while children are in out of home care.

Why is the research being done?

This research aims to respond to legal, policy and practice reforms currently taking place in relation to child protection and out of home care. We will be looking at their impact on parents and families in the Hunter Region. Understanding the potential impact these changes will have on families is important for advocacy, promoting the needs of families, and informing other policy and practice developments in the sector, especially family inclusion.

We are interested in hearing from parents and families about experiences with statutory child protection processes and community services in relation to:

- how they are currently supported by services to prepare for future children's care
- how services seek and take account of their perspectives and experiences
- how they experience statutory child protection and legal processes associated with their children's removal
- how they experience contact arrangements made during proceedings and support for those arrangements
- family inclusion and if it is a feature of their experiences of legal processes and community services. Family inclusion means parents and family are supported to participate in decisions about children in the child protection system and in out of home care and to have caring relationships with them.

Who can participate in the research?

You were identified as someone who may be interested in being a participant in this research through a non-government agency that has provided you a service or program. If you are interested, do you meet the following criteria?

- You are 18 years or older; and
- In the past 5 years, you have had a child removed and placed in out of home care. This child may still be in care or may no longer be in care; and
- You have had a child in out of home care for more than 6 months some time in those 5 years.

What would you be asked to do?

If you agree to participate you will be asked to participate in:

- **An interview:** You will be interviewed by one of the researchers and it will be audio recorded. You will be asked questions about your experiences and views (based on the list above). You can have a support person with you whose role will be to support you and not to answer questions.
and/or (you can choose both or just one)
- **A focus group:** This is a small group discussion with no more than 3 other parents. The group will be asked some questions (also based on the list above) and it will be audio recorded. The discussion will be facilitated by one of the researchers and a peer-parent. *The peer-parents: 2 local parents who have had children removed are working on this research project. They have been working on other projects to support parents in these situations. One of them will help guide each focus group discussion.*

The interviews and focus groups may be held at one of the participating agencies. This might be done out of hours, e.g. Saturday, or a time when the agency does not open. This will ensure your privacy and enough space for the research activities. We can interview you via phone if you would prefer. If you would like a phone interview, please tell the contact person when you let them know you would like to participate. Because the focus groups involve other people we cannot do them by phone. More information about the location of the research will be provided by the contact person.

Before the interview or focus group you will also be asked to provide some information about you and your family, such as your age, where your children are currently living, and different relationships or connections in your family.

For interviews only: you will be able to review your interview transcript. This is a written record of the interview including the researcher's questions and your answers. *Interviews and focus groups:* you can ask for parts of recordings to be deleted.

You may also be asked to comment on summaries provided by the researchers on how they have interpreted information gathered from interviews and focus groups. At the end of your interview you will be provided a gift card to thank you for your participation.

What choice do you have?

Participation in this research is entirely your choice. Only people who give their informed consent will be included in this research. Whether or not you decide to participate, your decision will not disadvantage you, and it will not change any services you currently receive from agencies involved in this research. If you do decide to participate, you may withdraw from the project at any time without giving a reason and have the option of withdrawing any data which identifies you. Some options for you to make choices during the research include (a) not providing particular information; (b) asking for parts of your interview or focus group recording to be deleted; or, (c) withdrawing from the research at any time. If you withdraw *after* the focus group, any information you provided during that discussion cannot be deleted.

How much time will it take?

Info about your family: about 15 minutes (just before your interview/focus group)

Interview: about 45-60 minutes

Focus group: about 60-90 minutes

What are the risks and benefits of participating?

Because of the sensitive nature of the experiences you might discuss you may feel uncomfortable, vulnerable, or stressed during the interview or the focus group. Some questions will relate to details of events, relationships, and responses when your child was removed and living in out of home care. To help you manage this you can use the options above and you do not have to answer all the questions. We also have a support team available who can discuss this with you before you make a decision about participating in the research and after your interview or focus group. It is important to tell the researcher if you are feeling uncomfortable during the interview or focus group. You can also seek support after the interview or focus group from a service you already access or one of the support services on the attached list. We will help you make contact with other services if this is needed. If information provided during interviews or focus groups suggests a child or any other person may be at risk of serious harm the researchers may report this to Family and Community Services or the police.

You may feel uncomfortable about sharing your experiences in a group setting with other parents (focus group). If you would prefer a private setting you can do the individual interview only and not attend a focus group discussion.

The main possible benefit for you is for others to hear your story and what it has been like for you to be a parent who has had a child removed and placed in out of home care. This will be a different experience to those times when you are used to having these discussions, such as times when assessments and decisions are being made about your child and family. Practitioners in legal, child protection and other social services may benefit from hearing the stories and perspectives of parents to consider how they might respond to these in practice. There is a possibility this research and your experiences may help shape parts of child protection policy and innovative family inclusive practices with families and their children in out of home care.

How will your privacy be protected?

Information you provide will not be identified. You will be assigned a fake name/alias and a code de-identifying you in the study. Any information you provide about a specific worker or agency will not be provided to those people. In focus group discussions you should respect the privacy of people participating by not telling anyone outside the group details of what you discussed.

We invited parents to participate in this research through a number of local agencies. Each agency identified an employee not working directly with parents to help with the invitations and organising the research. This person will know your identity because of those activities and is required to maintain your privacy. Other people at the agency will not be told you participated in the research unless you tell them.

The interview and focus group audio recordings will be transcribed/typed-up to help the researchers analyse them. If transcription is done by a service other than the research team they will be required to maintain confidentiality as part of their service. During the active phase of the research, electronic and hard copies of interview and focus group records will be held at the University of Newcastle. Electronic records will be password protected and hard copies secured in a locked filing cabinet in the chief investigator's office. Only the research team will have access to these records. Once the research is completed, records will be transferred to the administrative office of the Newcastle Law School and secured for five years beyond final publication, after which electronic records will be deleted and hard copies will be shredded by a secure documents removal service.

How will the information collected be used?

A summary report of key findings and recommendations from the research will be provided to research participants and the partner organisations. Partner organisations will not be told the identity of participants. Participants may be asked to provide comment on some aspects of the analysis and findings and the researchers' preliminary ideas. The study results may be published in reports, books and academic journals as well as presented at workshops and conferences. Individual participants and the information they provide will not be identified in any reports, publications or presentations arising from the project.

What do you need to do to participate?

Please read this Information Statement and be sure you understand its contents. If there is anything you do not understand or you have questions, contact one of the research team members. We would welcome your participation in the interview and/or focus group as part of this research.

Thank you for considering this invitation.

Appendix B: Demographic survey questions

Pre-interview

This information is collected immediately prior to entering the interview **OR** focus group. It should only be completed once.

1. Name	<i>To link to interview then deleted</i>
2. Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not specified
3. Age	

4. Genogram *(draw with participant – separate sheet/activity)*

5. Living arrangements	<input type="checkbox"/> Live alone <input type="checkbox"/> Live with partner only <input type="checkbox"/> Live with a partner and one or more children <i>(prompt – how many children, their ages, and biological parents – unless on genogram)</i> <input type="checkbox"/> Other (please describe)
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Children’s details *(If a child was removed more than once, enter the second removal details on a new line, repeating that child’s name at the start of the line).*

	Name	Sex	Age at removal	Age at restoration	Age now	Current contact
1						
2						
3						
4						
5						
6						

Appendix C: Interview questions

[Preceded by introduction, consent checking, genogram drawing and demographic questions]

We are going to talk about a few different experiences of yours, and I have one or two questions for each. This includes:

- when you went to court
- how things have been for you
- support you have received
- how you have been included in [child's name]'s life, and
- how you think your involvement could be improved

Your own experience – how things affected you

To kick off, we want to understand your experience when [child's name] was removed, and how you responded. We want to know what it was like for you at the time of removal, how it affected you then and now, and what kind support you have received.

1. So, let's start. Tell me, what has it been like for you to have a child removed?

Optional prompts (only if needed to extend): How did you feel/have you felt? How have you adjusted to life not living with [child's name]? What changes have you made? How have others around you reacted or behaved? What kinds of things do you think about? What has happened to your relationships with others??

Legal proceedings experience – when you went to court

Now, let's chat about what happened in court when [child's name] was removed. The first question is for you to talk about what court was like for you and maybe some of the things that happened. The other 2 questions on court are about the biggest challenges for you and what worked well.

2. Tell me about what it was like for you when you went to court.

Optional prompts: tell me more about that... How did you take part in court, or how were you involved? Did you get to speak in court? How did other people include you in what was going on (e.g., your lawyer, your child's lawyer, child protection workers, family, or other agencies/services)? Did you have a lawyer? Did [child's name] have a lawyer? Did the lawyer/s talk to you? How did you prepare or get ready to appear in court? What kind of contact did you have with [child's name] during court? Were you allowed to take support people with you? What type of support were you allowed to take with you? How did other people treat you? Did other people talk to you (e.g. lawyer, worker, family, friend, service)?

3. What were the biggest challenges for you when you were in court?

Optional prompts: tell me more about that... What was the hardest thing? What made it hard or difficult for you? Did you understand why you were going to court? Did you know what was going on in court? Did you know how things worked? Did you know what others expected you to do? Did you know who all the other people were and what they did (their role)? How did you follow what was going on?

4. What worked well or helped you when you were in court?

Optional prompts: tell me more about that... What made it easier for you? When did you feel most supported? What information made things clearer or easier to understand? Who gave you helpful information? How did others help you understand what was going on (e.g. lawyer, worker, family, friend, service)?

Support for you

These next questions are about support you have received. This might be support while [child's name] has been/was in care, help for you to be involved in [child's name]'s life, and help with your parenting.

5. What support or parenting services are you using or linked into, now or in the past? How did you get them?

Optional prompts re: self: What are you getting? What makes it helpful or unhelpful? What type of support or services have you asked for? Which of these did you get? Which didn't you get? What are some the reasons services gave for not supporting you or providing you a service? How often? What support do you think parents need?

Example services/support: child and family, family, health (general, community, mental), women's/men's services, domestic violence, alcohol & other drugs/addictions/D&A, child protection, counselling, group programs, etc.

Optional prompts re: parenting: What steps have you taken for you to be the best parent? What types of services or programs have helped you work on parenting your children (focus child, other children, and future children)? What has helped you improve your parenting? How have your ideas about parenting changed?

Example programs: My Kids & Me, Triple P, Circle of Security, Being a Mum, Being a Dad

6. How do you think services or programs for parents could be more helpful?

Optional prompts: tell me more about that... What could they do differently? What extra or different programs could they provide? How could information about the programs be improved? How could access to the program be better? How could they understand your experience more?

Family inclusion - introduction

Even when your child is in care, you are still their parent. Now, we're going to talk about how you have been involved while [child's name] has been in care. We will start talking about contact visits then look at other ways you have been included while [child's name] has been/was in care.

Family inclusion - Contact visits with your child

7. As far as you know, what type of contact was decided and agreed on at court?

Optional prompts: tell me more about that... frequency and duration of contact, supervision arrangements, etc. How is it different now?

[Check if they are aware of details of Orders decided at court, which may not be known]

8. How do you feel before, during, and after contact visits?

Optional prompts: tell me more about that... What do you like about it? What don't you like about it? How do you feel during contact? How do you feel after contact?

9. Tell me about the contact you currently have with [child's name]. What happens?

I'm interested to hear specifically about organising, attending/getting there, location, activities, carers, and supervisors.

Optional prompts below: (various, depending on what is needed once a general response to this question is provided)

Organising: Who organises contact? Are you asked about how contact should be organised? Are you asked about how contact should change? What happens when contact arrangements are changed, e.g. who tells you, when do they tell you, how do they tell you? How much notice do you get before the contact?

Attending/Getting there: How do you get to contact visits? How long does it take you to get to contact? Do you ever have trouble attending contact? What makes it hard for you to attend? What assistance or support do you get to attend contact?

Location: Where do you have contact? How far is it from where you live? Does the location ever change? Who decides when the location is changed? Why would the location change? When do you decide where contact will happen?

Activities: What do you do during contact, e.g., activities? Do you decide what activities you and [child's name] will do during contact? Do others tell you what you should do during contact?

Carers: Do the carers attend contact? Do you see the carers at contact? What is the role of the carers during your contact (e.g. supervising, just there to bring [child's name] and take them home)? Do the carers contact you before the visit (whether they will be attending or not)? If they are at contact, do they talk to you? What do they talk about? If they are not there, do the carers send you any messages when you attend contact via the supervisor, via [child's name]?

Supervisor: Is there ever someone else there during your contact with [child's name] (e.g. an employee of the agency providing the placement, the carer)? Do you have someone supervising your contact? Do you have the same supervisor all the time? How often does the supervisor change? Do you have any say in who the supervisor is? What does the contact supervisor do during your contact visits? What does the supervisor talk to you about? What changes do you see in contact activities when you have different supervisors?

Others: Do other people attend contact with you or with [child's name] (e.g. family, friends, etc.)? What is their role during contact? What do they do during contact visits?

10. What would you change about your contact visits?

Optional prompts: tell me more about that... frequency, supervised, location/s, resources or assistance from others. What would make it easier or better?

Family inclusion – Other involvement (in addition to contact)

Contact is just one way for parents and families to be involved while their child is in care.

11. Are there other ways you have been included and involved in [child's name]'s life? What are they and how did they come about?

Optional prompts: tell me more about that... How do you maintain your role as a parent while [child's name] is in care? How do you make that work? How are you involved? Other than contact, do you see [child's name] at other times e.g., sport, concerts, dinners? Do you go to case conferences or other meetings about your child? Do you get copies of school reports? Are you consulted/asked about important decisions, e.g., health, medical, school? What decisions do you make about [child's name]? What decisions do others ask you to make [*ask for example/s*]? When do others ask you what you think about decisions they are making about [child's name]? When you ask for more involvement, what happens?

With carers: When do you see the carers? When do the carers contact you? What do carers talk about with you? What happens when you contact/call/talk to the carers?

12. How could your involvement in [child's name]'s life be better or improved?

Optional prompts: tell me more about that... What could you do differently? What could others do differently, e.g. workers, services, family, or friends? What should happen more? If your involvement was more than contact visits with [child's name], what would it look like? What are some different ways you could be involved? What resources or assistance could others give you, e.g. services, family, friends, others?

13. Have you met [child's name]'s carers? How did you meet them or find out who they are?

Question about restoration – if time permits (another set of questions follow)

14. Have you tried to get, or are you thinking of asking for, restoration?

Optional prompts: tell me more about that... What has that been like for you? What have you tried? What have been some responses from others? What have been some challenges in seeking restoration?

You and your family

To wrap up, I'd like to hear a bit about you and your family ...

15. What are some things about [child's name] that you are really proud of?

Prompts: What does [child's name] do well? What does [child's name] have a go at? What things about [child's name] do you think makes [child's name] strong? How does [child's name] handle tough times? If you had to describe what's great about [child's name] in three words, what words would you pick?

16. [IF TIME ALLOWS: *If there are other children, who are in care or not*] What are some things about your other children that you are really proud of?

Prompts: as above.

17. What are some things about yourself that you are really proud of?

Prompts: What have you done well? What have you achieved? What do you have a go at? What has made you strong? How do you handle tough times? If you had to describe what's great about you in three words, what words would you pick?

Conclusion

Thanks for taking time to share your experiences with us;

Is there anything more you want to say?

Do you want to ask me any questions?

Appendix D: Focus group questions

[Preceded by introduction and consent checking]

Advice and ideas to improve services and workers' approaches

We want to hear what you think could be improved in services for parents who have had their children removed. This is about advice you would give workers and services that work with and support your children in out of home care, to improve how they deal with parents who have had children removed.

1. Let's talk about your advice for some different groups or services *[list off groups that will be covered then work through each]*

What advice do you have for ...?

- Community Services/FACS/'DOCS'
- Other workers
- Carers
- Lawyers/solicitors
- Non-government agencies *(examples if needed: family services, foster care services, parenting agencies)*

Optional prompts, if needed: [for any of the groups above]

- What works for you?
- What should they do help you to keep being your child's parent?
- How could they improve how they organise and support family contact visits?
- What could they do so you can be more involved in your child's life?
- How should they communicate with you?
- What is the most important thing for you in your relationships with workers?
- What other kinds of services should be available for you?
- When others are talking to you about your child in care, how should they do that? What's really important to you in those conversations?
- How could the removal of children be improved?
- How could court processes be improved?

Policy and legal changes

There have been some changes to laws and policies recently for children who come before the courts because of concerns about their care. This includes, for instance, moving a lot of out of home care services to the non-government sector, and changes for adoption of children in care who cannot be placed with parents or family members.

2. What kind of information have you received about these changes, and where did it come from?

Optional prompts, if needed:

- What changes do you know about?
- Where did you get information from? *(examples if needed- a service, the internet, Facebook or other social media)*
- What information do you think is easy to follow or understand?
- What information is not clear or confusing?
- What else do you need to know?
- How much of this is new to you today, i.e. you have not heard about before today?

3. How do you think these changes will affect you and your situation?

Optional prompts, if needed:

- How clear are you about what the changes mean for you?
- What kind of information do you need to be clearer?
- How will they affect your child who is in care?
- How will they affect your other children?

Conclusion

Thank you for taking the time to share your experiences with us and other parents;

Is there anything else you would like to say?

Do you have any questions for us?