Family Inclusion Strategies in the Hunter Inc.

Email: contact@finclusionh.org

Website: https://finclusionh.org/
                 https://finclusionh.org/peer-services/

Facebook: https://www.facebook.com/familyinclusionhunter/

Contact person for this submission:

Jessica Cocks, E: contact@finclusionh.org | M: 0429 004 450

building better relationships

Parents and Family:
A small part of the problem, a huge part of the solution

A submission to support the successor plan to the

National Framework for Protecting Australia's Children 2009-2020

Submission Date

26 July 2021

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About us

Family Inclusion Strategies in the Hunter (FISH) is a community organisation based in the Hunter Valley of NSW established in 2014. We are a collaboration of parents with lived experience of children in care and child and family practitioners. Broader FISH involvement includes parents with experience of the child protection system, workers from a range of agencies and backgrounds, educators, researchers, young people, and carers. Examples of our activities, achievements, and our current plan to build parent and family advocacy are in Attachment A.

More information about FISH can be found at our [website](). We are a children's rights organisation. We are concerned with improving outcomes for children and young people – including family preservation and reunification – and promote respectful, meaningful family inclusion as a pathway to achieving those outcomes.

We appreciate the opportunity to make a submission. The voices of parents and family of children in out-of-home care, or involved in child protection intervention, have never been sufficiently included in policy and practice in Australia. Yet, parents and family are vital stakeholders in the system and have a unique and lifelong connection to children and young people, no matter how long they remain in care or to what legal order they are subject. All children need the love, care and support of their parents and family. We welcome the increased emphasis in the successor plan on the participation of children, young people, and families. FISH is a demonstration of parent and family leadership in the child protection sector – we know it can be done because we are doing it.

Overview of our submission

We begin with a brief description of family inclusion and a short critique of the current system. To demonstrate the significance of learning from the lived experiences of parents and families to change how we meet children's needs and interests and build workforce capability, this submission has numerous quotes by parents and peer advocates obtained from research and review projects.

The mainstay of our submission is that **family inclusion should feature throughout the system**, from early intervention and prevention to child protection and out-of-home care. We argue for family inclusion in service design, service delivery, policy, research, and workforce capability building. **The successor plan is a form of "top down" policy but its objectives will only be achieved through community and family led activities**. Solutions that work are solutions developed by families, in community and culture; they are the solutions we propose.

We will argue for broad sector-wide integration of **parent and family peer advocacy and support** (peer advocacy) and **relational permanence**. Peer advocacy is a family inclusive innovation that is well targeted to the successor plan priorities. Through peer advocacy, families take control and responsibility for their lives and the safety and wellbeing of their children. FISH is currently delivering peer advocacy in the Hunter Valley and we are encouraging and supporting its delivery elsewhere. Relational permanence is an expanded understanding of permanence, beyond the more limited legal understanding that has gained currency in many Australian jurisdictions.

At FISH we believe in children *and* their families. We know firsthand how important families are to children and we have brought this lived experience knowledge to designing and trialling peer

advocacy initiatives right here in our own community. We have learned from the experience of peer work overseas[1] and have partnered with practitioners and researchers. We support the leadership of SNAICC, the Family Matters campaign, and other First Nations organisations in addressing disproportionality. We believe that a system that is serving First Nations children and families well, is a system that is serving everyone well.

Recommendations

We make the following recommendations in this submission. **We are willing and able to work with Australian governments to co design, trial, evaluate and move to scale the initiatives and activities we discuss in this submission.**

1. That resourcing, practice, and policy focus on **reunification and family preservation** for the most vulnerable families, including those families who have children in care.

2. That permanency policy and practice throughout Australia, including for children who do not return to their families, be conceptualised as **relational and family inclusive**.

3. That **peer advocacy** with and for parents and families be integrated throughout the sector and available for all parents and families attempting to navigate the child protection system.

4. That **"wraparound" services, integrating peer advocacy**, be developed for families with multiple and complex needs to prevent removal and to reunify children. The components of wraparound services need to be developed by families themselves and sustained over time.

5. That **peer advocates be part of building workforce capability** in the sector, as lived experience experts. This includes the design as well as the delivery of learning and development activities and the availability of peer advocates to support good practice with families in child and family sector workplaces.

6. That peer advocates be part of **policy development, research and governance** of the sector.

7. That **outcome measurement be child <u>and</u> family focused**, as recognition that improving outcomes for children is reliant on the adults in their lives also being healthy, safe, and successful.

Next steps

FISH can work with the Department and state and territory jurisdictions to advance implementation of our recommendations for the successor plan. An important next step is to explore the implementation of peer advocacy more deeply, including how it can be taken to scale. We can undertake this exploration with appropriate support and partnerships. It might include a comprehensive literature review, identification of local and international service models, identification of potential barriers and enablers, and exploration of co-design methodology. As a parent and family led organisation, FISH is well placed to do this work because of our lived experience expertise and our partnerships with other stakeholders, including universities.

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[1] Our co-founder completed a Churchill Fellowship into family inclusive initiatives in child welfare. FISH has also partnered with researchers at the University of Newcastle and Life Without Barriers to do research into parent experiences and the implementation of peer work. More information about the Churchill Fellowship and our research partnerships are available on our website.

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

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

> **Family inclusion is the active and meaningful participation of parents and family in the system, in practice and in the lives of children. It requires open, warm, professional relationships aimed at building equity. It is underpinned by respect and trust.**

Children experiencing family inclusion do not lose their families.

Family inclusive practices, such as peer advocacy, reduce rates of children coming into care, shorten the length of stay in care and, ultimately, will reduce the financial and demand burdens on the child protection system. Enhanced psychological outcomes for children emerge from family inclusive practice because system-imposed trauma, grief and loss are less likely. This means that children who have experienced child protection intervention and/or removal will have a reduced cost burden in a range of systems in their future lives, including health and criminal justice.

The reality of our current system: Perspectives of parents, families, and children

Australia's child protection systems are designed to respond *after* harm has occurred. The response is generally to investigate parental behaviours and to substantiate, or not, allegations of abuse or neglect against parents. Most of the expenditure is on investigations, legal processes and out-of-home care. This quote sums up the experiences of many parents and families interacting with child protection systems.

> I was removed from my mother's care at about 10 years old. I spent time in foster care, in detention and in residential care where I experienced trauma and loss… I had my first daughter when I was 17. …I found out later that the Department received 20 plus reports about my children, beginning at my first daughter's birth – but I was never offered any meaningful help. I couldn't believe they knew about my problems all along. My children were taken.
>
> FISH parent peer support worker (Cocks, et al., 2021)

This parent found out about these reports only when she read material used in evidence in the Children's Court, sometime after her children were removed. While this parent does have three of her four children in her care now, this did not occur for several years. Despite there being no child protection concerns, one of her children has not been returned home.

Peer parent and family advocacy: Driving inclusion and participation

Advocacy is increasingly being called for in the sector, especially in relation to First Nations families.[2] Advocacy, including peer advocacy, helps families interact positively with workers, challenges power imbalances, aids productive engagement with legal representation and helps families participate.

Peer parent and family advocacy (peer advocacy) targets the policy priorities of the successor plan. It has an evidence base,[3] and has already been successfully trialled in Australia by FISH, Life Without Barriers and the University of Newcastle with families with multiple and complex needs (see project report in Attachment B).[4] FISH now continues to independently deliver peer parent and family advocacy in the Hunter Valley, and we are aware of other emerging initiatives around Australia.[5]

What is peer parent and family advocacy?

Peer parent and family advocates (peer advocates) are parents and family members with lived experience of child protection intervention. They support and advocate for parents and family who are currently experiencing such intervention. Peer advocates are uniquely placed to help parents and families and to drive more equitable and child focused practice. Owing to their shared experience, they can quickly form trusting relationships with family members. Through role modelling and their lived experience, they become credible messengers to and for parents and family. They provide valuable insight to child welfare professionals who rarely share the life experience of their clients.

Peer advocates have a unique understanding of the confusion, anger, grief, disorientation, and distress that parents experience at the time of removal and through child protection intervention. They have the ability to quickly connect with families and provide information, advocacy and hope at a critical time when child protection workers are often distrusted and services are hard to obtain. In our experience, parents can take months to have the cognitive and emotional capacity to begin to address the issues leading to child removal. This is due to the disabling impact of the trauma of removal and their experience of disempowerment and exclusion. Timely intervention from a peer advocate can support families to access services, address needs much earlier and work collaboratively with statutory services.

Peer advocacy drives family participation. It can help families learn and get support from the experiences of other families who have also faced adversity and complexity. It improves relationships with child protection workers and helps parents access the services they need. It is a bridge to participation and success for families who have previously had little reason for hope. This

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[2] Absec, 2020; Davis, 2019.

[3] For example, Chambers, et al., 2019; Sankaran, 2021; Gerber, et al., 2019.

[4] Cocks et al, 2021.

[5] Our report, *From Little Things Big Things are Coming…*, describes implementation of the Parent Peer Support Project. It also provides a summary of other peer initiatives emerging around Australia. The report is provided in Attachment B and is available via our website at https://finclusionh.org/our-documents/

connection is depicted in Figure 1 whereby the peer advocate can bring family and workers together to collaborate for the rights, needs, and interests of children.

Figure 1: Peer advocacy: Driving relationships and participation [6]

Credible messenger: the peer parent advocate educates and influences parents and workers, providing a bridge between parents and the system, building hope for parents and caseworkers.

Peer advocacy will add value and trigger change in the following ways:

- Providing hope and encouragement to parents, family, and workers. Peer advocates are living proof that a positive outcome is possible.

- Advocating for case plans and support services that are well targeted to the problems and challenges families are facing. Advocacy and support from peers disrupt the power imbalances that impede relationships and participation.

- Connecting parents and family to others to increase support – through individual peer advocacy and through group processes and workshops in the community.

- Improving relationships between child protection practitioners and families and between families and children.

- Challenging negative stereotypes in the sector about families with multiple and complex needs. Peer advocacy directly challenges the stigma of child protection involvement.

- Driving family participation and engagement in services.

- Helping shift expenditure to reunification and prevention and drive down the long-term costs of child removal, which extend well beyond the child protection system.

Peer advocacy has emerged from the United States and is now developing globally, including in Australia.[7] Practice and research findings from other jurisdictions provided a valuable foundation for how we approach peer advocacy (see Figure 2). Examples of benefits and evidence related to some peer advocacy initiatives integrated throughout systems are summarised below.
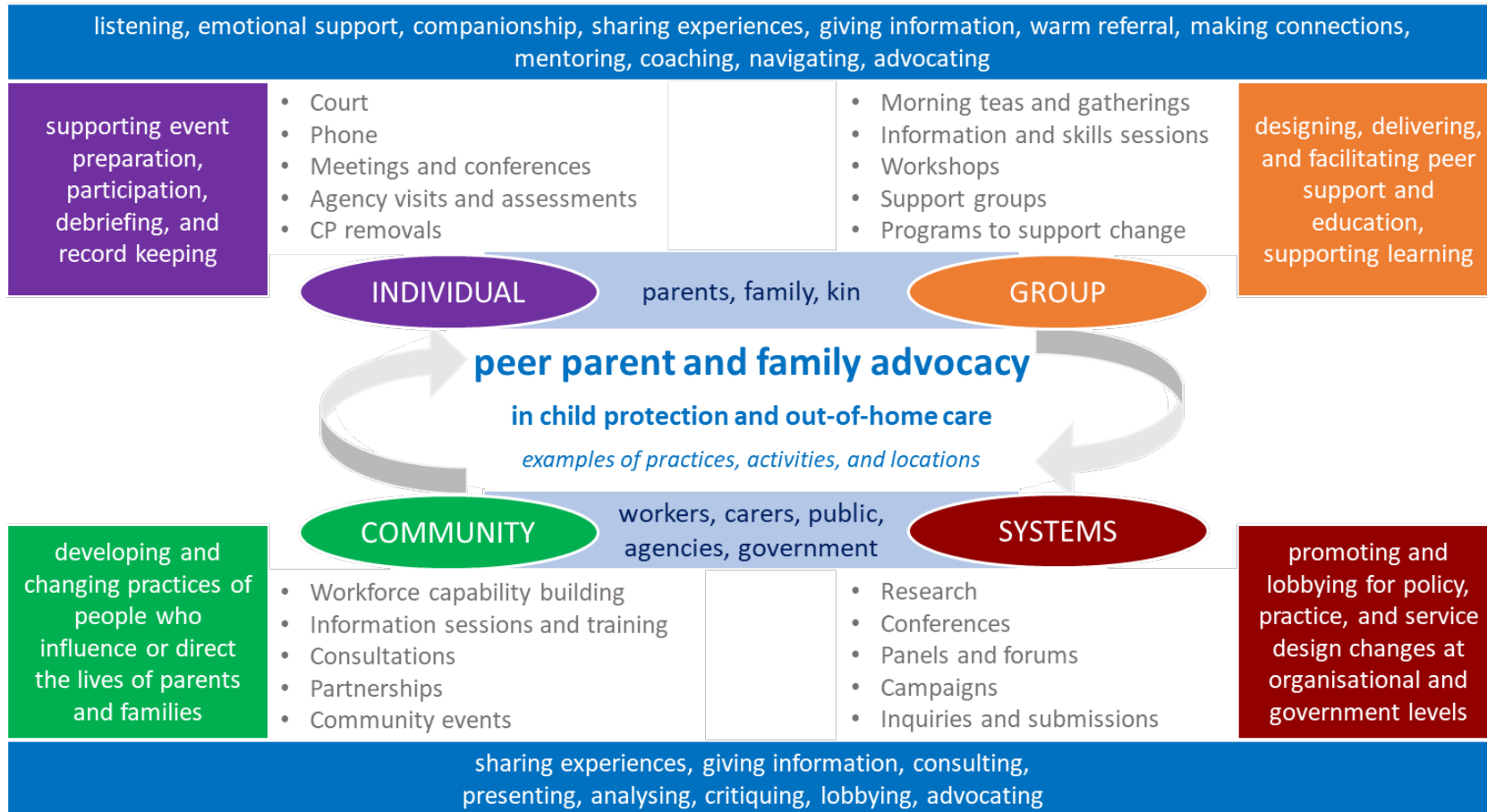
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[6] Cocks, 2020.

[7] Better Care Network and IPAN, 2020.

Where in the system	Examples of how it helps	Emerging evidence base
Legal services	Improves instructions to lawyers, emotional support, ensures case plans are targeted to family needs, coaching, helps parents navigate the system, improves relationships with workers.	Reunification, prevention. (Gerber et al, 2019; Sankaran, 2021)
Integrated into child welfare teams	Emotional support, ensures case plans are targeted to family needs, coaching, helps parents navigate the system, improves relationships with workers.	Reunification, family participation, relationships with workers, prevention (Chambers et al, 2019; Community Matters, 2012; Berrick et al., 2011)
Group processes	Connection to other parents, access to information and education, coaching, emotional support.	Prevention, reunification, participation. (Polinsky et al., 2010; National Council of Juvenile and Family Court Judges, 2011)
Court processes	Emotional support, gateway to other services, access to information.	Participation. (NCJFCJ, 2011)
Conferencing and meeting processes	Emotional support, coaching, helps parents navigate the system, and improves quality of safety and case planning.	Participation. (Lalayants, 2012, 2019)

Peer advocacy is not limited to direct service delivery with parents and family. Figure 2 provides an overview of our developing model on what peer advocates do with parents, families, and others in the system, and the range of forums in which they can provide support and advocacy (also see our service flyer in Attachment C). It demonstrates that peer advocacy plays a role throughout the system, at different levels, including a systems level which is critical to policy and practice changes in the interests of children and their families. FISH demonstrates this multilevel practice through our active work with individuals, groups, the community – including government and non-government child protection and out-of-home care providers – and our work on broader policy and practice initiatives.

This is a model that is informing the strategic work that FISH is doing on further developing peer support and advocacy that we offer. Some elements are currently happening, while others are in planning stages and require funding. Simultaneously, we are building the capability of our peer advocates through support, supervision, education, and their central involvement in developing and fine tuning our model; another example of family inclusive practice.

Figure 2: Peer advocacy levels, practices, and activities [8]

listening, emotional support, companionship, sharing experiences, giving information, warm referral, making connections, mentoring, coaching, navigating, advocating

supporting event preparation, participation, debriefing, and record keeping

- Court
- Phone
- Meetings and conferences
- Agency visits and assessments
- CP removals

- Morning teas and gatherings
- Information and skills sessions
- Workshops
- Support groups
- Programs to support change

designing, delivering, and facilitating peer support and education, supporting learning

INDIVIDUAL   parents, family, kin   GROUP

peer parent and family advocacy

in child protection and out-of-home care

examples of practices, activities, and locations

COMMUNITY   workers, carers, public, agencies, government   SYSTEMS

developing and changing practices of people who influence or direct the lives of parents and families

- Workforce capability building
- Information sessions and training
- Consultations
- Partnerships
- Community events

- Research
- Conferences
- Panels and forums
- Campaigns
- Inquiries and submissions

promoting and lobbying for policy, practice, and service design changes at organisational and government levels

sharing experiences, giving information, consulting, presenting, analysing, critiquing, lobbying, advocating

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[8] FISH, 2021. This model is in development and parts are already being implemented by FISH.

In 2019 /20 FISH trialled a peer advocacy project in the Hunter Valley in partnership with Life Without Barriers and the University of Newcastle in our Parent Peer Support Project.[9] The project was funded by the NSW Law and Justice Foundation. FISH is now independently continuing this work as part of our Peer Support and Advocacy Service with a small amount of philanthropic funding.[10] It is currently a small project providing a "light touch" service. It urgently needs to be expanded and evaluated but adequate funding is not yet available.

As well as court, phone and group support, FISH has commenced trialling a reunification workshop with parents who have children in out-of-home care (see flyer advert in Attachment D). This workshop is both developed and delivered by parents with lived experience of reunification. The emphasis is on parents and family being child-focused and thinking about how they can be actively included in ensuring their child's safety, as well as participating in planning and decisions and making the best of family time with a view to their children returning home.

An Australian example of peer advocacy at a systems level is in Queensland. The Family Inclusion Network of South East Queensland, in partnership with the Queensland Government, has set up the Queensland Parent Advisory Committee (QPAC). An Australia first, the QPAC is made up of parents and family with lived experience of the child protection and family support system. It meets regularly with the Minister for Child Safety to help ensure the voices of parents and family in Queensland are being heard at the policy level.

Linked to our support and advocacy service, our research in the Hunter Valley in NSW found that families want support from people who have been in a similar situation. They feel more able to connect with peers. They feel that peers will be more understanding and have unique knowledge of their situation, more than most child protection workers who rarely share a similar life experience;

> She's a mum, just like myself, she has experienced some of the same life experiences I have. She made me feel very comfortable and very supported, in the sense that she has been there and done that, and experienced the same things that I was going through at that time... So, she's been absolutely fantastic, just letting me know I don't have to go through this stuff alone and that I do have support from other mums who are going through what I'm going through.
>
> Parent (Cocks et al., 2021)

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[9] Cocks, et al., 2021. Available with our other documents on our website and in Attachment B.

[10] FISH is grateful to have small grants from Tracy Norman and from the Sisters of Charity Foundation. FISH is actively looking for funders to continue our work.

Peer advocates can raise issues with parents in more acceptable ways. By sharing their own experiences, what helped them and what they have learned, they can help parents successfully navigate challenging situations with caseworkers.

> [A mum] had some trouble a while back and she had to tell her caseworker what had happened, but because I helped her word it and said to her, 'be honest', 'be upfront', like, 'tell her what's happened before they find out', ….. Two years ago, I would have said, 'oh, don't tell them, don't tell them'. But now, no, you've got to tell them. And, like, she's changed everything about how she approached them, and it worked (laughing).
>
> FISH parent peer support worker [11]

Peer advocacy is a community and family led activity, driving the policy objectives of the successor plan. We would welcome the opportunity to work with Commonwealth or State governments to expand, trial and evaluate peer advocacy.

Beyond legal orders: Expanding our thinking to relational permanence and family inclusion

Permanence has become increasingly conflated with early permanent orders, away from family, leading to lengthy stays in care. The impact of these long separations, often including lengthy periods where children cannot see or talk to their parents, damages family relationships and makes reunification more difficult. Such practices discount the importance of *relational permanence* for children and young people, now and in the future. Figure 3 provides an overview of the key elements of our conceptualisation of relational permanence.

There is good evidence that children in care need to see and talk to their families regularly, strengthening their relationships. Preventing this can be damaging and cause trauma, grief and loss. The evidence tells us that quality and predictable time with family is linked to reunification and improved stability in care.[12]

> I didn't get to see my boys for three months after they were removed. [I was told] they needed to be settled in their placement… And I wasn't allowed to talk to them on the phone either.
>
> FISH parent peer support worker [13]

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[11] Cocks & Johnston, 2021. This presentation is provided in Attachment E and via the AIFS showcase link: https://aifs.paperlessevents.com.au/presenters/1912
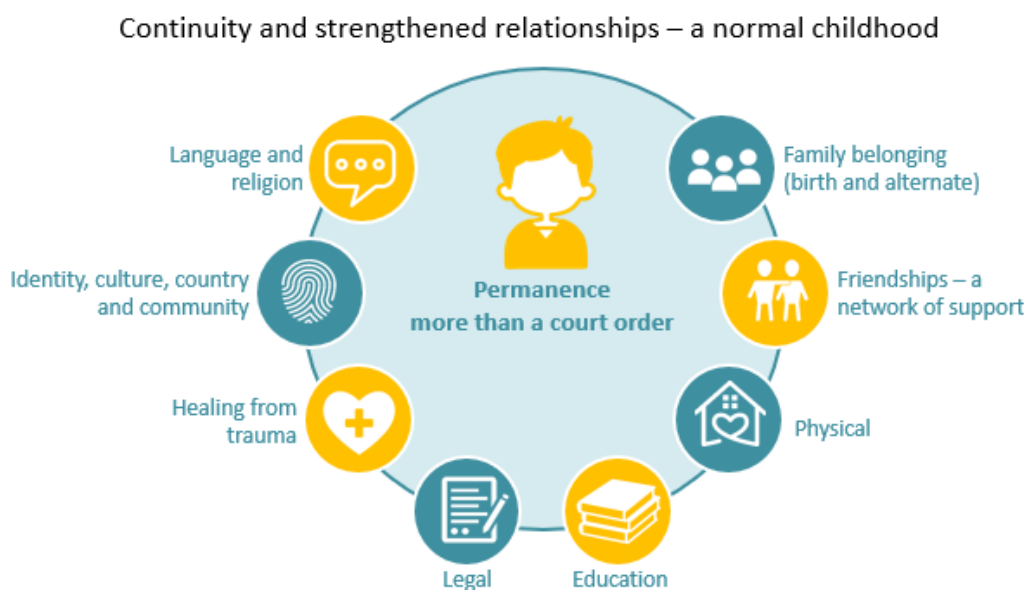
[12] Child Welfare Information Gateway, 2011; Sen and Broadhurst, 2011.

[13] Johnston & Cocks, forthcoming. This is a quote from focus group research conducted with parent peers who were working in the Parent Peer Support Project. At the time of this submission, data analysis was being finalised to prepare a submission for publication of findings.

Child protection policy in Australia has tended to focus on legal permanence. This fails to address the complexity and breadth of a normal childhood over time and excludes children who may not ever be subject to a "permanent" legal order. We advocate for a reconceptualisation of permanence to a focus on children's lived experiences, of which a legal order or court outcome is just one part. Children are entitled to lived permanence or **relational permanence**.[14] A relational permanence approach aims for a normal childhood – with the same hopes, dreams, and expectations that all Australian children have.

A focus on relational permanence for all children will contribute to increased reunification as it recognises the ongoing importance of family and culture and the pivotal role played by carers. [15]

Figure 3: Relational permanence

Continuity and strengthened relationships – a normal childhood

Language and religion

Identity, culture, country and community

Healing from trauma

Legal

Education

Permanence more than a court order

Family belonging (birth and alternate)

Friendships – a network of support

Physical

Relational permanence and family inclusion: Better pathways to leaving care

Young people leaving care may have had little or no support to learn about and develop living, social, and relationship skills that are fundamental to their wellbeing. Such skills could mediate the potential long-term effects of young people living in care, including a greater risk of homelessness, substance use, and involvement in criminal justice, and the likelihood of lower outcomes in education, health, and employment.[16] Family inclusion is key to addressing these factors and should be the foundation not only of leaving care supports but of the whole system. If we wait until a child or young person is leaving care to build family connections, we are waiting far too long. Peer advocacy would be valuable in supporting parents and family to (re)connect with their child,

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[14] An overview of relational permanence can be found in a presentation at the Child Aware Conference in 2019 by FISH parent leaders. Access via: https://childaware.org.au/2019-2/ Follow links on the home page to Policy Think Space / Improving placement stability for young people in care / *More than a court order…*

[15] Child Welfare Information Gateway, 2011; Ankersmit, 2016.

[16] Mendes, 2019; Mendes, Johnson & Moslehuddin, 2011.

especially if family inclusion did not feature in their child's time in care and their participation was avoided or discouraged. Peer advocates can play an active role in supporting parents to participate in young people's life skills programs and in their lives more generally.

Many children and young people leave their care arrangements in an unplanned way and return to family and community.[17] This phenomenon is so common that the sector has developed language to describe it such as "self-placement" or "children voting with their feet". It occurs even when children have had stable care experiences. Without a family inclusive approach, children may be returning to families they have had limited contact with and where safety concerns may still exist. Their workers and carers may not know children's families and need to rapidly form relationships with them while simultaneously undertaking assessments about risk and support needs. This is particularly challenging if workers and carers hold negative attitudes and beliefs about families.

Support in the form of aftercare payments and ongoing carer allowances are important and helpful for many young people leaving care. However, they do not replace the vital role of family, who will be there forever – just as is the case for other Australian children. Instead of planning for independence, we need to help children and young people plan for **interdependence**[18] that focuses on relationships and connections and needs to characterise a child or young person's care experience in its entirety. Family inclusion throughout the system is a crucial part of helping young people leave care safely and with a support network in place – consistent with what we know all Australian young people need.

Strategic priorities

Addressing the over-representation of First Nations children

FISH is not a First Nations organisation although we have participation from First Nations parents and regularly support First Nations families. We endorse the leadership of SNAICC, Family Matters and other First Nations organisations. We also endorse the findings of the *Family is Culture* Report in NSW.[19] It is our belief that with the leadership of First Nations organisations, the 45% target is likely to be met. As well as an urgent need for First Nations leadership there is a need to increase the numbers of frontline First Nations staff. By ensuring First Nations families can work with staff from their own communities and culture, we break down the barriers to relationships and to family inclusion and we create communities and child and family workplaces that are more likely to be culturally competent.

We believe that the other proposals in this submission, including peer advocacy, will help address disproportionality. All children need to be raised safely in family, community, and culture. An approach that is successful for First Nations children will be successful for all Australian children.

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[17] McFarlane, 2021.

[18] MacDowall, 2021.

[19] Davis, 2019.

Early intervention and targeted support for children and families experiencing vulnerability

FISH welcomes an improved emphasis, including greater relative expenditure, on prevention and early intervention. We endorse a targeted universalist approach – vulnerable families and children need tailored support to stay safely together, to uplift them to achieve similar outcomes that we want for everyone. Parents we work with have shared their experiences in accessing support before and after child removal. For example,

> 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'.
>
> FISH parent peer support worker
>
> I found it really hard to know where to go or even be pointed in the right direction when I needed support before I had my children removed. There was lots of talk about **'what'** I needed to do but no direction of **'how'** I went about it. For example, working on my parenting – I had **no idea** what that even meant, let alone how to improve on it.
>
> FISH parent peer support worker

Having an open case with statutory authorities does not lead to support from other parts of the service system. Families have reported that they tended to experience child protection system involvement as increased surveillance rather than support, reflecting the incident-driven, investigatory focus of child protection intervention purported to be about safety and wellbeing. The following is an example of one parent's efforts to meet requirements;

> I said [to program provider] 'look, I've got three months, I've got an open case with [statutory agency], I really need this'. And they still weren't able to help me straight away.
>
> (Parent interview, Ross et al., 2017)

Even when intensive family support services do exist in the community, they are hard to access. Gateways to reunification and intensive family support services tend to be controlled by statutory authorities. When families self-refer, or are referred by non-government organisations, entry needs to be approved by statutory authorities who may determine that family preservation support is not warranted, thus, sidelining the views and needs of families.[20] For families who have children in care, even if they have just been removed and reunification is being pursued, parenting programs are often not available due to rigid program requirements for parents to have children living with them.

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[20] For example, families in NSW can only access evidence-based intensive family preservation services or certain reunification services if approved by statutory authorities.

Reunification and prevention are linked for vulnerable families

Targeted intensive family support is relevant for **reunification** as well as prevention. Parents who experience removal report that support options reduce even further after child removal. This means reunification becomes harder because of limited opportunities to develop and improve as people and parents. This undermines parent agency and participation as parents themselves are unable to take the initiative and enrol in services they feel they need.

> A lot of the support I needed once the children were removed, I was ineligible for – simply because I didn't have the kids in my care. Parenting courses I found were aimed at having children still in your care, and the few I could do were very triggering because they talked about examples of when you and your children interacted together. It reminded me I didn't have that interaction anymore or very rarely.
>
> FISH parent peer support worker

Continuing to offer help and support to parents with children in care is not only important to reunification, it is part of prevention. Parents with high child protection system involvement including removal are very likely to have more children than average.[21] Reducing stays in care through reunification and preventing removal of subsequent children is crucial to reducing care rates. Research overseas has found that many parents who experience even multiple removals do go on to successfully parent.[22] This is also our experience here in Australia in our dealings with parents in the community. We also know that many children in care will go home of their own accord. Coupled with the child or young person exercising choice, this suggests earlier reunification may have been both possible and preferable.

We propose, for both prevention and reunification, that families are offered wraparound services, tailored to their needs in plans developed by them, with goals developed by them, that are sustained over time. These supports need to be accompanied by peer advocacy to drive family participation. Peer advocacy is a family and community led solution. It will reduce the barriers to support, improve efficiency in service take up, improve relationships with caseworkers and other service providers and help create a more trustworthy and accountable system.

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[21] Arney, 2018.

[22] Broadhurst and Mason, 2017.

Improved information sharing, data development and analysis: A child and family outcomes focus

FISH is a children's rights organisation and committed to family inclusion to improve *child* outcomes. However, an approach to data collection that only measures child outcomes is missing the mark for children. We argue for a shift to a *child and family* outcomes focus, recognising that children's needs are far more likely to be met when the adults caring for them are also healthy, participating in the community and safe. Many Australian families have suffered intergenerational trauma and we can build a system that heals across generations. To achieve this, we need to work with families and communities to improve the lives of parents and caring adults as well as their children.

Data gaps that need to be addressed in the implementation of the successor plan are:

- Reliable reunification data, based on an agreed national definition and inclusive of all children, including those who "vote with their feet" and return home, is urgently needed.

- Prevalence data on child harm, both intra family and elsewhere in the community. This will require agreed definitions of all forms of harm and needs to integrate harms while in out-of-home care. The lack of good data on the actual experiences of Australian children makes it very difficult to evaluate the effectiveness of government policy in this area.[23]

- Data on children missing from care or who leave care in an unplanned way to return to family. A recent report on young people going missing found that young people in out-of-home care, especially those in residential care, made up a large proportion of missing young people.[24] Anecdotally, we know that many children and families reunify independently of the care system but there is little data collected on this phenomenon.

- Data to describe compliance with the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) including and going beyond the placement hierarchy to include comprehensive data on participation and all other elements.

- Data on abuse allegations and their outcomes when children are in out-of-home care.[25] Further research into the experiences of children abused and neglected while in out-of-home care continues to be urgently needed.

- Data on family relationships, family wellbeing and family involvement when children are in care or receiving child protection services. This may include reporting on episodes of family time when children are removed, family meetings, feedback from families and children, linked data about families and children (e.g., education and employment) and other practices and proxy measures that help us understand how families and children are doing.

- Regular independent file audits of child protection files in all jurisdictions, monitoring contemporary practice and child and family outcomes to ensure practice is culturally safe, that reunification and family preservation is being prioritised, and that accountability of agencies to policy objectives is increased. [26]

- Comprehensive data reporting on the priorities of the successor plan.

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[23] PwC, 2020.

[24] McFarlane, 2021.

[25] The collection of data about institutional child abuse was a recommendation of the Royal Commission into Institutional Responses to Child Sexual Abuse.

[26] Davis (2019) can provide guidance.

Surveillance is not support: Information sharing should help and include families

Instead of asking *what* information should be shared among agencies, we need to ask *why* and *how.* Information needs to be shared among agencies when it is of benefit to children and families and will increase their safety and wellbeing. We cannot assume that simply sharing information will increase child safety and there can be unintended consequences. For example, the Child Protection Systems Royal Commission in South Australia (2016) found that multiple people held and shared information about risk to individual children in out-of-home care posed by an active paedophile and children were still harmed.

Parents and family, especially those with history and experience of the child protection system, worry that shared information about them and their children will not be used in helpful ways. This can make them reluctant to seek assistance, for example,

> 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'.
>
> Parent interview (Ross et al., 2017)

We need to share information with families too

Important information about children, risk assessments, and the like, are regularly withheld from parents and families. This makes it even harder for them to navigate services and fuels distrust. Workers and agencies need to share information with families themselves, not just about them.[27] In the *Family is Culture* report, Davis (2019) argued for greater transparency in child protection processes so families have information they need to understand what is going on and to have every opportunity to keep children safe at home. Peer advocacy can play a role to help parents and family ask for and obtain the information they need from agencies. Research in the Hunter Valley also suggested that sharing information with families is an important way to include families:

> 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.
>
> Parent interviews (Ross et al., 2017)

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[27] Tilbury and Ramsay, 2018.

Strengthening child and family sector workforce capability

There is an urgent need to improve workforce capability and FISH endorses the Commonwealth providing leadership. Peer advocates are lived experience experts and have an important role in building workforce capability in family inclusive practice. FISH already regularly partners with sector staff and carers to help them learn from parents, family, and people with a care experience. We do this with government and non-government agencies, including the statutory child protection services in NSW. Learning activities happen online and in-person in (for example) workplaces, training venues, and conferences. Descriptions of parent and family lived experiences provide a platform for practice reflection and development in different forums, such as, workshops, training, information sessions, panels, and consultations. Through these partnerships we have challenged stereotypes, broken down stigma and helped people develop practical ways to be family inclusive.

Below are some examples of the feedback we have received from workers and carers in the child and family sector about our workshops and other development activities. Some of these responses highlight the knowledge gaps that parents, family, and children are regularly confronting in the sector. Learning from lived experience can help bridge those gaps.

- I learned about the need to support parents immediately after removal.
- I learned about the impact that excluding parents and family can have on children.
- I will explore using family time to help parents practice skills in parenting to promote reunification.
- I will start to include parents in case planning in areas beyond planning family visits.

> I learnt so much from you that I will carry every day into my work with parents and children. Thank you for teaching us. You have changed the way I think and will change the way I practice…
>
> Worker participant in FISH parent-led workshop

FISH has developed workshops for workers, carers and parents and can tailor training and information sessions on request.[28] Learning from lived experience is an important way to include families in the broader system, challenge stigma and role model family inclusion for frontline staff and their day-to-day work. Using an experience-based learning model and parent-led/facilitated processes, our workshops and information sessions are a form of peer advocacy and a family inclusive initiative.

Another example of an agency integrating lived experience is Emerging Minds - an agency with a national workforce capacity /knowledge translation role. Emerging Minds is providing leadership by partnering with families with lived experience to help build skills among professionals in the sector.[29] We strongly endorse their efforts. When families are viewed as leaders by agencies, they can

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[28] For more information about FISH workshops for staff, carers and parents and family visit our website at: https://finclusionh.org/workshops-training/ or contact FISH at contact@finclusionh.org.

[29] Emerging Minds have developed relationships with *child and family partners* and are actively encouraging agencies in the child and family sector to do the same. For more information: https://emergingminds.com.au/resources/toolkits/child-and-family-partnerships-toolkit/

become change agents within the system. By building in roles for peer advocates we will help transform agency culture and build the skills of all our staff to be family inclusive.

Priority groups

First Nations children and families

FISH endorses the positions taken by SNAICC and Family Matters in relation to First Nations children and families as a priority group. We believe that efforts that successfully address the over representation of First Nations children and families will benefit and improve outcomes for all Australian children and families. The leadership of SNAICC and other First Nations organisations move us all forward in prioritising the importance of family relationships and connections with community and culture.

Families with multiple and complex needs and their children

It takes a community to raise a child. It also takes a community to let a child down.

Maddie Henaway, Parent Systems Advocate [30]

In this section we talk about two priority groups – families with multiple and complex needs AND their children who have experienced abuse and neglect or are in care. Our submission also has other points relevant to these groups, including the sections on relational permanence and parent peer advocacy and support.

Multiple and complex needs in families are caused by multiple and complex issues. Only some of these issues are *intra* family. Other issues that lead to harm to children are social in origin. They are concerned with issues such as homelessness, gendered violence, social isolation, poverty, intergenerational trauma, and structural inequalities. For example, it is well established here and overseas that most children caught up in the child protection system come from poor families.[31]

Yet, the way we talk about harm to children in child protection policy and practice ignores social causes and is almost entirely concerned with *intra* family and parental characteristics. For example, an inability to provide children with supervision and food because of poverty is described using the language of neglect. A mother's inability to protect her child from gendered violence aimed at her is described using the language of emotional abuse. In this way, the people experiencing the impact of poverty or violence are conceptualised as perpetrators of neglect or abuse themselves. This has the effect of problematising parents and families and seeing them primarily as people from whom children need to be protected.

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[30] Maddie Henaway is a parent advocate from the Family Inclusion Network of South East Queensland. She made this comment during a recent forum entitled: "Green shoots: Parents across Australia are growing change in the child protection system". FISH also participated in this forum. A link to the forum is here: https://www.youtube.com/watch?v=YEgcnWe0H58

[31] Bywaters, et al., 2016; AIHW, 2021.

As a result, to prove they can safely care for their children, families with multiple and complex needs must navigate a bewildering and siloed system to solve problems that they cannot always control. It is virtually impossible for families to get multiple needs met in a timely way. For example, the one family may require access to drug and alcohol treatment services, to trauma recovery, and to parenting skill development. They may need safe housing. They may need protection from family violence. They may lack transport and be socially isolated. Many of the services that families need are stigmatised, inflexible, and hard to obtain. Many of the services are simply not there, especially in regional and rural areas. Even when some services are available, the incident driven nature of services means services are quickly withdrawn after a referral is made or one element of a family's needs is temporarily addressed. The current mismatch between service availability, service design and the reality of family life drives stigma and fuels further distrust.

Parents with multiple and complex needs also have highly stigmatised lives which further damages their outcomes. For example, there is stigma attached to their experiences such as family violence, homelessness, intellectual disability, and addiction. Intervention from child protection authorities is also stigmatising and can lead to further disconnection from extended family and community supports. If children are then removed, parents are thrust into the most extreme experience of traumatic grief which can be disabling for some time. This is a normal and understandable response to the loss of a child to the care system.

> [My partner] and I had a miscarriage and then we were told that I wasn't to see him if I wanted to get [my child] back. So, we split… I just turned to drinking… to numb everything. I'd sit there with a picture of [my child in one hand] and straight bourbon in the other hand, just drinking. I couldn't stand it. I did that for almost every night for about three months.
>
> 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.
>
> Parent interviews (Ross et al., 2017)

There is now an opportunity to provide help and support to parents who have had children removed, to respond to their grief, loss, and trauma. Helping parents is vital for children's wellbeing, whether they go home or not, and may well prevent subsequent removals.

Reunification and prevention: Family inclusive solutions with families and children

We need to **conceptualise families not solely as problems and risks, but as solutions.** We say this not to downplay the risks children are facing, but to propose new ways of working, including peer advocacy, that properly understand and address complexity and strengthens protective factors in the family and in the broader community. We assert that to reduce the numbers of children in care and improve outcomes for vulnerable families, we need to understand families as a key part of the solution and involve them in the design and delivery of solutions, both in their own lives and more broadly.

High rates of out-of-home care are not being driven by the numbers of children entering care. High rates are being driven by **how long children stay**.[32] To reduce these long stays, we need to focus on two main areas:

- We need to **increase safe reunification.** Through reunification we target lengthy stays in care and ensure that children return home to parents or other family with wraparound supports to help them create safety.

- We need to intensively prevent entry to care by **children from vulnerable families**. We know who these families are. They are families who have already experienced child removal, they are young parents with a care experience, they are parents with a history of incarceration or intergenerational child removal. We know parents with repeat child protection involvement are likely to have more children than average.[33] We also know from the evidence and our own experience that many parents who have multiple children removed go on to care for subsequent children successfully and safely.[34] Safely reunifying subsequent children, or preventing their removal in the first place, is key to reducing high numbers of children in care in Australia.

> I think the hardest thing with having [child] removed was, there was no support. There was no communication. There was nothing. Then, trying to get communication happening was even worse. No one – because I already had another child in care – no one was prepared to look at my case at all.
>
> Parent interview (Cocks, 2020, data collected by Ross et al., 2017)

When combined with the right supports, peer advocacy will drive reunification and prevention. As suggested earlier we propose that families in **reunification and prevention** services be offered peer advocacy as part of wraparound services, tailored to their needs, in plans developed by them, that can be sustained over time. This wraparound approach will vary according to each family's needs, have a child and family focus, and might include the following:

- Access to financial assistance to solve practical problems and crises

- Parenting support

- Employment and training

- Legal services

- Respite care

- Assistance with alcohol or drug use or other health issues (mental and physical)

- Safe and affordable housing

- Other support and help tailored to the needs of families

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[32] AIHW, 2021.

[33] Arney, 2018.

[34] Broadhurst, 2017.

These supports will be on top of universal services available to all families, such as, childcare and income support. They represent a targeted universalist approach to funding and service delivery which recognises that families and children come from different circumstances and situations and require differing levels of support to achieve similar outcomes. This wraparound, family led approach is a departure from conventional case management approaches in Australian child protection and relies on family led goal setting and services. It has been successfully trialled in Australia in a preventative setting[35] and requires a flexible approach that is able to remain in place over time.

It is important that families themselves play a leadership role, with the support of peer advocates, skilled staff, and appropriate safeguards, in identifying their own goals and designing their own supports that are matched to the safety and wellbeing of their children.

FISH is willing and able to assist in the design of these services more broadly, to ensure they are community and family led, destigmatised and are well linked to the harms that children experience, both intra family and because of broader social problems.

Improved support for young people leaving care and transitioning to adulthood

**We need to stop talking about independence
and start talking about interdependence.**

As argued earlier in this submission, a focus on relational permanence and family inclusion, throughout a child's care experience, will improve young people's outcomes well into adulthood.

Children and young people with disability and parents and carers with disability

In our experience, when children with disability, such as developmental delays, are living with families with multiple and complex needs, disability is sometimes wrongly seen as a sign of abuse or neglect. For example, a language delay may be framed as emerging from an unstimulating home environment and wrongly labelled as neglect. This can lead to delays in diagnosis and appropriate therapy. It can also lead to wrongful child and family separation, for a short or a long time. These separations cause great trauma, further compounding the challenges that children and families are facing. Peer advocacy can help families participate in processes, ensure children get the therapies they need and are less likely to be unjustly separated.

We have previously described the child protection system as framing harm and risk to children primarily using the language of neglect and abuse by parents. This is very problematic for parents with intellectual disability, who are separated from their children at alarming rates.[36] We contend that most parents with intellectual disability can care safely for their children if supported to do so, including options around shared care and ongoing in-home supports dependent on the age and

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[35] For example, McDonald and Telstro, 2021.

[36] Delfabbro, et al., 2015; McConnell and Llewellyn, 2002.

stage of children. Cooperation and integration with the NDIS are needed, as is the involvement of extended family and supports in the community. There is also evidence that families with intellectual disability may not tell professionals about their circumstances for fear of child removal and will therefore benefit a great deal from peer advocacy and support.[37]

Children with disability and their parents have the same fundamental needs and rights as all other families and, as with other Australians, they are just as capable to plan for themselves with adequate and appropriate supports that are tailored to their circumstances.

What would success look like?

Transformation in the sector towards family led and designed services is needed, integrating peer advocacy and leadership from First Nations organisations. Successful outcomes are similar for all children – if a service system is working for First Nations children and families, then it is working well for all Australian families.

1. **Children will be safer**. Harm to children will be better understood and reduced.

2. Repeated, incident driven and unhelpful exposure to child protection systems will be reduced. Families with multiple and complex needs will **identify their own goals and develop their own ongoing case plans and supports** in partnership with skilled staff and peer advocates.

3. When children do enter care they will stay for shorter periods and the reunification rate will be substantially higher. Children from families with multiple and complex needs will be less likely to enter care in the first place.

4. Foster and residential care will be reconceptualised as a **family inclusive pathway to relational permanence**, primarily to reunification or care of children with extended family.

5. **Permanent child removal away from family, community and culture will be rare**. Children who cannot live safely with their parents and who need an ongoing care order to keep them safe will be living with extended family or in permanent care arrangements that are embedded in communities, language, and culture and inclusive of their family of origin. This will demonstrate a relational understanding of permanence.

6. Funding will be diverted from out-of-home care to **prevention, reunification and supporting families with multiple and complex needs** to care for their children and support whole of family wellbeing.

Again, we appreciate the opportunity to make a submission. We would welcome the opportunity to discuss the implementation of peer advocacy here in the Hunter and elsewhere in Australia. We are willing to work with all Australian Governments to support family inclusion and a greater role for parent and family led change.

For further information please contact Jessica Cocks, FISH co-founder, on 0429 004 450 or email: contact@finclusionh.org

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[37] Collings, et al., 2020.

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Attachments

Attachment A: FISH Achievements 2014-20 & FISH Plan 2020-22

[FISH Achievements 2014-20 & FISH Plan 2020-22](#)

Attachment B: Report on the Parent Peer Support Project

[Report on the Parent Peer Support Project](#)

Attachment C: FISH support and advocacy service flyer

[FISH support and advocacy service flyer](#)

Attachment D: Restoration workshop flyer

[Restoration workshop flyer](#) | [Worker & Carer workshop flyer](#)

Attachment E: AIFS presentation, peer support in child welfare

[AIFS presentation, peer support in child welfare](#)