Hearing the Voices of Tasmanian Families Involved with the Child Safety System

Discussion Paper
November 2018

AnglicareTAS
Choice, support and hope

SOCIAL ACTION & RESEARCH CENTRE

Working for a just Tasmania

About Anglicare Tasmania

Anglicare Tasmania is a large community service organisation in Tasmania with offices in Hobart, Glenorchy, Launceston, St Helens, Devonport, Burnie, Sorell and Zeehan and a range of programs in rural areas. Anglicare Tasmania's services include crisis, short-term and long-term accommodation support; mental health services; acquired injury, disability and aged care services; alcohol and other drug services; financial counselling; and family support. In addition, Anglicare Tasmania's Social Action and Research Centre conducts research, policy and advocacy work with a focus on issues affecting Tasmanians on low incomes.

Anglicare Tasmania is committed to achieving social justice for all Tasmanians. It is our mission to speak out against poverty and injustice and offer decision-makers alternative solutions to help build a more just society. We provide opportunities for people in need to reach their full potential through our services, staff, research and advocacy.

Anglicare's work is guided by the values of compassion, hope, respect and justice.

Anglicare believes:

- *that each person is valuable and deserves to be treated with respect and dignity;*
- *that each person has the capacity to make and to bear the responsibility for choices and decisions about their life;*
- *that support should be available to all who need it; and*
- *that every person can live life abundantly.*

For further information about Anglicare please contact:
Dr Chris Jones
CEO Anglicare Tasmania
GPO Box 1620
HOBART TAS 7001
Phone: (03) 6213 3562
Email: c.jones@anglicare-tas.org.au
Website: www.anglicare-tas.org.au

Contents

Introduction

It is now accepted and enshrined in the legislation of most Australian jurisdictions including Tasmania that children have a right to be cared for by their families whenever it is safe to do so and for people to be supported to be the best parents they can be. At the same time children have a right to protection from deliberate harm and abuse and may need to live away from their parents. The State is given the power to intervene in these cases.

Across Australia increasing numbers of children are being removed from their families because of neglect and abuse (AIHW 2018). State and territory child safety services are engaged in an ongoing process of reform to reduce the numbers of children and young people entering the out-of-home care system (OOHC), improve outcomes and the rate of reunification when children are removed, and provide more support to families so that they can offer safe environments to care for their children. Tasmania is no exception and is currently engaged in a redesign of the Child Safety System (CSS) to address these issues and provide effective solutions.

Both here and across Australia there is an increasing interest in developing more family-inclusive policies and procedures and more support and advocacy for parents in contact with child safety services in order to improve outcomes for children.

Parents and families have a central and essential role to play in child safety policy and processes when children are at risk of removal or have been removed. The goal is more effective partnering between parents and CSS to improve the safety of children. At the same time insights from parents and families' 'lived experience' can inform the design and delivery of more effective policy and services and contribute towards collaborative, family-inclusive, co-designed services which produce better outcomes for both children and families.

However, a body of research identifies the struggles parents in contact with child safety services experience (Harries 2008; Hinton 2013; Cox 2017; Ivec 2013; Broadhurst 2017). The findings from two recent pieces of research in Tasmania (Fidler 2018; Hinton 2018) document the difficulties that Tasmania is experiencing in enacting the intent of the legislation to keep children and young people safe whilst supporting the ability of families to provide safe environments and parent effectively.

Whenever there is a period of major reform to a service system, the voice of the service user and their lived experience forms a vital component in decision-making about developments and implementation. This has been recognised in Tasmania with the establishment of Health Consumers Tasmania as a consumer voice and in work to develop an organisation that will build the capacity of people with disability and their allies to be heard. Tasmania currently has few dedicated programs which can support and advocate for parents and families involved with CSS and no mechanism to routinely hear their voices so that they can contribute to the development and design of policy and services. At a time of major reform to CSS this is a significant gap.

The aim of this discussion paper

This paper outlines the case for developing an effective individual and systemic advocacy service for Tasmanian parents and families involved with CSS. It reviews:

- *Current advocacy mechanisms for parents and families in Tasmania, nationally and internationally;*
- *An examination of what the absence of advocacy in Tasmania means;*
- *The challenges entailed in developing advocacy services and what can be learnt from the experiences of services elsewhere; and*
- *Options and opportunities for developing and strengthening advocacy services for parents and families in Tasmania.*

The paper provides a platform from which to have an informed debate about how to strengthen advocacy for parents and families in the state. It draws on a wide range of policy and research literature as well as previous work undertaken by the Social Action and Research Centre (SARC) about the experiences of parents and families in CSS (Hinton 2013, 2018; Fidler 2018) and the development of individual and systemic advocacy in other sectors (Hinton 2009, 2010, 2016).

Background

As elsewhere in Australia, the number of children and young people in OOHC in Tasmania continues to increase. Over the 5 years from 2012 to 2017, numbers increased by 19.4% from 1009 to 1,205. In January 2018 there were 1,239 children and young people in care. Compared to other Australian jurisdictions, numbers are higher in Tasmania as a proportion of the population. Those in OOHC now represent 10.7 per 1,000 population compared to the national rate of 8.7 per 1,000 (AIHW 2013, 2018).

It is more difficult to estimate the number of families in contact with CSS at any one time. Research about Tasmanian parents (Hinton 2013) estimated that at any one time there are more than 2,500 families in the CSS in Tasmania. About one-third of these would be categorised as 'active', involving ongoing casework by CSS. During 2016-17 there were 735 child protection applications lodged with the Children's Court (Magistrates Court Tasmania 2017).

A body of research both in Tasmania and elsewhere clearly demonstrates the struggles parents and families are having within current child safety systems. Research continually describes the experience of parents and families as degrading, exclusionary and judgmental (Harries 2008; Ivec 2013; Hinton 2013, 2018; Ross et al. 2017; Fidler 2018). Fear of removal, stigma of involvement, absence of shared decision-making with child safety workers, lack of hope and few reintegration pathways all contribute to an experience which is often disempowering, intrusive, de-skilling and negative for both parents and children.

Encounters with CSS further traumatise parents already vulnerable due to mental health issues, substance use, disability, homelessness or exposure to domestic violence. Many were in care themselves as children and the intergenerational trauma of removal unleashes a range of collateral consequences, both practical and emotional, which can lead to a deterioration in material and psychological circumstances which further challenge their ability to improve their parenting capacity and provide safe environments for their children (Fidler 2018, Hinton 2018).

These negative experiences are reinforced by limited opportunities for parents and families to have a voice, little representation and advocacy to support them and no power in their relationship with CSS. Anecdotally, up to half of parents appearing in the Children's Court in Tasmania do not have legal representation and there are difficulties in accessing support and advocacy when children are removed. Indeed many families report losing support services on removal.

It is now well established that the quality of the relationship parents have with CSS can determine outcomes and is key to mitigating the negative aspects of being involved. Legislation and policy support the rights of parents and children to participate in decision-making and there are some mechanisms to support effective partnerships with parents: for example Family Group Conferencing[1] and the Signs of Safety Framework[2]. Nevertheless contact with CSS, rather than building the capacity of families, remains a disempowering, traumatic experience for so many which exacerbates pre-existing difficulties, makes families more vulnerable and can impose life-long impacts and a hopelessness which is difficult to resolve.

Parents complain of not feeling respected or treated fairly, disagreeing about safety concerns and not feeling part of any decision-making processes. At the same time child safety workers (CSWs), although trying to foster collaborative relationships with parents, continually complain about a lack of engagement. These barriers have been attributed to the imbalance in power between the parent and the system which prevents the establishment of a productive working relationship.

Why is working in partnership with CSS in the best interests of children so difficult to achieve? Research in Tasmania demonstrates overwhelmingly that parents want the system to shift from blaming them to helping them make the changes required to better parent their children (Hinton 2013, 2018; Fidler 2018). They want to see the implementation of family-inclusive practice whereby they, and services working with them, identify good advocacy and support as having the potential to resolve strained relationships and improve their quality. Advocacy can better balance the power relations between CSS and families and firmly establish an avenue to hear the voices of parents and families in the system.

---

[1] Family Group Conferencing is a voluntary, inclusive and restorative approach to decision-making where family members come together with CSS to make significant decision about children.

[2] Signs of Safety Framework is a risk assessment, risk management and case planning framework designed to promote a partnership between families and CSS to improve outcomes for children.

What is advocacy?

Advocacy assists those who, for various reasons, are unable to speak effectively for themselves. It can assist the promotion and implementation of family-inclusive practice by supporting parents and families to participate in and influence the decisions that affect them both at an individual level and at a systemic level and to enable a more effective partnership between families and CSS. There are different kinds of advocacy for families in child safety systems:

- ***Self advocacy*** *supports parents/families to advocate for themselves or as a group;*
- ***Individual advocacy*** *supports parents/families to exercise their rights through one-to-one support from a third party. It supports parents to understand their options, make decisions and access or work with services, including CSS services;*
- ***Legal advocacy*** *upholds the rights and interests of individual parents/families by addressing the legal aspects of their situation, providing advocacy and representation in court and legal processes, or helping them to self-advocate; and*
- ***Systemic advocacy*** *seeks to identify and influence longer term changes to policies, practices and services based on the lived experience of individuals. It seeks to use the lived experience to promote systemic change.*

There is a body of research and other literature about the delivery, benefits and outcomes of advocacy services, delivered by professional or peer advocates (Featherstone et al. 2011). Integral to all levels of advocacy is education and awareness to help individuals and advocates fully understand and protect the rights of individuals in their dealings with services and systems. Advocacy in CSS can support parents and families to:

- *Have a full understanding of CSS and legal processes as well as their own rights and responsibilities;*
- *Have their voice genuinely heard in decision-making processes with CSS, during legal processes and in broader discussions about systemic issues and policy;*
- *Promote good communication and a positive working relationship between parents and the CSS through better balancing the power relationship, building trust and a better identification of problems and solutions tailored to the individual needs of the family. This counters the current situation where any exposure of vulnerabilities can be used against parents to argue for removal;*
- *Resolve conflicts of interest so that CSWs are better able to balance the needs of children and of parents;*
- *Support emotional responses to the situation and promote emotional regulation and insight;*
- *Access and engage with any appropriate and/or specialist services; and*
- *Build confidence, skills and capacity to self-advocate.*

A good advocate can operate as a translator who demystifies the system, provides emotional support, facilitates active participation in decisions about children, and supports professionals to improve their practice and skills in engaging their clients. Advocacy has the potential to enable a more efficient use of resources as earlier resolution saves time, prevents removal and gives parents access to the support they need.

Tasmania: the current advocacy environment

There are currently few dedicated mechanisms in Tasmania which support parent/family participation in individual and systemic decision-making.

- **Family inclusive practice**. The rights of parents and children in CSS to participate in decision-making are enshrined in legislation and policy. There is a stated commitment to, and structures to support, working in partnership with parents and families and involving them in a respectful and inclusive process. These structures include Family Group Conferencing and Signs of Safety. They emphasise that families have a right to be fully involved in decision-making from the beginning of any intervention and that they understand their rights and responsibilities and are supported to better parent their children.
- **Advocacy by specialist support services**. Only one service, Salvation Army's Doorways to Parenting, operates state-wide to provide support to families both pre- and post-removal of children. Although primarily working with families who have a chance of reunification, they also support parents whose children will not be returned and can offer case management support and advocacy, rights education and self-advocacy in dealing with CSS to a small number of families. The program operates to full capacity with a waiting list. It can take up to six months for parents to access the system.
- **Community service organisations (CSOs) and mainstream services** like mental health and drug and alcohol services may be supporting parents in their dealings with CSS 'by default' – i.e. it is not their core business but they are assisting parents with financial or material support, in communicating and working with CSS, referral to other services and providing emotional support (Hinton 2018). Some of these organisations are working with specific cohorts including parents with intellectual disability, Aboriginal families and young parents. Organisations describe struggling to meet the individual advocacy needs of families in contact with CSS and lacking the resourcing to undertake any systemic advocacy work on their behalf.
- **Research**. A number of research projects have identified issues and challenges for Tasmanian parents in the CSS system and made recommendations about how these needs should be met at both an individual and systemic level (Hinton 2013, 2018, Fidler 2018). These studies have involved parents as participants in the research as sources of information about the lived experience, in advising and guiding the research process, in developing recommendations from the research and in launching and disseminating the research findings and recommendations.
- There are a number of **individual parent and family activists** who are using their lived experience to campaign for changes to policy and services. Although they may have gathered some support from other parents and associated services, for instance through social media, they are not part of any representative structure and have found it difficult to gain any credibility with government or with service providers.
- **Complaints systems**. Parents/families who are dissatisfied with their contact with CSS or unhappy with decisions that have been made can, in the first instance, complain to the

staff member and their supervisor. A family can also ask for a family group conference or meeting with the program manager. If this does not result in a satisfactory resolution a formal complaint can be made to the program director in writing asking for a review of the decision. If an internal review does not provide resolution the decision can be referred to the Deputy Secretary, who can convene an external review by an Advisory Panel.

There is no independent authority which specifically deals with complaints from parents. If they are not happy with the outcome of a formal complaint at a service level complainants can ask for a formal review by the Ombudsman. Most complaints would be about individual matters and would not be seeking visibility or broader redress connected to systemic change. The Ombudsman is responsible for reviewing the complaint to make sure that procedures have been followed and that the complainant has been treated fairly.

Complaints may also be taken to politicians, to the Minister and to the Children's Commissioner. Anecdotally, complaints to politicians asking for interventions and reviews of decisions by CSS are a common occurrence. However, given the struggles parents face, many would be reluctant to pursue a complaint if they felt this might jeopardise their situation, particularly in a small community like Tasmania. Many do not have the energy or confidence required to pursue a complaint.

Policy and service frameworks:

- **Framework for Community Engagement** (Tasmanian Government 2013) provides guidelines for Tasmanian Government agencies to undertake community engagement work and provides tools and resources to promote the engagement of individuals and community. It states a commitment from government to hear the voices of service users and potentially provides an avenue for public participation in policy development and service delivery including consultation with particular cohorts of the population. However to date no specific work has been undertaken with parents and families in the CSS system.
- **Redesign of the Child Safety System** (DHHS 2016). The consultation for the redesign process identified 'listening to children and their families' as key and that the redesign process must 'provide a forum for staff, children, families and other stakeholders to have a say'. A collaborative, co-design model was anticipated. In reality and despite commitment to co-design from many stakeholders, the parent/family voice has to date been absent from the design process. Beyond some collation of the views of parents and families mediated by service providers there has been no direct input or participation from families in the redesign process.

Tasmania previously housed two organisations which provided advocacy for parents and families in contact with CSS:

- **Family Inclusion Network Tasmania (FINTAS)** was established in 2008 as a volunteer organisation and became incorporated in the same year. It was affiliated to a national FIN network (see page 9). Co-ordinated by a family therapist and foster carer with experience of supporting families in the child protection system, FINTAS provided advocacy and support to parents through a core group of four volunteers – two parents, one kinship carer and one professional trained in advocacy work – and worked closely with legal professionals. FINTAS was delivered on a purely volunteer basis with office space one day per week donated by a Christian organisation. By 2011 it was receiving referrals from Legal Aid, CSS and homelessness shelters amongst others, and supporting 64 parents in their communications with CSS. Despite the demand for its services FINTAS closed in 2013 when the voluntary effort and lack of resourcing became no longer sustainable.

- **Parent and Family Advocacy Service (PFAS)** was established in 2013 and auspiced by the Red Cross to replace the gap left by FINTAS. Initially funded on a three-year trial basis, PFAS received referrals through CSS and other providers and assisted families with documentation, communications with CSS and legal processes. It aimed to improve parents' understanding of CSS procedures and processes and of their rights and responsibilities and to empower parents and families to be able to advocate for themselves. The intention was to build a statewide peer support model where parents who had been through the system were trained to support and advocate for other parents. However it was difficult to recruit peer advocates and funding was not adequate to support operations across the state. This meant that PFAS operated only in the South with three professional advocates who volunteered their time. During 2018 PFAS worked with an average of 30+ families at any one time and had a waiting list. As part of the redesign process and its implementation funding for PFAS was withdrawn and it ceased to exist from the end of 2018.

There is now no dedicated advocacy service for parents and families in Tasmania working at either an individual or systemic level.

Across Australia

Beyond the advocacy done by community service organisations in the course of their work and the support provided by generic advocacy organisations, there are few initiatives dedicated to supporting parents and families involved with CSS in other jurisdictions in Australia. The exceptions are the establishment of the Child Protection Party and the Family Inclusion Networks (or FINs), which have been developing in a number of jurisdictions since 2004.

Child Protection Party

This political party was established in 2017 in order to make positive changes to child protection systems across Australia, including more transparency in child protection processes. The Party is currently strongest in South Australia, where they are seeking registration with the Australian Electoral Commission and intend to field candidates in the state and hopefully in other states and territories in May 2019. There are now approximately 700 members of the Party, with 16 members in Tasmania. They produce a newsletter and have outlined policies on professional clearance for CSWs, the replacement of court hearings by conferences in child protection matters, and the elimination of residential placements and their replacement by specialist foster care options or adoption.

Family Inclusion Networks (FINs)

FINs originated in small groups of concerned community members, academics, professionals and community workers who actively joined with parents affected by the removal of their children to promote family-inclusive practices in child protection systems and improve outcomes for children. They take different forms in different jurisdictions and offer a range of services to families on a mainly voluntary basis, including support groups, information and advice, individual and systemic advocacy and court support, education and awareness raising with service providers, and some casework. FINTAS closed in 2013 but there are now FINs in Queensland, Victoria, New South Wales, the ACT and Western Australia. FIN WA is the largest and best resourced and the only organisation which has accepted significant government funding to support its operations.

Queensland

Queensland has two FINs in Townsville and in Brisbane. The inaugural FIN in Townsville grew out of a parent support group facilitated by a social work academic. It began as an unincorporated informal group with a strong commitment to operating with and for parents at both individual and systemic levels. The original membership consisted of parents, grandparents and significant others alongside supporting members or ‘friends of FIN’, many of whom were social work practitioners and students. FIN Queensland was incorporated in 2010 when a decision was made to maintain its independence and not seek government funding. It operates with a volunteer committee and uses fundraising activities to cover the costs of insurance and running a website and advice line. The group provides practical support and referral, has social activities and does presentations to local groups and service providers. It also undertakes consultations with parents and families for the Department of Child Safety and prepares submissions advocating for changes in the CSS. There are twice monthly drop-ins, a monthly women’s group meeting and court support weekly at the Children’s Court.

FIN Brisbane was established in 2004 and is now auspiced by Micah Projects[3]. A commitment from the Department of Child Safety to hear the insights of families about policies which impact on children and families led to funding which now supports 1.5 part-time workers to provide parents and families with information, support and advocacy. Run by a committee of peak bodies, community and department staff and a parent representative, FIN Brisbane organises parent cafes which bring parents together to share ideas and insights and promotes partnerships and collaborative working around issues relevant to families. There is some training and mentoring for parents through the Parent Leadership Training Institute[4] and consultation opportunities to ensure the parent voice is heard in policy development and service design which impacts on their lives.

Victoria

FINV was initiated by an Anglicare support worker who, on moving from WA where she had experienced FINWA, hoped to develop a FIN in Victoria. FINV was incorporated in 2013 and launched in 2014. An approach to Anglicare Victoria for funding was unsuccessful and it is now run on a volunteer basis by a committee of parents and their supporters and the Secretary, who inputs 5-10 hours per week of her own time. A website and newsletter provide information, links and resources for parents and professionals. A network of volunteers advocates for and supports families in their dealings with the CSS, courts and legal processes, provides emotional support and encouragement and ensures families have opportunities to influence policy and service delivery as key stakeholders. FINV is now working to increase its capacity to provide face-to-face support by recruiting and training a wider network of volunteer advocates across Victoria and exploring opportunities for developing peer support.

In 2016 FINV partnered with the Victorian Advocacy League for Individuals with Disability (VALID) to establish a peer action group for parents with disability in contact with CSS. The group meets regularly, hosts guest speakers and participates in research projects. It has a newsletter and contributes to submissions to government inquiries and recently to a Legal Aid Services Review. The group has now secured government funding for an advocacy project for parents with disability, ‘Steps to Speaking Up’ and ‘Reaching Out’. This will establish more peer advocacy groups and a training package for parents and professionals. A statewide forum was held in July 2018 to showcase innovative projects supporting parents with disability.

New South Wales

FIN NSW is a statewide family support, advice and advocacy website supported by limited funding from individual sponsors. It operates a 9-5 Monday to Friday advice line for parents in contact with CSS and for professionals working with them. It does not provide individual advocacy and, having decided not to seek government funding, is maintained on a voluntary basis.

---

[3] Micah Projects is a Queensland based not-for-profit committed to providing services and opportunities in the community to create justice and respond to injustice.

[4] The Parent Leadership Training Institute was developed in Connecticut USA to enable parents to become leading advocates for children.

Family Inclusion Strategies Hunter (FISH) is a group of practitioners, parents, family and carers who joined together in 2014 in Newcastle to promote family inclusion in child protection practice in order to achieve better outcomes for children. It is not formally affiliated to the national FIN network but operates as a 'friend of FIN'. In 2015 they organised a practice forum which brought together over 60 people interested in family inclusive practice. The Committee now operates a website providing information about child protection processes and a Facebook page. They organise four open community meetings a year to share information and to network, have regular consultation sessions with CSS and prepare submissions. As well as operating a monthly support group co-facilitated by a parent, FISH members, including parents, regularly speak at conferences, meetings and to community groups about their experiences. Although they do not undertake individual advocacy work, there is now a peer worker working with one of the OOHC teams in the Hunter Family Engagement project. This has challenged providers and the language they use and helped to build relationships with parents. They have undertaken research about parents' experiences when children are removed (Ross et al. 2017) and recently completed an exploration of family inclusive practice and peer work internationally via a Churchill Fellowship (Cox 2018).

ACT

FINACT aims 'to create a child protection system in Canberra which is respectful and inclusive of parents, family members and their networks as key stakeholders in the lives of their children'. It operates with a membership and a website presence which aims to keep members informed about changes in the CSS as well as opportunities to have input into policy consultations and other forums or participate in research. Although it does not operate any other services it has published guides for parents in the child protection system.

Western Australia

FINWA is the largest organisation in the network. Its origins lie in the work of a retired social worker who was providing counselling, support and advocacy to parents with children in OOHC through the Community Legal Centre. This grew into an informal group, Parents of Children in Care, meeting on a monthly basis at an Anglicare community centre. Other service providers became involved alongside parents to plan the development of a specialised advocacy service to meet the needs of parents involved with the child protection system, and especially to address the increasing numbers of babies being removed at birth. At incorporation in 2006, there were 60 members including academics and community service professionals, with six members on the management committee.

On behalf of FINWA Anglicare WA submitted an application for a research grant from LotteryWest[5] to examine the experiences of parents (Harries 2008). The research report provided a basis for further funding applications and in early 2008 FINWA was awarded a grant from the Department to assist in setting up an organisation with the first year service delivery funded by LotteryWest to consolidate a governance structure and work with stakeholders. In 2009 the Department entered into a service agreement with FINWA to provide support and advocacy to parents with children in OOHC and those at risk of removal.

---

[5] Lotterywest runs the lottery in Western Australia and directly supports the community through grants to not-for-profit organisations.

FINWA is now well established in the sector as a highly regarded, independent, autonomous organisation with its own managing body and good working relationships across government and non-government organisations. It aims to empower parents and families to participate meaningfully in the child safety system and to foster collaborative and inclusive practices. Six staff – a coordinator, three advocates, an administrator and a community development worker – provide:

- Individual advocacy and case work with 45 families at any one time and a waiting list. This work can entail attending court, participating in meetings with CSS, assisting in complaints or appeals processes, making referrals to legal aid and other support organisations and providing emotional support;
- Information and guidance via a telephone advice line, website and weekly drop in sessions in various locations (including prison) to empower parents to develop insight about the issues which led to removal and enable them to self-advocate with the CSS;
- Organising workshops and training for government and non-government agencies, students, foster carers and community groups. This includes participating in formal training for new CSWs and training other service providers to work with and advocate for families rather than referring to FINWA;
- A bi-monthly practitioners' forum for non-statutory child and family protection workers; and
- Systemic advocacy through organising consultations with parents, families and grandparents to inform submissions, participation in working groups and other forums.

FINWA also conducts project work with specific pots of money. For example in 2013 they ran a project call 'Parent Voice' providing an opportunity for parents to tell their story using photography as a medium and build community awareness of the lived experience. A project officer was employed for three months to work alongside parents. Subsequently interest from a publishing company led to the production of a book about the project which was published in 2015. The project was supported by LotteryWest. FINWA are now developing a support group for parents and a peer support/mentoring program. Their vision is to see a FINWA support and advocacy worker based in each district office in WA alongside dedicated workers for Aboriginal and CALD families and families with children with disability.

FINWA is currently supported by $600,000 from the Department of Communities. An additional $130,000 from Communities for Children supports the delivery of a parenting program to families who intersect with the child protection system or are working towards reunification. 'Bringing Up Great Kids'[6] is now delivered across one district in Perth. The Management Committee includes two parent representatives, the CEO of a homelessness agency, Legal Aid, Anglicare WA, an OOHC operations manager, an independent social worker, and the head of social work at the largest maternity hospital.

---

[6] 'Bringing Up Great Kids' is a suite of parenting programs produced and supported by the Australian Childhood Foundation.

In 2012 FINWA commissioned an investigation of their role and the benefits they offered to service users and sector agencies from independent consultants. The investigation found:

- Overwhelming agreement that FIN was providing significant benefit to parents by giving them an understanding of the system and how to navigate it and a channel for their voice;
- A consensus from the Department that FIN was a valuable partner in departmental processes, in helping to resolve issues and in assisting families to re-engage with the system;
- A consensus from across the sector that the education, awareness raising and consultation provided by FIN was promoting a culture of respectful engagement and collaborative working which bridged the gap between families and the system; and
- A huge demand for FIN services and the need to increase funding to begin to meet that demand. The investigation recognised that demand would continue to exceed FIN capacity to meet it.

There is now an ongoing evaluation of FINWA's work and its impact being conducted by University of Western Australia and Curtin University.

FIN Australia (FINA)

In 2007 a national Roundtable of FINs was held in Brisbane to tackle the question 'How can parents be included as legitimate stakeholders in the best interests of children?' The Roundtable developed a national plan and vision and in 2011 FINA was established as a national body to represent member FINS and advocate for the rights of children and their families when in the CSS.

FINA was incorporated in 2014 and aims to promote the genuine and equal participation of parents in all aspects of planning, development, implementation and evaluation of child protection practices based on the lived experience of this group and respectful inclusion of parents in all child protection processes. It aims to advance awareness and understanding of the issues confronting families and children when a child is placed in OOHC and to provide support to FIN network organisations.

Each state/territory FIN has two voting representatives and where possible one is the voice of a parent. FIN branches do not have to be incorporated but must be aligned with the aims and objectives of the association. To date, however, and given that FINA is operated on a purely voluntary basis, it has been difficult to gain momentum, develop a national agenda or develop more than a skeleton website. FINA is currently in the process of changing its constitution to allow an expansion of its membership in order to build a stronger and more cohesive presence at a national level.

In summary

FINS are diverse and whilst sharing the aim of promoting family inclusive practice in child protection, they differ in the mixture of services they offer and their philosophical underpinnings – for example whether or not they will seek and accept government funding. They have auspiced both individual and systemic advocacy, conducted research and advocacy and awareness raising projects and developed written resources for families facing child protection intervention.

However, although there is now an ongoing evaluation of FINWA, to date there has been no comprehensive evaluative work which explores the impact of FINs on advancing family-inclusive practice. Yet there is evidence to suggest that parents who are supported by good advocacy and legal representation are less likely to have their children permanently removed (Ketteringham et al 2016). There is also evidence that those who have contact with other parents through support groups and peer support work are more likely to feel empowered and less isolated and stigmatized (Berrick et al 2011). In addition, opportunities for systemic advocacy enable government commitments to family engagement and collaborative co-design work to be implemented.

The international environment

What does individual and systemic advocacy for parents and families in child protection systems look like globally? An international consensus that child protection authorities struggle to meaningfully engage parents and families has led to recent reviews of family inclusive practice and engagement and the impact it has had on families and outcomes for children (Ivec 2013; Tobis 2013; Cox 2018). There is now a substantial literature in this area.

The USA has been a leader in both researching and applying research findings to practice models of parental engagement in child welfare systems and how this ultimately affects outcomes for children – their safety, permanency and wellbeing. There are also interventions in New Zealand, the UK and Europe demonstrating how engagement initiatives can reduce the numbers of children in OOHC and improve rates of reunification.

Ivec (2013) conducted a review of national and international models of engagement, support and advocacy for parents who have contact with child protection systems. The review found diverse initiatives in prevention, early intervention and at a tertiary level. Practices included home visiting programs, community-based educative and supportive ways of diverting families from child protection systems, family group conferencing, birth parent/foster parent partnership programs and family reunification programs. There are also consumer-led or peer initiatives and parent forums or advisory groups which provide input into policy development, service design and evaluation. What many of these initiatives share, often in partnership with parent advocates and mentors, is:

- Support for parents to address underlying risk factors and meet the conditions imposed by orders;
- Advocacy and representation;
- Facilitating positive relationships between parents and children living in OOHC;
- Addressing issues of parental grief and loss and the trauma of removal;
- Supporting partnerships with parents and providing opportunities for them to participate in decision making, such as Family Group Conferencing; and
- Promoting collaborative working with adult-focused services.

Drivers of change towards family-inclusive practice in the international arena have come from various quarters – parents and families partnering with individual practitioners or teams, local service providers, schools of social work and law faculties or child welfare departments partnering with university research centres to progress change. Ivec described these interventions as offering' islands of civility' in the child protection world.

The Child Welfare Organising Project (CWOP) is a pre-eminent and often quoted example of family inclusive practice, peer support and advocacy and is documented in a book devoted to its history and impact (Tobis 2013). CWOP was established in East Harlem in 1994 and became the most significant group in New York for organising parents to influence the child welfare system. It was formed as a partnership between mothers whose children had been removed to foster care and professionals who had been struggling to reform child welfare (Tobis 2013). It is now funded by three city councils, philanthropic organisations and fundraising activities, and offers parent support groups and a newsletter, Rise. CWOP uses the stories of families as tools to argue for changes and trains parent advocates to work with families in their communications with the child welfare system. A parent advisory working group meets three-monthly with the Commissioner to discuss changes to policy and planning.

An evaluation of CWOP (Lalayants 2012) found that it had led to reductions in the number of children in care and high satisfaction ratings from families. Child welfare staff were receptive to the work of CWOP once they understood its role and they had successfully built family-centred practice and eased families' pathways through the child welfare system. It was also improving the quality of services and including parents in policy and planning. A key aspect of the work was training parents who had been through the system and paying them as parent advocates supporting other parents. This was proving instrumental in breaking the cycle of poverty so many families experienced.

A recent Churchill Fellowship explored family inclusion and partnership programs and initiatives in child welfare in the USA, Canada, Norway and the UK (Cox 2018). The report summarises the elements of family inclusive practice and explores key opportunities for innovation and change. Finally the report reviewed how the range of family inclusion initiatives can be integrated into the Australian system and how they might be implemented.

The report identified parent leadership as having the greatest potential for initiating change, while at the same time being likely to face the most resistance. Parent-led initiatives are diverse and vary in their independence from the system and their ability to set their own agenda. Parents can and do get involved in staff and carer training, agency cultural change, service design and policy and legislative development. Most importantly initiatives can connect parents and families with each other to provide support and advocacy in promoting a more family inclusive system. The report identified a number of approaches:

- **Peer support work** such as Parent Anonymous in California, which uses parents acting as consultants for agencies to enable them to better engage with their clients;
- **Parent committees, advisory groups and boards** established by child welfare agencies and non-government organisations to consider and provide feedback on agency agendas and priorities. These are advisory roles and provide structured opportunities to hear the voice of parents who have experience of navigating the child welfare system; and
- **Parent-led initiatives which lead rather than advise** the work of agencies. For example the Washington State Parent Ally Committee (WASPAC) works in partnership with a range of allies to lobby for improvements to the system. Norway has a parent-led national organisation funded by the Directorate of Family Services which raises issues identified by parents to a national policy development level.

The report noted the value of parent leadership awards as a way of making the voices of parents more visible and credible and legitimising their place in policy development and service design. It concluded that to make family inclusion a characteristic of Australian child welfare systems, parent and family voices were required at an individual level, in the child welfare sector and in broader society with both parents and the agencies working with them leading change.

What is happening in other sectors?

Moves to provide both individual and systemic advocacy mechanisms in the child welfare sector and to forge real partnerships with parents and promote family inclusive practice can benefit from a knowledge of how consumer engagement and participation (synonyms for family-inclusive practice) has developed and progressed in other sectors. The steady demand for engagement from government and service providers has stimulated the growth of service user groups and shaped their activities. In some cases groups have been created solely to meet the demands of the system for consultation.

People with mental health problems and people with disability have both built strong consumer movements. They have developed more hopeful agendas for services which are consumer-led and tailored to individual need, based on the central principles of 'choice and control', and embedded in national frameworks. In both sectors consumer engagement is now established practice and a statutory obligation, to such an extent that it is now unlikely any major developments would occur without formal attempts to consult people with direct experience of the service system.

The recovery agenda in mental health and the personalisation agenda in the disability sector have been championed by service users, have been taken up by services, clinicians and policy-makers, and have instigated significant change and a profound shift in the way in which services are conceived, designed and delivered (Hinton 2009, 2016). Similar changes are occurring in the alcohol and drug treatment sector where drug user groups inform the development of policy and services (Hinton 2010). There is now a general acceptance that consumer involvement has the ability to enhance service delivery and instigate change and reform. It improves engagement with services and/or treatment, promotes higher levels of client satisfaction, and promotes better outcomes for service users and for organisations working with them.

One development in the mental health world which is now being replicated in other sectors is the establishment of a paid consumer workforce where those with lived experience go back into the system as paid consumer workers performing a variety of roles. These include operating as consultants or advisors engaged in systemic advocacy work, as paid peer support workers providing support, befriending and advocacy and as consumer representatives who participate in advisory and decision-making forums and are paid sitting fees. These roles can become established and integrated within traditional mental health services, in CSOs or in consumer-run organisations. Most jurisdictions in Australia now employ consumer consultants and some also have paid peer support workers. All use consumer representatives.

Typically consumer organisations originate with a small group of committed and passionate individuals who are motivated by raising awareness of gaps in current service provision and giving voice to unmet needs and the need for change. Many work in a voluntary capacity for years as they build a membership, become incorporated and attract funding for office space and staffing. What they offer is a mix of representation, individual and systemic advocacy, peer support, education and training work and information provision. Tasmania has a strong history of mental health consumer development, with the Mental Health Council instrumental in fostering the consumer movement and supporting the development of Flourish[7].

At the same time there are commonly shared challenges in developing and implementing effective consumer involvement. These include the perceived characteristics of people who use services and structural difficulties like inadequate resourcing, unclear aims and goals, a divided consumer movement and no strong national consumer voice or formally constituted consumer-led organisation. The lack of a comprehensive evidence base about the efficacy of consumer involvement, the most effective way to develop a consumer workforce and the meaning of consumer leadership and representation also presents challenges. These challenges demonstrate that the difficulties faced by consumers are not unique and there is no road map, but there are valuable lessons to be learnt from experiences in other sectors, other jurisdictions and internationally.

Research exploring consumer engagement in drug and alcohol treatment services identified key lessons that apply across most sectors (Hinton 2010). They are:

- Consumer involvement requires nurturing by government and adequate resourcing, reinforced through standards, regulatory and review processes in which consumer engagement mechanisms become a key quality indicator for service providers and a core part of service delivery activity;
- There is no one size fits all model. Any approach must be evolutionary and tailored to particular consumer cohorts;
- The spirit in which consumer involvement is implemented is just as important as the model and requires leadership from consumers and professional champions;
- A long term process of cultural change is required, reinforced through awareness raising, training, supervision and mentoring to change staff and consumer attitudes; and
- Continuing success and the sustainability of involvement depends on a strong evidence base and the documentation of good practice.

Work is currently underway to establish a mechanism for systemic advocacy for people in Tasmania affected by alcohol and other drugs.

---

[7] Flourish is an independent not-for-profit organisation established to provide a strong voice for people with a lived experience of mental ill health in Tasmania.

CSS has not kept pace with these changes as they spread through other sectors. Despite the promotion of family-inclusive practice, parents and families continue to struggle to have their voices heard and their participation respected and valued. Families in CSS may be the acid test for service user involvement, as so many feel it is not possible in this area or that families have unique characteristics that impact on their ability to participate in decisions about their lives and those of their children. Some of the perceived obstacles particular to involving families in contact with CSS are:

- The need to work alongside statutory power with involuntary interventions like removal. However, the mental health service system also has recourse to statutory coercive action and restraint but has still generated one of strongest engagement frameworks and consumer movements;
- The danger inherent in partnering with families in a system which prioritises children's safety and manages risk and adversarial legal processes at the cost of building capacity and the wellbeing of the family. Here supporting parents can be seen as a failure to keep your 'eye on the ball';
- A lack of capacity among parents and families to engage due to deteriorating circumstances and emotional turmoil, crisis, poor education, and being seen as 'bad' and undeserving of help and support;
- Little thinking about how parents identified as neglectful or abusive can re-enter society as equal citizens, continue to be parents and reclaim a positive identity. Unlike the mental health sector there is no recovery path or thinking about how recovery might be achieved; and
- Less demand from the service system to consult or involve families in service development and little pressure to build or fund consultation capacity and support for consumer groups. This silencing of parents sustains negative public attitudes and limits opportunities for participation and promoting family-inclusive practice.

These obstacles mean that consumer engagement has been slow to make an impact on CSS or to increase the participation of families.

The rationale for parent/family voice in Tasmania

The lack of effective mechanisms to hear the voices of parents and families in Tasmania either at an individual or at a systemic level is a significant gap. The implications are:

- Problematic relationships between families and the CSS are perpetuated. Despite mechanisms like Signs of Safety and Family Group Conferencing, designed to promote participation, research clearly highlights low rates of parent/family involvement in casework, problems in engaging with the safety concerns expressed by CSS, and a failure to create a productive partnership between CSS and families in order to promote the best outcomes for children;
- No voice for some of the most marginalised and stigmatised people in Tasmania. Their voice is compromised by a fear of CSS retribution and only present when there is a problem rather than having a more proactive presence. There is a lack of recognition of the contribution they can make and a complacency that their activism is not required;
- Problems in developing legislation, policy and services in the absence of this voice and the lived experience. This is especially crucial at a time of change and reform. For Government, lacking a place to hear the parent voice means either cherry picking the loudest voices or that voice being mediated by service provider organisations; and
- No organisational base to develop a voice and build capacity and parent leadership in order to promote family inclusion and galvanise activity.

Building an effective parent/family voice is key to CSS. It represents a strategic investment for government, ensuring access to well-informed opinions, needs and interests which can be integrated into collaborative and co-design work. It can promote cultural change and family inclusive practice through education, training and awareness raising so that family inclusion is integrated into CSS practice as an underlying principle and can smooth pathways through the system for both families and for the child safety workers who work with them. This can increase the engagement of families, reduce the stress and workloads of staff and enhance preventative work which can avert removals. It can lead to fewer complaints and ministerial interventions. It is ultimately about and for children and improving outcomes for them. By providing hope that people and systems can change and that everyone has worth, it offers a vision where the wellbeing of families is integral to the best outcomes for children.

Most family inclusive initiatives are focused on families with children in the OOHC system. These are the most visible and vulnerable families who appear in the system in extreme need. To mirror the thrust of the current Tasmanian redesign process and reforms, there is a case to be made for broader family inclusion initiatives which include all families seeking support and advocacy for their parenting role.

Challenges and ways of overcoming them

There are numerous challenges in establishing individual and systemic advocacy for parents and families in Tasmania. These are reflected in the history of consumer development in the state, which is a combination of high expectations, under-resourcing, lack of clarity about roles in a small community and pressure to combine a number of different functions within one entity or organisation. However, although every jurisdiction and every sector has its unique characteristics, there are also commonalities in the challenges they face in establishing an effective consumer voice. In Tasmania these are:

- No secure funding for advocacy and/or developing consumer organisations despite the responsibility of government to fund, support, listen and collaborate with service users;
- Dilemmas about whether to accept funding from a statutory authority. Government funding can offer a legitimate and rightful place at the table, but it can also mean operating with government priorities and agendas rather than those of service users;
- Combatting Government and agency fears of being threatened and losing control. If families get more power other stakeholders will get less. This needs to be countered by families and their allies assisted by resourcing and strong leadership;
- Countering the pessimism in some quarters about the capacity of parents and families to contribute and the sustainability of any mechanism established to assist their participation. There is a common lack of belief that parents can be articulate and well-organised and move from being service users to being contributors; and
- The challenges inherent in bringing people together who are stigmatised, isolated, traumatised, suspicious and mistrusting of government and other agencies.

In the absence of one model or a 'how to' manual, developments in other jurisdictions and sectors can help to identify a number of critical success factors for successful consumer engagement initiatives in general and family inclusion initiatives in particular. They include:

- Galvanising support from a wide coalition of stakeholders to form a supportive base of 'friends' or 'allies'. The collaboration of those who are not affected is seen as essential. This has been the FIN model, where developments have been instigated by a coalition of allies who provide hope and inspiration. This can include legal professionals, community service providers, researchers and academics, politicians, carers and other professionals and practitioners;
- Skilled leadership with the capacity to communicate effectively, build positive relationships with all stakeholders and develop a professional and credible service;
- Capacity building, training and mentoring to build skills for the longer term development of peer support work and the nurturing of parent leadership. This needs to harness the energy generated by peoples' experience of the system and turn it into a positive to directly benefit others;
- A solid foundation with an organisational base and supportive infrastructure. Auspicing can be a useful development tool from a peak, advocacy or other organization. This

requires resourcing to develop a professional and credible service, sustainable governance structures and good working relationships with all stakeholders;

- Clarity about purpose and what services to offer – individual/systemic advocacy, support, recreational activities, education and training, workforce development, awareness raising and cultural change, information and consultancy, project work, assisting government to deliver a professional CSS; and
- Setting priorities and thinking in project-sized pieces. This can avoid the pressure of high expectations and trying to do everything at once. It needs to be well planned, build up gradually and use a staged approach.

To elicit change there is a need to become part of the system and to sit at the table with decision-makers. Establishing the right of highly stigmatised and marginalised people to a place at the table does not happen overnight and it requires persistence and consistency.

Options for Tasmania and how we get there

This paper has established a pressing need to hear the parent and family voice at both an individual and at a systemic level in Tasmania. It has also established the value to Tasmania, to the Government and to families of investing in and strengthening the parent voice. The vision is for a mechanism which is mandated and recognised by all parents and families and promotes their right to be involved in decisions which affect them at all levels and in legislation, policy, planning and service development. This will lead to better outcomes for children and families as well as less pressure on a range of systems including CSS.

Ideally any developments require the core elements of:

- A statewide approach and delivery;
- Recurrent, not project, funding;
- Individual advocacy and casework delivered on a professional basis and accessible to all who need or want it;
- Provision of information and advice to parents, families, professionals and practitioners involved with CSS;
- Mechanisms which facilitate systemic advocacy including:
  - The right to be consulted about issues affecting parents and families – a place at the table;
  - established consultation and collaboration mechanisms with parents/families, government and service providers;
  - Input into education and training for child safety staff, students and other practitioners about the lived experience to promote understanding and cultural change; and
  - Building capacity for peer support and parent leadership; and
- The involvement of government from the beginning as a collaborator, partner and supporter.

These core elements are demonstrated by the model offered by FIN WA. Here the primary role is advocacy and support for parents and families delivered by an incorporated organisation supported by recurrent funding, a skills-based Board with parent/family representation and a membership base of organisations, individuals, parents and families. Establishing a FIN Tasmania would link any developments into a national network and the recognition, support and mentoring this might involve. It is also clear that FIN WA, as currently established, is unable to meet demand and that this demand will continue to exceed FIN capacity.

This paper proposes a two-stage approach:

- **A 12 month development period** to build and coordinate a coalition of support of 'allies' and develop a governance structure. This will require at the very least the appointment of a co-ordinator or facilitator to oversee this process and possibly auspicing by a peak body or family support provider agency.

- **Consolidation** involving contracting by Government to deliver a clearly identified range of individual and systemic advocacy services.

Costings

Development funding will be sought from Government in order to meet their obligations to listen to service users and to the lived experience. Funding would need to cover:

- Statewide coordinator/facilitator and related expenses (office, travel, events, accommodation) and/or in kind support from auspicing organisation;
- Professional advocates; and
- Administrative support.

References

AIHW 2013, Child protection Australia 2011-12, Child Welfare Series, 55, Australian Government, Canberra.

— 2018, Child protection Australia 2016-17, Child Welfare Series, 68, Australian Government, Canberra.

Broadhurst, K & Mason, C 2017, 'Birth parents and the collateral consequences of court-order child removal: towards a comprehensive framework', in International Journal of Law, Policy and the Family, vol. 31, no. 1, pp. 41-59.

Berrick, J, Young, E, Cohen, E Anthony, E 2011 "I am the face of success: peer mentors in child welfare", Child and Family Social Work, 16, 179-191.

Cox, J 2018, "If a community values its children, it must cherish their parents": Family inclusion initiatives in child welfare, Churchill Fellowship final report, The Winston Churchill Memorial Trust of Australia.

Department of Health and Human Services 2016, Redesign of Child Protection Services Tasmania: Strong Families – Safe Kids, Tasmanian Government.

Featherstone, B, Fraser, C, Ashley, C & Ledward, P 2011, 'Advocacy for parents and carers involved with children's services: making a difference to working in partnerships?', in Child and Family Social Work, vol. 16, pp. 266-275.

Fidler, L 2018, In limbo: Exploring income and housing barriers for reunifying Tasmanian families, Social Action and Research Centre, Anglicare Tasmania.

Hinton, T 2009, Experts by experience: Strengthening the mental health consumer voice in Tasmania, Social Action and Research Centre, Anglicare Tasmania.

— 2010, Voices on choices: Working towards consumer-led alcohol and drug treatment, Social Action and Research Centre, Anglicare Tasmania.

— 2013, Parents in the child protection system, Social Action and Research Centre, Anglicare Tasmania.

— 2016, Strengthening the disability voice in Tasmania, Social Action and Research Centre, Anglicare Tasmania.

— 2018, Breaking the cycle: Supporting Tasmanian parents to prevent recurrent child removals, Social Action and Research Centre, Anglicare Tasmania.

Ivec, M 2013, A necessary engagement: An international review of parent and family engagement in child protection, Social Action and Research Centre, Anglicare Tasmania.

Ketteringham, E, Cremer, S, Becker, C 2016 "Healthy mothers, healthy babies: a reproductive justice response to the womb to foster care pipeline", The City University of New York Law Review, 20(1).

Lalayants, M 2012, Child Welfare Organizing project: Community Connections: Program Evaluation, final report, Silberman School of Social Work, Hunter College, City University of New York.

Ross, N, Cocks, J, Johnston, J & Stoker, L 2017, “No voice, no opinion, nothing”: Parent experiences when children are removed and placed in care, University of Newcastle.

Tobis, D 2013, From pariahs to partners: How parents and their allies changed New York City’s child welfare system, Oxford University Press.

Tasmanian Government 2013, Tasmanian Government Framework for Community Engagement. Tasmanian Government.