

Generation by Generation

Pragmatic approaches to reducing
intergenerational cycles of reliance on
child protection services



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Sidney Myer

SIDNEY MYER FUND

“For some people it’s a new thing to believe parents could actually have their kids back. And there could be a happy-ever-after story, maybe not a fairy tale, but something positive, something better than separation.”

–NGO Staff



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Carolyn Curtis

Chris Vanstone

Lauren Weinstein

Lucy Fraser

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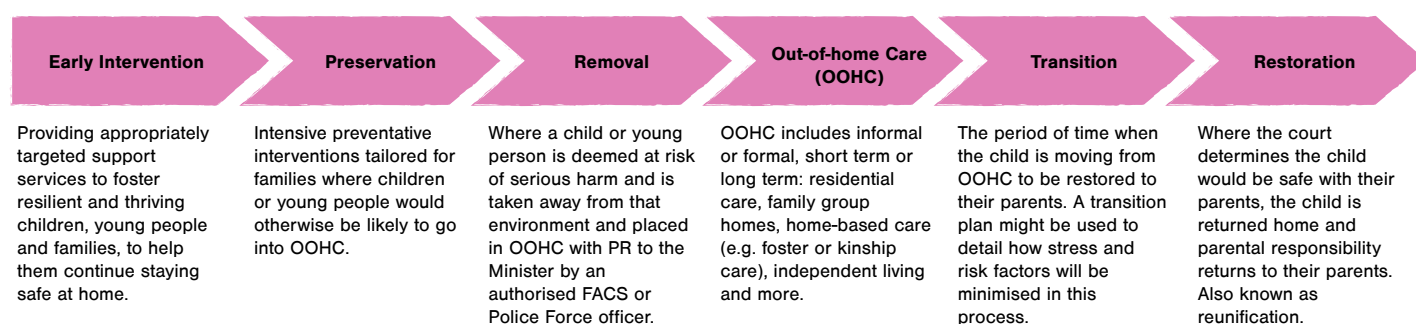
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Terms and acronyms

Caseworker (CW)	In NSW, an officer responsible for working with children, young people and their families, and other agencies in child protection, OOHC and early intervention.
CSC	Community Service Centre
D & A	Drug and Alcohol
DV	Domestic Violence
FACS	Department of Family and Community Services in NSW
NGO	Non-government organisation
PR	Parental responsibility (often referenced PR to the Minister)
ROSH	Risk of significant harm
SBB	Social Benefit Bond (also known as a Social Impact Bond)
Triage	The practice guidelines describe the process of triaging ROSH events and non-ROSH information at CSCs and outline the minimum practice required by CSCs when a ROSH event and non-ROSH information is received.
Taken On Assumption	When a child is assumed into care based on a parent's previous history with the child protection system or 'assumed' parenting capability.

Phases of child protection families might experience and their definitions



Executive summary

Through the Rethinking Restoration project, funded by the Sidney Myer Fund, we set out to better understand the barriers and drivers to successful preservation and restoration for families and children. We sought to surface opportunities to help facilitate and sustain restorations for more children to thrive with their birth families over the long term – when that is the most appropriate option for children and their families.

Through this project, our ambition is that families improve (or maintain) their well-being across generations rather than deteriorating it. Recognising that looking at solutions through a singular policy lens (such as adoption or restoration) could be problematic, we have sought to understand the root causes of perpetual engagement with child protection services. Exploring implications of intergenerational cycles on the child protection system, this project shares insights on how improving family experiences, service delivery, and community resilience can reduce reliance on the child protection system.

What we found

Research into the experiences of actors across the child protection system, as well as an analysis of current dynamics of policy, commissioning, service delivery, and families highlighted the complexity of the barriers to achieving best outcomes for children in the existing Department of Family and Community Services (FACS) in New South Wales:

1. Family Experience: The experience of families engaging with the child protection system is life changing (be it destructive or transformative).

Throughout the process, parents are overwhelmed, and they feel like they have no one to help them. The expectations set for them to change are tremendous, especially given their limited psychological and social resources and chaotic lives. Most approaches to supporting these families are limited in their ability to help families recover and sustain change over time.

2. Restoration and Preservation: Helping kids return home after they've been harmed is a complex, highly-individualised process which is hard to do well.

While there are pockets of exceptional practice, these are deviations from the norm, not driven or fostered by the existing institutional cultures, policies and procedures. Preservation services are currently positioned to provide too little, too late.

3. Intergenerational Cycles: The child protection challenge is increasing at an unsustainable rate — generation by generation — perpetuated by incident-focused responses.

The current system is structured to respond to incidents — the worst and most obvious — but not geared to identify or respond to less overtly noticeable cumulative harm. Lack of therapeutic supports to foster recovery, rehabilitation, and transform parenting behaviour increases the population needing child protection services rather than reducing it.

The child protection system intends to help children and families in the best ways possible. For example, some of FACS' objectives include helping “all people to be empowered to live fulfilling lives and achieve their potential in inclusive communities” and “protect[ing] the most vulnerable members of our community and break the cycle of disadvantage.” However currently, child protection systems and institutions in Australia do not always see those outcomes as a result of their current activities and approaches. In fact, we often see the opposite — instances of child abuse and neglect have nearly doubled in the past decade.

This research highlighted that family reliance on services is caused by complex interrelated, chronic risk factors that span social, health and education sectors. It is our understanding that limitations in supporting thriving¹ families and breaking intergenerational cycles is caused by processes, practice and attitudes across multiple levels of the child protection system. It isn't one service that is flawed or one particular procedural interpretation in one Community Service Centre (CSC) — rather an interplay between strategic decisions, commissioning contracts, service delivery models, and individual attitudes and actions.

Ways to do something different

Ideal State

Instead of perpetuating cycles of disadvantage, the system could be breaking them – fostering cycles of advantage, upward mobility and thriving generations. Reaching an alternate future for child protection will require whole-of-systems strategies that include solutions at each layer – from people to policy. We believe an ideal state of child protection that actually “protects the most vulnerable members of our community and break the cycle of disadvantage” might look something like this:

Strategy and policy that sets out intergenerational change as the intent and drives system transformation to achieve that.

Commissioning that strengthens processes for leveraging best practice and delivery through outcomes design, resource allocation, and evaluation.

Service design and delivery that fosters programs and services that facilitate best outcomes for children and families in this generation and the next.

So that

People experience improved well-being outcomes and transfer thriving qualities across communities and generations.

An ideal system would be built to address root causes, to promote self-sufficiency and improve the sector throughout multiple points in the family’s engagement process: from early childhood education, to triage, to post restoration, to sustained community building.

We have identified three opportunity areas and potential projects within each (page 65) that might help us work toward an ideal state in child protection, where families improve throughout their engagement with the child protection system and are supported to transition toward self-sufficiency.



1. In this report we intentionally use the word thriving to indicate an ideal ambition for families and children.



Introduction

Over the past decade Australia has seen 39 inquiries, reviews and Royal Commissions dedicated to finding better ways to protect children against abuse and neglect. Billions of dollars have been spent, yet incidents of abuse and neglect in Australia have more than doubled. (Royal Commission 2013).

Child maltreatment has become so prevalent that children in Australia are more likely to experience abuse or neglect than asthma. Today, 1 in 4 children are notified to child protection services before the age of 15, and currently 43,000 children have been removed and do not live with their birth parents — that's 1 in every 125 kids. (AIHW 2014).

Despite numerous efforts and apologies, the rates of Aboriginal children in out-of-home-care (OOHC) continue to be on the rise; now 1 in 19 of all Aboriginal and Torres Strait Islander children are in OOHC. Once entering out-of-home-care, few children return home to their families (only 885 in NSW were restored last year) and if they do return home, nearly 70% will resume care within the first years of being restored to their families.

Children continue to cycle through the child protection system throughout their lifetimes, and as a result we see generations of families with increased reliance on social services, not living the best lives they could be.

The current approach to resolving child protection challenges at scale is to reactively tinker with procedures and tools, roll out new pilots, adopt out-of-context programs, restructure organisations, displace blame, and continue to hope this change, this reform, will be the one that works. But even noble and novel good-intentioned initiatives, operate within and reinforce our existing structure — we're patching holes but forcing new leaks.

We acknowledge that it is not enough to say the system isn't working as well as it could for families, for children, for society, and for the workers who dedicate their lives to trying to improve life chances for children. We recognise that we cannot continue to look at systems change and paradigm shifts as something too big, too complex to solve. Rather, we will need to look beyond singular service solutions and treat root causes — we will need a collective effort to transform the child protection system and cycles of disadvantage for Australian families.

About this project

Our ambition is bold, we believe all children deserve the chance to live their best lives and, whenever possible, a life with their family.

Through the Rethinking Restoration project funded by the Sidney Myer Fund, we set out to better understand the barriers and drivers to successful preservation and restoration for families and children (at policy, practice, service provision, and individual levels).

We sought to surface opportunities to help facilitate and sustain restorations for more children to thrive with their birth families over the long term – when that is the most appropriate option for children and their families.

Approach

TACSI utilised a co-design research methodology to gather a holistic understanding of experiences from a variety of child protection actors. Informed by a deep understanding of the families and their contexts, our ultimate aim with co-design research is to translate insights into services, strategies, and systems that help make lives better for those who use them.

As part of our co-design research for this project, TACSI conducted semi-structured interviews, which involved listening to, observing and learning from people in their own situations and environments.

Conversations with families, NGOs, case workers and managers, and senior staff helped us explore the behaviours, attitudes, perspectives and experiences of the many actors who engage with and influence the child protection system.

Drawing on the fields of sociology and design research our methods included semi-structured interviews, design ethnography, and participant observation. In parallel, we investigated existing literature and evidence within the child protection field. Additionally, our research partners at The Australian Centre for Child Protection have provided insight to the gaps in existing evidence and literature.

Our process prioritised gathering an understanding from perspectives and experiences of individuals across the child protection system, as well as testing core accepted assumptions that underpin the way the child protection system operates.

We sought to understand the interactions between policy and strategy, commissioning, service design, delivery and procedures, and family communities, and identify where there are opportunities to coordinate better outcomes for families, staff, and the system itself.

From ‘Rethinking Restoration’ to ‘Generation by Generation’

We recognise that child protection challenges span a much larger continuum than just preservation and restoration. Any solutions focused solely on restoration or preservation would only address one part of a larger complex problem or symptoms of problems that are instigated at much earlier points in time and caused by an interplay of other social and political factors.

The research phase of the Rethinking Restoration project highlighted the importance of focusing on treating the root causes that drive the need for removal and strategies for reducing negative intergenerational effects of children and families who engage with the child protection system.

This report documents what families, workers, and academics have shared with us about their experiences in child protection and proposes early opportunity areas to explore further.

We are sharing these findings to illustrate the complexity of the challenge at hand and also surface early ideas and strategies to work toward a collective goal, an ideal state: thriving families, generation by generation

What’s Next

Through this research and a forthcoming co-design phase, we will refine promising opportunities and prototype new models for supporting children and families to thrive.

Alongside families, government, service providers, and philanthropy TACSI is committed to trialling and iterating strategies so that we’re confident they work for people and yield intended outcomes for families: long term sustained change and improved well being once engaging with the child protection system. In doing so, we aim to build an evidence base to inform what needs to change in child protection, catalysing the adoption of tested innovations across NSW and Australia that help to break cycles of disadvantage and repeated engagement with the child protection system.

Insights into the child protection system

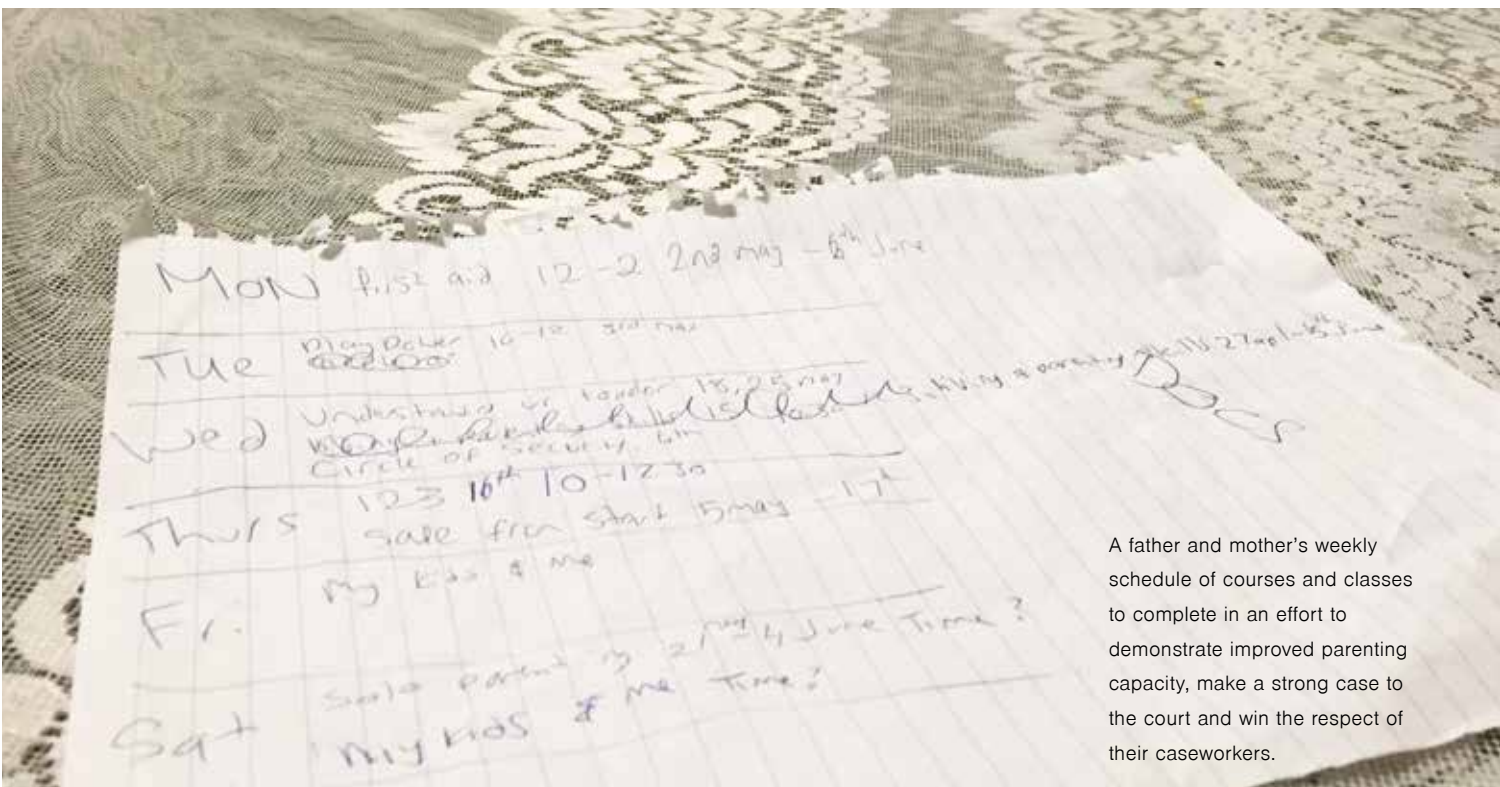
The increasing need for child protective services has outpaced the resources allocated to provide them. Today resources are directed primarily to those deemed at significant risk of harm, and to maintaining a large number of children already in OOHC. However this de-prioritisation of early interventions means that children entering OOHC today display more complex needs than those who have entered before. This is largely due to continued, repeated and unaddressed experience of abuse and neglect prior to response and increasing instances of abuse and neglect overall. (Bromfield & Osborn, 2007) (Salveron 2012).

There are significant rates of transfer of abuse and neglect from parent to child – some studies suggest between 30% and 90% (Tomison 1996). This intergenerational transmission helps to explain why instances and severity of abuse and neglect have increased, as have OOHC populations. At whatever rate transmission occurs within this band, we can predict that the need for child protective services and OOHC will only continue to grow – generation by generation.

In order to best ensure the safety of this generation of children (and of their children) and to lessen the need for child protection, OOHC and social services, recurring issues and risk factors must be appropriately addressed and resolved, now (Salveron 2012). This needs to happen for ‘little people and big people’ – children, young people and adults, (male and female) that are likely to take on parental responsibilities and will influence the next generation, for better or worse. Parental responsibility may include: children in the home, children who may be restored from OOHC, children who will self restore, children who are yet to be born, stepchildren and grandchildren.

This research explores barriers and opportunities to reduce family reliance on child protection services through three lenses:

1. Family Experience: ensuring productive family experiences with the child protection system
2. Restoration and removals: preventing removals or returning children home, and
3. Intergenerational Cycles: reducing the perpetuation of intergenerational abuse and neglect transfer.

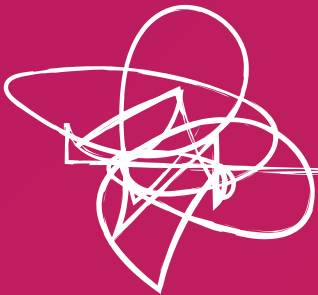


A father and mother's weekly schedule of courses and classes to complete in an effort to demonstrate improved parenting capacity, make a strong case to the court and win the respect of their caseworkers.

A mother shares her experience with us around working toward restoration.



1. Insights into the **family experience**



"I had my first child when I was 19, and I've never set foot in a club. I love being a mum, and I hate when they say abuse and neglect about me. I've never abused or neglected my children. I love them...

But now they're acting out in care. They're being disruptive in school. Now my 5 year old is suspended and can only go to school for 1 hour a week. She's missing out on learning — what will that mean for the rest of her education, her life? She's missing out on her childhood with her sister, with her brothers, with me...The carer locked them in a bathroom and told them she would drown them in the bathtub. And that's safer than with me!?"

– Parent

The experience of families engaging with the child protection system is life changing (be it destructive or transformative).

The primary intention of removing a child is to protect them from experiencing any further harm from parents who have not provided appropriate and safe care to their children. The secondary intention is to provide parents with an opportunity “to get the help they need to parent their children safely to ensure they get the best start in life” (Salveron 2012).

However the system does not, in every case, sufficiently support parents in their recovery and preparation for assuming parenthood post removal. Further the removal of children is disturbing, traumatic, and an “assault of their sense of selves” (Salveron 2012).

Parents must negotiate not only the trauma of having children removed from their but also a series of other difficult factors which likely contributed to their current circumstances. Many of the parent we spoke to had few positive parenting role models and limited parenting knowledge. They experienced extreme difficulties coping with stress and are exposed to multiple ongoing stress factors for sustained periods of time. Parents engaging with the child protection system are often isolated and grapple with a variety of challenges including health, family violence, addiction, disabilities, homelessness, unemployment. The families we spoke to expressed a sense of powerlessness in the process of working with child protection services, stating, “I didn’t have a choice in anything.”

Families also expressed resentment toward FACS for not acknowledging their improvements over the course of their engagement with caseworkers — one parent explained, “FACS think I still do drugs, keep a filthy home, even though I’ve changed. I’ve been clean for 10 years.”

Regardless of the outcomes, parents are overwhelmed, they don’t know what to do, they feel like they have no one to help them, and the expectations set for them to change are tremendous, especially given their limited psychological and social resources and chaotic lives.

Parents are up against a system they do not understand or have power to control, and every interaction is emotionally charged because what is at stake is one of the most important things in their lives — their children. And for many, parenthood is core to their identity (Arney and Salveron 2013).

The following pages present four experiences of families we have met, each highlighting a different aspect of the child protection system’s interaction with the people they serve: escalation, unbalanced control and accountability, limitations of the service landscape, and general confusion around how to best serve the Aboriginal community.

“You think your kids are yours, but they can just knock on your door, take them away, and not tell you when you’ll get them back. I didn’t even get to explain why. They told my kids they would be going on an adventure.”

-Parent

Peta and Geoff

A family's experience with escalation

“Hard to get in, harder to get out”

A bit about them

Before she became a full time mother, Peta was a talented mechanic, and enjoyed driving rally cars through the bush. She had a traumatic childhood, experiencing sexual, verbal and physical abuse at the hands of her parents: she ran away from home at 8 years old. Her verbal dyspraxia makes it challenging for others to understand her, though she is very expressive using sign language, or writing. Peta had 7 children with 3 different partners, some of whom where abusive to her and the children. Seven years ago, Peta decided to put her kids first; she quit using drugs, disassociated with the people she used with, and kicked out her abusive partner.

Interaction with system

Peta's 7 kids were living with her and her new partner Geoff in public housing in Western Sydney. A report to FACS outlined concern for the children's wellbeing and soon all 7 were removed and placed into 3 separate foster care and kinship care placements. Peta found and completed 13 courses to satisfy FACS' requests. The domestic violence course helped Peta understand the cause of the children's trauma, and realise she needed to protect them. Not all of the other courses were useful, she was just trying to tick boxes.

When Peta and Geoff fell pregnant, they were given a maternity caseworker who outlined what would need to happen for them to keep the baby when it came. Shortly before the birth, Geoff slipped up and gave a dirty urine sample. He had been using marijuana for pleasure and to help his bipolar and schizophrenic symptoms. Peta was asked if she would leave Geoff and if not, her baby would be removed. Peta refused to leave Geoff and, when he was born, their baby was taken from the hospital on assumption and placed into foster care. Peta and Geoff lost their battle for the older kids, and will get contact 6 times a year. They are preparing to go to court for the restoration of their baby.

“What they need to do is put more money into helping families instead of taking kids away. They need to be more understanding.”

–Parent

Hopes for the future

Peta is determined to get her kids back. Her sense of identity revolves around being a mum, and she is now working on a Section 90 application to have the order of permanent placement for her older kids overturned. Peta has a list of many more parenting courses to keep trying to show the court that she is a good mum. She and Geoff have the kids school bags hanging in the hallway, ready for when they come home.

The department's perspective

Peta's history with domestic violence and neglect influence the perspective of both caseworkers and lawyers on her future decisions. Caseworkers see children who have experienced neglect as an effect of their parents drug use and occasional homelessness. They don't believe that things have changed, and don't want the children being exposed to these risks again. Geoff's behaviour is seen as compounding Peta's pattern of risky partners, and her decision to remain committed to him suggests to them that she won't put her kids first. It's felt that her children are safe and mostly content in kinship and foster care so even if the caseworkers and lawyers had confidence in Peta and Geoff, they may not want to disrupt the placements.

Alison and Rachel

A story of unequal power dynamics and accountability

“I can’t write a report on FACS”

A bit about them

Alison is an enthusiastic cook undertaking commercial training; she proudly showed us photos of her croquembouche and soufflés. She may have recently quit smoking, but that’s a small accomplishment compared to what she has come through in the past. Ten years ago Alison moved from Adelaide to Western Sydney in order to break her speed addiction – a new life removed from fellow addicts.

Interaction with system

Her eldest two children had been removed when the family was in Adelaide, and Alison hasn’t been in touch. Since then, she has had 5 more children removed one after the other, for various reasons, from unexplained injury to sexualised behaviour in the siblings. They are scattered in kinship and foster care across the state, from Western Sydney to the Victorian border, and have 4 caseworkers between them. Alison gets 6 contact visits per year with each as they have Guardianship orders, and she hasn’t missed a visit. Some of her kids are doing well in care, but one says to her “Mum can you get a lawyer so I can come home?” Other kids were not doing well in care, and communication was poor between the carers, FACS and Alison- she only found out her son was admitted for a psychological assessment when she went to ‘Contact’ the following day and asked why her son wasn’t there too. He had told his carer that he would commit suicide. Alison has recently had a new baby, who has been able to stay at home with her.

Alison believes that FACS still think she’s a junkie, despite quitting a long time ago. She feels like they have all the control and is angry that she has no way to keep them accountable. She’s deeply hurt that “everyone thinks she is a shit mum.”

“I feel like I need to take something away from my caseworker so she knows how it feels. Maybe then they wouldn’t go around kidnapping.”

–Parent

Hopes for the future

Alison is angry and doesn’t know what to do. She is terrified that she’ll put one toe out of line and have her youngest removed as well. She still isn’t sure why her children were removed, and is frustrated that she did what FACS asked, but hasn’t had her kids restored. Right now her focus is on caring for her youngest daughter and one day becoming a restaurant cook.

The department’s perspective

Caseworkers believe they have explained in detail to Alison why her kids were removed and why restoration is not an option, but not in a way that resonated with her. Unexplained accidents ring alarm bells for caseworkers as they could be an indication of intentional physical abuse. Caseworkers thought it would be less risky to remove the children from the situation. Other caseworkers thought it was surprising that her youngest child wasn’t removed on assumption and Alison knows that, so she tries to tread extra carefully to not get FACS involved.

Freya

A story of the service landscape's limitations in treating root causes

“We need to treat little people’s trauma and big people’s trauma”

A bit about her

Freya feels most at peace when she is in her garden. She spends a lot of time weeding, watering and getting things just right. She’s happy to provide a nice space for her kids to play in. They have been through a lot. Freya’s ex-partner sexually abused their children for a long time before anyone realised that something wasn’t right. Three of her 5 children were removed but it took a long time before the perpetrator was identified as their father.

Interaction with system

Finding the truth was only one part of the journey for Freya’s family in the system. She worked very hard to make sure the kids were in good care, in one case reporting their foster carer and having them moved. She leveraged her lawyer and counsellor to help with this, as her caseworker wouldn’t believe her. Meanwhile, her ex-partner was having contact with their children and threatening them to keep quiet about what happened. He also threatened Freya and the kids at home, and the caseworkers. Freya took her family to the police one night, after waiting on hold for hours on a crisis phone line with no response, but was told they couldn’t do anything. Freya’s caseworker believed that keeping her ex-partner in check was Freya’s responsibility, and didn’t provide any support.

Freya worked through all of this, and her children have been restored. They had a supervision order in place to make sure things went well. The whole experience has left Freya unsure about her parenting but determined to give her family her best.

“I’m using my broken pieces to fix my broken family.”

–Parent

Hopes for the future

Freya knows that having her family back home is just the beginning of the journey. She recognises they are all dealing with trauma, and will need to take care of each other. It won’t be easy and she knows that she will need to ask for help when things get hard. She has friends and relationships with services that she can reach out to.

The department’s perspective

Freya’s caseworker told her that “her case was so complicated she might not get her kids back”. Restoration in a case like this takes a lot of time to work through and determine how to support the change that needs to happen. Once the children are removed and seen as safe in foster care, many caseworkers won’t have a sense of urgency around the case and will prioritise attending to new cases coming in. Years later, Freya feels like she’s ‘looping’ she still needs to treat her own trauma. Not provided with services post restoration, she seeks help on her own accord.

Paige

A story of confusion around how to best serve Aboriginal community

“Basically last year I know of 70 Aboriginal kids removed in 12 months... that’s just me personally”

A bit about her

Paige is in her early 30s; she is a single parent living in Western Sydney. She has strong connections to her Church Congregation. She is also part of a large Aboriginal community, many of whom are going through similar situations, but they don’t really talk about how hard it is or give each other advice. Paige has Aspergers and experiences a spectrum of both high functioning capabilities and intellectual disabilities. She is smart and when she talks she is brief and direct. She has had a traumatic childhood herself, sexually abused by her brother when she was young.

“She (caseworker) told me last week, she’s got the kids. It’s not her responsibility to work with families any more. It’s only her responsibility to make sure the kids placement is going well.”

–Parent

Interaction with system

Paige’s neighbours were concerned that the state of her house might be a risk to her children and reported her to FACS. The children were sleeping on the floor; the house was cluttered with junk and was infested with insects. An inspection led FACS to provide a cleaning service. They also told Paige to attend courses on safe environments for kids. With the help of another family service, Paige’s house was cleaned up and the fridge filled with food; however, the underlying causes of Paige’s neglect were not addressed. She did not receive support to address her trauma and had little understanding of how her parenting affects her children. The caseworkers say her kids are thriving in care. However they are calling their foster parents ‘mum and dad’ which feels horrible and confronting for Paige. She believes the carer is manipulating her children and the caseworker is persuading them to say negative things about her. When Paige gave birth to her 5th child, she was taken from the hospital on assumption.

capacity and file a Section 90 for the older kids.

The department’s perspective

Paige is part of an Aboriginal community in Western Sydney who experience much interaction with social services and the child protection system. The supports she received did not help her recover from underlying trauma and larger social challenges of entrenched poverty. Conflicted by the complexity of the situation, one Aboriginal caseworker mentioned that the problems these communities are facing are the effects of history, poverty, racism, and culturally inappropriate responses and expectations. However even knowing that she says “I’d remove them too if I were there,” wishing there was a different, option, but now that’s the best that’s available. Others suggest it didn’t work because the staff she engaged with weren’t Aboriginal, which highlights the lack of clarity around how to best serve the Aboriginal communities who are engaging with the child protection system.

Hopes for the future

Paige is still fighting to get her kids back. She is reading up on the legislation and getting to know what the magistrate will be looking for. She will soon go to court seeking a restoration for her youngest. Paige hopes that with the baby home, she would be able to demonstrate her parenting





Influencing factors

There is a constellation of factors that affect the experience of a family throughout their interaction with the child protection system. Some of these factors parents have control over, others they do not. Some factors will play more heavily in the outcomes of their own growth as parents, or even the decision of whether or not their children will be returned to their care.

“To change a chronic situation in 6 months – that’s outrageous. A person with all the resources in the world will find that time frame difficult to manage and then to show sustained change.”

– Solicitor

For some parents, engagement with the child protection system will lead to the desire to have more children as each one gets “ripped off them”. For others, their experience will catalyse a change in attitude, philosophy, and behaviour around parenting and social responsibility. It is the interplay of factors within and outside of a family’s control that will shape that trajectory.

Typically parents in this cohort are experiencing a combination of domestic violence, drug addiction and mental health issues – an estimated 70% of children engaging in the child protection system come from families associated with 4 or more risk factors (Delfabbro, Fernandez, McCormick Ketter, 2014). Further these issues are likely to be underpinned by the trauma of abuse and neglect the parents experienced as children.

Within the FACS child protection system, parents are seen as the actors who need to change, and in order to do so they need to want to. However, anyone enduring such compounding life complications would require significant help through that process. The current design of service delivery positions caseworkers as *the* intermediary between families, FACS, and services, meaning a majority of decision making power hinges on a caseworker-parent relationship

Caseworkers are positioned to protect children and at times view parents as an offender or perpetrator. Noting the reasons for removal, they can be disinclined to put a child back into that risky environment especially when services will likely cease post restoration.

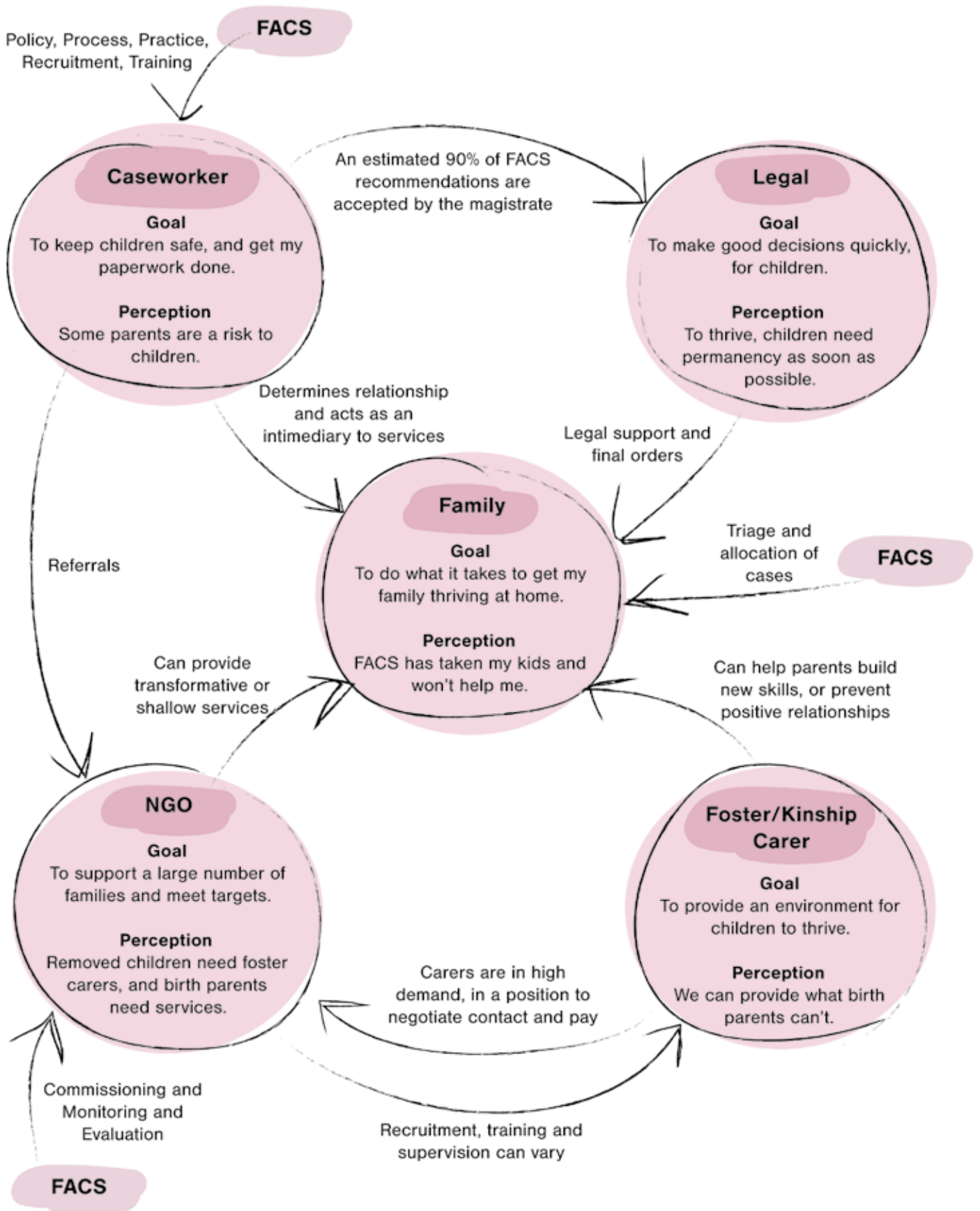
Because families have less interaction with solicitors than with FACS – and the nature of accumulating reports/data in FACS’ hands – FACS inherently have more evidence than the solicitors in the court room. Amongst child protection staff there is scepticism around the magistrates overwhelming acceptance of FACS’ recommendations. Solicitors are limited by what evidence clients share with them (which often depends on the level of trust they’ve developed). Solicitors are governed by a responsibility to make the safest decision for a child, not a parent, even when they are representing a parent.

If the caseworker or a solicitor (as primary professional points of contact for a family) do not view the parent with propensity to properly care for their children, there are few other options for unbiased advocacy or support for the family. In cases where parents may continue to have children this lack of support toward change poses a risk for FACS in that future children may also become products of the system. There are many entities and factors that influence the experience for a family throughout their engagement with the child protection system. Many of these groups have varying and competing goals for children and families and perceptions of the problems at hand.

“You would hope the courts would be the end point – the backstop – but have we encultured magistrates to just rubber stamp our suggestions? Is it that we’re so chummy with courts that they’re not an independent arbiter?”

- District Director

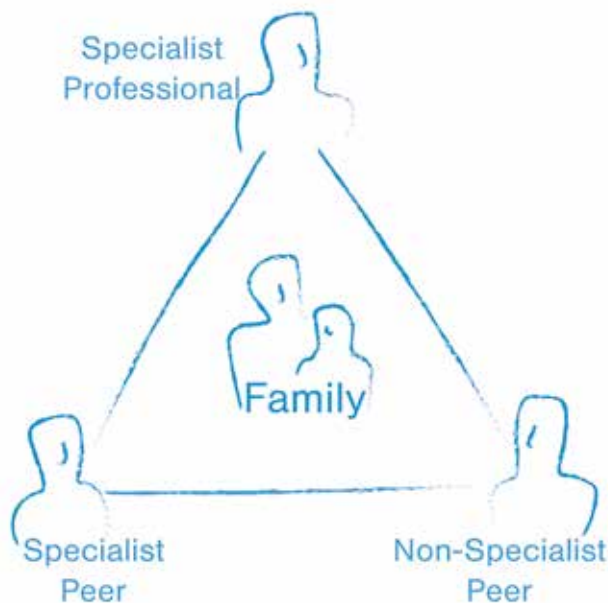
Circles of perception and influencers around a family



Available supports

During tough times, most thriving families would have a variety of supports to turn to. These might range from a professional with relevant expertise looked to for assessing and treating an issue (in the case of child birth, a midwife and or doctor), a close peer to provide moral support (a supportive partner to go through the journey with you every step of the way), and friends/family with experience in a similar situation (a sister who has three children).

A triad of supports for thriving families



However families engaging with the child protection system rarely have such a circle of support around them; the majority of families we've spoken with are isolated from positive and productive influences, or often any kind of social network at all. Often in an effort to change detrimental behaviour, families leave the communities that they were practicing these activities with, sometimes moving house to get away. This helps break 'bad' habits, but leaves them with little social support to help them through tough times.

Instead these families often rely on two, less helpful points of contact through the process. They are provided a generalist professional who may or may not have therapeutic or specialist experience/knowledge in treating the complex intricacies of their recovery. This professional also may be disinclined to support their process of rehabilitation and parenthood. Additionally these families often lean on the little social support they do have which could be detrimental in the form of peers with similar, destructive parenting behaviours or chronic illicit drug use.

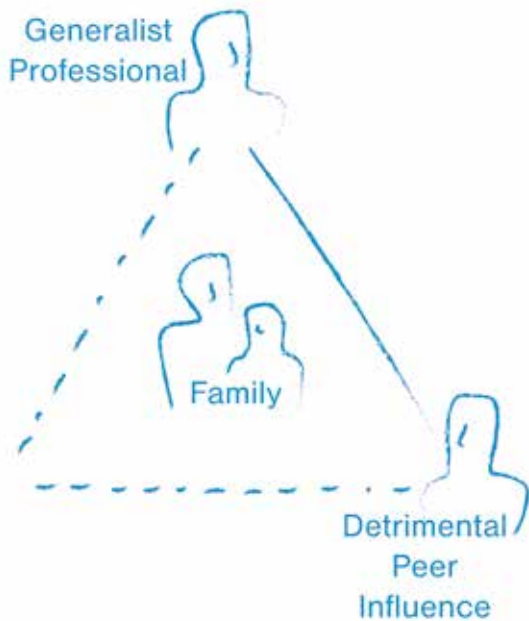
"I see a lot of mums fall through the gaps because they don't have the background I do, or the family support, or aren't educated enough to know better – to know that 'no, you haven't lost your kids forever, you can do this.'

Because there are a lot of mums who don't get that support, or people to advocate for them and they just give up...

I think initially they need that help and people to work with them."

- Parent

Common supports available to families engaging with the child protection system



When asking families to name the people around them, some will list upwards of 11 professional individuals intervening in their lives, but few peers they can turn to with questions, to learn from, or to ask favours of. One mum we spoke to had no one else to watch after her daughter while undergoing a hysterectomy; she turned to Barnardos to mind her youngest daughter even though she lives in fear that NGOs might report her and FACS might remove her child from her care like they have with her other seven. Because navigating the child protection system in addition to complex personal issues is incredibly challenging, these families could benefit from a variety of expertise and support to help lift them out of engrained behaviours. Research with families suggests that a triad of positive supports around a family (pg 20) could support families through change and coping with tough circumstances.

“Neighborhood characteristics such as residential instability, household and age structure, and proximity to concentrated poverty are associated with higher rates of childhood maltreatment”

– (Coulton *et al.* 1995)

Implications for FACS and the system

As a result, families become heavily reliant on social services to help them during times of need – for a breadth of support from social service professionals ranging from housing, to parenting techniques, to home hygiene, to counselling services.

The current system generates ‘return customers’ who continue to lean on a strata of social services rather than building self-sufficient families who can help themselves or, even better – help other families before a point of crisis. There are large proportions of neighbourhoods and housing complexes who have interaction with the child protection system. One caseworker recalled removing children from five out of six homes on a single street. Another caseworker estimated 70% of her clients come from a single housing complex in Western Sydney.

Within these communities, families have rich and intricate know-how about the happenings of their neighbours but not often the capacity or knowledge to help. For families who are trying to stay out of trouble, they’ll take a “see nothing, hear nothing, say nothing” approach to surrounding conflicts. For families seeking retaliation on neighbours, one of many tactics might be to flood FACS with child notifications. While disruptive to FACS’ current objectives, these community cultures do pose opportunities for more effective ways to reduce reliance on social services.

“They’ve banded together to hate FACS. They always know what’s going on in their neighbour’s home. Imagine if they teamed up to help each other.”


– Case Manager

Escalation and point in time of service provision

While the current approach to service provision decelerates risk for these families, it is not always enough to stop or reverse the trajectory of risk. The most intensive preventative interventions are targeted at families with children deemed to already be at risk of significant harm (ROSH). Currently, Brighter Futures services families in the preservation category, although it was intended to support families in less critical and complex situations within the early intervention space. Some of the caseworkers we spoke to complained of its inefficacy in supporting ROSH families, being “too little too late.” While the program did see results for families as an early intervention program, we have not seen a recent evaluation of the program since its transition to the preservation space. Further, due to the escalation in the system, the families receiving what used to be an early intervention service, are already experiencing compounding effects of cumulative harm and likely a significant amount of notifications prior to entry into the program.

It appears that many of the services available are shallow interventions, not designed to facilitate recovery, behaviour change and resilience. Instead they provide spot treatments such as a cleaner if a house is dirty rather than explanation, coaching, and mentoring around the purpose and process of keeping a clean house, or an in-house visitor who may provide emotional conciliation but not be equipped to help resolve the many other risk factors surrounding a parent.

Often explanations of *how* or *why* a parent’s behaviours affect children are best received from someone a family member respects and trusts, which requires time and a genuine investment from the service provider. These explanations of how or why, help families to realise the effects of actions that they may very well not be aware of. When a case worker tells a family they are neglecting their child, they may not have a frame of reference for what exactly that means — in many instances they described intentionally raising their child better than they remember their own upbringing. The table on the following page illustrates common responses to common problems families face and how alternative attitudes or approaches might better facilitate behaviour change.



“For some reports there’s been no action because they haven’t met the threshold. So reports come in and it hasn’t been significant enough. It’s just been left”

– NGO Staff

What we heard: Common Problems and Common Responses

Risk	Response	Outcome
Unhygienic home	<p>Currently</p> <p>Provide a cleaner and home visits to check on the state of the home and suggest improvements (i.e. painting) Short term.</p>	<ul style="list-style-type: none"> • Temporary change in state of home • No understanding of why change is required
	<p>What might work better</p> <p>Regular visits over long period of time with a trusted person who can demonstrate cleaning practices through collaborative teaching. Helps parents learn how to clean and explains the impact environment has on children. Underlying cause is identified and treated.</p>	<ul style="list-style-type: none"> • Long term behaviour change and building of routine through trusting relationships • Understanding of why children need certain things in their environment • Underlying cause addressed
Domestic Violence and Sexual Abuse	<p>Currently</p> <p>Parents told to attend or referred to DV courses (not always tailored or individualised). Short term. Often parents are encouraged to leave an abusive partner.</p>	<ul style="list-style-type: none"> • Risk may still be present in victims life (contact visits, housing) • Parents are educated (at varying levels) about DV and the impact it has on their children • Parents need to choose between children and partner during a highly vulnerable point in life.
	<p>What might work better</p> <p>Perpetrator is removed and treated or alternative safety precautions are put in place if perpetrator is not removed. Root issues addressed. Victims provided with necessary practical support. Trauma of victims is addressed with relevant counselling etc. Victims have access to therapeutic treatments to resolve effects of maltreatment. Ongoing support available to cope with future unanticipated risks. Long-term, specialised treatment geared toward behaviour change and philosophical shifts.</p>	<ul style="list-style-type: none"> • Risk factor addressed through either removal of perpetrator or inquiry into victim's choice and subsequent assessment of risk and exploration of options. • Victims able to address trauma, understand impacts and how to prevent it from happening again • Self-sufficiency and empowerment • Victims are able to reach out for support at any point should they feel at risk again • Parents are deeply aware of DV consequences and the impact on children
Neglect	<p>Currently</p> <p>Parents told to attend or referred to parenting courses (not always tailored or individualised). Short term.</p>	<ul style="list-style-type: none"> • Parents educated about parenting techniques
	<p>What might work better</p> <p>A trusted person with highly relational skills works with parents to demonstrate parenting techniques through modelling (based on theory). Repeated interactions help build new habits, skills, and routine. Peers provide positive parenting role models and new relationships. Underlying cause is identified and services provided. Long-term, specialised treatment geared toward behaviour change and philosophical shifts.</p>	<ul style="list-style-type: none"> • Long term behaviour change and building of routine • Trusting relationship • Understanding of why children need certain things from their parents • Underlying cause addressed • Self-sufficiency and empowerment, productive parenting capabilities
Drug and Alcohol	<p>Currently</p> <p>Parents told to attend or referred to D&A courses, and/or rehab (not always tailored or individualised). Short term.</p>	<ul style="list-style-type: none"> • Parents educated about impact of D&A • Parents may cease being dependant on D&A • If parents slip up down the track, they do not receive support, and are seen as having 'lost their chance'
	<p>What might work better</p> <p>Parents attend D&A courses and rehab. Slip ups are expected and planned for. Trust is built so that when it happens, parents will reach out for supports. Supports available over long term (i.e. peer stability) Long-term, specialised treatment geared toward behaviour change and philosophical shifts.</p>	<ul style="list-style-type: none"> • Parents educated about impact of D&A • Parents may cease being dependant on D&A • If parents slip up down the track, they are supported to get back on track rather than penalised. They are supported to keep their family safe while they recover. • Self-sufficiency and empowerment

While “programs that target the most vulnerable families were generally the best value for money...the data suggests that it will be efficient to allocate resources to support the most vulnerable families wherever they currently are in the prevention consequences sequence” (Segal, Daziel, Papandrea 2013).

The system sees families with repeated interactions or multiple notifications over a lifetime – in one NSW study, 20% of children accounted for over 50% of reports (Wood 2008).

Currently the ROSH threshold for more intensive services requires families to ‘fail up’ in order to receive substantial treatment, meaning families have to accumulate notifications or respond poorly to successive short term preservation interventions to get to longer term more intensive interventions.

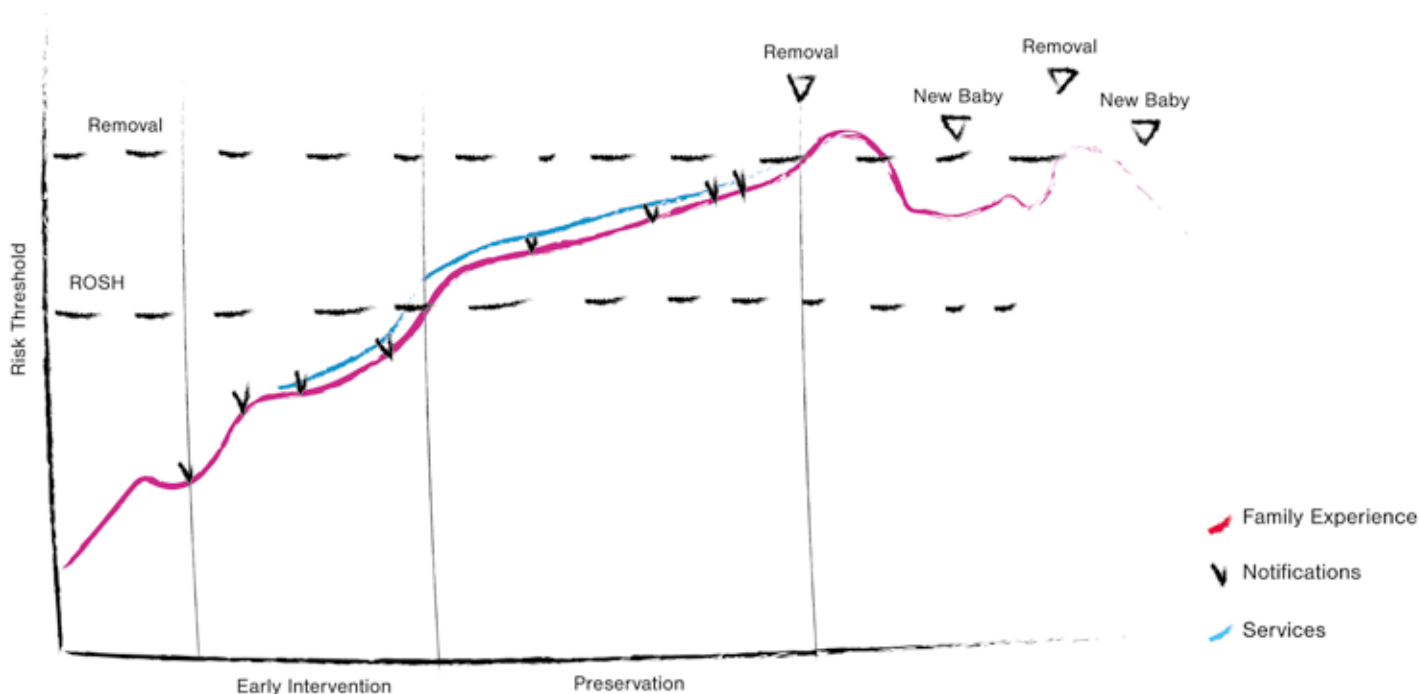
The longer we allow families to experience endured, accumulated harm the harder (and more expensive) these behaviours are to change, and the more at risk children (the system’s primary protective objective) become.

Furthermore addressing all of the notifications received is a challenge. In 2014 in NSW, “child protection officers were conducting face-to-face assessments for only 28% of reports where a child was alleged to be ‘at risk of significant harm.’ and nationally, only 36% of investigations were completed within 30 days, 26% were still not completed after 90 days” (Bromfield 2014).

“Prior to practice first we were getting to things when they were past a point of crisis. We probably could have responded to those kids a few years ago”

– Caseworker Specialist

Escalation — ‘Failing Up’



Granted, some families will overcome the inherent barriers of the process and sort things out for themselves, however **for most families – when significant issues go untreated – escalate from being at risk of harm to risk of significant harm even whilst they engage with the system.**

For services that are available and provide therapeutic treatment, family participation is contingent on geographic locations and caseworker knowledge of services. Moreover, families have little agency to act preventatively and reduce the strain on the system – they are reliant on referrals for some programs and excluded from others due to cost or criteria.

Often caseworkers will reference the success of a closed case based on whether or not there has been a re-report on the family. Utilising reports or notifications as the indicator of family well-being or poor functioning can be a flawed approach for truly assessing a family. Families who do need supports may not receive notifications for a number of reasons – issues may not be seen or observed now that services have been removed; families who have repeated involvement in the system may become skilled at ‘hiding’ from FACS; or there simply may be families who go unnoticed due to isolation. Conversely, families who are doing well (or better) may receive notifications because they are in the spotlight of services and people have a focused look on their day-to-day lives. Receiving a report may not mean the family is ‘failing’ – they may have progressed significantly from their initial baseline but still need support in certain areas. Notifications can be a useful way of highlighting weaknesses in supports or opportunities to take preventative measures before issues spiral toward the need for removal.

“We’re not getting families to a point where they’re doing awesome; we’re getting them to a point where we no longer have statutory responsibility.”

– Caseworker

Cumulative harm

The current system is structured to respond to incidents – the worst and most obvious – but not geared to identify or respond to less overtly noticeable cumulative harm. Cumulative harm or prolonged maltreatment can have profoundly negative effects on a child’s development (Bromfield and Higgins 2005). However, all too often children exposed to cumulative harm are left to experience a pattern of neglectful unrelenting low level care that is detrimental to child development but not severe enough to warrant child protection involvement.

The triage system’s hyper focus on incidents doesn’t allow for a holistic assessment of a child’s situation, where cumulative harm is occurring, but invisible to a surface level assessment – lists of incidents on a paper. It requires highly skilled professionals to identify these kinds of symptoms and root causes and the full experience of a child. It often requires multiple, in-depth visits, conversations with other key people in the child’s life, and observations of behaviour to spot subtle but malignant interactions between a child and parent.

Multiple adverse circumstances are deeply detrimental to child development and life trajectories, as well as impactful to their future parenting capabilities. Cumulative harm (such as repeated experiences of inappropriate discipline, verbal maltreatment, inconsistent and poor nutritional feeding habits, unclean clothing and environments) left untreated is a driver of intergenerational cycles of maltreatment and engagement with the child protection system.

2. Insights into **preservation and restoration**



“Quite of few of our mums have had 4 or 5 children in care and FACS have given them a chance to work with us to keep the new baby – and they’ve kept the baby. That’s breaking cycles.

One of the mums now, she kept the little boy, she’s gone on to get her 13 year old daughter – and she’s now got unlimited access to her 10 year old boy. Unsupervised. He can come and go and that’s been 3 years. She’s just finished her certificate for community services.

And she rang us the other day to say she’s had 5 kids and this is the first child she’s ever actually gotten to put into kindergarten. That baby boy is in kindergarten this year.”

– NGO

Helping kids return home after they've been harmed is a complex, highly-individualised process which is hard to do well

The FACS child protection system expects rapid compliance from people living chaotic lives without providing support to address the underlying causes of this chaos. This expectation is unrealistic for many, which helps explain why so many restorations fail.

Understanding who could be safe at home

Currently, children are being returned to homes where underlying issues have not been addressed. Additionally, post-restoration supports are minimal or non-existent meaning that many attempted restorations don't last beyond their 'honeymoon period'. Together these perpetuate the likelihood of further abuse, neglect and removals into OOHC.

Currently, there is not much sophisticated understanding as to what conditions should be in place for a successful restoration, or how to foster those over the long term and prevent re-entry or added strain on the OOHC system.

We do know that restorations are less likely for:

- families in poverty, especially when families are homeless or have unstable housing options
- when there is abuse especially severe physical and sexual targeted at children
- when parents have an unfavourable attitude toward the child and choose rejection, abandonment (Delfabbro, Fernandez, McCormick Ketter, 2014) children from single parent families were three times less likely to return
- families where parent profiles are associated with mental illness, emotional problems or substance abuse (Fernandez and Lee 2013)

However, this presents a significant challenge for restorations when 72% of children removed presented substantiated incidents of sexual or physical abuse (Australian Institute of Health and Welfare [AIHW], 2015) and homelessness or housing challenges affect around 1/3 of families engaging with the system (Delfabbro, Fernandez, McCormick Ketter, 2014).

The restoration approaches we observed – largely from the front line staff side – were time-constrained, generalist, and compliance-based. There was a limitation to the diagnosis of family needs and efforts made to coordinate tailored services to help families recover from the things that led to their children's removal initially. This surface level interaction contrasts with the complexity of these situations – the embedded nature of the behaviours we know we need to help shift.

Indicators for Success

A literature review by The Australian Centre for Child Protection confirmed that no conclusions can be drawn from the existing research on restoration around who is suitable for restoration and who is not, making interventions in this space non-evidence based.

However the existing evidence base, does acknowledge that successful preservation and restoration are most commonly associated with:

- family's strong engagement with worker and a positive engagement with process
- ongoing support to birth parents is the "most critical predictor of early reunification"
- parents actively working toward changing circumstances
- families receiving services that match their level of need
- service / support that encourages birth families to maintain contact
- the restoration is not too fast, and not too slow (Prasad and Connolly 2013) meaning there is enough time for parents to make changes but not so much time that children returning home would be disruptive to children's development and stability.

- proactive social work, effective case planning and a high level of social work involvement (Farmer 2010)

Academics emphasise that determining ‘right fit’ for restoration is specific and highly individualised. Because context, situations, and behaviours vary from person to person, decisions and diagnosis must be tailored to individuals and families; even varying for multiple children within the same family. This poses a particular challenge for large bureaucratic systems which require efficiency, consistency, and structured decision making for quality control – emphasis on permanency hierarchies² is equally problematic as they assume a single prioritisation order is best for every child.

Currently, the decision making frameworks prioritise removal from immediate harm over long term well-being. One could imagine how choices for children and ways of engaging with families might be different if the ultimate goal was instead to have functional and ultimately, thriving generations over the long term. What we do know is that we want happy healthy kids who thrive over the course of their lifetimes – from childhood, to adulthood, to parenthood. A foundation for generations that improve over time might look something like this:

Getting off to a good start – Expectant Mums receive appropriate levels of pre and post – natal care & children are born & remain healthy

Meeting developmental milestones – Children & families participate prior to formal schooling. Children are ready for school & develop well.

Living in stable homes within nurturing communities – Families have safe & stable housing, consistent access to schooling, and strong social networks. Families at risk receive responses faster and risks are mitigated.

Succeeding in school and workforce – Families are engaged in their education and work opportunities; they are positioned to be contributing members of society.

Contributing positively to the community – Families engage in positive, productive activities; they help and support one another.

Receiving the right services at the right time – Children & young people, their families and communities receive

appropriate services in a timely seamless manner. (Drawn from Central Coast Multi Agency Collaboration Outcomes 2016)

And to achieve those outcomes there are a slew of needs to be met and capacities to be strengthened including psychological, behavioural, personal and physical health, knowledge and capability, environmental conditions, and social capital for children and parents.

Premature and inappropriate restorations

Unfortunately, the system rarely gets families to such a stable point (thriving in all of the indicators listed to the right) before the transition to restoration. And if they are at that point, continued services are not provided post restoration to support a family through evolving or recurring stressors.

The system is currently restoring children inappropriately and prematurely, explaining why 70% of restorations fail. This also suggests that **if we were able to get families to the point where they were coping and gaining their**

“ It takes a long time. I can’t emphasise enough how important it is — the two things about restoration are planning and time. it is not ‘here you go, there are your children, congratulations, we’re out of here.’ That is disastrous and it will fail. It will fail.”

– Caseworker

2. FACS has a prioritisation order for child placement options where family preservation/restoration is now the primary choice followed by long term guardianship to a relative or kin; open adoption; parental responsibility to the Minister.

Ideal Requirements for Functioning Parents

Psychological

- Loves their child
- Active belief in change
- Self confidence

Behavioural

- Positive parent/child relationship
- Positive parenting behaviours and understanding of their importance
- Productive working relationship with FACS

Personal Health

- Addressed own trauma
- Mental illness treatment
- Support to recover from D&A addiction
- Ability to manage stress
- Support to live with a disability

Knowledge and Awareness

- Of rights and legal process
- Ability to address DV
- Communication skills
- Knowledge of what needs to change and how

Environment

- Stable housing
- Child safe environment
- Financial stability
- Absence of perpetrator

Social Capital

- Sense of dignity
- Feels respected
- Isolation addressed
- Knows others experience this too
- Has a support network

“What you do is up to you.

[They say] 'we're here to help you.' They're not, they don't really do a lot, I found this service on my own — on the internet, just researching anything and everything.

I said what do I need to do to get my son back? I got the short list from FACS, everything else I went out and did on my own.

I've been ringing from January but they couldn't do anything with me until I was referred from FACS [so I asked them] 'Can you refer me? Can you refer me? Can you refer me?' February, March, April... so three months I got the referral and started here in April, but that was me constantly on their back.”

- Parent

confidence in their own ability to function effectively — or better, thriving — across all of these factors, we could successfully restore more children.

Barriers to successful restoration and preservation

There are barriers to restoration at nearly every point in the intervention process from notification to long-term Guardianship in the care of the Minister or restoration. And caseworkers, case managers, policy and commissioning, NGOS, carers, birth parents, solicitors, and magistrates all influence the outcome of a restoration. Some factors that can help or hinder restoration and preservation include decision making, diagnosis and coordination of supports for families, relationships with families, and casework team design.

Decision making

Decision making around restoration viability often falls on an individual worker's judgement (with varying amounts of support from their team). Risk aversion from caseworker standpoint and overwhelming caseloads work against restoration rather than for it.

These decisions are often made in a context of crisis, where a caseworker must weigh time and urgency, bad options and worse options. As they prioritise options for children and assess their caseloads, they have to balance the choice of restoring a child who may be relatively safe in OOHC or potentially placing that child at a 70% risk of repeat maltreatment because they haven't the time or resources to bring a family to full parenting potential.

Further, crisis and urgency of incoming cases often trump the continued time-intensive, shoulder to shoulder work needed for restorations.

Harm and potential parenting capacity is very ambiguous and challenging to assess or predict; often when restoration is on the case plan it's not pursued because of time constraints, lack of belief in parent capacity, and fear of putting children at risk of harm again. As one caseworker said:

“Caseworkers have a really deep belief that it's their responsibility to make sure no harm ever comes to

“In some situations we might be thinking about restoration prematurely because we've got children in really immediate accommodation options that aren't good...The last 12 months things have gotten quite bad, home might be better.”

– Caseworker

that child again.”

Often there is a sentiment that if a child was removed, they were removed for a reason, and restoration is therefore not a safe option.

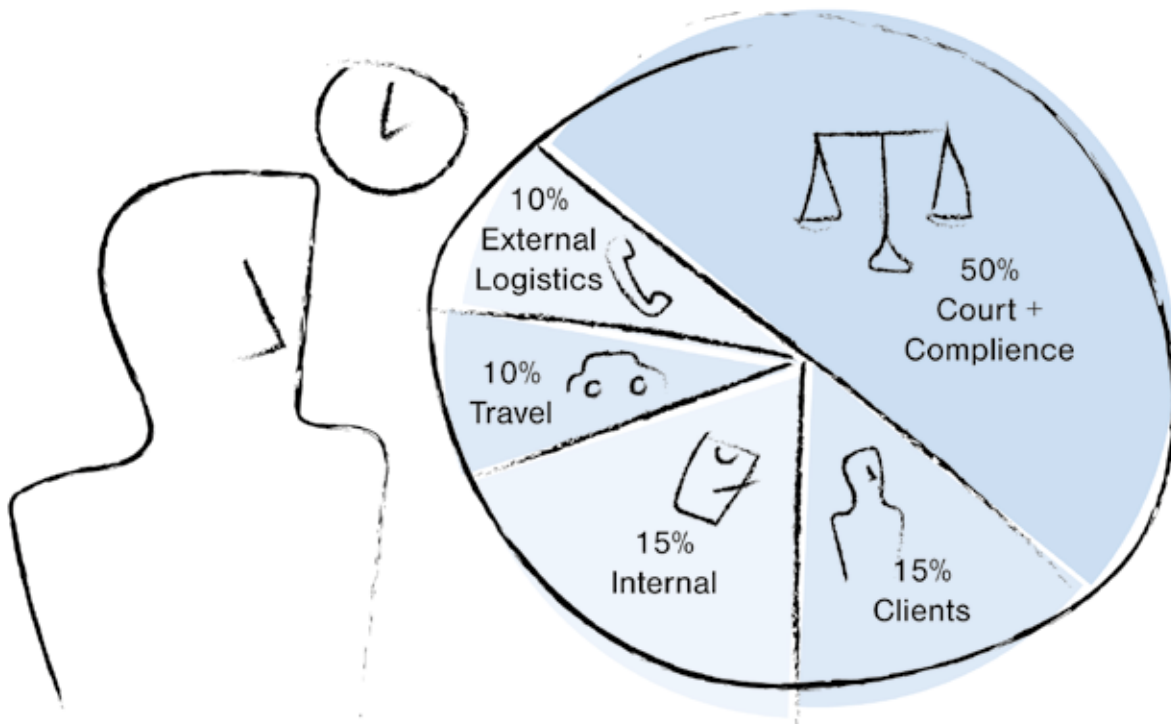
Even when restoration is put on a case plan, other priorities can supersede investing time in something that is statistically destined to fail (and become their responsibility). As one caseworker highlighted:

“There were so many failed restorations and so many caseworkers couldn't and didn't prioritise restorations — they just sat on the side.”

There is a big difference between restoration on case plan and a case worker actively working to facilitate a successful restoration which requires intensive time commitments, careful planning, sophisticated diagnoses, and coordinated service support around a family unit.

Using history as a predictor for the future can be a barrier for supporting parents to change, and unanimously both caseworkers and solicitors leaned on chronic histories as their primary indicator for restoration viability.

Caseworker's Competing Responsibilities



Court + Compliance

Court work, writing reports and affidavits, completing assessment tasks, entering case notes, complying with subpoenas, complying with OOHC and Office of the Children's Guardian tasks etc.

Clients

Calling and visiting Parents, Children and their Family, supervising contact, Family Group Conferencing etc.

Internal

Meetings with CP Team and Manager, professional development and training, reading history of cases etc.

Travel

To and from Client visits, contact, meetings etc.

External Logistics

Organising placements, contacting NGOs for services (for parents and carers), other admin with health, schools etc.

“Case workers also get really worried I think, about seeing restoration work - and I think this is probably more of a systemic thing - as really risky. And I think that’s probably a fundamental, ingrained thing that - it probably happens unconsciously to some degree - that once we bring a child into care, to send them home is risky.”

– Casework specialist

Diagnosis and coordination of services

Typically the requirements for restoration focus on compliance rather than recovery, while removal is informed based on failure to demonstrate outcomes. This approach illustrates a process that sets parents up to fail.

Caseworkers will need to identify, coordinate, seek funding for, refer and arrange courses and programs for parents across an array of risk areas of which they may or may not have specialist knowledge about. NGOs repeatedly complained that caseworkers weren't aware of their programs. Families complained of caseworkers failing to coordinate and arrange programs even after they were court mandated.

Often what happens is that caseworkers tell families to attend courses on certain subject matter. With little direction or understanding of why, families will scramble to sign up for as many courses as they can thinking that certificates will help them restore their children. One mum we spoke to has self-enrolled in 30 courses, ranging from first aid to generic parenting program.

Rather, families need guidance in understanding what courses, programs, and services will be most useful to them given their circumstances. Understanding specifically which supports a family needs for rehabilitation, requires deep knowledge of the family's history, challenges, as well as the availability / quality of NGO options nearby.

Other aspects of casework that are critical to fostering restoration, such as contact, can be seen as logistical, administrative burdens for workers. De-prioritisation of contact can be problematic for a family working toward restoration as contact has been shown to "increase the likelihood of reunification and by the potential process of reintegrating the child into the family." (Fernandez and Lee 2013)

Relationship with families

In instances where caseworkers and service providers do invest in parents' process of recovery, we've seen positive results — helping parents move from an antagonistic and resentful mindset to one of proactive determination, characterised by productive behaviour change and recovery.

When families are cooperative with caseworkers, caseworkers are more inclined to support parents and think positively of their efforts to be responsible parents. Because caseworkers hold a significant amount of power for the family from making a parenting assessment to referring services, a reciprocally positive and trusting relationship between caseworker and family is critical. The shifting nature of caseworker staff poses another problem

for developing relationships with families, building trust, and providing stability to families in unstable situations. In multiple interviews, caseworkers or families reflected on instances where positive relationships or positive restoration trajectories were severed once cases were transferred to another worker (i.e. caseworker on holiday, promotion, or change in jurisdiction due to care placement).

Realm of control

In working toward restoration, parents have to negotiate the trauma of having their child taken from their homes in addition to navigating a system that they are unfamiliar with. Among those two enormous tasks, they must also:

- work effectively with the case worker who is assigned to their children (who may or may not have removed their child)
- follow a care plan that often allows little room for error, where the slip up of a single dirty urine test could break a Parental Responsibility Contract resulting in redaction of restoration as a possibility
- demonstrate behaviour change to the court in a very short period of time - and more quickly than the kids present stability and improvements in well-being in foster care
- meet subjective and changing standards of the case worker(s), and
- balance (hopefully treat) the existing risk factors which prompted removal.

However, meeting the explicit standards set out by FACS will not necessarily result in restoration for a parent.

While NGOs, lawyers, and their own actions can influence outcomes, the relationship between caseworkers and families plays a most substantial role — not only in decision making or recommendations to the court, but in supporting the parent on a journey to effective parenting. In restoration pursuits where families feel that case workers believe in them and are their ally, families have demonstrated a greater willingness to actively make changes in the situation.



“Positive parent worker relationships and positive social support help parents manage own emotions and drive self recovery”

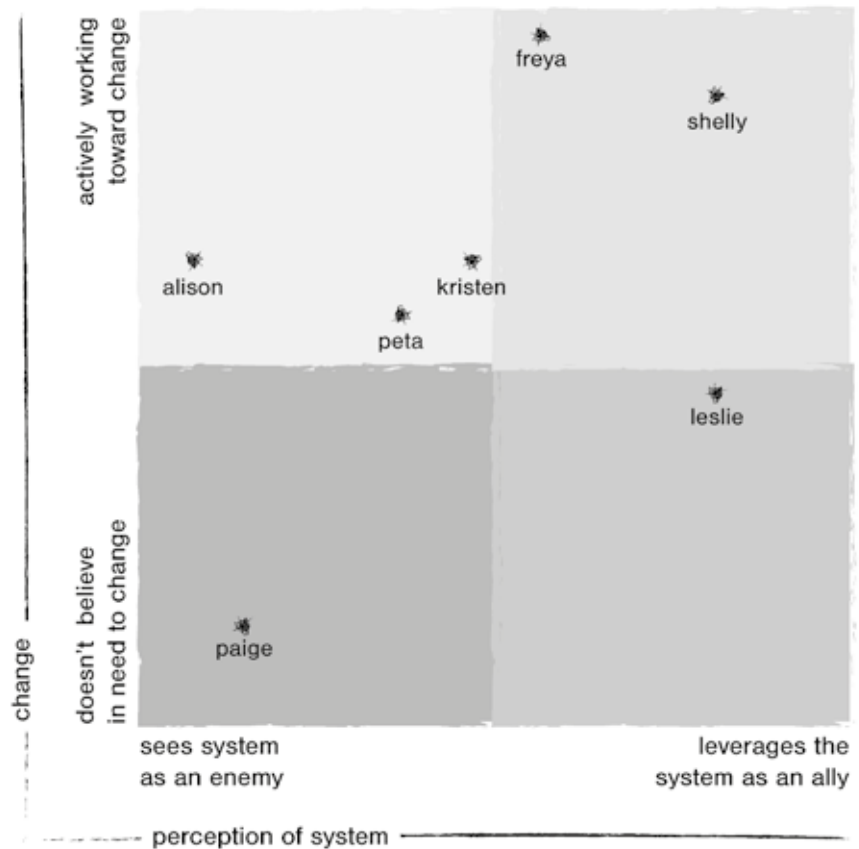
– (Salveron 2012)



Within a family's control
(personal attitude)

This diagram illustrates personal and professional perceptions of a family.

We've observed a pattern in that instances where both families and professionals see propensity to change (sitting in the top right of each graph), parents tend to experience successful restoration outcomes.



Freya

Her attitude
Proactive, leveraged services, acknowledged and addressed risk factors
Her Caseworker's attitude
Didn't support Freya to address the core risk factors, but helped her work toward restoration.
Outcome:
Children restored

Shelly

Her attitude
Acknowledges and addresses risk factors. Works in tandem with her case worker, feels supported
Her Caseworker's attitude
Follows up when Shelly asks her to. Is on her side and believes she will get her kids back.
Outcome Anticipated:
Restoration

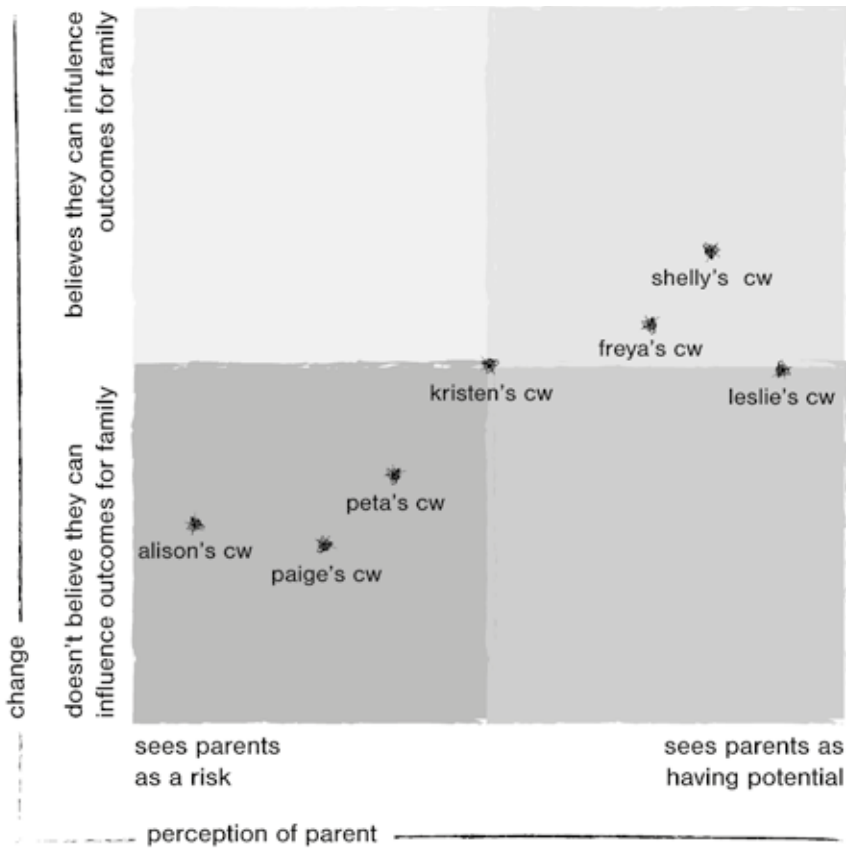
Peta

Her attitude
Proactive, leveraged services, believes she has changed, doesn't know why her kids aren't home
Her Caseworker's attitude
Weights Peta's history heavily, is a poor communicator, only helps when he's chased by Peta
Outcome Anticipated:
Older 7 kids Guardianship orders, baby home

Leslie

Her attitude
Feels like she's been tricked by FACS but knows she has to work with them to get her kids home
Her Caseworker's attitude
Feels no sense of urgency to help Leslie, who chases her. Has supported restoration orders.
Outcome Anticipated:
Restoration

Outside of a family's control (professional perception)



A family that in the top right corner can also be determined enough to leverage a caseworker in the bottom left to help achieve the outcome they want.

Similarly, a caseworker in the top right can empower a disbelieving and uncooperative family to work toward being ready to help their children thrive at home.

Alison

Her attitude

Hates FACS and thinks they abuse their power, doesn't know what they want, scared of them

Her Caseworker's attitude

Hasn't conveyed to Alison why her older kids aren't home. Their case is closed.

Outcome Anticipated:

7 children remain in care, baby at risk of removal

Kristen

Her attitude

Has realised that she messed up with her older kids so wants to be a good mum for her baby

Her Caseworker's attitude

Supports Kristen's contact and is thorough about a creating a deliberate transition

Outcome Anticipated:

Restored child will remain home

Paige

Her attitude

Believes the system is undermining her and doesn't think she needs to change.

Her Caseworker's attitude

Doesn't believe Paige will get her kids back, and that she lost her chance to be a good mum.

Outcome Anticipated:

Guardianship orders

Diagrams informed by Parental Identity Research (Arney and Salveron 2013)

Casework team design and structure

Capability and experience

There is a high variance in restoration experience amongst caseworkers at FACS. Out of a collective 51 years of experience across 6 caseworkers (who we spoke to), there were only 7 restorations. (This drastically compares to a restoration-focused team with a combined 40+ years of experience across 2 caseworkers who saw 53 restorations in a period of 3 years).

Experienced restoration workers explained that other workers

“didn't know what restoration looked like. They didn't know how to have those conversations. They didn't see the positives, and they didn't realise OOHC could be a risk as well.”

Practiced restoration workers will explain that it's not easy and at times requires 12 hours days,

“There's a lot of rebuilding that needs to happen and a lot of apologising that needs to come from

FACS.”

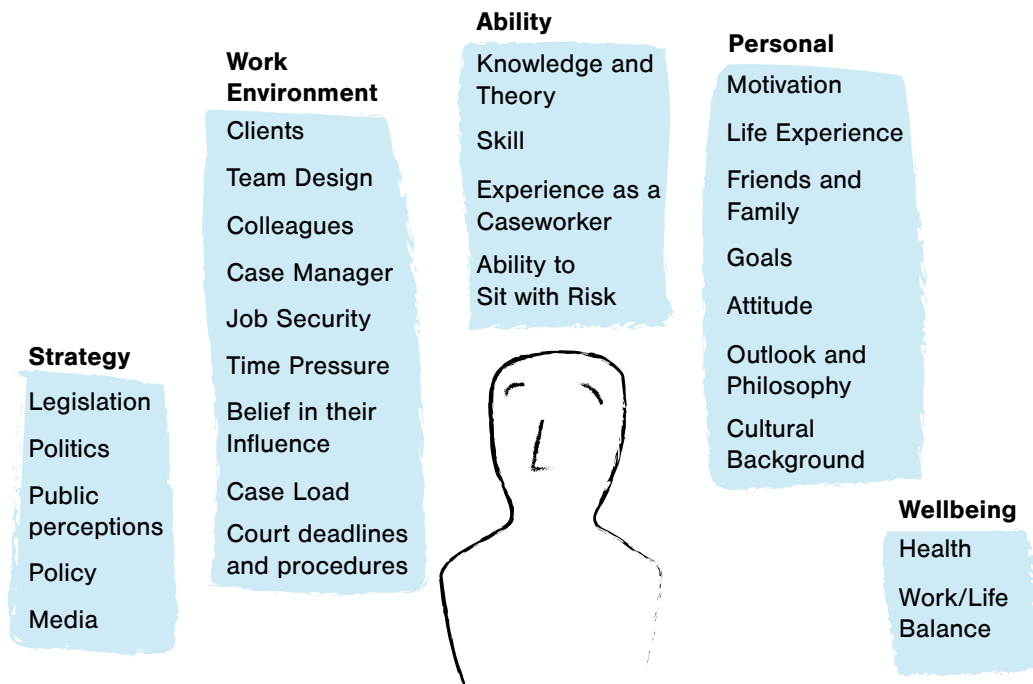
Casework allocation and competing priorities

Allocation of caseloads also precluded most experienced workers from handling the tough restoration cases as “the court work is always going to get priority and often what we do is give restoration cases to newer caseworkers so that the older caseworkers can manage court work.”

Experienced caseworkers emphasise the importance of splitting up cases for their teams and not being solely focused on restoration. For example, they recommend having some OOHC transfers, some restorations, and some child protection cases for three reasons: 1) to manage ability to sit with risk and not become too parent-focussed, 2) to diversify experience, networks, and problem-solving capability in different challenges across the spectrum, 3) for morale as any one focus can become demoralising or bias perceptions of parental capacity, especially repeated removals.

In addition to capability, experience, and casework allocations, there are a number of influencing factors that will shape caseworker practice for better or worse.

Casework Practice Influences



Performance measure incentives

One of FACS' well-intentioned objectives — providing more children at risk of significant harm with a face-to-face response — has resulted in unintended consequences. In NSW, CSCs have been encouraged to meet target numbers of children visited. To accurately capture this data requires a tedious data entry and careful case note redaction.

Staff have explained that FACS has

“developed a culture where people are advanced and promoted for doing good data and reporting.”

The “middle data” or the documentation of a family's progress based on caseworker's involvement with a family isn't measured or factored in. Rather, performance of individuals and teams is measured, in one way, by demonstrating the number of children visited — not how long a caseworker spends with this family, how well issues are assessed and diagnosed, and the quality of this investigation or experience. Because visiting families and data entry are both time consuming, the amount and quality of time spent with families is at risk of being compromised.

Some of the caseworkers we spoke to felt pressure to meet targets and to see more kids but not spend time working with them. Some explained that having empathy for the families or spending too much time with them was “their biggest flaw.”

Other caseworkers explained that their managers encourage them to “visit less severe ROSH families” whose cases can quickly be closed to increase number of visits. Unfortunately, these families may not have needed FACS intervention, meaning families who could have benefited from more time with caseworkers were neglected so that a team could physically knock on more doors.

In the effort to see more families, procedures and performance indicators have created unintentional incentives which have a tension between outputs and outcomes for families.

“And my current concern - is that in the desire to see more kids you can actually do more harm in a family than good, by just touching the surface.”

– Caseworker

Timelines

Court timelines are built around the assumption that “a quick decision is the best decision for kids,” that children can’t thrive with two sets of carers or parents simultaneously, and that they cannot thrive when moving between two homes over a period of time longer than 12 months. This means that parents are expected to recover from an ICE addiction or change entrenched understanding of parental responsibility in under a year. The catch-22 is that the longer children are in OOHC, we know they become less likely to return home. If a restoration does occur, 90% happen within the first 2 years in care (Delfabbro, Fernandez, McCormick Ketter, 2014).

Simultaneously, there is also a tension between making quick decisions for stability and making too-quick decisions that result in re-entry when transitions are rushed. This is often why caseworkers will explain that restorations fail for the same reasons that triggered removal, when unaddressed.

“It’s the notion that we need to act decisively and quickly because outcomes are better for children if we sort this out quicker. We’re talking about a decision – if it’s a baby –for the next 18 years of their life.

Wow. I think there’s greater issues if you cock it up by making a brash decision rather than sitting back giving these people the resources, giving the time [to change].”

– Solicitor

The role of commissioning and service provision capability

In terms of service offerings, responding to complex needs (i.e. comorbidity of trauma from abuse and neglect, drugs and mental health), the landscape is limited. Caseworkers seeking services commented on an overall dearth of options available for genuine, restorative and therapeutic supports for families, especially in the restoration space. Support to families provided by non-specialist professionals was available, but these services were not designed to foster transformative behaviour change.

Despite a lack of conclusive evidence on restoration viability, NGOs are currently crafting strategies (drawing from limited experience and available literature) in anticipation of a new round of commissioning for NGOs. Additionally, FACS does not see viability assessment design as part of their role, suggesting that this will be the responsibility of the service providers. The potential variance in quality across decision making is problematic for children.

Currently, FACS is shaping a set of outcomes to align with payments for restorations. There will be a focused on financially incentivising the number of restorations. They are also looking to measure and encourage (through commissioning) child well-being and long term safety in restorations, which will be critical for fostering sustainability or improvement of families and preventing re-entries. Existing “outcomes-based commissioning” like Social Benefit Bonds are an innovative alternative, however they have the potential to be strengthened in the robustness of measuring (and procuring) pure, long-term well-being and safety outcomes.

While it is important to have a systemic infrastructure and culture that supports restorations (when that is in the best interest of a child), the push for increased restorations could also pose a significant risk to the safety and well being of children. Primarily this is because there are assumptions that NGOs have the capability to develop restoration service models and that all caseworkers have the time to support restoration processes as well as effective decision making judgement around restoration viability.

To prevent similar failure rates of restoration (70%) at a larger scale, long term supports to families pre and post restoration are critical. Re-entries into care post restoration is attributed to lack of support once children return and new levels of stress or chaos are introduced (Fernandez Lee 2013). Furthermore, existing tendering processes foster a competition amongst NGOs, but not one that drives contestability for best practice or best outcomes for children, rather more children. These models also disincentive sharing best practice, ideas, and collaboration.

Currently, many NGOS are responsible for conducting their own reporting and sharing progress against outcomes and targets – and often reporting *outputs* rather than *outcomes*. These factors suggest that there are limitations in accountability. Gary Sturgess ANZSOG’s Chair in Public Service Delivery suggests that there cannot be “meaningful accountability [for quality service provision] if the consequences for failure to deliver are not clearly understood from the outset...[or if] policymakers and commissioners are not willing / able to prioritise outcomes, provided resources necessary to deliver the agreed results, and allow front-line managers the freedom to innovate” (Sturgess 2015).

“Collaborative work versus contracts and money — it’s a dangerous game and I don’t sit comfortably in that game. You want best practice and you want to share information but when you do, someone’s going to tap you on the shoulder and say ‘stop giving away our good ideas.’”

– NGO staff

NGOs and Carers

The relationship between carers and child and carers and parents also can be a significant barrier or opportunity. Carers, in low supply and high demand, have much leverage when requesting or negotiating salary and contact visits. Carers referenced 'NGO informational fairs' where they could go around 'shopping' for different NGOs that aligned with their interests. Later NGOs would call them trying to 'one-up' offers from other NGOs to secure a carer. Solicitors talked about carers who left one NGO to go to another who would reduce contact hours between birth parents and the children in their care.

The stability of a child in care will weigh heavily on decision making for restoration. If the child is thriving and in a seemingly better situation, caseworkers will be reluctant to disrupt that placement. The way carers viewed their role also influenced the relationship with parents significantly. Some carers saw their role as helping out some kids going through a tough time and doing a good deed, while others felt that this was their opportunity to have children they never had. Fighting over 'ownership' of children can further complicate already complex situations. Some parents were incredibly displeased by the placement their child was in, complaining that their children were "covered in scabs and nits" or "bruised and locked in a bathroom."

"The service landscape is small. Look, honestly there are three agencies that I can call for restoration. I end up building my network through health and education. I can only think of three in our area: Marist, Burnside, Barnardos. And Barnardos will only do their own."

– Case Manager

Seeing this kind of maltreatment of their children made it difficult for them to foster positive relationships with carers. Conversely, when the carers had 'too good' of a relationship with children, (e.g. began calling carers 'mum and dad' too quickly), this also was difficult for birth parents. And if birth parents reacted poorly to either type of situation they expressed that FACS thought that reflected badly on their parenting competency.

However there is an alternative sweet spot between these extremes and a crucial opportunity area. "When the carer and the parent formed a constructive relationship, the carer often modelled effective parenting techniques, which assisted the parents in learning good strategies for parents" and therefore can help facilitate restoration or improved future parenting (Fernandez and Lee 2013).

One mum we spoke to said

"if my children can't be with me, they're getting the next best care with them [carers] and I feel good about that."

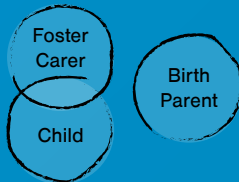
Another mum developed such a close rapport with the carers of her infant where they would continuously spend time together in comfortable, normal settings. The mother noted learning parenting techniques from the carers, and she believes that the carers will be in her and her son's life forever because of this experience.

For Carers, NGO staff and frontline government staff alike, the expectations for delivery are high but accountability mechanisms for performance are limited: "Front-line service providers are not resourced to deliver the wide range of outcomes they are required to deliver, with the result that it is impossible to hold management accountable for any failure to deliver. In too many cases, accountability is linked to process rather than performance." (Sturgess 2015)

Foster carer attitudes and their effects on restoration

Beth

Foster Carer for the child



"I keep a little money aside so that when I get another baby at least I can race out and buy what I need to be prepared"
- Foster Carer

About her

Beth has a two bedroom home and fosters up to two children at a time. She's in her sixties and prefers the easier to manage younger toddlers and babies.

Their perspective of their responsibilities

It's up to her to provide the child with a loving environment where they can feel safe and reach their potential- things that their parents aren't currently able to provide. Beth keeps the birth parents separate from her relationship with the child, but always speaks well of them in front of the child.

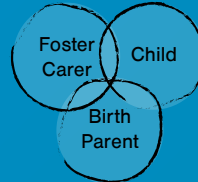
Effect this has on restoration

Children thrive with Beth although their time with her is explicitly temporary. She only does crisis care as she likes being able to support the child going back to their parents as she believes that that is best place for the child where possible.



Lin and Barry

Foster Carers for the birth family



"Lin gives my kids the best care they could have while apart from me and she will be part of our lives when the kids come home."
- Birth Mum

About them

Lin and Barry are in their forties. Their parenting experience gives them empathy for the birth parents - they know it's tough and sometimes you need help.

Their perspective of their responsibilities

Lin tells the child she'll take care of them while their parents work through some things. She builds a relationship with the parents, keeping them up to date on their child's life. Lin supports the bond between parent and child by occasionally bending the rules and inviting them to catch up outside of contact hours, also creating parenting opportunities.

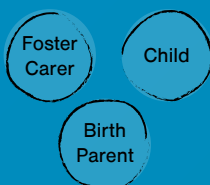
Effect this has on restoration

Keeping a strong and positive relationship between the child, the birth parents and the carer is less traumatic and makes a restoration transition easier, if that's the right outcome. The carer is even able to help post-restoration, when things get tough.



Trish and Danny

Foster Carers for the money



"My kids told me their carer locked them in the bathroom, told them she'll drown them in the tub if they tell me."
- Birth Mum

About them

Trish heard from a friend that Foster Caring is a great way to make some extra money. She fosters up to 5 children at a time.

Their perspective of their responsibilities

Trish knows that she's taking care of kids that have nowhere else to go. She's feeding them and giving them shelter, that's what she's paid for. They often have behavioural problems, so when they act out she makes sure they know she's in charge.

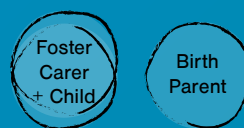
Effect this has on restoration

In rare cases carers are abusive, devastating already traumatised families. It's hard for children to disclose abuse and parents often have to fight a system that doesn't believe them to get their children moved. Conflictingly, a poor relationship between carer and child increases the likelihood of restoration if the parents improve.



Ayesha

Foster Carer for their family



"I refuse to do placement plans with (the parents) in the room because they've got way too much of an opinion about me."
- Foster Carer

About her

Ayesha adores her foster children. She finds 'out-of-home care' an insulting term as her foster children are home with her and they're family.

Their perspective of their responsibilities

Ayesha loves being a mum and wants to care for children because she can't have any more of her own. She calls them 'her kids' and the children call her 'mum'.

Effect this has on restoration

Four of the foster children that Ayesha has had became long term. They still have contact but Ayesha finds it gets in the way of their routines. The strong attachment between the children and Ayesha makes it unlikely Caseworkers would restore the children, even if their parents were doing better, as the interruption of this stable homelife would be disruptive.



Facilitating exceptional practice and best outcomes for families

Despite competing priorities and a variety of external pressures that can be hindrances to best practice, exceptional casework and service delivery does exist. Specifically in terms of restoration, there are pockets of positive deviance where caseworkers and service providers have supported transformations in parents experiencing the most adverse situations. In certain cases, we've seen parents transition from being neglectful, physically abusive, trauma-affected themselves, to repairing not only their own trauma but also their relationships with their children.

It was the combination of intensive therapeutic treatment; professional and peer parental modelling; appropriately tailored parenting education; peer support; eye-opening domestic violence education; and consistent contact with long durations in comfortable settings that helped one mum make significant and unexpected changes. These inputs helped her transition from a parenting space where she was flat, disengaged and absent, to a space where she was demonstrating healthy attachment with her daughter, recognised her missteps in parenting, and was capable of providing her children with a thriving, safe childhood. These instances suggest that certain families, given the right supports and treatment, can change and succeed.

Restoration seems to work when families and professionals believe restoration (or preventing removal) is possible. It works in cases where support is intensive enough to help parents overcome issues of trauma. It works in cases where support takes an inclusive approach, discreetly tailored for the whole family's needs over a long period of time.

Successful efforts and services most appreciated by families support parents to make mental shifts that transform their behaviour – helping them understand how witnessing domestic violence deeply affects a child, or what “a clean home” means/looks like, how to maintain that, and why it's important for a child.

To enable and sustain these positive behaviours a mixed set of supports is beneficial - peer, specialist peer and specialist professional. We've seen this work well when professionals coordinate individually-tailored supports with highly relational attitudes toward family members, investing in daily visits with families, and are committed to earning trust and reshaping their opinion of FACS' value.

The following pages highlight some of the extremes in casework practice and the role that attitudes, team dynamics, and experience can play in restoration outcomes.



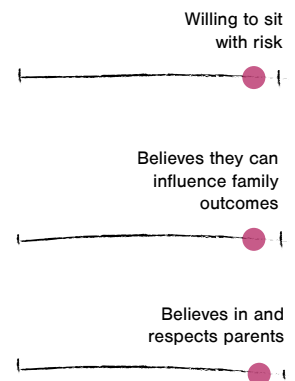


System experiences: A closer look at exceptional outcomes

Grace

The passionate and persistent caseworker

“If it’s not working, we’ve gotta sit down and figure out why. What’s wrong with the supports? Because it could be us, not them.”



Perception of responsibility

Grace believes it’s her responsibility to help parents and children work towards what they need to thrive and “put them in a really strong place to be able to cope when [something bad] happens.” It’s her job to guide people, earn their trust, and have hard conversations. Her responsibilities do not stop at the boundaries of OOH or even CP, she coordinates with health, education, and builds tailored service networks around each individual in a family - but always conscious to not “over service.”

Approach to working with families

Grace will be with families for long periods of 2-4 hours at a time and several times a week. She’ll be there to take kids to appointments and just have tea with mum. She works on building the relationship so deeply that “when shit’s going down, they’ll be straight open” with her and she can help them through. She has a background in therapeutic work and personally helps parents to treat their own trauma.

Team dynamics

Grace leans on her team to support her in making decisions and exploring new options when services aren’t supporting changes in behaviour. She identifies caseworkers who are struggling to work with families and invites them to shadow and learn from her

Philosophy on restoration

Grace believes in restoration almost like a religion saying, “I’m a restorer. I’m preaching and teaching restoration.”

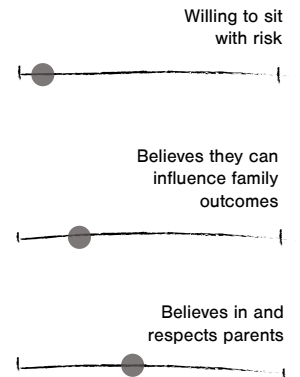
Outcomes for families

Grace can point to double digits worth of restorations that have sustained for over 3 years, and families even continue to reach out to tell her how well they’re doing. If she sees reports come in on a family she’s worked with in the past, she ensures she’s on their case for stability’s sake.

Eloise

The ordinary and obedient caseworker

“I think that I could resign now, but because they pay us quite well...if I resign now and got a job at an NGO my pay cut would be maybe 30, 40 thousand less.”



Perception of responsibility

Eloise believes her responsibility is to protect children and assess risk, but thinks that NGOs are responsible for working with families. Approach to working with families
When she started as a caseworker 11 years ago she really enjoyed having the time to sit down and spend quality time with children and their parents. Now “there is so much paper work, so many requirements. Now its all about the numbers, about meeting quotas, there’s no time.”

Team dynamics

Eloise is deferential to her manager who she believes knows more than her. She’s frustrated by other team members who ask her to do extra work and even more frustrated by team members who she believes are terribly disrespectful when engaging with families.

Philosophy on restoration

If they were removed, they were removed for a reason. If there’s potential for a family to change, she’ll work on but deep down knows it won’t work like the others she’s tried in the past. For Eloise, history is a predictor of the future; and some parents have simply lost their right to parent.

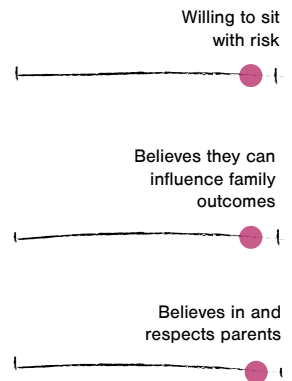
Outcomes for families

Eloise strives to keep kids safe and believes she’s done her best when she has made “a decision to remove a child, and you see their lives are better than when they were with their parents.”

Lara

The passionate and persistent case manager

“We are always thinking outside of the square around what we could do for families we are working with”



Perception of responsibility

Lara sees it as her job to provide her team what they need to help families be better over the long term. With a decade of experience and networks in FACS, she works with, around and sometimes against the system. Lara takes on her caseworkers' passion for their work as her own responsibility.

Approach to working with families

Lara and her team take continuity of care very seriously. She meets all the families- they have her support as well as their caseworker's. She has a therapeutic background, so is focussed on addressing underling causes of family symptoms.

Philosophy on restoration

Believing in themselves and families is a core hiring criteria for Lara. Her team believe that restoration can work for many families, even in the 'grey' area such as un-accidental injury, and it's up to them to find the right supports to help the family sustain change.

Team dynamics

Lara provides the team with an extensive knowledge of the legal system. She helps them understand complex documents and translate them to families. She trusts her caseworkers and takes care of their professional and personal wellbeing. She makes sure her staff have manageable caseloads and her door is always open. Her team feels comfortable coming to her office with questions and reaching out to one another to consult on tough decisions.

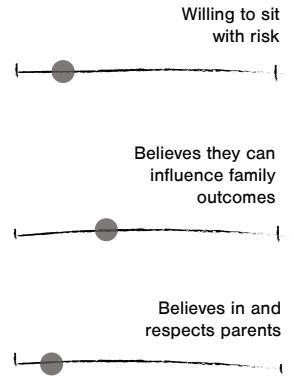
Outcomes for families

Families have a relationship with Lara's team and tell them when they're struggling and need help. They receive the supports that work for them (e.g. individual instead of group therapy) and if something isn't working, they and the team will try a new strategy.

George

The ordinary and obedient case manager

“I’m not stupid enough to think I’ve got a huge amount of influence up the chain”



Perception of responsibility

George makes sure his caseworkers follow FACS procedures and get their court work done on time. He is under pressure to meet quotas, so helps his team see as many families as they can.

Approach to working with families

George is child focussed and wants to make sure children who are referred to his team are removed from risk factors. He reminds them that if there was a Royal Commission, they would need to demonstrate they have minimised risk.

Philosophy on restoration

Once he perceives children are safe in OOHC, George encourages his team to turn their attention to incoming cases, so they can reach more children. There is only time for restoration when he and his caseworkers are confident of success and think the magistrate will support their recommendation.

Team dynamics

George has weekly appointments with his caseworkers. NGOs ask if they can meet to discuss cases, but they just don't have the time, and they're about to implement practice first.

Outcomes for families

Many families are seen by George's team, but some of his caseworkers are concerned that because of their time constraints and high caseloads, their interaction is too shallow and might do more harm than good.

Exceptional practice in restoration casework

Although restorations are perceived by some as risky, time consuming, and likely to fail, there are instances where focussed teams have seen significant amounts of successful restorations. One restoration team saw an 85% restoration success rate – sustained for 3 years and counting. Only 5 children across 2 families were not restored, and that was due to an intentional decision by the caseworkers that the restoration was not an appropriate choice for those individual children. This group thoughtfully crafted a strategy, philosophy, and team structure to support restoration practice which included:

- **Utilising a highly skilled team with diverse backgrounds in therapy and psychology.** Staff each had 20+ years of experience and were also older, more mature caseworkers with grown kids themselves, and international child protection experience. They deeply believed in the possibility of restoration and had positive experiences (victories and successes) in the past to lean on and learn from.
- **Maintaining smaller caseloads (~12 shared between 2 people).** Each member of the team was familiar with all of the cases and the families they are working with. This allows for collective decision making and ensures stability for the family if the primary caseworker was unavailable or needed to take leave. The smaller caseloads allowed them to invest time in building genuine relationships, earning trust from families so that parents believed that “the caseworkers wanted them to have their children restored.” They would visit families daily and were highly available to families via phone, messaging, etc. Further, shared caseloads allowed for shared ownership of risk amongst team members and informed collaborative, creative decision-making.
- **Tailoring a unique coordination of supports for each individual in the family unit.** They would include members from health, education, and other service providers throughout the process, establishing an inter-agency care network around a family. They ensured that supports for mental health, disability, drug and alcohol abuse treatment, etc. were substantially in place for parents and children. These services were specifically chosen based on family context (i.e. Newpin didn’t work for some mums who found meeting up with people they did drugs with in the past disruptive to their progress, and so they found a different set of services). The team was invested in an ongoing assessment of the efficacy of supports; if they weren’t working they would learn why and make changes.
- **When possible, ensuring supervision orders were put in place for 2 years after the restoration.** This allowed the caseworker to continue contacting for the family as they adapted to their new family situation and absorbed new habits. Additionally financial plans were established to plan for and allow families to receive supports and services post restoration.
- **Adopting a culture of experimentation, testing, trialling, and iterating.** For example, upon realising they needed tools for assessing viability they developed their own, tweaking and revising as they went. They actively captured data to assess their own performance and track patterns. They sought out opportunities to offer their experience and expertise to other caseworkers who were struggling with restoration decisions to spread their learnings.
- **Believing in a family’s ability to change.** When caseworkers were invested in the possibility and potential for change, they were more effective in supporting a family through rehabilitation and preparation for restoration. When caseworkers believe in restoration and actively work toward it (surrounded by a supportive team) they can more safely sit with risk.

“Her story was just so big, she talked to me about sexual abuse in childhood, neglect at home and that is how she came into care. She was in the foster system for a long time. Her mum wasn’t abusing her but she also did not leave an abusive situation, which resulted in her and her siblings being removed. She was in and out of care, she never felt wanted.

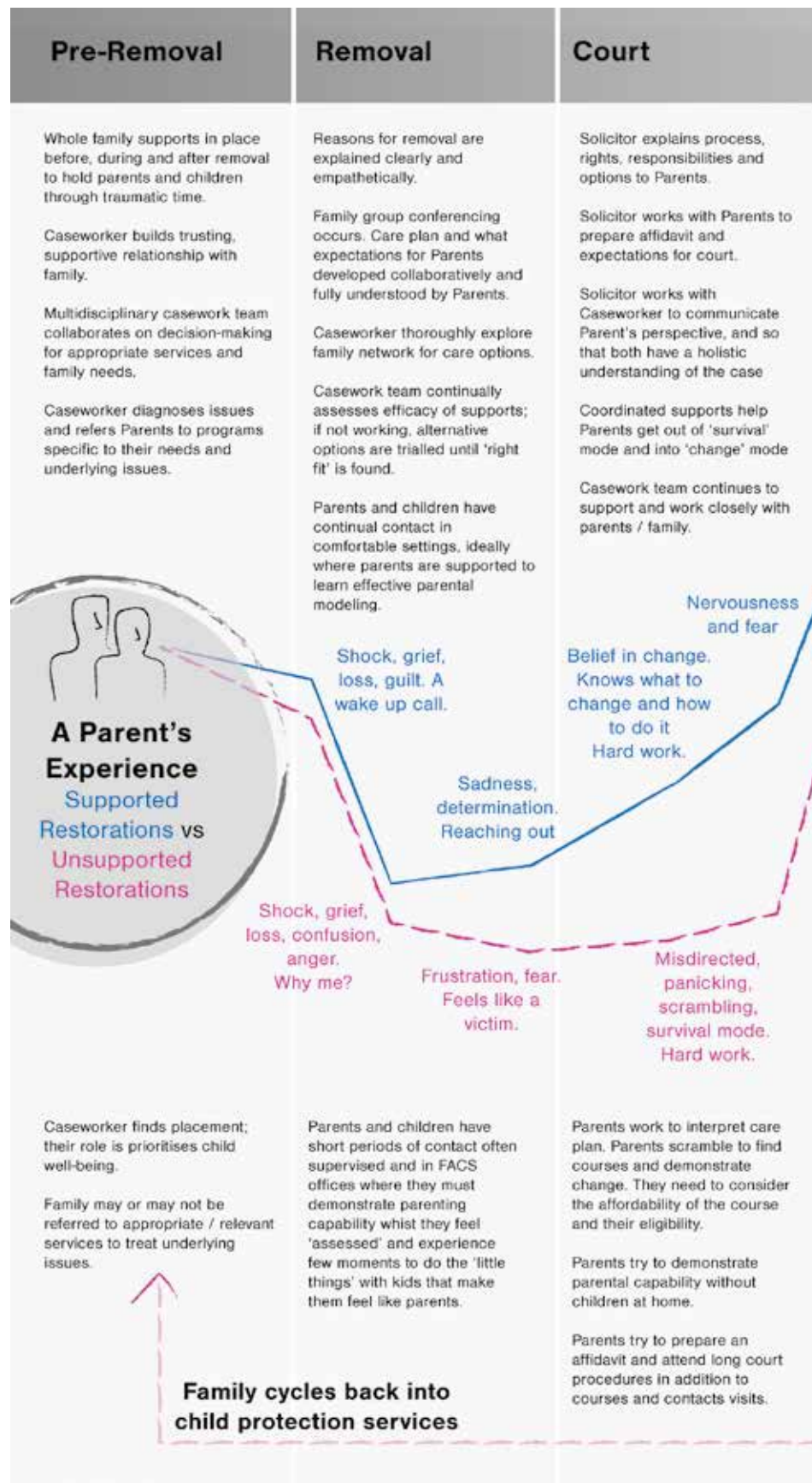
She came out of the system and I think she felt lost. Once she was 18 she was pushed out into the world to survive on her own without being taught any skills. Then when she had her daughter she tried to live with her biological family for support, it didn’t work and ultimately her daughter was removed. The pain that she felt — she desperately wanted to keep her baby because she already knew the pain of removal.

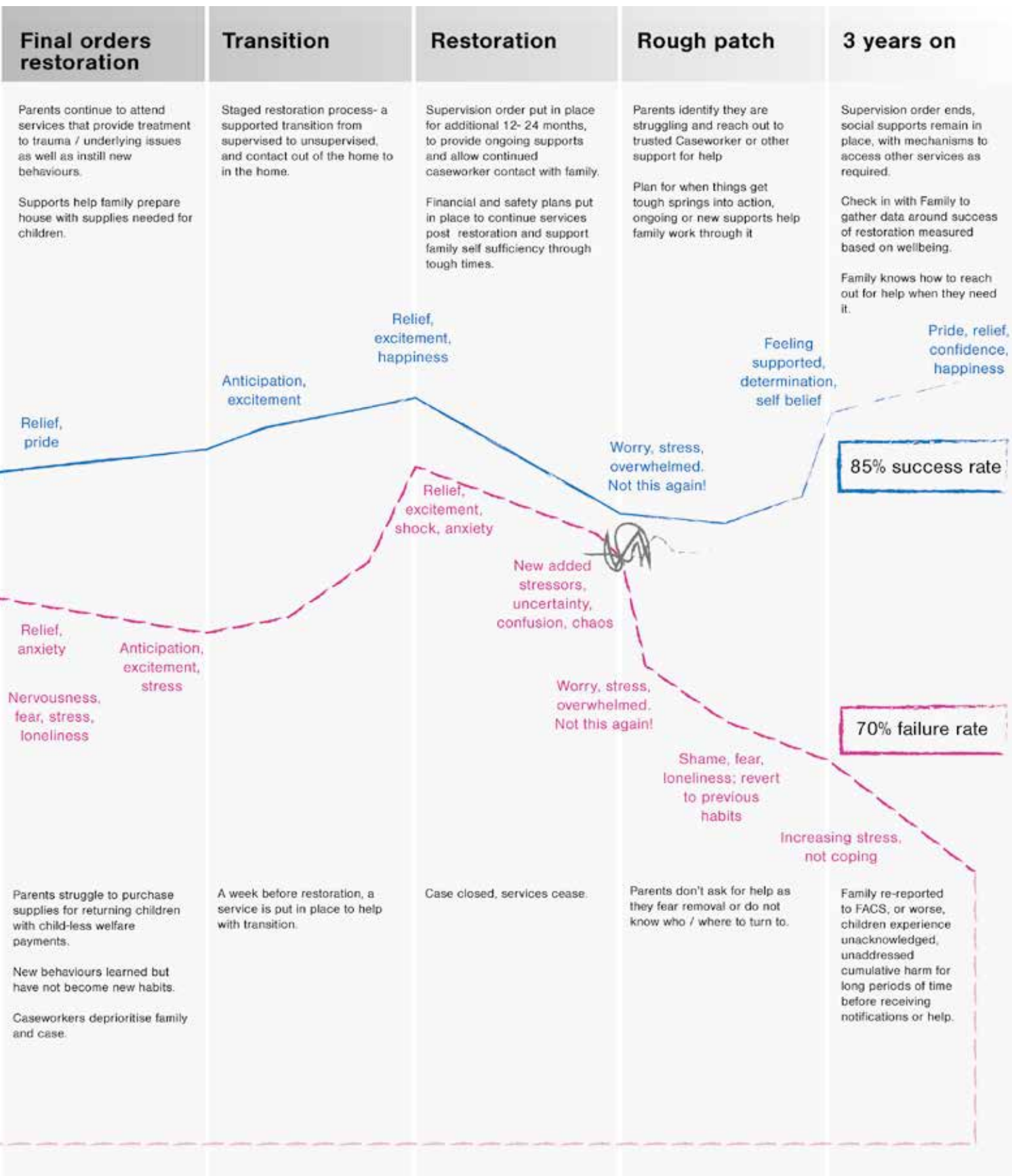
It felt like it was a divine intervention when they rang me and said there was a family with an ICE addiction. And I was able to say well my parents were addicts, I can draw on my experience with that. If didn’t have a family experience with this, I would have really struggled to help her.”

- Family Supporter

A parent's experience in working toward restoration

The types of support a family receives and the statutory agency's approach to restoration has significant implications for restoration outcomes. While typical approaches and inputs often do not set up families for successful, long-term restoration outcomes, an alternative approach taken by a restoration-focussed casework team in Western Sydney saw vastly different results. The diagram to the right highlights how this team turned a 70% failure rate into an 85% success rate, stopping cyclical re-entry into the child protection system.





Exceptional practice in service delivery

Globally there are a handful of programs who have seen successes in restoration including a 90-day intensive family preservation model with separated families, The Utah Experimental Reunification Service, and South Australia's Parenting Play Group. However within each CSC in NSW there are few options for families and caseworkers to choose from.

Within the restoration service landscape in NSW most are short term, and provided shortly before the restoration occurs. Newpin stands out as a long term program that works with parents to prepare them for, and support them through, a successful restoration. While it may seem that Newpin's theory of change does not cater directly to restoration, its program helps to build some of the requirements families need for successful restoration (or would have needed in the preservation stage).

The Newpin facilities create home-like environments where parents can spend contact time with their children, learn parenting skills and receive therapeutic care. The Newpin staff describe how they are 'parenting the parent'- filling in the gaps in the family's experience and creating a supportive place for them to practice parenting their children.

The Newpin program offers parents and children a holistic service that includes:

- **Therapeutic support focused on rehabilitation and treatment of trauma.** Group and individual professional supports help mothers and fathers addresses personal challenges that have manifested into obstacles to good parenting.
- **References to specialist programs** to address specific factors such as domestic violence or mental health. Advocacy and coordination for parents provided when needed such as housing, foster care or court complications.

- **A commitment of 2 days per week over 18 months,** including pre and post restoration. This gives parents the time and space to create lasting change, and makes sure supports remain after the 'honeymoon' period when children first come home. This amount of time helps mums learn new habits and behaviours around interacting with their children and even encouraging them to have positive, cordial interactions with carers.
- **Positive parental modelling by staff** in a home-like environment gives parents a learning experience they often missed out on in their own childhood. This circle of security approach allows parents to see good parenting and try it with their own children, under the supervision of the staff, before they begin practising at home during the transition to restoration. Parents say that the Newpin staff feels like family – mums and sisters.
- **Informal peer support** helps parents realise they are not alone and that what they are going through is really hard, but achievable. The families are in various stages of the program, so progressed parents can offer encouragement to newer parents; learning and parenting skills are shared and reinforced. It also provides an opportunity for parents to build healthy relationships in a safe environment.
- **Comfortable contact and experiencing "little things"** that make a parent feel like a parent. While children are in care, parents miss out on opportunities to take their baby to the doctor and see how much they weigh or cook them their favourite meal. Newpin provides a space for mums to feel like mums and to learn how to do important home maintenance activities that they may have missed out on learning when they were younger (simple cooking, washing and drying clothes, changing nappies.)

Enabling environments for exceptional practice

Throughout the great practice we've observed, many of the following conditions were in place to foster a supportive work culture for staff and clients:

- Caseworkers who believe that family well-being is in the best interest of the child
- Managers who believe in restoration (or family's ability to change) and can navigate upwards in the system, leveraging experience and relationships to allow or request procedural amendments
- Caseworkers who are confident, skilled and experienced enough to make informed experimental guesses based on sophisticated professional judgement
- Caseworkers who are passionate about helping families and managers who cultivate passion and purpose in staff
- Caseworkers and managers who have diverse therapeutic backgrounds and experience across different areas of child protection (from early intervention to post restoration)
- Managers who allow flexibility and allocate achievable, realistic, and diverse caseloads
- Managers who provide staff space and encouragement to trial solutions to problems they identify
- Managers who practice an 'open door' policy, welcoming caseworkers to ask questions and seek advisory as needed

Common qualities and characteristics seen in exceptional practice

- Focus on whole family dynamics and needs
- Belief in family's capability to change
- Kindness effect
- Invests time and energy in building relationships
- Non judgemental
- Willing to have hard, honest conversations
- Available and accessible
- Acts with authenticity and respect
- Non-adversarial
- Genuine understanding of trauma and therapeutic needs
- Flexibility for individuals
- Predictable, reliable, consistent
- Welcome ownership and involvement from young people and families to shape programming and share assets with others
- Show, not tell
- Welcome efforts to 'trial new things'
- Continuous relationship with parents without dependency
- Repeated opportunities to establish, practice, and model new behaviours

Collaboratively documenting a family's journey from the past to the present, their hopes and dreams for the future, what helped them and what held them back, their supports and relationships, and the advice they would offer others in their situation.



WHAT HAPPENED

A JOURNEY FROM THEN TO NOW

What are the biggest challenges you've faced? How have you overcome them? What advice would you offer others in your situation?

What are your hopes and dreams for the future? How do you plan to achieve them?

FUTURE

BACK THEN

BACK THEN

Individual in family therapy - working on relationships - being a good listener - having a good support system

3. Insights into **intergenerational cycles**



“You don’t want to have children being ripped away and then becoming products of the system for their own children. And that’s unfortunately happening. Some lawyers would say it’s fantastic because we’ve got repeat clients, but we just keep feeding kids into adults, kids into adults.”

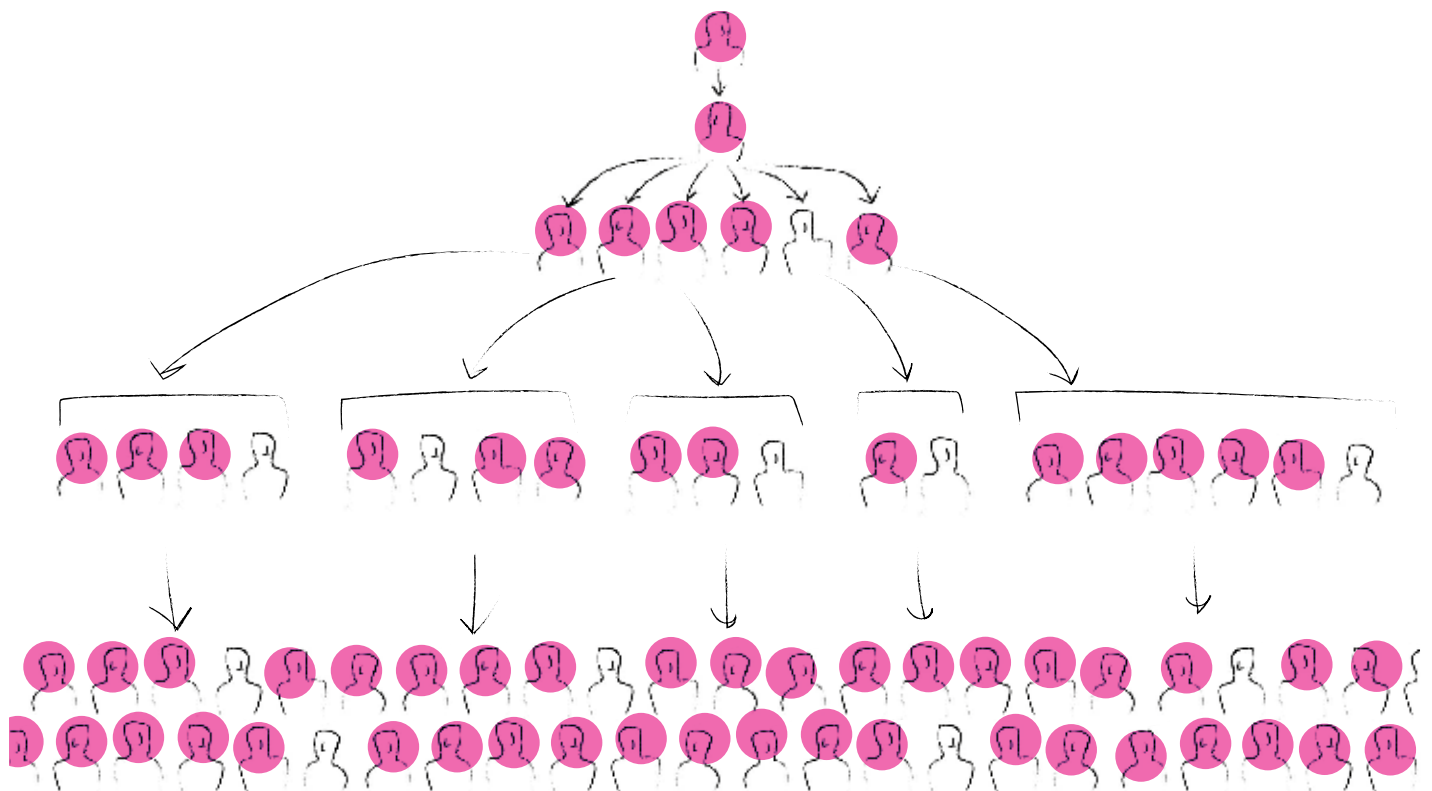
– Solicitor

The child protection challenge is increasing at an unsustainable rate — generation by generation — perpetuated by incident-focused responses.

The current approach to child protection acts as displacement strategy where children are moved from one home and placed in another. Without providing substantial rehabilitation processes, we believe that child displacement unsustainably perpetuates growth of populations engaging with the system over time. While interventions decelerate risks, they are not often enough to stop or reverse transfers of abuse and neglect from parents to children — this “constellation of risks compounding and consequences increase the likelihood of intergenerational abuse” (Segal and Dalziel 2011).

Between 30% - 90% of children with abusive parents will become abusive parents themselves (Tomison 1996). While evidence on the subject is scattered, even the lower end of the spectrum suggests intergenerational transmission of abuse and neglect impacts a significant portion of people engaging with the child protection system. While there are few evidence-based recommendations around what works to break these cycles, we do know that parents who experience more social support are less likely to continue the cycle of violence, compared with those who have a poor support system.

Intergenerational transfer of abuse and neglect (90%)



While untreated childhood trauma and abuse will not necessarily lead adults to mistreat their own children, these parents are more increased risk of intergenerational abuse or neglect compared to those who were not maltreated as children.

Moreover, adult survivors of childhood trauma, abuse, and neglect are likely to experience the compounding factors that lead to engagement with the childhood protection system. (CFCA 2014) Adult survivors of childhood trauma are at increased risks:

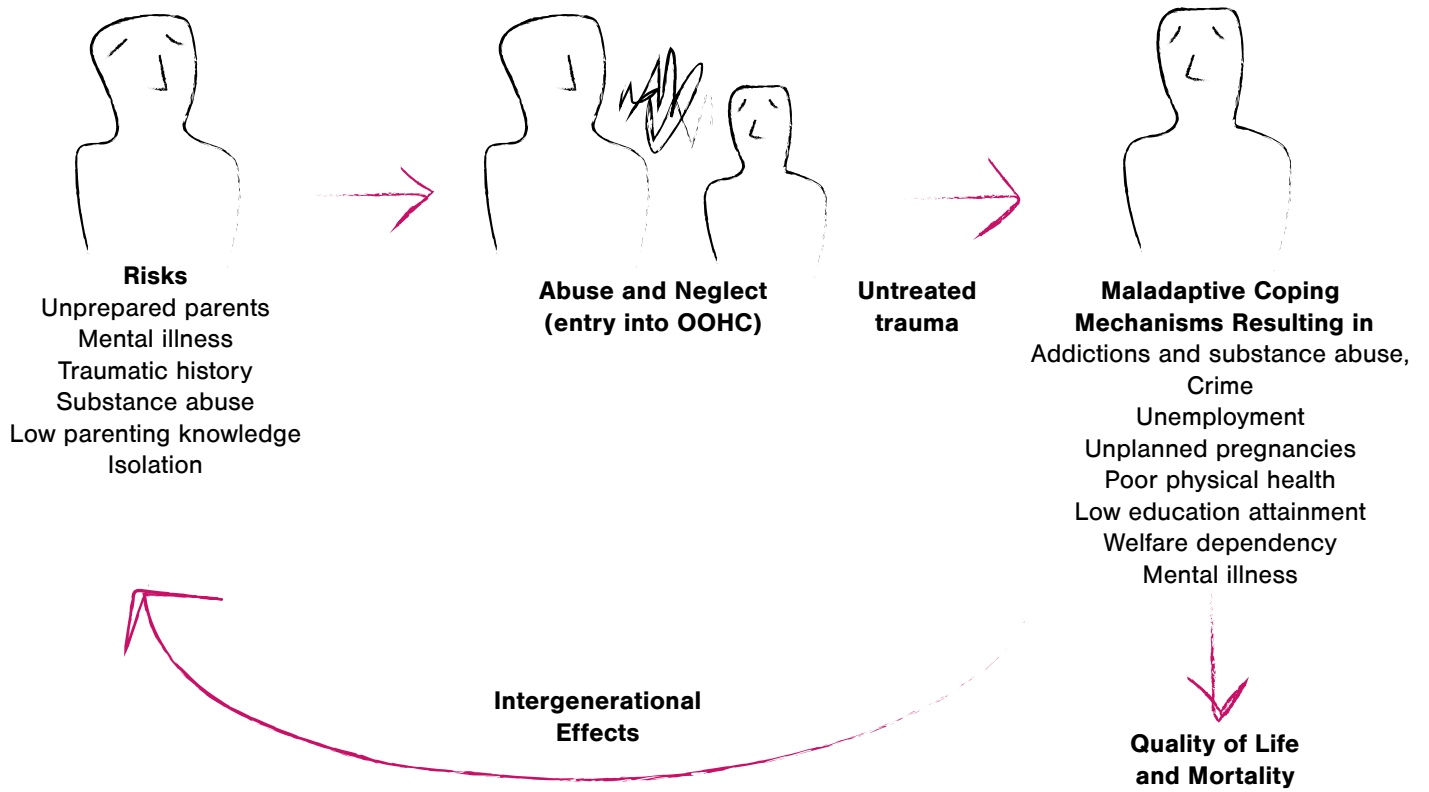
- 72% of female adult survivors women will experience re-victimisation with future partners (International Violence Against Women Survey (IVAWS))
- 12 times more likely to attempt suicide (Thomas et al., 2008)
- 20 - 40% more likely to develop eating disorders and suffer from obesity
- 7 times more likely to consider themselves an alcoholic, 5 times more likely to have used illicit drugs and 10 times more likely to have injected drugs compared to adults with no adverse experiences (Felitti et al., 1998).
- 3.5 times more likely to contract sexually transmitted diseases
- 6 times more likely to have been homeless and 72% of a homeless population in a US study had experienced one or more adverse childhood events (Tam, Zlotnick, & Robertson, 2003)
- And they are more likely than the general public to experience:
 - mental health problems such as personality disorders, post-traumatic stress disorder, dissociative disorders, depression, anxiety disorders and psychosis (Afifi, Boman, Fleisher, & Sareen, 2009)
 - physical health problems including diabetes, gastrointestinal problems, arthritis, headaches, gynaecological problems, stroke, hepatitis and heart disease (Felitti et al., 1998)
 - to experience of arrests, adult criminality, and violent criminal behaviour. (Widom 1989)

The compounding effects of these maladaptive coping strategies limit these parents' potential to care for children most effectively. Further, the parents we spoke to referenced having little support to help them cope with grief once their children were removed and an interest in having more children to 'fill voids' of the loss of previous ones. This cohort of families is not only more likely to have kids post removal, they also tend to have larger families across multiple partners which has massive implications for growth of intergenerational transfer of abuse and neglect, as well as continued strain on the OOHC system. We heard from service providers who worked with young women who were in care that some girls desperately wanted to have children but were fearful that FACS would remove them, and so when they did fall pregnant they tried very hard to do everything alone and never ask for help.

“Almost three-quarters (73%) of all children involved in the child protection system were repeat clients.”

– AIHW 2014

Consequences of Intergenerational Abuse and Neglect (Adapted from Segal 2011)



Characteristics of current response

There appears to be few therapeutic services available for parents who require significant behavioural changes. Often, existing supports provide temporary fixes, but neglect to guide families through long term recovery, preventing continued harm to children yet to be born and children in care that might return home. Many families interacting with FACS acknowledged a lack of understanding around what was expected of them and how to go about satisfying the requirements on their summaries of proposed plans which are largely transactional and compliance-based rather than transformative.

By allowing families to endure long periods of accumulated maltreatment and insufficient support to heal afterwards, parents and children pass down malignant expectations for appropriate family behaviours. Whether or not children will be restored to parents, these people represent a financial and social liability to the system in that they often continue to have more children post removal; these children are likely to experience the same unhealthy upbringing as their siblings, or these children will be removed on assumption at birth and enter OOHC.

Many of the parents we spoke to expressed that the way they have raised their children was not dissimilar to their own upbringing. Some mentioned that while the cleanliness of their house was unacceptable by FACS' standards, it was much cleaner from their perspective to the home they were raised in – they weren't aware that they needed to (or how to) undertake certain simple home maintenance techniques. Others mentioned that they were hit as children themselves and didn't realise the extent to how such abuse might affect a child's development. However there were several programs that supported parents in making such realisations and thus influencing their understanding of parental responsibility.

Recognising that children entering OOHC have endured traumatic upbringings with their biological parents as well as the distress of removal and possibly multiple placements, thoughtful therapeutic supports are necessary for recovery post removal.

Decelerating risks vs. breaking the cycle

Currently the most intensive preventative interventions are targeted at families with children deemed to be at risk of significant harm. Effectively this means that families with open cases experience a number of short term, shallow interventions (not designed to facilitate recovery, behaviour change, and resilience) that gradually increase in intensity but not enough that they address the underlying factors.

By the time families reach ROSH, things have gone so far off track that it takes significant investment of time and resources to address underlying causes and behaviour change. The current services available are not equipped to provide this support. "Given that early intervention strategies are one of the most effective ways to ameliorate the effects of maltreatment, there needs to be increased recognition of the signs of maltreatment and serious attempts to intervene as early as possible. Particular attention should be paid to children exhibiting behavioural problems. Widom (1992), for example, found that these children had the highest risk of later juvenile and adult arrest, and for engaging in violent criminal behaviour" (Tomison 1996).

Truly intensive supports, that could shift underlying causes, only happen after removal (and are contingent on geographic location and caseworker recommendations)—yet many of the risk factors for families were in place long before removal. The system does little to prevent things getting worse for families, therefore is complicit in escalation. It does however have a significant statutory capability to detect risk for children through the notification system.

As with restoration, the triage, intake and assessment system is limited by subjectivity in assessing urgency and consistency varies across district. There is a limitation to the diagnosis of family needs and efforts made to coordinate tailored services to help families address underlying causes of symptoms reported. There are few opportunities for families to exercise their own preventative efforts, as many programs are expensive, require referrals, or have highly exclusive criteria for who may participate.

Families with multiple and complex needs "comprise the primary client group of modern child protection services and require a whole of family and systemic approach" that is not always delivered (Bromfield 2012). For example, parenting courses for the general public are contextually irrelevant for parents living on the fringe with multiple risk factors — the dissonance between general parenting programs such as

Triple P and 123Magic can be more disruptive than helpful on a parent's path to recovery in cases where they are meant to 'practice' parenting techniques without children at home or feel stigmatised in settings with more stable families of different socioeconomic backgrounds (Salveron et al 2009). Alternatively, the highly effective casework teams we've observed utilise the same approach for preservation as restoration in that they design support systems around the family unit's needs, identify highest quality programs, provide ongoing assessment of the efficacy of interventions — tailoring as needed.

In summary, repeated involvement in the child protection system appears to be an effect of several external factors:

- insufficient assessments with families
- complex family issues that challenge preventing child abuse or anticipating future reports
- broad social and economic factors
- underlying issues outside of the child protection system's mandate (mental health, drug abuse, domestic violence, criminal activity)
- child protection services' priority of immediate removal of harm over long term family functioning and self-sufficiency (CCPCW 2006)

This suggests that interventions to break such cycles will require tailored and multifaceted responses that may fall outside of the current child protection realm.

“Being a first time mum again even though I’ve had 4 kids prior — I felt like I was being a parent all over again and I’m still learning. No-one’s perfect. No-one’s perfect. I’m just like — take another child off me? Take another child off me? How am I supposed to learn if you don’t give me a chance?”

– Mother

The interplay between cycles intergenerational maltreatment and poverty

“Pronounced and persistent poverty” plays a significant role in adding to the complexity of parents’ lives as they seek to navigate the child protection system. Poverty has a strong correlation with engagement with the child protection system: Loman (2005) found that almost twice as many families who had repeat contact with the system were in “severe financial difficulty” (CCPCW 2006). In NSW there is a strong association between low income and neglect, where we see high reporting rates coincide with children living in families where no parent is employed, low qualification attainment, single parent homes, Centrelink pensions, as well as Indigenous backgrounds (Nivison-Smith and Chilvers 2007).

The stress factors associated with these poverty indicators increase the challenges of parenthood and can limit parents’ abilities to meet their children’s needs (Duva and Metzger 2011).

Parental income has also often been identified as one of the “best predictors of a child’s future life chances” affecting upward mobility through educational attainment, workforce opportunities, and health outcomes. We often see families and generations trapped in cycles of poverty similar to intergenerational transfers of abuse and neglect (d’Addio, 2007; HM Government, 2014)

Because the majority of families engaging in the child protection system experience the highest poverty rates within their jurisdictions, (Bromfield 2005) suggests that “programs targeting poverty, exclusion and area disadvantage could possibly assist in preventing child abuse and neglect.”

“Most neglect and emotional abuse occurs in the context of poverty and investigative responses place blame on parents without reference to the role poverty plays in creating the conditions that reduce the ability to parent well.”

– (Bywaters *et al.*, 2014)

Exiting the system

It appears that the system’s responses tend to foster reliance over empowerment and self-sufficiency amongst families who engage with the child protection system. The common supports offered to parents and typical OOHC approaches for working with children can perpetuate reliance on social services rather than developing skills and behaviours needed for long-term autonomous stability.

Young people in OOHC, especially residential care, often are provided with spending money, meals, and constant supervision until they turn 18 years old which is necessary. However through that process, they have not been simultaneously supported on trajectory of independence – some of the residential care providers and young people we spoke explained that they were not prepared for supports to be removed at 18. Parents who lost supports post restoration explained a similar experience, feeling as though they were doing well because of supports that were in place and needed a longer transition time.

Families often don’t receive enough of the right kind of support (that fosters and sustains behaviour change) soon enough, preparing them to best integrate with and participate productively in society. The system’s current approach toward working with families unintentionally allows (or causes) them to re-enter or ‘spin in’.

At every point along their interaction with the child protection system they’re likely to return if they default to previous behaviours, if services do not improve their current circumstances or heal their underlying traumas / challenges.

This pattern suggests that the child protection institutions is “preserving the problem to which they are the solution” (Shirky 2005).

At any point in which a family engages with the child protection system pre-ROSH, ROSH, removal, or restoration, interventions to help parents are in the best interest of children and are necessary for breaking intergenerational cycles. Supporting parents on their recovery and rehabilitation of parenting behaviours is critical for the well-being of future children parents may have due to the repeated loss of children to OOHC and a desire to parent; young people who will go home at 18 or want connections with their parents at a later stage; children who will self restore; and for the greater society who could benefit from these adults’ positive and productive contributions.

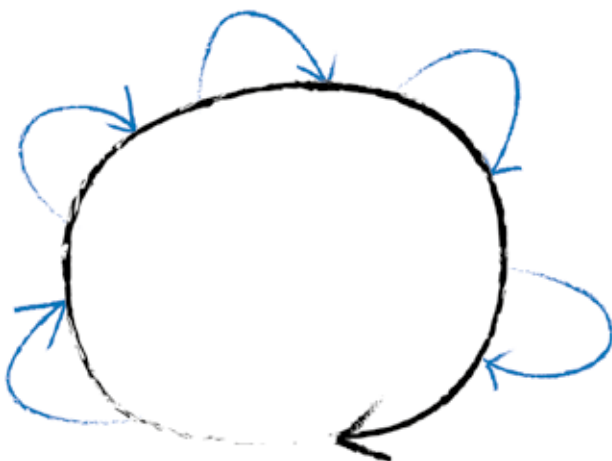
Ideally, the system would be built to ‘spin out’ families from system at any point of intervention. The system would be asking “how do we enable these families to have self-sufficient, safe, functioning parents over the

long term and support them to help other families going through similar situations?”

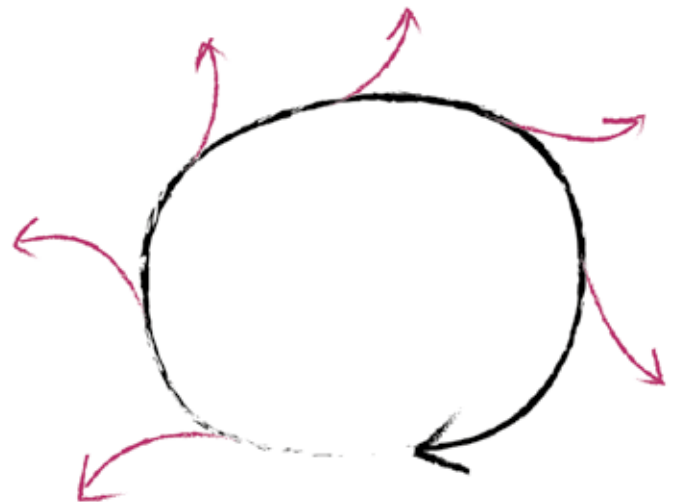
In this alternate approach you might see geometric growth of positive parenting capability and behaviour rather than concentrated growth of malignant behaviours and intergenerational transfer of harm.

Our goal is to support FACS and other child protection agencies to achieve their goals for families and communities: to “better protect the most vulnerable members of our community and break the cycle of disadvantage.” Breaking these cycles will require an intentional examination of which current activities lead to which unintended outcomes. It will require transitioning from a system that is reactive, to a system that is proactive and responsive – shifting commissioning and practice attitudes to centre around the idea that although its better to intervene early it’s never too late to help a family turn around (Segal 2011) and helping parents along with children is in the best interest of children.

Spinning In vs. spinning out



‘Spinning In’ Current Approach



‘Spinning Out’ Alternative Approach



Opportunity areas

Projects to improve child protection outcomes

On the following pages, we present several potential projects that might help us work toward an ideal state in child protection, where families improve throughout their engagement with the child protection system and are supported to transition toward self-sufficiency.

1. Strategy and policy

Reshape strategic policies to intentionally foster thriving families, ensuring that commissioning and service delivery activities lead to genuine, long term, well-being improvements for children and parents.

Strategies for reshaping policy may include:

Crafting Strategic Policy Geared Toward Long-term Well-being and Self-Sufficiency

Develop outcomes that acknowledge inter-agency responsibility and ownership in family and child well-being; ensure outcomes recognise short term and long term needs of families to function over time.

Name what's working already and facilitate spreading exceptional policy, strategy and practice. Identify problematic policy that should be ceased, and replace or stop it.

Ensure performance measurement (for caseworkers and managers) incentivises activities that drive well being improvements for families (i.e indicators of family progress over time vs. only clean data and number of families 'seen').

Learn from other international contexts who have experimented with addressing similar challenges. Utilise a rigorous adopt/adapt process to learn from the best international examples to effectively integrate relevant programming and strategy into Australian contexts.

Ensure outcomes frameworks are actualised in practice, commissioning and service delivery. Ensure policies work in synchronicity rather than conflict.

Shape new policies and strategies using an intergenerational lens to understand increasing OOHC populations and engagement with the child protection system.

Developing a Nuanced Understanding of Family Cohorts

Better understand segmentation of risk profiles and different requirements they may have. Reorganise data around families and cost of families across generations (while championing individualised responses).

Better understand background, experiences, motivations, and needs of different segments; test relevancy of various different ways to organise or segment cohorts.

Identify service and support needs appropriate for each segment and their contexts – explore ways of identifying at risk families and targeting interventions prior to families reaching highest risk situations.

Engage a multidisciplinary data analysis team (i.e. economists, behavioural economists, sociologists, and data analysts) to shape re-organisation of data collection, analysis and use.

Identify and test specific ways to integrate alternative data collection into IT and casework management systems.

Collect appropriate data and develop strategies to better predict chronic maltreatment.

Transforming Negative Intergenerational Cycles

Look for opportunities to address the root challenges that drive engagement with the child protection system and reverse detrimental intergenerational transfer. Expand opportunities for families to access what they need when they need it in an effort to reduce reliance on social services and escalation creep.

Identify and refine opportunities to create and sustain exits from the system at every or any point of engagement.

Conduct ethnographic research within at risk communities and housing developments to understand new strategies for community self-sufficiency and earliest intervention.

Co-design and prototype opportunities such as:

- Earliest intervention toward young cohorts via sex education, family planning, female empowerment and violence awareness in schools.
- Pre-natal interventions which set first time parents on positive parenting trajectories by supporting them to identify own support needs.
- Strengthen the availability of therapeutic OOHC alternatives.
- Alternative co-parenting models, and enhanced contact experience.
- Self referrals or opt-in options through peer support, or more responsive and accountable methods for family-driven outreach to reduce notification pile up (i.e. improvements to the hotline).
- Facilitate inter-agency collective action approaches to reducing socioeconomic disadvantage through collaborating with health, education, housing, and community resilience programs.
- Experiment with incentivising better preservation outcomes with long term indicators through alternative commissioning models.
- Test responses to new public narratives around and community responsibility for child protection. Engage the media in trialling a constructive reporting narrative around families and child protection staff.
- Commission services to support young mums and work toward late restorations with mums who have other kids in care.

Offering Truly Culturally Relevant Options for Aboriginal Communities

Better understand culturally appropriate opportunities to reduce detrimental intergenerational transmission in Aboriginal families; envision an alternative child protection model to best support Aboriginal communities.

Conduct secondary research, design ethnography, service shadowing, and a rigorous co-design process to gain clarity around what needs to be done.

Deeply understand from cultural and systemic perspectives what currently works, what does not and why.

Identify primary areas within current approaches (across all points of interaction with families) that require cultural adaptivity and an overhaul of practice/process.

Spot opportunities for an entirely different and better response to Aboriginal family needs (i.e. a devolved community-led model).

Identify driving factors (outside child protection) and opportunities to address increasing over-representation of Aboriginal children in care.

Develop, fund, and sustain truly culturally safe and accessible services.

2. Commissioning

Build a commissioning approach that will support good practice, stop perverse incentives and develop new evidence where there are gaps. Position commissioning to be the new driver of quality by fostering learning and productive competition. Hold services accountable for exceptional practice through outcomes-driven payments, enforced consequences, and rigorous monitoring and evaluation.

Strategies for reshaping commissioning may include:

Strengthening Commissioning Capability

Design and facilitate a staged and gated commissioning process to strengthen external service delivery capability. Elevate the playing field for developing responsive services; foster open learning systems.

Identify effective, relevant commissioning models as reference points for this context. Select and coordinate a special team to work on redesigning and implementing the commissioning process.

Research NGO incentives and identify current gaps / perverse incentives in current commissioning process.

Craft outcomes- and performance-based payment models centred around longterm wellbeing for children and families. Develop mechanisms and consequences for holding services accountable for outcomes.

Define the process of allocating resources to effective interventions and removing resources from ineffective interventions.

Leverage a co-designed commissioning process for restoration services, where in the first round government and NGOs + FACS pool their knowledge of restoration and service design to build most effective models and set a high benchmark. In the second round, open source models for NGOS to use and improve.

Utilise independent evaluations of NGO performance to monitor sustained well-being for families, preventing re-entry into care.

Support NGOS to redesign carer recruitment and outreach approach to collect family-focussed carers.

Strengthening Innovation Capability

Define what kind of innovation, development and implementation capability government has and needs (i.e. team structure, process, skills, and levels of evidence required); foster open learning systems.

Identify qualities, capabilities, skills and sets of expertise needed to carry out proposed redesign projects.

Design and develop team structure plans; draw on models of innovative company cultures and team dynamics. Craft rigorous, experiential hiring and training process to ensure quality of staff competency meets needs.

Build and cultivate an open information and learning environment which:

- Guides practice on the ground towards increasing cost effectiveness,
- Learns over time and helps all parties in the system understand what works/ what doesn't, and continuously pools knowledge with others seeking to improve their own performance in the system.

3. Service design and delivery

Describe and identify potential service models that are more promising and those that are not; strengthen the service landscape so that the best, most high-functioning services exist and continue to improve.

Strategies for reshaping service delivery may include:

Fostering Preservation and Restoration

Strengthen the restoration service landscape, build decision making capacity, and explore a mix of support types (peer, peer specialist, and specialist professionals).

Begin conversations to refine concept of a joined-up approach that supports behaviour change and stability through a variety of learning opportunities including centre-based and in-home models (i.e. Newpin + My Kids and Me + Family by Family for Restoration + FACS-based Coordination role).

Explore interest levels in prototyping a second iteration of Restoration-Focussed Teams which draw from the knowledge and learnings of previous pilots, diversify and reduce caseloads, and focus on revisiting contact options and late restorations.

For parents who are at risk of 'on assumption removals' work with parents of newborns to improve parenting capacity through intensive daily modeling and education. Once behaviours have transformed support parents to apply for Section 90's to restore multiple other children in care.

Trial the role of a parent advocate who is provided for parents once children are removed to support recovery and preparation for restoration (planned or unplanned) and future children).

Explore what it would take to trial triangular/ mixed supports around families.

Identify strategies for ongoing identification, resourcing, and spreading of exceptional practice within government and NGOs.

Experiment with increasing client agency and caseworker performance transparency (i.e. family assessments of caseworkers, yelp feedback and rating system for statutory services, and family selection or matching of caseworker).

Co-design and conduct small scale prototyping of opportunities such as

- New models of case management teams for shared risk ownership, multidisciplinary experiences and perspectives.
- Supporting up-skilling of caseworkers who will focus on restorations so they are equipped to diagnose family needs, tailor appropriate supports for whole family units, provide clear and explicit, achievable expectations for what is in the case plans, and support families to prepare for ongoing and future risks and lead parallel planning.
- Encouraging and enhancing productive collaboration between NGOs, caseworkers, legal staff and families.
- New kinds of OOHC that enable restoration to be on the table for longer without compromising the wellbeing of children (i.e. alternative approaches to co-parenting and contact) (e.g Mockingbird)
- A peer to peer model (e.g. Family by Family for Restoration) where families receive peer-specialist support from parents who have been through the restoration experience, and Seeking Families are supported to become Sharing Families.
- Alternative models of co-parenting oriented foster care

Annex 1 – research methodology

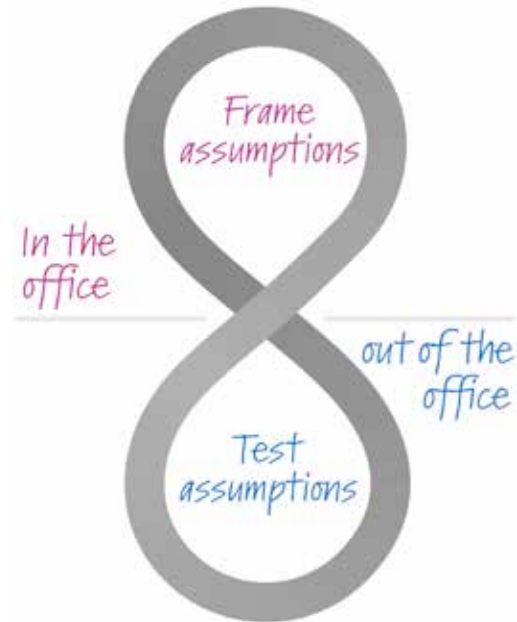
Methodology

This research process utilised a tailored research-for-innovation or co-design research approach, which draws on practices and methodologies from the social sciences, (mainly phenomenology and anthropology-inspired design ethnography) as well as design research, user research, and participatory design. This approach aims to test assumptions about problems and solutions, reduce uncertainties about current situations and potential solutions, and inspire new potential opportunities. This phased research process helps us to reduce our unknowns over time, evolving our enquiries and investigating at deeper levels as we progress from broad exploratory research to more focussed conversations. The methods utilised in this research process included:

Secondary research and a literature review to understand the critical elements of existing evidence on restoration and intergenerational cycles of engagement with child protection services.

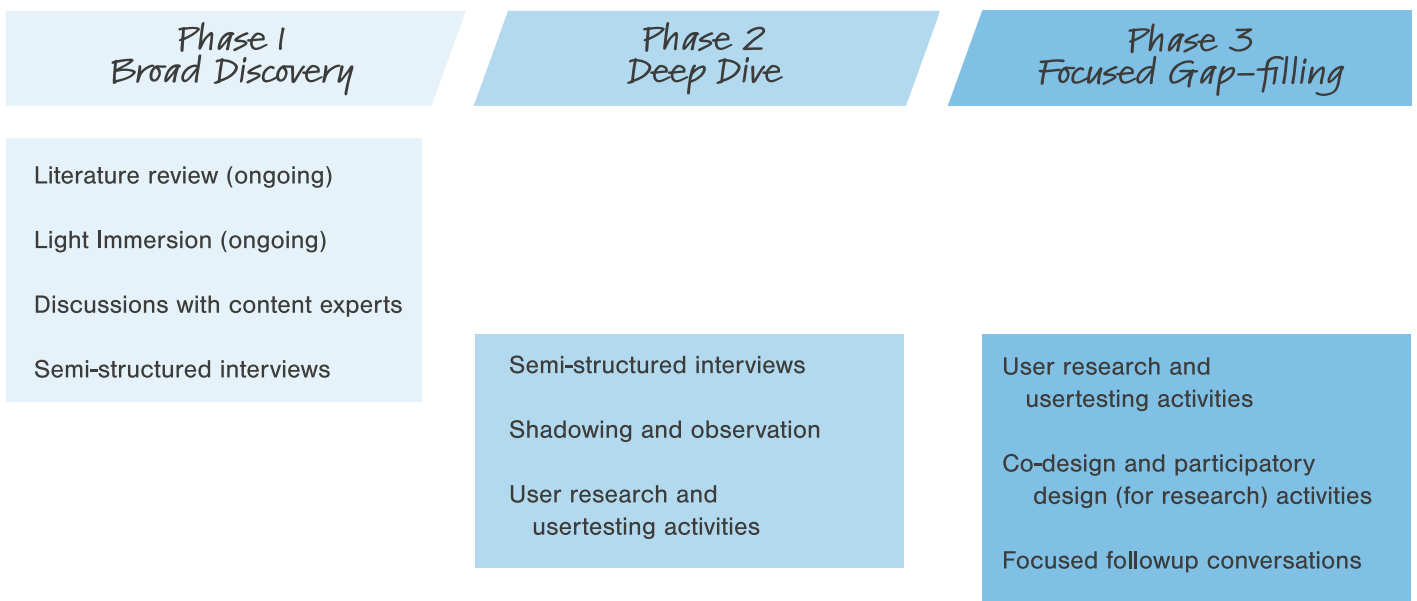
Discussions with innovation and content experts to understand core components and challenges of the system from “critical friends” and counterparts who are already familiar with our work, FACS, and this project.

In-depth, semi-structured interviews to gather open-ended and focused data first-hand from a variety of actors involved with the child protection system. We held, conversational dialogues with families, frontline staff and service providers where respondents shared stories and



personal experiences. In these conversations, also we used card sorting and journey mapping activities to capture challenges, aspirations, and understand priorities.

Shadowing + observation (rapid ethnography) through relatively short-term field visits, a tightly defined area of focus. We spent longer periods of time with select respondents to gain insight to their daily routines, unarticulated barriers, and regular behaviours/thought processes in their own environments.



Sampling and recruitment

We identified respondents through TACSI networks from TACSI and Family by Family staff. We also contacted informants and respondents from other programs with similar focus areas. We intentionally met with families who had consistent and stable support with a service provider to ensure safety and well being of a family prior to conversations and after. We ensured that individuals interviewed had the support of professionals throughout the process. Additionally, to identify respondents working in the child protection space, we utilised a snowballing technique to identify additional respondents with specific characteristics or experiences helped us fill gaps in our understanding and test assumptions.

We began with a broad approach, speaking to a wide variety of individuals and then held several follow up interviews with select respondents to probe deeper on specific areas of enquiry. In total, we spoke to 60 people:

- (15) Families and parents
- (13) FACS higher level decision makers and executive directors
- (12) NGO staff and directors across 8 NGOS (service providers, residential cares)
- (11) FACS Staff, CWs, Specialists and Managers (across 3 CSCs)
- (4) Solicitors
- (5) Carers and residential care workers

Ethics

Each of the people we spoke to, who are referenced in this report, consented to participate in this research. All of the names of the people we have spoken to have been anonymised for this report. We ensured that the people we engaged with fully understood how our conversations, their stories, and any photographs taken would be used for this project.

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Get in touch

+61 8 7325 4994

info@tacsi.org.au

Level 1, 279 Flinders Street
Adelaide SA 5000
Australia

[**tacsi.org.au**](http://tacsi.org.au)