



# THE EXPERIENCES OF PARENTS AND FAMILIES OF CHILDREN AND YOUNG PEOPLE IN CARE



A social research project undertaken by Anglicare WA, on behalf of Family Inclusion Network WA and funded by a Lotterywest Social Research Grant

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CENTRE FOR VULNERABLE CHILDREN





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Every one of you contributed in your own very important way to a research journey that was as difficult for participants as it is important to them and for children, families and the Western Australian community.



## EXECUTIVE SUMMARY

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In 2005, Anglicare WA applied for, and in 2006 won, Lotterywest WA Social Research Grant Program funding for this research project titled 'The Experiences of Parents and Families of Children and Young People in Care'. The aim of the research was to gain an understanding of the experiences of families who had been subject to investigation by statutory authorities in respect of their ability to care for their children. A particular focus of the research was the experience of parents whose children had been taken into the care of the child welfare department in Western Australia or elsewhere. The Centre for Vulnerable Children and Families in the Discipline of Social Work & Social Policy at The University of Western Australia was commissioned by Anglicare WA in December 2006 to undertake the research.

The research was necessarily qualitative in nature as it was aimed at obtaining an in-depth view of the experiences of parents — a view that remains notably absent in the research literature in relation to the care and protection of children. A Reference Group consisting of representatives from Anglicare WA, the Ministerial Advisory Council on Child Protection (MACCP), Family Inclusion Network WA Inc (FIN WA Inc), King Edward Memorial Hospital (KEMH), and The University of Western Australia (UWA) was established in November 2006 and members of this group guided, assisted and monitored the research process.

The first stage of the research commenced in May 2007, following the confirmation of ethics approval by the Human Research Ethics Committee (HREC) at The University of Western Australia. The process of obtaining ethics approval was protracted due to the highly sensitive nature of the research with what is a very vulnerable population.

In the first instance, a thorough analysis of the literature was undertaken (Appendix 1). This demonstrated unequivocally that whilst there is limited international, and indeed, national research focused on parents and families of children taken into the care of statutory authorities, some consistent themes are already emerging. The most consistent of these is the grief, loss and despair amongst parents and families whose children have been taken into what is generally now called the 'care system' (Family Inclusion Network 2007).

As a second step, a secondary analysis of documentation associated with support meetings that had been held with families over the previous eighteen months was undertaken. All these families had experienced the loss of at least one child due to statutory intervention. Again, the grief, loss and isolation experienced by these parents was the issue that dominated in this analysis, but second to this was the sense of powerlessness amongst families who expressed their sense of hopelessness and helplessness about involvement with statutory authorities to work together in the interests of their children.

The third stage constituted the 'research proper' and took the form of interviews and focus groups, all of which were conducted by one of four experienced professionals. These were completed by February 2008 and transcribed and analysed.

A total of forty-one people participated in interviews or focus groups or both. One parent felt unable to tell her story and instead wrote a summary of her responses to the prompts that were used by interviewers. Her story and comments were included in the analysis, which meant that the sample consisted of forty-two people. All participants were offered another interview, referral for support if they so wished and an opportunity to discuss the findings and copies of the report on its completion.

## EXECUTIVE SUMMARY

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Members of the research team each undertook an independent analysis of the themes that they considered to be emerging from their interviews. These multiple and often overlapping themes were presented and discussed at a formal research meeting and then, through an iterative process, were condensed into the following:

- Processes — engagement, assessment and removal
- Relationships — power, distrust and deceit
- Resources — 'hoops', barriers and brick walls
- Parenting — inter-generational mothering and fathering
- The child — who determines 'best interests'
- Suggestions for improvement — respectful relationships.

The report summarises the research process and findings. Pseudonyms have been used throughout in accordance with Human Research Ethics Committee requirements for anonymity. Where people might be identifiable despite the name changes, some minor alterations are made to demographic descriptors to ensure privacy and anonymity for all participants.

## 1. INTRODUCTION

The idea for this research began in Western Australia in 2004 in the minds of an Anglicare WA community development worker and parent volunteers who were working with families and parents at a neighbourhood centre, Daisy House, run by Anglicare WA. They were working with a self-help model of support for parents, grandparents and families whose children or grandchildren had been taken into the care of a state welfare department in Australia or overseas. The fledgling organisation that was formed to oversee this work was then called Parents of Children in Care (POCIC). Its structure was formalised following a meeting of concerned people and organisations that was initiated by, and held at the Health Consumers Council of Western Australia in 2004. The new organisation included parents, grandparents and family members who had been subject to statutory procedures to remove their children, various professional practitioners, advocates and academics. A primary purpose of this group now incorporated and called Family Inclusion Network WA Inc (FIN WA Inc.) was, and is to enhance working relationships between statutory authorities and parents and families in order to improve outcomes for vulnerable children.

Prior discussions regarding the issues facing parents of children in care and the need for research into this involved a large number of individuals and representatives from several organisations. These organisations include Gosnells Community Legal Centre, Human Rights WA, Community and Youth Training Services, Law Access, Law Society, Mental Health Law Centre, Discipline of Social Work & Social Policy (The University of Western Australia), Midland Community Legal Service, Women's Law Centre, People with Disabilities, Health Consumers Council, Disability Services Commission, Mission Australia Girrawheen, Northern Suburbs Community Legal Centre, Mercy Family Centre Koondoola, Karnany Aboriginal Centre Midland, Anglicare, Department for Community Development and numerous parents and several independent advocates.

The grant from Lotterywest was awarded in late 2006, although ethics approval was not obtained until May 2007 and so the formal research commenced in June 2007. The researchers who undertook the data collection are four experienced social work practitioners, all of whom are seasoned interviewers. All are familiar with the techniques of in-depth interviewing and with the professional arena of child welfare services. All interviewers spent time in assisting with the preparation of the interview schedule and discussing the ways that the sensitivity of the interview material could be best managed.

## 2. REFERENCE GROUP

A Reference Group consisting of John Berger (Anglicare WA), Susan Diamond (Ministerial Advisory Council on Child Protection), Erica McKinnon (Family Inclusion Network WA Inc.), Celine Harrison (King Edward Memorial Hospital), and Maria Harries (Centre for Vulnerable Children and Families UWA) was established and held its first meeting in November 2006. Erica McKinnon was nominated as the Chair of the Reference Group which met regularly during the following year. The Group was of particular assistance in providing ideas and responses to questions about the research process and in helping the research team to think through possible ways of accessing as wide as possible a sample of families who might be prepared to be contacted and interviewed. The group met in the Department of Social Work at King Edward Memorial Hospital — which helped to ground the research in a place where ideals and the reality of human lives and frailty meet and sometimes collide.

### 3. RESEARCH PROCESS

Two early meetings were held between the research team and some Reference Group members to update and 'authorise' the ongoing processes of research, which included discussion about how to obtain a sample of possible interviewees from a number of contact groups. One of the interviewers met with members of FIN WA Inc. to familiarise herself and other researchers with the research arena. She also attended one FIN WA Inc. Support Group.

At early research group meetings, the draft interview schedule was discussed and amended and:

- sensitivities and strategies for interviewing were addressed
- the prompt questions for the interview schedule were finalised
- all interviewers were provided with digital recorders
- in-depth interviewing techniques were reviewed
- final formulation of the interview schedule was completed
- piloting of the interviews was finalised.

Ethics approval was granted on 4 May 2007. Copies of the research plan, information and consent forms and ethics approval were sent to the Chair of the Research Reference Group. The research commenced on 18 June 2007.

The researchers met intermittently as a team but maintained contact via telephone and email throughout the research period, as it was expected — and proved to be the case — that the research would be disturbing and challenging to both interviewees and interviewers.

#### 3.1. LITERATURE REVIEW

The review of the literature is attached as Appendix 1. It identifies six key themes which emerged from the international research to date and concludes by stating:

There is a significant need to obtain a better understanding of the experiences of parents and families of children and young people who have been placed in the out-of-home care system, as this is a group who are little understood and who have rarely been asked to provide their views on their experiences of what happened to them. (Appendix).

Whilst it is noted in this Literature Review that there is only a limited amount of international and indeed national research focused on parents and families of children taken into the care of statutory authorities, six clear themes are emerging:

- absence of attention to the voices and experiences of parents
- absence of attention to emotional reactions of parents
- problem-focused orientation and dominance of negative discourse
- focus on and negative constructs of mothers
- importance of family and the continuation of contact between parent and child
- problematic relationships between parents and child protection workers.

The most frequently quoted theme is that of the grief, loss and despair amongst parents and families whose children have been taken into statutory care.



### 3.2. SECONDARY ANALYSIS

One of the researchers undertook an analysis of the summary of meetings of the Parents of Children in Care group that had been meeting for the previous eighteen months. Permission had been gained for this data to be accessed. All identifying details had been removed from this material before it was handed to researchers. The data was limited and consisted of pages of minutes and a series of summarising comments from participants about their experiences and challenges concerning losing their children, trying to have access to and support their children and managing processes to regain care of these children. It is no surprise that the issues that were identified by the participants were generally negative about their experiences of statutory authorities, as the group consisted of parents who were trying to support each other to regain care of their children and who inevitably focused on the problems they were experiencing.

This negativity was a matter of some concern to the researchers because from the outset, the aim of this research was not to be critical of policy and practice but rather to gain an understanding of the lived experiences of parents and grandparents and to share insights about processes that were working well and not so well, so as to generate opportunities for system changes where necessary. Whilst it is noted that a number of comments in the documents that were reviewed are also very respectful of and sympathetic to the challenges facing statutory workers, there is no doubt that the overwhelming voice is one that talks to the four evocative feelings of:

**Vulnerability**  
**Alienation**  
**Anger and,**  
**Despair.**

Although people refer sympathetically to the problem of pressure on workers and the fact that there are some "great" workers, the language in the documentation is one of 'us and them', of parents and families fighting child welfare authorities where they see hidden layers of anonymous and powerful decision-makers who take control of families and children.

The following issues are listed as the ones that were independently collated from these data:

Multiple problems engaging with the child welfare system:

- a. Ever-changing and very young staff
- b. Faceless decision makers
- c. Bureaucratic confusion
- d. Lack of courtesy such as returning phone calls
- e. Misinformation or lack of information
- f. Disrespect and dishonesty
- g. Frequency of changes to and breakdown of arrangements for contact visits
- h. Intimidating case conferences and case reviews.



- The rhetoric of the term — ‘In the best interests of the child’ — and the question; How is it applied and who decides what best interests means?
- Keeping hold of the love of a child with whom one has limited and often fraught contact
- Despair, isolation and ongoing trauma of parents and families
- The relentlessness of hurdles that have to be ‘jumped’ when arranging reunification and the ever increasing list of ‘things to do’ before reunification is possible
- Surveillance rather than support — “always watched and never helped”
- Powerlessness
- The absence of legal aid or any legal representation or support
- Differential financial support — watching as foster parents get help to provide care for a child whilst the parents receive no help to do so
- Lack of communication and links between all government and non-government agencies.

This process of analysing the minutes and reports of the work that preceded the research helped the research team to construct an interview schedule that would be respectful of the self-help work done to date and anticipate some of the emotional reactions to the content of the interviews. It also contributed to a decision to focus some of the research interviews on identifying positive experiences in the participants’ relationships with statutory authorities and in particular, to ask about what might have helped to achieve better outcomes for the children and families.

### 3.3. INTERVIEW METHOD

The original plan was to conduct in-depth interviews in two sessions of approximately one-and-a-half hours each. The research group discussed the possible use of a parent facilitator — someone with an identified history as a parent who had shared a similar experience of loss to be present in the interview to support the interviewee (D’Arcy Pope 2007). It was decided that whilst this mechanism had a demonstrable value in other research of a similar kind, and might be helpful to some, it would be unlikely that any one person could fulfil this role and it would be impossible to find a number of people to do this work in the time available. All participants were advised that they could bring their own support person to the interview.



Two optional interviewing strategies were discussed and it was agreed that either would be used depending on the wishes of the interviewee. The preference was for a totally unstructured interviewing strategy, that is, an oral story approach (Minichiello 1995). Such an approach uses some prompts, and, as the interview progresses, questions may be asked depending on the content of material that emerges from the story. The introductory question as paraphrased on the information sheet that was distributed to all participants was:

We are interested in your experiences (good or not so good) with child welfare services in relation to the removal or the threat of removal of your children — whether or not they are now 'in care' with someone else. These experiences may have occurred in WA or elsewhere.

It was clear that for some interviewees, such an unstructured oral history approach might prove difficult and so it was agreed that if people were not able to respond to an open invitation to talk about their experiences, they would be invited to respond to a series of prompts. This semi-structured interviewing strategy traditionally uses prompts beginning with something like, "Can you tell me about..." In this research, what determined the use of either of these techniques was the ease or otherwise that interviewees expressed in entering a conversational style of interview. In other words, if a totally open narrative seemed to be difficult, the interviews were structured around the following prompts:

- Initial engagement with statutory authorities
- Nature of relationship with agencies/workers
- Types of help offered
- Impact of help
- Nature of the ongoing contact
- What worked and what did not work
- Best and worst experiences
- Ideas about what might have helped to get a different outcome. (Appendix 4)

In addition to these data, the research group identified key demographic factors they wanted to obtain from the interviews. Specific questions for clarification at the end of the interview (if they did not emerge during the course of open dialogue) were:

- Time — an estimate of the number of months / year/s of involvement with child welfare services
- Time that has elapsed since children were placed in the care of the State (if this happened)
- Whether children are in the care of the Director General in any State or Territory
- Whether wardship was voluntary or contested
- Parental problems such as history of abuse, mental health, disability
- Number of children in the family (and whether removed or not)
- Children now in care or not (when etc).



Unfortunately, some of these demographic data were impossible to collect, either: because participants could not recall details such as time periods during which their children were in or out of care; because obtaining these data in focus groups was too sensitive; or because of the complexity of family constellations. As well as this, sometimes the researchers found the information too difficult to obtain as it appeared to detract from the flow of the interview. Some participants were with partners who were not the parents of some or all of their children and some did not know where their children were. Of the latter, two participants had moved to Western Australia to start a new family and had opted to have no contact with their children so that they could “cope with the grief” and start again.

Many participants could not give details of the periods of time that children had been in care, because of what they called the chaos of their lives in relation to both their own problems and their ignorance of the care system. As well as this, there was general confusion amongst many participants about details of legislation, the law and what legislative action had been taken, in which jurisdiction and for what reason.

In summary, it became clear during the course of the research that in order to record the amount of demographic detail originally planned, more time would need to be spent in interviewing participants and this might need to include assisting them to go through their own records and paper work.

### 3.4. SAMPLING

A number of parents associated with FIN WA Inc. made early offers to members of the Reference Group to have their names put forward for interview because FIN WA Inc. had initiated the idea for the research, was represented on the Reference Group and had foreshadowed to service providers that this research was commencing. The coordinator of FIN WA Inc. had disseminated Information Sheets (Appendix 2) and described the research in a number of forums. Staff in various agencies voluntarily offered to assist with locating interviewees. If people offered, or agreed to be interviewed, they were given the name and contact details of the primary researcher who was the only person who held the list and details of participants. People referring participants had no idea whether or not the people who had offered to be interviewed made contact with the researcher as, for ethical reasons, they could not be given such feedback.

It is perhaps unsurprising that recruitment proved more difficult than had originally been anticipated. This cohort of parents and caregivers is not highly visible, highly accessible or highly organised. It was reported to the Reference Group that whilst some parents initially offered to be interviewed, a number changed their minds when faced with the emotional implications of telling their story and/or the practical difficulties in making arrangements for another interview in already stressed lives. As a consequence of this, a number of interview arrangements were initiated and never commenced.

As far as the researchers know, the only formally constituted support group that operates in Western Australia to enable parents and families to meet and discuss issues associated with the removal of a child or children is FIN WA. It has no funding and is run almost entirely by volunteers — themselves mostly distressed parents who are attempting to obtain better access to or reunification with their children. Apart from accessing parents via this group and because of the need to obtain as broad and diverse a sample as possible, the research team was heavily reliant on professionals and advocates who heard about the research and offered to assist with recruitment. Issues of confidentiality and ethical practice were high on the agenda of these colleagues who also had to take time out of busy work lives in order to promote the research ethically and thoughtfully.

It was expected that a mixture of sampling methods would be used but that snowball sampling (Patton 2002) would be particularly important. Ultimately, most participants were recruited via this latter method. As noted in the research proposal, it was considered vitally important to get as wide a cross-section of interviewees as possible and so interviewers were asked to check whether interviewees knew other people who might like to be interviewed — ‘particularly if they might have a different story to tell or if they have different views about their experiences’. The matter of maximising the opportunities to receive a range of views was paramount in the thinking of the Reference Group, particularly as the researchers could otherwise be accused of biasing the sample by only including participants who had already expressed their disaffection by joining a support group that was itself represented on the Research Reference Group.

Thirty-eight people initially volunteered to be interviewed but of these, only twenty-nine interviews resulted. A number of people made contact and then did not follow through or said they were unable to cope with an interview. One person who had offered to organise a focus group of parents in a remote area withdrew when she was suddenly promoted to another position. Another group that had offered to be interviewed in a rural area could not be interviewed due to time and travel constraints. One young mother rang to apologise with the following statement that captured the essence of some of the thematic analyses that were undertaken later:

I am so sorry but I should have known not to promise you. Stuff changes all the time and I got no idea what goes next. I had to move my place and now I have to catch a train and a bus for access and the counsellor has changed his times with me and I have to find work and there is no time for meeting you and as well as all this happening — I am just so down that I just can't find the energy — it's taking all I got to just survive (Monica).

Some people opted to be interviewed in focus groups rather than individually and a few participated in focus groups as well as individual interviews. Most participants were from metropolitan Perth (M) although almost a quarter lived in rural areas (R). None lived in remote regions of Western Australia at the time. Despite attempts to obtain a culturally diverse population, only four participants were Indigenous and only two identified themselves as having an ethnic background other than Australian. Of the forty-two participants, five were male and two of these participated in focus groups alongside their female partners. For four of the participants, statutory action had taken place in relation to at least one of their children in another state or country. Three people interviewed were grandparents who had grandchildren removed from their care. Most of the participants still had at least one child in care and several had managed to regain care of all their children — most after very protracted processes. Three of these were taking some form of advocacy role with parents who were attempting to regain care of children. Over half of the participants had themselves been placed in care as children. The age of the participants was not recorded.

The chart on the following page details, with pseudonyms, the demographics of the sample (where the relevant information was obtained).

Figure 1: Participant Profile

Name	Marital Status	Place	Sex	Current status of statutory intervention with children (approximate details)	Total No. of children	Time in Care
(approx)						
Angela	Single	M	F	Child back in care of mother	One	6 mo
Joy	Married	R	F	Two children in foster care; two at home	Five	2 yrs
Peter	Married	M	M	One child at home and one in foster care	Two	10 yrs
Jack	Sep	M	M	All three children with mgm	Three	5 yrs
Carmel	NK	R	F	Three children in kinship care	?	?
Jenny	Sep	M	F	One child in care one with mo	Two	?
Gay	NK	M	F	Four children in foster care	?	?
Toni	M	R	F	One child with her fa; two in care	Three	?
Nicky	Single	R	F	Four children in various forms of care: two adult	Six	? 8 yrs
Trish	Married	R	F	Three children in care	Three	?
Melanie	Married	R	F	One child now with mo	?	5 weeks
Tracey	Sep	R	F	Two children in care	Three	?
George	Sep	M	F	One child in care; one child with fa	Two	12 yrs
Ann	NK	R	F	Five children in kinship care	?	2-5 yrs
Peta	Single	M	F	One child in foster care; one with mgm	?	?
Alana	Married	R	F	Two children with mgm	Two	3 yrs
Fiona	Married	R	F	Two with mo; one; with fa, and one with mgm	Four	?
Ian	Married	M	M	Three children with ex wife; one child with fa		?
Rose	Married	R	F	Two children with mgm	Three	12 wks
Petra	Sep	M	F	Three children back with mo	Three	2 wks
Neta	NK	M	F	Two children with their father	Two	5 mo
Amanda	NK	M	F	Six children with various family	Six	10 yrs
Theresa	Married	M	F	Four children; one with mo	Four	?
Cecilia	Single	M	F	One child in foster care	?	?
Tory	Sep	M	F	One child with mo	?	?
Marika	Sep	M	F	One child with mgm	?	?
Mary	Sep	M	F	Three children in various kinship care	?	?
Jeff	NK	M	M	One child returned; one with ex wife	Two	?
Jo	NK	M	F	One child in foster care in WA	Three	2 yrs
Kasey	Single	M	F	Two children: both in foster care	?	6 yrs
Gaye	Single	M	F	Three children in care; four with family	Seven	10 yrs
Dot	Sep	M	F	One child in care; one with mgm	Two	3 yrs
Daisy	Married	M	F	Three children in care	Three	5 yrs
Merryl	Married	M	F	Four children; two ex care; two at home	Four	4 yrs
Tate	Sep	M	F	Four children; two at home; two with fa	Four	3 yrs
Bessie	Sep	M	F	Two children in foster/kinship care	?	?
Miriam	Sep	M	F	One child at home; two with pgm	?	?
Jessica	Single	M	F	One child returned to mo care	?	3 yrs
Ashley	NK	M	M	One child in his care; one in foster care	?	12 yrs
Joy	Married	M	F	Two children in foster care with family	2	4 yrs
Carole	NK	M	F	One child back with mother; two with mgm	?	3 yrs

<sup>3</sup> Not all participants provided information about their own care experience.

<sup>2</sup> Married includes de facto relationships.



### 3.5. FOCUS GROUPS

It was originally agreed that two focus groups would be conducted using a modified Delphi technique, in which people who had not previously been interviewed would be brought together or consulted to discuss the themes that were emerging. It was agreed that these focus groups would provide the opportunity for further triangulation and would enable parents who did not want to be interviewed separately, to contribute issues from their own experiences. It proved difficult to organise these focus groups for a myriad of reasons. Eventually, three groups were conducted. The first consisted of eight parents, five of whom had been interviewed separately. The second focus group was with only two parents who had not had individual interviews. The final focus group was conducted in a rural area and consisted of eight people, one of whom had been interviewed previously.

All focus group participants were provided with Information Sheets (Appendix 3) and Consent Forms (Appendix 4) and the discussion was started with the same prompts used in individual interviews. The group discussions were recorded manually and publicly and the comments were summarised.

### 3.6. ETHICS

The sensitivity of this research was always evident and the risk of being able to identify participants, agencies and workers had to be managed carefully. The following procedures were adopted to guarantee anonymity and confidentiality:

- Names and contact details of potential interviewees were only given to the Chief Investigator (CI) and only with the written approval of that person
- Formal permission was required from potential interviewees that they could be contacted and, as an alternative, they were advised they could contact the CI directly and were given the telephone contact number for this
- Interviewees were advised that they were welcome to bring a friend or support person with them if they wished to do so
- The CI maintained the sole list of interviewees and details were kept in a de-identified way (names coded)
- The CI allocated people to interviewers who arranged an interview and gave Information Sheets and Consent Form (for signature) before commencing the interview
- Interview locations were negotiated between interviewer and interviewee and full consideration was given to matters of safety and confidentiality
- All interviews were recorded (with the permission of interviewees) and transcribed and the transcribed documents were de-identified
- All data were kept in accordance with Human Research Ethics requirements at the University of Western Australia
- Interviewers advised CI via email (with coded names) when each interview was completed
- The CI was available to discuss the interview process — a particularly important matter, as it was anticipated that some of these interviews would be emotional and/or difficult.

In summary, a strict ethical protocol that advised participants of their rights and ensured confidentiality and safety was followed. All participants were advised that they could withdraw or decline to comment, should they wish to do so.

## 4. ANALYSIS

As a prelude to the data analysis, the interviewers shared their overall views and impressions about the data gathering process. There is no doubt that for all interviewers, the research interviews were challenging and often confronting as they listened to very emotional and distressed parents and families. The following comment by one researcher captures one common view about an unintended consequence of the research and provides a powerful context for the analysis:

*“I was just someone who listened — and for many of them it seemed like the first time someone truly did that. I found that at times I simply could not get out of the home. It seemed like they just needed to talk and to have someone to listen. For some it seemed like the first time they had the chance to tell their story in full to someone who would listen and was interested in them. On the other hand, I had the sense that no amount of telling their story was going to help them understand it because most of the parents seemed to be trying to make sense of it themselves.”*

A second observation shared by the researchers was about the complexity of family stories of loss and despair. This is captured in the following words of one researcher:

*“It was largely overwhelming to get my head around the complexity of the stories. How could someone’s life be so complex and caught up with [the Department] and continue to get worse and worse over three generations. I keep thinking that if I keep talking about it I might be able to understand how crazy it is.”*

Before all interviews had been completed, some preliminary analysis of emerging themes occurred to determine whether or not more interviews needed to be conducted and whether there were any ideas that should be followed up with participants. It was agreed at the outset that each researcher would independently collate themes they thought were emerging from their own interviews and/or focus groups and that these ideas would be shared, collated and discussed at the end of the data gathering process. The transcribed interviews were analysed manually and then reviewed using NVivo software. An initial scan by each researcher identified sixty-two separate issues. These multiple and often overlapping early issues which came to light were presented and discussed at a formal research meeting and then, through an iterative process, were condensed into the following core themes:

1. Processes — engagement, assessment, information, removal and legal action
2. Relationships — powerlessness, distrust and deceit
3. Resources — ‘hoops’, barriers and brick walls
4. Bad parents — inter-generational mothering and fathering
5. The child — when things go wrong who determines ‘best interests’
6. Suggestions for improvement — respectful relationships.



## 4.1. PROCESSES — ENGAGEMENT, ASSESSMENT, INFORMATION, REMOVAL AND LEGAL ACTION

### i. Engagement, assessment, information and removal

All participants except for two, talked about the problems they had experienced prior to the removal of their child or children. Only two parents claimed that the removal of their child or children had been solely a result of malicious intervention by others (false reporting). The majority of problems that participants described were associated with their mental ill health, domestic violence, poverty and/or homelessness, misuse of drugs (including alcohol) and behavioural difficulties with children. Nearly all of the parents and families expressed confusion and shock about the initial contact and engagement with the department involved in their situation. It is not surprising that departments concerned with the safety of vulnerable children can't warn parents or guardians when there is a sudden and urgent need to assess and safeguard a child, but what is interesting is that all parents, grandparents and families were shocked or surprised by the action even if they themselves had requested help:

*I was in a bad way and I really needed someone to help with money and food and somewhere to go and, like, I had been in care and I thought they might help me out and I went to see this lady who once helped me out and she wasn't there no more but then it all went turkey and instead they just took the kids. I tell people now, "you never go near that department, don't listen to those ads, they don't help they just take your kids" (Interview 21).*

*...to have them come in and say "you are not a fit parent, we're apprehending your children" was just...and not understanding either why because of course that day it wasn't discussed it wasn't and they have given me a stack of papers but I can't read them. All I'm doing is crying and begging them not to take my baby and I'm just trying to hold on to her and the whole day was spent with them saying I can say goodbye (Interview 5).*



The themes about confusion and shock at the initial contact, which was often associated with the decision to remove a child or children, were consistent. A large number of participants talked about having had ongoing contact with the Department, but for all of them the final removal of the child or children was sudden and shocking. An Indigenous grandmother, who had been caring for her grand daughter because her daughter had a mental health problem said:

*...there's all these policemen out there and two welfare workers and they just came in — no explanation "we're here to get..." and I just burst into tears and I'm trying to explain what she was saying and they're just totally ignoring me, totally ignoring me and anyway they told me to pack her bags (Interview 13).*

The father of a seven-year-old daughter, whose care he had assumed when her mother died, explained what happened when he got back from a work trip:

*I just happened to get some documents from the welfare department. I don't know what they were called at that time because you know they've changed their name a few times. They just said something about I had to go to court and [child] was in their custody and I said "no, she's with my sister". I was just in shock (Interview 6).*

Most of the participants had no understanding about how an assessment of the family situation had been made prior to the removal of the child or children. One woman said:

*Actually we had no involvement for [the Department], we had no warning until two female welfare workers as they were called at the time, pulled in our driveway and more or less walked in and told us to pack some bags for the kids and took them away. Prior to that there was no warning. There was no hint to me that welfare were involved. But as I said, prior to that we had no warning. We had no warning that people were sort of dabbling on us. But apparently it got back to welfare whatever the concerns were and as I said, one day, just pulled in the driveway and told to take some bags, get some bags with some clothes, and away they were whisked. As you can understand that was a most traumatic, 'cos we didn't know. We'd never been through that before, involved with welfare. We were just lost. 'Cos I don't sort of, they don't do it, what's the word — delicately. You know, very hard. It was very hard (Interview 2).*

One of the grandmothers who was interviewed said that she had asked for help with money and transport and could not understand how it was concluded that she could not get help and was not fit to care for her seven-year-old grandchild:

*I haven't been told anything much apart from the fact that I'm too old. That's what the psychologist said so whether they think that. I mean I'm active. I'm fit and healthy. So I can't see any problems why I can't have him and he's quite happy here. We've got a school up the road he can go to (Interview 9).*

Another participant said:

*So they took him from here about 18th November so it's about 4 years now. And they put him, what I thought, was probably just going to be a break for me. They didn't really say a lot, but I thought oh well it will be a break for me — they put him somewhere at [name of service] for about 3 weeks but then, according to what I was told a long time after, there was all sorts of problems with him there. He was throwing 20–30 tantrums a day and screaming and not sleeping at night. I'd never had any problems like that with him at all. He was quite happy here. So I really think that putting him there where he did, the trauma of kind of taking him away from me was what upset him (Interview 3).*

All participants talked about their lack of information and their confusion about:

- What was happening
- Why the events were happening
- How to access information about what they could do about it

Two examples of this are mentioned in this way:

*No doubt I had problems and my life was a mess what with the violence and the drugs and the .....I was losing it right on. But I needed help. Blind Fred would have known that I needed help. I love them kids and always will and they need me — to be on top of life not a victim...and the social workers they made it worse for all of us. I got no help and worse, I lost everything and my kids they lost their whole family (Focus Group 3).*

*I was at a friend's place and they (the Department) just rocked up and took him off me, and I didn't have any idea that I was going to lose him, nobody had told me, and then they shoved me in Graylands for 4 weeks, and I didn't see my son for 4 weeks and so I don't think they handled that situation very well at all. The Department just knocked on my friend's door and asked if I was there, and they just charged in and they said "right, we're taking your son off you, we've decided to take your son off you and we're going to put you in Graylands", because they thought that I would not cope (Focus Group 2).*



Few participants denied that they had personal and family problems and it was interesting that every participant mentioned the importance of having a department that protected children from dangerous parents and families. However, all participants indicated that the intervention to protect their children could have been averted if they had received help. Some examples are as follows:

*You see, they've never identified the issues anyway, never, it's still confusing for us as to why they removed him (my son), we can't actually find the main reason, they haven't come in and said to us, "these are the main issues as to why we took him", they've never done that, if they had of come in and said "we have concerns that your parenting skills may not be up to...how about we do a parenting program", or "are things a bit stressful at home? What can we do to help you out?" (Focus Group 3).*

*If they had of come in and said "these are what the concerns are, this is what we'd like to see happen, how are you prepared to work with us, we're going to monitor it for a while", it would be a lot better than just saying "nup we're going to take him" and that's it (Interview 17).*

*They didn't come and say "look this is what we need, this is what we want, if you don't do it, we'll take him", they just took him (Interview 9).*

## ii. The legal process

For all of the participants, the challenges in confronting the legal or statutory system were a preoccupation. Not one participant said they understood their rights at the time of the statutory intervention, where to get advice about legal representation or what legislation or rules applied. Participants described the legal and court systems they confronted as overwhelming, frightening, confusing and alienating. The powerlessness expressed by many participants related in some part to the whole legal process, not simply court proceedings in which they found themselves:

*But my main thing was with Legal Aid, again, it's very hard. You don't know what to do. Your children have been removed. There's no support from welfare. No one sort of seems to care. I mean my mother-in-law she was freaking out because she couldn't understand it because she was as frustrated as I was, what had happened. I mean she went to meetings just to walk out screaming at meetings because she just couldn't get anywhere. But prior to the 18 months wardship being given, we had Legal Aid involved, supporting us. And when it came to just before the court hearing, I got a letter from Legal Aid saying that they didn't think we'd win the case and they pulled out and left me in the lurch. That was there actual, I've probably got the letter filed away somewhere (Interview 2).*

*You know you're just told to stand there and be quiet sort of thing which you know, again very...I'll use the word overwhelming for a normal person like myself and [partner]. You know we've never been in a court case before or a court system ever. And all these big nobs in there. You feel just overwhelmed. So as I said the 18 months Wardship was granted (Interview 11).*



Many talked about their hopelessness at facing a set of systems that were themselves overwhelming, and that their lack of financial support meant that they could not access legal help, leaving them feeling that people were being manipulative and deceitful.

*Well they kept wanting to pay for me to have psychological assessments, to back up their theory, I mean, somehow that was supposed to support me, but you know, it wasn't addressing the real issue, and I mean I couldn't afford a lawyer, maybe if I had a lawyer I would have won in court, but the decision to take the children was made ex-parte, I didn't even attend, I knew it was hopeless, I mean they had written so many lies about me, it was a whole construction of who I was as a person, and I mean I, it just made me angry reading it, I just thought how dare they, you know (Focus Group 1).*

The legal process itself was a major issue of concern to all participants who had been to court during the course of engagement with the statutory authorities. They talked about the confusion, the delays and the fear as they grappled with court processes — many of them having no supports or advocates. Even a participant who had legal and family support explained how hard it had been in this way:

*There were a number of Court dates that were adjourned because I was in hospital, and they didn't think I would be able to cope with the stress of going to court, like it was just done in a lawyers chambers, and there was my lawyer, the Department's lawyer, and you know the official person, and the Judge, and they said ok we'll defer the date, and this went on and on and on and on, and eventually they stamped '18 years', my brother and I went, and my lawyer said there's not much we can do, because I missed so many court dates my lawyer said I didn't really have much of a leg to stand on, so they just put '18 years' .....It was just a really scary period, because I just didn't know what was going on, and then um, I had to go to court, and I just couldn't handle that side of it, because it would stress me out and I'd just end up in hospital and everything else, that was because nothing was ever explained to me, nobody ever sat down with me (Interview 8).*

*...there is two ladies there from [the Department] with apprehension orders already signed — like just handed us these papers...and I just remember being so confused...and to this day I don't understand how they could go into court, put in an application and I am not called to court to be able to defend myself before they sign documents. I think it's appalling. It leaves you not understanding anything and it also gives you — at that stage you're totally confused everything is so overwhelming that the next...the rest of the process and the next steps you have to take and especially in relation to the court stuff and the paper work and stuff it just...you've got no hope of getting any clarity on anything! That added to the fact that there is very little information...and how dangerous it is to people's lives! I...today I stand here and I'm amazed that I am still alive... I am amazed that I'm still alive! (Interview 5).*

Delays in, and lack of information about, court hearings were mentioned by a large number of participants as a cause of despair. These issues, combined with the perception of the court as a place where the Department had the real power, was expressed by one father in this way:

*You know I know now that it's not the court that does it — they just do what [the Department] says — and [the Department] lie just to make sure they convince the court people. So, how can a court say “no” to them? And when you go in and you see the Legal Aid person and the lawyers from [the Department] in the corner all palsy and laughing together like they don't even think it matters that you see them like that ...and you just know you don't have a chance (Focus Group 1).*

## 4.2. RELATIONSHIPS — POWERLESSNESS, DISTRUST AND DECEIT

Dominant issues in all interviews were powerlessness, mistrust and deceit.

### i. Powerlessness

Powerlessness was mentioned by every participant. Sometimes, the observation of this was stated in a very 'matter of fact' way:

*The police officer said you just need to work with them (the Department), they've got a lot of power and it would only be three weeks, and so I did (Interview 3).*

*Our local Member of Parliament. I forget his name now. We saw him and we pleaded our case with him and his attitude is you'll never win with welfare. He couldn't do anything (Interview 2).*

However, often the three issues of powerlessness, distrust and deceit were discussed as interrelated and overwhelming — packed with emotion. One participant named it this way:

*It was totally insulting. It was punitive and it was like, it just added to that first experience. You know it added another layer of shame and guilt and that feeling, that sense of, mmmmm. A sense of that you've (long pause) well of what I grew up with really. A sense of nothing. That you're nothing. That you've got nothing. That nothing's yours. That you just don't belong. That people just control you from that side. That there's no place that you like...Powerlessness? .... And nobody would believe you. And I cannot understand them why they didn't help. They just treat you like shit, like you are no one and not even worth being honest with (Interview 4).*

Another participant said:

*I didn't realise the Department had so much power...they damage people. It's not like saying — you know you can get damaged if someone picks on you and you're bullied at school, well that's like when you grow up and you're in the real world and [the Department] is the bully and they're everywhere and they have all the power and you have none and they bring you down to the point where you think that you're nothing and yes, we had mistakes, yes, we made mistakes, yes, we had problems but we overcome those with no reward and I still — I get disappointed because it's all about politics. There's no heart in [the Department] there's no emotion and I can understand that is part of their job they have to be like that but there's the other part that says “hey, we're here” (Interview 1).*

One young woman who has regained care of her children after she spent a period of time in mental health care, said that without the support of an advocate and then the group of parents with whom she met, she would have suicided:

*Basically, I mean, the Department ruined my life, I mean I was suicidal for a long time, and I think the only reason I'm here today is because I had a few supporters that really kept me, that believed in me, knew the truth and just you know, urged me to keep going. It was me against them basically, and they had all the power and all the money, you know and I was not only weak compared to them, but I was also um, you know, dealing with a lot of grief and distress during the whole time as well, you know, worried about my children, you know because, um of the alternative placements (Focus Group 1).*

## ii. Distrust

Most participants referred at length to the lack of trust that was an ongoing part of their relationship with 'welfare', with social workers and with statutory departments — although a number of participants also talked about having re-built trust with workers. One middle-aged woman who talked about thinking of leaving her children and the state and starting another life elsewhere, explained her reasons in this way:

*A lot of the time they'd have a contact arranged. All of sudden "oh I just got a doctors appointment" — contacts cancelled. This happened consistently. ... What's going on! And this is coming from the carer or from, well, I imagine it was coming through the carer, could have been coming from welfare. And my main argument was you know, we weren't offered a replacement contact. That contact was just cancelled and it become quite regular to the point where we asked the day to be changed. But we were still getting situations where a contact was arranged but ...there'd be another excuse — he was sick or there was always an excuse. I mean I know things happen but it was so hopeless. I was getting tired or I was getting more run down, arguing with the Department, bartering with the Department and we were never offered another day (Interview 1).*

The distrust that participants talked about in relation to staff in statutory departments had ramifications throughout their lives. In explaining how she lost faith in everyone because she had no idea who had reported her and felt ashamed of losing her children, one woman said:

*I lost all my friends through it, I mean I kept my two friends who are interstate now, but I lost all my other friends, 'cos I wouldn't go out, I was crying all the time, um all I did was function until I had these two supervised visits each week and that's all my life revolved around (Interview 15).*





Another mother commented:

*So that's why there's such a risk to even, if you've got a mental illness you do not tell them, well I never did. You know I could have done with major help with my kids. I needed help. I needed so much support but I didn't ask for it or get it because I couldn't risk it because of that experience. And just the trauma of being, that really affected me in my sense of trusting myself as a mother and that woman, having taken [name] out down for a walk and knowing that she most likely was the person who reported the crying...(Focus Group 2).*

Another participant who had regained care of her daughter with the help of a parent advocate and a lawyer said:

***... that's why I don't trust the Department hey, I'll never go near them again, I was even thinking, I don't know about moving interstate or something, you know, just 'cos, just, 'cos you know, yeah, 'cos you always have to watch your back, you know what I mean, like with everything, and I'm very over cautious now, whereas when I brought my daughter up, like she was like a free spirit you know, and she could do whatever she wants (Interview 7).***

Two parents, talking during one of the focus groups and discussing the matter of trust and honesty had this to say:

*...I don't know what [the Department's] agenda was but they obviously had a totally different idea and told us a totally different agenda to what they actually really had and that damaged us more than anything because (husband) and I, with all confidence and all effort, met their requirements and they kept letting us down, kept letting us down, so we'd finish the parenting course, "no, you're not finished, you've got to do something else" and we kept doing it and kept doing it and we went to counselling and we went to therapy and we went to mental health and, you know, we were totally booked out with all effort to get our kids back 'cos that was all we wanted, that was all we wanted (Focus Group 1).*



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Another young woman, whose baby was five months old and who had been removed soon after birth, spoke this way about her discovery that the breast milk she had produced for three months was not going to her baby:

*They let me come out of hospital with [name of child] and then they asked me to come for an interview in the office and they took him. I was breastfeeding him you know, he was only a few days old (crying). They said my mum said I wasn't coping — she is an alcoholic. I took my milk up every day to the room there in the Department and after three months I learned that they weren't using it 'cos the foster mother didn't want it (Focus Group 1).*

### iii. Deceit

A large number of parents felt that they were purposely deceived, rather than lack of information being a by-product of social workers having busy workloads. An example of this is this statement made by one of the mothers who was present at the focus group with her partner:

*See over the time too, we went to meetings we went to Stronger Family meetings, we were encouraged to go to Stronger Family meetings to try and work as a unity. You know the recommendations were by these so-called professional people, we felt that small sitting there with all these big professionals, psychiatrists, psychologists, big room of all these professional people with us sitting there. But the main thing that come out of it, and I know you've got the recommendations there, it was important! Important! For [son] that he continue contact with the family. I mean two weeks after this so-called recommendation, visits were stopped again. After these so-called professionals recommending the importance for [son] for his contact to keep on. So I stopped going to these Stronger Family meetings. I said it's all a lot of hog-wash... Welfare just weren't following through recommendations (Focus Group 3).*

The father of a child added:

*There's plenty of times his medical stuff has been really compromised. They're secretive, they're secretive, and I don't understand it; it's my child. I really don't understand it and think that that's probably the way they work with everybody and I think it's wrong to do that to anybody but it's particularly wrong to do it to someone...who's willing to take an active part in the care of their child if supported (Focus Group 3).*

It is perhaps not surprising that participants talked about the failure of their relationships with departmental staff that have the onerous responsibility of protecting children and must keep their focus on the 'best interests' of the child. However, it is difficult to hear from participants that they believe they were lied to, and that this was justified because it was in the 'best interests' of children: *...[worker] never looked at his history, never took anything — she was always really rude to me, it got to the point where I wouldn't make a phone call to her, everything went in email because she'd just deny things she'd said and one I've got now, well, my goodness, I can't even get her to answer the phone. I'm really powerless now, really powerless (Interview 15).*

*There's been a lot of stuff that's been said and it's in writing and I've got it in, you know — very full of personal interpretation, personal innuendo, personal opinions of case managers, really inappropriate. From my knowledge of case management it's you write what you see, not how you feel but clearly there's ... and right down to a case manager who took it upon herself, basically, to diagnose him and this is the same one — he had that same case manager for two years and she made my life hell, she made my life hell (Interview 4).*

*They'd had [adult son] labelled and no matter what I came up with — didn't make one ounce of difference, they didn't want to know about that. It was like they'd wrapped their present — put a name on it...and that was the way the present was going to stay. There was no way they were going to unwrap that present and put a new name on it. They were going to build their case on that (Interview 12).*

#### **iv. Social and family relationships**

All participants talked about the disrupting and corrosive impact of the statutory intervention on their lives and relationships — with each other, within family, between families and within the community — as well as with helping services. One woman whose child had been taken into care twenty years previously said:

*Can you imagine the shame? How do you ever tell anyone they took your kids away? You don't. You just look at the pavement for the rest of your life — even though you did nothing wrong except to have no one to help when things got bad. But he came back when he was eighteen and now I am having to undo all the damage they did. He got into heroin in there (Focus Group 1).*

Another participant said:

*The Department's so called policy is to not split families up, to keep them together. Well they've torn this family apart I can tell you (Interview 3).*

Explaining the impact of the removal of two children, one mother-of-three commented in this way about her ongoing isolation:

*Any mention of [the Department] and you're stuffed. And the parents at school don't want to talk to you and even your friends whose kids come and play, think, well surely they wouldn't make such outrageous allegations if there wasn't something wrong, and this is what you find, the families (they do the wrong stuff to) that haven't done anything wrong are so isolated in the community and they can't even ban together because the workers aren't allowed to give out their names. It's really hard to fight for them. It's the hardest thing for a mum that is away from her kids is to see them and then have to leave. That is the most painful thing. It is far easier to not see them. The pain's really there and it's always going to be there but it ends up in a little throb like in a constant throb instead of a really sharp pain and to see them and then not see them is really just... yeah you can't even explain it (Interview 13).*

A member of a focus group said it quite simply:

*Once you have had contact with [the Department] the sensible reactions is to go to ground with your tail between your legs. Or to get out of the state (Focus Group 3).*

Or perhaps even more powerfully, a mother-of-four said:

*They don't take your child, they take your life (Interview 12).*

Participants talked about the chronic nature of the changes in their lives and the permanence of the impact of the statutory intervention:

*...the lack of self confidence and the fact that it takes a huge amount of time to heal let alone build up your trust in yourself when nobody else trusts you... (Interview 13).*

*...it will never go away because it is still on record so I can't work with the elderly, I can't adopt kids, and I can't work in my own field anymore as a [professional]. My whole life has been completely destroyed, because .... it's on record, even though you are completely innocent. It doesn't go away, if you as an ordinary person, who asked the police wouldn't get it, but anyone with special access which is most organisations. It's still on record, It's still on record (Interview 4).*

When talking about the need for changes in the departmental response, an Indigenous grandmother made the statement this simply:

*Sure we need to make sure the children are OK but it doesn't work to split families up and leave children without relatives (Focus Group 3).*

The following comments help us to see a pattern of observations made by participants:

*Now they make you think you're losing your mind! They make you feel like a bit of dirt! They make you feel like you tell lies! (Interview 3).*

*...in the last 7 years and I don't know whether it was we've broken a mirror, or they say killed a Chinaman. We must have killed the whole army I reckon to have all this done and it's not just with one, it's been a lot of head strain on me because I'm the only one that does all the paperwork. [Name] provides the money for the court. That's put us in dire straights financially. We're on the bones of our bum (Interview 14).*

*And when they did remove the kids from me it just felt like my whole world had fallen apart. I was left with nothing and I had to live like that for 2 years in that big ... house by myself with my kids [away] at the time (Interview 16).*

## v. Relationships and foster families

Many participants whose children had been or were in alternative care talked about the 'other family' that cared for their child(ren). In particular, they talked of the absence of contact with foster parents and the often negative relationships that had built up between themselves and the people caring for their children:

*So I can't do anything right and [foster father] can do no wrong. Well no, not quite. I mean, the Department are absolutely in love with him and think the sun shines out of him but nonetheless, he's got away with a lot more than I get away with, relationship-wise probably. So there's all this stuff happening (Interview 5).*

*There was just no care to us as parents of this child. I mean there was no feeling or care to us. It was all about her. Her stress, her this, her that, her wanting more money, her wanting more unloading, her wanting her kids on the payroll as respite workers. But it come down she gave up care of [child] anyhow in the end because her marriage broke up... They bowed to her all the time but we were the scapegoats all the time. We were the ones suffering as parents of [child] because everything she did, we suffered. Where welfare knew all about it but just played along with her because they were scared at the time. They admitted it. They were scared that she'd drop [child] on their doorstep because she threatened, she's told me she's threatened welfare she'd drop [child] on their doorstep and she even told me that in the driveway here once (Focus Group 1).*

A number of the participants talked about the financial difficulties they believed had contributed to loss or threatened loss of their children. And a number observed that if they had received the financial help that foster carers received, they would have felt supported and may have managed better:

*The carers that he has have a huge amount of respite have a lot of money that's put in to enabling them to care for [child] and I think it's really sad that that's not given to biological families; that they're just expected to cope (Focus Group 2).*

*...And the foster parents — oh I've just recently found out very clearly for myself and have known all along — have a huge influence on how much the parent is allowed to have contact with the child. They can make it extremely difficult. Like, recently I lost some rights to contact with my youngest [child]... Because the foster mum said that [child] was upset when she got home — she was great when she was with me and she was probably upset when she got home because the foster mum was anxious and nervous but there has been no worker to go out there to clarify that. Nobody's gone out to see her or to speak to her or to sight my child or anything and just on the basis of what [foster carer] has said I lost the right to have contact (Interview 17).*



### 4.3. RESOURCES — ‘HOOPS’, BARRIERS AND BRICK WALLS

A common theme amongst the participants was the absence of support. Most, but not all, admitted to and talked about the difficulties they were experiencing prior to the removal of their children. It is interesting to note that whilst most participants admitted to difficulties, none said they had been charged with criminal offences against their children but many talked about having been found guilty without being charged. Many of them said that the difficulties that had caused the problems in providing care for their children were continuing and they felt they had received no support or help in dealing with them.

Participants used the terms ‘hoops’ and ‘brick walls’:

*Basically I just jumped the hoop that the Department wanted me to in order to get help but still, it was futile really (Interview 3).*

*...and even though you'll have dozens of people saying "but that's not the end of it and we can go in and rescind that" it really does add to the amount of brick walls that you hit and the amount of dead ends and when every time you hit one of them the alternative is to...and often when your not allowed to see your children because that's the court stuff being separate to the actual reality of what's going on like access and other problems and all of that and then your still sitting on your own without your children there and yeah yeah...it's a really hard thing (Focus Group 3).*

*It's just I can't work them out [the Department] they say if you do this, we'll do that, but it just doesn't work like that, you just never know which direction they're going to jump next (Focus Group 1).*

The absence of resources to support families in need was also a constant theme as participants commented about their situations and those of others:

*[The Department] are the same, what we needed what would have helped us, was, not from [the Department] but support when we were facing homelessness, there is nothing um there is nothing in this city, we were looking at being on the streets, and there was nothing to stop it, there was no refuge, this was prior to Christmas, there was no refuge, places anywhere in the city, there was no funding to help us get into another property or help us save our stuff, there was nothing (Interview 11).*



Some of the participants were particularly distressed by the amount of what was often referred to as 'futile' work in getting to meetings, case conferences, psychology appointments and other arrangements in the hope of getting their children back in their care:

*They just change their mind on a constant basis, and it's just so confusing for people, 'cos there's just no communication, you know we'll go to these case conferences and care plan meetings, it just doesn't matter, you sit down and agree to things at a care plan meeting and then they just turn around and change it on you anyway, like it states in the paper work that they are going to reunify and bring [son] home, they have no intention of that so why put it in? You know it doesn't matter, you can go along and have all these meetings but they don't stick to it, I've had too many years' experience with it (Interview 17).*

*If I wanted the children back I'd have to give up full-time work to become a carer to look after the children because [partner] could never manage right. So the ultimatum was if I wanted to get the children, and there was no guarantee either. They would not give me a guarantee. No way would they give me a guarantee. But I had to give up work first, then go through a reunification process for a period, to get the children back. Now again we had a lot of issues with them over how I'm going to live if I give up work (Focus Group 2).*

*And it's been a learning curve but you learn to have a lot of compassion because if you don't have compassion — you just lose heart. But I now understand where other people are coming from when they're dealing with [the Department]. I've had visits cancelled. I have been required to jump over hoops for them. I've been through all that. I've survived it. I'm still the same but you know, by the grace of God (laughter) — not through any other means. You know, you've just got to be there for your kids. If you're not — they miss out and they miss you. No one else can provide the love of a mother or a father. No matter how stable the foster carer is, they can't give the same love. And unfortunately the foster carers are probably a lot better off financially than us parents are (Interview 6).*

The despair is evident in the words of this parent, who talked about waiting for five months for a parenting course to become available during which time she indicated that she was only allowed intermittent and supervised visits with her son:

*And them making me do protective parenting where it was like um, an authoritarian figure to go to, um to tell what's happening, and this, this and this, and a few other things, that the child has to do, to go to, and I couldn't implement any of them 'cos my son had no voice, and it was talking about the child having a voice and a choice, my son was crying out, like putting his hands down his throat, he had no voice he had no choice, I couldn't implement any of that course they gave me, and he couldn't, they just wanted me to sign him off as a ward of the state, they said if you don't do this, we could have him till he's 16 years old, whereas if you sign him off, it will only be for 2 years (Interview 10).*

For many participants, contact visits were a source of endless distress:

*I said. I'm not happy about him going up there because I won't see him. And "oh yes — you'll be able to see him, have an overnight visit and see him and at the weekends." Well none of that has ever happened and that was 4 years ago. I have never had that child for an overnight visit or a weekend, I've never had him in any holidays, which I've requested, to have him in school holidays and things like that. I have never had him overnight at all. So you know I'm not very happy about that when their so-called policy is "keeping families together" and you know "children — keep them happy" (Interview 3).*

#### 4.4. BAD PARENTS — INTER-GENERATIONAL MOTHERING AND FATHERING

Much of the recent research and literature that focuses on the experiences of families who have contact with child protection services identifies the fact that parents, particularly mothers, are blamed for their failure to parent (see, for example, Freymond 2003). Most of the participants gave evidence of similar disturbing labelling — whether it was explicit or otherwise. Given the absence of the voice of fathers in this (and most) research, it is not surprising that it was the mothers who generally felt they had been categorised as 'bad':

*I'm up against [the Department] who say that, and they come out with this affidavit and every class I had ever done, like childcare class, the fact that I had been to see the health care nurse, um, had made me a bad parent. The fact that I had done childcare classes had made me a bad parent, all the letters that everybody had written to [the Department] in my support, they twisted and lied about (Interview 3).*

*So they portrayed me as a mother that couldn't cope and didn't want my children, and was rejecting my children, but really the truth was, I was the only one that cared that these children were going to be on the street, you know what I mean (Interview 15).*

What disturbed a number of participants most was not just that they did not know what criteria were used to determine they were unfit as parents, but that this determination was often made by young workers who appeared to the participants to have little experience of parenting.

*They said I was bad but they haven't got a clue about parenting, there seems to be no mandate as to what acceptable parenting is (Focus Group 1).*

*They are mostly young kids who just judge you for what you can't do and when you got nothing and they got it all you just know that you're never gonna win 'cos you are a bad mother and that is that. How would they know what it is like to be scared to go anywhere 'cos you just get a hiding yourself and you don't want the kids to see that (Focus Group 3).*

Participants in this research talked about the 'surprise' of being labelled 'bad' when they loved their children and had not hurt them. And a number of them added another dimension. They extended the 'badness' to include 'bad families':

*That's what we get all the time, we get a brick wall all the time, it's frustrating for parents, if you're not a strong person, there's no support out there, you just feel so isolated, alone, yeah. Going from my own childhood, through letting two of my children through it, I fully understand that they (the Department) just don't let you go, they will never let you go, I'm now worried about my own grandchildren (Interview 6).*

*It's like you can never escape. Queensland is a long way but they can still get you. My mother was an alcoholic and we kids were taken in. She's dead now — she died broken (crying) — and we are all a mess. And now they got my two kids and one of them is already pregnant and she's fourteen. There's no hope once you get in their hands on your family — they just think you're bad. This baby they're not getting their hands on (Focus Group 3).*





#### 4.5. THE CHILD — WHEN THINGS GO WRONG, WHO DETERMINES ‘BEST INTERESTS’?

It was interesting to note the large number of parents and guardians who were aware of the concept ‘the best interests of the child’. Despite using the term, the majority were confused by this concept and expressed some doubt that anyone who did not know the child or had only met the child once or twice could determine ‘best interests’ — especially without the advice of family:

*They don't operate in the best interests of the child, the best interests of the child is if they can reunify the child with their family, that's where they should be, not separate from their family. Christmas, we have to have two Christmas' every year, I don't see him at Christmas, my birthday, Mothers' day, are just totally trodden on, they don't even get him to wish me a happy birthday or anything like that. Mothers day, I don't even get a card from him or anything like that, it's like he's totally separate from the whole family, its very, very wrong, they should be encouraging him to come home, but they don't (Interview 4).*

Many participants were concerned that although the removal of the child had been determined by an assessment of their own failure to parent, the fact that the outcomes for the child appeared unsatisfactory did not lead to a reconsideration of alternative care. Many talked of multiple child foster care placements and worries about care for their children:

*But yeah fancy getting her come out worse than when she was in (Interview 7).*

*I was a leper. The kids are in a real mess now and now I have to find a way to heal them (Focus Group 3).*

*There is nothing protective about taking a child out. Even a child being abused in situ to snatch it and punish it and put it somewhere worse is to make the child responsible for every thing that happened to it, and once they have got that mindset they aren't any changing it (Interview 14).*

*But all these different partners and long-term, well short-term relationships have had the toll on the kids 'cos they've had to get to know all these people and care for these people and then find that they can't be with them anymore. Apart from all the stresses, all the changes in the case managers and everyone else (Interview 8).*

A number of participants expressed confusion about the meaning of ‘best interests’. As one participant, the young mother of a baby she voluntarily handed over for care at birth said:

*I knew I couldn't cope and they said that if I just got my, like my [family member] but she's not really that, to look after [baby] I would have time to recover — you know — get over the drugs. Well, I said yes and now, two years later and I have been fighting all the way to get [baby] back. And now I know that there is another thing — nothing. The Department is now saying it's in the best interests to keep her where she is — like I don't matter. And (crying) I would never have let them have her if I'd known it was like this (Focus Group 3).*

Other participants talked more explicitly about the ignorance — as they saw it — of the relevance of long-term family relationships:

*I got to visit my older kids twice before they gave them back and there've got no clue the damage it does for a three-year-old to be torn from its mother, particularly the three-year-old. They've got no clue, they may be compassionate people, but they have no clue, that about kids, they just don't (Interview 22).*

*They're still working in the same fashion. Instead of supporting the mothers who, look my belief is — nobody's perfect at mothering and things and there are things that are going to go wrong. But I think it's really, it doesn't do any good taking — do they realise what harm is being done to that child to be even taken out of that home? Wouldn't they be better off trying to do something in their home with the child first? Or try to minimise that like, I don't know. Unless it's really, really bad. But they seem to whip, it's the quick reaction — whip them out straight away and do they ever consider that the child might be blaming themselves for the whole situation? Because they often do. And I never got, I don't think I really ever got over that. The child is always the child of the real family (Interview 6).*

*I didn't want any more contact with the children or the Department due to their lack of solutions or problem-solving efforts and their promises unkept and their moving of the goal posts. So due to my mental health that was very quickly diminishing due to the stress from [the Department] I chose never to speak to them or see them again (Focus Group 3).*

*...(husband) and I look at ourselves as a married couple with no children and that's how we'll continue throughout our life because that's the only way that we've been able to get through it and we don't ever ever want [Department] in our life again 'cos to know that your marriage is strong, deal with [Department] for six months, you know, we constantly fought and I constantly cried for the first two years and I won't go back to that and I won't go back to [Department] using my kids as pawns on a chess table — here's your kids, no they're not; here's your kids, no they're not; here's your kids, no they're not. They'd won and that's what it was in the end, they won, they won. Well congratulations, you've got my four kids, the government now has to pay for four children that could have been better spent by perhaps getting someone to come in the home and work with us and doing it that way rather than rip families apart and then deal with the consequences later. There's so much that could change and just doesn't, with them (Focus Group 2).*

*...really makes me shudder, to think that people are just negated so much and don't have rights. Also I look at the long-term costs. (Children) were in care with the same carer and it's been a really difficult experience, having (children) in care, because I haven't been listened to, in terms of their needs... history ... my history, their sister's needs, anything like that has been — it's just irrelevant you know as far as they go and that's kind of sad because it means that (children) missed out on lots in terms of family (Interview 22).*



#### 4.6. SUGGESTIONS FOR IMPROVEMENT — RESPECTFUL RELATIONSHIPS

By far the strongest criticisms made of the interactions with statutory child welfare authorities focused on the failure of the engagement and relationship between workers and families. This is of course a most fraught arena, given the nature of the statutory duties of workers and the serious nature of accusations which generally precede the necessity for workers to become involved with families. Nearly all suggestions about how to make the child welfare system work better related to issues of respect, honesty and the valuing of relationships:

*Well they've just got to treat you like a human being, you know, I can remember screaming like a wild animal when my kids were taken off me, you know, it doesn't even go to court for months, they will take the children, and it won't even go to court for months, and during those months you're just a wreck, you know they have no concept of what it does to parents when their children are taken, none at all (Interview 17).*

*I believe that if they had of come into the family, when they took my youngest son, and been genuine and helpful, he would have never been put into care, it would have been a lot better if they had of come into the family and said, "ok these are the changes that need to be done, how are we going to do it? We don't think he's safe here, but are we able to work this out together"? They didn't do that, their agenda was to take my son, to take my son away from the family and that was it (Interview 13).*

*If I was a caseworker there, you'd do as much as possible to help the mum, and um, and just with the courses, tell her she's, you know give her a safety net that as long as you get these courses done, and if you are on drugs or if you aren't on drugs and you get off them and you do this counselling, and in this amount of time you'll have your child back, so that will give them some faith, and you know some hope, towards something, and to look at them as a person, and just to help as much as possible to bring the mother and child back together, and just not to judge and not to stereotype and yeah, just to give them a safety net, a time, and um as much support as possible (Interview 15).*

Other participants were less hopeful and more critical — and there were a lot of these. The words of one participant are compelling:

*There is not a lot you can do but to dissolve the whole organisation and start again, because the whole culture is power, anti-children, it is so far abusive of people's human rights, there seems to be no, I mean they didn't approach us and ask if there was anything wrong, or what can we do to help (Interview 9).*

There were a number of suggestions made about consistency, honesty, trust and relationship. Many participants said that they found it impossible to deal with multiple workers:

*...they need to have the same worker all the time. We had seventeen different supervisors that came to our house. That impacted not only us but the kids as well. Each supervisor has a different demeanour and a different outlook, they've heard a different story, they get along with the kids differently so each visit became different with each supervisor so seventeen different workers — so consistency would have worked a bit better I think. And we had to be consistent with all we had (Interview 11).*



Others talked more about the opacity in decision making — and, in particular, about the people who were referred to behind the scenes as people who made the decisions in their lives — the team leaders and supervisors:

*Can you believe this? Here we are and we think it is going OK and somehow she gets it and we are going to get [children] back and what does she say? \*\*\*\* she says, "I have to discuss it with my team leader". What the hell does that mean? Some person I have never met sits in judgment and how the hell do they do it? I tell you how they do it. They don't wanna change the way things are cause they are all comfortable — the foster family is happy and to change things is just too hard, like too hard to turn things around — and so it is just easy does it — and as soon as you know the years are up and you have no hope... (crying). What they need to do is get the people who make the decisions to front us — and we need to have help with us to front them. It's my kids' lives we are talking about not theirs' (Focus Group 3).*

As has already been indicated, many participants talked about the lack of information and support as they confronted an investigation about their ability and culpability in relation to the care of their children. Most of them recognised that they were disadvantaged from the start and already ill equipped to deal with the challenges:

*So the biggest thing I would say from all of that, is that there needs to be someone that can explain to you what's going on, and what's going to happen, and what's going to happen at court, and what's expected of you, and all of that, because I never actually got to express myself in court because I was in hospital, so they just automatically stamped '18 years'. So I never actually got to represent myself or anything, and my lawyer, she thought I was stupid, and she wouldn't return my phone calls or anything like that, and she never really explained things to me properly, and it wasn't till [family member] got involved that she actually started treating me like a normal human being (Interview 8).*

*The biggest thing for me was that I felt very alone, like I didn't have anyone I could talk to, only my [family member] and my friends, and I didn't feel like I could talk to the Department, I didn't feel like I could talk to my psychiatrist and my social worker, because they were a part of having my son taken off me, so I felt a lot of anger towards them as well, very angry, and there was no one else out there that I could talk to, and nobody ever sat me down and said "this is why we are taking your son off you", nobody actually ever told me, you know, so I felt really in the dark, yeah (Focus Group 2).*

The significance of advocacy for the child as well as the parents is powerfully captured in the voice of this young woman who managed to find an advocate — a person involved with FIN WA Inc. — and whose three children have been successfully reunited with her for over two years:

*Everybody I had ever dealt with said I would not see my kids again so I had mourned the baby as lost basically, because I hardly knew him and to have the strength to fight for the other two, I effectively put a barrier up between me and the baby to stop the hurt. And anyway I got my kids back. (Interview 21).*

## 5.0. SUMMARY

The wealth of information that has been captured in the interviews with the parents and families who contributed their time to this research can only be summarised thematically in this short analysis of the data. It has been difficult to do justice to the depth and breadth of the narratives that were told with such difficulty. What is clear is that parents and families of children who have been taken into the care system by statutory authorities constitute a population of people whose ongoing stress is palpable and often chronic. Most of them live with unresolved anger, guilt, shame and despair — and their experiences have left them feeling powerless and fearful of seeking assistance. They represent a group of people who have been judged as failing their children or grandchildren and they all spoke poignantly of what that ‘sentence’ means to them and their families.

What participants described in relation to the statutory intervention they experienced is a series of events during which they felt demeaned and marginalised. As well as this, all of them talked about having minimal, if any, information and support to manage what is undoubtedly one of the most important challenges anyone could face as a parent or caregiver — that of the real or threatened removal of their child and the loss of their rights as caregivers and parents. Very few participants said they had access to legal or personal advocacy when the crisis occurred. All expressed an overwhelming sense of powerlessness in relation to statutory bodies that entered their lives — most often at a time when they admitted to being and feeling particularly vulnerable.

All participants agreed that the State has a duty to care for children who are harmed by their parents, families or other caregivers. As far as could be ascertained, none of these parents had been charged with crimes against their children or had spent time in prison for any such crime. Instead, all of the parents or caregivers appear to have been considered to be people who had failed to care adequately for children. Some of the parents we interviewed agreed that their children may have needed to be removed for a period of time so that they — the caregivers — could re-order their lives. Some had asked for respite, whilst others were reported to authorities at times in their lives when they were deeply troubled. Very few of the participants had family or social networks on which they could rely for help. Many participants had been in the care of the State as children themselves and their life trajectories had been shaped by this. All were deeply disturbed by the nature of the statutory interventions in relation to their children or grandchildren. Very few believed that the results of the intervention had a beneficial impact on the children involved.

Very few of the parents or caregivers we interviewed had ‘given up hope’. However, all of these parents and families demonstrated that there was a need for them to be seen as people in need of support — not just for themselves but so that they could continue, where possible, to contribute positively to the lives of their children. As one person said, “they don’t seem to get it...kids belong to generations not just to parents...family is there forever even if the kid is removed he comes back in the end ‘cos it’s family that is always there”.



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# APPENDICES

## APPENDIX 1

### **A REVIEW OF THE LITERATURE: THE EXPERIENCES OF PARENTS AND FAMILIES OF CHILDREN AND YOUNG PEOPLE IN CARE**

#### **SECTION 1 – BACKGROUND**

There can be few professional activities that are more arduous for practitioners or that can have more profound consequences than that of the removal of children from their parents. Most people involved in out-of-home care services recognise that it is rife with loss and grief for children, carers and workers but there is little recognition of the grief suffered by the birth parents of the children who are removed especially if this is to long term care (Burgheim, 2002).

There is very little research literature that specifically targets the ongoing experiences of families whose children have been removed, or research that seeks to understand the outcomes for these families of the child protection intervention that has occurred. Yet, the removal of a child from his/her family home and from all that is familiar to that child must be one of the most profoundly disturbing experiences for all concerned.

Dumbrill's (2006) Canadian research of parents' experiences of child protection intervention highlighted the importance of child protection workers understanding how parents experience and negotiate intervention, and suggested that policy makers need this understanding if they are to design services that parents experience as valuable. Despite these findings, very little research has been concerned with exploring what it is like to be on the receiving end of child protection intervention.

The rate of children aged 0–14 years on care and protection orders in Australia is increasing and now stands at approximately 4.7 per thousand children. For Indigenous children, the rate is 30 per 1000 children. All states and territories in Australia have registered an increase in the number of children on care orders from 1997 to 2005 (Kelly, 2005). In 2005, there were approximately 25,000 children on care and protection orders, a 70% increase since 1996. Many reasons are given for this increase, not the least of which are those of increasing community awareness of the vulnerability of children and the increased range of experiences that are seen to be harmful or risky to children, such as domestic violence and emotional abuse.

However, despite these figures, it is argued that there are no reliable measures of child abuse or neglect because there are no national (indeed there are no international) consistencies in how abuse and neglect are defined, or exactly what justifies the removal of a child from his/her parents. Each state jurisdiction in Australia defines its own way of describing a child in need of protection.

The current child protection system in Australia has been regarded by key commentators as being increasingly unsustainable. Concern exists regarding the reduction in number of foster carers and availability of out-of-home care placements. With an increasing number of children entering the out-of-home care system, there are predictions that a move away from a reliance on resource-greedy reporting systems is inevitable (Ainsworth and Hansen, 2006; Scott, 2006).

The care and protection of children has been noted to be “an issue that causes more public concern than almost any other public health issue in the Australian community” and one of our most sensitive and significant policy and practice areas (AIHW, 2005). Yet we are a long way from understanding whether our practices of removing children are providing long-term benefits to them, or what happens to them and their families during the time that children and young people are in care.

There is now a considerable amount of research being undertaken about the needs and experiences of children in care, and much has been written about what is happening to these children and how they fare in later life. There are also a number of Government-commissioned reports, three separate Senate Inquiries, and personal accounts about the reflections of adults who were removed from their parents at some stage in their lives. Indigenous Australian parents of children in care and the impact of historical family separation on biological parents, extended family and their communities, have been described in the *Bringing them Home* report of the Human Rights and Equal Opportunity Commission (HREOC, 1997). However, despite these investigations, long-term outcomes for non-Indigenous Australian parents of children in care remain unrepresented and largely invisible within the child welfare field, and consequently, this is an area that warrants research attention.

Over the last few years, children have been consulted about their views of their experience in care; however, much less attention has been paid to what is happening to the families — in particular the parents — of children who are removed from their parents. Yet we have known for a long time that child protection cases typically involve children and families marginalised by poverty, social isolation, addiction, disability and/or minority status (McConnell & Llewellyn; 2005; Fernandez 1996; McConnell et al. 2000; Pelton 1989; Morton 1999, Thorpe 1994, Swain et al. 2002; Sheehan, 1997; 2001). In other words, parents belong to vulnerable populations themselves. Any involvement with child protection services is likely to be stressful for any parent — as it is generally involuntary and accusatory. Most often, these parents are already coping with significant life stresses, and may be experiencing multiple and multi-layered problems.

## **SECTION 2 — EXISTING RESEARCH ON PARENTS WITH CHILDREN CARE**

A number of key themes emerge from a review of the existing Australian and international literature on the experiences of parents and families of children and young people in care. This next section will identify some of the themes that emerge in the research conducted and reported to date.

### **2.1 — The Absence of Attention to the Voices and Experiences of Parents**

Limited research that has focused specifically on parents with children in care has been conducted in Australia and internationally. Earlier research by McCallum (1995) looked at the families' experiences of the assessment and intervention processes. There is also some much earlier work by Lishman (1978) that analysed the different perspectives of families and workers, and which highlighted the contradictions inherent in the power imbalances between workers and clients. There are a few papers and reports that do address the perceptions of families — and it is interesting to note that not all of these are critical of service providers or of service provision.

Recently, a team of workers in Canada have been doing some groundbreaking research in that country to actively seek the ideas of a variety of what they call 'service participants', about their experiences of service. The research team, led by Dr Gary Cameron, adopted an interesting view from the start. Their research premise appears to be not that services are or have been unhelpful, but simply that, until very recently, no one — not even service participants — thought that participants should be consulted about processes and outcomes. These researchers noted that the voice of children and parents was absent from the activities to reform the child welfare system in Canada. Their research project in which a team of people is now involved is a five-year Community University Research Alliance, funded by the Humanities Research Council of Canada and a series of reports about this research have been released (see Freymond, 2003; Cameron & Hoy, 2003).

The consequences for children of temporary and permanent separation from parents and families are well addressed in the research and scholarly literature. Recently, serious attempts, including that of Chalmers (1996), have been made to find out from children themselves how they experience the processes of assessment, intervention and perhaps removal from family care.



Much of the research, including that of Davies (2004) and Barth (1990), demonstrates the satisfaction that some children and young people have with the care system; other research by Mason & Falloon (1999), describes in the words of the children, the abuse they feel that they experienced during the process of investigation and in their removal from family. It is powerful to read the results of the research of Westcott & Davies (1996), who interviewed children concerning their experiences of investigative interviews about their sexual abuse: the recounting of the stress of these interviews is harrowing. It is also interesting to note that for many children and young people, their wish is to remain in the family, however dysfunctional it is, because it is only in the family that they experience “even if limited, leverage for negotiation and agency” that they say is missing if they enter the care system (Mason & Falloon, 1999:13).

The literature reviewed demonstrates that there is a significant need to obtain a better understanding of the experiences of a particular group of families who are little understood and who have rarely been asked to contribute to research — the group of parents and families who have had their child/children removed from their care following intervention by a statutory body — or who have experienced the real and continuing threat of that loss.

There have been very few attempts at involving the parents themselves in finding the answers as to what works in meeting the needs of children and families in adversity. Little research has attempted to get a picture from parents of their experience of assessment, what may have worked to avoid the loss of a child, how they are managing and what they think might have helped to avoid the removal of their child/children, if this was the outcome.

Tomison (2002) comments that we lack the information we need to determine the efficacy and effectiveness of our work in meeting the needs of children and families in adversity, and that we need to involve the consumers themselves in finding the answers. An example of research that has taken into account and acknowledged the absence of attention to the voices and experiences of parents is that of Buckley (2003). Within the qualitative paradigm adopted in Buckley's research, she allows for what Trinder (1996: 239) refers to as the 'de-centring of the expert' so that the voices of other participants can move 'centre stage'. By this means the parents can, through their accounts or stories, join in the research process itself.

## **2.2 — The Absence of Attention to Emotional Reactions of Parents**

It has been stated previously that parents' experiences of child placement have received minimal attention in the literature. However, more specifically as Fernandez (1996) reports, there continues to be an absence of attention to the emotional reaction of parents to the placement of their children, highlighting that research in this very sensitive area is still in its early stages. From the research that has been conducted, the literature resonates with stories of despair, loss, grief, feelings of powerlessness, helplessness and intimidation.

Lee and Nisivoccia (1989) highlight that while an out-of-home care placement can provide safety and security to children, this can be at the expense of attachment, continuing relationships, and a sense of belonging for children.

There has been little attention paid to the grief and loss that is suffered by the birth parents of the children who are placed in the out-of-home care system. More often, there is a focus on the grief and loss for children, carers and the experience for child protection workers. As Burgheim (2002) notes, while the efforts of professionals in the field are rightly concentrated on the care and protection of children, the ability of the parents to work through their grief is a major factor in the children being able to express and deal with their move to a different home and the loss and grief this entails for them.

Loss has been identified as a dominant experience with far reaching implications for parents who have had a child removed from their care (Fernandez, 1996; Thomson & Thorpe, 2003). Authors report that a deeper understanding from a loss perspective would help clarify appropriate ways of working with parents; to understand the life course

impact of child loss, non-finite loss and disenfranchised grief. An understanding of parents' experience of grief and loss may also assist in explaining why some parents struggle to maintain contact with their children in care. Thomson & Thorpe further suggest that understanding reactions due to grief, particularly that of depression, can prevent workers misinterpreting these reactions as disengagement and/or lack of interest. The authors suggest that parents can be far more effective in meeting the needs of their children and achieving positive relationships if their own pain is sensitively acknowledged and worked with.

While working with grief and loss has been noted to be a central part of practice with parents of children in care, according to Burgheim (2002), this approach to practice has not been as yet the focus of systematic research. In one of the very few Australian studies on the experiences of families whose children have been 'removed into care', it is noted by Thorpe and Thomson (2004) that whilst adoption as a form of family separation is on the absolute decline, the removal of children into statutory care has increased markedly. In their paper, the authors present their analysis of their work with groups of parents whose children had been removed and placed in care: they called them empowerment groups. The authors observe that what these parents talked about is the overwhelming loss that they say continues forever, the shame that means that they can't talk about that loss, and the ongoing loss of meaning and identity in their lives. The authors paint a very different picture (if we have a picture at all) of what these parents are assumed to be experiencing. Indeed, they argue that if these parents are given any thought by workers and the community, it is likely to be that they are seen to have forfeited their rights to be seen as real people and to be unworthy of any intervention or effort.

Thorpe and Thomson (2004) remind us that most of the parents whose children are removed have already suffered social/economic disadvantage themselves, they are then 'deprived' of their child/children, and finally, many of them experience ongoing deprivation and powerlessness as they struggle to find ways of staying connected with or reunifying their family. Although the study focuses on the negative mental health sequelae on parents of the removal of their children, the researchers make the important point that without support, these parents may not only suffer irreparable damage themselves, but, in not being assisted to cope, they are restricted in their capacity to provide even limited ongoing care for their children.

A number of misunderstandings and contradictions in the relationships between parents and workers are highlighted in the literature. Burgheim (2005) and Thorpe (1993) identify that social workers can often misinterpret parents' feelings of grief and depression as a lack of motivation and disengagement, and the anger of grief can be misperceived as an enduring personality flaw rather than an understandable part of the reaction to loss. Further, Fernandez (1996) highlights that poor communication between workers, parents and their children can also result in feelings of powerlessness, anger and alienation for the parents.

It is clear that what is needed is an opportunity to form a better understanding based on the experiences of these parents so that they — a primary consumer group — can inform policies and practices that will help to benefit children, young people and families involved in child protection services.

As identified in the preceding section of this review, currently there exists only limited, and largely anecdotal, evidence about the nexus between the removal of children and the experiences of their families. Nearly all of the child protection research that has been conducted across the world focuses on risks and child abuse and intervention, rather than on a holistic analysis of child and family experiences and outcomes.

### **2.3 — Problem-focused Orientation & Dominant Negative Discourse**

Many researchers agree that a strong negative discourse dominates the literature and the media's representation of 'child welfare parents' and their family life. Fernandez reports that child welfare workers use labels such as 'inadequate', 'dangerous', and 'unwilling' parents, or parents who are 'unable' to provide care for their children (1996: 7). Negative labels such as these can have a profound effect on how child welfare workers understand and respond to parents in situations of suspected child maltreatment.

The attention given by the media to the small number of extreme maltreatment cases can also further contribute to this dominant negative representation of parents. Thorpe (1994) highlights the fact that most child notification reports are not about severe maltreatment; however, the media's coverage of such cases gives an impression of large and growing numbers of children needing to be rescued from their cruel and uncaring parents (Pelton, 1997). According to McConnell and Llewellyn, (2005:560) journalistic practice such as this further legitimises child protection practice in the public's mind.

Sinclair (2000) reviews the 'Destructive Discourses' used in child protection by analysing the narratives of child protection clients, from the standpoint of Habermas's discourse ethics (1991). Sinclair illustrates the confusion and perceived powerlessness felt by those who are on the receiving end of child protection services, and highlights "the extent of violation of these ethics through system-oriented, distorted communication practices" (2000:1). Violations that Sinclair reports can result in devastating experiences for clients.

Sinclair explores the narratives of interviewees' experiences from the perspectives of the four presuppositions espoused by Habermas (1990); comprehensibility, sincerity, legitimacy, and truthfulness. Sinclair advocates for this approach which would see workers communicating with families in a manner that aspires to the conditions of discourse ethics, which would thereby cast them as helpers, advisors and facilitators in the familial process of problem identification and methods of solution (2000:7).

### **2.4 — Social Constructs of Motherhood**

It is important to note that what little research literature there is, tends to suggest that although parenting includes both parents, it is mothers rather than fathers who are identified in the literature as failing when their children are removed and placed into care. Freymond (2003) states that "child welfare has remained primarily concerned with the evaluation of biological mothers; and Risley-Curtiss and Heffernan (2003) report that women continue to be blamed for the majority of problems in families, whereas men remain largely invisible, especially in the field of child welfare. In looking at how mothers are understood or represented in the literature, Cameron and Hoy (2003) report that the official portrait of who these women are and what their lives are like, is at best incomplete and probably erroneous in important aspects. The authors report that our knowledge of these mothers is biased by a problem-focused orientation, demonstrated by the use of labels such as 'hard to reach', 'inaccessible', 'untreatable', and 'unresponsive' parents.

As stated previously, our knowledge of mothers who experience child placement is biased by a problem-focused orientation, one that Freymond (2003) claims colours, and perhaps distorts, our ability to perceive broader dimensions of the lives of these women. The lack of information on fathers and an over-representation of information on mothers in child welfare contribute to what Risley-Curtiss and Heffernan (2003) refer to as a continuation of 'gender biases in child welfare research, policy and practice'.

Freymond reports that we distinguish the 'good' mother from the 'bad' mother in relation to idealised notions of motherhood:

Although substitute care is not the outcome for all mothers who fail to realize the parenting standards of the ideal mother, these idealized standards are the backdrop against which mothering ability is evaluated. There is a huge gulf between mothers who experience any combination of the problems that might lead to the placement of a child in substitute care, and the idealized images of 'good' mothering that bombard us from popular culture (2003:20).

The literature that delineates the factors associated with child maltreatment cultivates the image of what Freymond (2003) refers to as the archetypal 'bad mother'. One of the fundamental issues involved in challenging the images of 'bad mothers' is to bring the voices of mothers forward, as "without these voices, we run the risk of continuing to see the mothers as deficient and needing repair..." (Davies & Krane, 1996:19).

As Freymond (2003) eloquently concludes, the fact that these mothers might display strength, resilience or courage in the midst of tremendous barriers appears to be ignored in the literature and obscured in the context of child welfare.

### **2.5 – Importance of Continuation of Contact between Parent and Child**

The literature reports almost without exception that better outcomes are achieved for children and young people who are living in out-of-home care, when some form of connection is maintained with their families. Continuing contact is repeatedly stated as being important, regardless of the placement or 'permanency' status. Barnardos Australia, a leading Australian child welfare agency, states that continuing contact and natural family involvement is recommended, not only in order to maintain significant relationships and important cultural connections, but also to help sustain placements and to contribute to stability, for positive formation of identity, and for maintaining long-term family connections (Barnardos Australia, 2003). Enhancing parental involvement and supporting the ongoing contact between children and their parents is repeatedly reported in the literature as being of immense value to children who are living in out-of-home care.

Another major Australian provider of child and family services, the MacKillop Family Services conducted a series of interviews with parents who had a child or children removed from their care. The interviews conducted showed that family connections and the maintenance of these connections for children and young people in care are a key to better placement outcomes, including consistency, stability, resilience, reunification, identity development, and the trend of young people seeking to return to family post placement (Scott, 2003). Further, most children and young people in substitute care who maintain regular contact with their parents, are found to be more settled in their placements and more able to manage relationships with other adults and are more competent socially and educationally (Berridge & Cleaver, 1987; Bullock, Little & Millham, 1993).

The existing literature overwhelmingly supports engagement with families, the importance of maintaining family connections, the need for ongoing contact and relationship continuity between parents and the child in care. Significantly, Thorpe and Thomson (2003) report that where reunification may not be possible and longer-term or permanent placement is indicated, continuing contact and natural family involvement is paramount.

The Family Inclusion Network (FIN) of Queensland highlights the importance of relationship continuity between parents and children in care:

Children and young people can and usually do experience intense emotional reactions around the issue of contact with parents and other family members when they are placed in foster care. This reaction is often seen as a justification to limit or terminate contact with parents because it is not well understood and is often not managed well by workers. When children and young people experience this distress, it is often attributed to the family issues

that brought the child into care. It is rarely acknowledged that separation disrupts primary attachments and affects children's sense of identity. (Family Inclusion Network, QLD 2007: 9).

As Thorpe similarly reports, ample research evidence exists of the trauma caused by disrupting children's attachments with their family, regardless of how secure or insecure such attachments may be, and regardless of the child's experience of even moderate levels of harm in the home (2007: 6).

A dominant theme which emerges from the literature is that of the importance of continuing contact between parents and their children in care. The role of the child protection worker in the facilitation and monitoring of ongoing contact is extremely important. As highlighted in the Family Inclusion Network, QLD report (2007) the frequency and success of contact is founded on the practice, wisdom, knowledge and skills displayed by individual child protection workers. The presence of positive working relationships between the parents and child protection workers is also identified as a key issue that will be explored further in the following section of this literature review.

## **2.6 – Relationships between Parents and Child Protection Workers**

Research suggests that there is minimal evidence to show that good practice by child protection workers towards parents is a goal or an outcome of child protection work. As Thorpe (1997) observes, there is accumulated evidence that respectful practice with parents has never been very common (Fernandez 1996; Dale 2004; McConnell & Llewellyn, 2005; O'Neill 2005; Reich 2005). Klease (2006) similarly remarks that the betrayal of trust and the lack of common courtesy are recurrent themes emerging from studies on the experience of parents with children in care.

According to Thomson and Thorpe (2003), many parents' experience of the child welfare system is negative and in consequence, it reinforces their predisposition to aggression or withdrawal. Values and attitudes in the workplace culture can also actively or passively contribute to parents' experiencing their involvement as disempowering, labelling or can contribute to parents feeling lost in the working partnerships with child welfare systems.

For parents, the relationship with the caseworker can be complex. The dual purpose of the caseworker role can be complicating for parents given that often, the caseworker can be the only support person for the parents, and at the same time the person that removed their child in the first place. As Fernandez observes:

As a result of initial child protection interventions, parents may be predisposed to view the worker negatively. Any such predispositions would be quickly reinforced by the interactions during the care experience. Anger felt about coercive intervention, to say nothing of the sadness and powerlessness they experienced in being separated from their children, will contribute to the distortion of the relationship and their views and expectations of workers (Fernandez 1998: 232).

Cleaver and Freeman (1995) make the suggestion that a change of caseworker or social worker, particularly from the investigating social worker to another, can make a significant difference to parents' 'operational perspectives' of the service.

Interviews conducted with parents by the MacKillop Family Services highlighted the importance of workers developing trust and working collaboratively with parents. In the interviews, parents identified trust as being vitally important to a positive working relationship with practitioners involved, and reported that through being respected, involved, valued and kept up-to-date with information about their children, trust was quickly established.

Jivanjee's (1999) research similarly found that from parents' perspectives, key factors that contributed to a positive working relationship with service providers included workers showing parents respect, involvement of parents in decision making including placement decisions, the provision of support and advocacy, and the sharing of information with parents. Studies by Farmer and Owen (1995), Thoburn et al. (1995) and Buckley (2003) demonstrate the importance of the sharing of information with parents, who repeatedly reported experiencing poor communication and information being concealed from them.

The issue of power as a central dynamic to an understanding of parents' experiences of the child protection system cannot be ignored. As stated by Thorpe:

A crucial element in child centred practice is to value, conserve and nurture a child's attachments and relationships when they are removed into care, and it is therefore self evident that this must entail establishing and maintaining positive relationships with parents and family despite the unequal power dynamics of the situation (2007:10).

Dumbrill's (2006) Canadian research on parents' experience of child protection intervention revealed worker power to be a central variable that shapes parents' perceptions and reactions to child protection intervention. The author uses the analogy of parents perceiving workers using 'power over' them or 'power with' them, and links these perceptions to the ways parents negotiate the intervention process. Dumbrill maintains that workers must approach the case-planning process aware of the considerable power parents perceive them to wield, and further suggests:

Intervention must begin by addressing the power imbalance that exists between worker and clients, and by acknowledging the fear parents may be feeling (2006:35).

### **SECTION 3 – CONCLUSION**

The literature demonstrates that there is a significant need to achieve a better understanding of the experiences of parents and families of children and young people who have been placed in the out-of-home care system, as this is a group who are little understood and who have rarely been asked to provide their views on their experiences of what happened to them.

Extant research demonstrates that families have largely been invisible and their views have been unrepresented within the child welfare field, and consequently, this is an area that warrants research attention.

The issue of poor relationships between child protection workers and families is consistently highlighted in the literature. Some of the key factors which have been identified as contributing to more positive relationships between workers and parents are: the workers' acknowledgment of the power dynamic inherent in the relationship; the importance of trust being established between parties in the relationship; workers and parents working collaboratively together; keeping parents up-to-date and informed about their child; and the importance of involving parents in the decision-making about their child, such as placement decisions.

As Thorpe (2007) suggests, renewed attention to family inclusion in child protection practice could be a key strategy, both for building sustainability and in providing clear benefits for children, their families and communities.

It is clear that what is needed is an opportunity to form a better understanding via the experiences of these parents so that they — a primary consumer group — can inform policies and practices that will benefit children, young people and families involved in child protection practices.

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## APPENDIX 2

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### FAMILY INCLUSION NETWORK RESEARCH PROJECT

#### Background

"We are interested in your experiences (good or not so good) with child welfare services in relation to the removal or the threat of removal of your children – whether or not they are now 'in care' with someone else. These experiences may have occurred in WA or elsewhere".

#### Major Areas of Interest

- Initial engagement with services
- Nature of relationship with agencies/workers
- Types of help offered
- Impact of help
- Nature of the ongoing contact
- What worked and what did not work
- Best and worst experiences
- Ideas about what might have helped to get a different outcome

How might you do it differently if you were them and authorized to keep the best interests of the child as the major focus of your work?

## APPENDIX 3

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### THE EXPERIENCE OF PARENTS AND FAMILIES OF CHILDREN AND YOUNG PEOPLE IN CARE

#### Research Information Sheet

You are invited to participate in a research project that will explore the experiences of parents and families of young people who have experienced the threat of removal (or actual removal) of their child or children by a statutory authority. We appreciate your involvement because we need to understand your experience so that we will be better able to suggest ways to improve services and help others like you and your family.

#### What is the aim of this research project?

The research has been funded by LotteryWest and is being auspiced by Anglicare WA. There has been a lot of research about child protection and about the needs of children and services for them. This study is unique in Western Australia in that it intends to develop an understanding of child and family services from the parent's perspective. That is, by talking with parents in an interview situation, we wish to provide the parent the opportunity to talk about what are the issues from their experience.

#### Who are the researchers?

The primary researcher is Associate Professor Maria Harries, of the Discipline of Social Work and Social Policy at The University of Western Australia.

The interviews will be conducted by one of three researchers – all women who are concerned to help to develop a better understanding of the experiences of parents and their needs and how to provide services that reduce the need for children to go in to the care of the State.

#### What will be expected of you during this study?

If you agree to participate in this study, your involvement will be required in two ways:

1. You will be asked to participate in an interview, which should last about 60 minutes. If there is more to say, we can do two interviews rather than have one overly long one. With your permission, this interview will be audio taped. The interviewer will ask you to talk about your experience of being a parent whose children were removed or almost removed and what, if anything, helps or helped you to cope with this situation. The interviewer will ask some general questions, but it is hoped that you will do most of the talking and discuss issues that you feel are relevant.
2. Later on we will invite you to join with a group of other parents to discuss how our understanding of the core issues is developing from the interviews we have done and invite you to comment on what we are saying before we write the research report. Again, this will be entirely voluntary and you should join the group only if you are entirely happy to do so. Please be reminded that no one will be identified in the issues we discuss in this group and no material will be used that would enable any one to be identified.

This study does not directly involve your child or children. However, you are invited to advise your child of your involvement in this study if you so wish.

#### How will your privacy be protected?

All information provided by you will be treated as confidential by the researchers. The only exception to this principle of confidentiality is if a court subpoenas documentation. At the beginning of this study, your name will be replaced by a code number so that your privacy is protected. When your audiotape is transcribed, and the content of all of the interviews is brought together to determine the results, this code number will be used. The audiotapes and any written notes will be kept in a locked filing cabinet at The University of Western Australia for a legally required number of years, and then destroyed. The researchers will be the only people with access to this information. You will not

be identified in any reports or published articles that result from this research.

**Voluntary participation and your right to refuse**

Your involvement in this study is voluntary. You can decide whether or not to take part in this research. You can also change your mind and withdraw your consent at any stage during the study, and any records containing your information will be destroyed. If at any stage you decide not to participate, there will be no prejudice to you or your family.

If your participation raises any concerns or issues that you wish to discuss further, the Anglicare counsellors and the FIN support group are available or the researcher will link you with an appropriate health care professional.

**Who can you contact if you have a question about this study?**

If you would like to discuss any aspect of this study, please contact Dr Maria Harries on 6488 2993.

**Who has given permission for this study to proceed?**

The Human Research Ethics Committee at The University of Western Australia has given ethics approval for this research.

Thank you for taking the time to read this Information Sheet.

## APPENDIX 4

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Postgraduate Co-ordinator

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### CONSENT FORM

#### RESEARCH PROJECT: THE EXPERIENCE OF PARENTS AND FAMILIES OF CHILDREN AND YOUNG PEOPLE IN CARE

I, \_\_\_\_\_  
(Given Names) (Surname)

have read the information explaining the study entitled 'The experience of parents and families of children and young people in care'. I have read and understood the information given to me. Any questions I have asked have been answered to my satisfaction. I fully understand the purpose, extent and possible effects of my involvement.

I understand that:

- I may withdraw from the research at any time without explanation
- I will receive a copy of this consent form.
- All information provided will be treated as strictly confidential and will not be released by the researchers unless required to by law, i.e. if it is subpoenaed.

I agree that research data gathered from the results of this study may be used for a published report, provided that no identifying data or names are used.

Dated \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature \_\_\_\_\_

I, \_\_\_\_\_ have explained the above to  
(Researcher's full name)

the signatory who stated that he/she understood the same.

Signature \_\_\_\_\_

The Human Research Ethics Committee at the University of Western Australia requires that all participants are informed that, if they have any complaint regarding the manner, in which a research project is conducted, it may be given to the researcher or, alternatively to the Secretary, Human Research Ethics Committee, Registrar's Office, University of Western Australia, 35 Stirling Highway, Crawley, WA 6009 (telephone number 6488-3703). All study participants will be provided with a copy of the Information Sheet and Consent Form for their personal records.





