

Advocates Zoom In On... *Child Protection Systems*

Monday 9 November
12:30pm AEDT



Between 19 October and 7 December, Disability Advocacy Network Australia ran the "Advocates Zoom In On..." series of weekly hour-long discussions via Zoom - creating an opportunity for interested advocates to take a closer look at and speak about a number of key topics emerging in the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission or DRC) and its examination of abuse, violence, exploitation and neglect.

Participants were encouraged to share their insights, observations, stories and case studies, and the discussion questions each week included opportunities to share perspectives on what recommendations advocates would like to see being made by the DRC, in relation to the topic in focus.

Identifying details have been removed from the edited transcript below. Participants in each session are identified as advocates from their State and Territory, and are also numbered, where multiple advocates from that jurisdiction took part. Participants were informed that sessions would be recorded to capture their insights and observations. Live captioning of this discussion was provided by [AI-Media](#). Care has been taken but errors may exist in the transcription.

DANA would like to acknowledge the Traditional Owners of the various lands around Australia from which advocates participated in these virtual meetings and pay our respects to Aboriginal and Torres Strait Islander Elders, past, present, and emerging.

DANA would also like to acknowledge the time and generosity of participating advocates from a diverse range of advocacy organisations around Australia, and the funding of the Australian Government Department of Social Services for DANA to provide DRC systemic advocacy support. Visit www.dss.gov.au for more information.

Transcript of Zoom discussion – 9 November 2020 2
Comments typed in Zoom chat function:..... 15

Transcript of Zoom discussion – 9 November 2020

[DANA Policy Officer, Siobhan]:

I might kick off with a very broad question. **What are the experiences of people with disability, including children, with child protection and/or out-of-home care systems?** Of course, that is both children who may be in those systems and parents who may also be interacting with those systems.

Whether the parent or the child or both have the disability. It is a very broad topic, and I will leave it to you to anyone who wants to jump in and speak to any aspect of that.

[SA Advocate 1]:

I'm happy to kick off. We advocate for people with intellectual disabilities, and we have done for 30 years. In that time, we advocated for many parents in regard to child protection matters and I think that universally, what we might say, and there are two other advocates from our organisation that might have something to say about this as well. The child protection system sees intellectual disability as a risk factor in the same way that they might with drugs and alcohol.

If you have an intellectual disability, it doesn't mean you are broken. It's not something that can be fixed. But in fact, parenting children is something that lots of people do and you need support to do that. Often, we advocate for people who don't have natural supports or family support in place and have not previously had paid supports to assist them either.

So, the usual story is that children are taken away, they are removed from the care of the parent with an intellectual disability and inevitably end up in long-term foster care placements until the age of 18.

During those years, the parent ends up with access that looks something like one hour per month. There are of course others who have some different arrangements in regard to access but typically, it's once a month. Certainly not an opportunity to build a relationship.

The other thing that we are aware of is that the children in those situations come looking for their parents when they are older, and their relationship hasn't been supported or nurtured by child protection services and so it can be quite difficult coming back together as child and parent.

[DANA Policy Officer, Siobhan]:

Would anyone else like to comment on what [SA Advocate 1] said or provide another perspective.

[QLD Advocate 1]:

We experienced the same scenarios. One of the biggest concerns we have is when child safety feel that they tick a box by removing a child, particularly from birth. They phone you to advocate for that person and they ask you to come to the hospital immediately. That is the situation which we find traumatic as advocates, let alone for the parents.

There is no sense of recognition of trauma, being traumatised. No counselling offered or anything like this for people with a disability. As advocates we feel traumatised by that. The other scenario with that is, that because Child Safety have called us and we want to be there to support the person, sometimes that person with a disability can see you as a person that has helped remove that child.

That doesn't help build a relationship when you want to try and help them, to support them to get better access to their child and everything else in the future. I don't know how everyone else feels, if they have had those scenarios as well. We have experienced that, even recently this year.

[DANA Policy Officer, Siobhan]:

Those sound quite familiar. When I was working at [ACT Advocacy Organisation], I was sharing a room with the individual advocate and would focus on systemic stuff, but a big part of her job was trying to help people navigate child protection systems and interacting and not getting very much support or sympathy or understanding from systems that were inflexible and quite maddening.

Did I see [VIC Advocate 1]'s hand up?

[VIC Advocate 1]:

I had to reinforce what both [QLD Advocate 1] and [SA Advocate 1] have said. I've had some experience but probably not a lot. Not a frequent number of cases. Our agency has had a few. One involved taking the mother right through the pregnancy and her making decisions about what she wanted up to the birth.

Child Protection had made the decision, they will deny it, but they had pretty much made the decision that the infant would be removed at birth. The experience of seeing it in a meeting room with the mother and social workers and nursing staff, although they were very caring towards her, they were telling her one thing, "You are doing a fantastic job and being a great mum." Yet she had no clue that they are going to remove this baby at all until the day she was to be discharged.

Then the refusal to explain their decisions, to read through the documents, so that she can understand it. To the point where I had to say, "You need to simplify that. Explain it again so she understands." The child protection services seemed to think that was my job to explain their decisions and the reasoning behind it. I just kept saying 'You need to explain it, that's not my role.'

I would remind them about human rights, discrimination, all those things. They would see that as a threat and would state that openly. "Don't you threaten us." In meetings.

The meetings had three child protection officers, numerous nurses and two social workers from the hospital to confront this mother. Then she was told that she needed to go now, from here now to the court to find out what is going to happen. It is quite brutal.

We negotiated, and this woman has a moderate intellectual disability, we negotiated with her psychologist for some residential parenting courses. Multiple refusals to take her. Eventually one mainstream parenting program took her, but they refused to make reasonable adjustments, she has low literacy and numeracy... making marks on the baby's bottle, simple things like that. There was a refusal to do those things.

This baby has been fortunate to be with the second foster parent and has gone into permanent care of that foster parent. I raised very early from the start to assess the baby and see whether the baby has any disability at all, because there were difficulties with feeding, or any other medical conditions. There was a refusal to do that.

It wasn't until the foster parent, the court order was ready for the foster parent to have permanent care, that it came to light that the baby... did have a disability which led to feeding difficulties. Yet in the mother's report, one of the reasons is that she lacked the skill to feed the baby and nearly choked the baby to death. A lot of this stuff.

Now that is on record. This baby actually had major difficulties with feeding and the outcome for this parent is better than some. A minimum of four visits per year is the law, she achieved six with advocacy. Six access visits per year.

The way that everything was gone about, was totally wrong. Everyone noticed that she had difficulties with parenting, but with support... and no one was suggesting to leave a vulnerable baby.... But give her the opportunity to parent and put in those supports and systems. It was just a refusal, basically. It is pretty horrendous for all concerned.

[DANA Policy Officer, Siobhan]:

Does anyone have everything further to contribute from the perspective of children with disability?

[SA Advocate 1]:

I am happy to kick off that conversation. With the experience of children during the child protection system, any child where we had been invited by someone to be involved with regards to advocating for the child, the child protection system just says no.

They see themselves as the advocate for the child, even though we would all, I think, know that the decisions being made are not always about the best interests of the child but resourcing and all sorts of things and there are competing interests in terms of how child protection systems serve the children they are supposed to be serving.

Even when we have been able to be part of the conversation around what is happening for the child, decisions are still being made with regard to children and placements, again based on resourcing and those sorts of things, is what we see predominantly.

For children to be able to access any kind of direct advocacy or assistance themselves, in South Australia we have the Commissioner for Adults and Young People, but it is only the child who can go to them. Nobody can go to them representing the child.

The child has got to know about them first, and have access to and be supported. And if they're going to the Commissioner because something has happened to them within the system, who will support them to access that?

If a child raises, there are children who might raise some issues with the particular social worker assigned to them and they won't act on that and if they do it will ... not result in anything more for the child.

If the child says they want to see their parent more, they'll say 'well, it's not in the child's interest'. If they want the child to see their parent less, they will say 'it's the child's choice'. They will use those arguments to underpin their view of what something should be, rather than for what the child is wanting or what is in their best interests.

[DANA Policy Officer, Siobhan]:

Yes. I wrote an essay on that and the 'best interests of the child', it's a malleable phrase and can be used as a defence against any interrogation, can be used in a variety of ways. Does anyone else have something to say?

[SA Advocate 2]:

I would like to add that from some experience of people that have grown up in child protection, it seems that those people get funnelled into group home settings as they reach the age of 18. And there is seemingly little involvement from the Department to have a broader interest in the person's wellbeing and the potential of the individual and them living independently and those types of things. It seems to limit people's potential, in some regards. The view is that they get moved into a group home and that's just where they will stay.

[DANA Policy Officer, Siobhan]:

The next question, it is about... what can be done. **What can be done to prevent or respond to discrimination, violence, abuse, neglect against people in the child protection system?**

We have touched on the huge gap in people getting access to parenting supports. I think that is an obvious one but there is plenty more to say about it. Are there other things that need to be changed at the legislative level or a systemic level? What recommendations would we like the royal commission to make?

[VIC Advocate 1]:

There is a distinct lack of programs for parents with intellectual disabilities. In Victoria, there are mother and baby programs for parents with psychosocial disabilities, but those will not accept people with moderate intellectual disability, in our experience, and I feel that it is absolutely imperative for that gap to be filled.

A lot of the clients I work with are experiential learners and so need that ability to learn with support and encouragement, as opposed to, "We are watching you. We are watching for every mistake you make and will report that."

That is not a good type of approach. There needs to be something done about the hospital-based programs that are refusing to take people with disability into the program and I have noticed some gaps that need to be filled in terms of the law.

I would like to see this in the actual legislation, which comes under the Children's Court of Victoria, that child protection needs to give opportunities for that parent to learn, even if that's in a safe program. Because I think that would compel some services to open up at a residential level to support that person and some increased supports in the home.

The manner in which child protection conducts themselves as well, that needs to be addressed. It is

highly adversarial and brutal and unnecessary for anyone to conduct themselves in that manner. I know they have huge workloads in very difficult arenas but so do all of us and we don't tend to conduct ourselves in that manner.

With their obligations, there needs to be something to compel them to meet their obligations because, at the moment, they are a law unto themselves.

In terms of parents with a disability who have been in the child protection system themselves, child protection are responsible for where that young person goes to live.

In my experience, I've seen numerous cases where young people that have been in the child protection system are placed in supported residential services or boarding houses and it is just totally inappropriate and they are in a setting where they are subject to repeated abuse and exploitation.

And then, on the other side, I am seeing child protection services where the children were at home with the parent and then they are placed into foster care. The same things that the parent was doing for which the child was removed, Child Protection gave the foster parent permission to do to the child, such as to stop him running off out of the door, you can tie him to a chair.

They removed the child from the parent for doing the same thing. Something has to be done in a legal stream to address this because it really is... I cannot make sense of it.

You remove a child from a parent because of the way that they have tried to manage supports and then that young boy had significant disability issues and then you give permission to the foster family to do those same things.

I really don't know how to address that in the legislation but that conduct they have accused the parent of doing as being abuse - they are endorsing in another household. I don't know. I am open to ideas.

[DANA CEO, Mary]:

I had a meeting recently with a woman in this area and she is the one trying to coordinate the liaison between the NDIS and the child protection schemes. I will have another meeting with her, and she understands that advocates are a good thing to have involved in those issues and the capacity about the kids..... to pick up those cases is another issue. What I'm wondering is, have any of you seen anybody's NDIS plan being used well to support the parent, in a useful way, around disability and child protection issues and then differently again for a child with disability.

Have you seen any good examples?

[QLD Advocate 1]:

I have a client... it has been five years in the making but the family now has full reunification and they both have mild intellectual disability and they also lived in a rural area.

There were supervised visits for a significant period of time. It was very short spaces. In one of the meetings, we discussed it, we said one of the parents has an NDIS package and one of the goals was for parenting, around parenting, to be supported in the NDIS package and to be a parent.

We worked on those dynamics and at one stage Child Safety would not help ...it took a lot of work to get them to think outside the box using NDIS support workers and support services to do some work with the support services on what they were hoping for them to do. So that they can start doing supervised visits for child safety and because they were rural and coming out every 4-6 weeks, it was not a significant amount of time.

This would start happening every week and then twice a week and then we went to semi-supervised, and it was agreed that support services would report any concerns to child safety and at the same time it was using their NDIS package. So that is the way that they managed to get through and to get through from supervised once a month to supervised twice a week and into semi-supervised and then unsupervised to then full days, sleepovers, and now that child is in full unification. That took five years.

The parents were a significant part of the child's life through that whole time. And I was very lucky because I became involved while the mother was pregnant

They did at one stage want to put the child in foster care in another region which would have meant that they would not have ever seen the child. I took that one to court and we did win that.

It was a long process but it can work. You have to make sure it's part of the parent's goal and then you have to really try to negotiate with child safety. It did work but we had to give them the ideas. We had to get them to start thinking outside the box of how they could do this. Supervised visits and unsupervised, through using the person's package.

[SA Advocate 1]:

In some situations, having an NDIS plan has made some difference for parents but only in the context of being able to be prepared and ready and get to access on time, which has been really difficult for some parents, as [QLD Advocate 1] said. And the child is out of the region and there tends to be more travel that has to happen for the parents.

I think the NDIS plan has helped make that work a little better but it is very hard to get them to think outside of the way that they have always done things. We have tried for decades to get them to think about shared care arrangements, anything that is a bit outside the box. They don't want a bar of it. They don't know how to make it work.

Again, you have to be the person that gives them the idea. They don't come up with anything on their own and they just do what they have always done which is reduce access, and parents lose... feel really done to in that process and parents can end up losing all contact altogether.

I think there is great potential for NDIS participants. The NDIS seem to be listening, that supporting a parent in their parenting is... a reasonable thing to do. We came up against quite a lot of barriers in the beginning, where they just said that if it was a child protection matter then family services take care of that. There are no family services other than child protection because if you try to engage with the service around any support around parenting, as soon as they know that child protection is involved, they just take their hands off and say, "No, we can't help." They just assume that they will be providing the parents with the support that they need, and we know that they absolutely do not.

[DANA Policy Officer, Siobhan]:

I will just note that [in the Zoom chat VIC Advocate 2] has said that they haven't seen that in packages but it should be a big part of them... Anyone with a camera and a microphone, please feel free to jump in and support.

[QLD Advocate 2]:

Going to long term support is suitable for some clients but it might take six to 12 months to engage with the Department for some clients. It's this agency that is massive. It's like having to deal with the police every day. It's that authority figure and it will take them a lot longer. Is two years appropriate?

Not only that, so many people are slipping through the gaps where you have the recognised agency but do you have something similar to that with someone with a disability? They go to these meetings and sign these documents and don't even know what they are and are just hoping that they are being told the truth.

We have even had families who have signed their rights over to another family member. They would have been better to have given their child to the Department rather than to have signed over their child to someone. Then to go to family court and find out that all the allegations were unsubstantiated and have to go through family Court to get their children back, and they couldn't get them back. And they did nothing wrong.

They really need to look at that... that sometimes families are not necessarily the best option either. The other thing, how many CSOs did we have for that one client?

[QLD Advocate 1]:

I don't know how other people experience it that but the amount of CSOs [Child Safety Officers] that sometimes a person can go through and then they are told about not working well with child protection but when they've gone through 16 in a year, how can they build a relationship with those people? Every single time, the biggest story we hear from our clients is that we always feel that we, every time we get a new CSO, we have to start all the way at the beginning again and go through all the hoops that we've already done.

"We've already done this, but now we have a new CSO and so we have to do it all over again." We hear that often. The amount of CSOs that they get, and they have to go through the same things again. They feel that they've met the department's goals and then they find out that there is something wrong.

[QLD Advocate 2]:

And then you have a child with a disability has been through 10 foster families because of their behaviours and end up living in a hotel, for the department to then give up because they have run out of foster carers and give them back to the mother and the mother does not have the skills to do it. You know, so they are set up to fail.

You've got one way when they are taking them away but sometimes it's giving those children back too soon without the support in place. Children being removed at birth... that their child is being removed because they have a disability. Nobody can tell me that when it is found out that she has a

disability, and she is pregnant that that is reported to the department. They should be proactive - working with them straight away to see what their abilities are, before waiting until it's too late and then just taking the child. Because it's devastating when the police are there holding back a father who because of his disability doesn't understand why his baby is not going home with him. That is not okay, when they can be proactive and work with them prior.

[VIC Advocate 2]:

I was just going to say that I agree with that. There should be a lot more work that gets done through the pregnancy. I think that that's where things fall down. They wait for the crisis situation when the child is removed and then all the parenting and everything goes in. It should be the other way round. There should be more considering of prevention, rather than waiting for that to happen.

I ... actually have [a family member] from child protection who works in that role. It's always interesting for me to hear the other side of what they are going through on their end. Of course, they see a huge amount of gaps and I'm in there with my advocacy hat on, especially when it comes to children with disability and some of these parents.

And of late it's been about communication with NDIS. Child Protection workers should have training with NDIS and understand that system because that is not marrying up. That's one of the issues.

If they were all connected and communicating and the training was there for the Child Protection workers, maybe some of that stuff would be coming natural to them to communicate instead. They just don't have the training. I've been training [family member] in some of the NDIS stuff so that they do understand it when they come up against the child with a plan or the parent has a plan and how to make that better for them.

That should be across the board. Not us doing that randomly in our lounge room. That is one thing that they need training in.

[QLD Advocate 2]:

When we say that we have 14 CSOs or whatever we have in a two-year period, they don't seem to be able to connect their information with each other. So, you have your intervention at the start where they are investigating, anything they do doesn't seem to go on to the three-day order or the one-month order or the 12-month order. We find that once they go to the new CSO with a new section, any information that you've given to the prior investigator, you have to repeat all of this information because they don't have it in one place, not sharing information which makes it more difficult for clients.

If they had one database of everything they do with the new CSO from any area that comes in whether it's orders or not orders, whatever it is, they all have the same information and they are not asking the same question 50 times because they haven't shared this information within their department.

The changeovers aren't enough when they change from one to the next. You need that documentation. You need those emails. They need to work out how to have a system where everybody can see it as it rolls through. That would fix a lot of time.

We get emails every time we get a new CSO, whether it be for an NDIS plan or something about a parent, whatever it might be. We have probably already emailed that three or four times and it gets quite frustrating because you are doubling and tripling up on the exact same email. To the extent where I now go through my emails and forward the email. You shouldn't have to do that. It's wasting time for these parents. They already have the information, and they just need to share the information and work out how to do that.

[QLD Advocate 1]:

They need much better handovers with the CSOs.

[QLD Advocate 2]:

It is simple things. You provide an NDIS plan to them and the next day you get a phone call from the NDIS to get approval to share it with the department when you've already given that document to them. I don't know how they lose these but if they have one database then when they get them out, they could cut and copy into the database, and everyone can see the information. It's really not that difficult for them to do that rather than going through the same cycle and the same history each time you get someone new.

[DANA Policy Officer, Siobhan]:

Anyone else like to jump in on this point. We are already talking about the next question which is **how can support mechanisms for parents be improved?**

[SA Advocate 1]:

A few things that have been said along the way, there was something about two-year orders, etcetera. In South Australia, what we have here is that the Department can apply for an order to 18 [guardianship order until the child turns 18 years of age] straight away.

They are still doing some twelve-month orders, but they are not going beyond twelve-month orders. If something isn't achieved in 12 months, then they are typically going to an order to 18 years.

Certainly, the things [QLD Advocates] mentioned. What is the support that people need and how are they going to be able to take things up? We always try to think about it in the context of first-time parents and as things that you don't know. And the way you find that out is not that you have child protection come in, it might be grandparents or your mother or sister or law and people don't have that, so they need something that approximates that and often that is only paid support.

It is also about how child protection here have done that with a parent as part of their investigation assessment stuff - they could step in with a parent who could take the child home and there was a plan and during that period they can assess what the parent needs etc.

Then they just pulled the pin on it because they said they could not keep funding at that level and it was significant support but that did not mean it would be ongoing. That was about two things - it was about assessing what was going on but also helping that parent to build some skills at the same time.

There was no investment. Even though they did it, they did not have goodwill around it. They were not clear so that when they make the plans or even if it is safety plans or things like that, that they

are really bad at giving information in detail, so that the parent understands what is required of them.

They will give these overarching statements and you have to make sure your child is safe at home but what does that mean? We need to have specifics around that. Safety might mean that 'You always have to keep your front door locked' but if you don't say that... people will not necessarily think of that themselves because they might think about safety in a different way.

For Child Protection Services to be more clear and I forget who was saying before, perhaps [VIC Advocate 1], saying, "You are a great mum, you are doing a great job," but at the same time the axe is coming down and they are taking children away.

The way that they engage with people must be different. Don't pretend you are doing something and do not be brutal in the way that you are doing it.

[QLD Advocate 2]:

You talk about needing the funding to support these families but they have to look at the fact that, say a child is into foster care when they are first born until 18, that is \$250,000 that the foster carer gets until the child is 18.

Why can't they be proactive and use some of that money early on to help that family get that child back with the family rather than foster carers until they are 18. That would be proactive and more appropriate for them to have the extra support as opposed to all this money going into it.

Imagine how many kids are in care until they are 18 and that is the minimum that the foster carer gets, on top of Centrelink and the other stuff, and it would be better utilised to bring the family back together instead of separating them.

[DANA Policy Officer, Siobhan]:

One thing that is not in the questions - how often is it that people need access to domestic violence services or are having trouble and it is interacting with the disability?

The lack of safety might be due to a relationship that the parent is in. Is that something that comes up? ...

[VIC Advocate 1]:

Quite a lot. That is often used and the young parent I spoke about earlier, that was the basis of the infant being removed at birth, that the mother could not keep away abusive people.

They were not offering any supports to help her in that respect and the mother herself had gone through Child Protection and they placed her in the environment that exposed her to predatory and exploitative people and the things that have happened to her have been horrendous.

So, it is often used and there was a VCAT-appointed guardian [Victorian Civil and Administrative Tribunal] in place for this mum and it was difficult to keep some of these men away and some of their mothers away as well.

The abuse was to the point that a mother and her son had decided that if he had a baby, they could

get a baby bonus. They took this young woman and had her contraceptive device removed and promised her that they would look after the baby and she could live with them and that was how she came to be pregnant, basically.

It was very difficult to keep this mother ... and we don't even know if he is the father but that is one of the things that happened in the lead up to her becoming pregnant and the violence was quite significant from a number of male perpetrators, including some of their female associates.

She became exposed to these people in the accommodation setting that Child Protection sent her to live at the age of 16. She was placed in an SRS [Supported Residential Service] prior to that age and it is almost like they are ticking boxes and they have ticked the box and the resident is not their concern any more

And the other issue, I've been working with a young adult, he was removed at the age of four from the father's care and was placed in the permanent care of grandparents.

No one had followed up from Child Protection as to the suitability of the grandparents as an alternative. I think it was just ticking boxes and getting a family for this young four-year-old to go to. The abuse continued to the point that police have phoned and said the grandfather drove by and threw him out of the car.

There was no follow-up. The concern is, from there, these people end up in the criminal justice system... so we have a young man who was left without support and there was no follow-up from child protection and the suitability of the grandparents was not looked at and he is now in the criminal justice system and has some very complex trauma presentations.

In fact, most of his criminal justice offending behaviour is related to trauma. There is the family violence situation, and it is significant.

There is usually an undercurrent of that somewhere. Whether it is because the parent has been removed themselves from a family violence situation or they have been placed with someone and put in a placement where family violence is happening. It is significant and it is a problem.

[QLD Advocate 2]:

Do you notice that when a child is removed, the parents, foster carers, they only get a community visitor once a month.

When they place a child with these family members or foster carers, they actually don't know them - they do an assessment and check that they look good on paper, but it does not mean that they are good people.

And I know from state to state, you were talking about VCAT, and we have got QCAT [Queensland Civil and Administrative Tribunal] in Queensland and they have these orders around contact, but they cannot enforce them, and they can forbid contact with the person but cannot actually enforce them unless you put other orders like DV [domestic violence] orders and follow up and actually go through when they are breached. That stuff is very difficult and...

[QLD Advocate 1]:

And then there's still the thing around choice.

[QLD Advocate 2]:

Yes... choice and control. We have had one guardian that has been trying to do the contact order for 12 months now to separate a domestic violence situation but because the female does not want to go, they can't enforce it.

It does make it very difficult from that perspective but they do need to focus more on the family unit. When they do these long-term orders, there should be rules about when... 'Yep, you're taking on that child until they're 18, you're the grandmother or another family member, the foster carer, whatever, and you have to facilitate these things and if you do not do it, you are no longer the carer.'

It should be you have to facilitate the relationship with the family. As soon as the orders are coming in, families are ceasing contact with the parents and the kids will never get to see the parents and the families are getting away with it and that is not OK and it should be enforced and if you are taking on the responsibility, you should be assisting in facilitating that.

If you cannot facilitate it yourself, go through a contact centre or whatever it might be, but that child still deserves to have that relationship and should do it in a nice way rather than cutting off contact entirely because that is not helping these kids when they get older - they do not know who they are or where they belong in the world because they're not family any more.

[QLD Advocate 1]:

Yeah, child safety cuts off pretty quickly when they place a child with another parent or family member and that is basically OK, and they have ticked the box and you can close that file off but there is no follow-up to ensure that the contact has stayed or whatever and the family members have been a law unto themselves.

It can be a fight for 2-3 years to get it into court and then the court can say they have not been a significant person in that child's life, even though it hasn't been that parent's fault, and basically the family member has won, and that person has no contact with their child.

That is through no fault of their own whatsoever and the child safety system lets them down and then also the family law system lets them down, so it's a catch 22 there. Because it takes so long to get it heard in court and you do the parenting mediation and, you know, we know they are not a legal document so they can say 'yeah, yeah, we'll give that person contact' and because it's not a legal document, (while you can get it made into one), but, yes, it is dismissed as well by family members and then it is back to square one again and back to court and by this time a significant amount of time has gone by and the parent has not seen their child for 2-3 years.

[DANA Policy Officer, Siobhan]:

I think we have covered question four about supporting and assisting people and that is good, but I might just ask the question **about the role for access to independent advocacy and the achievement of better outcomes for people with disability and their families.**

This could be individual, family, self-advocacy.

[QLD Advocate 2]:

Every single parent or child that goes through the Department that has a disability, it should be, not just offered, but the referral should be done to an advocacy organisation and until you can check the capacity of the person, someone has to be there, and just like a recognised entity, it should be along the same lines – ‘this person has a disability, they should have a person in the room’, whether it is an advocacy member or a family member and there should be an advocate in every single meeting.

[QLD Advocate 1]:

The scary thing is you have a person who has signed a document and have limited reading and writing skills and might only be able to do their name and have basic reading skills, but they will not understand the jargon and everything else, through the documents, the paperwork, and the way that it is explained is horrific, really. They need somebody to support them through those processes when they are signing paperwork, without a doubt.

As far as I am concerned, that area has massive neglect. Knowing that person has an intellectual disability and making them sign documents that they do not understand is massive neglect.

[QLD Advocate 2]:

Not only that, child safety officers need to be trained in disabilities. When we talk specific disabilities, we often have to explain what that means for the person because they do not have a clue. Get them trained in disability and specialise. It does not have to be everyone but any person that has a disability, their CSOs need to be trained in disability to understand [and to be] getting the advocates involved. Because the clients that get referred after the fact and come with these documents they have signed and then we explain to them what that means, and they do not want that, and you tell them that they signed it and that it is what it is because they have signed it. They thought it was something completely different and so that is not fair for those families, and it is breaking them up unnecessarily.

[DANA Policy Officer, Siobhan]:

I think even for parents that don't have a disability, it is such a massive power imbalance in that situation, and it is also something that could easily escalate and the tensions - having someone independent there, standing up for a person can be incredibly important.

[QLD Advocate 2]:

It is a very emotional time for those families and they have just had trauma. They've either had them taken from the hospital or from the school and in Queensland there's always police there when that happens, in every single one I have dealt with. Imagine being a parent and having the police there making sure you don't try to grab the child... having a child screaming because they are being dragged away by strangers, when you're continually teaching stranger danger... not being able to see the parent for however many weeks before the first visit because hey, mum or dad haven't engaged with the Department... but they are so scared of the Department... that they will never see the child again.

They've got all this stuff going on, and it can take them months and months just to engage with the department, just because they are so petrified. But then you look at the child suffering as well, but in a different way, they want to see that parent, the parents want to see them, but they're just freaked out over it. But when you're approaching these families make it less formal.

[QLD Advocate 1]:

There needs to be a support network in place for parents and child. I think my biggest thing is that the trauma is not recognised. When a child has been removed from a parent, trauma is not recognised and treated as such. That needs to be an area.

I feel that Child Safety should be looking at the family as a whole, they should be assisting in helping the family as a whole and not just a child. At the end of the day, to help the child you need to help the family.

[QLD Advocate 2]:

That grief and loss, that counselling should happen immediately, for the child who has just lost their whole family. Especially when they've gone into care with a stranger and not family, so they need to have that counselling to support them straight away. As for the parents, it would be like having a miscarriage. Having that child growing and then losing it at birth, that grief is real. It is not just something that is pretend and goes away.

They need that support to acknowledge that this has happened and work through that stuff. Without that, that trauma will always be there. If that's not acknowledged, that's where you end up with children in prison, because they end up in those other systems. They end up on these lists. 'Such and such has had a baby, so we need to keep an eye on her' Another red flag. They get put on a list because they've been in care.

[DANA Policy Officer, Siobhan]:

Since we have reached 1:30, I'm thinking we will wind up. Is anyone who hasn't spoken that wants to comment on any of the topics that were touched today?

Thank you all. Fantastic insights. I think this is a really important issue and we've had some great responses to the survey... Thank you so much for joining us and I look forward to the future ones

Comments typed in Zoom chat function:

(In response to questions:

What I'm wondering is, have any of you seen anybody's NDIS plan being used well to support the parent, and a useful way, around disability and child protection issues and then differently again for a child with disability. Have you seen any good examples?)

[VIC Advocate 2]:

No Mary I have not but think it should be a big part of their package.

[VIC Advocate 2]:

Thanks [QLD Advocate 1], that is good to hear and certainly makes me think how to action any concerns for clients for the future. Let us hope that these barriers begin to be taken down. It seems to be all about communication and advocacy but not everyone has this support.