“Just work as a team”:

Reconstructing family inclusion from parent, carer and practitioner perspectives

Family Inclusion Research Report January, 2023

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Cautionary note for readers: Some readers may find parts of this report distressing, due to the emotional and traumatic experiences of children, families and others that are recorded in the words of participants.

Contents

Acknowledgement of Traditional Owners

We would like to acknowledge the Traditional Owners of the land on which we live and work - the Awabakal, Worimi, Wonnarua, Geawegal and Darkinjung people. We pay our respects to their Elders, past, present and emerging and we value their histories, culture and knowledge. We acknowledge the trauma and grief suffered by Aboriginal and Torres Strait Islander people because of past government policies, particularly the forced removal of children from their families. We also acknowledge that many families are being repeatedly traumatised by contemporary child removal practices, including forced removals that continue today. We are committed to working with Aboriginal and Torres Strait Islander leaders, peoples and communities to improve policies and practice, healing and reconciliation.

Acknowledgement of lived experiences of children and families

The researchers acknowledge the lived experiences of children and young people, and parents and families of children who have been removed, who are represented in this research. We were unable to include children and young people as participants in this research and we hope future research will seek to address this limitation. It is the courage, resilience, and determination of parents and families to improve things for their children that have inspired us to carry out this research.

Other acknowledgements

This research builds on previous scholarship and is the result of hard work and collaboration by many people and organisations. It was preceded by two reports published by several of the authors (with others), including "'No voice, no opinion, nothing': Parent perspectives when children are removed and placed in care" (Ross et al., 2017a) and "From little things big things are coming: Final report of the parent peer support project, 2020" (Cocks et al., 2021). Including parents in child protection processes was central in both reports.

This research amplifies the voices of people who are often silenced. This includes ***parents*** of children who are removed. They are often stigmatised and silenced in child protection research, practice, and policy. We acknowledge and express our appreciation of the time, lived experience and expertise that parents shared with us and the significant contribution their voices made to this report.

The voices of ***kinship carers***, ***foster carers*** and ***adoptive parents*** are also important in research, practice, and policy, as they play a central role in supporting children. They often lead very busy lives, and their contribution to this field is not always acknowledged. We appreciate the time, experience, and expertise that carers provided as participants in this project.

Practitioners in services have challenging roles and limited time, and we acknowledge the time that participants took out of their busy work lives to be part of the research. We appreciate the expertise that practitioners who participated in this study brought to it. Even though these practitioners are at the front-line of services, their voices may not always be central in research, practice, and policy.

Organisations and agencies play a central role in child protection services. We received practical assistance from organisations and agencies including non-government family support, Out-of-home care permanency support (out-of-home care), carer support, parent advocacy, and private legal services, along with the NSW Department of Communities and Justice, and various legal services (NSW Legal Aid, Aboriginal Legal Services). We acknowledge the time provided and the effort that staff in all these organisations made to assist us to carry out this research, through assisting us to recruit participants and the appropriate people to participate in our two expert panels.

We were assisted in the early analysis of the data by two ***expert panels***. The first practitioner and carer expert panel included practitioners from seven service organisations and four carers or members of carer's organisations; the second was a panel of parents with lived experience of child removal from Family Inclusion Strategies in the Hunter (FISH).[1] We would like to acknowledge the time and expertise of these senior practitioners and experienced carers and parents, as well as the organisations that facilitated their participation. The members of these expert panels helped us to fully understand the major concerns expressed by our participants. They supported us to place these findings in the practice context.

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We thank Dr Kylie Agllias for her valuable review of the report.

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[1] Family Inclusion Strategies in the Hunter Inc (FISH) is a parent led organisation based in the Hunter Valley who assisted in this research and undertakes a variety of activities to increase parent and family participation in child protection and out-of-home care. For more information see: www.finclusionh.org.

EXECUTIVE SUMMARY

Family inclusion has been conceptualised in this study as *"*the active and meaningful participation of parents, family, kinship networks and communities in the lives of children. It is a process and lived experience over time that helps ensure children's family relationships are not lost*"*. In the child protection and out-of-home care sector, *participation* often relates to the involvement of parents and families in processes such as case planning, decision making, day-to-day relational activities with children and their direct care. An increasingly robust evidence base links parent and family participation to improved outcomes for children involved in this sector, including future children born to those currently in out-of-home care. Children placed with kin have been shown to have greater placement stability, fewer emotional and behaviour problems during placement and more connections to their families and social-cultural communities. Positive relationships between parents, families and practitioners have been linked to better outcomes while children remain in care, while supportive relationships between parents, carers and practitioners have been linked positively to restoration (reunification). Evidence also suggests that quality family relationships contribute to improved outcomes for young people leaving care, across a range of ongoing domains including employment and education.

International research increasingly acknowledges the complex social, economic, health and wellbeing challenges faced by parents and families who have had their children removed. There is growing evidence of a link between poverty and children's experience of abuse and neglect. As well as the deeply stressful nature of parenting in poverty, this link may be the result of greater levels of surveillance of poor families by the state, which may lead to more exposure to child protection reporting, investigations, and child removal. Correlations between parents having their children removed and higher rates of drug and alcohol use, mental illness and domestic violence need to be understood as part of this broader social context. Despite the evidence of underlying social causes, individualised responses focused primarily on parental deficits and risk assessments prevail in child protection systems in Australia. Importantly, all these factors continue to act as barriers to participation in the child protection system once child removal has occurred.

There is evidence that not only parents and children, but carers, community workers and child protection practitioners are silenced by child protection and out-of-home care systems. There are significant differences in size, knowledge, and power between systems and parents that potentially contribute to injustice and oppression. Despite numerous acknowledgments, reviews and change recommendations in Australia, increasing numbers of children are being taken into care, and much of this increase is occurring in relation to Aboriginal and Torres Strait Islander children. Evidence suggests that parents and families feel powerless to influence the system as individuals in their own cases, in the legal system, or as a stakeholder group in the broader system.

This research was designed to address the systemic issues identified above, by making these perspectives more visible. Built on the existing evidence, it explored the perspectives, experiences, and views of family inclusion of key stakeholders in the Hunter region of New South Wales in 2021. Most importantly, it prioritised the voices and perspectives of parents and families, carers and practitioners. An understanding of their perspectives is crucial to building child protection and out-of-home care systems that promote family inclusion. They are the key stakeholders in these systems who can enable (or inhibit) family inclusion. Participants included parents who had children removed in the past five years, kinship and foster carers, adoptive parents, lawyers who represented parents, support practitioners and practitioners from the Department of Communities and Justice (DCJ) and non-government organisations working in child protection and out-of-home care. Hearing the voices of these key stakeholders is an important step in addressing the current lack of inclusion of parents and families in the child protection and out-of-home care systems, and in improving the life chances of children who encounter these systems.

The research set out to examine how key stakeholder groups approached, experienced, and understood parent and family inclusion in child protection and out-of-home care processes. It asked how child protection and out-of-home care processes could be improved to achieve greater family inclusion. A qualitative approach was taken to gain a rich, in-depth and contextualised understanding of these perspectives. Focus groups and interviews were conducted across a four-month period, with 59 participants (parents n=6, kinship carers n=8, foster carers n=10, adoptive parents n=6, DCJ practitioners n=10, OOHC practitioners n=5, support practitioners n= 7, and lawyers n=7). Demographic data were collated for contextual purposes. Thematic analysis, which was conducted and agreed upon by the research team, revealed five complex and nuanced, but overarching, themes across the entire dataset: (1) Children's experience of family inclusion is not prioritised, (2) Carers are essential, (3) Differing orientations to inclusion for children, (4) Power and accountability, and (5) A need for system change and a focus on the underlying causes of child removal.

Participants felt that family inclusion was not prioritised by the focus or culture of the child protection or out-of-home care systems. All practitioner groups faced time pressures that impacted their capacity to prioritise family inclusion, as they understood it. DCJ, OOHC, support and legal practitioners commented that the combination of a lack of time, and challenges posed by significant gaps in services made their work with parents and families challenging. They noted families' needs were complex and challenging and could not be easily addressed in a time-poor context, requiring practitioners to make difficult decisions about who to prioritise. Despite this, participants in each stakeholder group reported support for family inclusion and described various ways in which they sought to promote it. Practitioners and carers reported responding to parents’ and families’ needs in their own time, but overall participants felt it was the ‘luck of the draw’ if families received this support.

Carers and adoptive parents were recognised by all participants as vital to children experiencing family inclusion. Their attitudes were described as inconsistently supportive of parents and families' relationships with children, and participants felt they could undermine as well as support attempts to include families. Practitioners and agencies also had varied attitudes to family inclusion, which influenced carers. Some participants spoke about the importance of training to support carers’ understanding of, and positive attitudes to, family inclusion.

Stakeholders described differing orientations to family inclusion. Parents and kinship carers tended to have expansive views of family inclusion, a future or whole-of-childhood orientation and a child-focused view. They recognised the important role of practitioners and wanted improved relationships with them that included a shared focus on children’s wellbeing. They also described a central and more normative role for parents over time that was less reliant on practitioner resources, and which strengthened or maintained a parental identity. Foster carers and adoptive parents saw family inclusion as predominantly about family time, which they often had a central role in organising. DCJ and OOHC practitioners talked about family inclusion by describing the tasks and activities for which they felt responsible. They adopted a task orientation to what was essentially the management of families and family time. The orientation of support practitioners was to enhance families’ capacities to parent children effectively and to advocate for their inclusion in child protection processes. Lawyers related family inclusion to their role in supporting parents’ participation in legal processes.

Power and accountability issues were raised by all participant groups. Participants described arbitrary and variable practices in a system that had limited accountability to and disempowered children and families. Carers and adoptive parents described themselves as relatively disempowered in relation to practitioners, needing to advocate for themselves, children and parents. Lawyers, traditionally seen as a relatively powerful group in society, described feeling powerless at times, in a system that rolled relentlessly on at a pace that did not allow for families to participate. Practitioners were aware and sometimes critical of the power they held over families and children and the difficulties this created for relational practice. While disempowerment and a lack of accountability characterised the experiences of family members in this study, this did not prevent them exercising agency.

Finally, participants called for systems change, including a shift from the individualistic responses that currently prevail to a focus on the underlying causes of child abuse, neglect and removal. All participant groups commented on the inadequacy of the current service system to respond to the real-life experiences of children and families, characterised by social structural issues such as racism, homelessness, and poverty. Their calls included, but were not limited to, new targeted and resourced services to support and advocate for parents, changes to carer recruitment and training and a reorientation for carers and practitioners to support family inclusion.

Findings from this research align with current evidence about the growing need to fundamentally change the foundations of child protection and out-of-home care practice and policy. The study reiterates the call to include the perspectives of children, parents, and families. It emphasises significant power differentials in these systems, that disempower parents and families in child protection processes. The research findings presented in this report evidence the need to:

- Develop a shared understanding of family inclusion;
- Develop a sector culture that values and prioritises family inclusion and the voices of parents, families and children; and
- Develop a process for family inclusion by co-design with stakeholders.

As such, the researchers recommend that a process be initiated by key stakeholder groups to embed family inclusion in child protection and out-of-home care policy and practice at federal and state levels.

BACKGROUND

This section sets out the context for the research by briefly describing the type of child protection system found in New South Wales (NSW) and other Australian States and Territories and some of the dangers associated with this type of system. It then describes how the child protection system in Australia and NSW operates and outlines the roles of the various stakeholders. It concludes with the working definition of *family inclusion* conceptualised for this research.

The child protection system in Australia

The Australian child protection system is based on the belief that government child welfare organisations can and should regulate "risks" to children posed by their families (Lonne et al., 2013; Featherstone et al., 2018; Connolly et al., 2014). Prior to the late 1990s, child protection professionals, such as social workers and psychologists, were understood as the primary experts on these risks (Featherstone et al., 2018). In the early 2000s managers were increasingly also seen as experts using business-oriented strategies and measures aimed at keeping children safe. These included performance and compliance outputs and standardised processes. A focus on identifying and assessing risk prevails, with accompanying assessment, investigation and surveillance practices, rules and procedures (Featherstone et al., 2018; Lonne et al., 2013). Over time, models of risk and predictability have converged with the international rise of managerialism and centralised state control of local service provision (Featherstone et al., 2018). Accountability in Australian child protection systems to local communities and families is virtually non-existent, while accountability to funders and system regulators has grown both in volume and complexity (Davis, 2019; Foote, 2022;)

It is increasingly acknowledged that broader social factors, such as poverty and inequality, contribute to child abuse and neglect, and that individual casework responses and practitioners rarely address these factors (Bennett et al., 2022; Bywaters et al., 2016; Chamberlain et al., 2022; Parton, 2020; Skinner et al., 2021). This is most evident in the overrepresentation of Aboriginal and Torres Strait Islander children throughout the child protection system (AIHW, 2022; Newton, 2020; SNAICC, 2021a). It is recognised that intergenerational trauma, poverty and genocidal policies perpetuated over many years through colonisation are the causes of this overrepresentation (Atkinson, 2002; Human Rights and Equal Opportunity Commission, 1997; Maynard, 2014; Menzies, 2019a; Newton, 2019; Newton, 2020).

Current practice is primarily focused on children and their parents, with a reliance on worker skill and capacity to do relationship-based practice. However, workloads, power imbalances and administrative and bureaucratic requirements are barriers to forming therapeutic and trusting relationships with children, parents, and families (Buckley et al., 2019; Lonne et al., 2013). Parents and families are required to engage with the system on the system's terms. They are restricted to a limited menu of services on offer, regardless of whether these respond to their needs (Featherstone et al., 2018; SNAICC, 2021a). Despite discourse about "partnerships" with parents, solutions are often imposed on parents and families by those with more power in these systems (Featherstone et al., 2018). These systems disempower not only parents and families, but carers and practitioners. (Braithwaite, 2021; Newton, 2020).

In Australia's federal system, child protection is a state and territory responsibility. Since 2009 the federal government has become increasingly involved in coordinating data collection and influencing policy. The initial 2009-2020 National Framework for Protecting Australia's Children used data to coordinate the work of governments and public and private agencies, developed strategies for improved outcomes and collected evidence to guide future policy (Commonwealth of Australia, 2009). It aimed to implement a public health approach with a focus on harm prevention, shifting the balance away from punishment for parents' failings and toward early intervention and support (Braithwaite & Ivec, 2021). Underpinning the framework were principles derived from the United Nations Convention on the Rights of the Child (1989): (i) that children and their families have a right to participate in decisions affecting them; (ii) that safety and wellbeing of children is primarily the responsibility of their families who should be supported by their communities and governments; and, (iii) that Australian society values and works in partnership with parents, families, and others with responsibility for the care of children. Despite the introduction of this framework, numbers of children in out-of-home care have increased and there are ongoing concerns that the voices of children, families, carers, Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds are still not being heard (Braithwaite & Ivec, 2021). Recent research, undertaken with lawyers, health workers, OOHC practitioners and service providers, reported their views that child protection authorities were not implementing practice consistent with the framework's principles. Child protection authorities were not working in a way that was child-focused or relational, or in a way that emphasised family inclusion (Braithwaite, 2021).

In all jurisdictions child removal is regarded as a last resort, only to be used when there is no other alternative to keep a child safe (AIHW, 2021, p. 3). When a child is removed, restoration is the stated policy priority (AIHW, 2022). This is also true in NSW, the location of this study.

Child protection in New South Wales

In NSW, the government department responsible for child protection is the Department of Communities and Justice (DCJ). While all states and territories fund non-government organisations to deliver a proportion of out-of-home care, NSW is the only state where non-government organisations providing out-of-home care undertake *case management* functions and responsibilities (Foote, 2022). This requires non-government organisations to use their funds, provided by DCJ, to exercise holistic responsibility for the care of children, including finding and supporting foster and kinship carers, developing and implementing case plans and undertaking the majority of liaison and casework with children's families. As an example, NSW is the only state where non-government organisations with case management make decisions about how and how often children in care see their families, sometimes without recourse to DCJ who retains parental responsibility. As of 2020/21 the proportion of out-of-home care provided by non-government organisations in NSW was around 56.5%. (DCJ Statistics, 2022). NSW has a high rate of children in out-of-home care, sustained over time, compared to other states and territories (AIHW, 2022). At the time of writing, it also has a low restoration rate of around 8% (AIHW, 2022, n/p).

Parent and Family leadership in the Hunter Valley

The research grew out of the Chief Investigator's involvement with the pilot Parent Peer Support Project (PPSP) (Cocks et al., 2021), which had strong involvement from Family Inclusion Strategies in the Hunter Inc (FISH). During this pilot, members of the PPSP steering committee, including people from a range of government and non-government agencies, discussed ways to improve the system for parents and families with FISH parent leaders who had lived experience of child removal. It was clear that there were significant gaps in the knowledge about how key stakeholders viewed family inclusion and how to progress it. The research also built on previous work carried out by members of the research team, into parents' experiences when children are removed and placed in care (Ross et al., 2017a). The development of FISH, a parent-led organisation of parents who have had children removed working together with practitioners in the sector, was an important stimulus for the parent's experiences research (Ross et al., 2017a), Parent Peer Support Project (PPSP) (Cocks et al., 2021), and this research. FISH has continued to operate a parent advocacy service following the PPSP pilot project. FISH is led by parents with lived experience of child removal. FISH played an invaluable role in the recruitment of parents as participants for each of these projects. The voices of these parents have provided a key lens through which the research team approached the research.

Defining Family Inclusion

Family inclusion has been conceptualised in this study as a lived experience of children, linked to improved outcomes. The definition of family inclusion used in this study was drawn from parent leaders of FISH, some of whom also had their own care experience as children:

> *Family inclusion is the active and meaningful participation of parents, family, kinship networks and communities in the lives of children. It is a process and lived experience over time that helps ensure children's family relationships are not lost.*

LITERATURE REVIEW

A summary of literature on family participation in child protection and out-of-home care follows. We consider the challenges faced by families and other stakeholders, the importance of family participation and the importance of family relationships and involvement for children. We identify gaps in knowledge and understanding by examining research evidence, the policy context and new and emerging initiatives and approaches.

An oppressive system in need of change.

Recent research, from seven studies of Family Capacity Building in Australia, shows that child protection and out-of-home care systems silence not only parents and children but also carers, community workers and child protection practitioners (Braithwaite, 2021). Parents have consistently described the current child protection system as punitive, blaming and stigmatising, across Australian studies (Harries, 2008; Hinton, 2018; Newton, 2020; Ross et al., 2017a). There are vast differences in power between child protection and out-of-home care systems and parents and families, that contribute to injustice and oppression. Despite numerous reviews being critical of the operation of these systems and recommending changes to better support families and meet policy goals, increasing numbers of children are being taken into care. Much of this increase is with Aboriginal and Torres Strait Islander children (Davis, 2019). This is due to the continual resurgence of state authoritarian practices in terms of crisis-driven policy cycles triggered by child deaths, which leads to child protection authorities becoming increasingly risk-averse (Braithwaite, 2021; Lonne & Parton, 2014; Warner, 2015).

Recent international research has found that out-of-home care may have negative mental health and other outcomes for children (Sugrue, 2019). We also know from recent longitudinal studies that children who enter care may have higher long-term mortality rates than those who do not (Murray et al., 2020). Concerns have been articulated in NSW about the risks of taking children into care, including impacts on life expectancy, crossover with the criminal justice system, educational performance, substance abuse, removal of future children and employment (Chamberlain et al., 2022; Tune, 2015). These risks may not be being considered when decisions are made in the children's court (NSW Parliament Legislative Assembly Child Protection Report No 46, 2017).

Braithwaite (2021) has recommended the development of new systems of regulation that can maintain children's safety but maximise the extent to which children can be safely supported by their parents and families. This whole of system regulatory reform is inclusive of informal networks of support, restorative justice approaches to ensure supported family decision-making takes place prior to child removal and new forms of responsive regulation, all of which privilege the voices of those currently marginalised in the system including families and children. These reforms work together to empower parents and families and push back against domination and oppression currently experienced because of the way in which our current systems are constituted. Reforms that include parents and families in all aspects of the system are more likely to align with child protection objectives – to ensure that children are supported to live at home with their parents and families possible, and if they must be removed in the short-term, restored to their families' care (Braithwaite, 2021).

Family inclusion and restoration

Parental participation is central to restoration (Child Welfare Information Gateway, 2011; Kemp et al., 2009). Restoration rates currently range from about 8% in New South Wales to about 35% in Victoria (AIHW, 2022). They are historically lower for Aboriginal and Torres Strait Islander children and currently sit at 16.4% (SNAICC, 2022 p. 12). A recent review of a cohort of Aboriginal children's files in NSW found that there were missed opportunities for prevention and restoration and that insufficient family participation was key to this (Davis, 2019). Frequent and quality contact between parents and children in out-of-home care is key to reunification (Biehal et al., 2015; McWey & Cui, 2021; Sen & Broadhurst, 2011; Wulczyn, 2004). Good relationships between parents and child protection workers also contribute positively to restoration (Cheng, 2010; Child Welfare Information Gateway, 2011; Lewandowski and Pierce, 2002) and to improved parent participation in child protection processes (Cheng, 2010; Reimer, 2013). Warm and supportive relationships between carers and parents are important for restoration (Ankersmit, 2016; Child Welfare Information Gateway, 2011; Fernandez, 2012). However, the carer/parent relationship may be overlooked or undermined in practices and systems that tend to keep them apart (Ankersmit, 2016; Cocks, 2018; Fernandez & Lee, 2013; Ross et al., 2017a). Research also suggests that when carers are not supportive, restoration rates may be low (Monck et al., 2004). Approaches that involve families and meet whole of family needs, not treating the child's needs as separate and apart from the family unit, have been linked to restoration (Lewandowski & Pierce, 2002).

Parent and family participation is also important for children who are not restored to their families. There is anecdotal evidence that many young people leave foster or residential care to return to parents or other family members of their own accord (Mendes et al., 2020). Young people in care regularly report they want more contact with family (CIannos et al., 2013; McDowall, 2018; Mendes et al., 2020). There is a pressing need in Australia for Aboriginal and Torres Strait Islander children and young people to have improved cultural connections, understood to be best facilitated through and by family (Bamblett et al., 2014; Davis, 2019; Mendes et al., 2020). There is evidence that quality relationships between children and families, and between families and practitioners contribute to improved outcomes for children who have been removed (Cashmore & Paxman, 2006; Fernandez, 2013, Moore, 2017; Reimer, 2013; Ruch et al., 2010) or who fear removal (Reimer, 2013). Parent and family involvement has also been linked to child safety when in the care of institutions (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017). Young people who leave care with quality family relationships have better long-term outcomes across a range of domains including employment, age at first pregnancy and education (Mendes et al., 2009; Mendes et al., 2020).

Outcomes for young people leaving care in Australia and elsewhere continue to be poor (Mendes et al., 2020; Sugrue, 2019) suggesting that improved family participation is needed.

Quality family relationships and relational permanence

There has been an increasing emphasis on legal permanency in Australian jurisdictions. In NSW, a "permanent" placement is defined in section 10A of the Children and Young Persons (Care and Protection) Act 1998 (NSW) (the Act) as providing a long-term safe, nurturing, stable and secure environment for children or young people. Legal orders such as guardianship and adoption have been privileged above long term out-of-home care as more able to offer "permanence" to children. However, research has found that children and their families value relational or "felt security" permanence over legal permanence (Osmond & Tilbury, 2012; Sanchez, 2004). Relational permanence is concerned with how children feel, their sense of belonging and the strength, quantity, and quality of their relationships with caring adults and other family members, such as parents and siblings (Boddy, 2013; Osmond & Tilbury, 2012; Sanchez, 2004). It has been argued that legal permanence forms only one part of permanence and is not the most important part (Family Inclusion Strategies in the Hunter and Life Without Barriers [FISH & LWB], 2019; Sanchez, 2004). Consistent with this expanded view, Aboriginal and Torres Strait Islander leaders have called for a more nuanced and culturally relevant understanding of permanency - one that is driven by family, community, kin, and the lived experience of children (Bamblett & Lewis, 2006; SNAICC, 2016).

An emphasis primarily on legal permanence may be undermining children's lived experience and relational permanence when children are not restored to their parents. For example, adoption from care is part of the placement hierarchy enshrined in NSW legislation as part of the permanent placement principles in section 10A (3) of the Act. However, there is limited evidence that adoption per se is supportive of children's family relationships. Recent Australian research suggests that family contact in open adoption is often limited to a few times a year, rarely involves more than one or two family members, and may not be sustained over time (Ward et al., 2022). There remains limited research on open adoption from out-of-home care in Australia and its impact on children's long-term wellbeing is largely not known.

A focus on legal permanence may also undermine family preservation and reunification overall and contribute to increasing rates of children in out-of-home care. High rates of permanent removal and low rates of restoration may also fuel distrust in families who may not seek help to avoid the gaze of child protection authorities and possible child removal (Collings et al., 2020; Langton et al., 2020; SNAICC, 2021a). Research in the United Kingdom has found that high rates of adoption are accompanied by increasing numbers of children in care (Bilson & Munro, 2019).

Social issues and out-of-home care.

Research highlights a range of intergenerational socio-economic factors, such as poverty, access to housing and intergenerational trauma that increase the risk of out-of-home care (Arney, 2018; Cocks, 2018; Fernandez & Delfabbro, 2021; Menzies, 2019a; Wall-Wieler et al., 2018) and make participation challenging (Bennet et al., 2020; Morris et al., 2018). There is growing evidence of a link between poverty and children's experiences of abuse and neglect (Landers et al., 2019) and that addressing poverty can help make children safer (National Center for Injury Prevention and Control, 2019). Poverty is often part of the lived experience of families interacting with child protection systems in Australia and in similar countries (Fernandez & Delfabbro, 2021). Poverty impacts almost all aspects of family life including housing and contributes to child removal while acting as a barrier to restoration (Cripps & Habibis, 2019; Fidler, 2018). Sole parenthood and unemployment in Australia are closely linked to poverty, child protection involvement and a reduced likelihood of restoration (Fernandez & Delfabbro, 2021). Lack of access to reliable transport commonly arises from poverty, especially in regional Australia, and may lead to reduced participation and less likelihood of restoration (Findley & Crutchfield, 2022).

Correlations between parents having their children removed and higher rates of drug and alcohol use, mental illness and domestic violence need to be understood within a broader social context. For example, while alcohol and other drug use and mental health issues are linked in research evidence to child removal, most parents who use drugs and alcohol or experience mental ill health do not have children removed (Wall-Wieler et al., 2018). It is when combined with broader social structural factors that these issues may contribute to child removal (Canfield et al., 2017; Skinner et al., 2021). Families who experience domestic violence are more likely than other families to interact with child protection agencies (Broady & Gray, 2018). Women report an impossible situation. Either they stay and risk removal of their children due to the dangers of the violence or leave and face possible homelessness and a similar risk of removal due to a lack of safe housing (Cripps et al., 2019) as well as a possible escalation of violence at the time of separation (Laing, 2017; Meyers & Stambe, 2020). Intersections between experiences of domestic violence, poverty, housing insecurity and child removal indicate the need for multi-faceted, structural reform (Conley-Wright et al., 2021; Langton et al., 2020). In Australia, mothers at risk of child removal have been found to be more likely to be teenagers at the birth of their first child, are likely to have their own care experience and have more children than average across their lifetime (Arney, 2018). Both mothers and fathers are more likely to have an incarceration experience (Taplin & Mattick, 2013).

Generations of Aboriginal and Torres Strait Islander children, now known as the "Stolen Generations", were forcibly removed from their families and communities as the result of racist government policy guided by the principles of assimilation (Human Rights and Equal Opportunity Commission, 1997; Menzies, 2019a). This past practice continues to generate multilayered impacts through the intergenerational transmission of trauma: in attachment relationships with care givers;

parenting and family functioning; parental physical and mental illness; disconnection and alienation from the extended family, culture and society (Atkinson, 2002; Milroy, 2018; Libesman, 2013). Current removal rates are also impacted by systemic racism (Davis, 2019; SNAICC, 2021a; SNAICC 2022). In addition, the workforce is not adequately equipped to work with intergenerational trauma (Menzies, 2018a; Menzies, 2018b; Menzies, 2020) or to provide culturally competent practice (Davis, 2019). Today in Australia, Aboriginal children are ten times more likely than non-Indigenous children to be in out-of-home care and six times more likely to be subject to child protection investigations (AIHW, 2021; Newton, 2022). Aboriginal and Torres Strait Islander children are less likely to return home and, if placed with non-Aboriginal and Torres Strait Islander carers, are less likely to see and know their families (Commission for Children and Young People, 2015).

Finally, an experience of child removal may result in long term harm to the family more broadly. Research in Tasmania has linked child removal to worsening homelessness and poverty (Fidler, 2018). There is a correlation between worsening parental mental health and child removal (Broadhurst et al., 2017; Wall-Weiler, 2018b). Many parents who have children removed go on to have subsequent children removed, profoundly increasing the trauma of parents, and contributing to increasing numbers of children in care (Hinton, 2018; Taplin & Mattick, 2015; Wall-Weiler, 2018a). Parents who have had children removed have higher rates of mortality (Broadhurst et al., 2017; Wall-Weiler et al., 2018b). Despite the evidence of underlying social causes, individualised responses focused primarily on parental deficits and risk assessments prevail in Australia (SNAICC, 2021a).

Practice barriers to parent participation

As well as social barriers, research has found that parents struggle to form constructive relationships with practitioners and thus participate in child protection processes. Positive relationships with child protection practitioners and lawyers are linked to improved parent participation, but these are hard for parents to achieve in an environment of power imbalances and fear (Hinton, 2013; Ross et al., 2017a). Relationship-based practice frameworks are in place in most Australian jurisdictions (see for example Office of the Senior Practitioner, 2020). Within these frameworks the individual child welfare worker’s relationship with families is a key tool for helping families to participate in making changes, to positively improve parenting and to build safety for children. However, there remains a relative lack of evidence on their effectiveness for children and families (Finan et al., 2018), and some evidence they may not be effective (Aaltio, 2022; Sheehan et al., 2018).

Research in Australia and overseas has consistently found that parents and families experience exclusionary child protection practices. Parents have described cruelty and disregard from practitioners in their interactions with services and being denied help to make changes to either keep children safely at home or be reunified with their children (Fidler, 2018; Hinton, 2018; Ross et al., 2017a; Schreiber et al., 2013; Smithson & Gibson, 2017; Syrstad & Slettebo, 2020). Evidence from Australia suggests that parents and families experiencing child welfare interventions feel powerless to influence the system as individuals in their own cases, in the legal system, or as a stakeholder group in the broader system (Harries, 2008; Hinton, 2013; Newton, 2020; Ross et al., 2017a).

Aboriginal and Torres Strait Islander families have experienced intergenerational trauma at high rates because of colonisation and systemic racist practices (Bamblett, 2014; Chamberlain et al., 2022; Davis, 2019; Menzies, 2020; SNAICC, 2021a; Tilbury & Thoburn 2009). Aboriginal and Torres Strait Islander families report experiencing low levels of cultural competence in the child protection workforce (Davis, 2019; Menzies 2020) and have limited access to staff who are Aboriginal and Torres Strait Islander (Davis, 2019). Most agencies operating in the statutory child protection sector are either government departments or non-Aboriginal and Torres Strait Islander agencies receiving government funding (SNAICC, 2021a). Davis (2019) and SNAICC (2022) also describe a profound lack of accountability and subsequent failures throughout Australia in implementing the Aboriginal and Torres Strait Islander Child Placement Principle. The strengths of many Aboriginal and Torres Strait Islander families and communities in enacting effective models of care, such as collective care of children, have been generally overlooked (Lohoar et al., 2014). Combined, these factors create significant barriers to Aboriginal and Torres Strait Islander families and communities participating in processes that are mostly directed by people and agencies who do not share their lived experience and who may lack cultural knowledge (Krakouer et al., 2022).

Some existing processes are aimed at improving and facilitating family participation but may not be succeeding. For example, case conferences are regularly used to support shared decision making in child protection and out-of-home care but have not achieved improvements (Hamilton & Braithwaite, 2014). Family group conferencing has been available for many years in Australia, but evaluations have been equivocal (Boxall et al., 2012). A recent Campbell systematic review assessing the effectiveness of evaluations of family group decision-making in the United States, Canada, Sweden, and the Netherlands, suggested that family group conferences overall lack an evidence base. The review also found that the current research evidence is of poor quality (McGinn et al., 2020).

Promising approaches and new directions

Emerging evidence supports innovative approaches, potentially challenging power imbalances, and creating new spaces for family participation. Building on research and practice internationally, parent and family peer support and advocacy (parent advocacy) is emerging in Australia. Parent advocacy occurs when parents with experiences of child protection interventions, provide advocacy and support to parents who are currently navigating child protection processes (Tobis et al., 2020). There is some evidence internationally that parent advocacy has positive implications for restoration and parent participation (Cocks et al., in press; Farmer, 2018; Tobis et al., 2020). One Australian example of parent and family advocacy is Grandmothers Against Removals NSW (GMARNSW), a group of grandmothers with lived experience of child protection processes who advocate for families in their own communities (Davis, 2019). Aboriginal and Torres Strait Islander leaders and researchers have called for greater advocacy for family and community inclusion in child protection practices and systems, building on the foundations of advocate groups such as these.

USA evidence has highlighted the role of multidisciplinary legal services, including parent advocacy (Gerber et al., 2019). Legal services are delivered by specialist lawyers, trained and experienced to represent families in the care jurisdiction, social workers and parent advocates. These services are linked to prevention, increased restoration, and increased kinship care (as opposed to placement with unrelated foster carers or in residential care) (Gerber et al., 2019). Specialised legal representation, lawyers specialising in representing parents with the support of social workers and peer advocates, may also have an important role to play in preventing children's removal from their families and hastening restoration where they have been removed (Gerber et al., 2020; University of Michigan, 2013).

Foster carers and kinship carers have an important role in facilitating parent and family participation. New innovations have begun to reconceptualise family relationships as central to improving children's outcomes (FISH & LWB, 2019; Osmond & Tilbury, 2012). For example, Life Without Barriers (2021) now intentionally assesses prospective foster carers' ability and willingness to include children's families and form relationships with family. Other initiatives are also emerging, such as the co-parenthood program developed by The Australian Centre for Social Innovation (2021), with a focus on restoration where carers offer care for both mothers and their young children, to help keep families together.

The evidence suggests that when families are relieved of chronic daily stresses linked to poverty, inadequate housing and social isolation, they can focus on their children's needs (Weiner et al., 2021). Increasing income reduces the likelihood of child abuse and neglect (Raissian & Bullinger, 2017), and programs which integrate housing can improve child and family outcomes including restoration and safety (Cripps & Habibis, 2019; Farrell et al., 2018). A Housing First approach, that provides secure housing as the first step in providing support, has been recommended as key to effective child protection practice (Farrell, et al., 2018).

Parent advocacy can also occur at a community, program, or systems level (Cocks et al., in press) where parents and family use their lived experience expertise to participate in policy and program reform and development. To date, there has been little involvement of Australian families with lived experience of child welfare or child removal in systems advocacy (Cocks, 2019). However, there are emerging initiatives. For example, the Queensland Parent Advisory Committee (QPAC) provides advice from parents with lived experience to the Minister for Child Safety[2]. Parent-led organisations in Australia have emerged including FISH. GMARNSW have been successful in negotiating a place at the table at a casework, service design and policy level in NSW including having input to guiding principles

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[2] The Queensland Parent Advisory Committee is a partnership initiative of the Department of Child Safety and the Family Inclusion Network of Southeast Queensland. For more information see: https://finseq.org.au/parents-and-families

for the NSW Department of Communities and Justice to strengthen Aboriginal community participation in child protection decision making.[3] There is little evidence about the effectiveness of parent and family advocacy at a community or systems level and this has been identified as a research gap (Ausberger et al., 2022; Cocks et al., in press).

Calls for greater family inclusion in Australia have emerged in response to rising child removals, individualistic practices and the profound power imbalances and exclusion confronted by parents and families (Ainsworth & Berger, 2014; Bennett et al., 2020). Issues of power and participation are central to developing family inclusive practice. Thorpe (2008) identified three areas of practice that address powerlessness and can improve participation. Firstly, improved relationships between families, workers, and carers; secondly, ensuring that families have access to information and resources to enable them to participate in processes; and thirdly, support to participate in decisions through advocacy and mentoring. There is a recognised need for practices to address the social structural causes of harm to children, to reconceptualise parents as leaders and agents of change, for an ethical and trauma-informed approach and a greater role for parents and family in service design and service provision (Cocks, 2019; Davis, 2019; Menzies, 2019a; SNAICC, 2021a;). The evidence suggests family inclusive practices may help to create the conditions for family inclusion in children's lives.

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[3] For more information about the Guiding Principles developed with the input of GMARNSW see: https://www.facs.nsw.gov.au/about/reforms/aboriginal-outcomes/guiding-principles

RESEARCH METHODS

This section provides an overview of our research methods including our team approach, research aims and questions, our design, recruitment, ethical considerations, and methodology.

Author reflexivity

The research team has met regularly over two years. Each team member holds multiple identities: white woman, mother, sister, wife, daughter, practitioner, activist, board director, researcher, social worker, academic, lawyer and foster carer. Each has yielded unique insights into child protection processes. These intersecting experiences of professional and personal lives have been a focus of reflexive discussion that has forged our identity as a research group (Probst & Berenson, 2014). We have discussed the project, its bounds and focus, our own experiences of the system, and emotional reactions to the research material. As a research team, we established shared values and a commitment to equalising power, and privileging lived experience. Our work has been influenced by a critical lens, integrating the structural issues that are the result of history and society's priorities in social welfare provision, including the absence of justice for Aboriginal and Torres Strait Islander people, poverty, homelessness, domestic violence, and lack of adequate support for families with mental health, family violence and addiction challenges in the child protection context (Libesman & Briskman, 2018; Tune, 2015).

Aims

At a broad level, the research responds to the power imbalances in the child protection and out-of-home care system that can silence the voices and inhibit the participation of key stakeholders, including parents and families, kinship and foster carers and practitioners. It aims to make their views and perspectives visible. It aims to examine perceptions of the inhibitors and enablers of family inclusion, and how child protection and out-of-home care processes could be improved so children can experience family inclusion.

The research set out to examine how three stakeholder groups; (1) parents, (2) foster and kinship carers, and (3) practitioners, approached, experienced, and understood parent and family inclusion in child protection and out-of-home care processes. Practitioners included (i) Department of Communities and Justice practitioners, (ii) non-government out-of-home care (OOHC) practitioners, iii) non-government family support and prevention practitioners, and (iv) legal practitioners who represent parents and other parties. After the research commenced, we received interest from adoptive parents, who had previously been foster carers and gone on to adopt children in their care and we decided to include them as a stakeholder group. The stakeholder groups included in this study are described more fully in Appendix 7.

We aimed to understand how individuals in these groups thought that child protection processes for including parents and families could be improved, the obstacles to family inclusion and recommendations for achieving greater family inclusion.

Research questions

- What do parents, carers and practitioners consider to be the enablers and barriers to family inclusion in child protection?
- How do practitioners and carers in child protection systems include children's parents and families as part of child protection processes?
- How do parents experience and understand their inclusion in child protection processes?
- What ideas do the three stakeholder groups have to improve parent and family inclusion?
- What support, resources and changes are needed in the broader child protection system to enable parents and family to be included in processes?

The research received ethics approval from the University of Newcastle Research Ethics Committee on 16 July 2020 (Approval reference: H-2020-0046). Variations were later approved to enable methodological changes including: the participation of adoptive parents, data collection via interviews and use of videoconferencing to facilitate focus groups and interviews.

Research design

Recruitment

We recruited from all our previously described stakeholder groups:

- Parents
- DCJ child protection and OOHC practitioners
- OOHC practitioners
- Lawyers who represent parents
- Support service practitioners
- Foster carers and kinship carers
- Adoptive parents.

Data were gathered through focus groups and semi-structured interviews. Each focus group comprised participants from only one stakeholder group. The research population included participants who had a close, personal involvement in child protection and out-of-home care services as practitioners, carers, or parents of children. Reluctantly, we omitted children as a participant group in this study. We hope that future research builds on the findings presented here by drawing on the perspectives of children themselves. The research did not have a specific focus on Aboriginal and Torres Strait Islander participants, although the team recognises such a focus would have been valuable. Such research is best led by Aboriginal and Torres Strait Islander people (see the 2019 'Family is Culture: Independent Review of Aboriginal children and young people in out-of-home care, Megan Davis' report as an example).

Participants were recruited from government and non-government agencies in the child protection and out-of-home care systems. Participants also learned of the research through word of mouth and social media (e.g., the FISH Facebook page). Senior staff at various agencies were contacted via phone and email to seek their assistance to recruit participants. Participants were largely drawn from the Hunter region.

The invitation to participate was distributed by government and non-government agencies to practitioners, carers and parents they were working with. Information was disseminated through a flyer sent to each stakeholder group (see example at Appendix 1) or via email. The information flyer and email contained a link to contact the research team. Once a potential participant made contact, a member of the research team emailed or phoned them to discuss the research, answer any questions and to gauge their interest in participating and if they were interested, their preferences for focus group or interview participation. They also detailed potential risks, and ways they could manage these during the research. If a person was interested in participating they were sent the Participant Information Statement and Consent Form and arrangements were made for them to attend a focus group or interview. All direct communication with participants about the research was undertaken by selected members of the research team. Participation in the research was voluntary.

Members of the research team also provided in person and online presentations to potential participants.

People could participate if they were:

- aged 18 years or older; and
- currently employed in the Hunter Region as a practitioner where they have contact with parents who have had, or are at risk of having, their children removed due to protective concerns which have resulted in an application to the Children's Court; or
- recently or currently a foster or kinship carer or an adoptive parent for a child who has been removed; or
- a parent of a child who has had a child removed and placed into out-of-home care at some point in the past five years.

Further detail of requirements for participation is available in the Participant Information Statement (Appendix 2).

Expert Reference Panels

Two expert reference panels were established to assist the research team. The first was made up of experienced practitioners and carers. The second was made up of parents with experience of child removal. Both panels provided feedback on the focus group /interview questions. They then later provided feedback on the early thematic analysis. These discussions took place in a video conferencing setting or face to face, dependent on availability and Covid restrictions at the time. Notes from these two panel meetings were written up by team members and indirectly supported further thematic analysis included in this report.

Data collection

Qualitative research methods were chosen for this project for their potential to draw out rich data on complex and in-depth issues. Focus groups were the main form of data collection in this qualitative study. In qualitative research, focus groups are a valuable means of understanding shared/common knowledge, group cultures, sub-cultures and the range of ideas and beliefs held in groups (Creswell 1998; Warr, 2005).

Between February and April in 2021, a total of thirteen focus groups were held with single stakeholder groups. The interviews took place between February and May 2021. Twelve focus groups were held face to face and one focus group took place on video conference. Focus groups had between two and seven participants, with an average of 4.2 participants. Focus groups ran from 74 minutes to 2 hours. Additionally, participants were provided the option of an interview where they were unable or not comfortable to take part in a focus group. Interviews were held with one parent, one kinship carer and two adoptive parents.

All focus groups and four of the interviews were held in Newcastle and were co-facilitated by members of the research team. Focus groups and interviews were audio recorded. Research team members recorded field notes and summaries from focus groups and each interview.

Demographic data were collected from participants via a survey prior to the focus group or interview (see example in Appendix 3). The design of the focus group and interview instruments was similar for stakeholder groups, with slight variations to take account of different roles (see examples in Appendices 4 and 5).

The focus group questions were designed to facilitate individual and joint contributions of participants. Additionally, participants were asked to respond to a definition of family inclusion. Individual participants were also provided with two cards to record their personal responses to the definition and their views on the barriers and enablers of family inclusion, described within a visual representation of the systems encountered by children and families (see Appendix 6). The cards were retained by the researchers and transcribed to form part of the data set. Each focus group concluded with a mind mapping session on the enablers and barriers to family inclusion. This was recorded on a whiteboard during the session and then transcribed. This helped focus groups to prioritise some of the enablers and barriers as a group, created more in-depth discussion and provided the opportunity for participants to reflect on each other's ideas, as members of a particular stakeholder group or sub-group. This mind mapping process was not replicated in interviews.

Data analysis

The brief demographic data were collated manually in an Excel spreadsheet, categorised according to participant group and analysed comparatively and descriptively.

A sample was selected from four different focus group transcripts – parents, foster carers, kinship carers and lawyers. Each of the four samples was independently coded by each member of the research team to achieve consistency in our coding. The full team met to discuss the collated themes, using conceptual ordering to identify separate ideas and categories then relate, differentiate, and integrate them to interpret and construct explanations (Miles & Huberman, 1994). A codebook was developed and then each member of the team was allocated several transcripts to thematically code and extract relevant quotes. Thematic coding of each transcript was crosschecked by a second member of the research team. The research team met regularly during this process to discuss themes and patterns emerging from the data analysis. The research team collaboratively compiled the themes, and a sample of representative quotes was prepared for the expert panels' advice and comments. The feedback from the expert panels provided further depth to understand the themes in the context of practice and lived experience. The purpose of consulting with the expert panels was not to identify new themes or question the validity of themes, but to add richness and inform recommendations that would emerge from the findings.

Further detailed analysis of the themes then took place, with each of the researchers returning to the data to deepen and consolidate their understanding. Research team members discussed terminology and meaning of terms, language to be used in the initial analysis of themes, literature that might help readers to understand the findings, new and emergent concepts (for instance around the term "family inclusion") and how to present the findings. Research team members wrote up themes for the final draft of the research report; this was then again read and checked by each of the researchers for accuracy before the final draft report was completed.

Ethical considerations

Given the sensitive nature of the research topic, care of participants and ourselves was crucial. There were potential risks to parents and practitioners in relation to distress and discomfort about sharing their own experiences, as well as the need for confidentiality and sensitivity in focus group settings. This was managed in several ways. Firstly, this was done by ensuring any decision about participating in the research was made with reference to the Participant Information Statement (PIS) an example of which is contained in Appendix 2. Secondly, during recruitment conversations, the research team answered questions about potential stress and related concerns. Thirdly, at the start of focus groups, researchers reminded participants about potential risks and reinforced the advice provided in the PIS. During the research we offered emotional support after focus groups and made referrals as required. Finally, the research team followed up with participants who appeared distressed or uncomfortable and made further referrals as needed.

Each focus group was attended by one stakeholder group only. For example, the foster carer focus group was only attended by foster carers. We did this to mitigate power imbalances between stakeholder groups, encourage full participation and allow the researchers to explore more deeply the significant issues for specific stakeholders.

Small gift vouchers were provided to parents and carers to assist with transport costs. Lunch, morning or afternoon tea were provided to participants.

Strengths and limitations

The research was qualitative. Qualitative research has real strengths in providing deeper insights into participants' worldviews. We sought rich data and to be guided by the data generated by participants, so qualitative methods were appropriate (Liamputtong & Serry, 2013). It was not our intention to provide generalisable findings. Rather, we sought to explore in-depth, personal and individual experiences that may offer insight into the barriers and facilitators to family inclusion in child protection as a foundation to informing policy and practice reform. We offered a range of engagement formats – focus groups and interviews – to recognise the different contexts in which diverse people might be more comfortable to contribute.

Recruiting participants for this research was not easy, particularly given the busy, often critical nature of the work and lives of our targeted participants. Recruitment, from late 2020 to mid-2021 during Covid-19 restrictions, was challenging due to the additional burdens on all people and constraints of online communication for some. The project was delayed by 12 months. Those parents, carers and practitioners who volunteered are likely to have had an interest in family inclusion, however they defined this. As such, there may be other perspectives that have not been captured adequately in our findings.

Recruitment of parents who have had children removed can be challenging. With the support of parent organisations and social media we were able to recruit parents to take part. These methods were used successfully and discussed in relation to previous research undertaken by research team members in the Hunter region, which also relied on partnerships with parent organisations and consultants (Ross, et al., 2017b). All participant groups were advised that sharing their experiences may cause some distress and this may have deterred some people. No fathers nominated to participate, which is a significant limitation.

There were limitations of the methodology employed in the research. This research did not include children as participants, and they are key stakeholders in child protection and out-of-home care. The research did not have a specific focus on Aboriginal and Torres Strait Islander people; although there were participants who identified as such whose voices are included in this report. We acknowledge that the themes raised by Aboriginal and Torres Strait Islander people are important and would have been strengthened if we had engaged Aboriginal researchers on the research team. The research could have included parents, carers, Aboriginal and Torres Strait Islander people or practitioners as co-researchers. The focus groups could have drawn together a mix of practitioners, carers, and parents. This might have encouraged dialogue between individuals in these stakeholder groups outside of their role and power dynamics that may have sharply contrasted their perceptions, leading to the development of greater insights into how each understands their role, and throwing up valuable ideas for change.

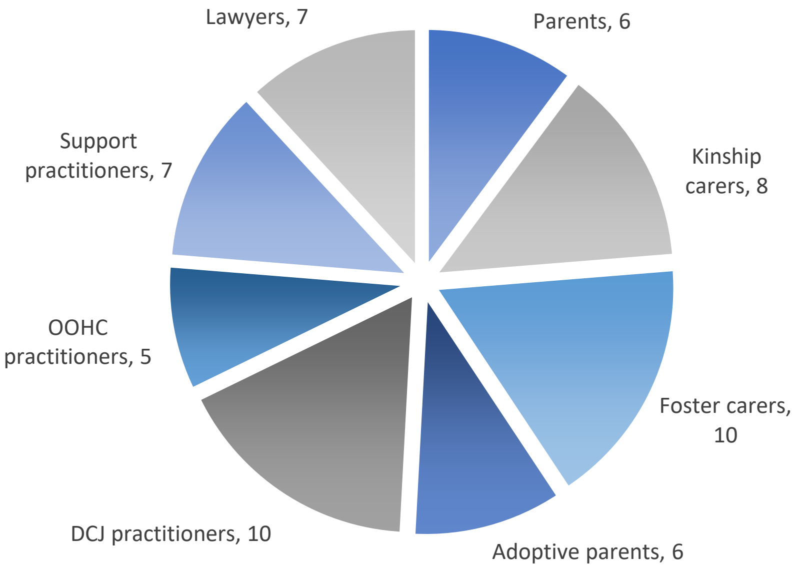
FINDINGS

Participants

This section describes and compares the characteristics of the participants in this research. Figure 1 shows the total sample of 59 participants across eight participant groups. Table 1 shows the number of focus groups and interviews held in relation to each participant group. Six ***parents*** participated in the research in total. Five participated in a focus group and one parent participated in a semi-structured interview. They referred to range of challenging life experiences including migration, trauma, addiction, poverty, and social isolation. They also talked about positive life experiences and qualities such as being in recovery, connected to a community, strong in culture, connected to spirituality and being persistent and committed to their children. All but one of the parents had children in out-of-home care at the time of participation, mostly in foster or kinship care. One parent had all her children recently returned to her care from residential care. This mother explained that they had returned to her care of their own volition. Only after the children had returned home had proceedings been initiated in the Children's Court to rescind long term care orders. Of the remaining parents with children currently in care, three were working towards restoration and felt they were supported in this by DCJ and the out-of-home care agency. Two parents had children in long term out-of-home care and there were no plans for restoration. Both these parents had been separated from their children for a long time and felt their children would remain in out-of-home care throughout their childhoods until they were ready to come home of their own volition. Both these parents expressed a deep desire to be with their children and be an active parent to them.

Eight ***kinship carers*** participated in the study. Seven took part in focus groups and one took part in an individual interview. Most were grandparents to the children in their care. Three had one child in their care, two had two children in their care and two had three children in their care. The children in their care ranged from less than 1 year to 17 years old. Four had been kinship carers for five years or less and four had been kinship carers between six and ten years. Ten ***foster carers*** took part across two focus groups. There was a wide range of experience among the foster carers – four had been carers for less than five years and four had been carers for more than 16 years. One cared for one child, three cared for two children, two cared for four children, one cared for five children and one cared for three children part-time and one child full-time. Six ***adoptive parents*** participated, all with children adopted from out-of-home care within the last few years. Ten ***DCJ practitioners*** participated in two focus groups. Most of these participants were in caseworker roles with three in management or specialist positions. All were from operational child protection or out-of-home care teams, working with children and families. Five ***OOHC practitioners*** took part in a focus group. OOHC practitioners work with children in care, their carers, and families. Seven ***support practitioners*** took part in two focus groups. They work with families in the community to support safe parenting, prevent entries to care and support reunification. Seven ***lawyers*** participated in one focus group. All lawyers worked regularly in the child protection jurisdiction with the majority representing parents.

Figure 1: Participant Sample



Demographic survey

All participants were invited to complete a *demographic survey* (see Appendix 3) prior to taking part in an interview or focus group. Completion of the demographic survey was voluntary and was not a requirement of participation in an interview or focus group. However, 58 participants accepted the invitation. Not all participants completed all questions within the survey. Data collected via these surveys are now discussed and presented graphically.

Figure 2 shows the participant groups by gender. Of the 58 participants who answered the demographic survey, 51 identified as female and seven as male. All parents, kinship carers and support workers identified as female. Of the foster carers, nine identified as female and one as male. Four adoptive parents identified as female, and two as male. Four OOHC practitioners identified as female and one as male. Nine DCJ practitioners identified as female and one as male. Of the lawyers, five identified as female and two as male.

Figure 2: Participant groups by gender

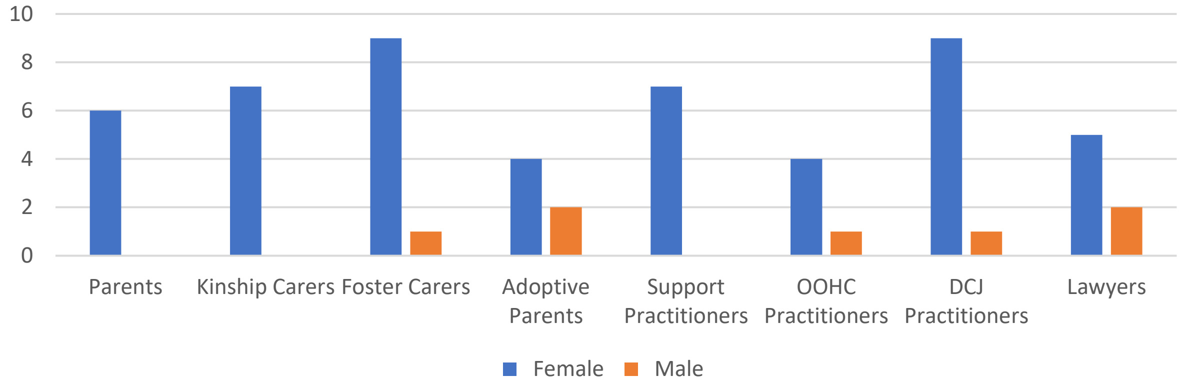
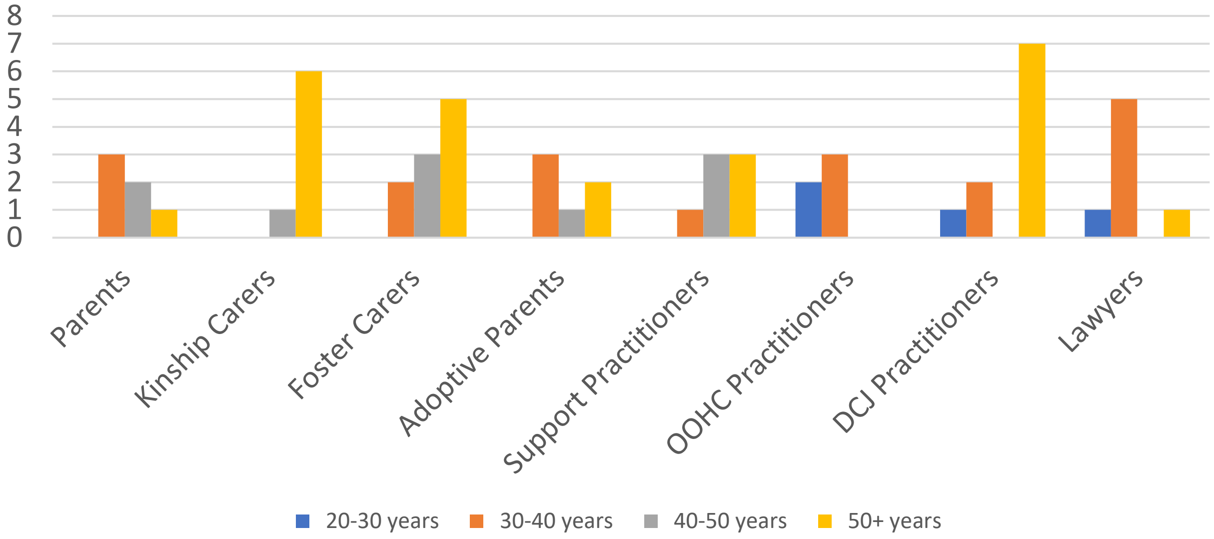


Figure 3 represents the participant groups by age. ***Parents*** were all aged over 30 years and two were older than 40. This likely reflects the length of time parents in this study had been navigating child protection systems and is not generally reflective of the age of parents in Australia at first removal. Their children were generally of school age at the time of the study, and they tended to have multiple children, some of whom were separated from each other while in care. Seven kinship carers were aged 50 years or above and one was aged between 40 and 50 years. All foster carers were aged 30 years and above. Three adoptive parents were aged between 20 and 40 years; one was between 40 and 50 years, and one was over 50 years. One support practitioner was between 30 and 40 years, three between 40 and 50 and three were aged over 50 years. All OOHC practitioners were less than 40 years old. Two lawyers were over 50 years of age, four were between 30 and 40 and one was under 30 years.

Figure 3: Participant groups by age



Of the 58 participants who answered the survey, nine identified as Aboriginal and/or Torres Strait Islander; three parents, three foster carers, one kinship carer, on support practitioner and one lawyer. See Figure 4.

Figure 4: Aboriginal and/or Torres Strait Islander participants

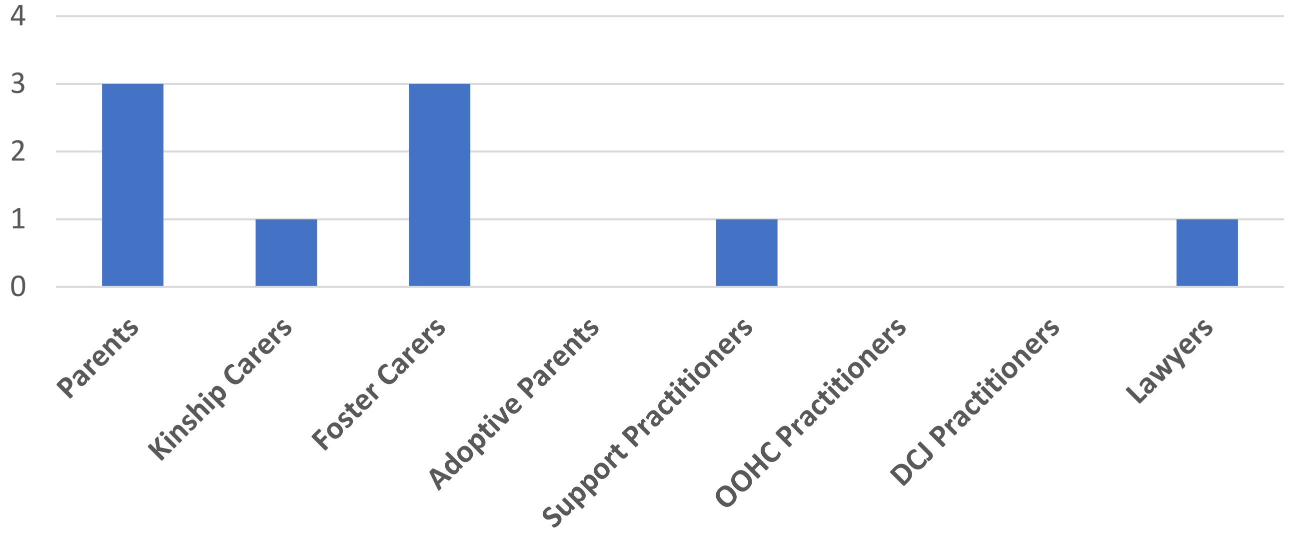
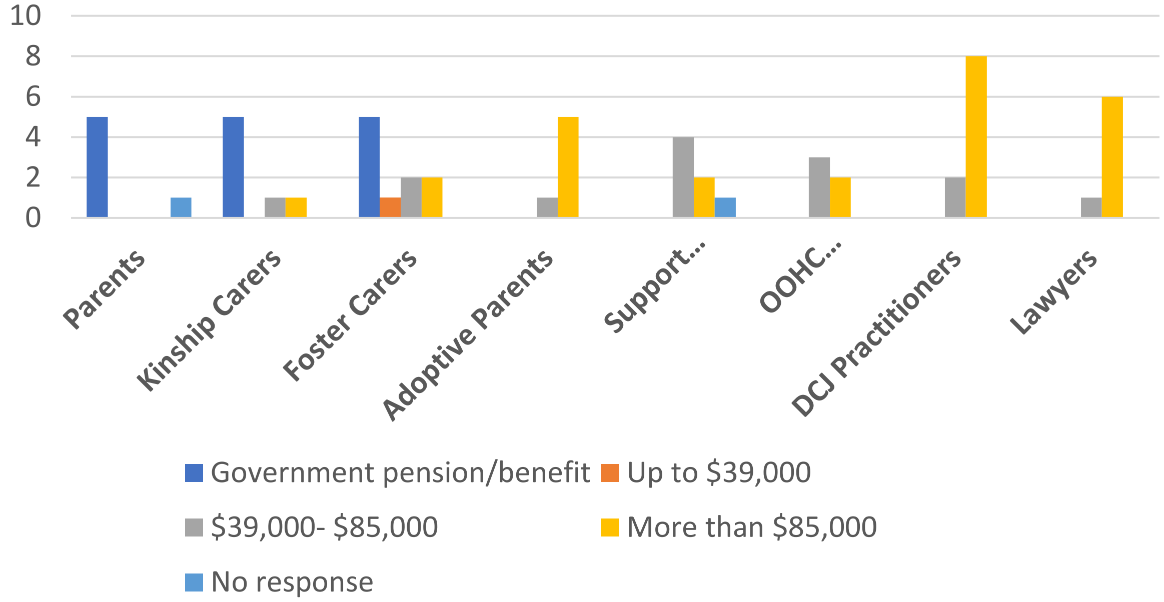


Figure 5 depicts the income bracket of the 55 participants who answered this question on the demographic survey. The parents who completed the survey all reported being in receipt of Centrelink payments as their major source of their income. All were on relatively low incomes in contrast to the lawyer, practitioner and adoptive parent groups and they also had lower incomes than both carer groups.

Figure 5: Participant groups by income



There were 58 participants who answered the question regarding their formal qualifications (shown in Figure 6). Two of the parents had tertiary qualifications and the others had secondary school or informal qualifications. The kinship carers had a range of qualifications, including trade qualifications and Masters-level degrees. Six foster carers had secondary school or informal qualifications, four held certificates/diplomas, and one had a tertiary qualification. Three adoptive parents had secondary school or informal qualifications, one had a tertiary qualification and two held post graduate degrees. One support practitioner had secondary school or informal qualifications, one had a certificate/diploma, two had a tertiary qualification and three held post graduate degrees. All OOHC practitioners had tertiary qualifications. Nine DCJ practitioners had undergraduate qualifications and one had a secondary school or informal qualification. Two lawyers had undergraduate degrees and five had postgraduate qualifications.

Figure 6: Participant groups by formal qualifications

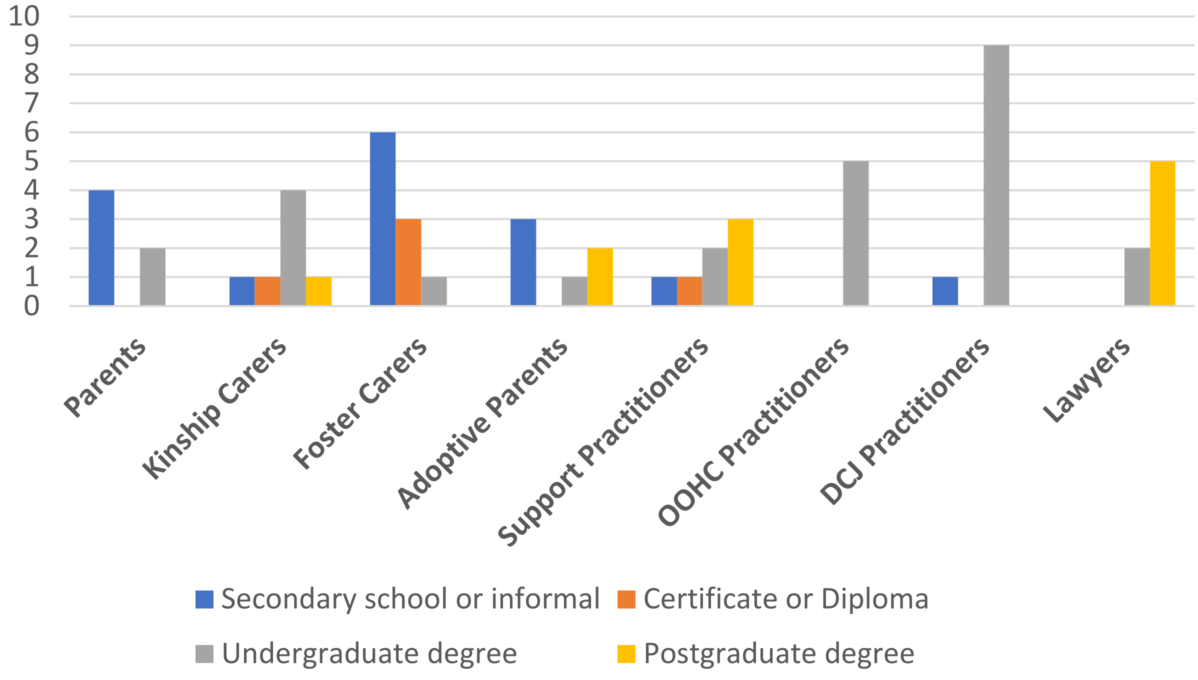
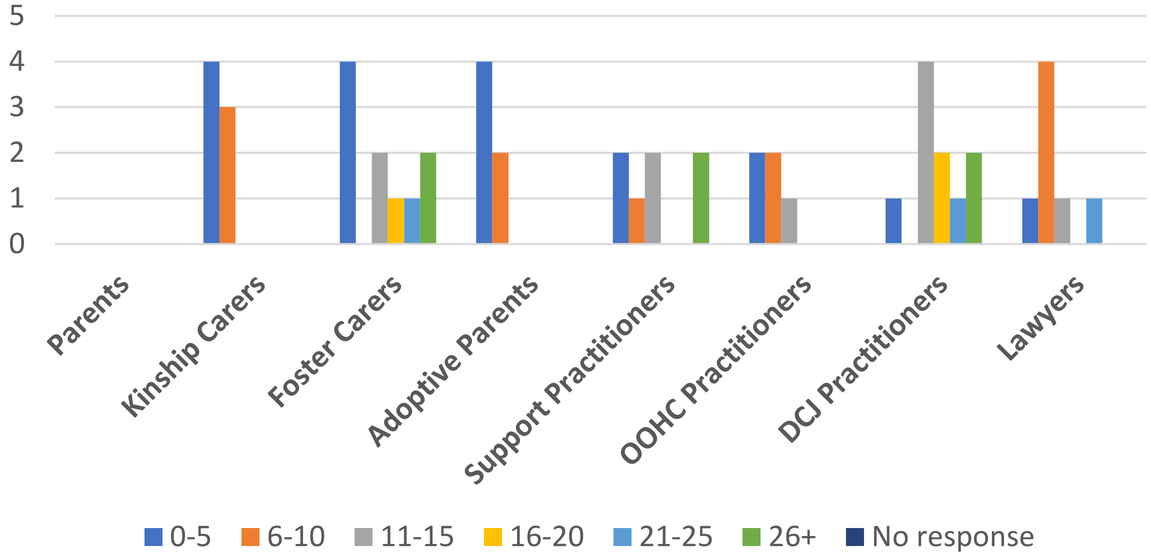


Figure 7 depicts the number of years participants had been in their respective roles. All kinship carers and adoptive parents who responded to this question had been in their role from between 0-10 years. The length of time foster carers had been in their roles varied considerably, with the four being in the role for 0-5 years and the remaining six ranging from 11 to 26+ years. Of the support practitioners who answered this question, two had been in their role for 0-5 years, two for 11-15 years, and two for more than 26 years. One lawyer had over 40 years' experience in this or a similar role, one over 20 years, one over 10 years, three between 6 and 9 years and one lawyer had 4 years of experience.

Figure 7: Participant groups by number of years in role



GENERAL THEMES

In this section we report on the five key themes that emerged across the whole data set, reflecting the priorities, concerns, insights and experiences of parents, carers and practitioners. The themes were: (1) Children's experience of family inclusion is not prioritised, (2) Carers are essential, (3) Differing orientations to inclusion for children, (4) Power and accountability, and (5) A need for system change and a focus on the underlying causes of child removal.

Children's experience of family inclusion is not prioritised

Participants from every stakeholder group reported that children's needs for family inclusion were not prioritised in the child protection system, its culture, and its practices. They noted families' needs were complex and challenging, requiring practitioners to make difficult decisions about who to help and support in the time they had. Despite this, participants in each group reported they wanted to help families participate, parents described wanting to participate and each described various ways they did this. Practitioners and carers reported responding to parents' and families' needs in their own time, but overall participants felt it was the "luck of the draw" if families received this support. Despite an expressed commitment to family inclusion for children, practitioners reported they often could not or did not prioritise it in practice. DCJ and OOHC practitioners explained that they had insufficient time and support to carry out their roles effectively, and felt it was an "extension" of their already busy roles to respond to unmet needs of parents and families. Lawyers said they needed more time to explain processes to parents who were often struggling to understand complex legal processes. Lawyers said this was particularly the case where parents were living with disability or had health problems. Kinship and foster carers reported that they had inadequate support for the caring work they undertook and often had to make sacrifices, including time to spend on themselves. For parents and kinship carers, family inclusion for children was more of a priority and they regarded it as central to their roles, not an extension, and very important to children.

Participants in each stakeholder group identified significant gaps in services for parents and families that may be functioning as barriers to family inclusion and put further pressure on practitioners to *extend* their support to meet these needs. For instance, DCJ, OOHC, support and legal practitioners stressed they were time poor with large caseloads. They further noted how this limited time was exacerbated by social issues for parents and families, such as poverty, homelessness, and unmet needs from trauma. DCJ, OOHC and support practitioners felt parents lacked access to important legal and service navigation information. Lawyers noted a barrier to parents' inclusion was disinformation about the legal process that they received from DCJ and other sources.

In the next section, this theme is explored in more detail for each stakeholder group.

Foster carers and adoptive parents: Family time is important, but there is not enough time and there are other barriers

Foster carers tended to see family inclusion through a lens of family time – the time parents and family spend with the children. Family time often had to be arranged and scheduled by them, which could make it hard to prioritise, even when foster carers described it as very important. Some foster carers said they faced systemic or practice barriers to family time, and some advocated and undertook other actions to ensure it was prioritised, often independently of agencies and DCJ. They reported that they wrote and sent pictures to parents who were incarcerated and included parents in children's birthdays through invitations to parties or by encouraging telephone calls. They described doing practical things to provide a comfortable environment for parents to join regular family events and activities. They reported supporting family time, by providing parents with up-to-date information about children's lives to aid them in talking to each other, and by providing emotional support to parents and facilitation of family time in a way they felt was natural and personal.

Foster carers often expressed awareness and empathy for parental circumstances. They felt they were able to get to know parents better than caseworkers and could tailor family time to make it an optimal experience, for instance where parents had mental health issues:

> *At times we've been able to do more in those visits because mum's well and healthy and things are going much better for her. At times that's had to look very different. So I think we've just had to have a really good awareness of mental health and have that acceptance…"Okay, well things can't be as they normally are today, so how are we going to do this?" (Foster carer)*

Some foster carers described scheduling family time, and encouraging positive relationships, despite children's reluctance to attend:

> *We'd say to them "But you know what mate, your dad turns up every single visit. He loves you guys."…. "No mate, you've got to go", and they'd have a great day once they were down there. (Foster carer)*

They described flexibility and more natural, informal family time occurring for children on a conditional basis, dependent on their own time and the behavior of parents. However, foster carers reported that they did not prioritise family time when they felt it was not beneficial for children or could cause them harm:

> *…we don't have any contact with dad, dad dropped off the radar. And I don't like dad, I'll say it. I don't…And now we're focusing on mum, I guess, but my point is when the relationship is healthy and it gives and it shows benefit, then it's really easy to foster it, but when it doesn't is when it's harder. (Foster carer)*

Family time could be closely managed by agencies, making it very difficult for foster carers to prioritise family inclusion for children:

> *You say hello to the parents [at family time] and the case manager literally shuffles you off. You're not wanted in that position. So, there's no interaction at all. (Foster carer)*

Some adoptive parents said they put a high priority on family time. For example, one couple said they travelled two hours each way to visit the children's mother, because she was pregnant and reliant on public transport. One adoptive parent spoke about wanting to show the mother that *"we're not bad people that are stealing children"* (Adoptive parent).

Adoptive parents and foster carers also referred to the importance of children's relationships longer term, as a reason for family time to have a high priority:

> *We don't want [child] to grow old and say "Why, why, why weren't they a part of our lives?" (Adoptive parent)*

Practitioners – family participation is an "extension" of their roles.

Support practitioners, those working in non-government family support services, said they were committed to helping families and encouraging participation. They described helping parents to build their parenting skills and, like carers, said they advocated for them to be included in decision-making processes about their children – making their participation a priority.

Support practitioners, given their role in the sector, understandably tended to conflate the prioritisation of inclusion with the prioritisation of restoration. They felt the prioritisation of restoration varied depending on the culture of the agency. They said they felt practitioners who assumed parents couldn't change tended to dismiss restoration and not prioritise it. They also felt DCJ simply did not have enough time to do the necessary work to support restoration or family relationships. Multiple placements of children from the same family with different agencies and carers were reported by all stakeholder groups. Support practitioners said that these arrangements meant that both they and DCJ had to facilitate communication between families and agencies, and this meant family participation and children's experiences of inclusion was given a lower priority. To properly support families, some practitioners said they used their own, unpaid time.

Support practitioners were keenly aware of parents' situations and contexts, including trauma, legal problems, mental health and poverty. They described various ways they helped to address these issues such as helping parents to reduce fines and offering programs to improve parenting skills. Support practitioners, like other practitioners, described large gaps in services for parents, suggesting that the system places a low priority on helping them to participate in child protection processes. They described expectations on them to increase the intensity of their work with families, but a lack of resources to meaningfully prioritise this intensity:

> *They're looking at three to five visits a week but they're not giving us anymore hours to do that. (Support practitioner)*

DCJ practitioners reported that they prioritised family inclusion for children by giving families information. When they felt parent's lawyers were too busy to explain legal processes to parents, DCJ practitioners said they tried to fill this gap, but they faced time challenges doing so. They said that occasionally they provided money or other resources to families to help them participate. DCJ practitioners said that their roles required them to prioritise children, carers, and the Children's Court. They reported they often saw the demands and needs of other stakeholders as having priority over parents rather than being in alignment with them. Practitioners suggested that parents' participation was facilitated when they had time to build trust and relationships, but this was not a priority in the child protection context.

OOHC practitioners similarly felt family participation and family inclusion for children was important but felt it was not a priority compared to other work:

> *[Practitioners] all go into this work with the best intentions, but family finding and taking the time to meet parents over and over again, building that relationship takes a long time that we don't have, because caseloads are big and our jobs are massive. (OOHC practitioner)*

In this context, they said it was easier to prioritise parents who they perceived as easy to engage with or motivated, with whom they had a positive relationship: Similarly, to DCJ practitioners, OOHC practitioners also tended to see children's needs as separate and unaligned to the needs of parents, leading to them prioritise the needs of children as they saw them. OOHC practitioners said information sharing processes under Part 16A of the Act[4] contributed to delays and were challenging. They related how information sharing processes could take months, further delaying changes or plans for family

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[4] Chapter 16A of the NSW Children and Young People (Care and Protection) Act provides a mechanism for information to be shared among various agencies to ensure the safety and wellbeing of children. These information sharing provisions were enacted following the Wood Inquiry (2008) which examined the deaths of two children in the early 2000s.

time visits, suggesting that these processes in themselves are not prioritising family inclusion for children and may be a barrier:

> *…you'll do a 16A to DCJ to get information and yeah, you'll be waiting at least four months to get it back. (OOHC practitioner)*

Lawyers said they needed to prioritise participation to meet their obligations to obtain instructions and this was a significant challenge at times. They advocated with DCJ on behalf of parents but were aware of significant gaps in services for parents:

> *The services are not fully there, and the department [DCJ] doesn't really see it as part of its role to actually help parents to engage with circle of security, or you're getting a psychologist to engage in some reflective work or whatever. (Lawyer)*

Parents and kinship carers: A focus on children's experiences

Parents and kinship carers described a child-focused commitment to family inclusion that suggested they gave it a high priority and rather than being an extension, it was integral. Children's experiences of family inclusion were especially important to parents. For parents and kinship carers this was about a lot more than the time they spent with children, and included advocating for siblings, often separated in care, to spend time together:

> *My siblings don't see each other. My son went – when all the COVID stuff happened, the last time he went from December until nearly November without even seeing the babies, like the younger two…I ring my older kids now when I'm with my younger two. (Parent).*

Parents suggested that their views were important in achieving inclusion for children. This required them to be both present and a valued part of those processes. When parents did achieve this level of participation in processes, they often linked this to having an advocate or support person by their side, suggesting that family participation is more likely to be prioritised by others when there is an advocate present. They also described being "pushy" and not giving up.

Advocacy was also raised by kinship carers to achieve a higher priority for family to participate and for children to experience inclusion. Kinship carers described advocating for parents and family to participate and be involved as much as was possible in their unique circumstances. This included advocating for family time to take place when parents were in prison and for letters from parents to be provided to children in a timely fashion. They said they advocated for services to be provided to parents to enable them to be the best parents they could be – to participate and strengthen or normalise their relationships with the children.

Kinship carers described facilitating family time, at family events, sleepovers and in other incidental and normalised ways. They reported advocating for adult children, who had children removed when they were younger, to be provided with support to maintain subsequent children safely at home, or to be reunified. A kinship carer explained this in relation to her adult daughter who had an intellectual disability:

> *…she was a little bit older, and we knew what happened with her daughter, we sort of all stepped in then when she fell pregnant this time and we all did everything we could to make sure that she was going to keep him. (Kinship carer)*

Carers are essential

Kinship and foster carers were recognised by all participants as key to children experiencing family inclusion. Carers' attitudes were described as inconsistently supportive of parents' and families' relationships with children, and participants felt they could undermine as well as support attempts to include families. Practitioners and agencies also had varied attitudes to family inclusion, which influenced carers. Some participants spoke about the importance of training to support carers' understanding of, and positive attitudes to, family inclusion.

Kinship care

Parents described how kinship carers influenced their ability to meaningfully participate in children's lives. Several factors could operate as a barrier to them staying connected, including previous interactions, perceived power imbalances, and trauma responses:

> *…[caseworkers] have all the say and the [carers] have all the say. I have nothing. (Parent)*

> *…kids are in care with the paternal grandparents. Mum was the victim of quite severe domestic violence from dad and now it's his parents caring for the children… for mum that's hugely triggering. (DCJ practitioner)*

The relationship between kinship carers (often children's grandparents in this study) and parents (their adult children) was often reported as strained when family members took on care responsibilities for children, with one kinship carer noting: *"my daughter seems to hate my guts because I've got her child" (Kinship carer).*

Kinship carers also spoke about advocating for parents when they felt parents were being poorly treated or excluded. They noted a range of ways they included parents in children's education, health appointments, decisions, and family time, but noted that DCJ practitioners' attitudes made a significant difference to their ability to do so. They described supporting and encouraging parent involvement in children's lives even when this was opposed by authorities. One kinship carer, who was told by DCJ that there were to be no phone calls or contact "at this stage", reported successfully advocating for her grandchildren to visit their mother in prison. Another talked about supporting parents to do activities with the children:

> *I thought I'd only have the kids for a certain amount of time so I wanted to show [the parents] there was other things they could do with the kids. So, I started the kids in playgroup and also music. (Kinship carer)*

Kinship carers' own lives were reportedly constrained by agencies at times. For example, one kinship carer said she was told she must leave her job or risk the children being placed in foster care, away from family. Carers described responding to and managing unrealistic requests and expectations from DCJ and agencies in their relationships with practitioners, including one situation where a father had not seen the child for some time and the carer felt unsafe and concerned for the child:

> *The new case worker, I think she's quite young and I think she's just new, but she suggested we find a very quiet park and give him 10 minutes with his dad with me supervising… I said I thought it would be better in a contact centre. I was like horrified. You know, look at the size of me. (Kinship carer).*

DCJ practitioners said they highly valued kinship carers' relationships with parents. However, they acknowledged the complexity of care arrangements and described how strained family relationships could limit children's relationships with their parents. They also talked about prioritising their relationships with kinship carers, instead of working directly with parents:

> *We have greater expectations of what [kinship carers] will and won't do, [we] now expect that carers will facilitate contact, not all the time, but certainly as a default…we have greater expectations of the standard of care they provide. [We're] so now focused on our kinship carers, they're really who we deal with primarily. (DCJ practitioner)*

Foster carers and adoptive parents

Overall, foster carers and adoptive parents tended to limit their influence and focus to family time, rather than broader participation and inclusion for children. There was general agreement among participants that foster carers and the agencies that supported them exerted a powerful influence over relationships children had with parents and extended family. Some foster carers said they were encouraging and supportive of parents being actively involved in their children's lives and this sometimes came after long periods of exclusion. For example, a foster carer reported how she supported restoration to a parent for a 16-year-old, who had lived his childhood in care and wanted to return to his mother:

> *And she just really thanked me. She said, "No-one's ever had my back like that, or had that confidence in me." (Foster carer).*

Other foster carers talked about persisting with family time and forming positive relationships with parents over time, with benefits to children:

> *When I first received [children], the visits with mum were horrible. They would spit and kick and come home and play up, and now they're beautiful. They're lovely visits. The [children] call us both mum. It's all really natural, and I'm really proud of it. (Foster carer)*

Foster carers reported that they felt time-poor out-of-home care agencies could neglect family time visits –requiring foster carers to advocate for them to take place. Some foster carers would offer to be present for family time visits, as they felt their presence was more natural and comfortable for children and parents alike, instead of paid supervisors who may be unrelated to the children:

> *Then because we're there now, we're able to support [mum] a bit emotionally too because she does struggle with her emotions during a visit. So maybe sometimes I provide a little bit of support that way with her so that the kids really aren't aware of – so the visit can continue and she's feeling supported in a safe space. (Foster carer).*

The foster carer role in supervising family time was sometimes a steppingstone to more relaxed and unsupervised visits or it could be seen as replacing formal supervision.

Some foster carers and adoptive parents said they put a lot of work into creating family time visits with parents, siblings, and extended family. They described involving foster carers and kinship carers for the siblings of the children they cared for. DJC practitioners reported that they thought this communication/coordination role to keep children connected to siblings and other family was very important. They spoke about the ongoing need for kinship carers and foster carers to be able to communicate directly with parents. They also wanted carers to take on a supervision role for family time. For example:

> *We need to be able to build that relationship between the parent and the carer so that a lot of that communication can happen directly. So that the carer feels comfortable and safe in being able to communicate directly with mum and dad and ask them things and invite them along to special occasions and feel comfortable being the supervisor during those events. (DCJ practitioner)*

Foster carers, adoptive parents and practitioners used different words to describe the role of carers and adoptive parents in family time. Practitioners tended to talk about carers "supervising" family time, (see the quote above), but this word was not used as frequently by foster carers or adoptive parents. They spoke instead of facilitating and supporting family time. If they did use words like "supervision" this tended to be as part of making family time more relaxed and comfortable. Adoptive parents generally did not have agency support for family time and although they did not tend to use the term "supervision" they described always being present during family time – children were generally not left alone with their parents or other family. This was challenging for some adoptive parents:

> *So, the next contact visit, I've asked a friend… to come along to support me, and help me, because it's hard watching two kids at the best of times by yourself. (Adoptive parent)*

The importance of carers' roles in family time

As noted previously, foster carers and adoptive parents focused mostly on family time which tended to occur on their terms or the terms of agencies. They reported that their decisions about how to include parents and families depended on their knowledge of the parents and any perceived risks to the child. Most, but not all, described exercising considerable authority over family time arrangements. Kinship carers also exercised this authority, although they tended to describe a greater degree of negotiation and /or information sharing with parents and did not have such a focus on family time alone as a way of including and involving parents.

In some families, kinship carers expressed high levels of commitment to promoting parental involvement despite adversities such as parents being in jail or relationship difficulties. Where visits occurred at the carer's home, they often said they had rules or expectations about parents' behaviour. Some carers talked about making these rules explicit by telling the parents what they expected:

> *He could come visit any time, but they had to give me notice. They weren't allowed to come to my house if they were intoxicated, abusive or…. on the spur of the moment. They had to actually give me notice. … because I've got strict rules, like they're not allowed to fight with each other in front of the kids … if they're having a fight on the way to my place and then I've told them, put your argument in the glovebox. Come in all smiles and happy. (Kinship carer)*

Where parents were given the option of initiating family time, some carers said there was an understanding that parents would not expose the children to issues like drug use or when mental illness was very challenging:

> *And she's very up front in saying she's not well enough to see the kids at that time, so grandparents and siblings will step in, which is good. But when she's strong and is available, we'll do – like, we've done swimming lessons every week for three months … We'll sit and have lunch together, and the little one's got two mums, and it was the most beautiful thing (Foster carer)*

If carers felt situations were risky for children, they, or agencies, made changes to family time arrangements.

> *…they [OOHC caseworker] witnessed her abusing me and the strangers and they suggested, well, with this contact visit, for the Christmas one, we went to [non-government organisation] …so they don't have visits in public anymore. (Adoptive parent)*

Carers and adoptive parents did not talk about seeking the views of children explicitly, but they did say they wanted to prioritise children's wellbeing in family time decisions. Issues of safety were seen by carers as overriding children's need to spend time with their families. When carers had relationships with parents, they felt they could make better decisions about family time.

> *But I've also been in the situation where a birth mum is saying she wants a court order that she can have him over for the weekends and this type of thing. We disagreed. We said "No." He's four. He's*

> *got a brain injury and we said "No, not at any stage"...There's no way we were going to…one day she was telling me that the next-door neighbour's house blew up. I said "Oh, did the gas bottles explode?" and she said "No, there was a meth lab in there." (Foster carer)*

Kinship carers, who in this study were most commonly grandparents, said they knew parents well. Some kinship carers described relaxed and natural family time, without the need for pre planning or management:

> *…she comes and stays at our house. Sometimes she'll want to come and stay for one night and we end up with her for a whole week [laughs] because she doesn't drive so we drive her where she needs to be. (Kinship carer).*

At times, carers said they used their judgment about what would work for the children, parents, and themselves, and made plans in consultation with the parents. Overall, carers and agencies required parents and other family members to comply with carer and agency decisions.

Some foster carers felt rigidly managed and that supervised family time did not work for children. They worked with practitioners to play a role during visits. Over time, this may have led to more relaxed relationships between carers and parents with parents playing a supplementary role that carers found supportive:

> *She's very respectful of what I give to her, and she's very, sort of, supplemental in the support that she can provide to the boys. (Foster carer)*

Some foster carers observed that parents were in distress and said they responded empathically, usually in the context of family time. This foster carer felt the parents had few other sources of support:

> *…[at] these contact visits, they almost want to pour their heart out to let you know that they're not a bad person, but circumstances have put this on them, and they are getting their lives together…you have to encourage that and be there for them as well. You're not just there for the child. You're also there for the parents…to a certain extent you become the counsellor because the case worker's gone, and you've taken over this role. (Foster carer)*

Conversely, some parents described carers putting up barriers to family time in ways that conflicted with out-of-home care or DCJ goals. One parent said the carer did not co-operate with court orders or with family time arranged by the agency and DCJ. This resulted in the parent having almost no time or relationship with her children. In this example, despite family time beginning well, the parent said the foster carer did not participate in any activities that might facilitate family time:

> *...she says the kids don't want to see me, blaming me and the kids, not taking responsibility for the situation. Won't go to the [name of the service], won't go to counselling with me, and the NGO [non-government organisation] or DCJ won't do anything about this. (Parent)*

In summary, foster carers, kinship carers and adoptive parents were in key positions to strengthen family relationships. They said they did this by identifying and developing opportunities for parental and extended family involvement in the child's life. Implicit to this was their identification and management of perceived risk to the children. In the context of changing circumstances for parents and associated risks for children and carers, establishing rules and expectations of how parents would be involved and under what conditions, provided a basis for these engagements and ensured that children would be able to continue to have contact with their parents and extended family. While carers were identified as being key to managing these complex and, in some cases, fluid scenarios, participants' comments made it clear they could also impede family participation through refusal to attend or comply with court orders or agency policy.

Keeping children connected to extended family

Carers said they often played a role in seeking out and supporting kinship and sibling relationships, particularly in large families. This could also be supportive of cultural considerations and identity, for instance, where an Aboriginal foster carer supported contact with siblings and cousins for Aboriginal children in her care. One foster carer wrote letters to a newborn sibling of the child in her care so that they would have some knowledge of each other as they got older. Some foster carers commented that their foster children and even kinship carers who had cared for siblings of foster children stayed in contact even after they weren't fostering children – thus expanding their social circle and support:

> *…an organised visit that we did with siblings and extended family and the birth mum attended. We made sure all their siblings attend with – they're placed with aunties and grandma. So, we had the aunties there, we had grandma there. Mum was there. Mum had been in a rehabilitation facility and so it was organised through the facility. She had allocated hours…we'd communicated with all the extended family to make sure that this could occur, and it was for one of our little one's birthday. So, mum had made a cake at the facility and we'd been working with the facility about how we could support her for that visit. It was just a really nice day and I think they all had some lovely photos from that day, of everyone being there. (Foster carer)*

Sometimes parents were not in contact with children for a period of time. During these times the continued informal and natural involvement of the extended family members could provide rich layers of family connection. DCJ practitioners reported that sometimes when circumstances changed, foster carers were able to support family time even when there had been long periods where parents had not been involved with children.

Carer attitudes

Parents, DCJ and OOHC practitioners suggested foster and kinship carers' attitudes and beliefs about family had an impact on children's experience of family inclusion:

> *They can make a huge impact: Just by the attitude the carer has towards the parent, so…. the carer could roll her eyes. The carer could go oh, again? … it mightn't even be a bad attitude, but they're anxious for the child and they're projecting that…without realising… (OOHC practitioner)*
>
> *The carer still puts up barriers, but [the agency] are very forthcoming with me and the kids having a relationship and getting them home. (Parent)*

DCJ and OOHC practitioners felt carers influenced the way that children felt about their parents' and children's willingness to attend family time. This issue was particularly evident when parents had children in care with different agencies or carers and practitioners and other participants observed that one service was promoting inclusion more than another:

> *The barrier was with the case worker and the NGO [non-government organisation] for the other three children. (Support practitioner)*

According to DCJ practitioners, some carers maintained a high degree of empathy and awareness of parents' backgrounds, challenges and the importance of family inclusion for children's welfare:

> *I think in terms of family inclusion, something that does make it or helps with that process is when you've got carers who are really on board and open with family inclusion and really supportive of that and really welcoming of including the family in decision making. That helps to facilitate it. (DCJ practitioner)*

Agency culture in relation to carers

Participants said some agencies' rules or beliefs limited contact between carers and parents, by preventing or damaging existing relationships:

> *[I am a short-term foster carer]. Can I just point out the agencies don't like you to be involved with the parents? (Foster carer)*
>
> *I have a greater level of compassion and flexibility around their lives, and non-judgementalness …this isn't something the agency fosters. This is things that we foster on our own…we've stepped out of the box, and said, "Well, we're going to try and do this." (Foster carer)*

Some adoptive parents felt their relationships with families improved when the agency was no longer involved:

> *…post-adoption when we didn't have DCJ anymore, is when our relationship improved dramatically (Adoptive parent)*

Support practitioners commented that some agencies made assumptions about parents being bad people who did not love their children, while carers were assumed to be the opposite:

> *It's those assumptions that are made by DCJ or NGOs [non-government organisations] again around the parent being the baddie (Support practitioner)*
>
> *Their whole culture was about birth parents being guilty and bad people, and carers being the heroes. (Support practitioner)*

Agencies were seen by some OOHC practitioners to put foster carers' preferences before the needs of children when making placements. This was also seen to influence recruitment:

> *I worked for a place where, our carer assessment team, in placement matching a small baby that has siblings also within our service, decided it should go to a woman who they had promised a baby to, rather than into a placement with its sibling … until I launched an objection about that… (OOHC practitioner).*
>
> *I don't know if it's our recruitment of carers that's the issue, that some carers come in with the expectation that they're going to get this young child. It's a blank slate, it's going to fit into their family and they're going to shape it the way they want, without any influence from the outside (OOHC practitioner).*

OOHC practitioners and DCJ practitioners reported that more needed to be done to recruit and support the family inclusive carers children required:

> *… [what is needed is] probably just more training and support for the carers to understand what family inclusion means and how we can keep children safe, but keep families involved as well... (DCJ practitioner)*

Foster carers said they received insufficient training about partnering with family:

> *…not anywhere in any of our foster care training do they talk about that. They talk about what's expected of you as a carer and your interaction with the birth family, but they don't actually give you the insight from the birth family's point of view. (Foster carer)*

Some foster carers discussed the training that they had received from agencies or elsewhere that supported them in developing empathy, understanding, and a relationship that supported parents' inclusion in their children's lives.

Differing orientations to inclusion for children

When considering this theme, it is helpful to reflect again on the experiential definition of family inclusion used in this study:

> *"Family inclusion is the active and meaningful participation of parents, family kinship networks and communities in the lives of children. It is a process and lived experience over time that helps ensure family relationships are not lost.*

Task and experiential orientation

In this study most participants were supportive of family involvement and participation in children's lives, however they described differing orientations and understandings of this involvement. Overall, practitioners talked about family inclusion by describing the tasks and activities for which they were responsible. Foster carers tended to focus predominantly on family time visits and exercising decisions about this to improve children's experiences. Parents and kinship carers described an experiential and future oriented view of family inclusion for children, more consistent with the definition proposed in this research. They tended to describe a central and more normative role for parents over time, where parents and kin exercised agency, made decisions and upheld the importance of family and an ongoing parent identity.

Practitioners from DCJ and out-of-home care agencies described a multitude of tasks, requiring time and resources that they needed to perform or "do" that they felt constituted family inclusion. As such, practitioners worried that if they did not have the time or resources to do the tasks, family inclusion would not occur. These tasks also needed to be done to meet obligations to rules and procedures and to the court or, at times, to satisfy the expressed needs of parents:

> *I think sometimes our families thinking they're not included is because we haven't had the time to return the phone call quickly or to send the letter out quickly or to see them as quickly as they want to because we're maybe focusing on their children or the carer or our court stuff. Then they go, that person doesn't care. I'm often apologising to mums and dads and say, I'll always ring you at the end of the day. If I haven't called you, I'm not ignoring you. If I forget give me a call, because sometimes I've got 20 priorities in my head (DCJ practitioner)*

> *We are busy and families … don't know that or unable to see that we don't just have their child. We've got a whole caseload of children and families to try and keep connected to. (DCJ practitioner)*

This is how the task focus was described by practitioners in the OOHC focus group:

> *There's ways we can do it, but yeah, it takes proactivity, and it takes time….those family times that you're trying to support and to make a lot better, positive, you're checking in before it, you're checking in after it……case work, because I think it's not day to day. It's like going that extra… (OOHC practitioner)*

It's two or three hours a week of…communicating, planning (OOHC practitioner)

Most practitioners said children needed family inclusion as defined in this study. They felt that it was *their* role to make decisions about the risks and benefits of family inclusion. They described feeling a sense of responsibility for whether family inclusion was or was not achieved through the doing (or not) of these tasks. The consequences of practitioners being unable to complete tasks could indeed be serious. Two parents described how siblings separated in care did not get to spend time together as the arrangements relied on the caseworker completing tasks and making decisions.

The kids are not seeing any of their family – their older sibling, who they were seeing [previously], they have not gone to elders funerals, done a return to country, there have been no progress and development reports given to me for a year. (Parent)

I was ringing every week going "Have you at least organised phone calls, letters?" They did nothing. (Parent)

For these parents, the reliance on practitioners to do tasks led to negative outcomes for their children. They found this particularly frustrating as they were willing to exercise parental agency themselves and ensure children's needs were met:

...for years [my son] wanted to participate in sport whereas they kept telling me "Well there's no one to take him. There's no one to take him." I'm like "Well hello. I'm here," and I just wasn't permitted. So, for me it would have been to support my son in his passions (Parent)

While a task orientation was primary, some practitioners also described a future orientation in the way they thought about children's lives. Some practitioners felt that the role of families was more important and long lasting than their own:

.. we (caseworkers) leave… we leave. I think – I mean, our obligation for children is to ensure that they've got somebody when they're 25 years old that they can ring up and say, "This is what's happening for me," and actually have a genuine relationship with them. (DCJ practitioner)

Foster carers also described a future orientation at times, although this tended to be in the context of restoration or leaving care, sometimes after children had been in care for a long period of time:

…. and I talked to mum, and he wants to be restored. He's 16. He's only got two years until he ages out. But I said to mum, "You know, I really support you if you want to go for restoration. I absolutely support you." (Foster carer)

Family inclusion as family time – foster carers and adoptive parents

Many of the tasks and activities that both practitioners and foster carers linked to family inclusion were concerned with organising family time. These included scheduling family time, liaising between stakeholders (some of whom may be in conflict or may not know each other), documenting family time, booking activities, assessing perceived risks, paying expenses, and organising transport. These tasks and activities were described as time consuming and resource intensive, often involving paid supervisors or drivers who may or may not be known to children and families.

Organising and attending family time was described by foster carers and adoptive parents as the primary way families were involved. This meant that family time ran the risk of becoming an extra task or activity that foster carers had to fit into their limited time. A lot of the time there was no overlap between other parts of children's lives, such as school or sport, that co-occurred with family time. This was even more difficult to manage when foster carers were looking after unrelated children:

> *Well, we all have multiple birth parents. We could organise visits all at the same time on one weekend, and it's just one weekend out of our time. Because kids do come back with issues, so if you're dealing with that in one lump thing, it's better than spreading it out over the whole month, where you've just got a month of torture. (Foster carer)*

Foster carers, like practitioners, tended to have different life experiences to the parents of the children they were caring for. For some this prevented them developing relationships of depth, but they could still see the importance of family relationships to children, over the longer term:

> *I'm very fortunate we have a good relationship with them, and we've got to the stage now after four years where we can ring each other, we can text each other, we can talk about things. They're not my chosen friends that I would go out and have coffee with every week. They come from a completely different socioeconomic lifestyle to what we have, but they love him, and I think that the more people that you have in your life the luckier you are (Foster carer)*

Organising family time generally remained in the power and control of practitioners and foster carers. Participants talked about *letting or allowing* family members and children to spend time together, often conditionally or as an exception to the norm:

> *So, they spent Christmas together, because the child protection concerns didn't require that strong intensity of eyes on, it was a longer-term concern. So, we were able to let them have Christmases together and things like that, just to ensure that they remained really connected in that way, but because they were going also to be living a little bit further away from their family. (DCJ practitioner)*

When carers were able to facilitate family time, they felt this could improve relationships or become an ongoing burden and difficulty.

> *So, at Christmas time this year we had other family members come to the visit which I allowed. They asked could they bring an aunty or something and I said "yes". (Foster carer)*

> *...post-adoption when we didn't have DCJ anymore, is when our relationship, improved dramatically, so I think it was you know, remove that bad guy…I send letters to them regularly, we call, we check in, any big moments in [child's] life, she rings she talks to them. (Adoptive parent)*

In other cases, adoptive parents perceived that their relationships with parents deteriorated at times and they felt family time was a burden. They wanted the ability to change family time arrangements in response to changes in parents' behaviour:

> *From my point of view, the adoption papers, you know, it's, "You are committed to six contacts a year." That legal thing where it's our responsibility to carry forward X amount is a really heavy burden…. (Adoptive parent)*

Involving parents to comply with rules or achieve preferred outcomes – practitioners and foster carers

For practitioners, involving parents occurred in the context of rules, procedures, and NSW regulatory requirements. They also felt rules and procedures may lead practitioners to conceptualise the needs and rights of parents and family as separate and apart from those of their children

> *[There is] pressure on case workers when kids come into care… you've got the court…the kids, potentially a new relative kinship placement for the carers who aren't used to caring for kids, may not know the kids particularly well…quality assurance stuff, Child Story, on our system, ticking all the boxes. I think sometimes parents get a little bit lost in that. (DCJ practitioner).*

In some cases, the perceived need to improve family involvement emerged after a long period of limited family involvement and was aimed at a goal other than family inclusion for children. For example, one of the out-of-home care accreditation standards (Office of the Children's Guardian, 2015) relates to preparing young people for their transition out of care and into adulthood. Agencies are required to demonstrate that they have involved family in these planning processes. This may have led to them involving family in a superficial way – focused on demonstrating to the Children's Guardian that they had met regulatory requirements, rather than on children's need for inclusion.

Foster carers also described processes to involve families that were "instrumental" to achieving other goals such as court orders. "Instrumental" refers here to a situation where something pragmatic is done to involve parents, but the "real business" or goal is not to include the parent. Rather, it is to achieve a different goal. These processes could be aimed primarily at legal outcomes, such as guardianship orders, rather than at family inclusion for the children. For example, one foster carer, after a long period of very little participation from family, had begun to play a greater role in family time, but only to facilitate a guardianship order being made:

> *It was very difficult to participate in the inclusion of birth family but as the years have gone by with the same children in my care, and I've had their siblings come into my care as well, we're now in a long-term placement and we've started to take on more involvement in the birth family contact because we are in the process of guardianship. (Foster carer)*

“Managing” relationships – practitioners

Child removal is a highly stigmatised and shaming experience that can further damage already fragile family relationships (Ross et al., 2017a). DCJ and OOHC practitioners saw it as their role to *manage* those relationships in the interests of children, often to organise family time. Practitioners felt they held decision making power about *who* in their families children would have relationships with. They said they were required to increase those connections for children but had to negotiate with a range of stakeholders to make that happen. They were not always confident in this role:

> *We’re trying to get more relationships in the child’s life, and it’s not always what the family want. Yes, so that often creates more conflict within the family. It might be better for the child to have those relationships, but then on the other side of that, we may be causing more conflict within the actual family and maybe that has a negative effect on the child in the end. I don’t know. (DCJ practitioner)*

Risk assessment tasks – a particular problem for OOHC practitioners

Some OOHC practitioners felt the system discouraged family participation and relationships by both requiring and delaying multiple risk assessments before decisions could be made about who, in the family, children could spend time with. OOHC practitioners said they relied on lengthy processes to obtain quite routine information about parents and family, such as contact details and the identity of extended family members. Similar processes were required to obtain sensitive information about children’s abuse and neglect experiences and undertaking probity type checks of family members. Waiting long periods for this information to inform risk assessments, (participants described waiting up to eight months) meant that decisions were delayed:

> *Like adding people to visits, so it might be dad has a new partner or mum has a new partner they want to introduce to the kids. And they'll be, you know, you can't just – we need to know that these people are safe to introduce to the kids… (OOHC practitioner)*

These information sharing processes and associated risk assessments, which emerged from the Wood Inquiry in NSW (Special Commission of Inquiry into Child Protection Services in NSW, 2008) following the deaths of children, are intended to keep children safe, but practitioners also observed them potentially undermining relationships:

> *Parents don't understand how long it takes …. They'll be asking every time, like we've done it, we're just waiting, and they'll be like what can we do? I'm like you can't do anything, I'm really sorry. I know that you're frustrated. I am also frustrated. It really impacts our relationships with the parents because they don't trust that we're doing everything we can do. (OOHC practitioner)*

OOHC practitioners felt these rules and processes were an example of their agencies and the broader sector becoming increasingly risk averse and being unwilling to make relatively straight forward changes in family time arrangements and family involvement without obtaining formal information from DCJ and other government agencies:

> *And a lot of people have been keen to get more involved with family, but the risk aversion stuff gets in the way of that. So, you're trying to assess, is this person safe before I introduce this into this child's life? Is this a safe – how should this be approached? Should it be a meet up? Should we go slow? Should we go fast with this? It's – yeah. (OOHC practitioner)*

Parents wanted a normal parenting role

Consistent with earlier research into parent perspectives (Ross et al., 2017a), parents described themselves as central to their children's wellbeing, with a strong parental identity and role. Parents were frustrated that they were given limited information about their children and found this challenging to their roles as parents. They wanted to parent, even when children were in long term care, in ways that reflected normative understandings of parenting in Australia, such as ensuring children had opportunities to participate in sport.

Parents wanted to be part of the team around their children including the carer, the caseworker, other family and anyone else who was involved.

> *…like I buy [carer] birthday presents, I buy her Christmas parents like that, but I do, like I do a Mother's Day craft every year with my kids and we give it to her. She does the same thing for me but it's just working as a team instead of against each other. So that's what I would say, just work as a team. (Parent)*

Parents were concerned about sibling relationships and how these were damaged by out-of-home care.

> *This is something that worries me about the psychological trauma of them being in a relationship with their siblings 24/7. Then they get removed. Mine, I was lucky. My three got to stay together the whole time, but other people and friends and peers that I now have, through the groups that I have become a member of, they've been ripped apart and they've been not maintaining those bonds which is sad and it's traumatising to those kids. (Parent)*

As described elsewhere in this report, parents had a future orientation about the wellbeing of their children, predicting how the out-of-home care experience may impact them long term.

> *The belonging and identity are not important in this system but later on in life the children come out of care, and they have an identity trauma, as they have no connections with their culture or family. (Parent)*

Parents and kinship carers sought normalised relationships

Parents and kinship carers tended to be in closer relationships with each other. If they were not in close touch, they still described an enduring connection that was sustained over time. They shared a multitude of often difficult and traumatic life experiences, which may have contributed to child removal and placement in kinship care. They described a less task-oriented and more experiential, future oriented view of family inclusion. Kinship carers and parents saw family time arrangements as just one part of a broader focus on inclusion. They reflected on their own histories and experiences and how this continued to impact:

> *I have fought very hard for my daughter to always be included and be informed – the difficult times we have had were around the time of the removal; having to make reports when the child has been unsafe. … I have taken on a lot of responsibility and blame through this and I have also put a lot of work in supporting him to go back to her. I feel very empowered to include my daughter – my mother wasn't included in any decisions made about me when I was removed. (Kinship carer)*

Kinship carers tended to support an ongoing and central role for parents and an ongoing identity for the parent of the children, even when relationships were strained. They tended to have a future focus, often looking forward to when parents would resume or partly resume a more conventional parenting role or to when children grew up. If parents were not playing a constructive role, kinship carers tended to grieve. The parental identity of their adult children was important to them and, as they saw it, to the children. At times they put the children's relationship with their parents before their own relationships. They did this with awareness of family dynamics and a belief that children would gravitate back to their mothers in time:

> *I am aware to involve the kids' mum. She's a significant person. The fathers are off the scene for lots of reasons. So, I'm continually focused with mum. Now I had to make certain decisions in myself about how I'm going to do that because the bigger picture here is the kids and the bigger picture is mum having a relationship with the kids. I put aside myself…You've got the point of reference, but this is your family and kids tend to be resilient in all those things when they go back to their family. They love their mum. She's extremely important to their sense of who they are. You can't take anything away from that. (Kinship carer)*

Some kinship carers described parents continuing in their parental role to some extent, despite child removal, out-of-home care and final court orders:

> *[My daughter's] kids have been taken off her. Her big identity was being a mum. That's been taken away from her. So, she's been stripped of everything and she's slowly rebuilding….She's maintaining contact and she's following through. She turns up on time. She takes out the kids for activities. She's going to counselling and she's jumping through all those hoops. (Kinship carer)*

Some parents and kinship carers described sidestepping agencies to ensure parents could be involved meaningfully in children's lives. This parent described a relaxed and inclusive relationship with the kinship carer, not reliant on agency staff. This parent regularly had overnight visits with her children, without her brother (the kinship carer) present:

> *Me and my brother are great. We have weekly phone calls. We talk about what's in the best interest of the kids, what's going on with them…. I barely speak to [agency] now because she doesn't return phone calls. So, I speak to my brother. (Parent)*

As noted, most kinship carers saw themselves as supporting their adult child to parent as much as they could, aiming to resume a normal parenting role in the future, but when they were unable to do this, they viewed it as a source of distress. Many viewed family inclusion as a vital element of children's current and future wellbeing:

> *I have respect for my daughter's role as a mother; respect for him as a loving child who misses his mother. I try to put my own stuff aside to include her and for her to have a challenging conversation with me to challenge ideas to come to a different conclusion – together. I try to be inclusive and always leave possibilities for change, even if there is no engagement at one time as people change, circumstances change. Being flexible, open. Know what it is like for a child to grow up without his mother and do everything for this not to happen or for it not to be as traumatic as it has been in the past. I believe there is always a side-door, always a back door so you can step back and come up with a new process or way of doing it.*
>
> *I always inform her of his medical stuff, she is invited to anything going on at his school – no restrictions on her having contact with her child as long as it is safe and she is not intoxicated and she generally has been good about this stuff. We have always met with [DCJ] together and with the extended family as they are all important in his life and he loves them, and we need to be seen to be supportive of that even if we don't like the people – need to ensure he is the focus of all the decisions made. (Kinship carer)*

Parents wanted to contribute to the wellbeing of their children over time and understood the importance of this but were not always allowed. They used words like *being included* and *team work* to describe what they wanted their children to experience. They referred to skills and behaviours that they felt they and their children needed to experience from practitioners and carers. For example, parents suggested that workers and carers listen to children and to them. However, contrary to practitioners they suggested that less casework activity was required. They suggested that practitioner's step back and allow natural family relationships to develop and thrive. They had a long-term view of the relationships that children needed to thrive into adulthood:

> *…if you're going to work in the child protection space and you want to care about kids you need to care a lot more about the relationships in their lives. They're only children for so long. They grow up. They make their own choices later down the track and whatever you do to their relationship with their parents is going to affect them for the rest of their lives. (Parent)*

Power and accountability

Power and accountability issues were raised by all participant groups. Participants described a system that had limited accountability to children and families and disempowered them. Carers and adoptive parents described themselves as relatively disempowered in relation to practitioners, needing to advocate for themselves, children and parents. Lawyers, often traditionally seen as a relatively powerful group in society, described feeling powerless at times, in a system that rolled relentlessly on. Practitioners were aware and critical of the power they held over families and children and the difficulties that created for relational practice. They talked about acknowledging with families how difficult this must be and intentionally using skills, such as interpersonal skills, to mitigate the negative impact of unequal power on parents and family. While disempowerment and a lack of accountability characterised the experiences of family members in this study, this did not prevent them exercising agency when they could.

The “luck of the draw”: inconsistent practices and processes

The arbitrary and unpredictable nature of practice and processes emerged across all stakeholder groups. This was not just expressed through the practices or conduct of individual practitioners and carers, although this was important. It was also a systemic feature. For example, caseworker turnover was high, siblings in the same family may have different caseworkers and multiple out-of-home care providers as well as DCJ involvement. While carers tended to work with the one agency predominantly, parents described working with multiple out-of-home care agencies and with DCJ with varying practices and processes among agencies, within teams and among practitioners. Inconsistencies across different agencies were evidenced in a range of ways. Parents, in particular, described unpredictable processes and variations among agencies and among regions within the same agency. During focus group discussion, parents compared their experiences with local out-of-home care agencies. They described responses that varied between siblings and between agencies in response to similar legal processes:

> *Parent one: I had Agency A approach me and tell me to apply. Agency A said...” We’re telling you, get the kids home,’ and they have been ever since. So, they have been great. Not so much for Agency B.*
>
> *Parent two: Agency B are hopeless.*
>
> *Parent three: I’m not allowed to have the kids in my house whereas Agency C who have got my older kids... They will do access at my house. Agency D won't let the kids in the house until leave is granted… (Parents)*

One parent described an agency preventing her children from entering the home where she lived until after the court had allowed leave for her to make an application, while the other agency applied no such restriction. While the rationales for these decisions were not explored in the focus group, this was perceived as arbitrary and unpredictable by the parent who described her child as wanting to come inside and not understanding why this wasn't allowed.

Parents said it was difficult to seek help so their children could be restored, for instance when they were in a domestic violence situation. One parent who was experiencing domestic violence said she couldn't seek support from her DCJ practitioner when her ex-partner kept breaking into her house as the attempt to seek support could have damaged her case to have her children restored. With assistance from an Aboriginal support practitioner, she was able to have her matter moved to a new DCJ office, where practitioners were prepared to consider the possibility of restoration:

> *She is the person who pushed my case over to the other office and that's changed everything. (Parent)*

This community-based support practitioner made all the difference for this parent. This parent felt lucky to access this service - the support was intended for the child's kinship carer and not for her.

Practitioners talked about sometimes doing more than they were supposed to and sometimes not – further demonstrating the unpredictability for parents. A lawyer felt Aboriginal services were more flexible than non-Aboriginal services, although it was felt that Aboriginal communities also suffered from a lack of service provision:

> *What happens [after removal] in the real world is that parents then are just floundering, and you know, as much as we might like it to be our role to hand hold them into those things and occasionally, we do, we're not able to really do that. So, there is no one unless they can engage with another agency … and that agency will actually help them engage with other services. Yes, particularly some of the Aboriginal agencies are really good at that…. (Lawyer)*

When practitioners and positive relationships remained stable, there were benefits:

> *And I'm lucky, because I've had the same case manager for basically all the children I've had in care. So, I'm lucky. Probably the first three years, I had multiple, but I feel for you ladies that have multiple, because I've been through that… [current practitioner's] always been 100% supportive of my decisions and things… But I've had the other... where you want to boot them out the door and never see them again. (Foster carer).*

When parents were lucky enough to get a flexible and supportive practitioner, this was helpful.

> *[The agency] helped me understand. They put me into groups. They paid for me to do circle of security one on one… (Parent)*

However, such access to practitioners and agencies was seen to be arbitrary and a matter of luck:

> *Within the same agencies, different practices. Yes… So, say we have six mums in a group, or eight mums in a group coming in on the same days together, they can have exactly the same circumstances and it's responded to in very different ways by the case workers, as in that particular*

> *mum who had restoration pulled, there was another mum there who had relapsed several times and more support had been put in place. (Support practitioner)*

Support practitioners said a new practitioner for a family and child could result in a significant change in direction, when nothing about the family circumstances had changed. They felt this could be related to discriminatory views held by some practitioners:

> *…a case worker that came on board and went, "Why are they looking? She's disabled." And pulled restoration, so it was pulled off the table… [new caseworker said] "Why are we even looking at that?" (Support practitioner).*

Kinship carers also reported significant differences in the way practitioners responded to their attempts to support the inclusion of the parents of the children in their care (often grandchildren).

DCJ practitioners commented on the need for flexibility in service provision:

> *…service provision, sometimes it's not so flexible, like criteria is quite strict, so if you're wanting them to work with an Aboriginal family, they need to fit this particular criteria, or if they don't actually fit that, or they fit that criteria, but it's not actually the service they want, so it doesn't always match. (DCJ practitioner)*

Parents' agency

Parents described trying to exercise agency, from a position of relative powerlessness and with little ability to hold others accountable. For example, parents described navigating domestic violence using their own personal resources and skills and forming alliances with "credible" supporters who could help them along the way:

> *As far as the DV [domestic violence] part of it, I relocated and that was really vital for me. …I had to organise a safe space and connecting yourself to people that can help you with that too is good. Reconnecting with my own communities, similar to the social isolation part, but it's also connecting to people who can get to know you more, who can verify you with that, you know, that qualified credibility when you do go to court. (Parent)*

Parents described intentionally building trust with people who exercised power over them and the children and being granted more opportunities for participation:

> *I wasn't included when the kids' dad and me were still involved. Now that he's in jail and we don't have nothing to do with each other, and I'm sober from drugs, I get included in everything. Like I know about my kids' appointments. I know what's going on with my son's medical stuff. I get included in taking my daughter to school. Like I'm included a lot more now. The carer still puts up barriers, but [Agency] are very forthcoming with me and the kids having a relationship and getting them home. So, it's nice. (Parent)*

Parents experienced conditional involvement with their children, which potentially restricted their agency, subject to the power and control of others. For example, some foster carers described granting parents access to information and to a more expanded role, dependent on circumstances, their own views about boundaries, and parental behaviour. One foster carer described how she did not allow a parent to come to her home, even when she knew it would be safe, because she wanted to have the same rules for everyone.

If parents expressed anger or frustration with power holders their participation might be curtailed, and the chance of a positive outcome reduced:

> *I think the outcome of proceedings is often linked to the relationship between the case workers and the parent as well because if you have those aggressive parents who don't get along well with their case workers, you will always get a bad outcome. (Lawyer)*

Family meetings are power laden

There are family meetings and other processes that, at least in part, are designed to promote participation by parents and family. These include case planning meetings where various people involved in children's lives can contribute, including parents. Some participants found these processes lacked meaning and were more concerned with demonstrating compliance by practitioners with rules and regulations:

> *Foster carer 1: And it's constantly about audit. They're just constantly trying to be audit ready. Cover their butts.*
>
> *Foster carer 2: I [agree] ...that everything's about making sure – everything's about audit. (Foster carers)*

When talking about barriers to family inclusion, one kinship carer provided this example of a lack of accountability that occurred some years prior to the focus group and contributed to her lack of trust in practitioners. She attended a meeting with practitioners, lawyers and other stakeholders. After she left the meeting, she said that she was approached by the child's practitioner:

> *Kinship carer: This [practitioner] comes out that was in the meeting. Now this is 100 percent true as I'm sitting here…. She pushed me against the wall. She said, "I've got something to say to you." I thought "Are you kidding me?" She said "You are going to lose that child. We're going to take that child off you because you're at [new suburb] and they were at [different suburb] and…" and she had me against the wall, and I'm not joking.*
>
> *Researcher: This is the caseworker?*
>
> *Kinship carer: Yeah… I rang up [district office] … Then I put in a report to [head office] and they come back to me. They said "Oh well…. We just get some over-zealous workers, but they really just do care about the children." (Kinship carer)*

Parents felt that such meetings and the decisions that resulted, lacked accountability. They described decisions being made but not implemented:

> *The meetings are a waste of time and set families up to fail, which traumatises people and kids. I have had to continually go back to court as the department and agencies don't follow what they have agreed to. (Parent)*

Differing interpretations of family time

Understandably, decisions by the Children's Court about family time were very important to parents. Parents tended to see time with their children as part of a pathway to a return home, to a stronger relationship and as an opportunity to parent and have fun with their children. However, some practitioners may have seen it primarily as a concession to parents and a mechanism to resolve disputes. One parent described how her time with her daughter was unnecessarily curtailed:

> *I definitely feel like…there was absolutely no reason that my eight-month-old shouldn't have whatever contact with me because there was no reason to justify me missing out on any of those moments. (Parent)*

One parent talked about agreeing to permanent removal in order to see her child regularly. She felt that if she did not consent, she would not have been allowed to see her child more than a few times per year, with a supervisor present. By agreeing she felt she had been able to negotiate the conditions for a more "normal" relationship. However, she felt this had been unjust and had led to her wrongful separation from her child:

> *So, I had a negative experience there. I had to settle or sign my kids away because there was no other choice. (Parent)*

Court orders included reference to family time when adoptive orders were made and may have been used to secure agreement for the adoption rather than to support children's need to see and know their family. In one adoptive family the orders initially had regular visits with 20 individual people included and this was later changed:

> *And so, we have much more sensible court orders in place now that, because nobody turned up...they are still listed in the Court order if they wish to be contacted in the future, that's up to what's in the best interests of the boys and since we have court ordered family visits every second month with [specified family members of 4-5 people] because they all turned up reliably. (Adoptive parent)*

Supervision arrangements were common and disliked by parents who did not always know what the purpose of supervision was and found it difficult for them and the children, as reflected in these comments by two parents:

> *When we went back to having a supervisor [when the carer wasn't supervising], the supervisor was sitting there. They said "Why are we here? There is no reason for us to be here. The kids are not in danger. They're happy." (Parent)*

> *…the fact that your children are aware that they're being supervised on every word, if they step out of line it's going to get written down. They need to make it so that the kids don't feel like that… (Parent)*

Incarceration as a barrier to participation

Incarceration of parents, especially fathers, was frequently mentioned by participants. Carers and parents reported that incarceration had led to limited or no contact between parents and children, often despite their protests:

> *What happens if you try your hardest and the agency you live with absolutely refuse? When I first got my two grandchildren the case worker at the time there, she stopped all contact with her mother who was in jail for seven months, no phone calls, nothing. They never got to see their dad. …or speak to him at all. (Kinship carer)*

At times carers were able to advocate for children to see their incarcerated parents:

> *I will never and have never stopped him from seeing her. I've fought to go to prison to take the three kids down. I did it every fortnight. (Kinship carer)*

The reasons for stopping children from seeing their parents in prison were not transparent, suggesting it may have been attitudes and beliefs about incarceration, and children attending prison, that was a barrier.

While most participants talked about incarceration as a barrier to family time and relationships, some also raised it as a barrier to participating more generally, such as in legal processes. One lawyer described how he enabled his client to participate in decision making and legal processes about his children while incarcerated, but this was highly reliant on prison rules, procedures and security classification.

Systemic barriers to quality legal representation in a fast paced and unrelenting legal process

Lawyers said they needed to take instructions from their parent clients and that this was difficult in the fast pace of legal proceedings. Participants recognised that the lawyer/parent relationship is crucial to navigating power imbalances, to accountability and to effective parent participation more generally. However, many participants talked about the difficulties parents and their lawyers faced in ensuring parents were well represented. Lawyers talked about the difficulties they faced in obtaining instructions from traumatised and distressed parents who faced structural and individual barriers and where parent's lives could be at risk:

> *In the end this is a person who, in terms of their psychology, they kind of need patience and space and some places you can't go because they're triggers. As a lawyer we have to ask quite direct questions. We need instructions. So, we have to be quite firm about we need instructions. I had this discussion with her last year, and I needed some instructions for her matter. Not long after that she tried to kill herself. (Lawyer)*

The care jurisdiction was described by lawyers as complex, fast-paced and difficult for parents to participate in, compared to other areas of the law:

> *A problem with this jurisdiction is that it's a fast-paced jurisdiction and sometimes you get a care plan, and you have a week which is no time, no time at all and it's large. It can be 30 or 40 pages… You've got clients who don't have any capacity to read it at all, when you're not going to be able to sit down and read every word. Or you've got the clients who read it and will always find things that are wrong because there always are things that are wrong because there's value judgements and latent stuff in there. How do you fix that? In the end you can't and so the clients who read are actually quite angry often about the errors in the care plan and yet there's no easy mechanism to go through and fix that up. Then you've got the clients who don't read it who you really feel are disenfranchised because the system is actually preventing them from getting the kind of accuracy that they might want to have. So I have a real issue about the pace because in any other jurisdiction, in anything else we deal with in law, you don't have that tight – you do have some pressure, but you often have a month or two. (Lawyer)*

Representing parents was described by lawyers as an area of work which often did not attract experienced legal practitioners, leading to further disadvantage for parents:

> *Once practitioners are getting more experienced, they're usually acting for the children. So, it is often the junior practitioners who are doing the majority of the work acting for parents who then have that sort of extra pressure I guess in terms of facilitating that inclusivity for parents. (Lawyer)*

Practitioner skills to address power imbalances

Practitioners were aware of the profound power imbalances that parents and families faced. They described intentionally using interpersonal skills to acknowledge these imbalances and felt that when parents had emotional support from them or from others, this went some of the way to addressing power imbalances:

> *And I was really mindful of the power imbalance that obviously we have anyway, so I think in that regard, mum felt like – because it was just me and then mum and grandma, so I think that balanced things out a little bit in terms of mum feeling like she was supported. Yes, it was a really tough sort of conversation, because a lot of decision-making was taken out of her hands, and she was quite powerless, so I was really mindful of what – the nature of the conversation and just trying to set it up in a way that wasn't as tough, I guess, for mum. (DCJ practitioner)*

Practitioners talked about listening carefully, using validation and a range of other interpersonal skills as ways to build relationships and improve inclusion for children:

> *Just being patient with her and accepting that [parent] was going to have times where she was going to be absolutely in crisis and calling and being quite abusive. But also, when she did do that, active listening and just validating how she felt. (OOHC practitioner)*

> *We need to be able to listen reflectively to the people we're dealing with, give them time and patience…. and then listen to them some more. (Lawyer).*

The power of "the system"

Practitioners from DCJ and out-of-home care agencies and also legal practitioners talked about the child protection system having a life of its own, where they exercised limited agency to influence it to act in the interests of children and families. For DCJ and OOHC practitioners this often manifested itself through their lack of time and resources to "do" family inclusion tasks and activities, as described previously. For lawyers, this was manifested through the pace of the system and also through its inability to respond flexibly and in a timely way to the individual needs of families and children. In one situation, a lawyer considered that a baby may have had the opportunity to be returned to his mother – but a flexible solution was quickly rejected due to its incompatibility with the system's requirements and expectations:

> *I sent a junior off to a DRC [Dispute Resolution Conference] yesterday saying, "If the Department choose to make this work, we could make it work that baby would be back with mum, so put it out there, [ask for a] supervision order and undertakings." But all of the services that would make it work, the Department would have to make it happen and she came back in tears because everybody was like "What the hell? What the hell? We've just removed the baby. The baby won't be coming back until at least 12 months. We don't even have a care plan. Are you crazy?" (Lawyer)*

A need for system change and a focus on the underlying causes of child removal

This thematic area explores participant ideas for addressing child abuse and neglect and in so doing, helping to create the conditions for family inclusion. These ideas are concerned with the underlying causes of harm to children and removal – challenging the individualistic responses that currently prevail. All participant groups, with a remarkable level of consensus, raised underlying social structural issues as barriers to inclusion and as contributing factors to child harm and child removal. They all commented on the inadequacy of the current service system to respond to the real-life experiences of children and families, characterised by social structural issues such as racism, homelessness, and poverty.

New services to independently support and advocate for parents

Participants suggested that parents needed independent support and advocacy to enable them to participate, particularly at the point where children were removed, and court processes began:

> *… there is a service gap for parents. … I think that they do need that person who can help them, advocate for them and guide them through that process, and their solicitors don't do that. (DCJ practitioner)*

Parents and practitioners were keenly aware of the need for services to support parents at the point of removal but observed that rather than being able to access more services at this point, this was when existing supports were removed:

> *We've got these support services working with the family before the children are removed to try and help them and to hopefully not have to remove the children. Then once we remove the children, those support services just stop…There's - nobody's helping them with their grief and loss and how to work through that. (DCJ practitioner).*

When children were removed, parents had little support to participate in complex legal processes and existing practitioner roles could not do this:

> *There's just nobody that then steps in and goes on that journey with them, from there to help them translate and understand everything that's going on from there. (DCJ practitioner)*
>
> *…the child protection caseworker is so busy doing all the court work that they can't be the ones to step in and keep supporting the family. (DCJ practitioner)*

Poverty and homelessness

Support practitioners described how poverty sometimes worsened when children were removed. Reductions in benefits and a loss of housing after children were removed created barriers to reunification that were beyond parent's control. They felt these issues need to be addressed directly to support families to participate and strengthen their relationships with children:

> *And for the ones that have their children removed, they're then immediately stripped of their parenting payments, [they get into] rental arrears, they get evicted, they then become homeless, if they're not already homeless, and then they're expected to still hold a house with that amount of rooms if the kids come back that they can't afford because now they're getting such a less payment…And housing won't allow them because they don't have the children in their care…And unrealistic expectations that they'll get support if they rent a property up to a certain price, which there aren't any, unless it's in a really bad place that they're not going to agree to them having children there anyway. (Support practitioner)*

Parents hold all the responsibility but none of the power

DCJ staff felt that once children were removed, it was the parents' responsibility to show change, but there were often inadequate or no services in the community to support this change. Support workers and DCJ practitioners were critical of the lack of services for parents once children were removed. Practitioners suggested independent roles or practices focused specifically on helping families to participate were needed. They felt this needed to be independent of the practitioners who had responsibility for removing children or maintaining children in out-of-home care:

> *…the parents that are involved in the court process need an independent caseworker to go in and support them through the process. Often, we're not the right people to be having those conversations with the parents at that point of care application. They think, and rightfully so, that we've come in and stolen their children. (DCJ practitioner)*

In some cases, participants said parents were given impossible tasks to complete:

> *…so it could be written into a case plan or a care plan that, "Parent to do these things," and they might not be able to achieve them because of their finances and because of their transport, yet they're not likely to speak up because they're actually getting access. (Support practitioner)*
>
> *Our worst-case scenario was one mum who'd been given 15 things that she had to do, so it was a counsellor, it was a group, a parenting group, two days a week with us…and we had to advocate for her…How do you even fit that in on public transport? (Support practitioner)*

Agency culture and services available at the right times

Support workers noted that the cultures of some agencies limited attempts to include families, including for the purposes of restoration. They felt that children sometimes remained in care despite work done with parents by support practitioners, and despite support practitioners' optimism about the potential for children being able to go home to live with parents. At times support workers felt powerless to influence decisions, even though they were working closely with families and children and knew the situation very well:

> *…very strong bias from other agencies that, I guess – maybe I'm thinking if we were still able to listen [to the parents] and we were still able to include them, but if the judgement's been made, for whatever reason, it doesn't matter. It's not us that need to hear the voice. That's the decision-makers. And we're not the decision-makers around restoration. (Support practitioner)*

Parents talked about the difficulties of getting the right support at the right time and how their parenting skills and strengths were overlooked by those who held the power:

> *I've done parenting groups. None of that was even looked into before they took my kids. So, I had to redo all that, but I had to seek all that out myself. There was no "Well go and try this, go and*

> *try that," and as I said, those that I did try, "Well you don't have your kids with you so we can't offer you a service." (Parent)*

Carer recruitment and training

DCJ practitioners felt new kinds of carers were needed who could support children's experiences of family inclusion. They suggested recruitment activities and processes needed to change:

> *I think we need to start thinking differently about how we recruit carers. [The] carers that we want to provide care to our young people are not [people] that are set in their ways or carers that can't have a family of their own or are looking to create a family of their own. (DCJ practitioner)*

Some carers discussed the orientation and training they had been received to assist them to work effectively with children in their care. Some noted issues and topics they would like to understand further. For example, they expressed curiosity about the social conditions of removal and what sort of help would be needed for parents to thrive. Some had undertaken formal education to develop a better understanding of the parents' life circumstances. Their training to become carers was also influential in forming their views about parents although it had not always provided the level of insight that they were seeking:

> *I did a Diploma in Community Services Case Management…. But I didn't have any intentions of going out to work. I just wanted to do that just to understand the case management of the children that I've got...That really gave me an insight. Then I thought about it, that not anywhere in any of our foster care training do they talk about [family]. (Foster carer)*

The systemic disadvantages that parents experienced were considered important information by carers in understanding the lives of parents and being non-judgemental:

> *Well I've never come across any training that talked about what I learnt in that diploma, like where you grow up in a low socioeconomic for example, community, your parents might be drug addicts, it's intergenerational and all those sorts of things, and then through no fault of your own you have children, this happens to them, this happens, then the children get removed. So, who do we blame along the way, you know what I mean? (Foster carer)*

Foster carers in this study commented on the distance they felt from the life experiences of parents. They wanted more information about parents to understand their experiences and the drivers that had resulted in their children being removed. They felt informed carers found it easier to understand the current life experiences of these parents and to make decisions about appropriate and safe interactions with children. Kinship carers, who shared some of the life experiences of parents, described being readily able to assess and understand the important role parents played or needed to play in children's lives.

Adoptive parents also had different experiences in the assessment and training provided by adoption agencies. While some were well prepared with thorough training that they found valuable, others had the bare minimum, described as around two hours:

> *I still had to go to work full time. We just like we just had nothing really no support. … all we got was two hours, and that was for the adoption, that was her whole life yeah (Adoptive parent)*
>
> *So, yeah definitely the biggest barrier was the lack of training. I think he [husband] really would have benefited from it, because it's much different hearing it from someone other than your wife. (Adoptive parent)*

Training, when it was provided, was also described as helpful in relation to understanding intergenerational trauma and deprivation.

> *… that opportunity to learn and really understand that the reason mum and dad don't turn up, yes, they're intoxicated, or they are drug affected but the reason…is because of all of this trauma they experienced, and their parents experienced, and grandparents experienced. (Adoptive parent)*

The system and its practices are not trauma informed

Some support practitioners described parents being (re)traumatised by the system. For example, they had observed parents' high anxiety about supervised family time visits that were used to assess their interactions with children. One support practitioner recalled a parent's reaction to the family time venue. The practitioner's response was to provide emotional support and advocacy to help the parent manage better.

> *…. I've got such high anxiety. I hate coming to this place. It's so traumatising. (Support practitioner)*

The support practitioner commented on the impact of that stress on the parent and the assessor's incorrect interpretation of anxiety as intoxication:

> *And then her behaviour appeared as if she was using substances, and that was their automatic go-to, because she had previously. But even with, like, 26 clean screens, they were still coming back to that narrative of, "You're a drug addict." So, we had to work through a lot of that for her just to be able to, A, come to the building, B, interact in a way that they're not going to call security every time she called, but get her to a place where she had a bit of an empowerment around her child. (Support practitioner)*

Lawyers felt parents were also traumatised by the court and legal process adding to a pre-existing trauma load.

> *…it's an additional trauma, the process, the actual court process. (Lawyer)*

Need for a new approach to foster care

DCJ and OOHC practitioners suggested that a new approach to foster care was needed. This was described as a relational approach primarily with carers, parents, children and other family members. Practitioners would be less central and would step back and become a resource rather than a manager. DCJ practitioners felt the carer would then be responsible for initiating communication with parents, sharing information about the children and engaging them in the child's life events. However, practitioners continued to see the responsibility for building that relationship as resting with them, rather than primarily with carers and parents:

> *We need to be able to build that relationship between the parent and the carer so that a lot of that communication can happen directly. So that the carer feels comfortable and safe in being able to communicate directly with mum and dad and ask them things and invite them along (DCJ practitioner)*

Practitioners, foster carers and adoptive parents said parents often had very limited information about their children's lives in foster care and this needed to change whenever possible.

The scarcity of foster carers, and the difficulty and cost in recruiting them had implications. OOHC practitioners felt this limited family inclusion as they did not have enough carers to look after children who were also willing to include family, so needed to recruit those who were not willing.

> *Practitioner 2: We're also short of carers, that you can't afford to be that picky…*
>
> *Practitioner 1: And that's not for a lack of trying…. The resources poured into recruiting carers is ridiculous….*
>
> *Practitioner 2: …the amount of money we're spending is not pulling in the carers we need. (OOHC practitioners)*

Family inclusive residential care – structural barriers

Residential care (known in NSW as Intensive Therapeutic Care) (ITC) was raised in the two DCJ practitioner focus groups and the parent focus group. Participants talked about rules that excluded family visits to the child's ITC home and identified these as a barrier to inclusion. Some practitioners believed the rules in Intensive Therapeutic Care forbade family involvement or visits:

> *…if their home is an agency where you've got carers on roster and other young people there, then there's rules around the parent can't go visit them there. Same as there might be in foster care. They may not be able to visit them at their home, but there are rules wherever the young person is. (DCJ practitioner)*

Other practitioners emphasised the house manager's discretion and skills in determining if children could receive visits from family. One DCJ practitioner described a situation where a very involved and supportive grandparent was not allowed to visit the children:

> *But because the older two have another child in the house with them whose privacy needs to be protected, no one can come to their home. They [the children] have to be the ones to go out, to see the family. (DCJ practitioner)*

In order to support family involvement in the lives of children in ITC, participants felt the manager or caseworker needed skills, confidence and the support of their organisation:

> *I've seen that it's actually the organisation that's running that home or the caseworker over it, is too nervous to allow it to happen, or there's too many rules in place that people can't come into the house to see the person. So, I think it's really about having a really skilled caseworker or manager that has a really open mind and thinks differently about - and outside the box of how residential care homes can be run and managed so that that child is really included in the whole family rather than put off to the side ... (DCJ practitioner)*

DISCUSSION

Creating the conditions for family inclusion

This research has added weight to existing literature supporting the need to fundamentally change the foundations of child protection and out-of-home care practice and policy to include the perspectives of children, parents, families, and other stakeholders. Once again, power imbalances have emerged as a key theme and experience of parents and families. Parents, carers, adoptive parents and practitioners in our study all feel disempowered when it comes to ensuring family inclusion for children. We have been able to provide insight into how carers and adoptive parents may be exercising power and authority, often over parents and family, through family time arrangements, through advocacy for parents and children with other power holders and at times by bending the rules. Parents and kin with lived experience need to be valued as part of the team and seen as key to processes that respond to child protection concerns both before and after courts become involved.

The findings from this research highlight the need to continue to conceptualise family inclusion as a lived experience for children, understood from the perspective of children and families and implemented by them as much as by other participants. We provided a definition which clearly described family inclusion in these terms. Despite this, DCJ and OOHC practitioners in particular, saw family inclusion as primarily within their role and remit to implement, as tasks and a case management process, often focused on compliance and the needs and demands of other powerholders. They found these family inclusion tasks difficult to prioritise. Foster carers and adoptive parents described it primarily as family time which many of them sought to normalise and improve for children. There is currently no shared understanding of what family inclusion is, in policy or practice. As an emerging concept "family inclusion" lacks clarity. This lack of clarity causes confusion and may obstruct stakeholders' attempts to work towards family inclusion goals. We shared this definition of family inclusion with our participants:

> *Family inclusion is the active and meaningful participation of parents, family, kinship networks and communities in the lives of children. It is a process and lived experience over time that helps ensure children's family relationships are not lost.*

The definition keeps the focus squarely on children's lived experiences over time. Where parents, families and communities remain connected to children, there will always be someone who cares about them during their childhood and when they are adults, even when they leave the out-of-home care system. Participants, however, had diverse ways of seeing family inclusion and their role in relation to it. For example, parents and kinship carers took the long view of their children's wellbeing and stressed the need for ongoing relationships with families. Family inclusion was understood as deeply relational, and this was particularly the understanding of Aboriginal parents and carers. It was not understood as limited to family time visits. Parents, kinship carers and, to some extent, other stakeholder groups, argued for a strong and lasting parent role, relying on ongoing parent and carer agency and an enduring parent identity. Sometimes parents and carers wanted practitioners to get out of the way so that they could facilitate and support family inclusion themselves.

Practitioners with responsibility for child protection and out-of-home care saw family inclusion as reliant on tasks they had to manage and carry out – often in the short term, and often associated with family time or contact visits. This task-oriented approach may reflect a work culture driven by pressure to comply with various rules and regulations. Foster carers and adoptive parents also associated family inclusion with planning for parents to have family time with children, but many also understood the importance of developing relationships with parents and families, to make this time work for children. Support practitioners and lawyers viewed family inclusion from the perspective of their roles – the former supporting parents' parenting skills and advocating for parents' inclusion in child protection processes, with the latter supporting parents' understanding of, and inclusion in, legal processes.

If children are to experience family inclusion, we must first identify and address the barriers that prevent it. We then need to enhance the ecological and systemic factors that enable it. The findings from stakeholder groups in this research highlight some of these barriers and enablers and suggest a way forward. A *systems* response is needed with innovations at multiple levels – with individual families, in communities, in workforce development, in policy and in legislation. Importantly, a finding from this research is that family inclusion is not something that can be practitioner driven, although it does need the support of practitioners. It is heavily reliant on parent, family and community participation and needs to begin with the lived experience of children and families. Parents and families are key to understanding what is needed to achieve this in practice and therefore we need to elevate their expertise at all levels of the system. This is consistent with government policy including the new National Framework for Protecting Australia's Children (Commonwealth of Australia, 2021) which integrates the need for participation by vulnerable families and children. The National framework has four priority groups:

- Children and families with multiple and complex needs
- Aboriginal and Torres Strait Islander children and young people
- Children, young people and families with disability
- Children and young people who have experienced abuse or neglect, including children in out-of-home care and young people leaving out-of-home care.

There are also four focus areas in the National Framework:

- Early intervention
- Addressing the over-representation of Aboriginal and Torres Strait Islander children in child protection systems
- Improving information sharing, data development and analysis

- Strengthening the child and family sector and workforce capability.

The focus areas offer fertile ground for the development of family inclusive practices. They emphasise the need to address the barriers parents, children and families face when accessing services. As the consultations on the National Framework indicated, hearing, continuing to listen and acting on the voices of all stakeholders is essential to effective system reform. Understanding the difficulties faced by those navigating the child protection system is not enough to reform the current system (Braithwaite, 2021; Braithwaite & Ivec, 2021; Commonwealth of Australia, 2020; Davis, 2019; SNAICC, 2021a; S2021b; White & Gooda, 2017). More needs to be done to give families and children a greater role in decisions that are made about them.

We need to develop systems for including families in forums and in services that make decisions and advise practitioners. The National Framework rightly emphasises the need to include Aboriginal and Torres Strait Islander people and recognises their need for self-determination and empowerment through organisations that they control and lead. Other organisations focused on family inclusion have much to offer; see for instance the Family Inclusion Network of WA, Family Inclusion Strategies in the Hunter, and the Family Inclusion Networks of South-East Queensland and in Townsville, North Queensland. Working more directly with organisations that encompass the lived experience of parents and kin (including Aboriginal and Torres Strait Islander parents and kin) is key to achieving each of the focus areas. Key groups such as Grandmothers Against Removal NSW are just one example of a group that has made a significant contribution to reforming policy and practice in child protection for Aboriginal and Torres Strait Islander children and families, grounded in their lived experience expertise. Including those who have such lived experience upholds the principles, particularly Principle 3, of the National Framework. Principle 3 of the Framework is:

> Listening and responding to the voices and views of children and young people and the voices and views of those who care for them. Children and young people have the right to participate in decisions that affect them. We recognise the critical role that parents, carers, grandparents and kin play in keeping Australia’s children safe and supported. (Commonwealth of Australia, 2021)

THE WAY FORWARD

The research findings presented in this report show that all participants supported and/or utilised inclusive practices to some degree. These groups have invaluable knowledge that could be harnessed to:

- Develop a shared understanding of family inclusion
- Develop a sector culture that values and prioritises family inclusion and the voices of parents, families and children
- Develop a process for family inclusion and evaluation, that includes leadership by parents, extended families and children, service providers and funding bodies.

Not all engagement is equal; what some might consider to be family inclusive practice may not achieve the meaningful, culturally safe collaboration envisaged by advocates of family inclusion.

We recommend that an ongoing process is initiated between key stakeholder groups at federal and state/territory level to share the findings and design principles and innovations that respond to the themes in this research. The stakeholder groups should include, but not be limited to:

- Aboriginal Controlled Community Organisations
- Organisations representing parents, children and young people and kinship carers with lived experience of the child welfare system
- Other peak organisations, such as those representing people with a disability or those from a culturally and linguistically diverse background.
- Organisations representing carers
- Out-of-home care provider organisations
- Family support services
- Aboriginal and Legal Aid Services and community legal services who represent children, parents and kinship carers
- Federal and state governments and other entities with responsibility for policy and practice in child protection and out-of-home care
- Non-government organisations who employ practitioners in out-of-home care and other related child welfare roles.

The first three stakeholder groups should be supported to provide leadership in this process. All stakeholder groups could work to embed family inclusion as a central operational principle of child protection and out-of-home care for children.

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GLOSSARY

Adoption: Where a person or family is legally recognised as the permanent legal guardian of a child, where they assume legal parental responsibility for another person's child.

Child Story: System and processes for maintaining a personal record of the life of a child in care. This can include pictures, awards, photos, stories, letters, school reports or other records that help with a child's identity and history.

Communication: Can include phone, letter, email, face-to-face, online

Contact: Formally arranged face-to-face, online or phone communication between family and children (supervised or unsupervised). The term "family time" has generally now replaced the term 'family contact'.

DCJ: The New South Wales Government Department of Communities and Justice

Family: For the purpose of this study, when we refer to "family" we mean any people that children or parents consider family (their definition of who is family, irrespective of legal or biological connections). Terms used in other literature include birth family, biological family, first family.

Family time: Formally arranged time that children spend with their families. This term has now generally replaced 'family contact'.

FISH: FISH stands for Family Inclusion Strategies in the Hunter Inc. FISH is a parent led organisation based in the Hunter Valley who assisted in this research and undertakes a variety of activities to increase parent and family participation in child protection and out-of-home care. For more information see: www.finclusionh.org.

Foster care: Care provided by a family. Can be crisis, respite, short-medium term or long-term.

Kinship care: Care provided by a family member or someone who has a relationship with the family.

Legal practitioners: People in paid roles who are legally qualified to practice and who represent or have contact with parents in child protection matters in the Children's Court. They are also referred to as solicitors and lawyers, but we have included them in our practitioners' group under the broad term "legal practitioners". They may be employed by Legal Aid NSW, the Aboriginal Legal Service, private firms or the Department of Communities and Justice.

Out-of-home care (OOHC): Care provided to a child who has been removed from parental care.

Parents: For the purpose of this study, when we refer to "parents" we mean the parents who have had their child removed from their care. Terms used in other literature include birth parents, biological parents, first parents.

Practitioners: People in paid roles in the child protection system, who are trained and/or formally educated to work in the human services sector. Terms used in other literature or organisational settings include workers, caseworkers, support workers, professionals, solicitors. For the purpose of this study, we broadly refer to DCJ practitioners (employees of DCJ working with children and families) and non-government practitioners, including support practitioners and out-of-home care practitioners (employees of non-government organisations working with children and families).

QPAC: Queensland Parent Advisory Committee

Residential care: Now known as therapeutic residential care – care provided for children who are unable to be placed in a family home environment. Children are generally placed in a house with a small number of other children, with full-time onsite workers.

Restoration: The process whereby a child works towards, or does, return to parental care.

Stakeholders: The many different people, organisations and communities who have a role in the child protection process and/or in the life of a child who is part of the child protection system.

The Act: The Children, Young Persons (Care and Protection) Act 1998 (NSW)

APPENDICES

Appendix 1: Example of recruitment flyer (parents, carers, practitioners)

RESEARCH

Family inclusion in child protection & OOHC

THE UNIVERSITY OF
NEWCASTLE
AUSTRALIA

Hearing the voices of

- Parents
- Carers
- Practitioners

You are invited to take part in research that may improve the way parents and family who have children removed are included in child protection processes and practices.

We hope that by leaning from parents, carers, and practitioners, this research will improve the system and make it better for families and children.

Who do we want to speak to?

Parents	in the Hunter who had a child removed and placed in care in the last 5 years.
Kinship carers **Foster carers** **Practitioners** **Lawyers**	in the Hunter who have had involvement with parents who have had a child removed and placed in care in the last 5 years.

What will we ask you to do?

You are invited to take part in **a focus group** and/or **an interview**

Groups will be with people in the same grouping as you – parent, carer or practitioner.

You may choose to do the interview by phone or video/ zoom. Contact us for a time.

Participation is voluntary.

Parents and carers will receive financial reimbursement for time and travel.

When are the focus groups and interviews on?

We hope to hold focus groups in April and May 2021.

However, we will organise both groups and interviews to suit our participants and hold them in convenient places.

CONTACT – Phone or message our research team for more information

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Approval No. H -2020-0046

Appendix 2: Example of participant information statement (kinship carers)

Dr Nicola Ross
Newcastle Law School
Faculty of Business and Law
University of Newcastle
Newcastle NSW 2300
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THE UNIVERSITY OF
NEWCASTLE
AUSTRALIA

Information Statement for the Research Project:
Practitioners and Carers' Inclusion of Parents and Families in Child Protection Processes
Document Version 3; dated 04/12/20
Kinship Carers

You are invited to participate in this research project, which is being conducted by the research team listed at the end of this information statement.

We are seeking carers who have contact with parents who have had a child removed and placed in out-of-home care and who can discuss their experiences of how they include parents in their caring work. This includes carers' experiences of working as part of the child protection, out-of-home care and family support system.

Why is the research being done?

This is part of a program of research that aims to respond to ongoing legal, policy and practice reforms taking place in relation to child protection and out-of-home care services and how these impact families in the Hunter Region. This research study is being undertaken with the assistance of a grant from Family and Community Services (now part of the Department of Communities and Justice). An understanding of these issues is important for advocacy, promoting the needs of families, and informing other policy and practice developments in the sector, such as family inclusion. This research will involve focus groups and interviews with child protection and support service practitioners, legal practitioners, carers and parents. It focuses on how individual practitioners and carers approach their practice with parents and families in child protection processes and how they believe that they, their organisations and the broader sector can change and improve overall processes for parents' and families' participation to enable inclusion. It aims to improve the knowledge base about how practitioners and carers currently negotiate the task of including parents and families and what supports this element of professional and carer practice.

The parents' focus group will assist us to maintain a family inclusive lens in this research. Parents' experiences will help us to make sense of and place in context the information we receive from practitioners and carers.

In relation to the carers' focus group and interviews, we are interested in hearing from carers in relation to:

- What helps and what hinders them including parents in the work they do with them, including any structural characteristics that bring children into contact with child protection systems in the first place;

- How they seek and take account of parents' perspectives and experiences;
- What helps and what hinders them including parents in the work they do to care for children;
- What skills and capabilities do they think carers need to include parents in child protection and out-of-home care processes?
- What further needs for support do they have to enhance their ability to include parents as part of the work they do with children?
- What do they think needs to change to enhance parents' inclusion in the work that they do and in broader child protection and out-of-home care processes generally?

Who can participate in the research?

You were identified as someone who may be interested in being a participant in this research. If you are interested, do you meet the following criteria?

- You are 18 years or older
- You are or have recently been a kinship carer for a child who has been removed
- What would you be asked to do?

If you agree to participate you will be asked to participate in:

- A focus group (in person): This is a small group discussion with no more than 4 other carers who have a similar role caring role to yourself. The group will be asked some questions (also based on the list above). The group will be facilitated by members of the research team and will be audio recorded.
- A focus group (by zoom): This is a small group discussion with no more than 4 other carers who have a similar caring role to yourself. The group will be asked some questions (also based on the list above). The group will be facilitated by members of the research team and will be recorded.
- An Interview: You will be interviewed by one of the researchers by phone or zoom and it will be audio recorded. You will be asked questions about your experiences and views (based on the list above).

Before the focus group or interview you will also be asked to provide some information about yourself, your role, experience, agency contact and location. You will be provided with a diagram to fill in that explores relationships between key stakeholders in child protection systems.

If you participate in the focus group we may also provide you with information about, and an invitation to participate in, an individual follow-up interview, which is audio recorded.

What choice do you have?

Participation in this research is entirely your choice. Only people who give their informed consent will be included in this research. Whether or not you decide to participate, your decision will not disadvantage you. If you do decide to participate, you may withdraw from the research up until the conclusion of the focus group or interview without giving a reason. You will also have the option of deleting or clarifying data you provide in the focus group with the focus group facilitator during or after the focus group concludes, and the same is true with the interview.

How much time will it take?

Info about your role: about 15 minutes (just before your focus group)

Focus group: about 60-90 minutes

Interview: about 60-90 minutes

What are the risks and benefits of participating?

Risks

Because of the sensitive nature of some of the experiences you might discuss you may feel uncomfortable, vulnerable, or stressed during the focus group or interview.

The following may help you manage these risks.

- You can choose not to participate in the research.
- You can choose not to answer questions or provide certain information during the focus groups or interview.
- You can stop participating in the focus group or interview or withdraw from the research entirely up until the focus group takes place.
- During or after the focus group, you can ask the focus group facilitator for certain information you provided in the focus group to be deleted, clarified or not included in data analysis or findings presentations. You can do the same with the interviewer.

To help you manage these risks you can use the options above and you do not have to answer all the questions. The research team members can discuss this with you before you decide about participating in the research and you can consult them after your focus group or interview if you wish. It is important to tell the focus group facilitator or interviewer if you are feeling uncomfortable during the focus group or interview. You can also seek support after the focus group or interview from the support services on the attached list – they will be available for phone contact after the focus group.

Benefits

The main possible benefit for you is the opportunity for others to hear your story and what is has been like for you to be a carer who has had contact with parents who have had a child removed and placed in out-of-home care. You will be able to describe your experiences and ideas in circumstances that are less pressurised than those times when you are engaged in your caring role. Other practitioners in legal, child protection and social services and other carers may benefit from hearing these stories and perspectives to consider how they might use these in practice. There is a possibility this research and your experiences may help shape parts of child protection policy and innovative inclusive practices with families and their children in out-of-home care.

How will your privacy be protected?

Information you provide will not be able to be identified in any way and as a result it cannot be used for any purpose other than the research. In the focus groups you should respect the privacy of other participants by not telling anyone outside the group what you talked about. You will be assigned a pseudonym/alias/fake name and a code permanently de-identifying you in the study. The focus group and interview audio recordings will be transcribed/typed-up to help the researchers analyse them. During the active phase of the research, electronic copies of focus group records will be held on the secure research cloud at the University of Newcastle. Electronic records will be password protected. Only the research team will have access to these records. Once the research is completed, records will be secured for five years beyond final publication, after which electronic records will be deleted.

How will the information collected be used?

A summary report of key findings and recommendations from the research will be provided to research participants and the organisations from which participants are recruited. Organisations will not be told the identity of participants. The study results may be published in reports, books and academic journals as well as presented at workshops and conferences. Individual participants and the information they provide will not be identified in any reports, publications or presentations arising from the project.

What do you need to do to participate?

Please read this Information Statement and be sure you understand its contents. If there is anything you do not understand or you have questions, contact one of the research team members. We welcome your participation in the focus group or interview as part of this research.

Further information

To recognise the value of your time and expertise associated with taking part in a focus group or interview you will be reimbursed $30, to be provided in the form of a gift card.

If you would like further information, please contact one of the following research team members:

Nicola Ross E: Nicola.Ross@newcastle.edu.au P: 02 4921 5871	Jessica Cocks E: Jessica.Cocks@lwb.org.au M: 4033 4572

Thank you for considering this invitation.

____

Dr Nicola Ross, Chief Investigator

Research team

Chief Investigator: Dr Nicola Ross, Senior Lecturer, Newcastle Law School, Business and Law, University of Newcastle
E: Nicola.Ross@newcastle.edu.au P: 4921 5871
Jessica Cocks, National Practice Advisor, Life Without Barriers
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E Wendy.Foote@newcastle.edu.au P: 4921 53041
Dr Kate Davies, Human Services Lecturer, Humanities and Social Sciences
E Kate.davies@newcastle.edu.au P 40553106

Complaints about this research

This project has been approved by the University's Human Research Ethics Committee, Approval No. H- 2020-0046.

Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research & Innovation Services, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 4921 6333, email Human-Ethics@newcastle.edu.au.

Attachment: Support and Service Options

These are only **examples** of services. Others may be more suitable for you. **Please note** some may have a cost.

If you need to speak to someone **immediately** call:

LIFELINE 13 11 14 https://www.lifeline.org.au/ OR **MENSLINE** 1300 78 99 78 http://www.mensline.org.au/

Other examples of supports or services

** Indicates the service charges a fee*

BAPTISTCARE

1300 660 640
https://baptistcare.org.au/our-services/community-services/

FAMILY SUPPORT NEWCASTLE

(02) 4926 3577 https://nfss.org.au/

FAMILY INCLUSION STRATEGIES IN THE HUNTER (FISH)

(monthly support group for parents)

COMMUNITY HEALTH SERVICES

Referral and Information Centre:
(02) 4924 2590

RELATIONSHIPS AUSTRALIA*

1300 364 277
http://www.nsw.relationships.com.au/
Online help:
http://www.relationshiphelponline.com.au/

UNIFAM COUNSELLING and MEDIATION*

(02) 4925 6000
http://www.unifamcounselling.org/contact_us/newcastle

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

Website: http://www.finclusionh.org/

Email: contact@finclusionh.org

AWABAKAL MEDICAL SERVICE

02 4907 8555

www.awabakal.org/our-health/medical-service

MULOOBINBA FAMILY SUPPORT

02 4969 5299

www.muloobinba.org.au/family-support-project

PRIVATE COUNSELLORS, SOCIAL WORKERS and PSYCHOLOGISTS*

- Google search, ‘counsellors Newcastle’
- Yellow Pages (online), ‘Counselling-Marriage, Family, Personal’ + ‘Newcastle’

Appendix 3: Example of demographic data collection instrument (practitioners)

Practitioners and Carers' inclusion of Parents and Families in Child Protection Processes

Chief Investigator: Dr Nicola Ross

Demographic Questions: Practitioners, Pre- focus group

Document Version 2; dated 010620

This information is collected immediately prior to entering the focus group.

This exercise should only be completed once, prior to the focus group.

Demographic questions

1. **Gender** **Male** **Female** **Other** **Prefer not to say**
2. **Age** ___ ______

(If you prefer please circle)

20-30;

30-40;

40-50;

50+)

3. **Agency you work for:** ____
4. **Qualifications (f any):** ____
5. **Role**____
6. **Hours per week in this role:** ____
7. **Years of experience in this or similar role** _____________________________
8. **Geographical area serviced in your current role**

☐ Urban/metropolitan

☐ Regional

☐ Rural

9. **Annual Income (Optional)**

☐ Primarily depend on Government Pension or benefit

☐ Primarily depend on income up to $39,000 per annum

☐ Primarily depend on income $39,000 to $85,000

☐ Primarily depend on income more than $85,000

Appendix 4: Example of Focus Group Instrument (lawyers)

Practitioners and Carers' inclusion of Parents and Families in Child Protection Processes

Chief Investigator: Dr Nicola Ross

Focus Group Questions - Practitioners

Document Version 1; dated 04/02/20

Refreshments available prior to group beginning while pre-focus group demographic questions and any consents are being completed. Name tags (first names) handed out and visible for all participants. Whiteboard and whiteboard pens available in the room. Two cards and pens/pencils on clipboard placed on each participants' chair.

Participants are guided to their chairs.

Introduction at start of focus group *(begin recording before this statement) 3.15 (5 mins)*

Hello, my name is … and this is [co-facilitator]. I will be facilitating and asking most of the questions today and Jessica will be supporting me and may take notes to help us with the transcription. She may also ask questions and help us to move along given we must finish and be out of here by 4.45. Thank you for taking the time today to take part in this focus group. We will spend a little time at the beginning talking about the research.

As you know, we are conducting this research with child protection workers, lawyers, carers and parents from the Hunter. The research explores how workers, lawyers and carers work to include parents and families. This is important to promote their wellbeing and the wellbeing of their children. The research also explores what changes are needed so parents and families are better included. As part of this research, we are exploring the views and experiences of lawyers who represent or who have contact in one way or another with parents.

We will just remind about a few points you would have read in the Information Statement:

- There is a possibility you may feel stressed during the discussion. You can choose not to share information; you can take a break from the group; or leave the group altogether at any time. You can seek support after the focus group with a service you already access, with one of the services on the list we provided to you in the Participant Information Statement or you can de-brief with the focus group facilitators after the group.
- Our conversation will be audio recorded. The recording will be typed up to help us look more closely at the discussions and responses. We will use your first name today simply for the purpose of the focus group transcript. Following this, you will be permanently de-identified in all records.
- Our conversation is confidential so please try not to use any other names of people, for example, if referring to a client or colleague do not use her or his name but rather "my colleague" or "the parent I was assisting" or something similar. Sometimes this is hard to keep track of when you are telling a story, so if you forget don't worry, we will delete real names from our records.
- Please keep what you hear today about other people's experiences confidential. It is important to respect other people's stories and ensure privacy by not repeating them outside the group without permission.
- Transcribed data and records from our research will be kept electronically and securely at the University.

- As you read in the Participant Information Statement, your contributions are voluntary, and you can choose to withdraw and what you say or don't say. You will not be able to withdraw information you have shared in the focus group once it is complete and has been transcribed. However, there will be an opportunity, if you wish, to delete or clarify any information you provided in the group today, by speaking to the facilitator during or after the focus group.

Consent: Do you have any other questions about the focus group? You have already signed a written consent form to participate in this focus group. Is there anyone who does not want to participate?
[Participants' written consent and remaining in this discussion will be considered implied consent]

We would like to refer you to this diagram before we begin discussions. There are structural factors that impact children and families caught up in child protection systems and processes – these factors are often beyond the control of practitioners who work in the system. We will return to a focus on these broader issues towards the end of the focus group when we look at the barriers to including parents and families – but will begin with your individual experiences of inclusion.

Focus group questions

1. Beginning – recalling an example to augment the discussion 3.20- 3.40 (20 minutes)

We will begin by explaining what we mean by the term "family inclusion".

Family inclusion is the **active and meaningful participation** of parents, family kinship networks and communities in the lives of children. It is **a process and lived experience over time** that helps ensure **children's family relationships are not lost**.

I'd like to ask you to recall the last parent that you have been working with. (This is to provide a concrete memory that will allow you easy entry into thinking about the experience before we have a more general discussion about your experience of working with a parent.)

Take a minute to recall the details of your interactions with that parent. Taking a minute to yourself, can you think about and recall the first interactions, the interactions that typified your relationship and then the last interaction?

Q 1. In thinking about the whole time that you worked with (or had contact with) this parent and/or family, what overall rating of inclusion do you think characterised your relationship/interactions? (This might include your involvement of this parent in the pre-court and court process, decisions made about their child, including visits or contact with the child or other matters associated with their child protection journey) *This rating would be from a 1 (very low) to a 5 (very high) and a 3 (neither low nor high).*

In front of you there is a card and a pencil/pen for you to capture these thoughts on. Can you please write down your rating?

Q 2. When you have done this, can you write down a few words on the card that capture the things that were inclusive in the interaction?

2. Teasing out the barriers and enablers to inclusion 3.40- 4.00 (20 minutes)

In the interaction with the parent that you recalled, what work were you doing with the parent?

Q 3. In recalling this work, what did you do that assisted the parent's inclusion in the process, for instance, of making decisions about their child? How, if at all, did this support their relationship and involvement with their child?

Prompt: Eg this might have been discussions about their living arrangements, aspects of their care of their child, self-care, contact, provision of information about the child protection process, or contact.

Q 4. Was there anything that was needed for the parent to be included in the process or work you were doing?

Probe: Was there anything that *you did* to support their involvement in the work or process, or with their child, or that *anyone else* did, or was *something put in place* to facilitate this? Were you personally able to decide about how and when you included parents and families or was this limited? What was it limited by? Say more about this?

Prompt if needed: Sometimes a person can augment or support inclusion eg a case worker, or the child, a teacher etc. Or a policy or agreement or Court order might be in place.

3. Skills and capabilities of the practitioner that enhance inclusive approaches to parents 4.00-4.15 (15 minutes)

Q 5. How difficult was it for you to support the parents' inclusion in the work you were doing with them? Were there special skills that you had/used/developed to do this? (add) Do you think they would have described the interaction as inclusive? Note: this question may allow a probing of the quality of the experience

Q 6. In thinking about the parents that you have worked with in general, and not limiting yourself to thinking about this last parent, what has been your experience of what has been needed for a parent to be involved and included in processes/decisions about the child, and in their child's life?

Prompt: How did these experiences impact the child/ the parent? Prompt – how much capacity do you personally have to include families? Why?

Q 7. If you were to give advice to another practitioner about how to work in an inclusive way with parents – what would you say are the most important things to make it work?

4. Barriers, including structural factors 4.15- 4.35 (20 minutes)

Q 8. Going back to thinking about the last parent that you worked with, I would like you to now consider the barriers to including them in the process and what made this difficult.

Card: 'Barriers to inclusion'

Please write down on the second card the nature of the barriers that you experienced in including this parent in your work – then we will brainstorm some of these barriers together.

(Brainstorm) Call out the things that were barriers and they will be written up on the white board.

Instruction: These should be written on the whiteboard and noted as types of barriers. Eg geography, characteristics of the parent, policy/ Orders, caseworker's lack of support/ child/ carer.

Then choose the most frequently appearing item to discuss and move down the list. (as time allows)

Q 9. What was the nature of the barrier and how did it impact on the parent and child?

Was there any way of getting around it?

Q 10. What is your advice to other practitioners about managing this barrier?

Conclusion 4.35 – 4.40. (5 minutes)

Q 11. Finally, please describe briefly one encounter with a parent at work that you are proud of.

Thank you for taking the time to share your experiences with us and other practitioners– is there anything further you would like to add or ask us?

Concluding information: Remember you can talk to me, Jessica or a member of the Research Team after the focus group if you have any questions or concerns about the research. You may also wish to contact a member from one of the support organisations listed in the Participant Information Statement about any discomfit or stress you experienced during the group –in relation to the impact of this interview.

Thank you very much for contributing to the research.

Pack up – 5 minutes.

Appendix 5: Example of Interview Instrument (parents)

Practitioners and Carers' inclusion of Parents and Families in Child Protection Processes

Chief Investigator: Dr Nicola Ross

Sample Interview Questions - Parents

Document Version 1; dated 04/02/20

Pre-interview demographic questions should be completed before Interview.

Introduction at start of Interview *(begin recording before this statement)*

Hello, my name is Nicola. Thank you for taking the time today to take part in this interview. Here is a copy of the Participant Information Statement and thank you for signing the consent form and providing demographic data.

As you know, we are conducting this research with child protection and support service practitioners, legal practitioners, carers and parents. The research explores how workers, lawyers and carers work to include and involve parents and families. It also explores how they believe that they, their organisations and the broader sector can change and improve so parent and family are better included. As part of this research we are exploring the views and experiences of parents who have had a child removed and placed in out-of-home care in the past five years about their experiences of interacting in the child protection system with practitioners in child protection and out-of-home care services, and of working with foster and kinship carers who have provided care for their children while their children were in out-of-home care.

We will just remind about a few points you would have read in the Information Statement:

- There is a possibility you may feel stressed during the discussion because of the sensitive nature of some of your experiences and information. Remember, you can choose not to provide information; or take a break from the interview; or terminate it at any time.

- You can seek support after the interview with someone from a service you already access, or one of the services on the list we provided you.

- Our conversation will be audio recorded. I will type up the interview to help us look more closely at the discussions and responses.

- You will be permanently de-identified in all records, which means we will use a different name or a code for you. You may wish to use your child's name, which we will de-identify in the same way. Otherwise, you should refer to her or him as "my child" throughout our conversation.

- Our conversation is confidential so please try not to use any other names of people, for example, if referring to a caseworker, do not use her or his name but rather "the caseworker" or something similar. Sometimes this is hard to keep track of when you are telling a story, so if you forget on occasion we will delete names from our records.

- Transcribed data and records from our research will be kept securely at the University.
- In the Participant Information Statement, we note that your contributions are voluntary and that you may choose not to share information in this interview. You can withdraw information you have shared up until it is included in a deidentified form in our data. There is also an opportunity, if you wish, to delete or clarify any information you provided in the today, by speaking to me after the interview and before it is included in our data.

Consent: Do you have any other questions about the Interview? You have already signed a written consent form to participate in it.
[Participants' written consent and remaining in this discussion will be considered implied consent]

Interview questions

We will begin by explaining what we mean by the term "family inclusion".

Family inclusion is the **active and meaningful participation** of parents, family kinship networks and communities in the lives of children. It is **a process and lived experience over time** that helps ensure **children's family relationships are not lost**.

Workers, carers and lawyers

You have had a child/ren removed Please think about the last time this happened in the last five years and of one child in particular. We would like to talk about your experiences with workers, carers and lawyers after this child was removed and how helpful or unhelpful you found them:

1. How did people you worked with include you in decisions and other processes? This could be processes such as meetings, decisions about your children's care, arrangements to see your children, legal processes or other processes that were going on when your children were in care.

o Prompts: what about lawyers, carers, caseworkers, others? What did they do that made you get involved? How did you know you were involved? What are some examples in your experience of being included?

2. What things did they do that didn't help you be included or even excluded you? (Only to be asked if not already answered.)

o Prompts: what about lawyers, carers, caseworkers, others? What did they do that made you less involved? How did you know that you weren't involved? What are some examples?

3. Did workers, carers and lawyers give you information that was helpful? (consider making this a prompt)

o Prompts – how was it helpful /unhelpful? What about the timing? Was it written, verbal or something else? What are some examples?

Family inclusion and support for parents' role as a parent while children are in out-of-home care

How you want /need to be included when your kids are in care.

4. When your children are in care, how do you want to be involved?

o Prompts: what does this look like? What are some examples? What does this mean for children? What do you want to do as a parent when your children are in care? Do relationships with children change? What do you continue to do as a parent?

Advice for workers, carers and lawyers to include parents

This is about the advice you would give workers and lawyers, to include you and continue to improve your relationship with your children.

5. What advice do you have for workers to include parents??

6. Let’s talk a bit more about the time you have with your children when they are in care. What is your advice to workers, carers and lawyers about how to support your time with your children?

- Prompt: what about carers, lawyers, workers? Are any of these roles more important? Why?

7. Now we are going to talk about how your role as a parent and your relationships with your kids was supported. Aside from the time you spend with children, what can or should workers, carers and lawyers do to support this?

Enablers and barriers to family inclusion in the system and society

8. Aside from things that carers and workers did, what else was going in in your life that helped you be involved with your children while they were in care?

- Prompts: this could be things like where you were living in relation to where your children were, how much money you had, how much support you had.

Eg geography, characteristics of the parent, policy/ Orders, caseworker’s behaviour/ child/ carer.

- Prompt: What was the nature of the enabler and how did it affect you and the children What is your advice to practitioners, carers and lawyers about this?

9. What hindered you or got in the way?

- Prompts: this could be things like where you were living in relation to where your children were, how much money you had, how much support you had. Is there anything that workers or carers could have done to support you overcoming these obstacles?

Eg geography, characteristics of parent, policy/ Orders, caseworker’s behaviour/ child/ carer.

- Prompt: What was the nature of the barrier and how did it affect you and the children What is your advice to practitioners, carers and lawyers about this?

<u>You and your family</u> Can you share something in one sentence about your kids – something that you are really proud of. h EG: my son Ben is really affectionate.

<u>Conclusion</u>

Thank you for taking the time to share your experiences with us– is there anything further you would like to add or ask us?

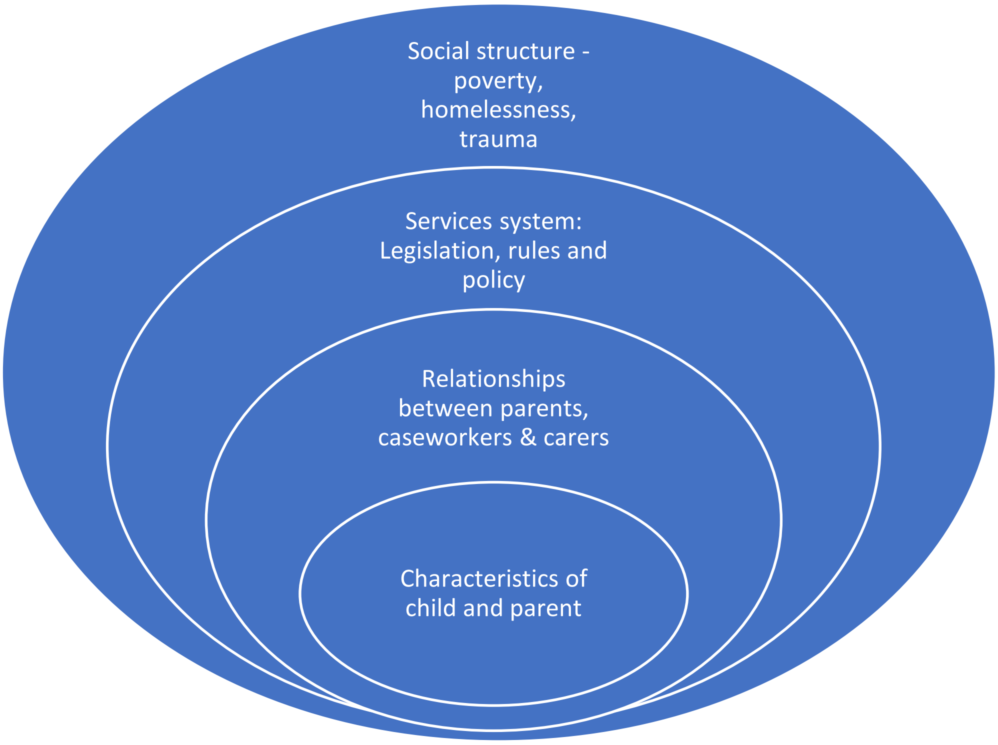
Concluding information: Remember you can talk to me, the other facilitator or a member of the Research Team after the interview if you have any questions or concerns about the research. You may also wish to contact a member from one of the support organisations listed in the Participant Information Statement about any discomfit or stress you experienced during the group in relation to the impact of this interview or related issues.

Thank you.

Appendix 6: Example of barriers to inclusion card and diagram included in cards/shown in groups (carers) and inclusion card (practitioners)

Date: Name:

Please write down on this card the nature of the barriers you experienced in including this parent in your work caring for the child/children – then we'll brainstorm barriers together.



Date: Name:

Please write down on this card the nature of the barriers you experienced in including this parent in your work caring for the child/children – then we'll brainstorm barriers together.

Inclusion card practitioners

Date: First Name:

Q 1. In thinking about the whole time that you worked with this child or children and/or parents/family, what overall rating of inclusion do you think characterised your relationship/interactions with their parent/s or family members? Please circle the rating that applies

This might include your involvement of this parent in decisions made about their child, including visits or time spent with their child or other matters associated with their child protection journey *This rating would be from a 1 (no involvement) to a 5 (very high) and a 3 (neither low nor high).*

1. Very low
2. Low
3. Neither low nor high
4. High
5. Very high

If you had contact with the parent/family member can you write down a few words on the card that capture the things that were inclusive in the interaction?

Or if you did not, write down what might have helped you to include the parents in the care of their child?

Appendix 7: Description of stakeholder groups

The stakeholder groups in the NSW child protection system included in this study are:

Parents, who may have contact with the child protection system where there are concerns about a child or children; these concerns may lead to children being removed and placed in out-of-home careout-of-home care.

Kinship carers provide care to children who have been removed from their parents by DCJ because of child protection concerns. Kinship carers are relatives (not a parent), may be part of a child's kinship network or be a family friend, or may be a person to whom the child shares a cultural or community connection (AIHW, 2022, not paginated). Kinship carers are authorised and supervised by DCJ or non-government out-of-home care service providers.

Foster carers are unrelated to children they care for. Children are placed with foster carers and their family in the family home. Foster carers are authorised and supervised by DCJ or a non-government out-of-home care service provider.

DCJ practitioners are Department of Communities and Justice employees who work directly with children and families. Most DCJ practitioners have an undergraduate university degree in social work, social science or a similar discipline. They take responsibility for and take decisions under the Act, about the care and protection of children. They play a key role in making decisions about parents' and family's involvement in child protection processes in the community and are central in Children's Court applications for care and protection orders. They influence how parents stay connected with children when children are in out-of-home care.

Out-of-home care (OOHC) practitioners work with children, families, and carers when children are in out-of-home care, exercising *case management* responsibility as described above. Non-government organisation staff in NSW exercise considerable influence over case planning, including whether restoration is pursued and may be required to provide evidence to the children's court in legal proceedings.

Support practitioners are employees of other non-government organisations, such as family support services (including intensive family support services) who work with families to support their parenting capacity, to prevent child removal and support restoration.

Care and protection lawyers represent parents or other parties who come before the Children's Court in relation to an application by DCJ for a care and protection order.

Adoptive parents are foster carers who have legally adopted children from out-of-home care.

Each of these stakeholder groups have unique and important perspectives on family inclusion.