

Submission
No 84

INQUIRY INTO CHILD PROTECTION

Organisation: The Deli Women & Children's Centre

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The Deli Women and Children's Centre is a trauma informed family support service, specialising in domestic violence service provision. We provide counselling, casework, groups and family support services to women and children, particularly those who have experienced domestic violence. We also provide parenting support and programs to families, including supported playgroups for children 0-5 years.

In our submission, we aim to address questions 1 a), d) and i) from the Terms of Reference of the inquiry.

CAPACITY AND EFFECTIVENESS OF SYSTEMS, PROCEDURES AND PRACTICES TO NOTIFY, INVESTIGATE AND ASSESS REPORTS OF CHILDREN AND YOUNG PERSONS AT RISK OF HARM

In our experience there is a limited capacity demonstrated by FACS to respond to reports of risk of harm to children and young persons and the systems in place are mixed in effectiveness.

Negative stereotyping of certain clients

On one hand, we have had clients who are working very hard to prove themselves worthy of having their children restored and yet there seems to be almost a personal vendetta against them by the Child Protection Caseworker. *Case study:* In one case the client, an Aboriginal woman, reported that the caseworker held a private meeting with the client and placed her own foster care file on the table in front of her saying that the client had no hope of ever becoming a good mother with that history of parenting herself, and the caseworker was looking forward to removing her baby at birth. The Manager of this caseworker commented to us that she didn't have time to read all of the reports written by this caseworker about the client, but was accepting her final assessment of the client's capacity and situation, despite our efforts to enlighten her otherwise. This client recently had a decision to permanently remove her older children permanently deferred for 6 months after we gave evidence at the hearing, but the baby was to be removed at birth. The baby was subsequently restored to the mother (the father, alleged DV perpetrator, is currently incarcerated) however FACS have lodged 2 appeals seeking to remove the baby again during the month since birth. The main allegation is that the client will repeat the pattern of a domestic violence relationship. This assessment is made without proper expertise and highly inappropriate given it now remains the only reason for keeping the children from the mother. We see no current risk of harm to the baby in particular or the other children. There is considerable risk to these children of attachment disruptions and ongoing emotional problems being removed from their mother and living in the foster system.

No action

In other cases, clients disclose details of significant risk of harm to children in their care, which we duly report to FACS, yet no action is taken and these children remain at significant and constant risk of harm. *Case study:* Two current cases we are working on involve 3 year old girls who have disclosed to their mothers that their father is touching them inappropriately on the genitals and hurting them, some have physical evidence of this. These cases have been

reported by the mothers and our service, and the matters were investigated by JIRT, yet no further action was taken. One of these couples is still together and the other is separated and there was domestic violence towards the mother in both cases.

We have also had a few cases where appropriate action was taken by FACS to protect the children.

False reports by perpetrators treated as fact

Another separate problem in the reporting system is false reporting by perpetrator fathers and family members whom the perpetrator has influenced. This is a known strategy of systems abuse. When this is repeated over time this accumulates like “fact” against the mother.

Our centre has been involved in many cases where FACS workers have not reviewed and removed reports that are suspicious or incorrect and then the mother is proving over and over again the falsity of these claims. Oftentimes these multiple false claims then get used as evidence of mother’s neglect and in one case the children were removed from the mother and given to the father. Over a year long period it became clear to FACS that the father was in fact the abuser and the children were then returned to the mother. These claims need to be cross checked especially where there are allegations of domestic violence. Cases should be reviewed by an internal DV expert to notice patterns in certain cases where mother has alleged DV. The mother may state that the father may be charming and playing victim. These claims need to be checked and workers need to be alerted to the real problem of being manipulated by the father’s charming act of victimhood. All evidence should be reviewed with the DV filter. Does this behaviour fall into a pattern of power and control? These patterns are complex to recognise and FACS needs personnel with specific expertise.

FUNDING AND RESOURCES TO NGOS FOR THE PROVISION OF SERVICES FOR CHILDREN AT RISK OF HARM

There is a lack of recognition of the impact that government reforms have had on the NGO sector, particularly specialist domestic violence services. There is also a lack of recognition by FACS of models of service provision other than their own child protection case management model. This lack of recognition has impacted on the funding and resourcing of these NGO services.

Since the launch of the It Stops Here domestic violence reforms by the NSW government, referrals to our service have increase by 5 times the prior levels. We now receive an average of 25 new referrals a month for domestic violence specialist Counselling and Casework and many of these women have children in their care. Domestic violence is recognised as a significant risk factor to children and as such, our work with these women has an impact on the care and safety of their children. It is critical that funding to specialist frontline services is increased to meet the demand generated by other government and community initiatives.

We also provide direct services to children attending our playgroups and parenting programs, however we are unable to record these services in the FACS portal due to restrictions within that reporting framework. Given the prevalence of domestic violence, the fact that around 61% of survivors have children in their care at the time and the NSW domestic violence homicide rate of around 40%, adequately funding specialist frontline services to help women and children achieve safety, both though direct and soft entry service provision, is critical.

We have received no increase in funding to address this significant increase in demand; in fact we have been told that doing so is not the responsibility of the government. In addition, we have been asked to commit to additional reporting on our work to compensate for the inadequacies of the reporting portal, again without an increase in resources to do so. We have successfully fought this push, but the situation remains tenuous in view of the TEIP reform process.

TRAINING AND EFFICIENCY OF CHILD PROTECTION CASEWORKERS WITHIN FACS

Non-flexible case delivery approaches in DV cases

There is a need to recognise interconnection and overlaps to best service client's needs. Improving partnerships between women's organisations and child protection agencies and recognising that women assisted to be safe from abuse, represent the best resource for giving good care to their children, are vital to effective child protection. In our work we are frequently faced with the added burden of trying to advocate for clients with Child Protection Caseworkers who only seem to be able to see cases in a very rigid manner, if domestic violence is present the children are at risk, if the mother fails to separate from the relationship she is failing to protect the children, and if she fails to do this then removal of the children is the only response. This could be due to the perspective of individuals or due to a lack of adequate training of Child Protection Caseworkers and Managers.

Case study: A child protection caseworker called the perpetrator to verify disclosures of domestic violence made by the mother, due to lack of understanding about domestic violence, and thus placing the family in more danger due to his knowledge of her disclosure. This mother had been diagnosed with trauma related mental health issues and the child protection worker chose not to believe her domestic violence disclosure as a result. This is also a common experience of clients in the justice system.

The Safe and Together Model Suite of Tools and Interventions developed by David Mandel in the USA, is a perpetrator pattern based, child centred, survivor strengths approach to working with domestic violence. This model takes the focus off the failure to protect paradigm, placing the focus more on perpetrator behaviour patterns and their risks. A similar model may provide the connections across agencies to provide most effective services to families.

A narrow focus on child protection intervention can perpetuate or increase the mother's danger and fails to assist her in caring for her children in safety. Often it is more dangerous to force the woman to leave the relationship by threatening to remove the children. The better option may be to involve alternative service options to assist the mother in removing the father from the home (for example, the Staying Home Leaving Violence program in NSW) or working with the mother on a time limited plan of extraction (maybe several months) which respects her assessment of the perpetrator.

Case Study: A client sought to escape from fifteen years of some physical but mainly psychological abuse and came to Sydney from interstate. Client who understood fragility and psychological manipulation of the perpetrator sought to allow supervised access of the children on one weekend to minimise risk of father "exploding" while she continued to plan her escape. FACS inadequately assessed the situation and threatened the client that the children would be removed if they allowed access to the father and so the mother had to refuse access. One month later FACS had to concede that whilst they accepted there was psychological abuse there was difficulty proving it and they were unable to intervene to help the mother. In effect this intervention which did not listen and believe the mother's assessment of the DV risk led her and her children to a much more dangerous position as the perpetrator is now aware of her desire to block access and is vengeful about being denied access. This problem has been compounded by the fact that the father now has ongoing contact in another state during holidays and visits with no oversight available by FACS despite the request by the mother and other services involved.

These sorts of problems have meant that for many women separation has come to involve an unacceptable risk to their children. Women remain primary carers of children in this culture and because of this they are often most attuned to their children's needs and vulnerabilities. The prospect of very young children especially being unprotected in the presence of an abusive parent/partner is genuinely frightening to many women. In the child protection context women are often expected to protect their children by separating from the perpetrator, yet usually face considerable difficulties when, having done so, they seek ongoing safety for themselves and their children in the Family Court context.

Case Study: A client with a five year old and a toddler whom the father had never spent any time parenting prior to separation were placed in father's care three days a week. They were allowed hours of "screen time" alone, often left with third parties and older child returning to mum saying abusive things to mother "I hate you" and "You don't let me see daddy". Both children returned from visits to their mother either aggressive, withdrawn or anxious. The father frequently failed to fulfil his family court access arrangements without explanation and wrote to lawyers if there was any small change of arrangements due to children's medical or social needs. Elder child expressed a desire not to see daddy but, given no support from outside help, the mother is seen as obstructive or brainwashing the child.

We make reports about this behaviour as much as possible but it is unacceptable to see children at such high emotional as well as physical risk unacknowledged and unsupported by Family and Community Services.

Over-engagement

A final issue is where clients are required to over-engage to the detriment of their recovery from a domestic violence relationship. We have repeated difficulty where clients are required by FACs to see a psychologist, a DV counselling/casework service, a drug counsellor, multiple parenting groups and a family support service as well as attend weekly visits with her removed children often across Sydney. Although engagement is important many clients are overburdened by the requirements that are not well thought through. They also find it very traumatic to repeat their story to many different providers. Clients who raise legitimate concerns are terrified they will be labelled difficult.

Case Study: A woman who had had her children removed worked shift work and loved her job. She was unable to fulfil the requirements of her FACs case plan and due to fear of not having her children returned, she gave up work to allow her to comply with the requirements. Once she stopped work she became more depressed.

Please contact our service should you require further information.

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