

INQUIRY INTO CHILD PROTECTION

Organisation: Family Inclusion Strategies in the Hunter
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Background and Introduction

Family Inclusion Strategies in the Hunter (FISH) is a partnership of child protection and out of home care practitioners and parents /family with children in care or with a care experience. Broader FISH involvement includes workers from a range of agencies and backgrounds, educators, researchers and carers.

The FISH leadership group is made up of people and parents with diverse experience and exposure to the child protection and out of home care system in NSW. We have undertaken a number of projects aimed at building a more family inclusive approach to work in child protection and out of home care.

More information about FISH can be found at our website at www.finclusionh.org. We have also attached our mission statement and objectives at Appendix A. These make clear that we are focused on improving outcomes for children and young people (including family preservation and restoration) and that respectful, meaningful family engagement and inclusion is a pathway to achieving this.

We very much appreciate the opportunity to make a submission to the Inquiry into Child Protection. We respectfully suggest that the voices of parents and family of children in out of home care have not yet been sufficiently heard by previous inquiries or in the policy and practice discourse generally in NSW. Yet parents and family are vital stakeholders in the system and have a unique and lifelong connection to children and young people no matter how long they remain in care. All children in NSW, whether they be in out of home care or not, need the love, care and support of their parents and family.

Family inclusion is relevant across all aspects of the inquiry and in all aspects of the child protection system. However we have chosen to focus particularly on these areas:

- The capacity and effectiveness of systems, procedures and practices to notify, investigate and assess reports of children and young people at risk of harm
- The support, training, safety, monitoring and auditing of carers including foster carers and relative /kin carers
- Specific initiatives and outcomes for at risk Aboriginal and Torres Strait Islander children and young people
- The amount and allocation of funding and resources to universal supports and to intensive, targeted prevention and early intervention programs to prevent and reduce risk of harm to children and young people

We also provide an overall description of family inclusion and make some comments on workforce issues in this sector. Finally, we provide a recommendation for the establishment of family advocacy and support services that include peer support.

What is family inclusion in child protection and out of home care?

In consultation with parents and other stakeholders FISH has developed this definition:

“Family inclusion is the active & meaningful participation of parents and family in the lives of children. It requires open, warm, professional relationships aimed at building equity with workers & carers. It is underpinned by respect & trust.”

Family inclusion can be integrated into day to practice in child protection and out of home care. When families are being actively and respectfully included in practice and in their children’s lives:

- Relationships between children and their families are ongoing and have depth;
- Children and young people are more likely to stay at home AND to be restored home after experiencing shorter entries in care;
- Relationships between parents and other stakeholders, including and especially carers, are informal, child focused and have integrity;
- Parents and family are supported in their ongoing role in children’s lives including access to practical support, advocacy, counselling, appropriate medical and psycho social interventions and parenting support;
- Parents and family are involved in and crucial to decision making with and for children and young people. For example, parents and family will be included in decision making about a possible placement;
- Children and young people in care see and know their parents and family in a relaxed and non-stigmatising way;
- Permanency and stability for all children impacted by the system is more likely;
- Children and young people leave care with a secure family and social support network that is lifelong.

By choosing to be family inclusive we are also choosing to be child focused. Children’s needs and very frequently their stated wants (Create, 2014) are not distinct from their families. A family inclusive approach is a focus on the child *in* family rather than on child *or* family (Scott and O’Neill, 1996). A family inclusive approach has a focus on the lived experiences of children and families, is concerned with maintaining and building family and social connections for children, on normalising children’s lives and is less formulaic and procedurally driven.

Our response refers to several different service models and approaches that will help improve the safety of children and young people in care and prevent entry to care. However these models will only have success when there is a family inclusive practice culture across all aspects of the system including the courts, statutory child protection authorities, out of home care agencies and other related agencies and organisations. Family inclusion is a pathway to better outcomes for children and young people including children being safer while they are in care. Please see our report and poster *Building Better Relationships*, for more information about family inclusion and its implications at Appendix B and C or our website.

The capacity and effectiveness of systems, procedures and practices to notify, investigate and assess reports of children and young people at risk of harm.

The experience of FISH members is that the current investigatory and assessment regime is deficit focused, adversarial and actively discourages the participation of parents and family in assessment, case planning and in decision making.

Arbitrary, not linked to a supportive case plan and too late

The threshold for intervention (when intervention actually occurs) can be experienced by parents and family as arbitrary and unpredictable. Even when there has been a long history of reports, parents may not be aware of this and may not expect children to be removed.

"I had lots of different issues around the removal and my parenting. I could not parent and I did not know how to be a parent; at this time, I did not realise this. I just thought, "Yes I have given birth; I know how to be a mother." I gave birth at 16, nearly 17 years old, with no mother around, no father around, and an abusive partner – which the department was quite aware of..." (Parent, p. 129)*

This parent was in care herself when she had her first child and feels that her parenting problems should have been able to be predicted by Community Services. She only found out about the multiple reports after her children were removed and when her solicitor received her file. She acknowledges that she needed help at the time but help was not offered. The child protection intervention, when it finally did occur, focused on child removal and placement in long term out of home care.

"I guess I would have liked someone to come in and let us know that they were aware of our situation, that they would be monitoring it and that they would give us support services to go to or rehab – like give me a support plan to ensure that my baby was safe and that I would be able to keep him in my care rather than place him in care straightaway. They left it to three or four days before he was born to come and see me". (Parent, p. 135)*

This parent's baby was removed at birth without warning in a process his mother described as "brutal". He was placed in foster care without any consultation with his mother or other family members. It is quite possible that a family placement could have been found but this was not part of the investigation or assessment process.

The systemic risks to children and young people associated with removal and placement are not part of the assessment despite ample evidence of poor outcomes. We have also found that the quality of assessment of some risk factors, such as domestic violence, are particularly problematic. The nature and dynamics of domestic violence are not always well understood by caseworkers and an unreasonably high level of responsibility for violence is placed on women.

"I was in a domestic violent relationship. At no point did they confront him or help me escape that. They were just saying, "You can leave". When someone is in a DV relationship, it is not as simple as just getting up and leaving". (Parent, p. 129)*

In fact, the time of separation is often the most dangerous time of all for women and children. This approach may not only be unfair to the victims of DV it may be dangerous for women and children.

Quality Assessments which lead to case planning for safety and wellbeing

Quality assessments are a crucial part of child protection intervention and should clearly identify to all parties, including workers, parents and family, what needs to change in order for children to either stay at home, or be quickly restored. However the experience of FISH is that assessments tend to lead primarily to a decision to remove or not remove the child or children from home. If children are removed the focus of work quickly moves to evidence gathering for court to establish a finding and to make long term orders rather than to case planning.

Assessments can be based on inadequate and unreliable information that excludes family. For example, assessments may rely on information held on the Community Services computer system rather than on home visits, family meetings, interactions with children and families or on the lived experience of children and their families. This is particularly concerning as the risk assessment tools used by Community Services allow for risk to be increased or decreased based on historical information held by Community Services including information that may never have been checked with the family or assessed from the perspective of children. This includes risk factors well beyond the control of families such as the care history of parents.

This adversarial and deficit focused approach undertaken in investigation and assessment practice by Community Services and the sector is a contributor to high rates of out of home care placement in NSW. We agree with Connolly (2007, p 827) who states that an adversarial approach can damage the ability of parents to work positively towards resolving risk issues and can lead to children being unnecessarily removed. There is also growing evidence that a relational approach to assessment and intervention is safer for children (Howe, 2010, Reimer, 2013).

Workforce issues related to quality assessments and overall practice

FISH is concerned about the professional standards and conduct of workers in a range of roles in the child protection and out of home care system including in OOHC NGOs and in Community Services. Parents, families and children encounter caseworkers, managers, carers and other staff with a wide variety of skills and qualifications. The inconsistency in these skills and qualifications is of concern to the quality of care being provided. Families and children also confront rapidly changing staff. Parents struggle to understand what is expected of them as parents and what they should expect from staff members and carers.

FISH would advocate for a national registration scheme for child protection and out of home care workers (including both government and non-government workers) which has minimum qualification standards and requirements for ongoing training and development. Such a registration system would make staff accountable to families and children for their professional conduct and give families a complaints mechanism that is taken for granted in other professions such as psychology and teaching. It may also incentivise professional and respectful behaviour towards children and families.

The support, training, safety, monitoring and auditing of carers including foster carers and relative /kin carers

Parents with children in care hold justified concerns for the quality of care their children are receiving while in care. Current training regimes in NSW are inadequate and many carers receive initial training of approximately 12 hours only. Despite the best intentions of agencies there is no way currently that many carers can be mandated to attend ongoing training programs. FISH is familiar with the content of the current, most commonly used training package for applicant carers –

Shared Stories Shared Lives. It contains limited content on family relationships and very little capacity for the voices of children, young people, their parents and families to be heard. The involvement of parents, family, children and young people in the delivery of the training material is voluntary and often does not occur at all. If it does occur it is limited to a short session of between 30 and 45 minutes with no ongoing involvement.

Authorised carers are required to be regularly reviewed but reviews are often irregular, overly formulaic and quality is questionable. Some kinship carers (such as those with parental responsibility) are not reviewed and receive no ongoing monitoring or support. Adoptive parents are also not reviewed or monitored despite a need for them to receive similar levels of support as foster carers. (Adoption Research Initiative, 2011).

The purpose of out of home care placement should primarily, and certainly initially, be to facilitate an early and safe restoration home. Long term care of any kind, including foster care, adoption and guardianship, is resource intensive. If these resources could be directed towards restoration and family support (including short break care and flexible in home support) many more children could return home quickly.

Current recruitment and training for foster carers is not targeted at restoration and family preservation. For the purposes of this inquiry, FISH undertook a quick audit of OOH agency websites in the Hunter region. All websites had significant space dedicated to carer recruitment. However there was very little mention of the importance of restoration support as a function of foster care. Websites provided little or no information about how foster carers might actively contribute to restoration, family relationships or work together with family to care and protect children. It is our view that carers could and should play an active role in supporting and facilitating restoration and that evidence locally and overseas supports this (Ankersmit, 2015, Gerring, Kemp and Marcenko, 2008). Current carer recruitment practices are not aimed at supporting restoration. In fact the care of children is largely presented to potential carers as separate to the support and help that families need to get their children back. This fragmented approach to care is working against the stated policy objective of government to get more children home safely and quickly.

Also concerning is the promotion of foster care in NSW solely or primarily as a pathway to adoption. A recent headline from the website blog “kidspot”(2016) demonstrates this well. This short article promoted adoption from foster care as a “fast track” option for adopters and linked directly to various out of home care agencies. It also suggested that around 20,000 Australian children in care were currently “available” for adoption.

If you want to adopt an Aussie child, move to NSW! Or be prepared to wait....

The intrinsic motivation of foster carers who want to adopt will compromise their commitment to the first principals of restoration, the rights of children to be raised by their families, and the best interests of children including the need for ongoing family inclusion and relationships. There is some evidence from the UK that when carers are concurrently approved to both foster and adopt that restoration rates are low and that concurrently approved carers are generally unsupportive of restoration as it is counter to their hopes to adopt the child they are caring for. (Monck, Reynolds and Wigfall, 2004.)

Specific initiatives and outcomes for at risk Aboriginal and Torres Strait Islander children and young people **

The removal of children and young people from their families continues to cause trauma and harm to Aboriginal individuals, families and communities, particularly given the disproportionate rate at which Aboriginal children and young people enter care. They may, after entering care, have less contact with their families compared to non-Aboriginal children (Delfabbro, Barber and Cooper, 2002).

Importantly, the most prevalent form of substantiated harm to Aboriginal children is neglect, a harm that is known to be closely linked to social disadvantage and poverty (SNAICC, 2014). This is a particular area where a prevention/early intervention framework is paramount, with effective policy responses being directed at the community, rather than the individual family. There is a very significant need to utilise community development to reduce the incidence of the removal of Aboriginal and Torres Strait Islander children and young people from their families and community. This approach is consistent with literature such as Arney, McGuinness and Robinson (2009) who argue that traditional responses to child protection concerns commonly used in Australian jurisdictions are not the most effective response for child neglect which should primarily be addressed through prevention activities.

Along with the continuing high numbers of Aboriginal children in care the implementation of the Aboriginal Placement principles remains a pressing problem. FISH believes that these two issues are linked and need to be understood and addressed together if they are to be successful. FISH also argues that family inclusion is a key part of both the prevention of entry into care by Aboriginal children and the effective implementation of the placement principles.

Family decision making and empowerment approaches should be used well before removal is being considered. This includes locating family, building relationships with family and holding family meetings where family decision making is supported (using approaches such as Family Group Conferencing). Family engagement and decision making approaches need to be culturally appropriate and managed by Aboriginal families, workers and communities. These models are available now in NSW from Aboriginal and non-Aboriginal organisations (See for example Absec, 2016).

If authorities wait until after or just before child removal to begin to consider the Aboriginal Placement Principles and family engagement they are much harder to achieve. They tend to become a legal or administrative process that caseworkers and agencies are obliged to follow rather than be part of an ongoing family engagement process and practice culture. Aboriginal families in Australia remain deeply affected by the stolen generation, by intergenerational trauma and families are understandably distrustful of child protection authorities. If family meetings and attempts at family finding only occur at or after removal then these trust and relationship building barriers are worsened for family.

FISH would argue that the difficulties in implementing the Aboriginal Placement Principles are complex and unlikely to be able to be resolved through regulations and legislation alone. Their successful implementation requires a culture of family inclusion and engagement to be built and a substantial shift in decision making and authority towards Aboriginal families and communities.

The amount and allocation of funding and resources to universal supports and to intensive, targeted prevention and early intervention programs to prevent and reduce risk of harm to children and young people

Rates of entry and lengths of stay continue to increase especially for Aboriginal children (AIHW, 2015). NSW has a particularly high rate of children in care and to date, attempts to intervene earlier to prevent placement in care have not reduced these rates. The amount and allocation of funding to prevention and early intervention, relative to funding allocated to out of home care, is a key cause of the increasing rates of children in care. However there are also other causes including the way early intervention and prevention is currently structured, a lack of focus on the social causes of child abuse and neglect and sector and organisational cultures which are not family inclusive. Currently there is:

- A lack of family inclusive practice, especially at the tertiary end of the system and in out of home care;
- An urgent need for service systems and workers, particularly statutory services and out of home care agencies, to build skills to respectfully engage with and build relationships with vulnerable families;
- A tendency for service providers to focus only on the perceived individual causes of child neglect such as child behaviour and parenting capacity;
- The lack of availability of suitable family support services and services to support restoration;
- The use of secondary and some tertiary services to collect evidence for child removal instead of the provision of needed services;
- A lack of willingness to acknowledge and address the social causes of child removal including poverty, domestic violence and intergenerational trauma;
- A funding regime which can exclude families most at risk and which does not include adequate funding aimed at extremely vulnerable families including those at immediate risk of child removal and families who have had children removed and are seeking restoration;
- A funding regime for OOHC services which disincentivises restoration and family inclusion.

Even when they are available, the secondary and tertiary placement prevention services in NSW have tended to exclude the very families that need them the most. For example, families who have had children previously removed can be denied access to help that may prevent subsequent removals. Families who are deemed to be “high risk” can be excluded from parenting programs and support services that families with lower levels of need can access quite easily. The evaluation of the Keep Them Safe initiatives in NSW found, among other things, that role confusion and entry criteria took significant time away from service provision and meant that families with high needs could not access needed services. (Valentine and Katz, 2015). These are systemic and structural barriers that are well beyond the control of families. Our work locally has found that parents and family who have children placed in care do not know what to do to get them back. They are confused and frustrated by these issues which represent a significant obstacle to restoration (Cocks, 2014).

"Everyone wanted me to stop, wanted me to fail..."

"Weren't even telling what I needed to do to be considered for restoration. Didn't get a care plan identifying what to do until signed legal orders (for long term care)"

It was on my own shoulders to go out and do it all myself"

You are a parent. You definitely know you are, but you feel so distant. I didn't get to be able to bond and firm those bonds.. Instead I had all these obstacles"

(Parents with children in care as quoted in Cocks, 2014, p. 28)

When tertiary level intervention is required than placement or long stays in out of home care may still be avoided through the use of evidence based family empowerment and decision making models such as Family Group Conferencing (Harris, 2008) and Family Finding (Bringewatt et al, 2013). FISH sees little evidence that these models are routinely used in the Hunter Valley despite their availability to practitioners and would encourage their broader implementation in the system. The success of these approaches relies on organisational cultures of family engagement and empowerment. We suggest consideration be given to the mandatory use of family group conferencing in NSW in a similar way to New Zealand (Children, Young Persons and their Families Act, 1989)

New models of care and prevention are needed including family support and advocacy, short break care and fostering the family approaches. These are described further below.

Solutions and next steps

FISH supports a greater investment in these family empowerment approaches, in early interventions that support children to remain safely with their families, and on services that support early restoration (thus reducing stays in care) where children have been removed from their families. Universal services and specialist adult services also have an essential role to play in the early identification of children and young people who are at risk and through the provision of support based on a holistic assessment of families' needs (ARACY, 2014; Wood, 2008).

The emphasis of policy and programs should extend beyond parents accessing services, to services 'reaching out' to engage and build relationships with very vulnerable parents and families that may currently be "screened out" by assessment tools and eligibility criteria services including:

- Aboriginal and Torres Strait Islander families especially those with intergenerational trauma and loss;
- Parents who are themselves in out of home care or have a care history;
- Parents and families who have previously had children removed, who may have new children or may be seeking restoration of children in care;
- Other very vulnerable children and families such as those with high levels of DV and substance misuse.

Prevention services need to be targeted at the social causes of child abuse, neglect and child removal. Most children in care come from poor families and there is some evidence that low income families may be the subject of more punitive risk assessments than families with higher income levels (Enosh and Bayer – Topilsky, 2014). There is also increasing evidence that poverty is linked to the experience of child abuse and neglect and that it is through reducing poverty and inequality that societies can best protect children from harm (Bywaters et al, 2016). Yet anti-poverty programs do

not feature in the current suite of placement prevention services. For example, homelessness and unstable housing are common issues when children are removed. We would strongly recommend the following extra initiatives be given urgent consideration to prevent entries into care:

- Expansion of community development programs aimed at supporting vulnerable families;
- Anti poverty programs in vulnerable communities including the Hunter Valley and Central Coast regions;
- Urgent measures to address family homelessness which has been used to justify child removal even when child abuse and neglect is not otherwise a substantial issue;
- Alternate and less punitive out of home care models such as regular short break care (Brennan and Crowe, 2002, Roberts, 2015) and approaches that foster and support the whole family (Cocks, 2014, p. 23). It is important that these models retain a child focus and ensure that children are receiving a benefit beyond the respite outcome for families (Cocks, 2014, p.23, Roberts, 2015);
- The immediate provision of practical and financial support to families to lift them out of crisis situations when this will overcome child welfare issues should occur. If removal is a last resort then providing practical support such as emergency housing, housing maintenance or cleaning, transport and emergency relief should always be provided first and may be required more than once;
- The development of family support services that include peer and other support services specifically for families experiencing intervention from statutory services and when children are placed in out of home care. FISH has developed a program logic for a family support model specifically for this group. This is provided at Appendix D and more information is provided on this option below.

We would also support calls for child protection and out of home care services, including Community Services, to be located in the neighbourhoods and communities where vulnerable families live. This will mean more dispersed geographical services in disadvantaged neighbourhoods and colocation with community based agencies.

Overall, the service system needs to reflect the reality of family life. All families, including those with significant problems, move through periods of high difficulty followed by periods of relative stability. If a family receives intensive support at one point it does not mean they will never need it again or that the earlier intervention failed if need again escalates.

Families need support and advocacy to engage well with Community Services and related semi statutory agencies such as OOHHC agencies

There is evidence from overseas that families who have access to a support person are more likely to engage successfully with statutory agencies (Fraser and Featherstone, 2011). Emerging peer to peer models are achieving some success in the eyes of family members and service providers both overseas and locally (Lalayants, 2012, Tobis 2013, Community Matters, 2012). Our work suggests that when parents have access to a support person to help them interact with the Department and other agencies this can contribute to better engagement and better outcomes (Cocks, 2014). This has also been the experience of the Western Australian Family Inclusion Network which has been providing family support and advocacy for parents caught up in the child protection system in WA since 2009. (See www.finwa.org.au).

FISH has drawn on the available literature and consulted with family members and the sector in the Hunter Valley of NSW to develop a program logic for an independent family support and advocacy service. If resourced we believe this service would provide a return on investment through reduced entries and stays in care and through greater family inclusion contributing to better outcomes for all children in care. Our proposed service has the following central elements:

- Leadership from a partnership of parents and family with lived experience and with practitioners, educators and local leaders in child welfare;
- A team made up of peer support workers with lived experience of child removal and placement and professional staff with experience and skill in child protection, out of home care and family inclusion. Activities the team would undertake include:
 - The provision of one on one support and advocacy with parents and family at high risk of child removal or who already have children in care. This role would proactively assist parents to engage with Community Services as well as other services in the interests of children and young people;
 - Group work including parenting programs and education specifically for this group of parents;
 - Broader education activities including the expansion of our online resources to help parents navigate the complex child protection and out of home care systems;
 - Resources and training for other professionals working in child protection and out of home care with an emphasis on family engagement and inclusion in the interests of children and young people

FISH is already undertaking some of these activities including the provision of our website at www.finclusionh.org.

Thankyou for the opportunity to provide this submission. We are available to provide further information to the inquiry in person or in other ways.

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* These quotes have come from evidence given by FISH members to the Senate Community Affairs References Committee at a public hearing in 2015. Reference provided above.

***Our response in relation to the Specific initiatives and outcomes for at risk Aboriginal and Torres Strait Islander children and young people, is drawn from our consultation with Ms Petrice Manton of the Muloobinba Aboriginal Corporation, Newcastle. We fully acknowledge Ms Manton's expertise and knowledge. The response remains the responsibility and view of FISH.*