

Submission
No 105

INQUIRY INTO CHILD PROTECTION

Organisation: National Ethnic Disability Alliance

Date received: 29 July 2016

Partially
Confidential



NATIONAL ETHNIC DISABILITY ALLIANCE

Submission to the NSW General Purpose Standing
Committee No. 2 inquiry into the role of the Department
of Family and Community Services in relation to child
protection



“Submission to the NSW General Purpose Standing Committee No. 2 inquiry into the role of the Department of Family and Community Services in relation to child protection”.

July 2016

National Ethnic Disability Alliance Inc.

Brian Cooper
Project Officer

Website: www.neda.org.au

This publication has been prepared by National Ethnic Disability Alliance Inc. The views expressed in this publication are those of National Ethnic Disability Alliance Inc. and do not represent the views of the Australian Government.

Table of Contents

About NEDA	5
Scope of this Paper	5
A Canadian Response.	6
The practice of Child Protection in NSW (Hunting for the “Monster”)	11
Child protection advocacy and redress	16
Discriminatory practices	19
Future Directions	21
There is insufficient information on the prevalence of families where a member either adult or child has a disability and their interaction with the child protection system across Australia.	21
Recommendations.....	21
The New South Wales is ill-equipped to support parents with disabilities and their families or parents of children with disability. As a result, there have been disproportionately high rates of involvement with child protection services and extraordinarily high rates of parents losing their parental rights.	22
Parents with disabilities who are engaged in custody or visitation disputes in the family law system regularly encounter discriminatory practices.	24
Prospective foster or adoptive parents with disabilities face significant barriers to fostering or adopting children.	25
People with disabilities face significant barriers to receiving assisted reproductive technologies (ART), despite its importance for many people with disabilities who want to procreate.	Error! Bookmark not defined.
The NDIS has the capacity to provide crucial support for many people with disabilities and their families.	26
Parents with disabilities face significant barriers to obtaining accessible, affordable, and appropriate housing for their families.	26
Many parents with disabilities face barriers to travelling with their families.	26
Parents with disabilities have less income significantly and more frequently receive public benefits.	27
People with disabilities, especially women, face significant barriers to receiving proper reproductive health care.	27
Parents and prospective parents with disabilities face a significant lack of peer supports. ...	28
Service providers regularly overlook the parenting role of their consumers.	28
Formal Individuals with Disabilities Education Act (IDEA) Part C Early Intervention (EI) programs and other non-Part C early intervention and prevention model programs are an appropriate service option for many children of parents with disabilities.	29
Parents with disabilities involved in dependency or family law proceedings face significant barriers to retaining effective and affordable legal representation.	29

Centres for Independent Living (CILs), with appropriate training, can provide services to parents with disabilities..... 29

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) reinforces the rights of people with disabilities to create and maintain families. Error! Bookmark not defined.

References..... 31

That General Purpose Standing Committee No. 2 inquire into and report on the role of the Department of Family and Community Services in relation to child protection, including:

- a) The capacity and effectiveness of systems, procedures and practices to notify, investigate and assess reports of children and young people at risk of harm
- b) The adequacy and reliability of the safety, risk and risk assessment tools used at Community Service Centres
- c) The amount and allocation of funding and resources to the Department of Family and Community Services for the employment of casework specialists, caseworkers and other frontline personnel and all other associated costs for the provision of services for children at risk of harm, and children in out of home care
- d) The amount and allocation of funding and resources to non-government organisations for the employment of casework specialists, caseworkers and other frontline personnel and all other associated costs for the provision of services for children at risk of harm, and children in out of home care
- e) The support, training, safety, monitoring and auditing of carers including foster carers and relative/kin carers
- f) The structure of oversight and interaction in place between the Office of the Children's Guardian, Department of Family and Community Services, and non-government organisations regarding the provision of services for children and young people at risk of harm or in out of home care
- g) Specific initiatives and outcomes for at-risk Aboriginal and Torres Strait Islander children and young people
- h) 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, and
- i) Any other related matter

About NEDA

The National Ethnic Disability Alliance Inc. (NEDA) is the only national peak organisation representing the rights and interests of people from culturally and linguistically diverse backgrounds (CaLD) and/or non-English speaking backgrounds (NESB) with a disability, their families and carers throughout Australia. NEDA is a member of the Australian Cross Disability Alliance and reports directly to Government as a national peak.

NEDA advocates at the Federal level for the rights and interests of people from CaLD and/or NESB communities with a disability, their families and carers so that they are able to participate fully in all aspects of social, economic, political and cultural life; and provide policy advice to the Government and other relevant agencies to secure equitable outcomes for people from CaLD and/or NESB communities with a disability, their families and carers.

NEDA acknowledges that people living with disability face multiple and cumulative disadvantages, and therefore urges Government at all levels to not only fulfil their obligations under international and domestic law but also to end the discrimination and marginalisation these individuals experience while dealing with the child protection system.

Scope of this Paper

This paper takes the key issues identified from a study conducted in 2014-15 on the interface of child protection, disability and ethnicity by NEDA. The study is titled "Tread Gently: The voice of parents who have had an encounter with child protection services in Australia from CaLD/NESB backgrounds with disability or have a child with disability."

A Canadian Response.

Below is the experience of a woman from Alberta Canada is reflective of many in Australia, especially in New South Wales. Ms Martin, the author of the article, is an activist for parents who have had their children taken into care, specifically those children with disabilities. She is the leader of a movement that resulted in the Province of Alberta, Canada proclaiming Samantha's Law.

The Bill entitled "Samantha's Law" is an amendment to the legislation. It requires the recognition that participants in the Family Support for Children with Disabilities programme have a distinct legal identity. This separate from children who are in care or subject to some statutory intervention from child welfare services in Alberta Province Canada. The thrust of the legislation was that government funding for services must be made available to families directly. This replaced the requirement that parents relinquish guardianship and placed their children into some foster-care arrangement to attain any required therapeutic supports.

Samantha Martin was a child with a rare genetic condition which resulted in her being placed in foster care by the provincial child protection authorities. There was a mistaken belief that foster care was a better option than keeping with her biological family. As a result of medical neglect during foster care, Samantha passed away at 13 when the guardianship was returned with the mother. The rationale for placing the child into care was to provide the necessary medical treatment was not reflected in the support or interventions provided by the foster parents or agency.

Samantha's mother had to fight to have her concerns expressed in the public domain. There was legislation, which restricted the capacity of parents to speak out publicly about "children in care." There is a similar restriction in Australia. If a parent is outspoken, this is viewed negatively, and they will be sanctioned such as complete loss of access to their child in care. This story was reproduced with her permission.

We - all of "us" - require less governing and less reliance upon the government. Instead, solidarity to rebuild community amongst families directly. To move forward, we must strive to develop strength with education, guidance, accountability, stability and fortitude with prevention to avoid a reaction.

It is unfair to judge poorly a family who has several children; to have many children was once the societal norm. Criticism towards having 'more children than one can financially support' can be readily rebutted: A family may have flourished, been well-off and capable of being financially independent. Circumstances can change readily through a number of situations: Collapse of a marriage, death of a spouse, loss of prestigious job, unforeseeable birth of a child with profound costly medical needs.

When I was a child, just eight years of age, I remember clearly an incident that happened: A neighbour woman was on her own with a child (a girl who became my good friend.) The mother was in an awkward situation because her husband had left and was not contributing support. She was financially and physically failing. Once a well-off, married school teacher, the woman became an alcoholic, scraping by. Child Services was somehow alerted. The mother had been clawing her way back towards normalcy, but the apprehension was impending nonetheless. The reason I recall events so clearly is because my parents raised me to be law-abiding, respectful of authority; so when social workers came looking for the woman's child, and my mother hid my friend from their sight, I was shocked. Although I did not quite understand the intent of the social workers, intuition told me that although actions were perhaps, unlawful, this was correct to keep my friend safe. My mom, having been exposed to the system herself - residing in an orphanage and later foster custody - did not want the little girl harmed. She saw hope with the mother's progression to become whole and felt compelled to protect her. The woman fled shortly afterwards to a new Province. There, the mother and daughter continued to face hardships, but they did overcome these. (My friend, today, is an accomplished writer.)

I, myself, have five children born between 1991-1998, and each was by choice with the same father. One of the hindrances cited by Department Representatives for pursuing out-of-home care for our medically challenged daughter was "absence of family support." I was an "only" child, and - as mentioned - my mother, an orphan. Frankly, I do not even know what my roots are. My father was raised by his grandparents. His birth was the result of a teen pregnancy. I had no family to help. Neither did my husband; as his only sister - who was a decade older - lived thousands of miles away. I believe that is one of the reasons we chose to have several children; we wanted there to be siblings to support one another someday. We did not want our children to go through potentially troubled times without having others to lean on.

Sometimes there are generational challenges that make it difficult to move forward, but certainly obstacles can be overcome and must not be considered predictors of impending failure. I come from humble beginnings - some would probably have considered me poor - yet, I did not feel anything but loved and nurtured, nor did I ever want for food or shelter. My father was a proud man and would never ask for assistance. We made do with what was available and repaired what was broken. My mother encouraged me to be whomever I chose. She believed in me and always built me up. She was honest and shared stories of hardships endured and prepared me with explanation regarding risks, sex, emotions, love. While we lived minimally, my mother offered her kindness to anyone in need. My parents necessarily could have been targeted by the System too because they lacked extended family supports and wealth. Fortunately, I was raised amongst them and grew to become resilient because of ethical teachings and love.

Everyone deserves a chance. Anyone can fall on hard times. We must strive to heal, prepare and tackle challenges. Those strengths come from support, persistence, belief, hope; teaching gifts that will remain embedded for future reference. Governments are ill-equipped to understand individual relations. Imposition of one small-minded group's opinion of what is in the best interests of a diverse population is ignorant. Dismissing beliefs, traditions, and family unity is more than disrespectful; it is unethical and unjust. The one flaw of my youth was

being taught blind acceptance in respect towards authoritative figures. Our youth must learn respect indeed, but equally, confidence to question authority because honour needs to be earned. I found it most difficult to reconcile the premise that position and title are not necessarily indicators of goodness, logic nor even benign intent. People know what is correct for themselves and most follow this path innately. We must be vocal and insist on transparency, accountability, respect, choice. Our youth is the future, and I see no better cause to pursue than the protection of our generations.

*Sincerely,
Velvet Martin (Martin, 2014)*

NEDA believes that it is now the time to separate from the child protection system, those children or their parents with disabilities into a different approach which uses the strengths of the various family members as the basis of working with family rather than focusing on the supposed deficits with the family unit.

NEDA believes it is essential that low income, ethnicity and disability are removed as risk markers for the determinates of potential abuse. The use of such markers is no more than racial profiling which is discriminatory at best. In this context any exemption from any discrimination legislation that may apply to child protection legislation be removed.

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

A discourse which has arisen from the current client climate of outrage around the issues dealing with child protection and the practices associated with child protection. Some of the more marginalised communities are in the debate, yet often they are over-represented. The Australian child welfare system at best lacks the capacity to relate to those who are different because of disability or cultural background.

The terms of reference do not address issues of ethnicity and disability, and the impact has on the family when child protection services are involved. The more inarticulate the family, there will be a greater chance of if there are children involved they will be taken into care. This will arise as the capacity of the child protection system to communicate effectively with those from CaLD and with disability is very limited.

There have been several government inquiries in the past year into Out of Home Care or child abuse in Australia at either the State/Territory or Federal level. None of those addressed the experiences of those parents have disability or come from an NESB/CaLD cultural background or both.

To lose a child to the care of the state without adequate support or explanation is perhaps the most desensitising experience a parent can meet. If parents with disability of a child or are parents of a child with disability and from a CaLD/NESB background, then the experience is more numbing. The removal of a child is not just a mere matter such as a change of who is responsible for that child, does involve the loss face for the parents and enduring loss and grief for that child. For many, it is also

Often a child provides for many the completion of their rites of passage and sign of adult status and position within that community. When the removal of children occurs from the parents, they have lost their place within that community and will remove from what is familiar. The practice of child protection comes from the assumption that the child is in some way at risk in their current settings. They must, therefore, require rescuing from what is the presumed danger of the child's caregivers. The removal of the child or children arises when it is the "best interests of the child." Thus, this is a value judgement one deals behaviour determined by the values of the dominant social group.

The experience of child protection for many can be compared to imprisonment without the actual bars. The child protection system has a lower threshold of evidence for the removal of children; it is even lower if the parents have some ability differences or cultural differences to those required for the criminal justice system. Children are "things to be rescued by the state". There is no immediate consideration of the long-term impact these removals have on the child or their families.

The ideology of “the best interest of the child” does not require absolute proof to initiate an action against a family. There is innuendo that perhaps there is something dysfunctional about a family to for the state intervene. It is this suspicion of the potential danger that allows for the destruction of whole families too because they are not able to conform to a particular norm.

When child or children go into care, it is often impossible to dispute the charges against the parents or caregivers. Those from CaLD/NESB or had an experience of disability sometimes lack the skills of articulation to give an alternative explanation effectively. The availability of legal aid to parents is limited and based on means testing. Excluded are those parents whose assets are considered too high from legal assistance and have to obtain their own. While the state will have their legal representatives and will appoint a person to represent the children, the rights of parents to have similar support are not a consideration in the determination of outcomes for these families.

One parent stated that the child protection system in New South Wales is not about the protection of children but is more about punishing parents for somehow being deviant somehow in the eyes of child protection workers. Many parents believe they are being punished because of the perception of harm such as inadequate supervision or having a home that may not be the cleanest or at the time of inspection insufficient food. Those who take children into care may believe that they are not punishing parents, but from the perspective of the parents, they have been punished. The children receive a similar punishment for being in “bad” families by association (Burke, 2006).

Those children placed in the care of the minister often experience abuse of various types arising from the foster care system. A greater proportion will not complete secondary education, will experience multiple placements and change school several times. The dysfunctional lives they experienced from foster care will also continue in the post foster care existence. Many will end up in the prison or refuge system. Few will have employable skills and will not be able to participate fully in the broader society and or have an understanding of family consistent with of the child protection system.

Where a child is from a CaLD background and has exited the foster care system, they are often excluded from their communities of origin as they are no longer considered to be members of that community. It is hard to establish if the Australian child protection system is doing more damage to whole communities than have any positive impact. Those who make decisions have to choose between leaving a child or children with their caregivers or placing them into foster care. There is a choice between what is deemed inappropriate care or traumatising the children and their parents with the removal of the children. The family or support system will suffer considerably and place the children in foster care where they may not fare any better.

In Australia, the standard of proof for child protection is lower than that of the criminal court jurisdiction. The standard of proof required f to put children into care should be the same as a criminal matter and the rules of evidence and the ability to question such evidence by the parents or their legal representatives should be allowed. There is a high probability

that the removal of children will have a disruptive and punitive impact on both the children and parents. It is essential there should be the same standard expected in criminal cases.

A common complaint is that there is an imbalance of power between the caseworker and the affected parents or caregivers. There is a disempowerment of the parent as the state through legislation imposes on the parents an expectation of behaviour when dealing with their children. Current child protection practices lack any external adequate independent oversight or validation. There is a duality in the assumption of risk of harm. When a child acquires an injury through misadventure when in the care of parents, they are seen as a risk for the child. However, if the same injury occurs while the child is in state care and the parents protest, their grievances are not relevant. It is an approach that takes away from parents or caregivers any capacity effectively to challenge the assumptions used or the procedures used to justify the claims that children are at serious risk of harm. Should there be any further contact with the parents or caregivers, the children somehow are in an imagined danger determined by some predetermined decision-making criteria. Once the state becomes involved with families in the child protection system, the family unit becomes disembodied. Moreover, the effective decision-making responsibilities are taken from the family and are placed in the hands of persons whose judgments are sometimes arbitrary and lack compassion when seen from the perspective of the parents or caregiver.

The practice of Child Protection in NSW (Hunting for the “Monster”)

The core values of dealing with any community especially the more vulnerable are “respect for the person, groups and communities”; “social justice and professional integrity”. Coupled with these are the areas of practice responsibilities, which are to clients, fellow workers, where service delivery takes place.

There is an expectation to be socially inclusive, which shows respect for the worth and dignity of individuals, families and their communities by ensuring the activities undertaken are competent, safe and sensitive to all users. There has to be an attention to questions of social justice and human rights (AASW, 2010, 2013).

The common element in services that advocate for their clients is the recognition of the importance of the uniqueness of the person regardless of who they are. The recognition of this uniqueness is achieved by not identifying the faults in a person but what are their strengths. Often in many services there is a delusion they have an ethical frame of being non-judgemental, which is sometimes enforced by government legislation, and then discriminate against some groups because they fail to meet some service criterion. The model of practice is to focus on the perceived failures of those involved, and failure is the inability to achieving culturally and class set norms. When a population is seen as not able to conform to those norms such as those families living with disability, there arises an institutional belief that it is better that the state will make better parents rather than have any children raised with that population. Alternatively, they have a different understanding of those norms, and if children are often involved those children will be taken into care out of concern, those differences will not be in the best interest of the child.

Many become demonised because they become monsters just because they have sought assistance from agencies. They have been searching for support, especially for child protection (Hamilton & Braithwaite, 2014). Many parents will seek help with support to raise their families from child protection services, but this will be viewed as the parents being unable to cope. Therefore, they pose a risk to their children. It is difficult for families

to have official records corrected for accuracy should there be erroneous entries. Often past records are used as evidence of intergenerational child abuse that is sufficient justification to remove children from their parents regardless of the accuracy of those past records. There have been situations where official documents contained false or inaccurate entries. As they were a written record not subject to any independent verification led to several members of the families involved falsely accused of sexual abuse when it did not occur (Cross, 2011). The inability for many to be able to defend against such claims especially if they do not have the same level of command of English as those employed as child protection workers is common. Many are from families with disability and have English as a second language is a common experience to their disadvantage.

In areas such as child protection, social workers are viewed in very negative light by parents and other who deal with them. The difficulty here is that not all child protection workers have social work training, are viewed as being social workers. In many cases, these criticisms are justified, as there is adequate evidence to support the argument that many child protection workers act unethically (Cooper, 2014f). There is often an ethical justification for what is poor practice standards and unethical behaviour.

From the perspective of parents, there is no ethical behaviour experienced when dealing with child protection workers. In the work of Edvardsson, he found that there was an institutional way of thinking, which had arisen from the organisational culture that was similar to psychotic delusions (Edvardsson, 2010). These tend to occur in an organisational culture that frequently avoids the reality of the situation, but becomes indulgent in erroneous thoughts and fallacies of thoughts without any insight into the client group with whom they are dealing. Within this organisational mindset, there will be developed an idea of the mind and behaviour of parents who have contact with the child protection system (Edvardsson, 2010).

The labelling of parents as being bad is called the "monster theory." The parent is conceptualised as far worst than they actually are. The bad parent is viewed through the model situation when being dealt with by child protection workers. This ideal image then influences how the parent is viewed. This idealisation of the "*bad parent*" can be conceptualised as being an institutional form of psychosis, meaning there is a deficiency in the actual situation and how the situation is seen. That is a parent is viewed to be far worst that they are. Therefore, this influences the decision made about the child protection outcomes.

The central idea of "hunting the monster" theory is that either one or both natural parents of a child or children are dangerous monsters who will harm their offspring. The taking of this perspective is contrary to the idea of respect for human dignity and worth (AASW, 2010). The demonisation of parents occurs in any way; there cannot be the conditions in the parents to be viewed as having an inherent value ("Demonization," 2015). It draws upon the concept of the precautionary principle that presumes the person is guilty of an activity. As a result, the parents or parents have to establish their non-guilt.

Once one or both the biological parents are seen to be a monster than any near relations also become monsters. It is acceptable to the person undertaking the investigation to ensure that those deemed monsters are viewed in the most negative light. The reinforcement of the negativity may involve fabrications of the truth (Thorpe, 2012). In some cases, the use of falsified documents attributed to the investigation is justified by the ideology of "the best interests of the child". This practice of using false documentation or fraudulent documentation is not consistent with the need to ensure all documentation used is appropriate for the case (Cross, 2011).

To ensure those children who are “at risk” of a monstrous attack are “saved,” the investigator will need the assistance of persons or organisations. They are often dependent on the investigator’s organisation for funding or other forms of legitimation. They will validate the concept that the parents are monsters or accept without question the labelling of the parents or others as a danger to their children (Edvardsson, 2010).

There will be no attempt to seek contradictory information that could argue against the monster theory. Any information that does not support the monster theory will not be used nor will it be found. The written work produced by the worker will pursue the task of turning the parents into monsters. Through the use of selective statements so that any written word is in a form that validates the monster theory and therefore, those in positions of authority will accept the monster theory.

The child protection worker will disseminate the hunting the monster hypothesis to associated agencies to the extent it gains a validity, therefore “truth.” This will also be by data, which has the appearance of supporting the monster theory for the true believers in the theory. Often the use of leading and repeated questioning may create to answers, which may be viewed as supporting the monster hypothesis (Levi, 2008).

To ensure that the imagined monsters become real ones around the eyes of others, the child protection worker will use a number of approaches. This may include the following

1. Use of selective and biased material,
2. A prejudiced explanation of the information provided,
3. Avoidance of any other alternative reasons.
4. A common aspect is the use of fabricated evidence or miss-truths to justify the concept of the parent as the monster (Cross, 2011).

The façade of the “parent monster” is maintained once the child is in care. The parents will continue to be viewed as being the parental monster through the same approaches that have placed their children in care. Regardless of the action, the parent takes over the child this will be viewed in a negative light which is used to justify the parent as “a monster” theory.

Any form of objective review that questions the “parent as the monster” hypothesis will not be used. They will be avoided, incapacitated and subject to ridicule. As a defence mechanism, those who challenge the status quo of the parent as monster theory will be subjected to assertions of impropriety as the supporters of child abuse (Hamilton & Braithwaite, 2014).

The agencies involved in child protection will rarely admit that there were mistakes in practices. Very few will agree that there are serious issues of practice that needs attention. If issues are identified, they will down be played as minor errors in judgement.

Regardless of organisational changes that may arise from various reviews, hunting the monster is a paranoid and psychotic mode of thinking that embeds itself into the culture of the organisation. The embedded culture of the organisation is resistant to change regardless of the change in methods or understanding of staff (Edvardsson, 2010).

In essence, one needs to be aware of the client in context using strengths-based approaches. Using a strength-based approach requires one to walk with the client, not in front of the client nor is it the imposition models of practice. It draws from a practice that is critically reflective and evidence-based. It draws its inspiration from the practice wisdom that arises from experience, the experience of others and client insights (Scerra, 2011). There is a cultural determinant to child protection. Most cultures will have meanings associated with the role and value of children. The only acceptable child protection practices in Australia are those who have their basis in the white middle-class norms of Australian society. Any other forms of child protection practices are viewed as being acceptable.

If disability is viewed as an issue with the person, therefore, it is within the private domain. This domain is that one that is hidden from society and has limited value in the public domain. It is one of the person problems and personal issues, which are not connected wider societal issues. It is also a domain of the female who is viewed as a private. Disability in this sense comes from a medical orientation as disability is viewed from a disease perspective.

In child protection practice in Australia disability in either the parents or children and ethnicity are viewed as risk factors along with their socio-economic status (AIFS, 2014). Parents with disability or have children with disability and/or from a CaLD/NESB background because they already been associated with a label of being at risk they will be viewed as a deficit view.

The various models of Disability are a mechanism for defining impairment that in terms provide a way for providing a foundation upon which society is able to devise approaches to meeting the needs of those with disabilities. Models provide a cynical perspective as sometimes they often represent a limited definition of society, which lacks a complexity of explanation to the world, eventually incomplete and encourages construction of thoughts. It rarely offers a prescription for action. However, they are a useful framework in which to gain an understanding of disability issues, and also of the perspective held by those creating and applying the models(MRDC, 2012).

Many disabilities and chronic medical conditions will never be cured. Persons with disabilities are quite capable of participating in society, and the practices of confinement and institutionalisation that accompany the sick role are simply not acceptable in many contemporary societies.

The deficit perspective represents disability defined with the private domain or that of the role of women. It is a caring, feminine role, a role rarely done by males. It is one, which deals with the failure associated with the limitation of the person. These are viewed as deficits, which must be corrected in order for the person to be a member of society. The deficit viewed is a fatalistic one that reinforces the negative aspects of the person and also their immediate family. It is one, which gives the family members of those with a limitation as having the disability by association. It is one, which does not allow the person with limitations to have any form of social mobility. The assumptions behind the deficit approach were such that the person was hidden from society. In many ways, the assumptions that underlie the deficit position regardless of the model are contrary to core human services values.

Within the deficit perspective, the fault lies in the individual in some way (Smith, 2007). This results in attitudes, which effectively devalue those who do not conform to the ideals

of the particular society. They are placed at the margins of that society and located socially and structurally in the most isolated aspect of that society. They usually limit social and economic resources.

The strengths' perspective defines disability within the public domain. This domain is that of the masculine. One an issue has been transformed from the private sphere to the public domain. It is defined where the focus on how one is able to contribute and participate in society. Regardless of the philosophy of the adopted within strength's perspective, it is about the acknowledgement of the dignity of the humanity of the person and their needs as they see it.

The nexus of the two positions is how the nature of disability is viewed, in the deficit perspective, a drain on society and fault lies within the individual. From this point of view, various forms of incarceration are justified for those viewed unacceptable for participation within society. The emphasis of support is to encourage some form dependency on services that in turn provide employment for those able-bodied professionals who determine the future of those inmates in their charge.

The strengths-based approach views those with limitations as not having a disability, recognises that for full citizenship rights, society has to modify how it deals with various forms of difference. By acknowledging that society has to view differences with a new lens and deal with structural impediments (physically and socially) for those with limitations of varying types. Disability becomes visible within the public domain as it becomes a question of social and human rights. Only when a communal issue exists within the public domain, it receives community acknowledgement and, therefore, political legitimation.

It is often argued that there are two broad approaches to child protection. The "child protection" orientation that is evident to the English-Speaking Countries such as Australia, the United States, and the United Kingdom). The "family service" orientation (of many European countries, including Belgium, Sweden and Denmark) is an alternative perspective. It attempts to respond to rising demand have seen countries that have traditionally possessed a child protection orientation (e.g., Australia) increasingly move towards a family service orientation. If one was to examine how child protection practice is defined in the Australian context, there are differences in practice and type of staffing involved. The Australian approach to child protection is adversarial when compared to other countries. This is the pattern of the English-Speaking Countries such as Australia, New Zealand, United Kingdom, Canada and the United States.

Table 1: Models of Child Protection Practice

<u>Characteristic</u>	<u>Child Protection Orientation</u>	<u>Family Service Orientation</u>
Framing the problem of child abuse	The need to protect children from harm.	Abuse is a result of family conflict or dysfunction stemming from social, economic and psychological difficulties.
Entry to services	Single entry point; report or notification by a third party.	The range of entry points and services.
Basis of government intervention and services provided	Legalistic, investigatory in order to formulate child safety plans.	Supportive or therapeutic responses to meeting the needs of children and families or resolving problems.

Place of services	Separated from family support services .	Embedded within and normalised by broad child welfare or public health services.
Coverage	Resources are concentrated on families where risks of (re-) abuse are high and immediate.	Resources are available to more families at an earlier stage.
Service Approach	Standardised procedures; rigid timelines.	Flexible to meet clients' needs.
State-parent relationship	Adversarial.	Partnership.
Role of the legal system	Adversarial; formal; evidence-based.	Last resort; informal; inquisitorial.
Out-of-home care	Mainly involuntary.	Mainly voluntary

In the non-western world, the third orientation to child protection practice has emerged. This has been employed by "child-focused community-based groups," especially in a crisis, transitional and developing settings, particularly in parts of Asia and Africa. As each approach to child protection practice exists within a complexity of history, social and class value systems. What is determined as behaviour, which poses a risk to a child also has this basis originating from the background of the person who is making a judgement.

There are no nationally recognised skill sets required for child protection practice. Hence, who would be acceptable in one jurisdiction would not be adequate in another.

Professional associations such as the Australian Association of Social Workers require in the approved educational program, a requirement that students have exposure to child protection ideas. What is offered and how it is offered has considerable variation within the different institutions offering studies in social work. It may be an incidental subject, therefore, requires only a mention within other topics. In other schools, it may be covered in a discrete unit of practice.

Child protection advocacy and redress

The advocacy available for parents is limited or non-existent. Legal advocacy is possible but is dependent on the capacity of the parents to pay. Accessing legal aid for parents is difficult and highly rationed. Those on middle incomes may have difficulties affording legal services because of the value of their assets. They may have considerable material assets, but limited cash assets.

The experience of many parents has been a negative experience with the provision of legal services. Often the legal advocacy is inexperienced or inappropriate, and many parents lose their children to care. A common complaint amongst many parents is the inability of many solicitors to follow their instructions or understand the issues involved.

When parents protest or self-advocate it is viewed as being non-cooperative, therefore, are subject to some form of sanction by child protection workers. This may range from complete exclusion from having any further contact with their children to having limited access once they become compliant with directions.

A danger arises in advocacy with the use of social media as a mechanism for parents to seek guidance and support. As many parents lose their parental rights when their children are placed in the care of the minister, they are often prohibited from making any comments that directly identify their children. If they are identified as having made a comment on social media, some have reported retaliatory actions taken by their caseworkers. For parents who are seeking some guidance as to what they should be doing, social media provides an opportunity to find a community of persons who have been through the same experiences.

There arises in parental advocacy the development of a more legalistic approach that the parent will seek redress through the court system to restore parental rights to the family unit. There is a belief that the courts took “my child” away. Therefore, it is the responsibility of the courts to return the child. The response by many parents does lead to the development of obsessive behaviour. This behaviour will have some common characteristics. There will be feelings of loss, grief and anger that lead to an acceptance of hopelessness for many parents. Many parents will be attracted to social and political philosophies that are best described as anti-establishment but focussed on the child protection system.

In a Canadian legal judgement, the characteristics of the child protection guru were described as well defined (Rooke, 2012). The guru will come from a range of ideological positions but have set of characteristic set of strategies. They will use language that is considered to be significant with some degree of formality considered by the courts to be irrelevant. There will be common sources in the development of their ideas such as Blacks Legal dictionary. The other commonality is that they guru uses language that implies that they will only “honour state, regulatory, contract, family, fiduciary, equitable, and criminal obligations” if they are in the mood, but in most occasions, they do not (Rooke, 2012, p. 2).

The parent will also develop the characteristics of a querulant who are defined as a determined litigant or persistent complainant. Their distinguishing characteristic is their seeking both vindication and retribution for a past wrong. They consume both time and resources over issues they consider important from the legal system with limited positive results (Lester, Wilson, Griffin, & Mullen, 2004). Some parents will seek an acknowledgement of their complaint in a broader societal context. They seek some form of recognition of their issues they have been facing. They also may seek some form retribution against those whom they have considered having wronged them. They will often seek dismissal of the child protection workers who have placed their children in the care of the minister. A common trait amongst parents is also to seek the persecution of those whom they consider responsible for the loss of the child or children as public service misconduct. Other forms of punishment that may be requested by these parents may be the public humiliation of the child protection worker or an exposure of their activities as “Kiddie Stealers”. These parents will demand justice for their families based on claims of principle and will insist on their “day in court”.

There are others who would fall into the querulant category. In NSW, there are some, who will often interfere with child protection cases in court to the extent that they have been prohibited from several local courts in New South Wales and has been responsible for at least one bomb scare (WHITE, 2013). Common in the Australian context, those who present themselves as the child protection guru often unable to maintain regular employment and are dependent on state support for income. Some have a substance abuse history along with associated mental health problems.

What this group of persons pose to parents who have a disability related child protection issue is the danger that they lack sufficient background in the intricacies of child protection practice and associated legal knowledge. Their "assistance" will in some cases have a negative impact on the case as they do not have any standing in the court, so when they attempt to advocate for the family, this will be rejected.

The above demonstrates the issues with self-proclaimed advocates. The impact of the advice given if a person was to follow would be to be in deeper trouble with the legal system with either a fine or imprisonment for a period. If there were also children involved in any way, the parent possibility might lose any visitation rights they have been granted by the court or be banned from having any contact with their children.

The role parental advocate is viewed with suspicion by child protection workers (Hamilton & Braithwaite, 2014). In many ways, they are viewed as traitors to their class.

There is a crossover between the family court and the various child protection jurisdictions. The family court may make a direction concerning the welfare of children in a relationship; the child protection system may take an alternative if not a contrary perspective on the same set of circumstances (ALRC, 2015). In a CaLD context, many women are often disempowered by the legal system especially if the husband is born in Australia or an English Speaking country. Many of these women believe that they are disadvantaged by the legal system as they do not have the necessary familiarity with the Australian legal system to argue their case, especially if they have a disability.

Several mothers reported that they felt they lost their children because of their ethnicity and in two cases because of the disability status of the mother or child. Mothers were not given the opportunity to parent their children. If the former spouse has accused the mother of being an unsuitable parent, the child protection and family court system will accept the word of the spouse. They are often able to demonstrate their familiarity with the social and cultural norms of the family law court or child protection workers (Cooper, 2014c, 2014f).

Discriminatory practices

Child protection practice can be viewed within the context of the imposition of social and cultural norms of the governing social groups. Those populations that do not fit into the dominant norms will encounter various forms of covert and overt discrimination when dealing with questions of child protection. The child protection practice draws its basis from ideas about the ideal family that is embedded within underlying concepts of white privilege. White privilege is at the core of the ideology of child protection (AIFS, 2014; Gillingham, 2006; Young, 2008). It defines the social and cultural norms against which value judgements are made about the suitability of parents who are able to care for their children. These value judgements influenced what criteria are used to justify the removal of children from their families. White privilege is also class privilege where a particular social group idea dominates the whole society.

Populations such as Indigenous young, those with disability, those from low-income families and those from CaLD/NESB backgrounds are over-represented the number of young people in care if comparative measures are used. In the work of Lisa Albrecht and Juliana Keen stated that there were considerable disparities the racial background of the children when compared to the overall population distribution of that population. It was shown that African American children were approximately 15% of the general population but 42% of those in Care (Albrecht & Keen, 2015). These are also reflected in the Australian child protection figures reported by the Australia Institute of Health and Welfare.

Indigenous children are over-represented in the child protection system compared with non-Indigenous children. In 2012–13, Indigenous children were 8 times as likely as non-Indigenous children to be receiving child protection services in general or to be the subject of substantiated abuse or neglect, and over 10 times as likely to be on a care and protection order or in out-of-home care (AIHW, 2015).

It has been found from various studies that the extent of child abuse will be consistent across all population groups. But children from families who are from CaLD/NESB or low income or a family with an experience of disability will be over-represented in the child protection system. These families are more likely to be unable to access appropriate early intervention services and have a greater chance of these children being taken into care. Racial disparities in child protection figures cannot be explained by poverty or substance (Albrecht & Keen, 2015, p. 27).

These discrepancies are best explained through theories of racism and ableism. It is the application of these ideas to child protection practice in Australia that asks questions about what is '*normal or acceptable*'.

Ableism is a form of discrimination in which there is a preference for people who appear able-bodied. The language surrounding the definition of ableism is almost as controversial as ableism itself. Many definitions rely on contrasting ideas like "normal" people contrary to those who are "abnormal," which raises the ire of activists. Many disabled activists dislike the term "ableism." They prefer to use "disablism," which enforces the idea that this form of discrimination involves the targeting of people with obvious physical or mental disabilities (Anna, 2010).

There is an element of racism underlying the implementation of child protection practices in Australia. This is best explained by the work of Lisa Albrecht and Juliana Keen where they stated that there were four interconnected arms:

Standards - the values for suitable behaviour that reflect and privilege white norms and values that represent the dominant culture.

Decision-making - the ability to make and enforce decisions is disproportionately or unfairly distributed along class and ethnic lines.

Resources – People from Indigenous, low-income families or CaLD/NESB do not have the same access to the white middle to resources like money, education, and information.

Naming Reality - "reality" is defined by naming "the problem" through the perspective of White dominant culture. Who gets to name "the problem" determines the framework for solutions (Albrecht & Keen, 2015, pp. 19-20).

Parents with disability or have children with disability from a CaLD/NESB background who have contact with the child protection system will experience both ableism and covert racism.

Parents with children who have unique or a rare medical condition often are accused of being abusive as the condition may resemble a sign of physical abuse. But this may be a result of the particular condition (Laposata; Meadow, 1993). These accusations of child abuse are often made by inexperienced medical and nursing personnel who have not been adequately trained in how to distinguish between injuries and conditions that may mimic an episode of abuse.

Future Directions

There is some work undertaken in the United States, which has some relevance to dealing with the issues of disability and child protection practice (Powell, Callow, Kirshbaum, Preston, & Coffey, 2012). The report provides an overview of the attitudes, and practices of parents with disabilities and their children. A theme of the study was dealing with the issues associated with parenting rights of people with disabilities. The research included a review of legislation concerning the extent to which people with disabilities are viewed as parents and prospective parents with disabilities, and to identify opportunities for increasing their participation. There was a strong theme examining the human rights aspects of parental right as they apply to parents with disabilities. Many of the findings have their Australia correspondence.

There is insufficient information on the prevalence of families where a member either adult or child has a disability and their interaction with the child protection system across Australia.

Despite the numbers of people with disability having families or parents of children with disability; there is a paucity of data and research on the prevalence of parents with a disability. Parents of children with disability, their needs, and their experiences are not well documented in a child protection sense. Reasons for this lack of information:

1. Include the lack of attention given to the needs and experiences of these parents with disabilities, or parents of children with disability and their families,
2. The dearth of administrative and research data on either group and the lack of funding for research.

The development of adequate policy and program planning required to address the issues that meet the needs of parents with disability and their children or parents of children with disability requires an information system that is comprehensive. This cannot occur without accurate data and detailed information about the circumstances, goals, and needs of these families.

Recommendations

1. The Federal government through the COAG process address the child protection issues associated with Parents with Disabilities or parents of children with disability as a national priority in the context of future disability policy development in Australia.
2. NEDA recommends that the Federal government through the Disability Reform Council include within its mandate responsibility to develop a national disability child protection framework that meets the needs of families whose members have disability (parents or children). There must be compelling data on parents with disabilities and their families.
3. NEDA recommends that the Australian government develop initiatives to produce useful and comprehensive data (including demographic) on parents with disability and their families or parents with children with disability. All administrative data collections at both Commonwealth and state/territory should have data fields that will allow the identification of those with disability and their families. There should be a modification of the Survey of Disability and Carers to ensure that family and child protection status are essential elements. The Australian Institute of Health and Welfare and ABS should conduct a regular surveillance survey to determine the

prevalence of families with disabilities. Similarly, key systems that serve people with disabilities should collect data on the parental status of their clients/consumers.

4. NEDA recommends that appropriate funding specifically for research on parents with disabilities and their families or parents. Further, NEDA recommends that research funding bodies develop an agenda for family research and child protection. This agenda must have the active involvement of persons funding to research on parents with disabilities and their families, focusing on their needs and how best to support them. This will necessarily involve demonstration projects and evaluative service models.

The New South Wales Government is ill-equipped and ill-prepared to support parents with disabilities and their families or parents of children with disability. As a result, there have been disproportionately high rates of involvement with child protection services and extraordinarily high rates of parents losing their parental rights.

Parents with disabilities and their children or parents of children with disability are overly, and often inappropriately, referred to child protection services and, once involved, are permanently separated at disproportionately high rates. The children of parents with disabilities or parents of children with disability are removed at disproportionately high rates owing to a number of factors, including:

- (1) State child protection legislation that includes disability as grounds for termination of parental rights;
- (2) The exemption of child protection legislation from disability discrimination law;
- (3) Bias, speculation, and the “unfit parent” standard; and
- (4) A lack of training in relevant systems regarding disabilities.

Recommendations

1. All Australian Jurisdictions must eliminate disability from their child protection legislation as grounds for termination of parental rights (TPR) and enact legislation that ensures the rights of parents with disabilities or parents of children with disability.
2. NEDA recommends that all jurisdictions eliminate disability from their child protection as grounds for TPR. Further, NEDA recommends that all jurisdictions enact legislation to ensure the rights of parents with disabilities are consistent with Australia’s obligations under the various conventions dealing with disabilities.
3. NEDA recommends that the federal government develop model legislation that ensures that child protection is viewed within a disability frame with specific protections for parents with disabilities. Specifically, language must ensure that a permanency criterion that is the permanent removal of a child from their family not be applied:
 - (1) Allowing for additional time for parents with disabilities to be able to; and
 - (2) That “reasonable efforts” are made to ensure children stay with their parents, both to prevent or eliminate the need for removal of the child from the family
 - (3) Moreover, to make it possible for the child to return to the family following removal by eliminating any barriers to parents with disabilities or parents of children with disability
 - (4) Moreover, ensuring that child protection services make reasonable efforts to prevent the removal of children and provide reunification services for parents with disabilities and their families.

Nationally the federal government should address the disparate treatment experienced by parents with disabilities resulting from the focus on permanency. This is done through ensuring funding priorities at the national level provides states and territories have a greater incentive to provide prevention and preservation services.

- (1) NEDA recommends that the Australian Government develop model legislation and practice guidelines for all jurisdictions specifically child protection services and children's and family courts reinforcing their legal obligations pursuant to current anti-discrimination legislation. Such guidance must address the
 - a. Applicability of disability discrimination legislation to child protection proceedings;
 - b. Duty of child welfare agencies and dependency courts to provide reasonable accommodations to parents with disabilities; and
 - c. Presumptions of parental incompetence based on disability violate disability anti-discrimination.
- (2) AIWH should gather data on parents with disabilities or parents of children with disability and their interaction with child protection services, children's, and family court systems.
- (3) NEDA recommends that annual data on parents with disabilities or parents of children with disability and their interaction with child protection services, children's, and family court systems. Such data must include
 - a. Disability status,
 - b. Ethnicity,
 - c. Exact involvement,
 - d. Services and reasonable accommodations provided, and
 - e. Outcomes.
- (4) NEDA recommends violations of parental rights must be considered violations of human rights. Enforcement of such rights is for the Human Rights and Equal Opportunity Commission (HEROC). HEROC can investigate alleged violations of disability discrimination by child protection services with respect to parents with disabilities and their children or parents of children with disability.
- (5) NEDA recommends that funding for Centres for Parents with Disabilities and Their Families or parents of children with disability be established in each jurisdiction and that a national facility also be established. The added funding and direction would allow the National Centre to develop additional knowledge and provide additional technical assistance to federal, state, and local agencies and communities. This should provide improved outcomes for families with parents with disabilities in the child welfare and family court systems.

Parents with disabilities who are engaged in custody or visitation disputes in the family law system regularly encounter discriminatory practices.

Parents with disabilities who are seeking or defending custody or visitation rights encounter a family law system that is riddled with practices that discriminate against them. Such practices include:

- (1) A system that is pervaded with bias;
- (2) Inconsistent state laws, many that overtly discriminate against parents with disabilities. Other laws that fail to protect them from unsupported allegations that they are unfit or create a detrimental impact on their children solely on the basis of presumption or speculation regarding the parental disability; and
- (3) A lack of expertise or even familiarity regarding parents with disabilities and their children.

Recommendations

- (1) NEDA recommends that all court professionals—including judges, solicitors and barristers, and evaluation personnel— receive training on a regular basis with parents with disabilities and those from CaLD/NESB backgrounds and their children. This training should be a mandatory component of continuing education requirements for such professionals.
- (2) NEDA recommends that the Australian Law Reform Commission issue guidance to family courts, reinforcing their legal obligations pursuant to anti-discrimination legislation. This guidance must address:
 - (1) the application of anti-discrimination legislation to custody and visitation proceedings;
 - (2) the role of the court to provide reasonable accommodation to parents with disabilities; and
 - (3) presumptions of parental incompetence based on disability violate anti-discrimination legislation.States must modify their custody and visitation statutes to eliminate language that discriminates against parents with disabilities.
- (3) NEDA recommends that states eliminate parental disability as a factor that courts can consider when determining the “best interest of the child” in child protection matters. Further, NEDA recommends that national model legislation is developed to ensure the rights of parents with disabilities.
- (4) NEDA recommends that all parenting assessment tools be validated to ensure the assessment process does not disadvantage Parents with disabilities involved in dependency or family proceedings. They often face evidence regarding their parental fitness that is developed using inappropriate and unadapted parenting assessments. Resources are lacking to provide adapted services and adaptive parenting equipment, and to teach adapted parenting techniques.
- (5) NEDA recommends that current state law, procedures, and professional standards require for assessment of parental competence are compliant with the 2012 American Psychological Association’s “Guidelines for Assessment of and Intervention With Persons With Disabilities.” If the assessment standards are not compliant, modification of the evaluation process that incorporate parenting adaptations to provide a more reliable assessment of a parent’s capacities in the context of child welfare and child custody cases. Such standards require adapted naturalistic observations—for instance, in the parent’s modified home setting rather than in an unfamiliar setting. The location is not open to the evaluator’s discretion;

must require explicit evidentiary support for statements about a parent's capacity, and must prohibit the use of speculation and global diagnostic or disability labels as grounds for limiting custody or visitation. Professional standards must address the problem of using standardised testing to assess parenting capacity in parents with disabilities. Further, evaluators must use tools that have been developed specifically to assess the capabilities and needs of parents with disabilities, particularly intellectual and developmental disabilities, and should include existing and natural supports in the assessment.

- (6) NEDA recommends all jurisdictions mandate training for current custody evaluators to teach them the skills necessary to conduct competent disability-related custody evaluations. Such training must include valid methods that directly evaluate parenting knowledge and skills, and must consider the role of adaptations or environmental factors that can impede or support positive outcomes.

Prospective foster or adoptive parents with disabilities face significant barriers to fostering or adopting children.

Despite a growing need for adoptive/fostering parents, people with disabilities regularly encounter discriminatory practices that eliminate them solely because of their disabilities.

Recommendations

1. NEDA recommends that suitable guidance to both fostering and adoption agencies, regarding their legal obligations pursuant to anti-discrimination legislation. Such guidance must address the agencies' duty to provide reasonable accommodations to prospective parents with disabilities throughout all phases of the process and state that presumptions of parental incompetence based on disability violate current anti-discrimination legislation.
2. NEDA recommends that all reported allegations of domestic public and private adoption agencies violating anti-discrimination legislation that appropriate sanctions are enforced. Discrimination in the adoption process against prospective parents with disabilities must be considered a violation of human rights.
3. NEDA recommends that the expansion of the rights of people with disabilities to adopt internationally, particularly from those nations that have ratified the Hague Convention. Such work will require educating state and private adoption agencies in other countries on the capacity of people with disabilities to parent, with or without adaptive parenting equipment, techniques, or supportive services.
4. NEDA recommends that adoption agency staff who are responsible for evaluating prospective adoptive parents or conducting home studies to assess fitness for adoptive placement be provided with training regarding parents with disabilities, adaptive equipment, techniques, and supportive services.

The NDIS has the capacity to provide crucial support for many people with disabilities and their families.

The NDIS will provide crucial support for people with disabilities. It will people with disabilities with activities of daily living and with instrumental activities of daily living. Cost is undoubtedly the most significant barrier for parents with disabilities who need assistance. They face significant challenges because there is limited or no assistance to help in caring for their non-disabled children. PAS are considered beyond the purview of assistance that may be provided as they do not assist the people with disabilities themselves.

Recommendation

1. NEDA recommends that the NDIS expand its definition of allowable to include parenting activities so that funded activities can help consumers with their parenting responsibilities.

Parents with disabilities face significant barriers to obtaining accessible, affordable, and appropriate housing for their families.

Having a home is crucial to creating and maintaining a family. However, many parents with disabilities face significant barriers to securing accessible, affordable, and appropriate housing.

Recommendations

1. NEDA recommends that any agreement on disability housing provision ensure all housing design is based on universal housing design principles in all future developments. Such units must comply with all relevant federal disability access requirements and must include the same family-oriented space and appointments found in other units.
2. NEDA recommends that a national modification is created fund to pay for reasonable modifications to make private units accessible for parents with disabilities and their families.
3. NEDA recommends that there be the development of a program for parents with disabilities who are first-time homeowners. This program should include counselling and low-interest loans.

Many parents with disabilities face barriers to travelling with their families.

Transportation affects all areas of the lives of parents with disabilities and their families—from child care to housing to participating in a child's education and meeting a child's medical needs. Nevertheless, it remains one of the most challenging areas for many parents with disabilities and their families. Paratransit services—a support used by many parents with disabilities—have many barriers related to parents travelling with their families.

Recommendation

- (1) NEDA recommends that transport providers (including community transport) facilitate the use of the transport by parents with disabilities and their children without additional charges or discriminatory conditions.

Parents with disabilities have less income significantly and more frequently receive public benefits.

The financial status of parents with disabilities and their families is bleak. In fact, the most significant difference between parents with and without disabilities is economic. Parents with disabilities are more likely to receive public benefits.

Recommendations

- (1) NEDA recommends that additional supports be provided to parents with disabilities who are seeking employment. Without appropriate family and work supports to overcome barriers to employment, parents with disabilities, especially single mothers, may be further disadvantaged that may result in a loss of benefits to families. Often disabilities are a barrier to work. Low-paying, low skill work and lack of job training programs for people with disabilities are common obstacles to finding meaningful and appropriate employment. People with disabilities face significant discrimination in the hiring process. Finally, some parents with disabilities—such as those with intellectual or developmental disabilities—may need long-term employment support, such as career planning and training.

People with disabilities, especially women, face significant barriers to receiving proper reproductive health care.

Proper health care, especially reproductive healthcare, is crucial for people who want to create and maintain families. People with disabilities, particularly women, face significant barriers to receiving accessible, affordable, and appropriate health care.

Recommendations

1. NEDA recommends that research on priority populations, promote research that clearly identifies the barriers encountered by women with disabilities who are seeking reproductive health care. Such research would help disability health policy researchers and other stakeholders to paint an accurate picture of: the extent to which reproductive health care technologies, facilities, and equipment remain inaccessible to women with disabilities, and would bolster efforts to effect change.
2. NEDA recommends that a work group consisting of various health disciplines to identify specific disability competencies that should be required of health care professionals before they graduate from training programs. These competencies should be translated into specific course recommendations that can be adopted by medical training and health sciences programs. Competencies should include the core knowledge and skills required to provide appropriate health care to people with diverse disabilities, as well as general awareness of reproductive health care issues and concerns of women with disabilities. Such training should also address parenting with a disability.

Parents and prospective parents with disabilities face a significant lack of peer supports.

Peer supports for parents and prospective parents with disabilities are important because of the limited availability of information on parenting with a disability. Parents with disabilities often lack positive parenting role models. Moreover, social isolation is a significant issue for many parents with disabilities, particularly parents with intellectual and developmental disabilities, owing to learning difficulties, transportation challenges, and discrimination by nondisabled parents. Peer support networks can be easily developed or expanded at a minimal cost and would be supportive of many parents.

Recommendation

1. NEDA recommends that appropriate funding be provided to establish a national parenting network for parents with disabilities. A primary national network should include peer staffing, provide peer-to-peer links, gather information, and provide links to other networking efforts, including those in proposed state sites. The network should maintain an accessible Web site and a “warm line” (during business hours) with cross-disability, legal, and crisis intervention expertise. Proposed state sites should include peer staffing and peer-to-peer networking as well as links to the national network. State sites could also maintain an accessible Web site and warm lines during business hours with cross-disability and crisis intervention expertise and links to resources in their regions. Additionally, peer support groups could be located in independent living centres and in programs that specialise in parents with disabilities or deafness. These local parent support groups could provide the ongoing peer connections that are important to alleviate isolation in communities. Collaboration among the national, state, and local services—including training and dissemination of information—should be a priority.

Service providers regularly overlook the parenting role of their consumers.

Disability, mental health, child welfare, housing, transportation, and other service providers play a significant role in the lives of many people with disabilities. The services these agencies provide typically overlook the parenting needs of the consumer or client. In fact, research demonstrates that the majority of providers have no understanding of their clients as parents.

Recommendations

1. NEDA recommends that service providers funded to provide disability report annual data on the parenting status of the people with disabilities they serve through state and federally administered programs that include this population.
2. NEDA recommends that there be developed and implemented mechanisms to support integrated, family-centred, strengths-based care for parents with disabilities and their children. Agencies and service providers that work with parents and their families need to communicate and coordinate with each other. Coordination across agencies should facilitate the provision of more appropriate services in a more cost-effective fashion. Further, funding for adult and child services must be family-centred and not siloed.
3. NEDA recommends the reorganisation of the funding of disability services to support the system’s capacity to respond to family needs. Whether the “identified client” is the adult or the child, and the support system will encourage a “family

wraparound approach.” States will have to modify interagency agreements and vendor contracts to permit the inclusion of language and expectations for integrated, family-centred, strengths-based care for parents with disabilities and their children.

Early intervention and model prevention programs are an appropriate service option for many children of parents with disabilities.

Early intervention and prevention model programs have the potential to accommodate fully parents with disabilities; thus, efforts must be made to ensure that parents with disabilities and their families are considered for services.

Recommendation

- (1) NEDA recommends that the Department of Education, Department of Family and Community Services and NSW Health identify and implement mechanisms for early intervention and prevention programs to serve the needs of parents with disabilities and their families. Further, early intervention and prevention model program service providers require education about the needs of parents with disabilities and their families, including how to remediate barriers to full participation in services.

Parents with disabilities involved in dependency or family law proceedings face significant barriers to retaining effective and affordable legal representation.

Parents with disabilities face significant barriers to retaining effective and affordable legal representation for dependency and family law proceedings. Many legal practitioners lack the skills and experience to meet the needs of parents with disabilities. Parents with disabilities are often represented by court-appointed legal representatives who typically have excessive caseloads and little if any training in disability. Research demonstrates that solicitors who represent parents with disabilities in these matters often fail to represent the parents’ best interests; they may harbour stereotypes about parents with disabilities that can reinforce their impression that such cases are unwinnable, and many fail to understand the implications of anti-discrimination legislation in these cases.

Recommendation

- (1) NEDA recommends that legal aid services establish protection of custody and parenting rights as a formal national priority. To that end, additional funding both state and federal legal aid service to meet the legal needs of parents with disabilities and their children in child welfare and child custody cases.

Centres for Independent Living (CILs), with appropriate training, can provide services to parents with disabilities.

Given the breadth and importance of CILs and the supports, they could potentially provide, with the training of parents they have the potential to support parents with disabilities, especially to advocate regarding transportation, housing, financial advocacy, and assistive technology issues, and to offer parent support groups.

Recommendation

CILs must make serving the needs of parents with disabilities a national priority and funding must be appropriated accordingly.

NEDA recommends that CILs make serving the needs of parents with disabilities a national priority.

Mothering and DisAbility

Mothers make up the vast majority of custodial parents in Canada and experience economic insecurity based on challenges which include maintaining paid work while also caring for their children and difficulties finding affordable child care.



One third of all women with disabilities live below the poverty line

Up to 75% are unemployed.



These challenges are exacerbated for single mothers with disabilities.

Canadian research has found that mothers with a mental health diagnosis were three times more likely to have been involved with the child protection system than mothers without a diagnosis.

3x



Mothers with a range of impairments have reported that health professionals have suggested immediate termination of the fetus upon learning of their pregnancies.



Once women with disabilities become mothers, many experience the threatened and actual loss of their children, as well as barriers for adoption, bringing their children home from the hospital, and maintaining custody of their children after a separation or divorce.



As a result of these challenges, many mothers with disabilities report "doing without" home care support of any kind, or are forced to rely on informal supports such as family members and friends.



While a handful of parenting assistance programs exist, Canadian mothers with disabilities report that access is limited due to long waiting lists, inadequate funding, and limits to the duration of services.

[Click here for sources](#)

References

- AAP. (2013, July 05, 2013). Dumped WA candidate says Clive Palmer is promoting human trafficking. *Perthnow Sunday Times*. Retrieved from <http://www.perthnow.com.au/news/western-australia/dumped-wa-candidate-says-clive-palmer-is-promoting-human-trafficking/story-fnhocxo3-1226675005445>
- AASW. (2010). *Code of Ethics*. Canberra: AASW.
- AASW. (2013). *Practice Standards*. Canberra: Australian Association of Social Workers.
- AIFS. (2014). Risk and protective factors for child abuse and neglect Retrieved Dec 30, 2014, from <https://www3.aifs.gov.au/cfca/publications/risk-and-protective-factors-child-abuse-and-neglect>
- AIHW. (2015). Child Protection. Retrieved May 05, 2015, from <http://www.aihw.gov.au/child-protection/>
- Albrecht, L., & Keen, J. (2015). *White Privilege and Racism in Child Welfare*. Social Work. University of Minnesota
- ALRC. (2015). 19. The Intersection of Child Protection and Family Laws. Retrieved May 05 1015, from <https://www.alrc.gov.au/publications/19.%20The%20Intersection%20of%20Child%20Protection%20and%20Family%20Laws%20/relationship-between-family-l>
- Anna. (2010). What is ableism five things about ableism you should know. from <http://disabledfeminists.com/2010/11/19/what-is-ableism-five-things-about-ableism-you-should-know/>
- Borusiewicz, M. (2014). Several Luke's Army admins are now being taken to court by David Bottrill. Retrieved Mar 3, 2015, from <https://plus.google.com/+MichaelBorusiewicz/posts/SBM8SxNj9UW>
- Burke, P. (2006). A Theoretical Framework for Associated Conditions. In J. Parker & P. Burke (Eds.), *Social Work and Disadvantage: Addressing the Roots of Stigma Through Association* (pp. 11-26). London: Jessica Kingsley Publishers.
- Cooper, B. (2014a). [Concerned Malay Father].
- Cooper, B. (2014c). [Perth Interviews Tread Gently Project].
- Cooper, B. (2014f). [Sydney Interviews Tread Gently Project].
- Cristian, A., & Cristian, F. (2014). Darkness Visible Part One B How Michael Borusiewicz From Luke's Army Roped Fiona Cristian Into A Court Case Over Defamation. from <http://loveforlife.com.au/content/15/03/30/darkness-visible-part-one-b-arthur-fiona-cristian-love-life-14th-december-2014>

- Cross, S. (2011). [Am I a monster].
- Demonization. (2015). Retrieved May 04 2015, from <http://rationalwiki.org/wiki/Demonization>
- Dong, Q., & Lee, Y.-F. L. (2007). *THE CHINESE CONCEPT OF FACE: A PERSPECTIVE FOR BUSINESS COMMUNICATORS* Paper presented at the SWSDI 2007 California.
- EAC(WA). (2014). Registered Political Parties in WA. Retrieved Mar 4, 2015, from <http://www.elections.wa.gov.au/candidates-and-parties/registered-political-parties-wa>
- Edvardsson, B. (2010). *Child protection investigations in the Swedish social services – are they really children’s best interests? Is a “hunting the monster theory” influencing social work and decisions?* School of Law, Psychology and Social Work University of Örebro,. Örebro.
- FACS. (2014). NGO training program. Retrieved 6th September 2014, from http://www.community.nsw.gov.au/docs_menu/for_agencies_that_work_with_us/home_training/ngo_training.html
- Gillingham, P. (2006). Risk Assessment in Child Protection: Problem Rather than Solution? *Australian Social Work*, 59(1), 86-98. doi: 10.1080/03124070500449804
- Hamilton, S., & Braithwaite, V. (2014). *Complex Lives, Complex Needs, Complex Service Systems: Community Worker Perspectives on the Needs of Families Involved with ACT Care and Protection Services*. Canberra: ANU.
- HSE. (2011). *Child Protection and Welfare Practice Handbook* (Vol. Health Services Executive). Dublin.
- Kaur, J. (2012). *Cultural Diversity and Child Protection: Australian research review on the needs of culturally and linguistically diverse (CALD) and refugee children and families*. Brisbane: JK Diversity Consultants.
- Langtree, I. (2014). Definitions of The Models of Disability. Retrieved 6th September 2014, from <http://www.disabled-world.com/definitions/disability-models.php>
- Laposata, M. Comparing Child Abuse and Coagulopathy. Retrieved May 05, 2015, from <http://www.propublica.org/documents/item/206108-presentation-by-dr-michael-laposata-comparing>
- Lester, G., Wilson, B., Griffin, L., & Mullen, P. E. (2004). Unusually persistent complainants. *BRITISH JOURNAL OF PSYCHIATRY*(184), 352 - 356.

- Levi, B. H. (2008). Child Abuse and Neglect. In P. A. Singer & A. M. Viens (Eds.), *The Cambridge Textbook of Bioethics*, (pp. 132-140). Cambridge: Cambridge University Press
- Lieshout, T. V. (2014). Teresa Van Lieshout Letter 1 To ACAT 21st June 2014. Retrieved Mar 4, 2014, from <http://www.scribd.com/doc/260364033/Teresa-Van-Lieshout-Letter-1-To-ACAT-21st-June-2014>
- Martin, V. (2014). The Samantha Martin Story from <https://www.youtube.com/watch?v=DqafFSA1s08>
- Meadow, R. (1993). False allegations of abuse and Munchausen syndrome by proxy. *Archives of Disease in Childhood*, 68(4), 444-447. doi: 10.1136/ad.68.4.444
- Morris, J. (1991). *Pride against prejudice : transforming attitudes to disability*. Philadelphia, Pa: New Society.
- MRDC. (2012). Michigan Disability Rights Coalition is a disability justice movement working to transform communities. Retrieved Dec 30, 2014, from <http://www.copower.org/models-of-disability/183-introduction.html>
- Powell, R., Callow, E., Kirshbaum, M., Preston, P., & Coffey, L. (2012). *Rocking the Cradle: Ensuring the Rights of Parents with Disabilities and Their Children*. Washington DC: National Council on Disability.
- Rooke, J. D. (2012). Meads v. Meads, 2012 ABQB 571 (CanLII). 4803 155609. Retrieved March 24, 2015, from <http://www.canlii.org/en/ab/abqb/doc/2012/2012abqb571/2012abqb571.html#>
- Scerra, N. (2011). *Strengths-Based Practice: The Evidence* North Parramatta: Uniting Care.
- SECSA. (2014). Indicators of harm. Retrieved 22nd November 2014, from <http://www.secasa.com.au/pages/defining-and-identifying-child-abuse/indicators-of-harm/>
- Smith, D. D. (2007). Disabilities and Special Education: Making a Difference. In D. D. Smith (Ed.), *INTRODUCTION TO SPECIAL EDUCATION: Making a Difference*, 6/e (pp. 3-39). New York: ALLYN & BACON/LONGMAN.
- Thorpe, R. (2012). Ten Key issues raised with the Queensland Child Protection Commission of Inquiry. Townsville: Family Inclusion Network
- WHITE, J. (2013, June 18, 2013). PHOTOS: Coniston street, school in lockdown. *Illawarra Mercury*. Retrieved from <http://www.illawarramercury.com.au/story/1579001/photos-coniston-street-school-in-lockdown/>

Young, S. (2008). INDIGENOUS CHILD PROTECTION POLICY IN AUSTRALIA:
USING WHITENESS THEORY FOR SOCIAL WORK. *Sites: a journal of social
anthropology and cultural studies*, 5(1), 102-123.