

INQUIRY INTO CHILD PROTECTION

Name: Name suppressed
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Partially
Confidential

Inquiry into Child Protection

Submission to the Inquiry by

I would firstly ask that this submission and those from following the extension of time granted to us by

region be accepted late MP ,member for

I would also request that my name be withheld but I am willing to be contacted at any time by the Senate members if further clarity is required regarding this submission.

I feel I am able to make this submission following nine years working with in the . For eight of these years I was coordinator of a programme under governance of and funded by monies until last June when funding was terminated. During this time I formed eleven support groups across the ,trained volunteers to run the groups weekly in school terms and conducted information referral services to over 500 families who had grandchildren in care. I met families from all socio economic situations, mostly grandparents but some other kinship carers. Families fell into three categories when I first encountered them; those who had been through Family Court to legally rescue their grandchildren from dangerous situations, those who had children placed in their care by FACS(then Docs) and those families who had no court orders but kept children safe in their care ,often living in fear of reprisals from the parents who wanted to keep the Centrelink FTB or in fear of government authorities that the carers perceived may interfere and make matters worse.

Domestic Violence and Drugs- The region has one of the highest number of drug babies born in Australia and illicit drug use is the major reason that kincarers are having to rescue children, in fact 87% of families I met fell in this category. Where domestic violence campaigners bring the topic to our attention , little is spoken about the childrens' trauma and who ends up caring for the them. In most cases the grandparents are aware of the difficulties in the marriage and/or the drugs involved well before any other authorities but grandparents report they are rarely believed or their warnings taken seriously enough to be investigated. The child protection services are so under resourced they cannot investigate all reports .When a system was introduced following the 2006 Federal inquiry into OOHC , a Family Referral Service was trialled in a number of areas . Although this prioritised the reports staffing was not increased in DOCS so nothing much changed. I would hope that some deaths of infants were avoided because the priority was to infants under 6 months, however there were still hundreds of children at risk and not being attended to.

As mentioned in other submissions and a recent SMH report from Anne McLeish (Grandparents Victoria) only one recommendation from eighteen has been addressed since a Federal Inquiry tabled in 2014. When grandparents take children into care they are all traumatised to varying degrees as well as some of them being born into addiction which adds up to major health issues for the rest of their lives. While carers address these issues to the best of their abilities the trauma is exacerbated by courts and FACS ordering ongoing access visits to the parents of these childrenwho are actually the perpetrators of crimes against their children! In many cases this continues the trauma for the children and even when the children request No access visits it is forced upon them by FACS. The access visits ,if in court orders (made by people who are lacking training or Federal Court personnel and who have no further communication with families following the hearing) are adhered to by the grandparent carers because they fear authority reprisal even though these visits cause so much angst and ongoing trauma for the children.

Case Study; A magistrate ordered that the father of two children under four years was Never to see his children again (such were his horrific crimes against them and their mother) and grandmother quit her employment, relocated with the children and proceeded to raise them. Three years later the children's mother began court proceedings to recover the children and

FACS assisted her however the mother was back with the man who was father to her children and so access visits were ordered by FACSto the same man who Family Court ordered was never to see the children.

In many cases the FACS staff do not have enough time to thoroughly research the files otherwise why would they proceed this way. Another factor influencing Docs staff is the 'Restoration Before All Else' principle.

Restoration of children with their parents is the goal for FACS whether they justify this by their "Safe Home for Life" legislation or (cynically) as a money saving policy. I know a FACS employee who has told me that the instructions from 'Head Office' is to delay payments whichever way possible. Carers constantly report delay tactics when payment is due for Supported Care Allowance. I know personally of a number of families who are owed thousands in unpaid supported care allowance. I know personally of three families who have lost their homes(one in their family for generations) because they were raising grandchildren on pensions and were without the payment for one reason or another but always because of FACS mishandling. This allowance is not for the carers but for the children to be raised in the best possible way. Without the allowance children are denied things like school camps, soccer registration or dance classes because the grandparent cannot afford these things from a pension. The money also covers health costs, eg. psychology appointments at \$140.00 each visit. I emphasise that all grandparents admit that they would love for the children to be raised by their parents but realistically this doesn't happen. When parents try to rehabilitate they are thwarted by the lack of rehabs, time delays to enter or lack of support services. FACS monitor parents to 'get their act together' by testing for drugs and giving them guidelines to meet before being allowed to take back the children but grandparents have disappointing stories about the parents not making it and going back to the drug scene. I know of very few families that are happily restored. The new legislation making grandparents Guardians after two years of allowing the parents to rehabilitate is good news in some respects. It means the parents, the children and the carers have some finality of legal stuff. It means that FACS are relieved of the expense of monitoring the family and/or supervising visits so saving costs to the Department, BUT it also means the grandparents are now totally on their own when managing access to parents and this can place the children at risk. Unsupervised visits to parents who are prone to changing their friends and living conditions mean children are exposed to risks and at times carers are also at risk. At one point in time it may seem that children are safe with their grandparent carers-- but the parents of the children are still an 'unknown quantity', and all remain in a potentially volatile situation with no one monitoring the family.

Case Study; A grandfather raised two girls almost from birth for nine years as the mother and father were periodically in jail and were drug users. When father was released he decided to see the girls and not long after made an allegation that grandfather had interfered sexually with one of the girls. Grandfather was cleared by JIRT (Juvenile Investigative research Team)(the police investigation) and grandfather was cleared. But from the moment of allegation FACS took the children into foster care, not allowing them to see grandfather and then proceeded to court. Nine months later the children are now with another kincar on maternal side and grandfather is trying to get access to see the girls. He is a broken man and even though he was cleared of any allegation FACS have proceeded in changing the children's lives forever. They no longer have dance classes, counselling or sport activities. Their carer does not drive and lives out of a regional town. During the court case the Court psychologist reprimanded the FACS workers for 'interrogating' the children and the Independent Children's Lawyer was not ineffectual in convincing FACS of the children's wishes(to stay with their grandfather). One of the girls has been in trouble at her new school and is exhibiting anger outbursts. She has run away once from the new carer. Two more victims of FACS poor practice.

I can cite many examples of such poor practice which adds to children's trauma. I am appalled that children are taken from classrooms by FACS workers and interviewed with no witnesses present. I am appalled when I accompany grandparent carers to a FACS office to apply for a Supported Care Allowance and am told numerous versions of the policy for applying in an attempt to avoid paying the allowance. Either it is a lack of training or a method of avoiding payment or avoiding the work involved. I am appalled when I hear that a kincarer has lost custody of her three charges following an (unproven) allegation by the children's mother who has a mental illness and has had the children removed for their safety. The person making the allegation is believed and now the children separated and are in three different foster homes. Time and time again, I am told that the person making the allegation is believed and not the grandparent carer. It is most often the aggrieved parent who has lost custody.....but the children end up in more trauma and often in a further placement.

Child Protection is one thing BUT CHILD WELLBEING is another. Child protection authorities –which are different in each state- can sometimes place children in a safe home and the Federal Court may seem to do the same but is this enough??? The children's wellbeing involves much more than being safe. Grandparent and kinship care, according to research, is a much better option than foster care but there is **insufficient support** for carers, often left in dire financial positions, spending thousands on legal costs, using up all their superannuation in order to survive whilst raising the children. Grandparents according to research, have average age of 70 and if they are using resources for child raising they have very little for nursing home when required. Superannuations were meant for retirement but for thousands of carers theirs is jeopardised substantially when having to raise another generation. The child's wellbeing includes freedom from poverty, access to as many activities to enrich life as possible, access to all health services required (including psychological, which most children in care require) access to educational opportunities and recreational pursuits that other children enjoy. It seems to me that child protection is not the end point to allowing the nation's children to reach their full potential. All stakeholders agree that early intervention is best but there is a cohort of children numbering thousands who are not receiving early intervention in their lives following the trauma of family breakdown. There are some services that offer counselling and courses for children following the separation of parents however the courses for the children of grandparents are few and far between. Grandparents are not given information about what is available especially if they come from Family Court but also because there is NO 'body' or service specifically for kincarers. Such a service could coordinate between the courts and between services. Human Services have a website but grandparents are often not computer literate and can't access the information.

Could I be bold and advise the committee to read the submissions from the Federal Senate Inquiry into OOHC and Kinship Care chaired by Senator Rachel Siewart 2014 who has stated that OOHC in some states is at crisis point. When we consider that children are Australia's most precious resource we must make every effort to not only protect but to make sure each child has every opportunity to grow into healthy, productive adults. This is not only an ethical responsibility but also an economic one. Recently it was estimated that the cost of health care for adult survivors of abuse was \$ 2.7 billion. The cost of health care (without the loss of productivity from healthy adults) for children from OOHC without early interventions will be astronomical. Without interventions and supports for children from OOHC the numbers entering criminal justice system will also grow exponentially. Research shows that young people in OOHC are overrepresented in the criminal justice system compared with their non-care peers. It has been stated that this is problematic given that the criminalisation arose as a direct result of poor practice, policy and philosophies of statutory child protection agencies.

The committee may also read the report by Justice James Wood following the Special Commission of Inquiry into Child Protection Services in NSW 2008 and find how many of the recommendations have not been met or the recommendations from the COTA /Federal Government report by Larry Anthony that also have not been accomplished. All of these reports indicate a lack of adequate resources to keep up with the increasing problem. The numbers of children going into OOHC is increasing by 45% each year according to AIFS research ,although statistics are hard to come by because there is NO ONE Authority to collect these stats. Centrelink are beginning to collect data through the Specialist Grandparent Advisors and FACS have their numbers but there are still unknown numbers of informal carers who are possibly living in fear, living in poverty and living in isolation.

I have worked with grandparents who have my utmost admiration for the huge sacrifices made for their grandchildren but I also sincerely regret the treatment that children receive from neglectful government, from a society that doesn't afford children their rights and a FACS department which puts money before lives.

I often wonder why the National Children's Commissioner doesn't bring all the states child protection authorities under her department and then address children's wellbeing as well as their rights.