



Commissioner for Children and Young People
Western Australia

Issues paper

Parent's rights and participation in child protection practice

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Recognising Aboriginal and Torres Strait Islander People

The Commissioner for Children and Young People WA acknowledges the unique contribution of Aboriginal people's culture and heritage to Western Australian society. For the purposes of this report, the term 'Aboriginal' encompasses Western Australia's diverse language groups and also recognises those of Torres Strait Islander descent. The use of the term 'Aboriginal' in this way is not intended to imply equivalence between Aboriginal and Torres Strait Islander cultures, though similarities do exist.

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Background information

The Commissioner for Children and Young People in Western Australia has statutory responsibility to monitor and review laws, policies, practices and services that affect the wellbeing of children and young people under the age of 18 years in WA. In doing so the Commissioner must have regard to the best interests of the children and young people as being of paramount importance. The guiding principles of the Commissioner are based on the United Nation Convention on the Rights of the Child (the Convention), to which Australia is a signatory, which outlines the obligations of Governments to uphold and protect the safety and wellbeing needs of children whilst also supporting parents in their roles.¹

During 2016–17, 15,282 (25.9 per 1,000) Western Australian children received child protection services (investigation, care and protection order and/or were in out-of-home care). Aboriginal and Torres Strait Islander children were 11.8 times as likely as non-Indigenous children to have received child protection services.² Children from geographically remote areas were more likely to be the subject of substantiation, or be in out-of-home care than those from major cities. In Western Australia emotional abuse (including children affected by exposure to family violence) was the most common substantiated abuse type (44.4%), followed by neglect (28%) sexual abuse (13.4%) and physical abuse (13.4%).³ With the numbers of children receiving child protection services continuing to increase, it is imperative to reflect on how practitioners work with these children and their families, balancing the safety and best interests of children with the rights and capacity of parents to care for them.

Building good relationships with children, young people, their families, community members and other services is the cornerstone for effective case work practice in child protection. Relationships enable informed assessment of a child's safety, wellbeing and development, and are critically important in the engagement of families addressing concerns and the process of change. Relationships remain the most important factor when a child is removed from the care of their parents and in the work required to plan for reunification.

Article 9 of the Convention states:

1. Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. Such determination may be necessary in a particular case such as one involving abuse or neglect of the child by the parents, or one where the parents are living separately and a decision must be made as to the child's place of residence.

2. In any proceedings pursuant to paragraph 1 of the present article, all interested parties shall be given an opportunity to participate in the proceedings and make their views known.⁴

Recognition of the rights of parents to participate in child protection decision making is also consistent with the autonomy and protection of the family unit upheld by the International Covenant on Civil and Political Rights.⁵ Furthermore, researchers have identified that involving parents in decisions that affect them has benefits for the process of decision making itself as parents' knowledge is included in decision making; and for outcomes, as parents are more likely understand and fulfil case plans addressing risk and concerns and enhancing options for family reunification.⁶

Despite the overwhelming evidence for the critical role parents play in their child's development and the need for parents to be well supported, it has been apparent for some time that support for parents and parenting needs to be given greater priority. This is not a problem faced by WA alone. In the Commissioner's 2013 issues paper *Supporting Parents* it was noted throughout Australia existing services are struggling to meet the needs of parents, particularly those with complex needs. Waiting lists, inaccessibility and limited ability to provide timely, tailored and cohesive support are consistent problems."⁷

Research confirms the primary drivers for child protection interventions in WA are family and domestic violence, parental substance abuse, mental health and homelessness. These issues are often interrelated, co-occurring and have a lasting and adverse effect on families, and most profoundly on children who are the most vulnerable."⁸ The Department of Child Protection and Family Support (Department of Communities since July 2017) acknowledges "most of these families and their children have experienced profound trauma and, despite their resilience, are struggling with its ongoing impact on their day-to-day lives. They face frequent and significant personal challenges and have experienced disadvantage and hardship; often over many generations."⁹

How the Department of Communities (the Department) and other agencies engage and work with parents is fundamental to assessing the safety and wellbeing of children, providing effective early intervention and family support services, and reunifying children with their parents where it is safe to do so. This is a challenging job and requires a skilled and well-equipped workforce with a good understanding of the issues the families they are working with face, and who in building relationships with families can support them to make the changes needed to provide safe and nurturing homes for their children.

Parents' experiences with child protection agencies

Research has yielded a consistent body of findings regarding parents' experiences with child protection agencies. Despite increased focus on the importance and benefits of involving parents in child protection practice, research with parents has documented their widespread perceptions of exclusion and powerlessness.¹⁰

In 2008 Harries completed research in WA on the experiences of parents and families of children and young people taken into the care which included literature reviews, focus groups and interviews of 42 parents. This report notes six clear themes from the research:

1. absence of attention to the voices and experiences of parents
2. absence of attention to emotional reactions of parents
3. problem-focused orientation and dominance of negative discourse
4. focus on and negative constructs of mothers
5. importance of family and the continuation of contact between parent and child
6. problematic relationships between parents and child protection workers.¹¹

Parents and grandparents participating in the Harries research described their experience of statutory intervention as a series of events during which they:

- felt demeaned and marginalised
- had minimal, if any, information and support to manage the real or threatened removal of their child and the loss of their rights as caregivers and parents
- had little or no access to legal or personal advocacy
- felt an overwhelming sense of powerlessness most often at a time when they were particularly vulnerable
- needed to be seen as people in need of support - not just for themselves but so that they could continue, where possible, to contribute positively to the lives of their children.¹²

In the ten years since the Harries research the number of children living in out-of-home care in WA has increased from 2,630 children in 2007 to 4,795 in 2017; this represents an 82 per cent increase. The number of Aboriginal children entering care has been growing at a much higher rate than non-Aboriginal children. On 30 June 2017 54.3 per cent of the children in care were Aboriginal.¹³ In addition, within this year period the Department reports that children are coming into care earlier, staying longer and are exhibiting increasingly complex behaviours.¹⁴

In 2008 the Department implemented the Signs of Safety Framework (Framework) which seeks to create a more positive culture in child protection practice and, in particular, emphasises constructive working relationships between professionals and family members.

New research in WA

In 2016 the Commissioner for Children and Young People contributed funding to an Edith Cowan University (ECU) Research Project aimed at hearing the views of parents who had children taken into care about the supports they needed to overcome the challenges that led to their children being removed.¹⁵ The research was completed in 2017 and is comprised of interviews with sixteen mothers who have a history of alcohol and/or other substance use and who had a child removed from their care in the past five years.

The ECU Research was an opportunity to hear directly again from parents of children in care, ten years on from the Harries report and the Department's implementation of Signs of Safety - a framework cognisant of the importance of positive working relationships with between staff and parents.

The ECU Research and the voices of the sixteen mothers in the project provide an opportunity for reflection on the work of the Department and "without exception, the mothers' participation in this research was motivated by a desire to make things better for other children and other families."¹⁶ The mothers ranged in age from 22 to 45 years, and between them have 45 children, 41 of whom were aged 18 years or younger at the time of the interviews. Sixteen children had been in care for two years or less, 27 children had been in care for five years or less. Half of the mothers were Aboriginal. All of the mothers had experienced alcohol and/or substance use issues.

The qualitative interviews provide insights into the lives of these parents, their relationships with their children, their working relationships with service providers, with the Department's staff and the justice system and their suggestions for improvements in working with families.

The research findings identified the following priorities for these mothers:

- Maintaining their parenting identity and bonds with their children.
- Trusting Departmental staff and establishing collaborative relationships.
- Consistency in goal setting and transparency in decision making.
- Information and support including counselling and access to advocacy
- Reasonable expectations around meeting social, employment and financial criteria required for reunification with their children.¹⁷

The goals and practice expectations, set by the Department for their practitioners within the Signs of Safety Framework and in policies, articulate and support the priorities articulated by the mothers themselves. However, while there were comments from mothers who were able to describe positive examples of how staff of the Department had worked with them, the majority of feedback is sobering and indicates a large gap between the Framework theory and Departmental policy and

the practice experience of these mothers. Some of the reflections from the mothers on the priorities identified:

Maintaining their parenting identity and bonds with children

She said 'I know you're [child's] birth mother'. Why does she have to say that? I'm her mum! Not just her birth mother. I started crying. I'm not giving up. They are so insensitive.

Even though I was so messed up, I still kept fighting for them. I went and got a lawyer and I fought for my [removed] son.

That's my kids and I'll fight, however long it takes ... I'm determined to get her back... when my kids are on the line.

I lost all hope and thought – 18 order down¹⁸, I can't do anything about it. Then I picked myself back up and got myself clean. I just got clean off my own back and started going to NA, got a sponsor and really wanted my child back in my life.

I had the blessing of knowing where my kids were and I did have a phone number for them, because I was thinking about this on the way back, you know like ...yeah, but I think contact um is very, very important, not just for the kids.

I didn't get to see [daughter] from six weeks old to eight months old, because [the Department] weren't able to get someone to supervise the access.

Initially, the contact had to be in [the Department's] office, so you can imagine that was not natural. The contacts we have are not natural, It is natural for her to be in natural environment. Meaningful? Not really, because there are like five other families in the contact centre at the same time. There is no privacy, there are people watching you, some of them write down what you are doing, when you are sitting right there.

Trusting Departmental staff and establishing collaborative relationships

It [the Department's role] started to make sense to me, when I stopped doing the things, that were affecting my life, where I was unsure why they were in my life all the time, until I stopped doing drugs and alcohol and started to think with a clear conscience I realised 'OK, that's what they're doing it for, because they are worried about the child's welfare.

I felt that [caseworker] was racist. That's the honest truth – I just feel that caseworker's racist. We've come a long way. I've been clean from amphetamines for over 12 months, but [caseworker] doesn't seem to acknowledge that.

The first two [caseworkers], I didn't get along with. Obviously because I was fighting the system and I didn't understand anything back then. The third one – we didn't get along at first, but after saying that, she was actually trying. That gave me a lot of hope ... that she was actually trying. She wanted my kids back with me as well, and I could see that. The third one had been through a lot and shared stuff and that made me trust her more. I felt that I could work with her, because I knew she had been through... she had some experience in life and she was older. Just the way that she was trying to support me and she was understanding of trauma abuse and everything like that... third one made me realise that I need to work with her, because she is trying to help me. She's giving me a go and she's supporting me and encouraging me.

I was really honest with my [Departmental] worker, because I wanted to get better. That bit me in the bum a bit. When I lapsed the first time, I hadn't relapsed. As soon as it happened, I rang my caseworker straight away to tell her about it... I told the one person to keep myself accountable. I thought because it wasn't going to happen again, I'd be honest with her, but she slammed an 18 order down on me immediately and didn't give me a chance.

It's hard to explain [the Department] is really disrespectful of clients. They don't have any working relationships with clients whatsoever. You do the shit that you're told, because you can't advocate for your human rights basically. Going through this is the most disempowering experience of my life.

Consistency in goal setting and transparency in decision making

When my children were taken, I didn't know what the next step was. I wasn't given any letters beside the court papers – the Interim Order. That was the only paper [the Department] had given me and I didn't know where I had to go or what I had to do, who I'd have to contact for support. I think it was six months before they even told me... before I received the affidavit saying exactly why my children were apprehended, which was domestic violence at the start. They come, they take your child, they give you that letter and you don't hear from them about what you have to do for months.

What I wanted from [the Department] before I went to that meeting in [place] was a list of the benchmarks that I'm being judged against. No one could provide that. They sent me on to their Policies and Procedures, but that did not say what a particular [Departmental] worker is looking for... that demonstrated to me, that there are no hard and fast benchmarks. There are none. It's all based on opinion.

They just keep changing the standard expected. They said, 'you've only maintained the house to the standard of a single person living at home, not to the standard to a person who was having children living with them'. They [the

Department] came every week and they gave me glowing reviews and now they are saying 'it wasn't maintained to suitable standard'. Well how on earth was I meant to know that?

They haven't kept their side of the bargain at all ... They take every opportunity to delay the process ... they set one thing and then they say 'now you've done that'... they want something else ... the requirements have been retrospectively changed ... all I want is fair.

I feel that [the Department] are missing the whole thing. It's about my children and them coming home to a safe house. I've proved all that to [the Department]. We haven't had any DV reports for over 12 months, been clean from amphetamines for over 12 months, clean from marijuana for nine months. We've passed the barrier for relapsing, but we're still waiting.

Keep it transparent all the way, except for the amount of information that you pass onto [the Department]. Do everything that you're told to do and try to get everything in writing... [record meetings] I always do, just under the table... it's your meeting. They will cancel the meeting, when they find out you're recording it, but you just keep your mobile phone under the table and just record it and you can go away and write everything down from there. And you've got the physical recording and they can't say that you said anything different than what is there.

Information and support including counselling and access to advocacy

The biggest thing I'd like to see coming out of this research is [the Department) have responsibility to the parents. They say that the children are their clients, but they have a responsibility to the parents. I cannot believe that they can go in with an apprehension warrant and leave a parent sitting there with empty arms and a piece of paper saying we apprehended your children.

[Despite having children taken into care] I wasn't directed by [the Department] to any support agencies and I didn't know how to go about finding out. I pretty much know what I have to do, but I didn't know where to go to get the support from agencies. I think when your kids get taken from you, there's no point just giving them straight back at that point, because even if you're not using drugs, the next three months, it's going to feel like someone's died. Totally, totally somebody telling you that you not fit to parent the child that you bore out of your own womb is like it takes a lot to get your head around. I was totally suicidal.

At that time [children were removed], I felt like the victim all over again. My babies were taken and I was the one trying. That caused me to really use heaps... when my son was taken. From then, as you can imagine, I just went

off the rails. After having [son], I had no desire to use. He was really like a game-changer, but then when they took him, I just fell apart hard.

At that moment, I was really looking for help and I was going through domestic violence and I thought I was doing the right thing. There was no actual help for me, like getting me into a safe environment. It was just – take my kids and run.

At the very start, they [parent] just need love and compassion and they need someone to make them feel they are not alone and they can do this... they need to be heard.

They said they would help us, but they never even helped us once. I even went there looking for help and asked if they could put me and my kids into a refuge. I was sick with everything I was doing, going from house to house, but they never helped us. We couldn't even get into a refuge, not even through domestic violence. I went there to see if they could help me to get into one, but no. Even though they'd said me and my kids wouldn't be homeless, they never helped me once and they took my kids off me. That's what I hate and it hurts me on the inside

Reasonable expectations around meeting the social, employment and financial criteria

I know there are people out there who abuse their kids, are really violent and do use drugs. But for the people who are trying to make a change, it's like you feel that you keep getting knocked back and you feel like you are giving everything and getting nothing in return. That's what it has felt like for a long time.

They expect you to go out and find these people¹⁹, so go and meet someone random, befriend them and then just drop this bomb on them and ask them to be your support network. I randomly popped in on her [neighbour] one day and started talking and she's quite older, like 50, no kids and lives alone, and I started going to her house and having coffee with her and then I dropped it on her and she said she was happy to help. But then a week later she text[ed] me to say 'I don't want anything to do with you guys, I'm a free spirit, I don't want any of your drama'. That was annoying, because I had told my caseworker her name, her number, said she could call her, a week later, she pulled out of it and I looked like an idiot.

I have to have a strong support network, which was always the issue I struggled with. I pretty much know what I have to do, but I didn't know where to go to get the support from agencies. Pretty much they wanted a support person, that wasn't an agency, a family member or friend, just to check on me on the weekends and things like that, and to watch my mental

health and to help me along the way and that's what I struggled with. That's why my son was taken back into care, because I couldn't find a support network. I need someone to support me, because I do have problems with my mental health. I've had problems in the past connecting to people or trusting people.

When my children were taken into care, I had to go onto the NewStart program, which is the dole. To be on the dole, you have to be looking for work. How am I supposed to work when I'm doing visits [to my children??] three days out of five?

They [the Department] told me my parenting was excellent. I offered to do parenting courses, but they said 'you don't have to because your parenting is excellent'. In the back of my mind ... if my parenting is excellent and I'm off drugs, why haven't I got my kids back?

They [the Department] want me to pay for the courses and all those sorts of things, which you can't on my wage.

I don't buy food at all. If I'm lucky I spend \$30 a month on food at Foodbank. Now that the overnight has begun, they're supporting me by \$37.50 a week.

They say we're not financial enough. We are not rich, but I wouldn't say we are poor. We don't have a lot of money, but we do really well on what we have.

The fact that you have to prove yourself for so long, before they'll even consider giving you unsupervised visits, like it's just criminal.

We've had to do random UAs [urine analysis] twice a week for six weeks and then it was getting quite annoying, because we didn't know when we would be doing them and we couldn't get a job, because we didn't know when we were going to have a UA, so then they did it set day, three days a week. A few months ago, they said our financial status is an issue, because we couldn't work. They want to see one of us working. We couldn't work because of the UAs and the contacts. We had contact in the morning and contact in the afternoon.

Given the Department's role in removing a parent's child, some anger, frustration and potentially negative views of the Department would be anticipated. Most of the participants however were able to distinguish between their own personal issues, the importance of their children being safe, their own emotional reactions and their experiences of case management and decision making practices. They were able to reflect on the impact on themselves and on their children of the way in which the Department worked with them.

In contrast the experiences of mothers with the other service providers and the justice system were positive. In general, the mothers felt supported and heard by these agencies.

The one that sorted most of these things out and made the calls and the run-arounds for me and that was the WANDAS clinic at KEMH. They are the Women and Newborn Drug and Alcohol Service. They are the ones that found the rehab service for me.

Yep, they'll advocate for any of the family with [the Department], so they'll go, and that's what I've always learned is any meeting I have with [the Department], I want an advocate with me, not a worker.

I think that the thing that Saranna did give back to me, was a bit more, gave me tools to realise that only I have the power to do anything about my life.

The only point where I have had any jurisdiction is when I've stood in front of the judge.

She [duty lawyer] was really good. She said, 'if you join Relationships Australia and do one-on-one counselling and domestic violence groups for women who have been affected by domestic violence that will help your case'.

The participants were in agreement about the need for improvements across the system including changes to the Department, indigenous specific services, more integrated services and a more inclusive community. They also offered advice to other mothers in situations similar to their own.

Be hopeful, persistent and proactive in support seeking

Just never give up. There is always hope, no matter how dark or feeling like you are not going to get anywhere or it is not possible ... just keep going. Just think about the children. They deserve us and this is a horrible drug and addiction is horrific, but you can fight through it. And our kids deserve us to be happy and to be there for them.

Find an advocate

What a parent needs is an advocate. You can't go in there by yourself and you need to be told what the process is going to be. You need to be told before you go in there, that they are going to upset you. If you go in there blind, that's when you'll create the situation for yourself. You need someone with you the whole way.

Get legal advice

One thing that's really important is for women, who have their children taken out of their care, they need to get serious legal advice, because I personally think that [the Department] run with the fact that they have the upper hand on the knowledge... but not knowing my rights was the biggest thing, because you feel hopeless. Even though you can't do anything and you are in the wrong, but just knowing your rights is some form of hope that things can get better.

Get counselling

The first thing any mum needs to do is go to counselling and tell someone the situation. If you want to keep using, then there are things you can do to be proactive and use, like counselling. They are not like an authority figure, they're not trying to tell me it's wrong, they're not family or friends, who are going to egg me on to keep going. They are just someone who stands in the middle and they're not telling you what to do or how to do it.

Get support to address alcohol and substance use

I would advise everyone to go to rehab, go to the Saranna program and learn how to live again with your kids. If you don't learn life skills, then when you get them back, you'll just fall back into old patterns, so I definitely think rehab is a good one. And to seek out the support of what caused you to go to addiction.

Responding to the views of parents

The challenges in undertaking effective child protection interventions are not unique to Western Australia. Jurisdictions all over the western world are experiencing similar challenges with rising numbers of children in care, many of whom experience poorer outcomes in later life. With the number of children and young people in the out-of-home care increasing across Australia, it has never been more important to ensure the models and processes of child protection agencies are meeting the complex needs of vulnerable children and their families. There are currently limited resources available that help child protection agencies and oversight bodies to identify whether current approaches are delivering the best possible outcomes for children and communities, and where evidence-based improvements can be made.

The importance of working with and supporting families earlier and more effectively to improve the safety and wellbeing of children and slow the increasing number of children coming into care is self-evident. The Commissioner in his submission to the *Children and Community Services Act (2004) Review Consultation Paper (2017)* emphasised that the WA Government and Department has a responsibility to:

- resource and use early intervention services to reduce the need for children and young people to enter out-of-home care and to maximise the prospect of reunification when they are placed in care
- provide intensive support to families experiencing often long term, entrenched challenges to make changes and to be able to provide loving and supportive homes for children and young people, and
- be able to demonstrate how it has made reasonable efforts to provide services that will help families remedy the conditions that led to the children coming into care. In essence the burden of proof should be with the State in the first instance to demonstrate how they have worked with families to effect and support change.²⁰

The views of the parents who participated in this research provide an opportunity to reflect on the current alignment of the underpinning framework, policy and practice of the Department and the non-government service delivery sector and to identify ways to improve work with families.

Most of the mothers interviewed had experienced significant trauma in their lives including sexual abuse or domestic violence and many did not have stable family role models. All of them had struggled with alcohol and substance abuse issues. The challenges of the serious issues faced by these mothers require skilled staff, intensive support and specialist services to support change.

The mothers acknowledged the positive experiences they had with workers that treated them with empathy and respect and acknowledged the challenges of parenting and of overcoming alcohol and other substance use issues.

The Signs of Safety Framework states that “constructive relationships between professionals and family members, and between professionals themselves, are the heart and soul of effective child protection practice.”²¹ The aspirations of the framework are to create a culture of professional inquiry and humility, constructive professional-family engagement and to build ‘practice depth’ within the Department. Unfortunately most of the comments from the mothers who participated in this project do not reflect that ambition.

The Department acknowledge that the findings of an independent research study (undertaken between 2013–2016) into the Signs of Safety Framework implementation, identified the need to further develop the framework and its practical application across the Department and strengthen the shared work with community sector partners to build safety in families.²² This research has not been released publically, therefore the details of actions needed to embed the framework and strengthen practice are not known, nor any specific actions focused on working relationships with parents.

A way forward

Australia wide state and territory child protection systems are facing significant challenges including:

- insufficient capacity to meet the quantity and complexity of cases into statutory child protection and out-of-home care (OOHC)
- presentation of families with more chronic and complex risks and needs requiring a response that crosses the boundaries of government agencies and that isn't always available
- the intergenerational cycle of abuse and neglect
- poor outcomes for care leavers
- over-representation of Aboriginal children in child protection and OOHC.²³

It is in the best interests of children for them to be nurtured and raised by their parents and family. Early and timely support for families is an essential part of the landscape of community services that are required to help parents meet their responsibilities and learn and develop skills in parenting.

Where parents face additional challenges such as alcohol and drug use, family violence, or other traumatic experiences, skilled and targeted services are required to enable parents to address these issues and provide safe care to their children. In addition other jurisdictions have progressed to partnering with Aboriginal and Torres Strait Islander controlled organisations to develop and implement Aboriginal and Torres Strait Islander family-led decision making and shared practice models designed to empower families to make informed choices about their children, while the Department works with families to ensure the safety of the children.

Based on a review of the research in this area the Commissioner has identified four areas of consideration for the Department as the statutory agency responsible for providing integrated and effective responses where there is concern for the safety of children and young people in the care of their parent(s). These four key areas are closely interrelated:

1. An active commitment to building positive relationships with parents and families.
2. Building a skilled, well supervised and supported workforce.
3. Ensuring policies, processes and practice guidance supports good practice.
4. Data, monitoring and continuous improvement.

1. An active commitment to building positive relationships with parents and families

The Commissioner firmly supports Recommendation 69 of the Statutory review of the *Children and Community Services Act 2004* that "the Department should develop a charter of rights for families who come in contact with the Department as a result

of concerns about the wellbeing of their children."²⁴ A Charter of Rights or similar²⁵ should clearly articulate the Department's commitment to parental and family engagement and participation and be clear about how parents will be treated when working with staff of the Department.

The Charter should

- ensure parent's rights are practically supported through access for parents to advocacy and support.
- include a feedback mechanism for individual parents to provide reflections on how the Charter is or is not being met in practice and suggestions for improvement in practice or policy
- include links to the Department's complaint mechanisms.
- be made available on the Department's website and copies provided by staff to all parents they are working with and
- be integrated into policy, staff training and practice.

2. Building a skilled well supervised and supported workforce

Research and evaluations show that developing an effective professional relationship makes a real difference in improving outcomes for service users. Human relationships are core to the delivery of effective services."²⁶ The Munro review²⁷ also highlighted the importance of professional relationships in improving outcomes for families and the skills and experience of social workers in being able to achieve this.

The Department acknowledges that they "work with some of the most disadvantaged and vulnerable people in the State. Individuals, families and children that come into contact with the child protection system have lives full of volatility and fragility. They often live with an unacceptable absence of personal safety, a day to day experience that is not comprehensible to many people."²⁸ Skilling a large, workforce to provide effective services and support consistently and appropriately to each individual family state-wide is challenging. The Department notes it is a priority area for them "Strengthening our capability - maintain a well-trained, flexible and diverse workforce, and a supportive and safe working environment."²⁹

Best practice within this priority area should include:

- identifying clearly the qualities, experience, skills and knowledge required by practitioners to develop effective professional relationships with vulnerable parents. This includes the demonstrated capacity to work in culturally respectful and informed ways with Aboriginal and Torres Strait Islander families
- implementing strategies within recruitment, induction and training of staff to meet the areas identified above
- working closely with specialist agencies including the Drug and Alcohol Office, and Mental Health Commission to build the knowledge and skill base of staff

about how these issues impact on families and how to support opportunities for change

- collaborating with specialist agencies to improve participation of specialists in case work assessment, planning, service provision and review for parents with these issues and
- ensuring effective supervision of all staff, supporting practitioners to develop good relationships with parents and improve outcomes for children, young people and families.

3. Ensure policies, processes and practice guidance supports good practice

The Department embarked on more reform projects in 2016 to further develop a service system that delivers the best possible life outcomes for children and families.³⁰ These projects continue whilst various agencies merge to form the Department of Communities. The Department states “the year ahead invites us to further implement and consolidate the reforms already underway, while also seizing the opportunities for innovation that will arise from an amalgamated human services agency. The new Department of Communities will be more integrated, localised, and outcomes-focussed. Bringing human services together breaks down the silos that emerge in stand-alone organisations and will allow our clients to access the range of services they need through one point of contact.”³¹

Within this context the Department of Communities should review the current child protection framework, policies and practice and the gaps between these from a parent and family viewpoint including:

- identifying organisational qualities that support the development of effective relationships between practitioners and vulnerable parents
- analysing the gaps between the aspirations of policy and that of practice as well as the findings of the independent research³² program, undertaken between 2013-2016 into the Signs of Safety Framework implementation relevant to parent and family engagement and participation
- outlining clearly strategies for improving parental engagement and participation and mechanisms for reviewing these strategies for effectiveness
- developing with Aboriginal and Torres Strait Islander stakeholders / controlled organisations family-led decision making models and
- making the strategies for improving parental engagement publically available for parents, stakeholders and the community.

4. Data and monitoring

The Department has many internal quality assurance and external monitoring processes as outlined in the Commissioner’s 2017 Report on Oversight of Services for Children and Young People in Western Australia.³³ Each of these is potentially a source of information, feedback and insight to parental participation and involvement across the agency.

To maximise the opportunities the Department should actively and regularly review and analyse feedback on its agency performance in working with parents through these existing internal quality assurance and external monitoring processes. A robust process would also involve relevant external stakeholders in these reviews, particularly representative bodies of parents and parents who are supported to participate in an advisory capacity.

Further development is required to improve monitoring of child protection:

- In conjunction with relevant stakeholders, including Aboriginal service providers, the reach, efficiency and effectiveness of advocacy agencies for parents should be reviewed to improve and expand the capacity of these services to provide advocacy and support to parents and family members state-wide. Information for parents and family members about support and advocacy services available to them should also be made easily accessible via the Department's website and provided in writing to parents by staff of the Department.
- External independent oversight of the child protection system be reviewed in line with the recommendations of the Commissioner for Children and Young People's report *Oversight of services for children and young people in Western Australia*.

The Commissioner has commenced a project to work in partnership with the Australian Centre for Child Protection, University of South Australia, and members of the Australian Children's Commissioners and Guardians group (ACCG) to develop a child protection practice benchmarking tool.

The purpose of the benchmarking tool is to provide an evidence-based and nationally consistent approach for agencies to assess the frameworks, models and processes used in child protection practice. The tool will aim to address the child's experience, parental participation and cultural considerations and also provide guidance on training and skill development for child protection workers.

It also aims to improve practice by identifying systemic standards for child protection responses, to better support individual children and families and provide a range of benefits for the broader community. The project is currently in its first phase, which involves a review of recent research and identification and review of child protection practice frameworks across Australia and some international jurisdictions.

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