

Family Inclusion Network ACT Inc (FIN ACT Inc) - Canberra and Region (formerly known as Caring and Parenting ACT (FIN ACT) Incorporated

Aims

FIN ACT acknowledges the trauma experienced by a parent when a child is removed or is at risk of being removed. It is within the context of trauma recovery/rehabilitation that the FIN ACT will aim to offer services to assist parents to determine personal, long-term, clear and considered goals, to work towards those goals and to fulfil their statutory responsibilities. FIN ACT aims to utilise skills in counselling, advocacy and mediation as well as developing linkages with specialised services from whom clients may require assistance.

FIN ACT recognises the intergenerational nature of the problem and believes that in-depth intervention with parents will assist in breaking the cycle leading to out-of-home care. In order to facilitate realistic planning for children who are in out-of-home care, parents must be assisted to a position where they are able to make long term decisions about their relationship with their children and to be committed to the changes that those decisions entail.

Background

The Family Inclusion Network ACT (FIN ACT) Incorporated Canberra & Region is a new network being established in the A.C.T. for parents who have a child/children in care or who are at risk of having their children removed to care. The planning for FIN ACT has involved a range of professionals who have worked in various settings over many decades and have successfully engaged with 'hard-to-reach' families where child protection issues have been one of many challenges faced by the parents. Often having experienced poor parental role-modeling themselves, these parents generally face numerous difficulties including unemployment, insecure housing, low educational levels, marital or family conflict, substance use, and mental health/psychiatric problems. Many have themselves been through foster care. The removal or impending removal from, or impending re-unification of a child with, their family, can constitute a crisis in families and thus provide an opportunity for changing patterns of behaviour. Given a general principle of the Children and Young People Act (1999) being that, "high priority should be given to supporting family members, in cooperation with them, to care for and protect the child or young person" (Part 2.2 12 1 (c)), the role of the FIN ACT will be to provide a holistic and integrated approach to parents who have had a child removed into care or where there is impending removal.

Based on research evidence, four years after leaving foster care, only one in five young people is fully self-supporting; 57 per cent return home to their parents and 13 per cent live with relatives or a guardian (Shirk & Stangler 2004). Time and time again the message that 'the state is no substitute for a caring family' reverberates through the research evidence on outcomes for children in out-of-home care and yet in the absence of family support, the state must take responsibility for care and protection of children. At the same time, it should be remembered that "the psychological trauma created by the removal, combined with the neglect and abuse that preceded it, leaves the child forever changed and forever different from other children (Shirk & Stangler 2004). The importance of family and social networks is a constant theme in the literature examining out-of-home care, the yearning for family, for connection is well known in the child welfare field.

'Yet no matter how badly their parents have treated them, and even when they've found nurturing substitutes, many children keep going back to their parents, hoping that they will have changed. The pull is incredibly strong and persists even in the face of constant rejection. "despite all that's happened between us, she's still my mum, and I can't stay away from her.'" (Shirk & Stangler 2004, p.10).

Given the focus of the investigatory role of child protection workers, there will always remain an inherent tension between it and the 'support' role often needed by parents. By helping parents to manage feelings and to manage problems (ie addressing directly with parents, the child risk-related issues, such as drug use or family violence), it is anticipated that 'hard outcome measures', such as the number of days children spend away from their families and the frequency of court appearances will be related.

An opportunity now exists for the bringing together of multiple key players who are committed, willing and able to work with birth parents in order to improve developmental outcomes for children. FIN ACT will monitor national and international research which will guide interventions based on evidence based practice. The willingness of a number of academics and other professionals to act as advisors to FIN ACT will harness knowledge and expertise in the establishment and developmental phases of the Organisation. The preparedness of these professionals to engage in this endeavour attests to their commitment to children and their families and offers a very cost-effective service to the Canberra community.

Mission Statement (draft)

- Helping to maintain a relationship between child/ren and their parents when children are removed to care.

Client Population - Parents who have a child/children in care or who are at risk of having their children removed.

Goals

- Implementation of an integrated, holistic and co-ordinated care approach to service delivery for parents where a child has been removed to care or are at risk of being removed to care
- Assisting to reduce the number of children moving into care.
- Assisting to improve the restoration rate of children to their parents.

Objectives

- To promote a multidisciplinary approach in working with parents where children have been removed or are at risk of being removed
- To assist parents to understand and overcome issues responsible for child/children entering care or at risk of entering care
- To improve developmental outcomes for children through enhancing secure attachment relationships between parents and children

Rationale

- As at May 2004 some 288 children in the ACT were in statutory care. As at Feb 2006, 475 children are in out-of home care.
- Research literature shows that children exiting foster care mostly seek out their birth families,
- Reasons for children coming into care are rarely addressed (eg parental substance use)
- Growing numbers of children are being removed from their parents while at the same time a shortfall in available care exists
- Increase in numbers of 'high risk kids', "a large part of the problem is Australia's extraordinary level of dependence on the basic model of foster care, one that's much greater than any other Western nation. If foster care repeatedly breaks down, and children are moved in and out of

different homes, their ability to form lasting attachments is severely shaken. And life just gets harder.” Dorothy Scott. (2004)

- Cost effectiveness of early interventions with parents where children are at risk of being removed in the first instance (ie it costs less to keep families together)
- Two significant reports that document the long term and intergeneration damaging effects of removal of children from their families provide a strong evidence base for the Service Rationale.
 1. The Senate Community Affairs References Committee: ‘Forgotten Australians’ (August 2004) A Report on Australians who experienced institutional or out of home care as children. The direct and indirect costs (economic and social) to individuals, families and society of the impact of time spent in care are unquantifiable according to the Committee Report chaired by Jan McLucas.
 2. Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families (April 1997). Children removed from their parents suffer from problems of identity and adjustment including loss of family resulting in feelings of powerlessness, loss, grief and bereavement, loss of linkage with culture, spirituality and land, inability to impart Indigenous culture to their children, long term mental health problems, lack of concentration at school and poor school performance
- There is a large evidence base, developed by a number of leading Australian thinkers in the field of Child Protection that suggests the strategies being adopted by FIN ACT Inc will result in better outcomes for families where a child/ren has been, or is at risk of being removed to care. Positive evaluations have been reported in the state of Victoria, on the Innovations Initiative, aspects of which are reflected in the service strategies employed by FIN ACT . Victoria has now held its notification rate very steady for the past four years. One strong advocate for innovation in Child Protection, and supporter of FIN ACT is Professor Dorothy Scott, Director of the Australian Centre for Child Protection University of South Australia.

Service Strategies

FIN ACT aims to build a high quality client service, where relationships with clients and partnering organisations are valued and respected. FIN ACT aims to gradually build a comprehensive service strategy which will incorporate the following:

- To maintain an office, providing flexibility to respond to after-hours and weekends and provide home visits
- To provide counselling, advocacy and mediation services to parents where children have been removed or are at risk of being removed to care
- To provide an external Case Work Review Panel for the review of cases, and as a supervision tool for staff
- To develop and maintain a network of professionals committed to the service philosophy,
- To pilot developmental community based programs based on identified client needs
- To provide on-going skills development to the network on the needs of families and children in care or at risk of being removed to care based on a range of evidence based interventions
- A co-ordinated case management approach will be used in order to minimise stress associated with multiple systems and workers
- To draw on an Service Advisory Panel comprising local, national & international practitioners/experts in program development, implementation and evaluation
- To draw on an Indigenous Consultative Committee to assist with community engagement, service planning, development and evaluation

Evaluation Measures:

In May 2004 there were 288 children in care in the ACT. As at February 2006 there were 475 in care an increase of 65% in less than 2 years.

Evaluation measures on FIN ACT 's service effectiveness and efficiency will include re-notification rates of child abuse and neglect; prevention of unnecessary, out-of-home placement; improved family functioning; and cost-effectiveness. In the longer term, it will cost less to invest in keeping children with their own families.

Service Philosophy of Care

- A belief in the need for a holistic approach in addressing a family's physical, psychological and social needs where a child has been removed or is at risk of being removed into care.
- The empowerment of parents through developing their ability to successfully utilise community resources
- A commitment to advocate on behalf of parents in the larger service systems
- The recognition that any separation of a child from its family is potentially damaging and that parent separation or loss is traumatic for a child.
- Most parents who have a child come into statutory care suffer significant grief and distress through being separated from their child.
- To provide parents with a fundamental sense of hope, and belief in their capacity to give their children the affection and attention they need.

Underlying assumptions of the service philosophy

- Children & young people in the child protection system are fundamentally part of their (birth) families (Thorpe 2004)
- Partnership with parents is fundamental regardless of parental difficulties that may arise in relation to age, gender, disability, mental health status, drug or alcohol use, socio-economic status or criminal record/current status (Thorpe 2004)
- There must be genuine and full scale involvement by parents in the Organisation (Thorpe, 2004)
- We recognize that some children need to be in care, apart from their families (Thorpe, 2004)
- The therapeutic relationship is an important part of effective family intervention (Sanders & Ralph 2004)
- Parenting interventions should build on existing strengths (however meagre they may be) (Sanders & Ralph 2004)
- Keep children and young people at the 'centre' and give them a voice, so that they do not remain 'invisible'. (Corbett in Phillips 2004)

Service beliefs about our clients

- A belief in people's capacity to change
- A belief in parents' capacity to give their children the affection and attention they need.
- People experience problems as problems & usually want things to be better
- Everyone is usually doing the best they can under their circumstances
- The power to change resides in the person or family

Organisational Moto:

"If a community values its children, it must cherish their parents." J Bowlby,

Statement re: What we can do for birth parents

- Provide advocacy, counselling & mediation services
- Attend meetings, case conferences, court with you
- Work collaboratively with State/Territory Child Protection agencies to ensure birth parents are well supported so as to maximize outcomes for their children, be they in care, or in hope of being restored to their families
- Support birth parents to plan for access/contact visits, transport to contact visits

What we cannot do for birth parents:

- promise restoration where children have been removed
- condone child sexual and any other form of abuse
- promote family preservation ‘at any cost’

Organisation Commitment to Quality & Continuous Learning

Our network of consultants will come from a range of backgrounds including social work, psychology, psychiatry, medicine, teaching, community development and alternative therapies (eg massage/homeopathy) and work together with families from a strengths-based, client centred approach, drawing on a range of evidence based interventions.

Our organisation aims to offer a high quality client service based on co-ordinated care. We value and respect our relationships with our clients and partnering organisations and are genuine in our desire for ongoing service improvement and service development. As we work together with families to discover, plan, build and act within their own lives, so too, does our organisation understand the need for discovery, planning, building and acting on changing client needs, in order to achieve the best possible outcomes for our clients.

Client issues may include parenting difficulties, substance use, behavioural disturbances, non-coping behaviours, domestic violence, grief & loss, anxiety/stress, depression, sleep disorders, PTSD, aggression/violence. Service needs of clients may include legal, child care/support, child at risk services, accommodation, crisis residential, education, training, life skills, treatment/medical, assessment, cultural & employment. Therapy modalities include solution-focused therapy, CBT, DBT & behavioural family therapy, drawing on the theoretical underpinnings of the psychiatrist and trauma specialist, Dr Judith Herman. **The role of advocacy is central to our work.**

For more information, please contact: