



Stronger Together

Strengthening families
to improve outcomes
for children



MONASH
GENDER AND
FAMILY VIOLENCE
PREVENTION CENTRE

Report authors:

Dr Naomi Pfitzner

Professor Silke Meyer

Dr Nicola Helps

Dr Jasmine McGowan

In partnership with Women's
Legal Services Victoria

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Acknowledgement Of Diversity

We acknowledge that families take many forms and the diverse range of parent, carer and family relationships. Our study participants were all mothers who had experienced DFV in a current or past heterosexual relationship and were the biological parent of a child or children who had been removed from their care. However, Child Protection interventions affect many different families including same sex parents, co-parents of children born through surrogacy, adoptive parents and step-parents.

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- Loddon Campaspe Community Legal Centre
- Safe and Equal
- Windermere Child and Family Services
- Drummond Street Services
- Australian Childhood Foundation
- Women with Disabilities Victoria



2. Abbreviations

AOD	Alcohol and other drugs
DHHS	Department of Health and Humans Services (Victoria), now known as the Department of Families, Fairness and Housing (DFFH)
DFFH	Department of Families, Fairness and Housing (Victoria)
DFV	Domestic and family violence
FIVOs	Family violence intervention orders (Vic)
LCCLC	Loddon Campaspe Community Legal Centre;
IAO	Interim Accommodation Order
MCV	Magistrates Court Victoria
MGFPVC	Monash Gender and Family Violence Prevention Centre
MH	Mental health
MUHREC	Monash University Human Research Ethics Committee
OOHC	Out-of-home care
RCFV	Royal Commission into Family Violence (Victoria)
VLA	Victoria Legal Aid
VLF	Victoria Law Foundation
WLSV	Women's Legal Service Victoria



3. Key Terms

Child Protection/ DFFH

Some mothers in this study referred to Child Protection as ‘the Department’ or ‘DFFH’ while others referred to it as ‘Child Protection’. Due to these variations the terms ‘Child Protection’ and ‘DFFH’ are used interchangeably in this report.

The Victorian Child Protection system sits within the portfolio of the Department of Families, Fairness and Housing portfolio.

Domestic and family violence

Due to variations in usage across Australia, this terminology is used throughout the report for consistency to refer to “domestic violence”, “family violence” and “domestic and family violence”. These differences are detailed in our research brief on key terms of family violence (Monash Gender and Family Violence Prevention Centre, 2019).

Family violence intervention order (FVIO)

A court order to protect a person, their children and their property from a family member’s behaviour. Also referred to as domestic violence order, intervention order, protection order, family violence restraining order, and apprehended violence order.

4. Introduction

While Child Protection policies and legal frameworks vary across Australian jurisdictions, all Child Protection services have statutory responsibilities to protect children and young people from harm resulting from abuse and neglect within families or where parents are unable to provide adequate protection from such harm (AIHW, 2016; Child Family Community Australia, 2018). If the Children's Court finds a child is in need of protection, the Court may make a protection order. A child that is unable to safely live at home may be placed with their wider family, community or in out-of-home care (OOHC).

In Australia, 72,000 children (13 per 1,000) were subject to a care and protection order in 2019-20. The majority of these children are subject to temporary care orders, which may range from one month to multiple years. Most children who are removed from their homes under temporary care orders are placed in the care of family or kin. This is seen to be in children's best interest to maintain a level of familiarity and connectedness to family (AIHW, 2021). However, it can be problematic if children are placed in the (temporary) care of an abusive parent who has been responsible for mothers and children's experiences of domestic and family violence (DFV) (cf. Humphreys et al., 2019).

In Australia, most jurisdictions incorporate permanency-related actions and timeframes into case planning for children placed in alternative care arrangements. Guided by the principles of continuity and stability, permanency planning aims to develop and maintain meaningful connections between children subject to Child Protection intervention and their carers. It preferences the timely reunification of children with their families where this is deemed to be in the children's best interests (AIHW, 2020). Family preservation or reunification is a practice priority in permanency planning for children involved with Child Protection. However, the national reunification rate of children who have temporarily been removed from family is only 21% in Australia overall and lower at 15% for Aboriginal and Torres Strait Islander children. In 2019-20, 19% of children subject to a Family Reunification Order were reunited with family (AIHW, 2021).



Families and children subject to interim/temporary care orders frequently experience complex risk factors and support needs (AIHW, 2021; Conley Wright et al., 2021). DFV has been identified as a critical risk factor in many child welfare concerns. Children's experiences of parental DFV can have substantial short- and long-term adverse effects on children's physical, emotional and social development (cf. Gartland et al., 2019; Lourenco et al. 2013; Meyer et al., 2020). As a result, childhood experiences of DFV have been recognised as a form of child maltreatment in recent national and international policy reforms, raising child welfare concerns and thus implications for Child Protection interventions (Meyer, 2018b; Nixon et al., 2016).

Research has identified the detrimental effects of DFV on children and thus their need for protection. It has also highlighted the need for Child Protection interventions to respond holistically to adult and child victim-survivors acknowledging the critical role of the bond between children and carers (predominantly mothers) affected by DFV in ensuring children's safety, support and recovery (Humphreys & Healy, 2017; Katz, 2015; Meyer & Stambe, 2020). Restoring and supporting safe and secure parent-child relationships, often strategically undermined by the abusive parent, needs to form a critical element of Child Protection interventions with families affected by DFV (Humphreys et al., 2015; Humphreys et al., 2020; Katz, 2015; Mandel, 2013).



4.1 Overview of the Victorian Child Protection system

Children, Youth and Families Act 2005 Principles

The *Children, Youth and Families Act 2005* (Vic) sets out the principles for the protection of children in Victoria. Section 10 sets out the best interests principles to be considered by decision makers. The best interests of the child must always be paramount (s10(1)).

Decision-makers must consider the need to protect a child from harm, to protect their rights and to promote their development (s10(2)). Harm may include physical harm, sexual harm, emotional or psychological harm or neglect of a child's health or development (see s 162).

There is a strong emphasis on strengthening and preserving a child's relationship with their parents (s10(3)(b)) as well as the need to give the widest possible protection and assistance to the parent and child as the fundamental unit of society (s10(3)(a)). According to law, intervention into the parent-child relationship is limited to that necessary to ensure the safety and wellbeing of the child (s10(3)(a)). A child should only be removed from the care of their parents if there is an unacceptable risk of harm (s10(3)(g)).

The Role of Child Protection

The Child Protection service in Victoria operates within the Department of Families, Fairness and Housing (DFFH). Under the *Children, Youth and Families Act 2005* (Vic) Child Protection have a specific statutory role. Child Protection practitioners are required to:

- provide advice and consultation to people who report concerns about children and young people
- assess children and families where it is believed a child is at risk of significant harm
- make applications to, and attend, the Children's Court
- engage and work with children and families to promote safety, stability and development of the child, and to strengthen family capacity (DHHS, 2018).



Removal of a child

Where DFFH assess that a child needs immediate protection they may issue a Protection Application by Emergency Care. The application must be heard in the Children's Court on the next working day. If the Court is satisfied that there is an "unacceptable" risk of harm to the child in the care of the parent, the Court will make an Interim Accommodation Order (IAO) placing the child with a suitable person or in an 'out of home care service'. Where the risk of harm is mitigated by other interventions, the Court may make an IAO that keeps the child in parental care.

The Role of the Court

The Court is required to make orders in accordance with the best interests principle. Judicial oversight acts as a check and balance in the system to ensure interventions are appropriate. Court proceedings may continue for several months before final orders are made. If the Court finds a child is in need of protection, the Court may make any one of the following protection orders:

- A Family Preservation Order gives DFFH responsibility for supervision of the child for a specified period but does not affect a person's parental responsibility for the child. Under a Family Preservation Order, the child continues to live with one or both parents.
- A Family Reunification Order gives parental responsibility for the child to DFFH and provides for the child to be returned to parental care by a specified date. Under a Family Reunification Order the child lives with a carer (not the parent) or in an out-of-home care service. DFFH is required to work with parents under a reunification case plan with a goal to return the children to parental care.
- A Care by Secretary Order, which lasts for two years. This order gives parental responsibility to DFFH and there is no plan to return the child to parental care.
- A Long Term Care Order or Permanent Care Order. These orders remove a child from parental care until they reach 18 years of age.

Permanency amendments

The *Children, Youth and Families (Permanent Care and Other Matters) Act 2014* (Vic) came into effect on 1 March 2016. The "permanency amendments" made changes to the *Children, Youth and Families Act 2005* (Vic) with the intention of ensuring that decisions about the care of children are made in a timely way and with the objective of securing safe and permanent homes. The amendments introduced a time limit for parents to achieve reunification with a child who has been removed from their care.

Reunification timeframe

A Family Reunification Order puts in place a 12-month timeframe for a child to return to a parents' care. The order gives parental responsibility for the child to DFFH. The Court may extend the order for a further 12 months if reunification is likely to be achieved in that time.

If a child has spent a cumulative period of 24 months out of parental care, the options open to the Court are limited. If the child cannot safely be returned to parental care after 24 months, the Court must make a Care by Secretary Order (which lasts for two years), a long term Care Order or a Permanent Care Order. The Court is unable to make any further Family Reunification Orders.

Reunifying children and families

To give children the best possible opportunity of being reunified with their family, they need to maintain a relationship with their parents by having regular contact. Parents need access to support services appropriate for their needs to assist them to address any protective concerns. They also need access to early legal advice to understand their legal obligations and pathways to reunification.

The 2017 Safe and Wanted Inquiry identified a range of systemic barriers that undermine the ability of Child Protection to adequately focus on achieving safe reunification, and prevent parents from resuming care of their children (CCYP, 2017). These barriers, combined with an inflexible timeframe, mean that some children may be permanently removed from the care of their family of origin when this is not in their best interests.

Four years after the permanency amendments came into operation, recent research by Victoria Legal Aid (2020) indicates that the intention of the amendments – timely, safe, permanent homes for children who need state intervention and prompt support for families at risk – is not being achieved. This study showed that public health measures responding to the COVID-19 pandemic have exacerbated existing challenges for parents seeking reunification with their children (VLA, 2020).

5. What is this report about?

This report presents findings from research into the experiences of mothers seeking the return of their children into their care within the Victorian Child Protection system and the community legal practitioners who assist and represent them. All the mothers involved in this study were affected by domestic and family violence. The research explores the issues mothers were asked to address in order to be reunified with their children, their relationships with Child Protection caseworkers and any help mothers received from support services during the reunification process.

Thirty mothers were interviewed by phone for this study and a total of 13 community legal centre practitioners participated in 3 online focus groups. The interviews and focus groups ran from April to June 2021 (for further details on the methodology see Appendix A).

The research was carried out by the Monash Gender and Family Violence Prevention Centre in partnership with Women's Legal Service Victoria (WLSV) and funded by a Knowledge Grant from the Victoria Law Foundation.

Two key narratives emerged from the experiences of mothers trying to regain care of their children through the Victorian Child Protection system. One provides clear evidence of the need to reorient the Victorian Child Protection system from a narrow focus on child welfare risks to working with mothers and strengthening family relationships where safe to do so, particularly in the context of DFV. The other concerns shifting goal posts, vague expectations and unrealistic timeframes for mothers seeking to address protective concerns. These two key narratives were also identified by the community legal centre practitioners.



6. Strengthening family functioning and supporting mothers

Child Protection services have an important investigative role to assess if a child is in need of protection and whether they can safely stay in their parent's care while protective concerns are being addressed. In practice, Child Protection services tend to be geared towards risk identification and management rather than supporting parents to improve their capacity to care for children. In this study Child Protection responses centred largely on children's protective needs without providing support for mothers to improve their parenting capacities and address other issues impacting their mental health and wellbeing, such as DFV and substance abuse. Assisting mothers to improve family functioning remained secondary and at times invisible.

Three key themes describe the mothers' experiences of Child Protection practice and these are presented below:

- the need to partner with mothers to achieve better outcomes for children
- the need for consistent domestic and family violence, trauma informed practice
- the need for a strength-based approach to enable children to thrive.



6.1 Partnering with mothers to achieve better outcomes for children

"The whole system needs an overhaul really"

Supporting the mother/child relationship while addressing protective concerns

The need to work collaboratively with mothers to support children to flourish emerged as a key theme of this study. Many mothers in the study talked about a lack of support to address protective concerns and have their children returned to their care:

I honestly felt that [Child Protection] wanted to actually keep [child's name] away from me. They weren't actually interested in working with me to get [child's name] back. (Chloe, mother of 2)

[Child Protection have] refused to bring him to family therapy, which is a big thing and they've refused to allow us more contact time...So they [DFFH] won't allow extra contact time for [name of child] to become comfortable with me again...It's having a big impact on everything...Child Protection is certainly not working towards him coming home or building the relationship [between] the two of us. (Evelyn, mother of 1)

The mothers and community legal centre practitioners in this study said that Child Protection responses fail to recognise that children's best interests are often well served by partnering *with* mothers to address protective concerns:

I think Child Protection perceive their role as the interests of the child being separate to the interests of the parents. (Community legal centre practitioner)

Community legal centre practitioners acknowledged that there are some cases where the removal of children is necessary and reunifying children with their mother may not be achievable. However, they emphasised the critical need to work *with* and *support* parents, addressing protective concerns to enable children to have safe and secure relationships, even where children may not be able to return to their mothers' primary care. Practitioners said it is in the child's best interest to support mothers/parents to address underlying trauma and related parenting concerns, aligning with wider research

evidence (cf. Humphreys et al., 2015; Humphreys et al., 2020; Mandel, 2013). They feel this maximises the opportunity to build positive and enduring relationships between children and parents/carers regardless of living arrangements determined for the child:

Maybe it's not going to be safe for the child to go back to mum...but that doesn't mean that mum shouldn't be supported...Regardless of whether reunification happens it has to be in the child's best interests that the parents address the protective concerns.
(Community legal centre practitioner)

Our findings highlight the need to maintain and/or restore safe and secure child parent relationships to support children to transition back into their mother's care. Facilitating safe contact is essential to supporting the mother-child relationship and reunifying the child with the non-violent parent.

Working with mothers to navigate multiple, complex systems

The mothers in this study experienced a web of interconnected issues in trying to ensure their children's safety and wellbeing. They were navigating co-parenting with an abusive (ex)partner and managing financial hardship and unstable housing, while their children moved in and out of different carer settings organised by Child Protection and/or the abusive parent.

Several mothers described mental health problems, often arising from past experiences of trauma (including DFV), and the lack of support provided to address these issues. They said Child Protection did not assist them to address their depression and related support needs when intervening in their families:

I was left raising one child, and pregnant with another, and had hit depression. That depression just continuously got worse and worse and worse, until I had my second child. And then there was postnatal – I was living with no support, in the middle of nowhere. (Mary, mother of 2)

My depression and anxiety leaves me overwhelmed often, and I get burnt out in difficult times, for I feel I don't have the emotional support to get me through. I am so worried and scared that I may lose custody of my daughters, without the right supports in place...I need help to cope. (Tara, mother of 2)

The lack of support for mothers working towards reunification with their children is particularly concerning given the challenges faced by many of the mothers in our study. Some mothers explained that they had unstable housing after leaving abusive

relationships. The community legal centre practitioners said this was common for mothers and their children fleeing DFV and involved in Child Protection:

A massive issue for pretty much all of our clients is housing... I can think of a number of clients I have at the moment who, the only barrier to them getting their children back is having stable housing. Because the client has experienced family violence ... they may not have a good rental history, they may not be able to navigate the private rental system for whatever reason. Public housing is basically out of the question because the waitlists are so long. Even for priority public housing. (Community legal centre practitioner)

One mother talked about the challenge of finding safe, secure housing while subject to Child Protection intervention:

To find housing, that was a little bit hard, but the worst thing was that when you're at the housing register, if you have a child taken away from you then you're no longer looking for a house with family, and they won't help you in the families area. So you are technically just an adult and they will be putting you in just the normal program. They don't take into account the fact that a child may be returned, or is waiting to be returned. (Sam, mother of 1)

This scenario is a common experience. Mothers experiencing unstable housing or homelessness are unable to access supports needed to resume care of their children where a family reunification case plan is place. Public housing entitlements are subject to the number of children in a parent's care while suitable housing is a prerequisite for children to returned to parental care.

Mothers in our study also spoke about their experiences of financial insecurity. Some mothers talked about financial insecurities after separating from an abusive partner undermining their ability to maintain stable housing. Others described how the temporary removal of children from their care was associated with loss of parenting payments. This has a flow on effect for many mothers who can no longer afford the housing they established for themselves and their children after separating from an abusive partner:

When their dad took them I lost my payments for eight weeks, which means I didn't pay my rent for eight weeks...I'm screwed financially at the moment and it's all because he took the kids. (Grace, mother of 4)

The mothers' experiences highlight structural problems with Child Protection services that are largely set up to investigate and monitor rather than work *with* parents to overcome child welfare concerns and provide safe and secure environments for children. Wider research evidence supports the need to respond to a mother and her children affected by DFV as a family unit in the context of Child Protection responses (Humphreys & Healy, 2017; Meyer,

2011; Nixon et al., 2016). Recent reforms in other jurisdictions identify opportunities for partnering with mothers in Child Protection work to achieve better outcomes for children and families (DCSYW, 2018; Humphreys et al., 2020; Meyer et al., 2019).

The complex needs of the mothers affected by DFV in this research are not unique to our study. A large body of research has identified the wide ranging short and long-term effects of DFV on women and children along with complex support needs of Child Protection involved families more broadly (Gartland et al., 2019; Humphreys & Healey, 2017; Humphreys et al., 2019; Lourenco et al., 2013; Stewart & Vigod, 2017). The absence of integrated wrap around support for mothers identified in our study is particularly concerning given the diverse support needs of this population and the evidence that supporting mothers affected by DFV supports better outcomes for children (cf. Humphreys et al., 2006; 2020; Meyer et al., 2019). This raises the need to improve Child Protection responses to mothers, children and families affected by DFV.

Meaningful engagement with families and tailored support

While families involved with Child Protection commonly face many challenges, each family's needs are different. The diverse needs of the mothers in this study highlight the importance of customised, whole-of-family service responses and support referrals. The mothers and community legal centre practitioners in this study said that current Child Protection practice is a 'tick-box' exercise with one mother describing her caseworker as a "box ticking, Child Protection robot" (Alice, mother of 6).

The community legal centre practitioners explained that mothers working towards reunification rarely receive personalised support:

There's a pro-forma court order that has conditions... often they'll look through their report and they'll match those pre-written conditions to the concerns. And it's a difficult thing to try and get an agreement to go, "Okay, maybe we need some family violence counselling and some alcohol/drug counselling and perhaps a psychologist. Is it possible to get one service who can work with Mum?" Often the answer is no. (Community legal centre practitioner)

This idea that all of our clients, when their children are first removed, they're on this reunification plan, and yet it feels – what feels like to them, and can look like, is that they're being given these hoops to jump through, and when they don't, then it's a tick-a-box that can move on to the next phase, which is non-reunification. (Community legal centre practitioner)

Requiring mothers to meet similar, if not identical requirements, despite diverse presenting issues and support needs is counterproductive to addressing protective concerns. This approach creates delays in accessing relevant and suitable support services and may adversely affect reunification of children with their mothers.

These findings show that mothers and children require individual risk and needs assessments to identify suitable referral pathways rather than being given a range of standard support options. An integrated 'one stop shop' support service would be more likely to promote better outcomes for mothers and families involved with the Child Protection system. Integrated service models have repeatedly been promoted as best practice in the context of DFV and trauma recovery. These models reduce the risk of re-traumatisation associated with DFV survivors having to retell their stories multiple times in different service settings.

In this study mothers were asked about their experiences with other support services. While mothers experienced barriers to identifying and accessing relevant services in the absence of direct Child Protection referrals their experiences, once connected to a service provider, their experiences were mainly positive:

Mainly with my support services with [name of service]. My worker has gone above and beyond her job role...When I first started working with her, she asked what I needed...She was [sic] helped me with getting the house that I'm in now, which is perfect for my children and I. She helped me link in with different support services, and different mental health care workers. And she has just been phenomenal. She's been there to talk when I've been sad, she went to court with me every time I had to go ... She has been a rock that I very much needed. (Mary, mother of 2)

They're really awesome. Like they're really good. I called [name of social worker] when I had panic attacks and everything, like I say they're really lovely. They would help me out when I needed it. Yeah, they got me into everything that I needed. Like... my counselling. They've helped me out a lot. (Rachel, mother of 2)

Effective interventions by Child Protection require more proactive and streamlined referral pathways to relevant services. This would minimise the risk of adverse outcomes for children and help ensure mothers can access the support required to address protective concerns and provide a healthy, home environment.

6.2 The need for consistent domestic and family violence, trauma informed practice

"A lot of people think that the family violence stops just because you're not living together anymore"

Recognising the impact and dynamics of domestic and family violence on mothers and children

The trauma of DFV can affect people's everyday lives and cause significant harm to their health and wellbeing. Survivors of DFV often experience mental health problems, such as anxiety, depression and post-traumatic stress disorder (PTSD) (Stewart & Vigod, 2017), along with financial and housing instability (Breckenridge et al., 2013; Meyer, 2012; Tutty et al., 2013). Some people self-medicate with alcohol and prescription or illicit drugs to cope with the impact of trauma (Humphreys, 2006; Humphreys et al., 2020). If Child Protection practitioners do not understand or identify the effects of trauma, they are more likely to respond inappropriately to mothers and children exposed to DFV and other forms of trauma. Child Protection responses need to be 'trauma-informed' to ensure that they do not retraumatise, or increase the stress experienced by victim-survivors including children.

Trauma informed practice is practice based on the principles of 'doing no harm' and understanding the effects of traumatic experiences, such as DFV, on people's mental health and wellbeing (Elliot et al., 2005). Trauma informed practice aims to be sensitive to the needs of clients with trauma histories and to support them to feel safe when they use services.

The mothers in this study were all victim-survivors of DFV, predominantly perpetrated against them by an intimate (ex)partner and/ or other family members. They talked about the huge, long-lasting effects of this violence on themselves and their children. Many mothers felt that Child Protection often did not notice this trauma. For example, one mother said her case worker did not take DFV seriously commenting that:



It was so hard to justify that he's [abusive ex-partner] a narcissistic person. Because, [name of worker], I remember, the first incident that happened, she was like "Oh, but he seems like such a nice guy." And I was like, "Do you hear my side?" And she would constantly say, "We hear you. We're not on anyone's side or anything." But she would just talk him up a lot. [...] She didn't really classify that the family violence was a big thing...I had to pretend that I was ok with co-parenting... there was family violence constantly. (Anne, mother of 2)

Another mother explained that her interactions with her assigned case worker felt like she was reliving the trauma of her abusive relationship:

The person that they then assigned to our case is a male worker that's about the same age as [ex-partner's name] who decided he didn't like me and it was literally like I was back in a relationship with [ex-partner's name] ...It was so bad that I couldn't pick up the phone if he did decide to ring me. It was literally like being in that toxic abusive relationship again. I would see his name come across the screen and I would be physically ill, like my body would tense up, my hands would shake. (Claire, mother of 5)

The above example highlights the need for trauma informed case work that identifies and considers underlying trauma along with potential triggers of retraumatisation.

Mothers and community legal centre practitioners reflected more broadly on the lack of sensitivity to experiences of DFV including how family circumstances and underlying trauma are reported and recorded. Here, mothers' and legal practitioners' accounts suggest a lack of consideration by Child Protection workers as to the impact of their reports on the framing of mothers' experiences. This in turn impacts how external agencies, including courts and education providers, respond to mothers' support needs:

I was reading the letter [Child Protection sent to the childcare centre] and it said that – because they sent me a copy of it via email...It made out that I was a danger to the kids. I've never been a danger to my kids. I do everything to look after them as best I can. I was really offended by that letter. I thought to myself, imagine what the lady at the childcare centre thinks. Like, I've given her a rough idea of what's happened but then you read the letter from a government department and she's probably thinking that I'm full of shit. Like, it's not just because of the dad being abusive. Just the way it was worded was horrible. (Grace, mother of 4)

Sometimes there can be lots of irrelevant information that is highly sensitive and inappropriate. (Community legal centre practitioner)

Community legal centre practitioners in particular emphasised that attention to language in report writing and communication with clients is critical in ensuring mothers are not blamed for their experiences as victims. As one community legal centre practitioner summarised:

I have lots of clients who read the material about their experience with family violence and feel like they're experiencing it again and being blamed for things that were out of their control. And the way wording can be so important in that. Just flipping it around and saying in most cases it's dad perpetrating violence and saying dad's inability to prioritise his children and the safety of his children et cetera, rather than stating the mother's inability to choose appropriate people for example. And that can just be so damaging to read...that just totally cuts the link between the client and Child Protection because they feel like Child Protection are blaming – they feel blamed again for something that has occurred to them – something traumatic that's occurred to them. (Community legal centre practitioner)

Domestic and family violence following separation

Many mothers and community legal centre practitioners said that Child Protection tend to focus on the event that triggered an intervention rather than the broader context of violence in which mothers are parenting:

He's back with his dad, and then [Child Protection] wanted nothing more to do in the end. Just withdrew without putting any of the supports in place for him... That's my whole issue, is, initially, they saw what was happening, that we're a family undergoing family violence issues, that [child's name] behaviour – and that's been said in reports – is a direct link back to his father's, it's a learned behaviour from his dad but then still went, 'Let's just put him back there'. (Amanda, mother of 4)

The mothers' stories revealed a persistent belief held by many people including Child Protection practitioners that DFV ends when an intimate relationship ends. As one mother commented:

I suppose the frustration is, initially, they saw what was going on with my ex-husband, was fully supportive of, 'You need an order to protect you and the kids'...Then, it got to a point where, when we were going to even go to the contested hearing initially for the IVOs, they were going to withdraw their support because he's been removed from the home. Which is another frustrating part, that a lot of people think that the family violence stops just because you're not living together anymore... They went, 'Yeah, we're going to withdraw our support. You don't need the full protection now because he's out of the house'. (Amanda, mother of 4)

The view that DFV ends when an intimate relationship ends ignores the extensive evidence that for many mothers affected by DFV, ongoing abuse is facilitated by ongoing contact between parents related to shared parenting responsibilities (Laing, 2017; Meyer & Stambe, 2020; Douglas, 2018). Community legal centre practitioners emphasised that effective safety planning requires consideration of specific risk factors known to the victim/survivor:

We always say that women are the experts on their own safety, and it's often the case that maybe an intervention order is not the safest thing to do at a particular time. It might look good on paper to get an intervention order but it may not necessarily be in the children's best interests to ramp up the risk to mum. (Community legal centre practitioner)

Trauma recovery and parenting capacity

Community legal centre practitioners felt that the identification of DFV in Child Protection matters has improved in recent years. However, there is still a significant gap in responses to DFV when it is identified:

I mean one thing that I would say I've noticed is that the Department are quite good now at identifying family violence. So they can see it. And they're getting better at identifying things like coercive control and the non-physical types. They're getting better at that. Where I think the gap is, is the response to that. So what do we do next? And what do we do with an under-resourced system? And what do we do with our imperfect clients? ... our ones who are using substances – you know, for different reasons but maybe using substances as a coping mechanism for trauma for example... [...] I think the work needs to be on "how do we respond?" So what is inappropriate and how can we keep the victim survivor...the woman and her children together where there's family violence and where there may be other issues presenting. [...] what does that response and that crisis response look like, keeping in mind that we all want kids to be safe. (Community legal centre practitioner)

This perception was reinforced by the mothers in this study. Their everyday functioning was often affected by the ongoing effects of past experiences of DFV. However, Child Protection practitioners often failed to recognise these lasting impacts and related support needs. Instead, Child Protection responses seemed to focus on immediate parenting capacity and behaviours rather than the underlying drivers of these behaviours. As described by Claire, women often felt judged rather than supported in their parenting of trauma-affected children:

They can't come in, watch you for two hours, and then decide that this behaviour was not okay. If you are not experiencing what the parent who is in-charge, is experiencing. If you're not coming in, in that exact same frame of mind – lack of sleep, fear of abuse, distrust of men, distrust of practically every service because they've all shafted me, then you can come in and tell me how awesome it is to organise five children – three of whom are always fighting because of what happened in their previous life with their father. Don't lecture me when you literally have no experience.” (Claire, mother of 5)

Most mothers in this study felt let down by the Child Protection system as well as individual caseworkers. Community legal centre practitioners emphasised that to improve Child Protection responses to mothers and children affected by DFV, we need to focus on opportunities to improve workers' capabilities in trauma and DFV informed practice. Professional development and other upskilling initiatives to improve worker capability should focus on collaborative and strengths-based approaches rather than the deficit models frequently identified by our participants (Humphreys & Healey, 2017; Meyer et al., 2019):

I think when I think about a good worker, it's somebody who is able to unpack some of those internal biases. So whether that's working with an Aboriginal client or CALD community clients, or parents with disabilities. You can kind of see in the way that they construct their reports and attempt to work and communicate with those parents, they're able to challenge some of those internal biases. And then when we're talking about bad workers I don't think that's useful, it's somebody who's perhaps naïve, or not able to demonstrate that they can work trauma-based – maybe not trauma informed practitioners. (Community legal centre practitioner)

As highlighted by this community legal centre practitioner, strengths-based approaches need to go beyond a mainstream understanding of the capacity and support needs of families involved in Child Protection. Strengths-based approaches should address intersecting support needs, providing culturally sensitive and safe service responses. Capacity building to establish a strength-based approach complements existing priorities identified in the Victorian Government *Pathways to support children and families: 2021-2024 priority setting plan* and Victorian Child Protection workforce strategy (DFFH, 2021; DHHS, 2018).



Bringing abusive fathers back into carer arrangements

"The safety of the mother, if there's a background of family violence can get lost in the mix"

Mothers along with community legal centre practitioners raised concerns around the impact of temporary and ongoing care arrangements that bring the abusive parent back into the family reunification and preservation process. They explained that where the immediate protective concern relates to the mothers' parenting capacity, the father's history of perpetrating DFV and related safety concerns are often overlooked. For example, one community legal centre practitioner commented that:

The safety of the mother, if there's a background of family violence, can get lost in the mix. So an example might be children are removed from the care of a mother because there's issues with drug use or substance use. And that because a protection application has been brought, the father is immediately brought back into the life of these children because he's a parent and therefore a party to the proceedings. And then contact might be facilitated for him with the children which hasn't happened for a long time. And it might happen at the closest place to the mother's home... undermining her sense of safety and her trust that she has in the system and the process. (Community legal centre practitioner)

Children being placed in the care of the abusive parent was common for mothers in this study, despite historical evidence of DFV and the risk to children. Mother of two, Anne, explained that her children were placed in the care of the paternal grandparents and their abusive father:

On the intervention order it's my name and both of my kids. And Child Protection told Children's Court that they have assessed [abusive ex-husband's name] ...and they find the kids to be safe around him. And if the kids can go live with the grandparents, paternal grandparents and they're OK with the father living there. He doesn't have to leave the house... I told [name of worker], I said, "This one person – I said I was fine with the mother-in-law but this is a whole other feeling that I'll have to endure that my ex-husband will be there... How are you expecting me to start my recovery when I'm even more fixated now." I was, like, oh my God, I feel even more unheard. (Anne, mother of 2)

Anusha, mother of two, also said her abusive ex-partner was assessed by Child Protection as a safe carer; “DHS [sic] placed them with the father, despite the IVO [Intervention Order]”. Similarly, Grace felt that past intervention by Child Protection around DFV was completely disregarded in subsequent contact with the Department:

The whole thing's wrong. He shouldn't have been able to just take my kids when they have a history with the Department of Child Protection of him committing domestic violence that's been going back for years ...They're fully aware of it, it's in all their documentation...It's just like, a fresh start. (Grace, mother of 4)

These comments highlight a practice of placing children in the care of the father without adequately considering the ongoing safety and wellbeing of children or the impact of the perpetrator's violence on the mother's parenting capacity. While mothers were deemed unsafe or unable to care for their children due to concerns around mental health, AOD and/or other parenting issues, fathers with a documented history of DFV did not appear to face the same level of scrutiny.

In Victorian law DFV includes behaviour that causes a child to hear, witness, or otherwise be exposed to the effects of abusive, threatening or controlling behaviour. Nevertheless, the fathers' histories of DFV and the ongoing effects on children remained invisible in Child Protection assessments, which predominantly focused on recent 'incidents' and mothers' parenting skills. This observation is a reflection of persistent gendered approaches to Child Protection work, which continue to view mothers as primary carers and thus responsible for children's safety and wellbeing (Meyer, 2018b).

The community legal centre practitioners' experiences echoed the mothers' stories about children (temporarily) being placed in the care of abusive ex-partners. The practitioners said they often see children placed in the care of a father who has a documented history of DFV towards the mother and children:

I'm finding that there's starting to be more of a situation where the abusive parent is considered to be the protective parent...I've got a matter at the moment where the children haven't had a relationship with dad for a number of years. Due to some recent mental health issues for mum and an involuntary stay in a psych ward, those children have ended up with dad and he's a known perpetrator of family violence. They're not looking at that history, they're just saying, 'Well he's dad, he gets priority.' (Community legal centre practitioner)

Whilst acknowledging that placement options may be limited, these stories highlight the need for a more nuanced approach to child-centred decision-making in the context of family violence. They show that Child Protection responses often minimise DFV and assume its impact on children and families ends when the parental intimate relationship ends. This assumption is at odds with the extensive research evidence of the ongoing and, at times, escalating risk of DFV post-separation where dependent children are involved (Laing, 2017; Meyer & Stambe, 2020; Douglas, 2018).

There is extensive evidence of the diverse and often lasting effects of parental DFV on children (Garland et al., 2019; Lourenco et al., 2013). While fathers may be seen as never having physically harmed their children, the evidence clearly shows that children experiencing their father's use of DFV towards their primary carer can have significant negative effects on their social, emotional and physical wellbeing (Edleson et al., 2003; Edleson, Nguyen & Kimball, 2011; Meyer, Reeves & Fitz-Gibbon, 2021).

Placement of children with the abusive parent disregards this evidence and the risk of secondary victimisation and re-traumatisation of children in this context. All Child Protection placement decisions should be DFV informed and consider children's experiences of parental DFV, the effect on their safety, wellbeing and development, and ongoing recovery needs.

Trauma informed responses to adolescents using violence in the home

Some mothers in this study experienced adolescent children using violence in the home. While some of this violence and aggression was directed at siblings, it was also directed at mothers. Where older children's use of violence created safety concerns for younger siblings in the home, mothers were scrutinised and held accountable for protecting younger children. These mothers felt there was no recognition of the accountability of fathers, whose previous use of DFV was in many cases linked to their children's subsequent use of violence in the home. Fathers were frequently assessed as adequate carers for adolescent children using violence despite the traumatising effects of their own behaviour on their children's safety and development.

Children using violence in the home often had experiences of childhood trauma related to fathers' use of DFV. Mothers caring for adolescent children wanted help for their children to address their mental health needs and underlying trauma. However, as illustrated by Amanda's experience, support was not necessarily available:

Child Protection said to me, "We're going to link him into some psychological services, some counselling, maybe a mentoring program. " And I thought to myself, "This is – Finally, I'm going to get him the help that he needs." ... Nothing was done. Child Protection did nothing, linked him into nowhere... No supports were put in place... They failed him. (Amanda, mother of 4)

Mothers who sought therapeutic support for these children frequently faced scrutiny regarding their ability to manage adolescents' use of violence in the home without seeing any prioritisation of children's support and trauma recovery needs.

Community legal centre practitioners agreed that the lack of trauma informed support for young people using violence in the home is a concern:

One is mental health supports for teenagers who are absconding and who are committing family violence against their parents. We have a [high] number of those at the moment. I would say half of [colleagues name's] caseload is those at the moment where we're acting for mum of a teenager with really challenging somewhat violent but also mental health related, drug related behaviour, and there's just no support for them. There's a Headspace and there's a [name of service] but getting them in is hard, getting them to engage is hard, and there's just not a lot available to them or anything to support mum. We're sitting there going, 'Well mum actually hasn't done anything here but what can she do or what support can she get?' So I think that's definitely a gap that we're seeing emerging as a big problem. (Community legal centre practitioner)

The use of violence in homes by children described in this study typically arose from childhood experiences of DFV highlighting the ongoing recovery needs of mothers and children. Child Protection responses to these cases reveal a need for trauma informed responses to adolescent children using violence in the home and recognition that mothers and children may experience ongoing effects of historical DFV.



6.3 The need for a strength-based approach to enable children to thrive

"They don't write anything nice about you. They don't write anything about you know, being a positive parent or, yeah, the child has a great bond."

Strength-based approaches to working with mothers affected by DFV in a Child Protection context have been adopted in national and international policy reforms (cf. Nixon et al., 2017; DCSYW, 2018). Taking a strength-based approach provides opportunities to better identify patterns of DFV and their impact on everyday family functioning (Atwool, 2021; Meyer et al., 2019). In the context of DFV, strengths-based approaches increase parental engagement with interventions and create opportunities to partner with mothers affected by DFV and empower victim survivors in their parenting capacity. Combined with a DFV and trauma informed lens, taking a strength-based approach is likely to increase mothers and children's safety and wellbeing while holding abusive fathers accountable for the use of DFV that creates child welfare concerns (DCSYW, 2018).

A strength-based approach is particularly important where statutory provisions require mothers/parents to satisfactorily address protective concerns within a set time period of up to 24 months in order to achieve reunification. The community legal centre practitioners in this study felt that a child's best interest is better served by centring parent-child relationships and giving the widest assistance possible to families subject to Child Protection intervention. This involves partnering with victim-survivor mothers to address protective concerns while holding perpetrators of DFV accountable for the parenting choices and the impact of their use of DFV on children. Practitioners emphasised that priority should be given to mitigating the risk of harm to children in the care of the protective parent while working with victim/survivors to address protective concerns. The practitioners highlighted the trauma caused to children when removed from the care of their mother and suggested that – in line with wider practice priorities (AIHW, 2021), this should be a last resort:

I think the Department don't look at themselves as a cause of harm but in fact they can actually cause more emotional harm to those children by removing them than if they intervened, left the children with the parents and provided support. (community legal centre practitioner)

Several cases during the COVID-19 State of Emergency have highlighted the importance of the parent-child relationship in determining the best interests of the child. In *Secretary DHHS v Children's Court of Victoria & Emily Powell (a pseudonym) [2020] VSC 144* John Dixon J focussed on the mother/daughter bond and the potential for very significant harm if the child was to be placed in foster care during the COVID-19 pandemic. His Honour emphasised that 'fracture of such a bond should be avoided, unless the balance of immediate risk outweighs the likely damage to welfare' (*DDHS v Powell*, [32]).

Mothers' experiences of deficit focused Child Protection responses

This study revealed that Child Protection workers often use a deficit focused approach when they respond to mothers and children affected by DFV. Many of the mothers in this study faced multiple life stressors including the ongoing effects of DFV on their own and their children's wellbeing and recovery. For some mothers, this manifested in mental health problems and/or problematic substance use.

A few mothers described historical substance use and their journeys towards overcoming addiction. At the time of the interviews, mothers with histories of problematic substance use reported having overcome these issues and referred to their clean AOD screens. However, these mothers felt that in the context of addiction the Child Protection focus was always on the times where mothers experienced relapse rather than the multiple clean AOD screens that many of them produced. As Rachel explained:

If they do [contact me], it's only because I've given them a dirty screen. It shouldn't take a dirty screen. They only care when you've done a dirty one. They don't care about all the good ones you've done... I went from doing drugs every day – you know they've got to understand, and for me to go clean for four weeks to get him back with my mum. Doesn't that show like I'm not that bad, I just need a little bit of help? (Rachel, mother of 2)

Community legal practitioners also described the deficit focused practice approach as widespread. They felt that Child Protection workers often assumed mothers would fail in their journey towards reunification and used legal mechanisms to punish mothers for 'failures' or setbacks:

I had a client who had done extensive family violence counselling I think with her psychologist, and we proposed under the minimal intervention principles that the mother agree to continue to see her professional as a notation instead of as a condition, and the worker literally said, 'Yeah but how are we going to breach her if she doesn't do it?' That's a direct quote. (Community legal centre practitioner)

As discussed earlier in this report, the mothers in this study experienced a range of poor responses from Child Protection including being shamed as a parent:

I called her and she told me that, "You don't understand, you don't get it, you're not getting him back and he's never coming home, you will never see him." That's what she said to me on the phone... I was lost for words, I was gutted, so I kind of felt defeated at that point. (Abigail, mother of 2)

Celia, mother of two, described how "one of them [caseworker] actually told me my children were better off without me." When asked about what would have made a difference Georgia, mother of 3, said: "I wish I had a compassionate worker." This was echoed by many of the mothers in this study.

Several mothers also reported that allegations of negative behaviours made by third parties to Child Protection were regularly taken at face value. For example, Gabriella explained that she was not immediately informed or given an opportunity to respond to an allegation that led to the involvement of the department:

I didn't know till later on the lies and the allegations that she actually told Child Protection. So this is how it – so Child Protection were basically – but I didn't know this – were believing everything she was saying, without coming to me and talking to me about it... They only relied on her story. They never came and spoke to me at all. Never. (Gabriella, mother of 2)

In another example Joanne, mother of three, said that after separating from her abusive and controlling ex-partner he made a false allegation about her as a parent, which led to her parenting being scrutinised by the Department:

I was in the process of trying to leave my kids' dad of 13 years. Marriage was splitting up. So when I did leave he wouldn't give the kids to me or let me take the children from our family home. So, I left, and I guess out of anger and spite, he then called DFFH [sic] on me... He basically pushed me under the bus and anything that he thought I did wrong in the whole 13 years of our relationship, he then twisted it and placed it into DFFH's hands.

Research shows that perpetrators of DFV, including non-physical types of abuse such as coercive control, frequently make, or threaten to make, false allegations against mothers as a form of entrapment and systems abuse (Laing, 2017; Meyer & Stambe, 2020). Grace, mother of four, reported similar experiences and felt that her ex-partner's false allegations about her alcohol consumption led to an additional condition being placed on her by the Department:

He's told them that I have alcohol problems and that then they made me do alcohol screens. (Grace, mother of 4)

While it is critical for notifications to Child Protection to be investigated to ensure children's safety and wellbeing, these findings along with other research on DFV and systems abuse by perpetrators suggest that allegations made by fathers against mothers are treated differently to safety concerns raised by mothers when children are placed in the care of abusive fathers (Laing, 2017; Meyer & Stambe, 2020).

Gendered parenting assumptions and mother-blaming

"They're very quick to judge on what is an appropriate or best mother."

The mothers and community legal centre practitioners observed that when Child Protection respond to families affected by DFV they hold mothers experiencing DFV and fathers using DFV to different parenting standards. While mothers frequently felt they were judged as not good enough parents despite their efforts to minimise children's experiences of DFV, abusive fathers were sometimes seen as suitable carers for dependent children. This appears to be underpinned by a false perception among Child Protection workers that mothers and children's experiences of DFV end when the parental intimate relationship ends. It disregards the risk of harm to children when placed in the care of the abusive parent (Meyer & Stambe, 2020; Katz et al., 2020; Lamb et al., 2018).

Several mothers who participated in this study had previously left abusive partners in an effort to protect their children. They raised concerns about shared parenting arrangements and ongoing contact between children and the abusive parent. These mothers were worried about their children's safety and wellbeing while in their fathers' care. However, these concerns seemed to be taken less seriously by Child Protection than allegations that a child is at risk in their mother's care. These varied responses contributed to the mothers' perceptions that Child Protection applies different standards in assessing the parenting capacity and responsibility of mothers and fathers:

I kept reporting it [abuse] back to Child Protection, like, 'This is happening', 'This is happening', 'This is happening'. And they basically said to me, 'Unless he's getting physically abused, sexually abused, or there's drug issues, we're not going to investigate'...The damage that he has done and is continuing to do to the kids was completely ignored by Child Protection, even though I kept trying to bring it to their attention. (Amanda, mother of 4)

These gendered service responses reflect a culture of 'mother-blaming and lack of accountability for fathers in the Child Protection System.

Men and women are held at very different – that gender bias...The expectation on her because she's a mother and a primary caregiver, that that's inappropriate behaviour. And then how you overcome those things in a system that has a concept of mothering. (Community legal centre practitioner)

Gendered attitudes define mothers as primary carers who are responsible for ensuring child safety, wellbeing and development. These societal norms continue to influence responses to mother affected by DFV who are expected to separate from the perpetrator in order to protect their children. The community legal practitioners talked about Child Protection focusing on mothers 'allowing' DFV to occur rather than on protection strategies mothers use to keep themselves and their children safe where separation poses an increased risk:

The other thing that I would say is that we really need to be keeping the perpetrator in view...what that means to me is removing language... removing things like "Mum is minimising the family violence" and say to the court, "Mum's actually excellent at managing her safety. She's actually managed to keep everyone alive. And this person's behaviour has continued."... that shift in looking at what Mum's doing. (Community legal centre practitioner)

The community legal centre practitioners observed that mothers were frequently accused of minimising DFV, particularly in circumstances where women did not wish to separate or were seeking to reunite with the perpetrator:

I've a very recent matter where this has been the main accusation levelled at my client is that "she's minimising the violence" because she wants the father to return the home. It's a sort of like get dad out of the house and then accuse mum of minimising it if she tries to have conversations about bringing him home again. And that's incredibly frustrating. (Community legal practitioner)

They said this was particularly common for mothers where English is a second language:

I think in cases where English is a second language as well, I think clients can struggle to – when they try to have those conversations with the protective worker, then it's very common for them then to be accused of minimising as well, perhaps because they don't have the English language to acknowledge, "Look, I get it. It was a terrible incident that occurred but I also need this to happen." So I find that in those reports often there'll be a fairly – some in my view simplistic accusation of minimising family violence and failure to act protectively and that kind of thing. (Community legal practitioner)

The perception that mothers are expected to separate when DFV occurs in order to demonstrate safe parenting behaviours is illustrated by Anya's experience:

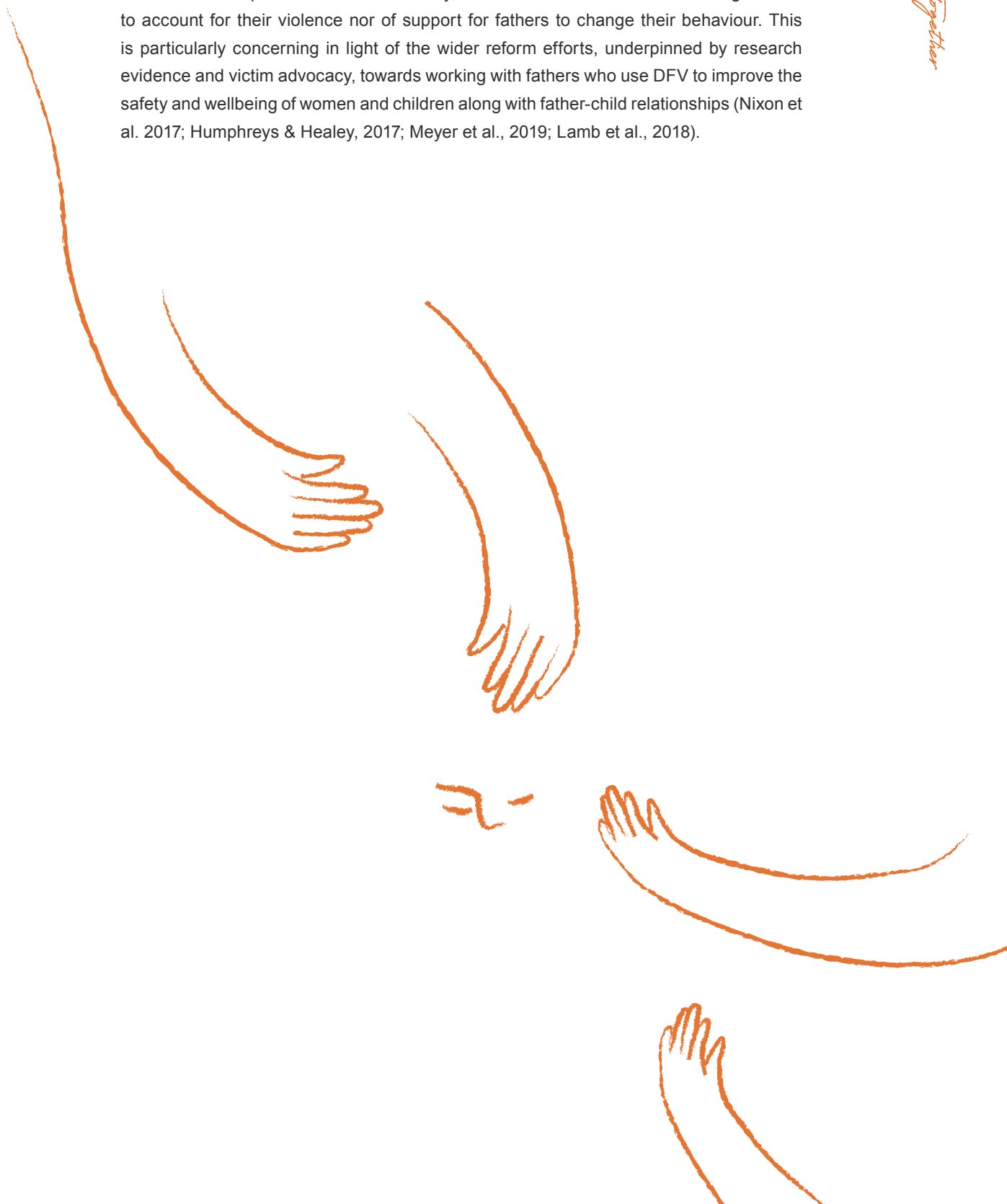
They (Child Protection) showed that because family violence happened, my husband is going to do it again, and he's going to hurt my baby. And I said, "But it's future, the future hasn't come yet. How do you expect that?" They said, "No, we be sure because we've got experience." They found kind of – they told me that, "It's better you get divorced before your baby is born." (Anya, mother of 1)

There is an extensive body of evidence that suggests that separation is not always desired by victims of DFV. Many survivors wish for the violence to stop without necessarily wanting the relationship to end (Goodmark, 2009; Gruber 2020). Further, for many survivors, separation is not always a viable option due to the increased risk of financial and housing insecurity associated with separating from an abusive partner (Gruber, 2020; Meyer, 2015). Mothers who did or wished to remain with the abusive partner and co-parent formed the minority in this study. However, it needs to be acknowledged that some survivors may not wish nor be able to separate and that a more family and father centred approach to accountability work is required to enable families who wish to stay together to do so in a safe way (cf. Gatfield et al., 2021).

The experiences of mothers in this study was that Child Protection workers held them responsible for preventing DFV being perpetrated against them and sometimes their children. Child Protection's gendered service orientation reflects persistent widespread social attitudes towards the parenting roles and responsibilities of men and women (Meyer, 2018b). As Fox (2009, p.4) notes 'the equation of motherhood and the responsibility for children is unquestioned in this society'. This is supported by other researchers who have found that child welfare policies and practices promote uninvolved fathering by centring mothering (Brown et al., 2009). Recent reviews continue to show that strong

gender biases in parenting policies reproduce mothering childrearing models and ‘tilt programmatic interventions toward mothers, rather than toward both fathers and mothers as coparents’ (Panter-Brick et al., 2014, p.1190).

Other jurisdictions have moved towards greater father engagement and accountability in Child Protection work (cf. DCSYW, 2018; Meyer et al., 2019). Based on the experiences of mothers and practitioners in this study, we found little evidence of holding fathers to account for their violence nor of support for fathers to change their behaviour. This is particularly concerning in light of the wider reform efforts, underpinned by research evidence and victim advocacy, towards working with fathers who use DFV to improve the safety and wellbeing of women and children along with father-child relationships (Nixon et al. 2017; Humphreys & Healey, 2017; Meyer et al., 2019; Lamb et al., 2018).



7. Shifting goal posts, vague expectations and unrealistic timeframes

The statutory reunification timeframes introduced in 2016 underline the importance of providing coordinated and timely supports for children and parents. The Safe and Wanted Inquiry revealed a number of systemic issues that limit parents' ability to resume care of their children within these timeframes. These included little to no case planning and management as well delays and difficulties in accessing support services, particularly for those in regional areas. The review also highlighted the inability of the Child Protection system to accommodate unforeseen circumstances and allow extensions of time, a significant issue given that reunification is usually in the child's best interests. Five years on from the permanency changes in Victoria, this study shows that many of these issues remain.

The following discussion explores mothers' experiences in working towards reunification according to five themes: poor or inconsistent communication, caseworker inconsistency, caseworker attitudes and behaviours, difficulties accessing appropriate support services within reunification timeframes, and COVID-19 and family reunification.



7.1 Poor communication

"They could have contacted me. They could have called me back."

Nearly all mothers in this study said that communication with Child Protection was a challenge with phone calls unanswered and case workers unreachable:

She didn't make any contact with us at - this was the same from every single DFFH worker I've ever had, they're impossible to get in contact with. I had days and that where I've tried to call them all day and you never get a phone call back. (Abigail, mother of 2)

I was just ringing up all the time, saying, "[Name of worker], it's [Name of mother], can you call me. [Name of worker], it's the third time – the tenth time I've called you. I've been calling you for the last two weeks – for the last month. What's going on with my children? Can somebody please call me?" (Eleanor, primary carer of 6)

The lawyers also noted the poor communication practices within Child Protection:

At least from my point of view what I would see as a good worker is somebody who does make themselves available and communicate. And either communicate directly with the client or respond to communications from the legal practitioner. So that's another area where it's not just the client telling us they can't get in contact but then we attempt and that experience repeats itself. (Community legal practitioner)

Many mothers commented that communication was slow and answers were hard to obtain because caseworkers were often not allocated to them:

Every time I would call, it would take weeks, and weeks, and weeks for them to get back to me. And then I would only talk to a duty worker because my case wasn't assigned. And nobody knew anything. (Mary, mother of 2)

This inability to get clear and direct answers from Child Protection was echoed by nearly all mothers. They said they felt left in the dark about what they needed to do to have their children returned to their care:

She [Child Protection caseworker] wouldn't answer questions. You would ask her questions and she would never answer them. She would always beat around the bush and not answer the direct question. Especially having been through the system before, I know how it works, so I would ask direct questions like 'so when would we be looking at the family reunification order?' and things like that. (Abigail, mother of 2)

They're [Child Protection caseworkers] not easy to get information from. They still haven't exactly told me what they want me to do so that I can get him back which is really frustrating...It's four months, nearly five months down the track, and I still don't know what they want me to do to get him back. (Heather, mother of 1)

Poor communication contributed to the mothers' perception that Child Protection was actively withholding information and misleading them:

They said, "Your lawyer will explain it to you. You'll find out at court tomorrow." Basically, it was very hush-hush until they got the order and then it was just all these words chucked at you. (Sam, mother of 1)

Some mothers felt that Child Protection were purposefully deceitful:

There's no recordings of conversations. They [DFFH] don't record their telephone conversations so they can say whatever they want and they can gaslight, and then they can say it never happened...At one point I thought, "Maybe I'm nuts," and that's honestly how the Department made me feel, like I was crazy. (Carmel, mother of 2)

While the recording of conversations and meetings would require the consent of clients, it would add a layer of accountability for Child Protection case work and family interactions where clients agree to this.

Another mother raised that misleading information from her case worker compromised her safety and wellbeing as it left her unprepared for an encounter with her abusive ex-partner:

I turn up at court and there's [ex-partner's name] ...I had asked [Child Protection worker's name] if they had managed to get a hold of him, she said no. She lied to me point blank that they hadn't had a chance to actually get in contact with [him]...I walk into the court waiting area...I have an IVO against him at this point...I completely lost it. I complete – I was just – I was so devastated that they'd lied. I walk in there completely unprepared to see [ex-partner's name]. (Claire, mother of 5)

The above experiences highlight the need for greater system accountability. FIVOs generally allow parties to have contact for the purpose of court proceedings. While Child Protection cannot control how perpetrators behave in a court setting, it is crucial that practitioners take a trauma-informed approach and support arrangements that allow victim-survivors to prepare for an encounter with the perpetrator of DFV, particularly where there is a protection order in place. It is concerning that, in some cases, legal practitioners acting on behalf of victim/survivors are the first to provide the Magistrate and Child Protection lawyers with copies of FVIOs at Court.

Poor internal communication within Child Protection was also reported by the mothers. For example, one mother explained that:

Two days [after the conciliation conference] I had my first unsupervised visitation. They [DFFH] did not even tell the caseworkers. The caseworker believed it was still supervised. She had to ring and make sure that I was right. She goes, "Yes, you're right." I could go to the library. Some people [Child Protection caseworkers] you feel like you don't have to prove yourself to and other people you feel like you really do. (Rachel, mother of 1)

A perceived lack of transparency in Child Protection's dealings with mothers led to calls for accountability:

We found out that they'd made the decision on the Friday morning to take us to court Wednesday morning. We should've found out Friday afternoon and been served those papers. They waited four whole days to serve those papers on us and they're just going to get away with it ... I just don't understand how they keep getting away with treating people like this. (Alice, mother of 6)

Mothers said that Child Protection should be required to provide evidence to support their decision-making. For example, one mother talked about her efforts to disprove aspects of a Child Protection report that were inaccurate:

Then you read this report which was horrific...I just think, where did they get all this info from and why is it all incorrect? ...They thought that I had missed a maternal child and health nurse appointment, that's what they were putting on there ... Until the maternal child and health nurse said, you know, "[Mother's name] did take him to that check-up."...So it's like, why were they allowed to put that on there? Why were they even allowed to put that on there when they didn't have substantial evidence to support that? (Sam, mother of 1)

The community legal centre practitioners confirmed the mothers' experiences of inconsistent Child Protection practice and supported calls for greater accountability on the part of the Department:

I think consistency of practice would be a good starting point but also workers being able to know their obligations. We do have in-house lawyers in our region for the Department, so a local branch of CPLO [Child Protection Litigation Office], and they are well aware of their model litigant obligations but I'm very unsure if a lot of the workers are aware of those obligations... and I think that's where it all comes undone...I think if they had a bit more pride in those obligations and a bit more accountability to those obligations, I think would solve a lot of the problems, and I think a lot of the frustration that clients face as well. (Community legal centre practitioner)

These findings indicate a lack of transparency in DFFH communication and decision-making. Research has long identified that communication problems are a common and significant issue for parents interacting with Child Protection systems, preventing workers from building effective working relationships with them (Healey, Darlington & Feeney, 2011; Forrester, Kershaw, Moss & Hughes, 2008). Poor and inconsistent communication makes it difficult for mothers to address protective concerns and for community legal centre practitioners to advise their clients and advocate for workable solutions.



7.2 Worker (in)consistency

"One person, one worker. You can't chop and change workers; you've got to have one worker."

Inconsistent case worker contact

Caseworker inconsistency was a key problem for mothers dealing with Child Protection. None of the 30 mothers in this study had the same worker throughout their involvement with Child Protection. While the majority of mothers had to adjust to a new worker on multiple occasions, some mothers were confronted with a new worker every month:

They [caseworkers] were constantly changing and it was constant change. (Carmel, mother of 2)

The mothers explained that the lack of a consistent caseworker meant they had to start from scratch with every new caseworker and this derailed their efforts to have their children returned to their care:

We've had three or four separate ones... So that's a bit of a pain because you've just got to build a relationship and then you have to change again. (Helen, mother of 4)

I have had six or seven workers since January [six months earlier] ... It's just like starting over again with every single one. You've got to tell them the whole story from the beginning to end. Yeah, it's never just straightforward and easy. (Grace, mother of 4)

Mothers who had not been allocated a caseworker for a period of time faced even greater barriers. Where protective concerns include drug and alcohol issues, parents are required to undertake testing over a period of time. AOD screens are requested by the Child Protection caseworker. In the absence of an allocated worker, mothers are unable to provide evidence that protective concerns are being addressed as no screens are requested:

We went to a conciliation conference where there had been no allocated worker for two months prior to the conference. They had requested one drug screen in two months and then said 'Mum hasn't demonstrated that she's clean.' How does mum demonstrate she's clean if you're not requesting screens? and that was because there was no allocated worker to be requesting those screens and regularly checking in with mum... (Community legal centre practitioner)

Some mothers felt that their cases were not prioritised by their caseworkers:

I got told many times that there is a lot more important cases out there. If there is that many cases out there, then there needs to be more workers. (Sam, mother of 1)

Mary, mother of 2, expressed frustration about the lack of attention to her child's therapeutic needs:

I had asked for a year and a half for psychological help for both of my children, and it never happened... I get that they're overworked, and underpaid, and under facilitated, and there's not enough people. But everyone is important and to put someone on a backburner because they're doing everything right, does not justify the fact that you let them crash and burn... They need to be more in the picture sometimes because you need help. (Mary, mother of 2)

Impact of resource constraints and staff turnover

The mothers and community legal centre practitioners told us that Child Protection did not have enough staff which meant that caseworkers had big workloads and limited time to spend on each case. One mother was told face-to-face contact with her children could not be supported because of staffing shortages:

I said "No, we need to get proper supervised visits for the children." And their [Child Protection] whole thing was, "No, we're too understaffed. We can't do it." I said, "Well, you're going to need to because the children are going to be sitting there thinking they've been abandoned." (Kate, mother of 2)

Our findings suggest that Child Protection understaffing has significant ramifications for ongoing mother child contact while children are removed from their mothers' care. Supporting consistent contact is critical in maintaining the parent-child relationship and supporting mothers to work towards unsupervised contact (where contact is initially supervised) and eventually towards reunification. Research has shown that ongoing contact with children (albeit supervised at times) is a key motivating factor for mothers to work towards addressing relevant protective concerns (Meyer, 2018a; Seay et al., 2017). Disruption of mother-child relationships and loss of child contact can trigger retraumatisation of mothers and interfere with their ability to address relevant protective concerns (Meyer, 2018a; Meyer, Hine & McDermott, 2020, Seay et al., 2017).

Some of the community legal centre practitioners were further concerned that high turnover in the Child Protection workforce means that essential practice knowledge and skills are often lost, and this is a particular concern where family violence is present:

One of the biggest issues is the high turnover rate. The workload is excessive, that's not disputed by anybody. They have a massive turnover rate of staff and that impacts clients because those staff aren't getting proper family violence training...the long term impact that has on clients overall is huge just because there's not that opportunity to really embed an understanding of family violence so that the protective workers can actually do the right work with the clients and with the families to make sure they're safe. (Community legal centre practitioner)

In the context of mothers affected by DFV, community legal practitioners cautioned that inconsistent service provision may lead to retraumatisation. As one practitioner commented:

She may just be repeating and repeating her trauma to different people. (Community legal centre practitioner)

This approach to working with traumatised and vulnerable clients does not support recovery and limits mothers' abilities to address protection concerns in time to achieve the return of their children.

Aligning with reports of poor communication by Child Protection services, inconsistent caseworker practice and/or the absence of allocated caseworkers was highlighted by mothers and practitioners in this study. The absence of a single, consistent point of contact for parents involved in Child Protection is a longstanding issue. The *Safe and Wanted* inquiry found that the average number of unallocated cases increased by nearly 31 percent following the permanency changes in 2015 (CCYP, 2017). From March to August 2016, 3,116 Child Protection cases were not allocated compared to 2,381 for the same time period in 2015 (CCYP, 2017). Since then the situation has somewhat improved and on 30 September 2020 there were 1,064 unallocated Child Protection cases in Victoria (Public Accounts and Estimate Committee, 2020).

The mothers' stories in this study indicate that there is still an issue with unallocated cases. Without allocated caseworkers many mothers are unable to gain information on their cases and are not receiving the support they need to safely reunite with their children. Workforce capacity and demand issues in the Victorian Child Protection are well documented and reduce parents' opportunities to achieve reunification within the reunification timeframes (CCYP, 2017).

7.3 Caseworker attitudes and behaviours

"I think [Child Protection] could have set out clear expectations or clear goals of what had to be done in order for me to get my daughter back into my care which they never, ever did..."

The attitudes and behaviours of Child Protection caseworkers was a key focus of the mothers involved in this study. Many of the mothers felt that Child Protection caseworkers were not supportive and made rigid decisions:

In the beginning they told me that they were going to [link in with services] and they did nothing so I had to find all these services myself. They didn't help with anything, they didn't give me referrals, anything. I had to go through my private doctor and get referrals myself from her to do this because DFFH never got back to me about anything. (Abigail, mother of 2)

One mother said her caseworker 'doesn't really do much' and spoke about the difficulties she had getting a letter from her caseworker for her children's childcare centre:

The letter that I needed for the childcare centre...I asked [the Child Protection worker] for [the letter] over a week ago and then I was ringing him, ringing him and his phone wasn't answering. I left messages. No response. The lady at the child centre wanted the letter by last Friday...So this bloke didn't even do something as simple as email the childcare centre a letter. (Grace, mother of 4)

Another mother spoke about the unnecessarily inflexible decisions made by her caseworker about when she could see her child:

One day they got me in to talk to me about contact with [child's name] and he [Child Protection worker] said to me that it would have to be on a Tuesday and I said "oh, I couldn't do the Tuesday because I had a doctor's appointment". He goes, "Well, Tuesday is the only day that we can do it." I'm like, "Oh well, I'll see if I can change it around." ... I messaged him and said, "Okay, I was able to change that around." ... He's like, "It's going to be every second Tuesday between such and such a time whatever." I said, "Just a second. I didn't say Tuesday was a good day for these visits." He goes, "Yes you did." I said, "But you said I had to do Tuesday." It's like – but you can't argue with them. (Claire, mother of 5)

Mothers often described feeling unsupported and left to navigate the process on their own:

When I was [accessing] [name of service], I found that, and I requested it. [DFFH] didn't even know about [name of service], my worker, [workers' name], had no idea what it was. So I was the one that requested a referral to go there and I did apply for the referral myself because DHS [sic] was useless. (Abigail, mother of 2)

Many mothers reported that the advice from Child Protection about what they had to do to address protective concerns constantly changed. They said that Child Protection constantly shifted the goalposts. The mothers felt that caseworkers ignored rather than supported their efforts to regain care of their children:

Child Protection] always moved the goalposts...that was a constant ongoing thing that they would do...I honestly felt like they were working to put [child's name] elsewhere... [my child's carer] said once, "You're never getting her back. They don't want her to go back to you, ever." (Chloe, mother of 2)

I understood that I needed stable accommodation, clean drug screens, and addressing my mental health. That is what I understood because that is what was on my order. I would look at that order every day and I did those things. Once I had done those things, DFFH [sic] turned around though and said, "Well you need to address your parenting skills." (Mary, mother of 2)

Community legal centre practitioners also described inconsistencies in the responses of, and level of support provided by, caseworkers:

You don't know what the approach is going to be of the new worker and are you going to have to change the way you're engaging, and I think a lot of clients who've been in the system a long time and in and out of the system, they know that they might need to change their behaviour and I think that just adds to that appointment fatigue, attendance fatigue, engagement fatigue. (Community legal centre practitioner)

Only a handful of mothers in this study said that their caseworkers were supportive. Celia had a positive experience with one caseworker:

My last Child Protection worker, she was awesome. I got along with her, she helped, she was supportive... But my first two or three of [workers] were un-encouraging. They're like, "You're an ice addict, you're never going to get clean, you're never going to get your kids back, you're not going to see " so it took me a year after my children were taken for me to actually be like, "Okay, I really have to do this." They refused to send me out my drug screens, they refused to speak to me, until I got my latest Child Protection worker, and then she's like, "Do you know what? You're doing all this stuff. Screw what the rest of them are saying, because you're actually kicking goals." (Celia, mother of 2)

Mary explained that she had a positive experience with her latest caseworker who was new to Child Protection and empathetic:

She was fantastic. She was lovely. She was brand new but she did her job so well. She always had to ask and get permission for things – but she was wonderful. She is the only Child Protection worker that I actually genuinely liked... She wanted nothing but to help me... My first meeting with her I told her everything. And she understood and she had a lot of compassion... She was the only one [worker] that actually tried to help. (Mary, mother of 2)

Helen also said she had only had positive experiences with her caseworkers. Her children had not been removed from her care and Child Protection were involved because of concerns about violent behaviours being used by one of her children:

They were amazing. All of the workers I've had have been really good and really supportive... They're supportive and they listen. They are compassionate, they care. They go really quickly to help us find whatever we've needed at the time, whatever support services they think will work. We have had to try lots of different ones but yes, they do help get it all up and going really fast, which is a lot better than when I'm on my own doing it. (Helen, mother of 4)

These findings indicate that the attitudes of caseworkers have a critical influence on worker-client relationships and supportive caseworkers can motivate mothers to engage with the reunification process. Sadly, most mothers in this study talked about their caseworkers being unavailable and/or not following through on promises and decisions. This reflects previous research on parents' experiences of Child Protection showing that lack of caseworker availability and involvement are key barriers to parents' engagement with Child Protection systems (Healy, Darlington, & Feeney, 2011; Kapp & Propp, 2002; Thorpe, 2008).

Mothers who had positive experiences talked about their caseworkers being available to them, compassionate and connecting them to relevant support services. Child Protection's capacity to provide an appropriate and expected level of service to vulnerable mothers is dependent on the attitudes and actions of frontline caseworkers. These findings suggest that fostering caring and supportive attitudes among caseworkers would help promote positive outcomes for vulnerable families involved with Child Protection.



7.4 Difficulties accessing appropriate support services within reunification timeframes

"The time starts ticking the day that they apply for that protection"

In Victoria, statutory reunification timelines are intended to ensure timely decision making for children subject to Child Protection intervention. The reunification process is intended to provide safe and permanent homes for children within two years. Mothers and the community legal centre practitioners who support them often described the reunification timelines as inflexible:

After two years in care, they need to make a decision, and basically, after two years, if you haven't had that child at home then there's a very low chance of them ever coming home. (Abigail, mother of 2)

Several mothers in this study talked about the trauma of having their children removed and the difficulty of putting aside their own trauma in order to quickly address protective concerns during this challenging time:

I can understand women that have trouble getting their children home, especially within the timeframe of two years. My goodness. I was traumatised when they took [name of child]. I fell apart. I literally wanted to die...To pick yourself up from that and to try all on your own with no family support and no support from the people that have taken your son. Just told [by Child Protection], "This is what you've got to do. If you don't do it, you're not going to get your son home" is very, very difficult. (Rachel, mother of 1)

The time starts ticking the day that they apply for that protection...Having a child taken away from you, a lot of parents out there, that is an absolute, just not a good thing. Like, it's the most crucial time, honestly, to be providing support and making sure there are supports in place before you do that because they can actually ruin someone. The child is supported, the carers are supported. Everyone's supported but the mothers not supported. (Sam, mother of 1)

Mothers in this study frequently mentioned difficulties in obtaining support to address protection concerns within reunification timeframes. They experience long wait lists, financial costs and delayed referrals to services from Child Protection caseworkers when trying to get their children returned to their care. These barriers reduced the time available to the mothers to actively work on addressing protective concerns making it less likely that they would achieve reunification within the legislated timeframe:

We were told that that's an 18 to 20 week wait [to get a court clinic assessment] which adds an extra five months. (Heather, mother of 1)

The community legal centre practitioners also reported long wait lists for general and specialist services:

It's an ongoing problem for us in terms of there's one family violence counselling service in our area. The backlog is enormous, exacerbated by COVID of course. But for people to access that there's only very limited spots available, limited counsellors, and that's for our whole region... I could generalise it probably a bit more and say the waitlist for services in general, it's not just for family violence counselling for mothers, it's also AOD counselling, it's access to rehab. Our clients can wait three, four, five months just to get into a detox let alone a rehab and it's three or four months for family violence counselling as well. (Community legal centre practitioner)

Concerned about reunification timeframes, some mothers accessed private services to avoid delays in accessing support services that bulk bill. However, as Tara explains, the costs of gap payments for private health professionals means ongoing support is out of reach:

They wanted me to see a clinical psychologist because that was one of the things that they ordered... They would have preferred me to do one that was bulk billed...but the waiting list was absolutely huge...I got in with a normal psychologist that was \$220 a session, and when you take Medicare off that, it's \$90 out of pocket, and I attended – I got into her, saw her twice...I had to stop seeing the psychologist because I couldn't afford it. (Tara, mother of 2)

Mothers living in regional areas faced logistical challenges to accessing appropriate support services. For example, one mother who had moved to regional Victoria, in part for safety reasons, described the difficulties she faced in accessing specialised support for her children:

I've got – and this again, trying to get referrals, I have to take [name of child] back to a paediatrician and that's taking a long process as well up here ... It's very – like I said, very hard to get it [supports for the children] up here, very, very hard. (Kate, mother of 2)

The limited range of options available to address complex needs including child and adolescent mental health were confirmed by community legal centre practitioners:

I think for regional clients, the problems are more exacerbated because there's less services, there's less housing, there's less of everything. So I think those things are much more exacerbated for people living in regional settings. (Community legal centre practitioner)

I think it's probably exacerbated by us being regional as well, just that access to – I've had a lot of clients who say, 'My child's been to CAMHS, didn't like the counsellor and now they won't return and give it a crack again', and I think it's really that lack of diversity of services from my experience. (Community legal centre practitioner)

The mothers in this study often had multiple, intersecting support needs relating to housing instability, unemployment, alcohol and drug issues, mental health issues and disabilities. A lack of available and/or timely access to support services near a mother's home significantly limited her ability to address protective concerns within the reunification timeframes.

The 2017 *Safe and Wanted* report (CCYP, 2017) highlighted the adverse effects of delays in accessing support services on parents' progress in their journeys towards reunification with their children. Aligning with these findings, a recent study by Victoria Legal Aid (VLA) (2020) found that parents experience multiple barriers to accessing the services they need to address protective concerns within reunification timeframes; these barriers were often outside their control. This study showed that proactive referrals to services from Child Protection caseworkers, together with early and ongoing support for parents, fostered better outcomes for children and families trying to reunify within the timeframes (VLA, 2020). The need for proactive, timely and early support for mothers seeking the return of children to their care was confirmed in our study.



7.5 COVID-19 and family reunification

"Corona started and everything almost stopped"

The mothers in this study said the COVID-19 pandemic and related lockdowns made it more difficult for them to address protective concerns and to maintain meaningful contact with their children. Service disruptions related to COVID-19 restrictions resulted in court delays and extended waiting lists making it more difficult for parents to address protective concerns. For some mothers, such as Tara, who do not own a car travelling to access services was made even more difficult because services reduced operating hours or closed during the restrictions:

I was doing [drug and alcohol] screens three times a week. It was pretty difficult because I don't drive... because of COVID times they don't do the testing everywhere. So, I had to travel a lot and walk a lot to get there. (Tara, mother of 2)

Unlike other essential services that were permitted to continue throughout the pandemic, contact between children and their parents was severely restricted. Regular court-ordered contact visits were suspended with little or no warning, impacting on early mother-child bonding and attachment. For many mothers, including Joanne, this was extremely disruptive:

I couldn't see my kids for months because of COVID. I wasn't allowed to have supervised visits. The office was closed, the DFFH [sic]. A lot of Court hearings were pushed back due to COVID. All services weren't open due to COVID, so I had to wait on a waiting list for a while. Yeah, it's taken its toll and it definitely took its time and added extra time onto what has happened. (Joanne, mother of 3)

Where contact was available, this was often via video call or telephone rather than face-to-face contact. Several mothers said that video contact was not a substitute for in-person visits with their children. As one mother explained:

We had video contact during that time – I guess I'm probably luckier than other families... Unfortunately, the video contact was dreadful – in terms of the quality of the video and all that type of thing. Obviously, each video contact was only half an hour, so we lost half an hour each contact. (Evelyn, mother of 1)

Our findings suggest that existing delays have been exacerbated by the impact of the COVID-19 pandemic and associated restrictions with many mothers experiencing significant delays and costs in accessing court ordered support. These service disruptions are beyond the control of mothers and have significantly limited their ability to address protective concerns within the reunification timeframe.

The mothers' experiences also indicate that COVID-19 restrictions reduced the quality of contact with children negatively impacting mother-child relationships. Meaningful contact with removed children motivates many parents to engage with Child Protection (Meyer, 2018a; Meyer, Hine & McDermott, 2020, Seay et al., 2017). Ensuring that quality contact continues without disruption is important for maintaining or rebuilding parent-child attachments (Meyer, 2018b; Panozzo, Osborn, & Bromfield, 2007). In addition, the transition to technology-facilitated child contact during the pandemic assumes that parents have access to technology and data (Joshi, Paterson, Hinkley and Joss, 2020). This is not always the case and exacerbates inequalities in access for some parents. The Victorian Government introduced a six-month extension for families seeking reunification in recognition of the impact of COVID-19 restrictions on parents' abilities to address protective concerns within reunification timeframes. However, restrictions remain ongoing and delays and reductions in services and court hearings are likely to continue as Victoria navigates through the pandemic and beyond. The cumulative period of delay is well excess of 6 months for some parents.



8. Key conclusions

This study shows that wholesale reform of the Victorian Child Protection system is needed to support mothers and children achieve reunification in the best interests of the child. Current practice deficits, including a tick-box approach to risk assessment and case management fail to support parents nor address protective concerns. Women leaving abusive relationships rely on a range of support services to successfully transition into safer and sustainable independent lives (Hamby, 2014; Meyer, 2012; 2014; 2015; Nixon et al., 2017). When services are unavailable or not tailored to mothers' underlying needs, or Child Protection referrals are delayed, mothers affected by DFV may face additional barriers to reunification with their children.

Our findings support the view that in cases of DFV, Child Protection responses hold mothers to a different standard than fathers. Fathers remain at the margins of Child Protection work and are less likely to be held to account even when their use of DFV creates child safety concerns. This study indicates that responses to Child Protection concerns in the context of DFV reflect wider social expectations and perceptions of parental responsibilities. Current practice is variable and often inconsistent with the legislative framework, the Child Protection practice manual and trauma-informed models of care. Mothers are frequently blamed for failing to protect their children from DFV and gender bias is evident in casework assessments and court reports. While 'parents' are referred to in policy and legislation, mothers are blamed and spoken about in the narrative of child welfare concerns.

Overall, this study highlights the need to re-imagine Victorian Child Protection services as a strengths-based model that centres on parenting strengths and capabilities and empowers parents to achieve attainable goals. Work in other Australian and international jurisdictions provides promising examples for partnering with mothers in Child Protection work to achieve better outcomes for children and families (DCSYW, 2018; Humphreys et al., 2020; Meyer et al., 2019; Nixon et al., 2017).

The Victorian Government's latest 2021-24 priority setting plan, the new SAFER Children Risk Assessment Framework and integration of MARAM into Child Protection practice represent encouraging first steps towards system transformation. However, further action is required to shift to a proactive, strengths-based, trauma informed model.

To improve Victorian Child Protection responses to mothers and children affected by DFV, we need to embed a strengths-based approach that includes trauma and DFV informed practice. Child Protection should identify victim-survivor parents' underlying strengths and partner with them to ensure the safety and wellbeing of their children while also holding abusive parents accountable as carers and abusers. Such an approach will require relevant referral pathways based on individual assessments of families' needs to maximise opportunities for parents to address protective concerns in a meaningful way and generate outcomes that are in children's best interests.

A DFV-informed practice approach would partner with victim-mothers and engage fathers in Child Protection work while holding them accountable for their abusive behaviours. This would address the extensive criticism that the mother blaming narrative in Child Protection responses neglects the need to support a safe and meaningful mother-child relationship (Douglas & Walsh, 2010; Ewen, 2007; Meyer, 2018, Nixon et al., 2017). Moving towards greater father engagement and accountability in Child Protection work requires equipping workers with the skills and resources to have uncomfortable conversations with fathers; to challenge fathers' minimisation and denial of abusive behaviours; to understand and unpack patterns of coercive control and systems abuse and to identify referral pathways for fathers who are motivated to change but do not know how to be better dads; and to use different interventions where fathers try to manipulate and use the system. This means expecting more of fathers in their role as parents and holding them equally accountable for ensuring children's safety and wellbeing.

Mothers involved in the Victoria Child Protection system affected by DFV experienced shifting goalposts, vague expectations and unrealistic timeframes. Inconsistent communication and decision-making led them to feel 'left in the dark' about what they had to do to have their children returned to their care. This study found that reunification processes were poorly communicated and lack transparency. High caseworker turnover contributed to this lack of clarity and many mothers in this study did not have a caseworker assigned to them. As a result, mothers often had to repeatedly build relationships with new caseworkers, requiring them to retell their stories over and over again. This situation is problematic for DFV survivors who with their children, have to relive their trauma and risk re-traumatisation every time they retell their story.

Our study shows that the attitudes and behaviours of Child Protection caseworkers have a critical influence on the motivations and abilities of mothers to address protective concerns and reunite with their children. Most mothers in this study talked about their caseworkers being unavailable and/or not following through on promises and decisions. Delayed Child Protection referrals to support services were a frequent theme of mothers' reunification stories.



The mothers in this study had multiple, intersecting support needs relating to DFV, housing instability, unemployment, AOD issues, mental health problems and disabilities. A lack of available and/or timely access to support services near a mother's home significantly limited her ability to address protective concerns within the legislated reunification timeframes. In contrast, mothers who had positive experiences talked about their caseworkers being available to them, compassionate and connecting them to relevant support services. These findings highlight that proactive, timely and early identification of support needs and provision of support referrals promotes more positive outcomes for vulnerable mothers and children trying to reunify within the timeframes.



9. Recommendations

Outcome: Strengths-based care for children and their families

1. Develop a shared practice framework that consolidates strength-based approaches within and across Victoria's child and family system.
2. Develop an evaluation and reporting framework to facilitate evidence building and information sharing on good practice indicators for strengths-based practice.

Outcome: Embedding trauma and DFV informed practice

3. Where families seeking reunification are affected by DFV, Child Protection intervention must prioritise timely access to recovery services for all affected family members.
4. Conduct annual independent case reviews to report on progress in the implementation of trauma and DFV informed child protection practice.
5. Track and report annually on the delivery of MARAM training for the Child Protection workforce by role and classification and compliance with MARAM practice requirements.
6. Track and publicly report annually on the delivery of training for, and compliance with, the SAFER Children Risk Assessment framework for the Child Protection workforce by role and classification.
7. Department of Families, Fairness and Housing should receive additional funding to increase numbers of Specialist family violence workers/senior Child Protection practitioners (family violence) across area offices in Victoria.



Outcome: Cross-sector service integration to support trauma recovery

- 8. Develop and implement an early intervention pilot program involving Child Protection and Women's Legal Services Victoria to strengthen engagement and communication with mothers experiencing family violence.
- 9. Establish a cross-sectorial working group to facilitate cross-sector collaboration and enable stakeholders to contribute to strategic policy goals and shared practice.
- 10. Provide additional funding to DFV specialists and children/family services to strengthen cross-sector collaborations, ensure timely referrals and support DFV trauma recovery.

Outcome: Working with parents/carers who are perpetrators

- 11. Develop and deliver mandatory best practice training on identifying and responding to parents/carers who are perpetrators of DFV for Child Protection workers in addition to MARAM training.

Outcome: Early assistance and meaningful intervention

- 12. Ensure Child Protection practitioners facilitate early assistance for parents carers to build family functioning as well as timely referrals based on individual needs assessments.
- 13. Establish comprehensive referral pathways between Child Protection and appropriate services to facilitate proactive, integrated support for children and families.
- 14. Provide resourcing to expand early intervention models that are independently evaluated and prove effective in achieving family preservation and reunification.

Outcome: Greater accountability and systems transparency

- 15. Strengthen internal Child Protection processes to ensure court reports provide accurate and timely information, include family strengths and capabilities and address relevant statutory requirements.

Outcome: Child-focused reunification timeframes

- 16. Further amend the legislation to allow family reunification orders to be extended beyond 24 months where progress toward reunification has been delayed by exceptional circumstances and reunification remains in the best interests of the child as determined by the Children's Court.

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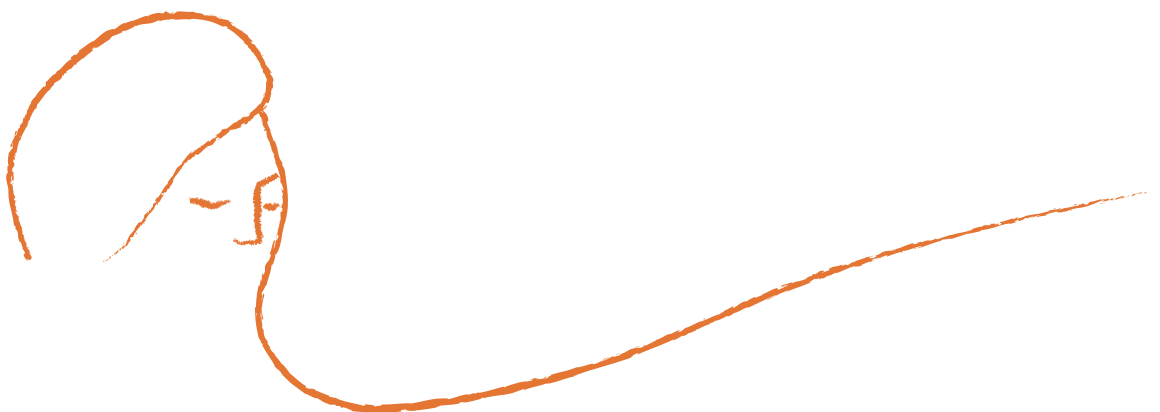
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Case law

Secretary DHHS v Children's Court of Victoria & Emily Powell (a pseudonym) [2020] VSC 144





11. Appendix A: Method

This report presents findings from research into the experiences of mothers trying to get children back into their care within Victoria's Child Protection system. It looks at the challenges they face and the supports families need for their children to be returned to them. The research was carried out by the Monash Gender and Family Violence Prevention Centre in partnership with Women's Legal Service Victoria (WLSV) and

funded by a Knowledge Grant from the Victoria Law Foundation.

11.1 Who did we speak to?

Thirty mothers were interviewed by phone for this study and a total of 13 community legal centre practitioners participated in 3 online focus groups. The interviews and focus groups ran from April to June 2021. The mothers were recruited through three community legal centres in Victoria that supported this research. All of the mothers were receiving support at the time of the interviews and additional support was offered in case they found the interview conversations upsetting. Each mother received a \$50 gift voucher for their contribution to the research. The community legal practitioners came from two Victorian community legal centres and participated in a group discussion about their experiences supporting mothers seeking the return of their children to their care. This group process allowed the community legal practitioners to ask questions of one another, share anecdotes and comment on each other's experiences and perspectives (Kitzinger, 1994, 1995).

Who did we speak to?	Method	Number of Participants
Mothers	Interviews	30
Community legal centre practitioners	Focus groups	13

We would like to acknowledge and thank the mothers who shared their stories and lived experiences with us, and the community legal practitioners who assist and represent them. Without them, this research would not have been possible.

Key stakeholders in this project include:

- Women's Legal Services Victoria;
- Loddon Campaspe Community Legal Centre; and
- Victoria Legal Aid

Each of these organisations helped us recruit mothers for the study by identifying eligible Child Protection clients and providing them with invitations to participate in the research. Community legal practitioners from Loddon Campaspe Community Legal Centre also participated in the practitioner focus groups.

11.2 What did we ask?

Topics guides were used to steer the interview and focus group discussions. All interviews and focus groups were audio recorded and transcribed.

Mothers were asked open-ended questions about:

Reflections on family reunification process:

- Tell me about what was happening with your family around the time your child was removed?
- Tell me about your experience of seeking the return of your child(ren) to your care.

Relationships with DFFH worker:

- Do you know if you had a DFFH worker? Can you tell me about your experience with them?

Addressing protective concerns:

- What issues were you asked to address in order to work towards the return of your child?
- Did you know / understand what you had to do to have your child(ren) returned to your care?
- Can you tell me what type of things you had to do, like counselling or drugs screens?
- Some parents require more intensive support, for example, if they are experiencing a mental health issue or family violence. Did you ask for any extra help or did DFFH suggest any particular programs/ services organisations?

Access to support services:

- Do you remember if anyone helped you link in with these orgs/services/ program?
- What support services, if any, helped you get your child(ren) home/ back in your care?
- Based on your experience, what do you think would have helped you when Child Protection were involved?

Impact on children:

- Did you know what was happening with your children?
- Is there anything else you would like to say about your experience seeking the return of your children to your care?

Community legal practitioners were asked open-ended questions about:

Reflections on family reunification process:

- Tell me about your experience of supporting mothers' seeking the return of their child(ren) into their care.
- What are the barriers and enablers to mothers' having their child(ren) returned to their care?

Relationships with DFFH worker:

- Tell us about your experience of working with DFFH workers.
- What challenges do you clients encounter with DFFH?
- Could you describe any positive/negative experiences you have had with DFFH workers?

Address protective concerns:

- What issues are mothers commonly asked to address in order to work towards the return of their child?
- Did your clients understand what they have to do to have their children returned to their care?
- Can you tell us what type of things clients have to do, like counselling or drugs screens?
- Some parents require more intensive support, for example, if they are experiencing a mental health issue or family violence. Have you asked for any extra help for your clients or have DFFH suggest any particular programs/ services organisations?

Access to support services:

- What support services, if any, have you found helpful in supporting your client to have their child(ren) returned to their care?
- Based on your experience, what do you think would have helped your clients when Child Protection was involved?

Impact on children:

- Based on your experience, what is happening with children while you are supporting their mothers?
- In your view, how does the reunification process impact on your clients' children?
- Is there anything else you would like to say about your experience supporting mothers seeking the return of their children into their care?

In this report we have protected clients' anonymity by removing potentially identifying information from their stories and the case examples. Pseudonyms are used in all reporting. This project received ethical approval from the Monash University Human Research Ethics Committee (project ID: 27325).

11.3 Study Sample

Demographic information was provided by referring CLCs for some but not all clients and has therefore been excluded from the presentation of findings unless participants specifically discussed experiences as related to cultural or language barriers, identity or connection.

Participant Pseudonym	Number of children	Participant Pseudonym	Number of children
MARY	2	EVELYN	1
EMILY	1	ELEANOR	6
TARA	2	KATHLEEN	5
SAM	1	ARIA	4
GABRIELLA	1	ANNE	2
RACHEL	2	ABIGAIL	2
HELEN	4	CLAIRE	5
ALICE	6	HEATHER	1
RACHEL	1	ANYA	1
RUTH	2	KATE	2
KAREN	5	AMANDA	4
ANUSHA	2	JOANNE	3
GRACE	4	CHLOE	2
CELA	2	BETH	1
CARMEL	2	GEORGIA	3



