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**Parents with complicated lives: Do child protection services help or
hinder?**

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This paper will outline a research project which seeks to centre the voices of parents who have been involved with Child Protection services. The need for a study which focuses on the experiences of service users who have 'complicated lives' is discussed with reference to some literature about the intersection of child protection with multiple difficulties relating to violence, disability and problematic substance use.

The term 'complicated lives' is drawn from the work of Liz Kelly (2000). She uses this expression in her analysis of the systemic constraints facing women who experience multiple and repetitive forms of violence and abuse in order to describe the complex and compound difficulties that may characterise people's lives. We have chosen to use the term 'complicated lives' because it enables us to purposefully avoid pathologising approaches and language which rigidly categorise and stigmatise those with such experiences.

Australian research confirms the significant extent to which parents who come to the attention of statutory child protection services are experiencing multiple difficulties. In up to 75% of child protection cases, parents experience problematic substance use, a physical, psychiatric or intellectual disability or 'family violence' (Community Care Division, Victorian Government Department of Human Services 2002). The Inquiry into Children in Institutional Care reports an

increase in child protection applications resulting from parental issues with substance use, mental illness and/or violence (Senate Community Affairs Committee 2005). Child protection figures from the Australian Institute for Health and Welfare show that 44% of such parents experience two or more of these problems (Australian Institute for Health and Welfare 2003).

Child protection and domestic violence

The recognition of and interest in the way in which domestic violence affects children is relatively recent and this heightened awareness is attributed to the work of the women's refuge movement (James 1994). The subsequent development of knowledge about the physical, psychological and emotional harm of domestic violence for children has now been firmly established as a child protection issue. The new understanding of children's experience of domestic violence is now increasingly a factor in their removal from their parent/s, although this is commonly facilitated through mandatory reporting and use of the erroneous concept of women's 'failure to protect' their children from violence. A British study by Humphreys, Hester, Hague, Mullender, Abrahams and Lowe (2000) found that violence was mentioned in 65% of children's case plans. However, a search of the literature in this area did not reveal any studies about the views of parents who experience domestic violence and come into contact with the child protection system. Some British studies have sought the views of children who have lived with domestic violence (Gorin 2004; Mullender, Hague, Imam, Kelly, Malos and Regan 2002). Where parents are considered in the literature, it is often with a focus on offering direction and support about their parenting (for example Blanchard 1999). Most commonly, it is workers' views which are sought (for example Breckenridge and Ralfs 2006; Waugh and Bonner 2002).

Child protection and mental health

Mental illness or psychiatric disability is identified throughout the literature as an important causal factor in the admission of children to care (Senate Community

Affairs Committee 2005). However there is limited explicit research on the perceptions of parents who have mental health issues about their relationship with child protection services. When their views are sought (usually consequential to other research) parents identify professional understanding and reassurance about their parenting as vital to the maintenance of their parenting role. The key factor inhibiting parental access to this support was the perception that they would be seen as not coping, a failure and that their children would be removed by child protection authorities (Cowling 1996). Other research has corroborated this dread of child protection services with parents reporting that they resisted treatment for mental health concerns for fear that this confirmed their “unsuitability as parents” in the eyes of child protection authorities. Any involvement from child protection was experienced as intrusive and unsupportive (Stanley, Penhale, Riordan, Barbour, & Holden 2003).

Stanley and Penhale (1999) report on one of the few studies undertaken with a major focus on the needs of parents (mothers in this instance) with severe mental health problems whose children were involved in the child protection system. They identify some key issues of concern, including the use of the label “personality disorder” which has the effect of limiting the women’s referral to treatment; the prevalence of domestic violence in every one of these women’s experience; and the difficulty social workers in the child protection system have in assessing “significant harm” in relation to emotional abuse and neglect. In addition the authors consider that child protection workers exhibited low levels of sensitivity and compassion toward people with mental health problems. Aldridge (2006) supports this criticism of the attitudes of professionals and challenges “the assumptions that are often made, particularly in child protection work, that children are at inevitable risk of harm or developmental delay when parents have a mental illness” (82).

Child protection and substance use

A related and comparable area of complication that impacts on the lives of parents whose children are involved with the child protection system is the use/misuse/abuse of substances including alcohol and drugs. In fact the recent Senate Inquiry into Children in Institutional Care claims that “drug and alcohol abuse among parents of children who enter the out of home care system is endemic and is a critical issue confronting child protection services” (Senate Community Affairs Committee 2005, 86). The literature exploring the views of parents who experienced problems with substance use and child protection services is even sparser than that around issues of mental health. Reminiscent of Stanley and Penhale’s (1999) finding that workers have difficulty in defining ‘significant harm’, Tomison (1996) reports that literature about parental substance use and misuse displays concerning variation in the way child protection issues are defined:

“When physical abuse and neglect are combined under the same term, it is impossible to know whether an association between alcohol and / or drug use and maltreatment is the result of alcohol and drugs producing disinhibition and thus violent behaviour, whether the alcohol and drug use is itself seen as a sign of neglect or whether the alcohol and drug use led to neglect because of the debilitating effects of chronic and excessive alcohol and / or drug use”.

Lynda Campbell (1997) undertook a comprehensive literature review of services to parents who ‘abuse’ substances and made a number of important conclusions. She observed that women’s substance use is often associated with depression and domestic violence experiences, both of which can result in the “victim blaming discourse of co-dependency” (20). She identifies that the literature often asserts significant links between parental substance abuse and child abuse and neglect and notes that these assertions “fuel both moral censure of the mothers (fathers are rarely mentioned except as undesirable partners to the women) and pessimism about their capacity for personal change” (23). However qualitative studies of women involved with intensive support services suggest this

pessimism to be unfounded and Campbell advocates strongly for the development of services and supports for parents in this situation.

Child protection and intellectual disability

A British study (which also canvassed the views of children and workers) provides some insight to the experiences of parents with learning disabilities whose children had been removed from their care (Booth and Booth 2004). Their key complaints included being promised support which was then not provided, being subjected to interventions which were not informed by knowledge and understanding of people with learning disabilities and parents being “ignored or sidelined” (2004, 42).

Conclusion

This brief literature review has confirmed the accuracy of considering parents involved with child protection services as people with ‘complicated lives’. While various studies have attempted to consider parental issues of disability, mental illness, problematic substance use and/or domestic violence as distinct and independent variables, in fact they are complex, convoluted and intertwined. The paucity of information about how such parents (and children) experience the interventions of child protection authorities is striking. The perspectives of workers about child protection issues for parents are more likely to be sought. When views of parents are gathered (often inadvertently) they report a fear and distrust of child protection authorities which hampers their ability to access supportive, useful services.

Therefore, this research project offers a response to this gap (Higgins, Adams, Bromfield, Richardson, & Aldana 2005) by including the views of Child Protection service users about the services provided to them. In particular, it will explore how people with complicated lives interpret the interventions they receive and what they consider to be most helpful and appropriate to their circumstances. An underpinning principle and aim of the research project is to build partnerships

with pertinent institutions and the people who use their services. Preliminary contact with relevant agencies and services already indicates that this is an approach which would attract strong support. In essence, the project will seek to conduct research *with* rather than *about* service users in order to generate research knowledge which might “assist with prevention of children entering the out-of-home care system” (Bromfield, Higgins, Osborn, Panozzo and Richardson 2005, 107).

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