ORANGA TAMARIKI
Ministry for Children

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New Zealand Government

Parent & family advocacy in international jurisdictions

Evidence Brief

The Oranga Tamariki Evidence Centre works to build the evidence base that helps us better understand wellbeing and what works to improve outcomes for New Zealand’s children, young people and their whānau.

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Background and overview

In 2020 a number of external reviews of the work of Oranga Tamariki made recommendations that the agency develop advocacy services for parents and whānau whose tamariki had come to the attention of the agency (see Appendix 1).

This Evidence Brief is the first step in a wider research and information-gathering phase intended to inform the development of policy options for how such services could be designed and rolled out. The purpose of the brief is to look at common definitions of advocacy and models used overseas, and to review the evidence on specific elements and critical success factors that lead to better outcomes for families and children. It is not intended to be read in isolation – all ideas in this brief garnered from overseas need to be considered and tested in a New Zealand context, respecting local knowledge and expertise, particularly that of tangata whenua.

This brief is a time-limited scan of readily available literature, and should not be considered a systematic or comprehensive review.

Key findings

Advocacy seeks to empower people to influence decisions that affect them

Much of the literature differentiates between support given to individuals on their cases, and political efforts needed to address systems level settings and policy reform. Other literature differentiates three levels from case advocacy to programme advocacy to policy advocacy, with the middle level involving the embedding of trained parent advocates within child welfare agencies.

While there is no common definition of what parent advocacy should entail, there are common understandings of the problems it seeks to address and the principles that should guide the work of parent advocates. Parent advocacy seeks to safeguard, empower, enable and speak up for those discriminated against or unable to do so for themselves.[1]

A flexible and diverse range of advocacy approaches is needed

The right mix of advocacy approaches can depend on the maturity of the parent advocacy initiative, the needs of the parents involved including cultural needs, and the readiness of government agencies to work with advocates (Better Care Network and IPAN, 2020). In addition, local conditions need to be taken into consideration as the way the child welfare system operates in different jurisdictions can be quite different.

Regardless, a flexible approach to advocacy models that encompasses both individual and systemic approaches to advocacy is likely to be required for parents. This is supported by the literature regarding parents with disabilities, which also highlights a need for specialist advocacy for this group.

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[1] www.siaa.org.uk/wp-content/uploads/2014/11/SIAA_FamiliesAtRisk_web.pdf

Emerging evidence highlights a range of positive outcomes from parent advocacy

Parent Advocacy services are not widespread.

An international literature review of advocacy services in eight high-income countries identified 100 services, predominantly in the United States (Better Care Network and IPAN, 2020). The review found that parents who have themselves successfully navigated the child protection system can be invaluable supports to others going through such an experience. While many services had not been evaluated this review identified an emerging body of evidence that demonstrated promising outcomes from parent advocacy. These included:

- Improvement in risk factors and protective factors, as well some child maltreatment outcomes
- Better engagement in the court process and shorter court proceedings
- Speedier reunification rates, with some studies finding reunification was four times as likely between treatment and control groups
- Reductions in entry to care, particularly when parent advocacy occurred early, at initial child safety conferences
- Where children did enter into care they were more likely to enter kinship care when parent advocates were involved
- High parental trust and satisfaction with advocacy services: the advocacy was noted to have reduced feelings of social isolation, resistance, and hopelessness, while increasing understanding of the child welfare and court systems
- Particularly positive results for advocacy that combined the expertise of lawyers, social workers and parent advocates.

A number of critical success factors for parent advocacy services exist

In order to be effective advocates, parents need to have the time, commitment and stability to help others. Parent advocates also need to be supported with professional supervision, clear role boundaries and fair remuneration that recognises their expertise.

Agencies also need the mindset, willingness, and capacity to work with parent advocates at individual, programme, and organisational levels. Strong and collaborative leadership is needed to promote innovation in family engagement, and to emphasise that parent advocates and family members are legitimately "at the table."

Ensuring that there are advocacy services independent of child welfare agencies is an important component, as is ensuring that advocacy services are available early in child protection processes.

There is a paucity of evidence on parental advocacy for indigenous peoples

While the ability to conduct extensive searches was curtailed by the rapid time frame for the brief, there was a particular paucity of parent advocacy services for indigenous peoples.

A rapid search of the United States, Canadian, and Australian indigenous literature found:

- Examples of global advocacy organisations and national organisations, but a lack of focus on parent advocacy specific to child welfare agencies.
- A focus on lobbying and action taken at the political, systemic level but variable accessibility of individual case-level advocacy.
- A key focus on reversing the effects of colonisation. For example, in Australia an independent review of Aboriginal out-of-home care recommended the formation of an advocacy service for those dealing with the child protection system. The recommendation was part of a set of strategies to drive down child removals and ensure children remain with family (Davis, 2019).

At this point we can only make a general conclusion that specialist advocacy is recommended for parents from culturally diverse backgrounds.

Next steps

Next steps recommended for this work are to:

- Support Policy with their wider evidence-gathering and collaborative efforts to consider this evidence in the context of Aotearoa/New Zealand. This includes hearing voices locally, engaging in partnership and discussion with tangata whenua, and thereby generating robust options for the development of parent advocacy services.

- Support Policy to identify New Zealand literature of relevance (both published and unpublished) that may be useful. While formal parent advocacy services of the type envisaged in the Reviews (Appendix 1) do not yet exist, evaluation of Oranga Tamariki's Specialist Māori roles indicates that kairaranga have taken on informal advocacy responsibilities as part of their roles.[2]

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[2] Specialist Māori roles: Evidence synthesis | Oranga Tamariki—Ministry for Children
Generic advocacy support for whānau Māori is also provided as part of holistic wrap-around social services, such as that provided through Whānau Ora.

Contents

Introduction

Background and purpose

In 2020, Oranga Tamariki received specific recommendations from the Ombudsman, the Children's Commissioner and Whānau Ora to improve access to advocacy support for parents and whānau involved in the Oranga Tamariki system (Appendix 1). In December 2020, the Minister agreed that work be undertaken on potential approaches to advocacy within Oranga Tamariki (REP-OT/20/12/290).

This Evidence Brief forms part of a wider research and information gathering phase, which includes a series of key stakeholder interviews, as well as case studies considering national approaches to advocacy in other parts of the New Zealand public sector (e.g., ACC). The evidence outlined in this international brief will be considered and discussed alongside these local evidence streams with partners, particularly tangata whenua, and triangulated to ensure that the options developed are robust.

This brief seeks to answer the question: '**how effective is advocacy in supporting parents and families involved in care and protection and youth justice systems?**'. Effectiveness in this context is understood as successfully supporting parents and families to:

- **navigate** care and protection and youth justice systems
- **participate** in ongoing decision-making processes
- **access** relevant services such as legal aid, mental health, parenting programmes
- **maintain** an ongoing relationship with children in care.

The brief seeks to identify critical success factors and elements that may be usefully incorporated into advocacy models and options developed for New Zealand/Aotearoa.

Methodology

This is a time-limited rapid evidence review. As such, the review is likely to have missed some relevant 'on the ground' advocacy models. We conducted the search mainly through Google and Google Scholar. Our findings from the search complement two key literature reviews into advocacy models, namely:

1. International Review of Parent Advocacy in Child Welfare: Strengthening Children's Care and Protection Through Parent Participation. (Better Care Network and IPAN, 2020).
2. Response to EAP request 128 – Literature Review on Advocacy. Ministry of Social Development, Unpublished memo (Insights MSD, 2016).

The former review summarises evidence from parent advocacy services in high-income countries (England, Scotland, the US, Canada, Australia, Finland, Norway), with the main part of the evidence coming from US models. Low-and-middle income countries are also considered; however, these are not generally focused on the topic of parents and the child welfare system and take a broader remit including, for example, advocacy around access to education.

The latter review was conducted in 2016, at the time when findings from the Expert Advisory Panel Report (Modernising Child, Youth and Family Panel, 2016) were feeding into the development of advocacy services to give children a voice in their own care arrangements. As such, the conceptual model for this review is child-centric, rather than taking a broader remit in terms of examining how parents and whānau can also have voice. Nonetheless, the advocacy models examined for children have useful elements to consider for the development of adult-focused services.

Australia, the United Kingdom (UK), Canada, the US and Ireland were identified as jurisdictions of interest for this review. In regard to the UK, the original scope included England, Wales, Scotland and Northern Ireland. However, no literature from Northern Ireland was identified (and a targeted search of Northern Ireland literature was not conducted).

The original scope of this work also included advocacy for parents/families in contact with the care and protection system as well as the youth justice system. However, due to time constraints this review is largely focused on care and protection systems.

In addition to jurisdiction-specific sections, a special focus was also placed on looking for examples of parent advocacy for indigenous peoples and for parents with a disability.

Advocacy – key concepts

Definitions and principles

There is no one internationally accepted definition of advocacy within the context of parents whose children have come to the attention of child welfare agencies. This is at least in part because of the differing nature of the child protection systems in different countries, meaning that '*parent advocacy models need to be adjusted to local context*' and '*carefully crafted at the local level*' (Better Care Network and IPAN, 2020, p.7).

There is, however, considerable agreement on **principles**, that advocacy entails the provision of '*a service that enables people to influence the decisions that affect them*' (Better Care Network and IPAN, 2020, p.4), and that advocacy:

- **safeguards** people who are vulnerable and discriminated against or who services find difficult to serve
- **empowers** people who need a stronger voice by enabling them to express their own needs and make their own decisions
- **enables** people to gain access to information, explore and understand their options and to make their views and wishes known

- **speaks up** on behalf of people who are unable to so themselves.[3]

These shared principles are premised on the experience of widespread power imbalances and stress when parents interface with child welfare departments, and that there is '*limited or no parental participation* [where there is] *no recognition of the power differential and other factors that prevent effective engagement.'* (Better Care Network and IPAN, 2020, p.14).

These issues are noted to be more prevalent in countries that have a legalistic and adversarial child welfare system, as opposed to those with a family service orientation, centred on prevention and support for families (Keddell, 2018. As cited in Better Care Network and IPAN, 2020). The former systems orientation is noted to entail a child protection centred approach where, *'parents are increasingly seen to be individually responsible for any difficulties they face and the impact of structural forces is denied'* (Jones 2018. As cited in Better Care Network and IPAN, 2020, p.5).[4]

In-keeping with the ethos of redressing power imbalances, a range of approaches to advocacy have developed across the social services, health and disability fields:

- **Rights-based approach** – when an advocate focuses on the civil, moral, and legal rights a disabled person deserves, in order to avoid discrimination or unfair treatment (Lawton, 2009. As cited in Insights MSD, 2016)

- **Person-centred approach** – understanding the range of communication tools (often non-verbal) a disabled person may possess, and working to understand their feelings and preferences (Lawton, 2009. As cited in Insights MSD, 2016)

- **Representational advocacy:** presenting the client's views and preferences to others in order for their voice to be amplified in settings where they are in a position where they have less power to impact on decisions that directly affect their rights and lives (Maylea et al, 2020)

- **Best-interests advocacy:** where the advocate determines what is 'best' for the person or family and then advocates for that (Maylea et al, 2020).

Ownership and independence

Independence is a key component of some approaches to advocacy. Power differentials and previous negative experiences with government agencies mean that some parents will only trust an advocate who is independent of the child welfare agency. Guidelines for advocates who are part of The Scottish Independent Advocacy Alliance advise that for advocacy to be independent, there must not be any actual, potential, or perceived conflict of interest (The Scottish Independent Advocacy Alliance, 2015, p.6).

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[3] www.siaa.org.uk/wp-content/uploads/2014/11/SIAA_FamiliesAtRisk_web.pdf

[4] The approach to care in different countries is discussed in more detail at p.30 www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Care-continuum-overseas-jurisdictions-evidence-brief/Care-Continuum-Overseas-Jurisdictions-Evidence-Brief.pdf

A variety of advocacy strategies at different levels of community ownership and independence exist as shown in Box 2 below.

Better Care Network and IPAN (2020)

BOX 2: LEVELS OF COMMUNITY OWNERSHIP

1: Direct implementation by agency: the agency is a service provider, and community members are beneficiaries.

2: Community involvement in agency initiative: the agency is a promoter of its own initiative, a planner and a trainer, and community members are volunteers and beneficiaries.

3: Community-owned and managed activities mobilized by external agency: the agency is a catalyst, capacity builder, a facilitator of linkages, and a funder after community ownership has developed. The community members are analysts, planners, implementers, assessors, and beneficiaries.

4: Community-owned and managed activities initiated from within the community: the agency is a capacity builder and funder, and community members are analysts, planners, implementers, assessors and beneficiaries

Combined approaches also exist. In New York (Appendix 3) the parent advocacy movement operated at different levels of partnership, integration and independence, adopting '*a multi-pronged, long-term approach, with both a top-down and bottom-up strategy, working within child welfare and pushing from outside of the system'* (Better Care Network and IPAN, 2020, p.21).[5] The right mix of approaches can depend on the maturity of the parent advocacy initiative, the needs of the parents involved including cultural needs and the readiness of government agencies to work with advocates.

Early access to advocacy

Another key consideration for approaches to advocacy is that it should be available at the earliest stage. This allows it to be best placed to prevent escalation within child protection proceedings, safeguard processes, and influence the outcome of child protection proceedings. Advocacy taken up at later stages can become more about supporting parents to accept outcomes and reduce mental distress (Bauer, Wistow, Dixon, & Knapp, 2014).

Levels of advocacy

The Better Care Network and IPAN International Review (2020) identifies three different levels at which advocacy services are provided:

- **Case advocacy:** This promotes parent participation in decisions regarding their own involvement with child welfare systems. It includes providing advocacy when removing a child from a parent's custody is under consideration; playing a role in the development of a case/family support plan; and making ongoing decisions on a child's care (such as health care or education).

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[5] bettercarenetwork.org/sites/default/files/2020-10/BCN_Parent_Advocacy_In_Child_Welfare.pdf

- **Program advocacy:** This includes parents working as trained parent advocates in child welfare agencies (such as prevention, family support, out-of-home placement and legal assistance) to design, plan, evaluate and strengthen programmes and services and to assist parents who are struggling to raise their children safely or to be reunited with them.

- **Policy advocacy**: This involves parents: a) acting politically to change policy, legislation and resources for family support; b) participating in governmental and NGO advisory boards, speaking on panels at conferences, teaching in social work and law classes, writing about their experience and recommendations; and c) working at the grassroots and community levels to advocate for reform.

The spectrum from case to strategic policy-level advocacy is sometimes collapsed into the broad categories of **individual** and **systemic advocacy**. Individual advocacy refers to a broad category of advocacy where advocacy is provided to individuals for short-term assistance on complex matters. Individual advocacy involves a one-to-one relationship, where the advocate's role is to make sure, for example, that the child's views and experiences are considered when decisions are made. This is also known as **direct advocacy** or case advocacy.

Systemic advocacy involves scrutinising and monitoring government services and programmes, lobbying on behalf of groups, and ensuring accountability by dealing with complaints.

- Individual advocacy approaches tend to be delivered over more systemic models
- A reliance on individual approaches may not be sufficient to address the fundamental issue of disability rights and inclusion
- A combination of individual and systemic advocacy approaches is likely to be effective (Insights MSD, 2016, p.19).

Advocacy sub-types and mechanisms

A number of terms are found in the literature regarding **who** should be an advocate and **how** advocacy services might be delivered. Many of the examples mention children, but likely will exist for parents as well. The examples in this section are largely taken from the literature on advocacy for disabled parents but also exist for other clients.

Advocacy can be provided in a range of ways. Individuals can advocate for themselves (**self-advocacy**) or be supported at an individual level by a range of other people, including their peers, parents, carers, and professionals (Elsley, 2010. As cited in Insights MSD, 2016). Paid advocates may be more appropriate for people who are extremely disempowered and vulnerable (Pearson & Hill, 2009a. As cited in Insights MSD, 2016).

Individual advocacy could incorporate a flexible range of advocacy models, including:

- **Citizen advocacy -** when a *'valued and competent citizen, who is unpaid and independent… represents the interests of a person who has a disability as if those interests were* [their] *own'* (Pearson & Hill, 2009a. As cited in Insights MSD, 2016).

- **Family advocacy** – an independent community-based model that usually involves family members acting on behalf of a relative (Pearson & Hill, 2009a. As cited in Insights MSD, 2016).
- **Legal advocacy** – There is some variation in whether legal advocacy involves only specialist advice provided by a qualified legal practitioner or if it also encompasses advocacy by a general disability advocate in relation to legal matter or is delivered by multidisciplinary teams (e.g. legal advocate, social worker, parent advocate).
- **Group or collective advocacy** – involves a group of people campaigning on behalf of themselves or others to try and change things (Pearson & Hill, 2009a. As cited in Insights MSD, 2016).
- **Peer advocacy** – when someone with similar lived experience provides support. An example would be a person with a disability acting as an advocate for someone else with a comparable disability (Pearson & Hill, 2009a. As cited in Insights MSD, 2016). In the case of parents of children in out-of-home care, this is parent advocacy. Note peer/parent advocacy can occur at individual and systemic levels.

Mechanisms for amplifying the voices of those affected might include:

- **Multimedia advocacy** – an approach which enables disabled individuals to make their own multimedia to organise their thinking, reinforce their memories, and communicate their preferences and viewpoints (Lawton, 2009. As cited in Insights MSD, 2016).
- **Storytelling** – enabling people with barriers to communication to use props, costumes, musical instruments, and other methods, as a means of conveying their preferences (Lawton, 2009. As cited in Insights MSD, 2016).

Examples of such mechanisms in action include the New Zealand 'Talking Trouble' initiative to help rangatahi understand and communicate in youth justice settings (Kedge & McCann, 2020). In the US, Rise Magazine assists parents to tell their stories to effect change in child welfare systems.

> *Rise Magazine was established in 2003. It is a parent-led organization that produces a regular online magazine and trains parents to write and speak about their experiences within the child welfare system and to become advocates for reform. Rise develops resources, builds skills and trains leadership for parents involved in child welfare.*[6]

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[6] www.risemagazine.org/about/

Parent Advocacy

Key findings from the International Review of Parent Advocacy in Child Welfare

This section provides a summary of the International Review of Parent Advocacy in Child Welfare: Strengthening Children's Care and Protection Through Parent Participation (Better Care Network and IPAN, 2020).

The International Parent Advocacy Network (IPAN) is a parent led global advocacy organisation established in 2018. IPAN aims to increase the influence and power of parents in contact with child protective systems. IPAN aims to ensure children's, parents', and families' voices are heard; needs are met; and rights are protected. IPAN is active in the US, England, Scotland, Australia, New Zealand, Finland, Norway and other countries (Better Care Network and IPAN, 2020).

Given the high level of relevance of the Better Care Network and IPAN (2020) review of parent advocacy models, this section summarises key findings from the report, with the caveat that much of the evidence is based on US models. Unless otherwise stated, all citations in this section are secondary. Page numbers are used to reference specific sections in the report.

While this review incorporates examples of a diverse range of advocacy mechanisms and strategies at different levels, there is a key definitional focus on **parent advocates:** *peer advocates having lived experience of the child welfare system*. Parent advocacy in this context includes advocating for and helping other parents; working in and strengthening child welfare programmes; and working to change policies that improve systems and the lives of children and families. Parent advocacy includes parents working with allies toward these goals.

Parents need support to overcome barriers to participation

The key problem identified in the review was that parents felt marginalised and disempowered when interacting with child welfare agencies. Terms used to describe these parents include *'pariahs'* who were '*demonised*'. They experienced the child welfare system as *'uncaring, inflexible and for some harmful to both themselves and their children',* their treatment leaving them feeling '*less than human'* (Smithson and Gibson, 2017. As cited in Better Care Network and IPAN, 2020, p.23).

Compounding societal shame, and systemic barriers were a range of individual factors including but not limited to 'previous negative experiences of services; parental shame, fear and stigma; and parental problems, including mental health, substance abuse and domestic violence' (Smith and Donovan, 2003. As cited in Better Care Network and IPAN, 2020).

Despite these barriers there is potential for parent participation to enhance child wellbeing, given that '*parents have intrinsic value to their children'* (Better Care Network and IPAN, 2020, p.2).

Realising this potential involves advocacy and brokering for such parents, respecting that '*parents are the experts of their own lives'* and may be viewed more kindly as people experiencing difficulties and in need of support (Better Care Network and IPAN, 2020, p.24).

Parents have a right to be involved in their children's lives; children have a right to maintain connection with families

The review conceptualises parent participation in child welfare as a human right. The United Nations Convention on the Rights of the Child (UNCRC) makes clear '*the centrality of the role and responsibilities of a child's parents, or where applicable, the members of the extended family or community, in achieving and maintaining all children's rights'* (Better Care Network and IPAN, 2020, p.9). Parent participation is thus seen as a necessary part of achieving child rights.

While it is acknowledged that harm and violence can occur within families, child and parent rights are viewed as intricately inter-related rather than either/or, with a focus on prevention and support to address stressors that can exacerbate potential harm. The UN Guidelines for the Alternative Care of Children (2010) state that placement of a child outside parental care should only be where "the child's own family is unable, even **with appropriate support**, to provide adequate care," and that "removal of a child from the care of the family should be seen as **a measure of last resort** and should, wherever possible, be temporary and for **the shortest possible duration**" (UN Guidelines for the Alternative Care of Children, 2010. As cited in Better Care Network and IPAN, 2020, p.9).

Parent advocacy is seen as a way to help achieve this, in response to case studies in the review where separation of parents and children has been extended and detrimental to wellbeing. An example of a parent advocacy organisation working to support and/or safely reunite children with their parents or relatives is the **Washington State Parent Ally Committee**, a parent-led collaboration of parents and professionals. Policy advocacy by this group has contributed to the development of "Family Assessment Response" legislation to help to prevent child removal, where the response to a non-severe allegation of abuse and neglect is to provide parents with a short intervention designed to meet their needs, rather than subjecting them to an investigation by child protection services.

Critical success factors for implementation: Parent advocates

Parent advocates have successfully navigated the child welfare system

In the majority of examples in the review parent advocates have the lived experience of having had to navigate the child welfare system for themselves. For example, an evaluation of the **Parent to Parent Program** notes that:

> *'A parent partner[7] is a parent who has successfully navigated the child welfare system, is interested in working with other parents to help them be successful, and is able to reach out to other parents while maintaining appropriate boundaries.'* (Marcenko et al, 2009. As cited in Better Care Network and IPAN 2020, p.30).

Parent advocates need to have the time, commitment, skills and stability to help others

The Capacity Building Centre for the States (2016. As cited in Better Care Network and IPAN, 2020) groups selection criteria for parent advocates into three areas: experience with child welfare and current stability; availability and commitment; and skills and qualities.

A starting point for suitability for the role of parent advocate is that candidates are:

- Sober and clear of addictions
- Have had their own cases closed for at least 1-2 years
- Have resolved their own child welfare issues and developed insight into what is useful to share
- Have good interpersonal skills, including empathy, a positive attitude and good listening skills
- Have the time and commitment necessary to walk alongside other parents going through difficult experiences.

A fuller list of key criteria is included in Appendix 2.

Parent advocates need to be supported with training, supervision, adequate remuneration and clear role definitions

Another critical implementation success factor is making sure that appropriate **training** is provided to help parents make the transition from their previous role as client to one of advocate. The need for training was a common theme for interviewees in the review with key topics shown in Box 4 below (p.58).

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[7] "Parent partner" is the terminology used to describe a parent advocate in this particular example.

BOX 4: COMMON ELEMENTS OF PARENT ADVOCACY TRAINING PROGRAMS

Training can vary in duration, with some as intensive as 60 hours. Parent partner training commonly covers the following core domain areas:

- Strengths-based service delivery
- The child welfare system
- The role of the parent partner
- The peer-to-peer support process
- Family team meetings
- Court processes
- Drug and alcohol use/abuse
- Mental health and domestic violence
- Confidentiality
- Mandated reporting
- Presentation and communication skills
- Participation in policy making
- Setting boundaries
- Crisis management
- Self-care

SOURCE: Capacity Building Center for States. (2016 p.29).

Further information about training topics when setting up a parent advocacy organisation, compiled from a survey of select advocacy organisations in high income countries, can be found in Annex IV of the review (p.156).

Careful **supervision** is essential to harness the lived experience expertise of parent advocates, including guidance on issues like 'professionalism, transference, boundaries and maintaining one's own recovery' (Huebner et al, 2018. As cited in Better Care Network and IPAN, 2020). One example of a detailed framework demonstrates supervision and support of parent advocates, which recognises three key elements that can make becoming a parent advocate tricky, such as: a) transitioning from client to employee; b) possibly meeting your former social worker in a new capacity; c) and understanding workplace norms. Advocates may have no experience with supervision so the environment will need to help parent mentors learn to make good use of supervision (Frame et al, 2010. As cited in Better Care Network and IPAN, 2020, p.60).

A common concern requiring practical support and advice, particularly in the beginning is **role clarification** and providing parent advocates with practical how-to guidance including:

> *What are different ways to advocate for someone? What is a mentoring stance? What actions might be considered supportive and best in helping parents to help themselves?'* (Better Care Network and IPAN, 2020, p.60)

Finally, it is important to consider how parent advocates are to be paid. Parents who have had contact with the child welfare system are not likely to be particularly well off and **remuneration strategies** should be carefully thought through to make sure that parent advocates are not financially disadvantaged.

> *'A difficulty can be that payments for part-time work can affect parent advocates' income if they are claiming welfare benefits; this needs to be carefully considered.'* (Better Care Network and IPAN, 2020, p.63)

Critical success factors for implementation: Child welfare agencies

Agencies need to be willing and ready for parent advocates

It is a necessary step to prepare parent advocates for their roles but is not sufficient to ensure successful implementation without agency readiness. In this context readiness refers to mindset and willingness to work with parent advocates among individual social workers and agency staff, as well as organisational capacity and programme specific capacity. The National Technical Assistance and Evaluation Center for Systems of Care (NTAECSC) also stresses the need for strengths rather than deficits-based approaches to families.

The journey from outside protest, to collaboration and a seat at the table is exemplified through the development of the Child Welfare Organizing Project (CWOP) in New York, as summarised in Appendix 3.

Strong and collaborative leadership is needed to promote change

Lalayants describes resistance from some child protection staff to engaging with parent advocates in decision-making. Strong and collaborative leadership is needed to promote innovation in family engagement and to emphasise that parent advocates and family members are legitimately “at the table” (Lalayants, 2017. As cited in Better Care Network and IPAN, 2020).

Success factors that can underpin a shift to family-centred treatment also include **clear contractual arrangements** that include funding arrangements, and **common data collection** used to monitor and motivate effective implementation.

Evidence of benefits: The impact of advocacy for parents and children

Legal advocacy is one of the best evidenced areas of program advocacy

In child protection-oriented jurisdictions the legal structures around child removal can be complicated and difficult to understand. Evaluation of parent advocacy in legal representation points to positive results when parent advocates work in teams alongside legal attorneys and social workers. Benefits include getting the parents **voice** heard, improved **communication** and helping parents **access** services that the parents and attorneys agree are important (p.37).

A recent evaluation of the Iowa Parent Partner Program showed success in **reducing stays in care,** in keeping with the intent of the UN Guidelines for the Alternative Care of Children (Chambers et al, 2019, cited in Better Care Network and IPAN, 2020).

Similarly the advocate-social worker-attorney teams at the Center for Family Representation in New York aim to **speed reunification** through a focus on four key areas:

- Placement options that support a child's connection to family and community
- Service plans that are not duplicative or burdensome and that truly build on a family's strengths
- Advocacy at case conferences convened by the child welfare agency and foster-care agencies to keep the case progressing
- Visiting arrangements where families separated by foster care spend as much time as possible with as little supervision as is necessary, out of an agency whenever possible and doing activities that mimic family life (Thornton and Gwin, 2012. As cited in Better Care Network and IPAN, 2020).

Outcome research is showing promising results for parent advocacy including the reduction of maltreatment and faster reunification rates

An evaluation of the US Parents Anonymous advocate group showed improvement in some child maltreatment outcomes, reduced risk factors, and improved protective factors (using standardised scales), with statistically significant improvement on every scale for those who started with more serious needs (Polinsky et al, 2010. As cited in Better Care Network and IPAN, 2020).

Parent advocacy results in a **better engagement in the court process**, resulting in compliance with court-ordered case plans, court-ordered visitation, and maternal participation at key court events (Summers et al, 2013. As cited in Better Care Network and IPAN, 2020). Parent advocacy was also found to **shorten the length of court proceedings** (Courtney et al, 2012. As cited in Better Care Network and IPAN, 2020).

Also observed were **reductions in entry to care and speedier reunification rates.** Berrick et al (2011, cited in Better Care Network and IPAN, 2020, p.49) found that children were *'four times as likely to be reunified if their parents participated in the Parent Partner program.'* Another study found that the rates were 60% reunification in the first 12 months, compared to 26% for a comparison group that did not receive support. When other differences between the groups were controlled for statistically, reunification was four times as likely (Anthony et al, 2009. As cited in Better Care Network and IPAN, 2020).

Achieving lower entry-to-care rates requires early advocacy

The impact of advocacy services on entry-to-care rates was not observed in an evaluation of the New York City Family Court data. However, children spent an average of 118 fewer days in state care during the four years following the case filing. Overall permanency, reunification and guardianship were achieved more quickly. The lack of evidence for a reduction in entry-to-care rates was hypothesised to be due to the fact that legal support came so late in the child protection process.

Lalayants' evaluations (2019) of the use of parent advocates during **initial** child safety conferences found that rates of remand/foster care between 2013 to 2016 decreased from 35.9% to 25.4% and that where children entered care they were **more likely to enter kinship care.** The early involvement in child safety conferences and mediation provided by parent advocates resulted in better decision-making. This was because the problems of lack of voice, inability to challenge preconceived views of the family's issues and needs were addressed. This meant that fuller information was available to inform the best decision for the child (Lalayants, 2019. As cited in Better Care Network and IPAN, 2020).

Improved parent and family engagement through caring relationships

The skilful use of parent advocates' own stories and testimonies and '*availability at odd hours …helped many birth parents through some of the darker moments of despair'.* This wrapping of support around the person, rather than a process, led to a perception that '*Parent Partners were interested in building parents' self-reliance and individual capacities so that they would succeed in parenting their children'* (Marcenko et al, 2009. As cited in Better Care Network and IPAN, 2020, p.52).

Establishing a helping relationship reduced parents' feeling of social isolation, resistance, and hopelessness, while providing valuable information about the child welfare and court systems. Research supports the **matching of parent advocates** on geographic, socioeconomic, cultural and experiential background as it can provide a key point of connection (Nilsen et al, 2009. As cited in Better Care Network and IPAN, 2020).

In addition to helping navigate systems, when trusting relationships are established, parent advocates and mentors can help **connect parents to services** needed to address their needs. A number of studies examined the role that advocates can play in supporting parents with alcohol and drug problems, for example.

> *'Several of these studies show the positive effects that advocacy from parent advocates who understand addiction can have on child welfare system involvement, recovery, and resilience in the face of ongoing life stressors'* (Better Care Network and IPAN, 2020, p.51).

Introducing parent advocates to child protection agencies can help to change agency culture

Many papers cited in the review suggest that parent advocates can change the culture of child welfare agencies. In some instances, a parent advocacy programme was noted to have transformed the relationship between the child welfare agency and client families. In other instances, working side-by-side on a professional basis was a means of recognising skills and the contribution that could be made by those in recovery, reducing stigma and changing the workplace, community culture and attitudes (Better Care Network and IPAN, 2020, p.51).

The findings from this international review are mirrored in key countries examined in the following jurisdiction reviews.

United Kingdom

The commissioning form for this evidence scan highlighted a "UK case study" on independent review officers as an area of interest. General information about Independent reviewing officers (IROs) and their relevance to this work is summarised below, followed by an overview of advocacy approaches in the UK.

UK case study: Independent reviewing officers

The role of Independent reviewing officers

IROs are experienced social work managers. All local authorities have a duty to appoint an IRO to every child in care. IROs are required to oversee the care plan of every child to ensure that everyone who is involved in that child's life fulfils his or her responsibilities. IROs are also required to make sure the child understands that they are entitled to an advocate, and how an advocate could help. IROs and independent advocates should work together to support the child (Department for Children, Schools and Families, 2010).

The statutory duties of the IRO are to:[8]

1. monitor the local authority's performance of their functions in relation to the child's case
2. participate in any review of the child's case
3. ensure that any ascertained wishes and feelings of the child concerning the case are given due consideration by the appropriate authority
4. perform any other function which is prescribed in regulations.

Parent views of independent reviewing officers

A study of parent views of IROs by The Office for Standards in Education (2013) found that:

- parents were generally positive about the support they received from IROs
- most were happy with the time that IROs took to explain the review process and felt their views were taken into account
- parents were happy that IROs were independent
- parents valued the continuity provided by having the same IRO for a relatively long time.

Independent reviewing officers may not be the best use of funding

A government report has suggested that local authorities should be able to opt out of the IRO model and to use those savings to invest in the frontline. "The real issue is

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[8] webarchive.nationalarchives.gov.uk/20130904140540/https:/education.gov.uk/childrenandyoungpeople/families/childrenincare/a0065612/iro Cited on: 4 March 2021.

whether, rather than spending large amounts of money checking that children are being appropriately placed and cared for in the care system, we should invest that money in more frontline and line management staff to make that happen."[9]

Advocacy models in the UK

Parent advocacy is recognised as important in the UK

In England, the need for advocacy in child protection has been acknowledged for some time. In December 2002, the UK released the "Protocol on advice and advocacy for parents (child protection)" to aid those designing and delivering child protection services in England and Wales (Lindley & Richards, 2002). Current guidance also states that where a child protection conference is being convened, social workers should give information about advocacy agencies and explain that the family may bring an advocate, friend or supporter (Department for Education, 2018).

In 2014 the Scottish Independent Advocacy Alliance released "Families at risk: Guidelines for advocates", which outlines best practice for advocacy organisations working with families involved with the care and protection system. It is designed to work alongside the more general advocacy guidance documents: "Principles and Standards for Independent Advocacy" and "Code of Practice" (The Scottish Independent Advocacy Alliance, 2015).

Large advocacy groups spanning a range of models are common

In the UK most advocacy provided to parents in touch with the child protection system is provided by large advocacy groups that operate in a range of locations and provide a variety of different advocacy services. These groups are typically parent led, but often also include relevant professionals (such as social workers). Groups identified in this literature scan are summarised below, along with any research or evaluation material found.

In Scotland, **Parents Advocacy and Rights** (PAR), is an informal parent advocacy programme, established in 2016. It is a national parent-led group seeking to "support parents with children in the care system, as well as through children's hearings, child protection investigations, and other situations where they have lost care of their children, or risk losing care" (Sankara, et al, 2015. As cited in Better Care Network and IPAN, 2020). They are a group of parents and allies who offer peer support advice and advocacy to parents and families who need help to be heard and respected.

PAR do not do individual-level case work, but advocate for system reform with legislators, administrators and other policy matters. No formal evaluations have been carried out of this programme (Better Care Network and IPAN, 2020).

Parents, Families and Allies Network (PFAN) is a grassroots organisation formed in 2019. It undertakes policy and systemic advocacy by campaigning on parent

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[9] assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679320/Foster_Care_in_England_Review.pdf Cited on: 4 March 2021.

advocacy and social justice issues in the child protection system, and also acts as a broker to connect parents with advocacy and support services in the UK.[10]

Family Rights Group *(FRG)* was established in 1974 by a group of lawyers, social workers and academics in England and Wales who were concerned about how families were treated when social services were involved with their children. FRG work with parents whose children are at risk, are in the care system, or are living with other family members. Parents and their allies campaign together to champion policies and practices that keep children safe within their family and give parents influence in decision-making. FRG influenced the preparation of the 1989 Children Act in England and Wales, which introduced the key principle of working in partnership with parents to secure the best interests of children (Better Care Network and IPAN, 2020).

FRG's work is wide ranging, it provides self-advocacy services including free and confidential telephone and digital advice to families; peer support (e.g. for parents whose children are subject to child protection inquiries); group advocacy (e.g. supporting groups for grandparents raising grandchildren); individual legal advocacy; and systemic advocacy (supporting smaller advocacy groups as well as conducting advocacy aimed at influencing law and legal practice).[11]

Advocacy has been found to improve participation but to have mixed impacts on agency decision-making

An evaluation of FRG showed the service does have an impact on service users' ability to participate in the process, to engage effectively, ensure their views are considered, as well as to understand local authority policy, procedures and documents. However, most participants did not feel that the advocates' presence could impact on the local authority decision-making process (Featherstone, Fraser, Ashley, & Ledward, 2011). A targeted evaluation by Fraser & Featherstone (2011) of **indirect** and **self-advocacy** received through FRG showed the vast majority of participants:

- found advocacy support 'helpful'
- felt fully informed by the advocate
- were satisfied with the way the advocate had represented their needs
- trusted their advocate.

But, just over half of participants felt indirect or self-advocacy support had influenced the outcome of the case.

Case studies conducted as part of a wider evaluation of advocacy showed that the mother is often expected to engage with the system (and advocate) while the father (who may be the cause of the problems in the first place) is not.

This places additional pressure on the mother to find solutions to the problems that she may have little control over (Featherstone & Fraser, 2012).

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[10] www.pfan.uk/

[11] www.frg.org.uk/about-us

Coverage of local authority initiatives is variable

In the UK child protection services are managed regionally through 'Local Authorities'. As well as larger parent advocacy groups spanning the country (or globe), the UK has bespoke parent advocacy initiatives at the local authority level. Due to the time-limited nature of this review no specific searching for local authority initiatives was conducted. One local authority initiative was identified through other searching and this has been included in the paragraph below.

In 2020, the Local Authority of Southwark, London, hired a **Family Inclusion Coordinator** to work in partnership with parents and families to advise on local policy, develop a Family Council and a Parent Advocacy service (Better Care Network and IPAN, 2020).[12] No evaluation of this initiative has been conducted.

In Scotland the availability of independent advocacy varies depending on the area. Not all areas of the country have independent advocacy support available specifically for families at risk. Access criteria for independent advocacy organisations also differs by Local Authority (region). The Mental Health (Care & Treatment) (Scotland) Act 2003 gives everyone with a 'mental disorder' the right of access to independent advocacy therefore a parent who has a 'mental disorder', e.g. mental health problems or learning disability, will have a right of access to independent advocacy (The Scottish Independent Advocacy Alliance, 2015).

Issues-based groups have formed to provide peer advocacy

There are several other informal groups in the UK where parents affected by the child protection system have joined forces. These are often issue-based groups. For example, there are several groups of parents of children with disabilities, organising to combat child protection responses which accuse parents of fabricating or inducing illness,[13] and other groups of parents who have lost their children to adoption or care (Better Care Network and IPAN, 2020).

Peer advocacy can support parent engagement in child safety conferences

There is some qualitative evidence from the UK that peer-advocacy support can be effective for parents involved in the child welfare system.

Parent engagement in child safety conferences seems to be most effective when supported by a 'parent representative' who shares the parent's experiences of child welfare involvement and has successfully negotiated the child welfare system.

A qualitative study by Lalayants (2012) found:

- high parent satisfaction with advocates
- common barriers to engagement e.g. stigma associated with the child welfare system; lack of understanding of the advocate role; cultural differences; trauma/anger

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[12] www.jobsgopublic.com/vacancies/124004?ga_client_id=c239f7fa-7a5c-401a-b331-41b027f3d9e8

[13] www.facebook.com/fiightback/

- factors promoting engagement e.g. shared experience/background with advocate; neutrality of the advocate; non-judgemental approach.

Advocacy can also be provided by 'lead practitioner' professionals

Advocacy approaches include those where advocacy is provided by professionals, in addition to the responsibilities of their substantive role. In the **Lead Practitioner model** a lead practitioner undertakes an assessment, provides help to the child and family, acts as an advocate on their behalf and co-ordinates the delivery of support services. A GP, family support worker, school nurse, teacher, health visitor and/or special educational needs co-ordinator could undertake the lead practitioner role. Decisions about who should be the lead practitioner should be taken on a case-by-case basis and should be informed by the child and their family (Department for Education, 2018).

Systemic advocacy can enable the growth of individual advocacy approaches

For a country to support and grow a strong culture of advocacy overarching groups to support individual advocacy organisations can be helpful.

The Scottish Independent Advocacy Alliance (SIAA) works with its members and other stakeholders to influence policy and legislation developed by the Scottish Government and the Scottish Parliament. Their aim is to raise awareness about the value and impact of independent advocacy, influence decision makers ultimately with a view to widening access to independent advocacy for all who need it in Scotland. They also conduct research in the advocacy space and produce reports examining the practice and value of advocacy in different areas (although nothing specifically on parent/family advocacy in child protection).[14]

Advocacy for minority ethnic groups

Having same ethnicity advocates can support connection with parents

There is very little in the UK parent advocacy literature regarding parents from minority ethnic groups although parents from minority ethnic groups make up a significant proportion of people in contact with the UK child protection system. A case study conducted as part of a wider evaluation of advocacy provided by the Family Rights Group found that having an advocate from the same ethnic background as the parent (in this case 'black Caribbean') was important for the advocate to connect with and fully understand the parent (Featherstone & Fraser, 2012).

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[14] www.siaa.org.uk/ourwork/research-and-reports/page/3/

Australia

Advocacy models

Parent advocacy is an emerging area in the Australian child protection system

Government inquiries into child protection in Australia have identified the need for child protection agencies to actively engage families and children in decision-making processes when child safety issues exist (Parliament of Tasmania, 2011).

With the exception of family group conferencing there is increasing recognition of including children and families in child protection legislation. However, the principles and methods for actively incorporating participatory practices in child protection work in Australia have not been well developed. (Healy & Darlington, 2009).

A scan of the literature reveals parent advocacy in the child protection system in Australia is an emerging area. There is increasing awareness of the importance of supporting parents and an increasing number of advocacy support and services available to parents and families involved in the child protection system.

Specialist, representational advocacy services are a dominant advocacy model in Australia

A prominent advocacy model used in Australia is a **representational advocacy approach**. This approach does not attempt to apply the advocate's values or give an objective assessment of a person's situation. Instead, it aims to amplify the voice of the individual, outlines options and consequences (Maylea et al, 2020).

In Australia, community legal services are often funded by the state government to provide advocacy services for parents affected by child protection matters. Most community legal centres in Australia provide child protection legal services to families, including: early intervention advice and casework, Risk of Significant Harm reports, family group conferencing, parent responsibility contracts, guardianship orders, kinship care, contact orders, and disputes. Importantly, community legal centres combine legal assistance with **specialist non-legal advocacy** for families with complex needs. This includes people with intellectual disability, women experiencing family violence, and Aboriginal people. Within specialist child protection teams, lawyers and non-legal advocates work together to identify needs, provide culturally safe services and make connections to appropriate services (Community Legal Centres NSW, 2019).

The Family Advocacy and Support Service (FASS) came out of the Third Action Plan under the Nation Plan to reduce violence against women and their children 2010-2022.[15] Each Australian state has a FASS which is a free service providing assistance to families affected by family violence and child protection matters. **The service has two parts: a duty lawyer service and a social support service**. While the service's primary focus is providing support on family violence matters, the roles of the duty lawyer and family violence support worker includes state child protection agencies.[16]

In 2018, an evaluation focussing on the outputs and short-term outcomes of the FASS was undertaken. The evaluation found that the service was 'an effective and important programme that fills a gap in legal and social service provision to family law clients with family violence matters'. The evaluation found that the FASS had increased awareness of family violence among clients and stakeholders; increased support for, and help-seeking by, clients; and contributed to positive legal and social outcomes (Inside Policy, 2018).

Another example in Australia is the **Independent Family Advocacy and Support** (IFAS). Launched in 2018, IFAS is being piloted over three years by Victoria Legal Aid. It provides **non-legal advocacy** and support to parents and primary carers who are involved in the child protection system at the early stages. IFAS is a free and independent service. It does not provide legal advice and focusses on ensuring the rights of primary carers and families are upheld and that they are active participants in the wellbeing of their family. IFAS prioritises Aboriginal and Torres Strait Islander families and families where one or both parents have an intellectual disability.[17]

Research on representational advocacy found it to be an effective mechanism for providing support to parents

A 'mid-term' evaluation undertaken in 2020 of the IFAS service found people who used the service universally reported having a positive experience. They reported the mediation and facilitation role that advocates played enabled them to navigate the system and improved communication. Those that had used IFAS valued the non-judgemental approach of the representation advocacy model and consistently identified that IFAS had helped them understand their rights better (Maylea et al, 2020).

In another Australian study by Walsh and Douglas (2011), interviews were undertaken with community service providers and lawyers regarding advocacy and child protection matters. The research found that both professional groups agreed advocates are important and that parents and children benefit from having an advocate at all stages of the legal process. Advocacy was deemed necessary by those interviewed in order to achieve the best outcomes for children and families.

The main reasons given for this were that: parents whose children had been removed or were at risk of being removed are often distressed, emotional and traumatised meaning their capacity to speak and advocate for themselves is seriously compromised; parents often feel disempowered and this is particularly so

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[15] www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/DV/Report/section?id=committees%2Freportsen%2F024472%2F73046
[16] familyviolencelaw.gov.au/fass/
[17] www.legalaid.vic.gov.au/about-us/what-we-do/independent-family-advocacy-and-support

for Aboriginal families; and, parents often lack the skills to negotiate and advocate for themselves in formal meetings and proceedings. Benefits to having an advocate were reported by interviewees to be: less of a power imbalance including more active participation; negotiation of case plans that are realistic and achievable for the parent; and, ensuring parents are able to achieve the goals set out for them in case plans by actively referring them directly to appropriate community services (Walsh & Douglas, 2011).

Peer advocacy is an evolving area

Peer or consumer-led initiatives in child protection in Australia are still in their infancy (Ivec, 2013). The most prominent peer advocacy organisations in Australia are outlined below.

A prominent advocacy group representing parents in the child protection system in Australia is the **Family Inclusion Network** (FIN) Australia. FIN Australia was established in Western Australia in 2004, and there are now branches throughout most areas of Australia. FIN Australia believes that ‘parents and families have a central and essential role to play in the child protection process when children are at risk of being removed or have been removed’. FIN Australia’s aim is to support parents and families to be advocates for themselves and their children. FIN Western Australia is the only FIN Australia with any government funding to provide support for parents. Other state and territory FINs operate according to their limited resources and capacity and offer various services.[18]

Family Inclusion Strategies in the Hunter (FISH) began in 2014 as a practice forum for parents, carers and practitioners to promote the inclusion of families in child protection. The service has grown to include peer support and advocacy.[19] Between March 2019 and October 2020 FISH was involved in a short, funded trial project called the **Parent Peer Support Project**, which provided peer support for parents who had children removed from their care. The service included a support person at the Children’s Court, phone support, morning teas, and information sessions, resources and workshops. The service did not include attendance at court or meetings; however, this is an aspect of the service that depending on resourcing will be developed in the future (Cocks et al, 2021). The parent partners who worked in the trial project now work for FISH as Peer Support Workers and peer support and advocacy is now a permanent service offered by FISH (Better Care Network and IPAN, 2020).

In a review of the Parent Peer Support Project it was found that the Parent Partners increased their skills and confidence and felt positive about providing peer support to other parents. The project also highlighted a need for intensive individual support and advocacy for parents and family. The review found an unmet need for reliable advocacy services for parents and families, and that many parents and families would benefit from having someone to speak on their behalf, argue for resources, question plans and provide coaching (Cocks et al, 2021).

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[18] familyinclusionnetwork.com/
[19] /finclusionh.org/peer-services/

Parent-led self-advocacy resources and groups also exist

In addition to information and toolkits being available on the various State's child protection agency websites, a range of independent resources are also available to parents and families who are navigating the child protection system, to enable them to advocate for themselves. For example, the **Bumpy Road** is a New South Wales-based website that provides easy English factsheets for parents dealing with the child protection system. The resources have been put together by parents who have lived experience of the child protection system.[20]

Positive Powerful Parents, based in Victoria, is another example of a parent-led self-advocacy group for parents with an intellectual disability involved with the child protection system. Their primary purpose is to improve the advocacy potential of the parents it works with by providing training and programmes focused on building leadership and group skills, self-advocacy, administrative and organisation skills, and emotional regulation.[21]

Some organisations provide systemic advocacy in conjunction with other forms of advocacy

There are also various organisations throughout Australia working at a system level to influence and advocate for the rights of parents and families involved in the child protection system in Australia.

In addition to providing peer advocacy services, a primary component of both the **Family Inclusion Network**[22] and **Family Inclusion Strategies in the Hunter**[23] is system level advocacy to improve the child protection system for children in care and their families.

Other organisations that provide policy and systemic advocacy are **PeakCare Queensland,** established in 1999 to represent and promote matters of interest to non-government organisations involved in the delivery of child protection, out-of-home care and related services.[24] In 2018, the first **Queensland Parent Advisory Committee** (QPAC) was endorsed by the Minister for Child Safety in Queensland, and the first meeting was held in December 2019. The purpose of the QPAC is to ensure parent's voices are included in decision-making in Queensland's child protection system.[25]

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[20] www.bumpyroad.org.au/
[21] positivepowerfulparents.com.au/about-ppp
[22] finclusionh.org/about-us/
[23] familyinclusionnetwork.com/aims-objectives-of-fin-a
[24] peakcare.org.au/
[25] micahprojects.org.au/assets/docs/FIN-Resources/201910-SharedStrength-print.pdf

Advocacy services for Aboriginal and Torres Strait Islander families

There is a need for a Child Protection Advocacy Service for Aboriginal and Torres Strait Islander families

Aboriginal and Torres Strait Islander children are over-represented in Australia's child protection and out-of-home care services compared to non-Indigenous children (Child Family Community Australia, 2020). An independent review into Aboriginal out-of-home care in New South Wales recommended that a Child Protection Advocacy Service for Aboriginal families be established to give advice to and advocate for families involved in the child protection system. The recommendation was part of a set of strategies to drive down child removals and ensure children remain with family (Davis, 2019).

Some individual and systemic advocacy services exist

There are some examples of services which include advocacy for Aboriginal and Torres Strait Islander families at both the family level and system level. Some selected examples are below.

Lakidjeka Aboriginal Child Specialist Advice and Support Service (ACSASS) supports Aboriginal and Torre Strait Islander children and families who become involved with the child protection system in Victoria. The Department of Human Services (responsible for the child protection system in Australia) is required to consult with Lakidjeka before making any key decisions. Lakidjeka is run by the Victorian Aboriginal Child Care Agency (VACCA).[26]

As part of the Lakidjeka service, case workers represent and advocate for the best interests of Indigenous children and assist families to understand legal jargon and feel supported by someone from their own culture. Lakidjeka case workers engage on a long-term basis with a family and advocate on their behalf, particularly in relation to promoting the child's best interests and ensuring families understand child protection processes including court proceedings. Lakidjeka workers have status to act as a 'friend of the court' during court hearings and are able to give unsworn statements in the court room. (This status is only acknowledged in the Melbourne Children's Court, and not in the Magistrates Court or County Court.) This means that Lakidjeka workers are recognised by the court as having a legitimate role in the proceedings, and having expertise in Indigenous child and family welfare matters (Higgins & Butler, 2007).

The Intensive Family and Parenting Support (IFPS) program is a family support provided by the Tangentyere Council to support Town Camp Communities and remote communities as part of their Family and Kin Program.

Using the 'Children Safe, Family Together' Family and Kin Care Model[27] the service provides intensive case management and tailored support to all families in Alice Springs with children aged 0-18. The team includes a social worker and team of

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[26] www.vacca.org/page/services/children-and-families/children-in-care/lakidjeka

[27] hirp-cdn.multiscreensite.com/d440a6ac/files/uploaded/Tangentyere%20Children%20Safe%2C%20Family%20Together.pdf

specialist Child and Family Practitioners who work with families according to their individual needs using a strengths-based, family-focused approach. Support for families as part of the programme includes advocacy.[28]

In addition to providing advocacy services directly to families, the Tangenyere Council also advocates at a systemic level to ensure the voices and needs of their community are heard and understood at a State and national level.

The Queensland Aboriginal and Torres Strait Islander Child Protection Peak is another example of a peak body who works with communities, policy makers and practitioners to promote and advocate for the development of policies, strategies and programmes that help to resource, support and strengthen the capacity and capability of the Aboriginal and Torres Strait Islander child protection sector.[29]

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[28] www.tangentyere.org.au/newpage8d6b4610
[29] www.qatsicpp.com.au/about-us/our-purpose/

Advocacy for indigenous groups: United States & Canada

International advocacy initiatives for indigenous peoples and their children do exist

Advocacy for the rights and wellbeing of children of indigenous peoples starts right at the top – meaning global advocacy. For instance, UNICEF has the 'Innocenti Research Centre' to strengthen its research capability, to support its advocacy for children globally, and to help with the facilitation of implementing the United Nations Convention of the Rights of the Child (UNCRC).[30] Another example of a global advocacy group for indigenous children (and adults) is 'Survival International'[31]. They advocate on behalf of some indigenous tribes in South America, Africa, and India. They also support indigenous people's efforts to lobby governments, and assist them with investigations, etc. Children's rights and welfare are very much part of their agenda.

In the US there are 567 tribal 'First Nations',[32] and in Canada there are 634 tribal First Nations.[33] In Canada alone there are 50 indigenous languages.[34] While both First Nations and Māori are unique cultures, the effects of colonisation may have some parallels (Haimona-Riki, 2019). In these two jurisdictions, we sought to understand the types of advocacy models available for First Nations people and for the wellbeing of their children. The search found many organisation-level advocacy agencies for indigenous peoples of the US and Canada, but few examples of parent advocacy on behalf of indigenous children.

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[30] www.unicef-irc.org/
[31] www.survivalinternational.org/
[32] www.fcnl.org/updates/2016-09/seven-priorities-native-american-advocacy
[33] www.afn.ca/about-afn/
[34] www.rcaanc-cirnac.gc.ca/eng/1100100013785/1529102490303

There are networking, research, and systemic advocacy initiatives in the US

By 1976 one in every four Native American or Alaskan children were in out-of-home care in the US. Two years later, **tribal leaders and advocates** secured the creation of the Indian Child Welfare Act (ICWA) 1978. The Act was intended to stop the systemic uplifting of Native American children, that was designed largely to dismantle indigenous family structure. However, the Act is frequently not followed by child welfare agencies. For instance, in Alaska 60 percent of children in out-of-home are Native American when Native Americans are only 17 percent of the Alaskan population (Cross, 2014).

In the US, the **Friends Committee on National Legislation** lobbies government on behalf of Native Americans.[35] They outline seven priorities for this work to reverse the effects of colonisation. Four of the seven priorities are for the wellbeing of Native American children, who have historically been taken from their families (Seven Priorities for Native American Advocacy, 25 September 2016).

The National Indian Justice Centre[36] is a Native American owned and operated organisation and NGO. They offer education and advocacy across the spectrum of youth and family justice, child abuse and neglect, and parental support. One of its programmes, 'Bitter Earth', provides support and education to indigenous communities using traditional and culturally relevant resources. This education programme is provided to child advocates to help children who have suffered abuse and also to help parents and families navigate the justice system (UNICEF, 2003).

The US-based **National Indian Child Welfare Association** (NICWA), also advocates for Native American children and families.[37] Their model of advocacy is to work as a group/organisation advocate, which is funded by donations and charity, as well as by Native American tribes such as the Puyallup Indian tribe. NICWA use a multi-media platform, function at multiple levels, and provide training to parents. They also advocate for policy change, provide education, research, and various guides. They include ICWA (Indian Child Welfare Act, 1978) champions who advocate on behalf of children and their families.

There are also networking, research, and systemic advocacy initiatives in Canada

In Canada, the University of Victoria in Vancouver established a research centre called the **Indigenous Child Well-being Research Network** (ICWRN).[38] They provide training, education, and resources such as indigenous American research methods.

The central aim of ICWRN is to 'reclaim' research for indigenous child wellbeing and ensure that it is relevant to indigenous peoples. Their website links to several indigenous child wellbeing advocacy groups.

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[35] www.fcln.org/
[36] www.nijc.org/
[37] www.nicwa.org/
[38] icwrn.uvic.ca/

In 2006, the **Assembly of First Nations** (AFN), a national advocacy organisation for First Nations people in Canada, reported that one in 10 First Nations children were in 'outplaced' or out-of-home care. Consequently, the AFN, in partnership with the indigenous child welfare advocacy group **First Nations Child and Family Society of Canada** (FNCFSC),[39] took this and many other issues to the Canadian Human Rights Commission. Like many of the other organisation-level advocacy groups, the FNCFSC operates at a high-level, runs on donations, offers networking, education, and organises rallies and events.

The need for parent advocacy is recognised, especially for indigenous children in education

Abinanti (2006) discusses the issues that Native Americans face with the US child welfare system noting that the system discriminates against them and performs poorly even for non-Native Americans. Indigenous children with disabilities and their families face additional challenges with schools and teachers in the US. For instance, parents and families have to navigate through communication problems, historical and recent traumas, neglect of their native languages, and a lack of culturally appropriate education for their children (Banks & Miller, 2005). For these people, parent and family involvement in their children's education requires advocacy (Abinanti, 2006).

Self-advocacy initiatives are beneficial but need stable funding

According to SusanRae Banks, a special education academic and expert, parents need to be trained and supported to be able to advocate for their children. She goes further to say that parent training and information centre providers or PTICs need to be institutionalised. While they are federally funded in the US, that funding is based on a competitive, five-year cycle. PTICs cover each state, and there is a national version for indigenous parents (National Native Americans Families Together Parent Training and Information Center – NNAFT). However, PTICs are not sufficiently funded to help indigenous parents of children with disabilities (Banks & Miller, 2005).

Banks and Miller (2005) describe the success of an 'Outreach' model of advocacy, which empowers and supports Native American families and parents (a **self-advocacy** model for parents). Empowering parents to be able to advocate for their children preserves their self-determination. The outreach programmes also provide education in many relevant areas, such as legal aspects and rights, as well as networking at all levels from individual parents, to tribes, and to government agencies. They also facilitate communication, and provide coordination at all levels.

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[39] fncaringsociety.com/welcome

The Saskatchewan Advocate is an example of an independent service that provides both professional individual and systemic advocacy

Saskatchewan is a Canadian province that has been home to various indigenous peoples for thousands of years. Saskatchewan has an independent advocacy group for children and youth, which provides individual and professional advocacy for children who are in the care of the Government of Saskatchewan.[40] In cases where they can see that there are systemic issues, they will advocate at the systemic level to try to bring around change. For indigenous children, the advocacy group adheres to the 'touchstone' guiding principles both at the individual and systemic levels, which was established with the help of FNCFSC.[41]

Tribal advocacy – where workers mentor family and tribal members who can act as advocates – is a potential model

Abinanti (2006) describes a model whereby selected workers can mentor advocates, whether they are parents, extended family members, or members of the tribe. These mentors are cognisant of the differences between Native American and non-Native American practices and child rearing. However, no actual examples of this type of advocacy were identified in this review, and further searching is required.

Individual advocates: Daryle's story – a case study of a Native American advocate

Daryle Conquering Bear Crow (Seneca Nation of Indians) was himself placed in foster care by the State Child Protective Services and had no contact with his family until he aged-out of care. If the Indian Child Welfare Act (ICWA) of 1978 was adhered to, he'd have much stronger connections with his tribe and his culture and would not have been placed in a non-Native American foster care system (Cross, 2014).

Daryle advocates for Native American children, youth, their parents and families, and also for policy change (**systemic/policy advocacy)** and trains other parents and tribes for **self-advocacy** and self-determination with respect to child welfare. Essentially Daryle advocates to ensure that agencies are complying with the ICWA, and there are hundreds of such advocates within the Seneca tribe (Cross, 2014).

Individual parent and child advocacy is not commonplace

It's hard to tell from this search if there is much in the way of advocacy for parents in the US or Canadian child welfare/protection systems. While it is apparent that there are several groups at national and international levels advocating at the highest levels on behalf of all indigenous peoples, few are advocating for parents alone. The case study of Daryle at least shows that there is such advocacy. But there doesn't appear to be a mandated system of parent advocacy in either the US or Canada –

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[40] www.saskadvocate.ca/advocacy

[41] See www.saskadvocate.ca/sites/default/files//u3/Touchstones_of_Hope_Fact_Sheet_Web.pdf

only the Saskatchewan Advocate group offered individual advocacy on behalf of the child.

A more thorough search and investigation into parent advocacy, including direct contact with advocacy agencies, may reveal more about the various models used in these two countries. At this point we can only conclude that while parent advocacy is not common, services tailored for indigenous populations are even less so, despite their over-representation in the clientele of child welfare agencies.

Advocacy for disabled parents

This section of the evidence brief draws on international examples to demonstrate the type of advocacy that exists for parents with disabilities, rather than focusing on specific jurisdictions.

The need for advocacy for parents with disabilities

Disabled parents can be discriminated against by child protection professionals

Disabled parents are over-represented in the child protection system. Information from child protection studies indicates that parents with intellectual disabilities are at a higher risk of coming to the attention of child protection services and having their children removed from their care (Collings, Strnadova, Loblinzk, Dank & Wales Sydney, 2019).

Disabled parents can sometimes experience discrimination regarding their parenting capabilities by child protection workers and other professionals. A survey of nearly 300 child protection workers across three countries described parental intellectual disability as a ‘red flag’. Tasmanian parents living with a disability described Child Safety Services as using the challenges they faced as evidence for their inability to safely parent, rather than exploring options for parents and helping them (Hinton, 2018). The discrimination from child protection services reflects ableism. Ableism is a set of beliefs, processes or practices where disabled people are excluded from participation due to their disability, rather than society’s lack of inclusivity.[42]

Disabled parents can feel powerless and fearful of child protection processes

Disabled parents that have had their children removed from their care have reported feelings of being unfairly treated, a sense of powerlessness, and fear of future child removals. From a study conducted in Australia with parents who had an intellectual disability, parents found the child protection process confusing and felt that they were not listened to by child protection professionals, lawyers, and judges. Furthermore, some parents described being spectators to their child protection cases due to having little influence or say over decisions and outcomes (Collings, Spencer, Dew, & Dowse, 2018).

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[42] www.accessliving.org/newsroom/blog/ableism-101/

Disabled parents need advocacy when involved with child protection

In addition to issues with discrimination[43] and feelings of powerlessness and fear, disabled parents may need access to advocacy when involved with the care and protection system for the following reasons:

- Cognitive impairments can result in difficultly understanding complexity, or understanding cause and effect
- Cognitively impaired people might take longer to process information or need it in a more accessible format
- Individuals may struggle with memory
- Hearing and sight impaired people need accessible information
- Mental illnesses or psychological impairments may make it difficult to manage emotions and deal with stressful situations.

Families need support to find and access advocacy services

Finding and accessing advocacy services often falls to parents and their families. This can be difficult as many families are facing adversity and have few resources. Therefore, families that need the most support are those who are sometimes the least able to access it (Robinson, Valentine, Newtown, Smyth & Parmenter, 2020).

Models of advocacy

Individual and systemic advocacy approaches are needed

The Pearson & Hill (2009. As cited in Insights MSD, 2016) report strongly recommended that advocacy for disabled people should occur through two main streams: individual advocacy and systemic advocacy. Individual advocacy should also incorporate other models including self-advocacy, legal advocacy, and family advocacy, to appropriately meet the needs of the individual and their family.

Individual advocacy may not be sufficient in addressing the fundamental barriers disabled people face within the public sector. This is due to its focus on rectifying the unfair experiences of specific cases, rather than supporting greater empowerment for people with a disability. Similarly, many stakeholders believe that for systemic advocacy to be effective, it should be properly resourced and be available alongside individual advocacy. Therefore, to achieve wider changes and enable an easy flow of information for disabled parents, individual and systemic advocacy are needed in combination (Pearson & Hill, 2009. As cited in Insights MSD, 2016).

Healthy Start is an example of an Australian government-funded systematic advocacy initiative. The programme uses research to develop and implement a national strategy based on best practice and build systems capability to support cognitively impaired parents in their parenting roles (McConnell, Feldman, Aunos, & Prasad, 2011).

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[43] www.scope.org.uk/about-us/social-model-of-disability/

Incorporating multiple advocacy models can be beneficial

The specialist advocacy programme in Australia highlights the benefits of using multiple advocacy approaches. The programme consists of a combination of professional advocacy (paid advocate), legal advocacy (a specialist child protection lawyer) and citizen advocacy (a small number of volunteer advocates). A 2018 study indicated that advocates provided practical support, like helping parents understand the child protection process, meeting court requirements and attending meetings or hearings. Advocates also provided emotional support through building trusting and respectful relationships which improved the self-confidence and self-determination of disabled parents (Collings et al, 2018).

Furthermore, disabled parents who received the service explained that having someone who took the time to explain what was happening in simple language, meant that they were able to participate more equally in the child protection proceedings (Collings et al, 2018).

Specialist professional advocacy has a range of benefits for parents with disabilities

Individual advocates should have a good understanding of the child protection process. Roles of individual advocates may include:[44]

- Explaining to parents what is happening and ensuring they understand. For example, multiple services and professionals are often involved in child protection proceedings and advocates must make sure parents and family are aware of their different roles
- Making sure accessible language is used. For example, where legal jargon is used, clarifying the meaning and ensuring parents have a good understanding
- Advocating that because parents have learning difficulties this does not predict parenting competence or barriers to developing parenting skills
- Supporting parents to speak up as appropriate or required
- Making sure that parents have access to their child protection case reports and enough time to understand the content so they can put forward their own views on them
- Making sure parents understand that they can contest decisions
- Providing parents with emotional support.

For those with disabilities the main benefits of individual advocacy include:

- Reengaging disabled parents with child safety provisions if they were struggling to understand the proceedings beforehand
- Assisting parents in understanding documents and paperwork
- Facilitating better working relationships between professionals and parents through mediation
- Alleviating fears that disabled parents can have about protection agencies
- Building stronger interagency support and resources
- Positive development outcomes for children with their school attendance, academic performance and access to additional services, as a direct result of advocate involvement

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[44] www.parentingrc.org.au/wp-content/uploads/2018/01/Advocacy-Support-During-Child-Protection.pdf

- Re-establishing relationships between parents and previously removed children (Bauer et al, 2014)

For example, a study of 14 parents with intellectual disability who were involved with the child protection system found overall parents benefited from professional advocates. Parents felt they were treated with more respect when their advocate was present; they had a better understanding of the child protection process; their voices were heard with the help of an advocate; parents felt supported emotionally; and the advocates were able to challenge poor social work practice in a way the parents were unable to. The authors conclude that there is a need to develop specific advocacy services to support parents with intellectual disabilities in the UK (Tarleton, 2008).

Self-advocacy can boost parents' confidence, participation, and parenting skills

Self-advocacy is common in the disability sector. It refers to the ability for parents to confidently speak up for themselves and about the things important to them. Self-advocates need to be able to:

- Understand their rights and how to make decisions
- Be able to speak up about their rights and what they want in their lives
- Come together with people who share the same experiences as them
- Work together for inclusion and to make change happen.[45]

Access to self-advocacy services and groups, like **People First** and **Equal Say for Parents**, promote self-advocacy skills in disabled parents that can lead to improved confidence and self-esteem (Stewart & McIntyre, 2017). The self-advocacy groups work on problem solving, coping with stress, assertiveness and offering support to each other.[46] Boosting parents' confidence and self-esteem can support them in participating in formal child protection proceedings as well as encourage them to develop their parenting skills.[47]

Self-advocacy may be more effective in combination with other forms of individual advocacy

There is some debate over whether an approach to advocacy for parents with disabilities should focus solely on self-advocacy, or whether self-advocacy should be provided in conjunction with, or supported by, individual advocacy. This is because disabled people may struggle understanding formal child protection proceedings or raising issues with service providers on their own behalf.

Self-advocacy may therefore be more effective in combination with other models of advocacy because disabled parents can speak up for themselves, but also receive support in understanding the complexity of child protection proceedings. Many advocacy agencies do support parents to progress from individual to self-advocacy over time (Pearson & Hill, 2009. As cited in Insights MSD, 2016).

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[45] www.selfadvocacyportal.com/about-empower-us-1
[46] www.equalsay.org/projects/equal-say-for-parents-esp/
[47] www.basw.co.uk/resources/working-together-parents-network-update-dohdfes-good-practice-guidance-working-parents

Parents with disabilities can also benefit from peer advocacy

Parents can benefit from receiving peer support. Peer advocacy provides the opportunity for disabled parents to share their experiences and opinions with others in similar circumstances. Connecting parents through peer advocacy can also help vulnerable and isolated parents receive comfort and companionship from others (Collings et al, 2019).

Many organisations, like the **Disabled Parenting Project** (DPP), facilitate peer advocacy networks through creating an online space where disabled parents can interact and share advice. DPP is also interlinked with systemic advocacy as it also seeks to inform social policy from resources created by and for the disabled parenting community.[48]

Family advocacy can be used to support parents with disabilities

Family Advocacy can be when whānau members advocate on behalf of a disabled family member or when advocacy services work with wider whānau instead of just parents. Family advocacy may be particularly important if disabled parents are unable to advocate for themselves.

Merseyside Family Support Association (MFSA) is an independent voluntary advocacy agency in the UK that works alongside families involved with child protection services. MFSA's fundamental principle is that families have the power to turn their lives around and put the needs of their children first. MFSA aims are to:

- Promote the participation of family in planning and decision making about their children
- Offer advice and support to empower parents
- Promote understanding, good practice and equal opportunities for all family members.

Overall, MFSA works in partnership with parents, social services and other agencies to support parents with child protection issues (Lindley & Richards, 2002).

Specialist advocacy working with the family of disabled parents is recommended for those from culturally diverse backgrounds

It is important to facilitate family advocacy for ethnic communities as they traditionally have strong family links and cultural ties. Paid advocacy for disabled parents from culturally diverse backgrounds should be done by specialist advocates. Specialist advocates should have detailed cultural knowledge and understand how this comes into play with legislation, service systems and procedures. Specialist advocates also need to work alongside the individual's family as they are an important advocacy pathway for people with disabilities (Pearson & Hill, 2009. As cited in Insights MSD, 2016).

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[48] disabledparenting.com/about-us/mission-statement/

Research exploring the accessibility of health and disability support for disabled service providers and their whānau in the Southland region helps to build this point. The recommended attributes for specialist advocates include:[49]

- Someone who understands the disabled Māori population and appropriate service providers
- A familiarity with the local Māori community, including knowledge of resources that could be utilised
- Health knowledge through professional training, health promotion, delivery, or research.

These recommendations could be applied to specialist advocates for disabled Māori parents involved with care and protection services.

Legal advocacy can be beneficial but is also expensive

Both disabled and other parents can benefit from legal advocacy. Legal advocates can cover a broad range of functions including;

- Providing parents with explanations about what is happening
- Encouraging parents to express their views and needs
- Adding information about the parents and family's situation
- Giving independent unbiased advice
- Mediating relationships between parents and other professionals
- Challenging views, actions and decisions on behalf of parents
- Putting forward and negotiating alternative options (Lindley & Richards, 2002).

Significant outcomes have been achieved for people who have used legal advocacy at the individual and systemic level. However, the legal advocacy that is required to meet these outcomes are often time consuming and expensive (Pearson & Hill, 2009. As cited in Insights MSD, 2016).

Citizen advocacy can provide cost effective and long-term support, but has some limitations

Citizen Advocacy, which involves volunteer advocates, promotes and protects the interests of disabled people by connecting them to non-professional individuals within the community. The benefits of citizen advocacy include being cost effective because advocates are volunteers, and providing long-term and relationship building support which may prevent crisis situations from occurring (Pearson & Hill, 2009. As cited in Insights MSD, 2016).

There are some concerns with the effectiveness of citizen advocacy in supporting disabled parents involved with child protection services. Concerns about the citizen advocacy model include:

- Not being designed for short-term or urgent advice or assistance which parents involved with child services many need

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[49] www.donaldbeasley.org.nz/assets/publications/haua-maori/Haua-Mana-Maori-Living-unique-and-enriched-lives.pdf

- Volunteer advocates may not have the skills to deal with the complex matters for disabled parents involved with care and protection
- The non-professional nature of the relationships may have implications for practice standards
- The citizen advocate relationship is considered by some to be more of a social relationship or mentoring role (Pearson & Hill, 2009. As cited in Insights MSD, 2016).

An example of citizen advocacy for disabled individuals is the **Sunbury Citizen Advocacy** organisation in Australia. Volunteer advocates aim to make a positive difference for possibly lonely or struggling intellectually disabled people through building supportive long-term relationships with them. However, this advocacy programme does not specifically support disabled parents involved with Australian child protection services.[50]

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[50] www.citizenadvocacysunbury.com.au/

Conclusion

Parent Advocacy in child welfare settings is intended to redress power imbalances and allow parents to have a voice in important decisions affecting the lives of their families. Power imbalances can arise from societal factors that lead to discriminatory practices unless concerted efforts are made to counterbalance such tendencies. Those with the least power are at greatest risk, as such particular efforts and tailoring of services needs to be made for ethnic minorities, indigenous people and the disabled.

This time-limited research scan suggests that advocacy for parents and whānau should combine multiple approaches to advocacy that can be adapted flexibly to their needs. The scan also suggests that a long-term approach to ensuring meaningful parent participation should combine both individual level case advocacy – approaches that are both housed inside and outside of agencies – and systems-level advocacy.

A number of models and approaches to advocacy were identified in this review. Parents who received support had a high level of trust in the services provided, felt less isolated, were more hopeful and better understood both court and child welfare processes.

In addition, there was some promising evidence of positive impacts on child and family wellbeing when parent advocacy services were provided. Lalayants's evaluations of the use of parent advocates during initial child safety conferences found that rates of remand/foster care decreased between 2013 to 2016 from 35.9% to 25.4% and that where children entered care they were more likely to enter kinship care (Lalayants 2019 cited in Better Care Network and IPAN, 2020). Other research found a fourfold reduction in entry to care and decreased maltreatment rates (Berrick et al, 2011; Polinsky et al 2010, both cited in Better Care Network and IPAN, 2020).

Further evaluation and evidence of effectiveness is needed to confirm these findings and to identify best practice models.

This Evidence Brief is the first step in a wider research and information-gathering phase intended to inform the development of policy options for how such services could be designed and rolled out. It is not intended to be read in isolation – all ideas in this brief garnered from overseas need to be considered and tested in a New Zealand context, respecting local knowledge and expertise, particularly that of tangata whenua.

References

Abinanti, H. (2006). *Passports for Native children: A best practice approach for tribal advocates working with Native children who have suffered abuse*. Tribal Law and Policy Institute at www.tlpi.org. Retrieved from www.tribal-institute.org/download/Passports_for_Native_Children.pdf

Banks, S., & Miller, D. (2005). Empowering indigenous families who have children with disabilities: An innovative outreach model. Disability Studies Quarterly, 25(2). Retrieved from dsq-sds.org/article/view/544/721.html

Bauer, A., Wistow, G., Dixon, J., & Knapp, M. (2014) Investing in advocacy for parents with learning disabilities: What is the economic argument? *British Journal of Learning Disabilities.* Retrieved from onlinelibrary.wiley.com/doi/abs/10.1111/bld.12089

Better Care Network and IPAN. (2020). *International Review of Parent Advocacy in Child Welfare: Strengthening Children's Care and Protection Through Parent Participation.* Better Care Network, New York. Retrieved from bettercarenetwork.org/sites/default/files/2020-10/BCN_Parent_Advocacy_In_Child_Welfare.pdf

Child Family Community Australia. (2020). *Child protection and Aboriginal and Torres Strait Islander Children.* CFCA Resource Sheet – January 2020. Retrieved from aifs.gov.au/cfca/publications/child-protection-and-aboriginal-and-torres-strait-islander-children

Collings, S., Spencer, M., Dew, A., & Dowse, L. (2018). 'She was there if I needed to talk or to try and get my point across': Specialist advocacy for parents with intellectual disability in the Australian child protection system. *Australian Journal of Human Rights, 24*(2), 162-181. Retrieved from www.tandfonline.com/doi/full/10.1080/1323238X.2018.1478595

Collings, S., Strnadová, I., Loblinzk, J., Dank, J., & Wales Sydney, S. (2019). Disability and Society Benefits and limits of peer support for mothers with intellectual disability affected by domestic violence and child protection. *Disability and Society*, 35(3), 413–434. Retrieved from www.tandfonline.com/doi/full/10.1080/09687599.2019.1647150

Community Legal Centres NSW. (2019). The importance of early legal support for families in the child protection system. Retrieved from www.clcnsw.org.au/sites/default/files/2019-08/Factsheet - Early Intervention Child Protection - FINAL.pdf

Cocks, J., Stoker, L., Common, S., Evans, R., Geale, A., Johnston, L., Kime, F., & Ross, N. (2021). *From little things big things are coming: Final report of the parent peer support project 2020*. Family Inclusion Strategies in the Hunter, Life Without Barriers and the Newcastle Law School. Retrieved from finclusionh.org/wp-content/uploads/2021/02/PPSP-Final-Report-18.2.21.pdf

Cross, T. L. (2014). Child welfare In Indian Country: A story of painful removals. Health Affairs, 33(12), 2256-2259. Retrieved from www.healthaffairs.org/doi/10.1377/hlthaff.2014.1158

Davis, M. (2019). Family is culture: Independent review into Aboriginal out-of-home care in NSW. Retrieved from www.familyisculture.nsw.gov.au/media/independent-review-OOHC

Department for Children, Schools and Families. (2010). IRO Handbook: Statutory guidance for independent reviewing officers and local authorities on their functions in relation to case management and review for looked after children. Retrieved from nairo.org.uk/about/what-is-an-iro/#:~:text=There%20are%20about%2075%2C000%20children,care%20in%20England%20and%20Wales.&text=IROs%20are%20required%20to%20oversee,fulfils%20his%20or%20her%20responsibilities

Department for Education. (2018). *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children.* H.M. Stationery Office, London UK. Retrieved from informahealthcare.com/doi/abs/10.1080/13561820020003919

Featherstone, B., & Fraser, C. (2012). 'I'm just a mother. I'm nothing special, they're all professionals': parental advocacy as an aid to parental engagement." *Child & Family Social Work, 17*, 244-253. Retrieved from onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2206.2012.00839.x

Featherstone, B., Fraser, C., Ashley, C., & Ledward, P. (2011). Advocacy for parents and carers involved with children's services: making a difference to working in partnership? *Child and Family Social Work, 16*, 266-275. Retrieved from onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2206.2010.00738.x

Fraser, C., & Featherstone, B. (2011). Evaluation of Family Rights Group Parent/Carer Advocacy Service 2009-2010. Final Report–Executive Summary. Retrieved from www.frg.org.uk/images/PDFS/frg-advocacy-service-evaluation-report-2011.pdf

Haimona-Riki, Mare. (2019). *Māori and First Nations students strengthen indigenous bonds.* Te Ao: Māori News. Retrieved on 22 March 2021 from www.teaomaori.news/maori-and-first-nations-students-strengthen-indigenous-bonds

Healy, K., and Darlington, Y. (2009). Service user participation in diverse child protection contexts: principles for practice. *Child and Family Social Work*, *16,* 420-430. Retrieved from onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2206.2009.00613.x

Higgins, J.R. and Butler, N. (2007). *Indigenous responses to child protection issues.* Promising Practices in Out-of-Home Care for Aboriginal and Torres Strait Islander Carers, Children and Young People' (booklet 4). Melbourne: Australian Institute of Family Studies. Retrieved from aifs.gov.au/cfca/publications/characteristics-promising-indigenous-out-home-care-programmes-and-services

Hinton, T. (2018). *Breaking the cycle: Supporting Tasmanian parents to prevent recurrent child removals.* Analysis & Policy Observatory. Retrieved from apo.org.au/node/193271

Inside Policy. (2018). *An evaluation of the Family Advocacy and Support Services: Final Report.* Australian Government. Retrieved from www.ag.gov.au/sites/default/files/2020-03/fass-final-evaluation-report.pdf

Insights MSD. (2016). *Response to EAP request 128 – Literature Review on Advocacy.* Ministry of Social Development. Wellington, NZ. Unpublished.

Ivec, M. (2013). *A necessary engagement: an international review of parent and family engagement in child protection.* Anglicare Tasmania. Retrieved from www.researchgate.net/profile/Mary-Ivec/publication/269469266_A_Necessary_Engagement_An_International_Review_of_Parent_and_Family_Engagement_in_Child_Protection/links/548d347e0cf2d1800d80cb6d/A-Necessary-Engagement-An-International-Review-of-Parent-and-Family-Engagement-in-Child-Protection.pdf

Kedge, S., & McCann, C. (2020). *Language and communication skills among young people at a youth justice residence: Report for Kingslea School.* Talking Trouble and University of Auckland. Retrieved from www.kingslea.school.nz/wp-content/uploads/2020/07/Kingslea-Talking-Trouble-report-final.pdf

Lalayants, M. (2012). Parent engagement in child safety conferences: the role of parent representatives. *Child Welfare, 91,* 9-42. Retrieved from www.researchgate.net/profile/Marina-Lalayants/publication/262534827_Parent_Engagement_in_Child_Safety_Conferences_The_Role_of_Parent_Representatives/links/5f2a2891458515b729035d98/Parent-Engagement-in-Child-Safety-Conferences-The-Role-of-Parent-Representatives.pdf

Lindley, B., & Richards, M. (2002). *Protocol on advice and advocacy for parents (child protection).* Centre for Family Research University of Cambridge. Retrieved from www.frg.org.uk/images/PDFS/advocacy-protocol.pdf

Maylea, C., Thomas, S., Bashfield, L., Kuyini, B., Costello, S., & Singh, M. (2020). *Midterm Evaluation of Independent Family Advocacy and Support (IFAS) pilot service.* RMIT University. Retrieved from www.legalaid.vic.gov.au/sites/www.legalaid.vic.gov.au/files/vla-rmit-midterm_evaluation_of_independent_family_advocacy_and_support_final.pdf

McConnell, D., Feldman, M., Aunos, M., & Prasad, N. (2011). Parental cognitive impairment and child maltreatment in Canada. *Child Abuse & Neglect, 35*(8), 621-632. Retrieved from www.sciencedirect.com/science/article/abs/pii/S0145213411001591?via%3Dihub

Modernising Child, Youth and Family Expert Panel. (2016). *Expert Panel Final Report: Investing in New Zealand's Children and Their Families*. Wellington, Ministry of Social Development. Retrieved from www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/investing-in-children/final-report.pdf

Parliament of Tasmania. (2011). *Select committee on child protection: final report,* Parliament of Tasmania. Retrieved from www.parliament.tas.gov.au/ctee/house/reports/final report cp.pdf

Robinson, S., Valentine, K., Newton, B., Symth, C., & Parmenter, N. (2020). *Violence prevention and early intervention for mothers and children with disability: Building promising practice* (16). Australia's National Research

Organisation for Women's Safety Limited. Retrieved from 20ian81kynqg38bl3l3eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2020/06/valentine-RR-PC-DFV.pdf

Seven Priorities for Native American Advocacy. (25 September 2016). Friends Committee on National Legislation. Retrieved on 18 March 2021 from www.fcnl.org/updates/2016-09/seven-priorities-native-american-advocacy

Stewart, A., & McIntyre, G. (2017). *Parents with learning disabilities.* Iriss. Retrieved from www.iriss.org.uk/sites/default/files/2017-04/insights-37_0.pdf

Tarleton, B. (2008). Specialist advocacy services for parents with learning disabilities involved in child protection proceedings. *British Journal of Learning Disabilities, 36*, 134-139. Retrieved from onlinelibrary.wiley.com/doi/abs/10.1111/j.1468-3156.2007.00479.x

The Office for Standards in Education: Children's services and skills. (2013). *Independent reviewing officers: Taking up the challenge?* assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419114/Independent_reviewing_officers_taking_up_the_challenge.pdf

The Scottish Independent Advocacy Alliance. (2015). *Families at risk: Guidelines for advocates.* Retrieved from www.siaa.org.uk/wp-content/uploads/2014/11/SIAA_FamiliesAtRisk_web.pdf

UNICEF (2003). Ensuring the Rights of Indigenous Children*, Innocenti Digest 11*. Florence: UNICEF Innocenti Research Centre, 11. Retrieved from www.unicef-irc.org/publications/pdf/digest11e.pdf

Walsh, T., & Douglas, H. (2011). Lawyers, Advocacy and Child Protection. *Melbourne University Law Review*, *35*. Retrieved from www.researchgate.net/profile/Heather_Douglas2/publication/279702077_Lawyers_advocacy_and_child_protection/links/564bbc9c08ae020ae9f844aa.pdf

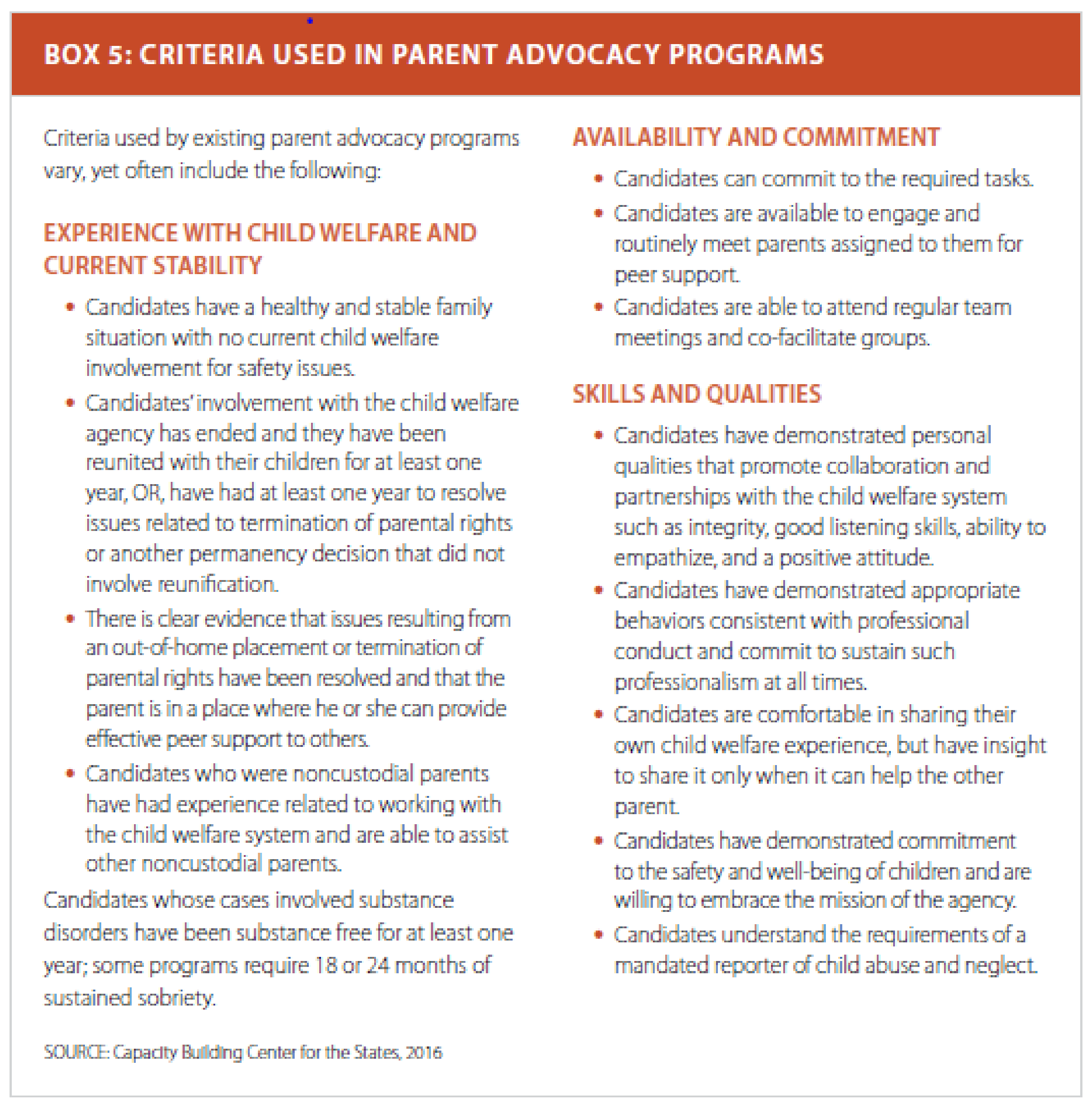
Appendices

Appendix 1: Advocacy recommendations

Review/Inquiry	Relevant recommendation
Ko te wā whakawhiti: It's time for change Whānau Ora report February 2020	1(A) Develop supports and resources that empower whānau Māori who are involved with Oranga Tamariki, including legal resources and resourcing for whānau, clear and coherent communication and complaints pathways, high quality navigation services, as well as other needed wrap-around supports and services, particularly for wāhine Māori. These supports need to be localised and targeted for maximum efficiency. • Establishment of a nationally funded helpdesk for whānau who need immediate help around care and protection of tamariki. An 0800 number, contacts for people/providers in the community that can help, including legal advice and resourcing for whānau; navigational services to include a wrap-around support system for whānau. 24/7 'By Māori – For Māori – With Māori' crisis centres for whānau need to be established in all regions, with easy to access follow-up in kaupapa Māori organisations. 1(B) Develop a fully funded, robust wrap-around support package for whānau which will be delivered by an especially trained workforce within Whānau Ora and other community providers across Aotearoa.
He Take Kōhukihuki: A Matter of Urgency Ombudsman report August 2020	2(i) the Ministry works with relevant agencies to assist parents who have had previous tamariki removed with access to independent advocacy during the Ministry's assessment and intervention phases 2(k)(iii) the Ministry ensures that disabled parents have access to specialist advocacy during the assessment and intervention phases 2(m) the Ministry ensures all parents have information about their legal rights, including information about accessing legal aid, in an accessible format.
Te Kuku O Te Manawa – Moe ararā! Haumanutia ngā moemoeā a ngā tupuna mō te oranga ngā tamariki Children's Commissioner report November 2020	3.2 Fund iwi and Māori organisations to provide advocacy services to support whānau involved with the care and protection system.

Appendix 2: Criteria for the selection of parent advocates

Better Care Network and IPAN (2020, p.61).



BOX 5: CRITERIA USED IN PARENT ADVOCACY PROGRAMS

Criteria used by existing parent advocacy programs vary, yet often include the following:

EXPERIENCE WITH CHILD WELFARE AND CURRENT STABILITY

- Candidates have a healthy and stable family situation with no current child welfare involvement for safety issues.
- Candidates' involvement with the child welfare agency has ended and they have been reunited with their children for at least one year, OR, have had at least one year to resolve issues related to termination of parental rights or another permanency decision that did not involve reunification.
- There is clear evidence that issues resulting from an out-of-home placement or termination of parental rights have been resolved and that the parent is in a place where he or she can provide effective peer support to others.
- Candidates who were noncustodial parents have had experience related to working with the child welfare system and are able to assist other noncustodial parents.

Candidates whose cases involved substance disorders have been substance free for at least one year; some programs require 18 or 24 months of sustained sobriety.

SOURCE: Capacity Building Center for the States, 2016

AVAILABILITY AND COMMITMENT

- Candidates can commit to the required tasks.
- Candidates are available to engage and routinely meet parents assigned to them for peer support.
- Candidates are able to attend regular team meetings and co-facilitate groups.

SKILLS AND QUALITIES

- Candidates have demonstrated personal qualities that promote collaboration and partnerships with the child welfare system such as integrity, good listening skills, ability to empathize, and a positive attitude.
- Candidates have demonstrated appropriate behaviors consistent with professional conduct and commit to sustain such professionalism at all times.
- Candidates are comfortable in sharing their own child welfare experience, but have insight to share it only when it can help the other parent.
- Candidates have demonstrated commitment to the safety and well-being of children and are willing to embrace the mission of the agency.
- Candidates understand the requirements of a mandated reporter of child abuse and neglect.

Appendix 3: Case Study – Development of Parent Advocacy Services in New York

Better Care Network and IPAN (2020, pp.22-23)

BOX 3: ORIGINS OF PARENT ADVOCACY IN NEW YORK CITY

New York City was the first jurisdiction globally in which parents became advocates and activists to reform the child welfare system. In the early 1990s parents and their allies created a movement that brought about significant changes. The movement was aided by the Child Welfare Fund (CWF) that supported the participation of parents and their allies in child welfare decisions. New York became an example of reform that parents, NGOs and government agencies in other jurisdictions have looked to as they explore involving parents in child welfare decisions.

STAGES OF THE PARENTS MOVEMENT IN NEW YORK CITY

The parents' movement in New York City evolved in four stages.[92] The first was from 1994–2001, a period of protest when parents were outsiders.

Organizing through the Child Welfare Organizing Project and People United for Children, among other groups, they agitated and demonstrated on the streets outside of the system. This is the period when parents were pariahs, demonized and not part of the decision-making process, either on their own cases, or in shaping public policy or programs.

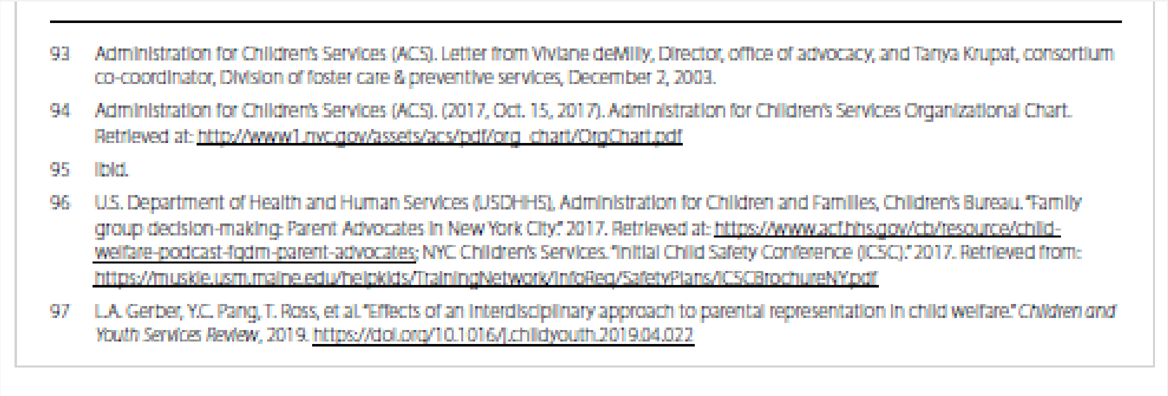
The second phase between 2002 and 2012 was a period of collaboration between Parent Advocates and the city's child welfare system. Slowly, as the city became more responsive to the pleas and demands of parents and their allies, the movement and the main grassroots parent advocacy organization, the Child Welfare Organizing Project (CWOP), shifted to collaborating with the city's child welfare agency, the Administration for Children's Services (ACS). For example:

- ACS created the Parent Advisory Working Group which met with the commissioner to advise on problems parents confronted and to present recommendations.[93]
- Parents were employed to work in ACS and foster care agencies.
- Parent advocates from CWOP attended Initial Child Safety Conferences in one community

The third phase, from 2012 till 2014 was a period of institutionalization of reforms which has had some remarkable developments:

- The executive director of CWOP became head of ACS's Office of Advocacy and as of 2020 remains in that position.[94]
- The editor of the Child Welfare Watch, a publication which wrote analytic reports that severely criticized ACS, became Deputy Commissioner for Policy and Planning at ACS and as of 2020 remains in that position.[95]
- ACS contracted with two agencies to deploy parents with child welfare or similar experience to attend all Initial Child Safety Conferences, 10,000 last year.[96]
- Parents write for Rise (risemagazine.org) that is read by parents and child welfare workers to learn the experience of parents and to read their recommendations.
- Parents work in government-funded interdisciplinary legal teams to ensure the perspective of parents is heard and they receive the services to which they are entitled. A recent study found these teams reduced by 9 months the length of stay of children in care, saving the city $40 million per year.[97]

The fourth phase, the current period, is a time with diminished parent organizing and slippage in the system with increased frustration and agitation because of increased CPS involvement in families' lives, though the number of children in care continues to be fewer than 8,000.



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93 Administration for Children's Services (ACS). Letter from Viviane deMilly, Director, office of advocacy, and Tanya Krupat, consortium co-coordinator, Division of foster care & preventive services, December 2, 2003.

94 Administration for Children's Services (ACS). (2017, Oct. 15, 2017). Administration for Children's Services Organizational Chart. Retrieved at: http://www1.nyc.gov/assets/acs/pdf/org_chart/OrgChart.pdf

95 Ibid.

96 U.S. Department of Health and Human Services (USDHHS), Administration for Children and Families, Children's Bureau. "Family group decision-making: Parent Advocates in New York City." 2017. Retrieved at: https://www.acf.hhs.gov/cb/resource/child-welfare-podcast-fgdm-parent-advocates; NYC Children's Services. "Initial Child Safety Conference (ICSC)." 2017. Retrieved from: https://muskie.usm.maine.edu/helpkids/TrainingNetwork/InfoReq/SafetyPlans/ICSCBrochureNY.pdf

97 L.A. Gerber, Y.C. Pang, T. Ross, et al. "Effects of an interdisciplinary approach to parental representation in child welfare." *Children and Youth Services Review*, 2019. https://doi.org/10.1016/j.childyouth.2019.04.022