



A child protection case study

Background

Saadiya, a victim-survivor of family violence, was unable to access crisis support despite proactively seeking assistance through the child protection system. If she had been able to access the help she needed, further child protection intervention may not have been necessary.

Saadiya separated from her partner in early 2020 after years of physical and psychological abuse. Following the separation, Saadiya contacted child protection services on several occasions to request respite care as she was struggling to care for two young children on her own and needed to attend appointments with her psychologist. Saadiya was assessed by the crisis assessment team and was referred to a relevant support service. However, due to a long wait list, that service was not able to assist her when she needed it. Child Protection advised the client that respite care was unavailable. Saadiya's mental health continued to deteriorate due to trauma and ongoing coercive and controlling behaviour by the perpetrator.

Several weeks later, one of Saadiya's children was injured while she was intoxicated. Saadiya called an ambulance, triggering a report to DFFH. DFFH removed both children because of protective concerns relating to Saadiya's mental health and use of alcohol. A full exclusion intervention order protecting Saadiya and the children from the father was in place at the time. The children were placed in the care of their paternal grandparents and had ongoing contact with the perpetrator who lived in the same household.

Saadiya, however, had limited face-to-face contact with the children as the paternal grandmother was required to arrange and supervise contact and did so inconsistently. When she did bring the children for contact, the paternal grandmother pressured Saadiya to reconcile with the perpetrator.

Legal Assistance

Saadiya was first referred for legal assistance through the duty lawyer service at the Children's Court. Saadiya was determined to have her children returned to her care. She engaged well with AOD services, secured suitable accommodation through a family violence service and established a safety plan. Her mental health stabilised rapidly with medication and therapeutic support. However court proceedings were adjourned due to Covid 19 and DFFH was reluctant to revise its assessment. As a result the children remained out of her care for several months.

Saadiya's lawyer advocated for the children to be returned to their mother's care as Saadiya had made significant progress in addressing protective concerns. Saadiya's lawyer also sought conditions requiring the father to engage in a men's behaviour change program and AOD counselling. DFFH opposed these conditions because the perpetrator advised his drinking was under control.

At the first conciliation conference, DFFH supported the father's proposal for a 50/50 shared care arrangement even though he had never been directly involved in caring for the children and there was extensive evidence of family violence including police reports, two family violence intervention orders and assault charges.

At a second conciliation conference, Saadiya and her legal representative were successful in getting DFFH to acknowledge the impact of the perpetrator's violence and Saadiya's improved mental health. The parties agreed to a time-limited order for 70/30 shared care, with Saadiya as the primary carer. The children were reunited with their mother and DFFH withdrew the protection application, leaving it to the parties to obtain parenting orders through the Family Court.

Resolution

The children remain in Saadiya's care full time. The perpetrator father has subsequently re-partnered and has no interest in caring for the children. Family law orders are no longer required as the father has no desire to be involved in the children's lives.

Child protection relied on the perpetrator's advice for several months and advocated for the children to be placed in his care instead of working with Saadiya to address the impact of trauma on her parenting capacity. However, access to legal assistance and Saadiya's proactive engagement with support services during Covid 19 enabled her to take significant steps towards recovery and resume care of her children.

