

THE REILY FOUNDATION INC · PRACTICE REPORT

Parents with Disability and Child Protection

Four patterns we see repeat, and what services can do differently

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ABOUT THIS REPORT

Where this comes from

This report sets out what The Reily Foundation Inc sees when parents with disability, and parents raising children with disability, come into contact with the child protection system in South Australia. It is drawn from a presentation delivered to the CAFFSA Disability Committee in September 2026, and is published here so that services working with these families can use it.

Nothing in it is theoretical. It is not a literature review. Every pattern described is something The Reily Foundation Inc sees repeat across its casework, and every quotation comes from parents who have told us directly. Where a sequence of events is described, it is a composite drawn from several families rather than any one case, and this is stated each time. There are no names, no case details, and nothing that could identify any family.

Parent voices quoted in this report were recorded at a RAISE Disability Advisory Group session on 7 September 2026 and are reproduced with the group's agreement, verbatim and with no names attached, or are drawn from *The Reily Foundation Inc 2025 Impact Statement*.

IN SHORT

What this report finds

Parents are asking for support long before anyone asks them about risk. Disability keeps being recorded as a hazard rather than as a support need. And the paperwork outlives the crisis it was written in.

PATTERN 01 Support only becomes available once a crisis is on the record. A parent asks for help with care they cannot manage alone; nothing exists; what is offered is an agreement that separates them from their child.

PATTERN 02 Asking for help is treated as disclosing a risk. Staying silent and asking for support lead to the same place, so parents learn that saying nothing is safer.

PATTERN 03 Voluntary Care Agreements, signed at the point of least capacity to negotiate, harden into assessment orders and long-term orders where reunification is no longer the goal.

PATTERN 04 Capacity is assessed without the supports that would change the result, and those assessments are still being relied on years later.

Each of these is ordinary practice rather than poor practice. That is precisely why they are hard to see, and why they keep repeating. The report closes with three shifts any service can make without new funding, a new form, or permission from anyone above them.

SECTION ONE

Who we are talking about

Two groups get collapsed into one almost constantly. They are not the same, and their support needs are different.

Parents who have a disability

Intellectual, psychosocial and physical disability, acquired brain injury, Deaf parents, blind parents. In the RAISE cohort these almost never appear on their own — autism, ADHD, intellectual disability, PTSD and anxiety intersect. A parent is rarely managing one diagnosis at a time.

Parents raising children with disability

Including the long pre-diagnosis period, when there is no formal support and a child's behaviour can be read as neglect. This group has no easy service door to knock on: no diagnosis to attach funding to, and no category that describes what the family is actually carrying.

Where no support is available, that absence is what puts a Voluntary Care Agreement on the table — a parent who cannot provide care alone, a child with high support needs, and nobody else able to step in.

Many of the families The Reily Foundation Inc supports sit in both groups at once: a parent with disability, raising a child with disability, inside the child protection system. Three sets of needs, and no pathway built for the combination.

SECTION TWO

What our data shows

This is not a handful of families.

THE REILY FOUNDATION INC · OUR REACH IN 2025

836

Individuals reached out to The Reily Foundation Inc

490

parents supported across our services

221

parents received 1:1 family case management

93

parents supported through RAISE, our disability-specific program

Across the RAISE cohort, intersecting disability, trauma and mental health needs are the norm rather than the exception, and a significant proportion of participants in our capacity-building workshops were identified as parents living with disability. That is why accessibility is treated as core practice at The Reily Foundation Inc rather than as an accommodation or an afterthought. It is not a nice-to-have for a small subgroup. It is most of who walks through our door.

Source: *The Reily Foundation Inc 2025 Impact Statement*; RAISE Parent Inclusion Program progress report, March – May 2026 (n=93, cumulative to 1 March 2026).

PATTERN 02

The help-seeking trap

This is the pattern that explains why parents stop asking. Picture a parent who is exhausted and cannot cope, with two options in front of them.

IF THE PARENT STAYS SILENT	IF THE PARENT ASKS FOR HELP
Burnout deepens, incidents escalate, and a notification arrives anyway.	Disclosing exhaustion or an inability to cope triggers statutory involvement.
Recorded as: failure to seek support.	Recorded as: parent unable to meet the child's needs.

In the eyes of many parents, both doors lead to the same place. Parents learn that lesson very quickly, and what they learn is that the safest thing to do is say nothing at all — which is the outcome nobody working in this system wants.

WHAT WOULD HAVE TO CHANGE

Help-seeking has to be treated as a strength rather than a risk. At The Reilly Foundation Inc the answer starts with trust. Families do not come early because a referral pathway exists — they come early because they trust what will happen when they do. We introduced a self-referral appointment process and saw engagement strengthen immediately. **Systems need to become as good at building trust as they are at identifying risk.**

IN PARENTS' WORDS

Did anyone help you before things got serious?

We put that question to our Disability Advisory Group — parents with disability who have their own experience of this system. These are their answers, as they gave them.

“no, I was fearful of what was going to happen”

“no we didn't know where to go”

“lawyers — said do what DCP want”

“I didn't have an NDIS plan, I had no support”

RAISE Disability Advisory Group session, 7 September 2026 — verbatim, no names attached, shared with the group's agreement.

Not one of those is a story about a parent who would not engage. Every one is a story about a parent who could not find the right door.

PATTERN 03

Voluntary Care Agreements in South Australia

A Voluntary Care Agreement — sometimes called a voluntary custody agreement — is meant to offer short-term breathing space while a family stabilises. The difficulty is when they get signed: at the point of least capacity to negotiate, mid-crisis, exhausted, frightened and often alone.

WHAT WE SEE IN PRACTICE

- 01

Signed without legal advice, and very often on the same day the agreement is first raised.
- 02

Extended and re-extended, with no clear end point and no review date.
- 03

The time apart later cited as evidence of an established placement. The separation becomes the argument for the separation.
- 04

Parents who ask to end the agreement described as uncooperative, for doing exactly what they were told they could do.
- 05

Resulting in assessment orders or long-term orders where reunification is no longer the goal.

“Voluntary” describes how the agreement is written. It does not describe how it is experienced.

What “voluntary” means in practice

AS DESCRIBED TO PARENTS	AS EXPERIENCED BY PARENTS
A short break while you get support in place	An open-ended separation with no review date
Entirely your choice	Sign, or an application will be made
You can end it whenever you're ready	Ending it reads as instability in the next report
It stays outside of court	It becomes the history the court relies on

Not one person in that sequence lied to the parent. Every one of those statements was true when it was made — which is what makes this so hard to fix.

OUTCOMES ACROSS PARENTS WE HAVE SUPPORTED

The same instrument, with outcomes at opposite ends: eighteen-year orders at one end, reunification pathways at the other. One began when a parent went into hospital and there was simply no one else who could care for their child. **What decides which way it goes is not written into the agreement.**

PATTERN 04

Functional capacity assessments in court reports

A functional capacity assessment was designed to answer one question: what supports does this person need? It is a support-planning tool. We are seeing it used to answer a completely different question — can this person parent? — which it was never built to answer.

01 Timing

The assessment is conducted at the height of a crisis, then read as though it describes a stable, permanent trait.

02 Conditions

It is carried out without the supports in place that would change the result. We measure the person at their least supported and call that their capacity.

03 Instrument

Standardised tools are used with no adjustments. We have seen a positive behaviour support plan — a document about how to support someone — read as evidence about their parenting.

04 Shelf life

Assessments two and three years old are relied on in court, including a Vineland two years out of date, still quoted as though it described the family in front of the magistrate.

What the assessment measures, what parenting requires

THE ASSESSMENT MEASURES	SAFE PARENTING REQUIRES
Individual task performance, unassisted, on the day	Consistent care with the supports actually in place
Memory, literacy and processing under test conditions	Willingness to accept help and follow a safety plan
Support needs across daily living domains	A network around the family, not a solo performance

A low score tells you what support to fund. It does not tell you whether a child can safely live at home.

Guardianship is not a parenting finding

We see parents under the Office of the Public Advocate treated as though guardianship settles the parenting question. It settles nothing of the kind. The OPA makes specified decisions for an adult; it does not make parenting decisions. Guardianship and parenting capacity are different questions, decided by different people, on different evidence.

SECTION THREE

How the four patterns compound

In real life these patterns do not arrive separately. What follows is a composite drawn from several families. It is not one case and it is not one identifiable family. Each step is defensible on its own.

STEP 1	A parent asks a service for support they cannot manage alone. Nothing is available to them.
STEP 2	The exhaustion is disclosed at a hospital visit, and a notification is made.
STEP 3	A voluntary agreement is signed the same week, without legal advice.
STEP 4	A capacity assessment is completed during the separation, without the supports the parent had asked for.
STEP 5	The report cites that assessment, and the placement length, as reasons the child should not go home.

At no point in that sequence was the support the parent originally asked for ever received. The whole chain starts with a request nobody could say yes to.

SECTION FOUR

Disability read as risk

This needs naming without blame: most of it is systemic rather than individual practitioners acting poorly. The observation in each row is accurate; the interpretation is wrong, and it follows the family for years.

WHAT IS OBSERVED	HOW IT GETS RECORDED
Missed appointments with no transport or reminders	Non-engagement
Difficulty following an inaccessible written plan	Lack of insight
Bringing an advocate or support person to meetings	Reliance on others
Distressed, or appearing flat, in a high-stakes meeting	Emotional dysregulation
A parent's intellectual disability	Listed as a protective concern in its own right

Each of these is an accessibility failure being recorded as a parenting failure.

“Words: lack of insight — did not explain the concerns or context behind them.”

Parent, RAISE Disability Advisory Group, 7 September 2026.

SECTION FIVE

The systemic barriers parents describe

Parents who come to The Reily Foundation Inc are highly motivated. What they lack is clarity, confidence and practical guidance — not commitment to their children.

WHAT PARENTS TELL US · 2025 IMPACT STATEMENT

83.3%

report high levels
of stress and
anxiety

82.4%

report difficulty
engaging with the
system

73.3%

describe feelings
of isolation

66.7%

have low
confidence self-
advocating

55.2%

report unclear
communication
from professionals

53.3%

are uncertain what
is expected of
them

Two further figures are hard to get past. Only **45%** of parents reported having a copy of their own case plan, and just **4%** had taken part in a Family Group Conference.

Source: The Reily Foundation Inc 2025 Impact Statement — Barriers & Challenges.

SECTION SIX

What disability brings to parenting

These are strengths The Reily Foundation Inc sees constantly in casework, and almost never in an assessment.

Organised out of necessity

Routines, medication schedules and appointment systems held with a precision most families never have to develop.

Resilience under load

Years of managing setbacks with fewer resources than most families are given, and still turning up.

Practised self-advocacy

A parent who has spent years navigating systems for themselves knows how to navigate them for a child.

Attunement to difference

Recognising a child's sensory or communication needs early, because they know those needs from the inside.

Comfort with support

Already used to workers, plans and reviews — the thing we spend months asking other parents to learn.

Community connection

Peer networks that hold families up long after a service closes its file.

“Just because someone has an intellectual disability doesn't mean they can't be a good parent.”

Parent, RAISE Disability Advisory Group, 7 September 2026.

SECTION SEVEN

What active efforts should mean here

Under the *Children and Young People (Safety and Support) Act 2025*, active efforts is an obligation that sits on all of us. What follows is not a legal reading of the provision. It is a disability reading of it — what active efforts means in practice for these families.

01 Fund the support before removal is considered

Not alongside. Before.

02 Make the adjustments

Supported decision-making, plans written in plain language, and an advocate present as a standing expectation rather than a favour.

03 Assess capacity with the supports in place, not without them

And if the supports are not there, say so in the report.

04 Ensure help-seeking never itself triggers an investigation

This is the one that breaks the trap described in Pattern 02.

Reporting is a legal obligation, not a substitute for support.

SECTION EIGHT

Three shifts any service can make

None of these needs new funding, a new form, or permission from anyone above you.

01 Ask what support is needed before asking what the risk is

Look at your own intake script for the parent who says they cannot cope, and see what the first question actually is.

02 Never let a parent sign an agreement the same day it is raised

Legal advice and an advocate, as a standing expectation in your service rather than something a parent has to know to ask for.

03 Date-check every assessment you cite

And when you cite it, name the supports that were absent when it was conducted. One sentence in a report.

SECTION NINE

RAISE and the Disability Advisory Group

RAISE is The Reily Foundation Inc's Parent Inclusion Program: South Australia's first lived-experience-led, disability-informed peer support program for parents navigating child protection, funded through the Julia Farr McLeod Fund.

Peer mentorship

Support from workers with their own lived experience of the system.

Accessible workshops

Legal rights, communication and adaptive parenting, in accessible formats.

Practical support

Interpreters, assistive tools, and help to attend meetings and hearings.

93 parents have been supported to 1 March 2026. The design is not ours alone: it is directed by our Disability Advisory Group, parents with lived experience whose words appear throughout this report. Members have moved into TAFE study and into co-design work with external partners, and they reviewed our new website for accessibility.

What changes when peer support is there

Reported by parents, family case managers and our family engagement officer, March – May 2026.

01 Case plans become understandable

Concerns and expectations explained in plain language, with visual tools and paced conversations.

02 Parents move from reactive to proactive

Better attendance, more questions asked, more consistent follow-through on agreed actions.

03 Planning becomes disability-informed

Functional needs and communication preferences surfaced where formal assessments missed them.

ONE EXAMPLE FROM THIS QUARTER

257 pages of case summary and court documentation translated into a four-page easy-read document. The advocacy came from case management; the accessibility came from peer support. **Accessibility is not providing the same information differently. It is redesigning the process so a parent can genuinely take part.**

SECTION TEN

What the evidence shows

Pre- and post-workshop survey results across the RAISE capacity-building program.

RAISE · WORKSHOP OUTCOMES

33% → 78%

confidence preparing for
Department for Child
Protection appointments

40% → 87%

understanding of court
processes

90%+

reported improved
understanding of child-
focused parenting

100%

reported feeling respected
and heard throughout the
program

It is worth being precise about what those figures mean. Those parents did not become better parents overnight. They became parents who understood what was being asked of them — and that is the central point of everything in this report.

Source: RAISE Parent Inclusion Program evaluation, The Reilly Foundation Inc.

In closing

Across every advisory group conversation and every family we have supported, the message is remarkably consistent.

Families are not asking for less accountability. They are asking for supports before crisis, accessibility before assessment, and genuine partnership before separation.

Parents keep telling us what they need. The task is to fund it before it becomes a notification.

About The Reilly Foundation Inc

The Reilly Foundation Inc works alongside South Australian families involved with, or at risk of entering, the child protection system. Our work spans family case management, the RAISE Parent Inclusion Program, and Support Before System practitioner training for the sector. This work is being presented at the Global Kempe Conference, and is a finalist for a Department for Child Protection Award in the Thriving Sector category.

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Sources. *The Reilly Foundation Inc 2025 Impact Statement*. RAISE Parent Inclusion Program progress report, March – May 2026 (n=93, cumulative to 1 March 2026). RAISE Parent Inclusion Program evaluation. RAISE Disability Advisory Group session, 7 September 2026. *Children and Young People (Safety and Support) Act 2025 (SA)*. Casework observations are de-identified and, where a sequence is described, composite.