

# Parents' experiences with child protection during pregnancy and post-birth

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## Abstract

Limited research has directly sought the input of parents involved in the child protection system during pregnancy and with their infants. As the focus of these policies and practices, parents have a unique and important insight not available to others, so it is vital to obtain their input. As part of a larger Australian study, qualitative interviews were undertaken with 13 parents asking about their views and experiences. Parents predominantly became involved with child protection services during pregnancy through a prenatal report. Parents who previously had their newborn removed from their care described it as sudden and unexpected, leaving them distressed and unsupported post-removal, with a growing list of requirements for them to see their baby or for restoration to be considered. Domestic violence was a particular issue of concern for some mothers who expressed distress that their partners, perpetrators of violence, were allowed access to their infant with fewer requirements than for them. Improvements recommended by the parents included greater communication and preparation for the removal, better recognition of improvements in their situations and increased supports to be provided to parents both pre- and post-removal. Parental experiences provide an important guide to improving child protection practice with these families.

## KEYWORDS

child protection, child removal, infants, lived experience, mothers, parents

## 1 | INTRODUCTION

Child protection systems internationally are increasingly focused on identifying and intervening to address safety and wellbeing concerns in families prenatally (Broadhurst et al., 2018; Critchley, 2020). Prenatal reports (or notifications) in relation to expectant parents are utilized in many jurisdictions including England, Canada, New Zealand (NZ) and Australia. Australia has seen increases

in prenatal reports, and infants are now the age group who have the highest rates of substantiated maltreatment reports and admissions into out-of-home care (OOHC) (Australian Institute of Health and Welfare, 2021). Aboriginal infants are over-represented in Australian infant removals, with increasing concerns expressed about the impacts of intergenerational removals (O'Donnell et al., 2019).

The impact of child protection interventions during pregnancy and following birth has been a focus in England and in NZ. In England,

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the 'Born into Care' report highlighted that 42% of all care proceeding for infants were for newborns and 47% of these newborns were the siblings of older children who had previously appeared before the court (Broadhurst et al., 2018). In NZ, an inquiry into the removal of Maori infants conducted in response to concerns raised by the Maori community made extensive recommendations aimed at reducing the need for the removal of newborns from family and transforming the care and protection system (Office of the Children's Commissioner, 2020). No similar work has been undertaken in Australia focused on newborns and the prenatal period.

Despite growing prenatal child protection involvement, there is limited international literature on the experiences and views of parents involved in child protection interventions during pregnancy and following birth (Taplin, 2017). Previous literature has examined the role of midwives and social workers in child protection processes prenatally and with infants (Critchley, 2020; Everitt et al., 2017; McElhinney et al., 2021). However, there is minimal research privileging the voices of parents. In England, Broadhurst and Mason (2019) interviewed 72 birth mothers about their experiences, highlighting their immediate psychosocial crisis and the ongoing impacts of infant removal. Subsequent to this, Mason et al. (2022a) documented parents' experiences of pre-birth assessment and practice in maternity settings when a baby is removed at birth, uncovering shortfalls in inclusive practice. Broadhurst et al. (2022) also captured parents' experience of urgent care proceedings at birth, finding that many felt ambushed by a first hearing within hours or days of birth with little preparation or adequate legal advocacy.

The few Australian studies conducted with parents involved with child protection have recruited from substance use treatment services (Taplin & Mattick, 2015) or child protection agencies. One Australian study recruited 18 parents through community-based services who had had a child removed from their care (Ross et al., 2017). Flaherty and Bromfield (2020) described the challenges they experienced in recruiting mothers involved prenatally in child protection services. These include gatekeeping by service providers, concerns about confidentiality and other challenges of recruiting hard-to-reach populations. The result is that little is known about the circumstances and characteristics of Australian parents involved with child protection during pregnancy and soon after birth (Wise & Corrales, 2021).

The views of parents have rarely informed performance measurement in child welfare, but as the service recipients, it is appropriate that their views of their service needs and expectations are included (Tilbury et al., 2010). Tilbury et al. (2010) argued that evidence-based practitioners must integrate the best available knowledge about what works, for whom and in what circumstances, with client feedback a mechanism by which to do so. Obtaining parent views also promotes the principles of listening to parents and involving them in decision-making and may improve interactions between agencies and parents (Tilbury & Ramsay, 2018).

The limited input from parents as the primary stakeholders, in terms of their views and experiences of prenatal and postnatal child protection policy and practice, results in a silencing and further marginalizing of already marginalized parents.

There are benefits from talking directly with the groups directly affected by particular policies and practices—in this case, parents involved perinatally with the child protection system—and learning about their views and experiences. Such input can provide new insights or understanding of service provision that are different to those of staff and others responsible for service delivery and can help inform service provision and potentially lead to improvements in outcomes (Parkinson et al., 2017).

Two Australian jurisdictions, New South Wales (NSW) and Western Australia (WA), utilize prenatal reporting and child protection interventions and processes in infancy. NSW and WA have similar policies on prenatal reporting and planning when there are concerns about the risk of harm during the pregnancy for the subsequent newborn (WA Department of Communities, 2021; NSW *Children and Young Persons (Care and Protection) Act 1998* [NSW Act; New South Wales Government, 2021]; WA Health and Department for Child Protection and Family Support, 2020). The purpose of the NSW Act, for example, is 'to allow assistance and support to be provided to the expectant parent to reduce the likelihood that the parent's child, when born, will need to be placed in out-of-home care' and to provide early information about risk of significant harm subsequent to his or her birth (Section 25). There are legislative provisions for the development of a Parental Responsibility Contract with parents (Wise & Corrales, 2021).

Although the intent of the legislation and processes is clear, there has been little evidence gathered to date about the impact and effectiveness of these processes and, importantly, the views of the expectant parents who are subject to these processes. As such, this study aimed to generate knowledge focused on parents' involvement with child protection services in these two Australian jurisdictions (NSW and WA) during pregnancy and with their newborn. This study achieved this by providing them with the opportunity to share their stories, views and experiences through interviews.

## 2 | STUDY DESIGN AND APPROACH

This paper constitutes a component of the larger SIB (*State Intervention with Babies*) study examining the extent, nature and impact of infant removals in Australia, with a focus on WA and NSW. The SIB study was funded by the Australian Research Council (Discovery Project DP170101441). Ethical approval was provided by the Australian Catholic University's HREC (2018-115HIW) and the University of Western Australia's HREC (RA/4/20/5080). The approach, methods and findings presented here are those related to this component of the study.

### 2.1 | Study approach

A qualitative methodology, guided by a phenomenological approach, was adhered to for the present study. Interview data collected via 13 parent interviews were analysed to assist our understanding of

their experiences of child protection involvement in pregnancy or with their infant, including infant removal. Phenomenological studies are interested in understanding the human experience of phenomena, including how people make sense of their experience of the phenomena (Lester, 1999; Moustakas, 1994). As a research approach, phenomenology is suited to exploring and describing the *life worlds* and shared experiences of participants and focuses on their views, feelings and experiences (Creswell & Poth, 2018; Laverty, 2003).

The main purpose of employing a phenomenological approach to the present study is to provide a voice for the parents (Neubauer et al., 2019), to address questions about, interpret and describe this group's unique and collective experiences (Creswell & Poth, 2018). The present study employs hermeneutics methods and concepts to arrive at an in-depth understanding of participants' experiences. Hermeneutic (interpretative) analysis enables an elicitation of an in-depth understanding of shared and distinct meanings from the data. A phenomenological approach guiding the thematic analysis (TA) ensured the focus remained on participants' subjective experiences and sense-making (Guest et al., 2012; Joffe, 2011).

## 2.2 | Selection and recruitment of parents

Parents were eligible to be interviewed if they had recently been involved with child protection services, either pre- or post-birth, and/or had an infant under 1 year of age removed from their care because of concerns about child abuse and/or neglect. There were some variations in the recruitment methods between the two jurisdictions, because of differences in the approvals and the access granted, resulting in more parents with children in their care in WA. The recruitment methods are outlined below.

In NSW, permission was granted to the researchers to recruit parents who were attending the NSW Children's Court in relation to their infant who had recently been removed by the child protection system. Flyers were distributed throughout the court building and the court staff referred infants' parents to the researchers sitting in the court reception area. Interviews took place in a private room in the court building immediately following discussion about the study.

In WA, pregnant women and mothers of infants involved with child protection services within the previous 2 years (but not necessarily removed from their care) were recruited through the Family Inclusion Network of Western Australia (FINWA) or Joondalup Women's Health Service.

Service organizations passed on the contact details to researchers of mothers who agreed to be interviewed and researchers conducted interviews in person. Parents interviewed in WA and NSW were given a \$30 and \$50 voucher, respectively, for their participation as per guidance from state ethics committees regarding amounts.

The following groups were excluded from the study: (i) mothers under the age of 16 years and (ii) potential participants who were unable to provide informed consent because of insufficient proficiency in English or had communication difficulties. Eligible parents who were willing to participate completed an informed consent

process with the researchers. Interviews were audio-recorded and later transcribed. To retain parents' anonymity, pseudonyms were assigned to each participant and used consistently throughout the presentation of the study findings.

## 2.3 | Characteristics of participating parents

Most parents interviewed were female (11/13). One-third (4/13) of the parents were aboriginal, whereas five of the infants were aboriginal. At the time of the interview, eight parents had had their infant removed from their care (six of whom were aiming for restoration), whereas five parents were caring for their baby under a safety plan. Most of the parents had older children, half had had older children removed by the child protection system (7/13), and two were first-time parents (Table 1).

## 2.4 | Interview schedules

Interview schedules were used to guide the questions asked by the researchers utilizing a semi-structured interview approach. The interview questions were developed by the researchers with community and agency representatives, as well as an aboriginal advisory group—'Kaardinniny'. Interviews focused on the parents' experiences of and the events leading up to the removal of their infant (where relevant), the supports provided to parents pre- and post-birth, the legal and court processes, their recommendations for improvements to the system, plus some basic demographic information. Interviews took approximately 45 min and were conducted in private and in person.

## 2.5 | Data analysis

To understand the parents' experiences of child protective processes, an approach to data analysis consistent with a phenomenological approach of balancing both the objective and subjective approaches to knowledge production was utilized (Moerer-Urdahl & Creswell, 2004; Moustakas, 1994). This was achieved by following recognized techniques for qualitative and hermeneutic data analysis, including TA and network maps (Attride-Stirling, 2001) constructed to visualize the themes generated. TA is used to identify, analyse, organize, describe and report on themes generated from datasets (Braun & Clarke, 2006). While providing methodical systemisation to textual data, it also allows for a deep and rich exploration of a dataset's underlying patterns (Attride-Stirling, 2001).

TA, with the aid of thematic networks (Attride-Stirling, 2001, p. 386): '... web-like illustrations (*networks*) that summarize the main *themes* constituting a piece of text', was the primary tool applied to analysis of the data in this study. Thematic maps are used in the presentation of the present study findings as an organizing tool to clearly depict analysis of the data as a narrative timeline of

**TABLE 1** Parent characteristics and child protection involvement

Parent	Cultural background	Child protection process	Children previously removed?
Cases where the infant was removed			
Susan	Australian	Infant under 1 year removed from hospital. Court process underway. Restoration being discussed with mother. Father not involved	No older children
Bridget	Aboriginal	Infant removed from hospital. Case before court with infant to be restored to mother, father and mother's new partner residing together	Mother had much older children but not removed
Krystal	Australian	Parents are together. Infant removed from hospital after birth. Interim orders in place. Parents trying for restoration. Case before the court	Older children removed
Steve	Australian (mother aboriginal)	Parents not together. Father reported mother regarding older child and baby concerns. Infant removed within 1 week. Case before the court for child to be placed with/restored to father permanently	First child for father. Third for mother (2 removed)
Darren	Aboriginal	Infant removed from hospital. Case before court with infant to be restored to mother, father and mother's new partner residing together	Father has older child living with mother
Jenny	Australian	Infant removed at birth—2-year care order	3 older children previously removed
Kylie	Aboriginal	Infant in foster care, having unsupervised visits and working towards reunification with safety plan. Independent facilitator used	2 older children removed into care (one at birth and one following supported placement)
Katie	Australian	Infant removed from the hospital, 18-year order. Mother with intellectual disability and disability support worker present at interview	One older child removed from hospital (supervised visits)
Cases where the infant was not removed			
Stacey	Aboriginal	Infant remaining with mother on a 1-year protection order with safety plan	2 older children on 2-year orders—supervised visits
Belinda	Migrant	Infant remained with mother on safety plan	2 older children removed, moving towards reunification (unsupervised visits)
Chantelle	Australian	Infant remained with mother on safety plan (initially supervised placement with family members). Independent facilitator used	2 older children on family court order—father has custody.
Alana	Australian	Infant remained with mother on safety plan	3 older children removed; with kinship carer on long-term order
Kylie	Australian	Infant remained with mother on safety plan (initially supervised placement with family members). Independent facilitator	No older children

participants experiences and facilitate communication and understanding for the reader (Attride-Stirling, 2001).

Interview transcripts were managed using NVivo 12 Plus software and analysed manually in Microsoft Word. Initially, each interview was transcribed and then read and re-read to gain familiarity with and immersion in the data (Rivas, 2018). After this, a process of complete coding was conducted on each individual data transcript (Smith et al., 2009). Adopting these processes early meant the data was initially managed openly, and knowledge and research literature was put aside throughout the analysis until concepts and categories began to emerge (Moustakas, 1994; Oktay, 2012).

The results of this process across the 13 transcripts generated several significant statements, comments, initial codes and emergent themes. These were then grouped together and labelled with initial basic themes grounded in participant language before several organizing, and then final global themes were constructed (Charmaz, 2006; Oktay, 2012; Rivas, 2018; Starks & Brown Trinidad, 2007). The global themes summarize and capture the key concepts that affected parent's experiences. Finally, to ensure rigorous analysis and complete coding and to limit misinterpretation and researcher bias, the research team members each undertook a review of the codes prior to the write up of the findings.

### 3 | FINDINGS

As part of the interviews with parents, some background information was collected to help provide context to their experiences. Most parents had previously or were currently experiencing hardships, including domestic/family violence and historical or ongoing substance use issues. Several reported that these issues had impacted them throughout their lives, and some parents reported first experiencing family violence in their childhood. For some women, domestic violence had resulted in their homelessness, with the abuse and violence often perpetrated by the fathers of their children. Several parents had spent time in OOHC care as children and some experienced physical or sexual abuse while in care.

Organized as a thematic timeline that depicts four significant and interwoven narratives reflecting child protection service involvement in parent's lives, the shared experiences that parents described are presented. The multiple global themes created are illustrated through their quotations. The narrative thematic timeline and global themes are presented below (Figure 1) as a network map (Attride-Stirling, 2001) and described in the following sections.

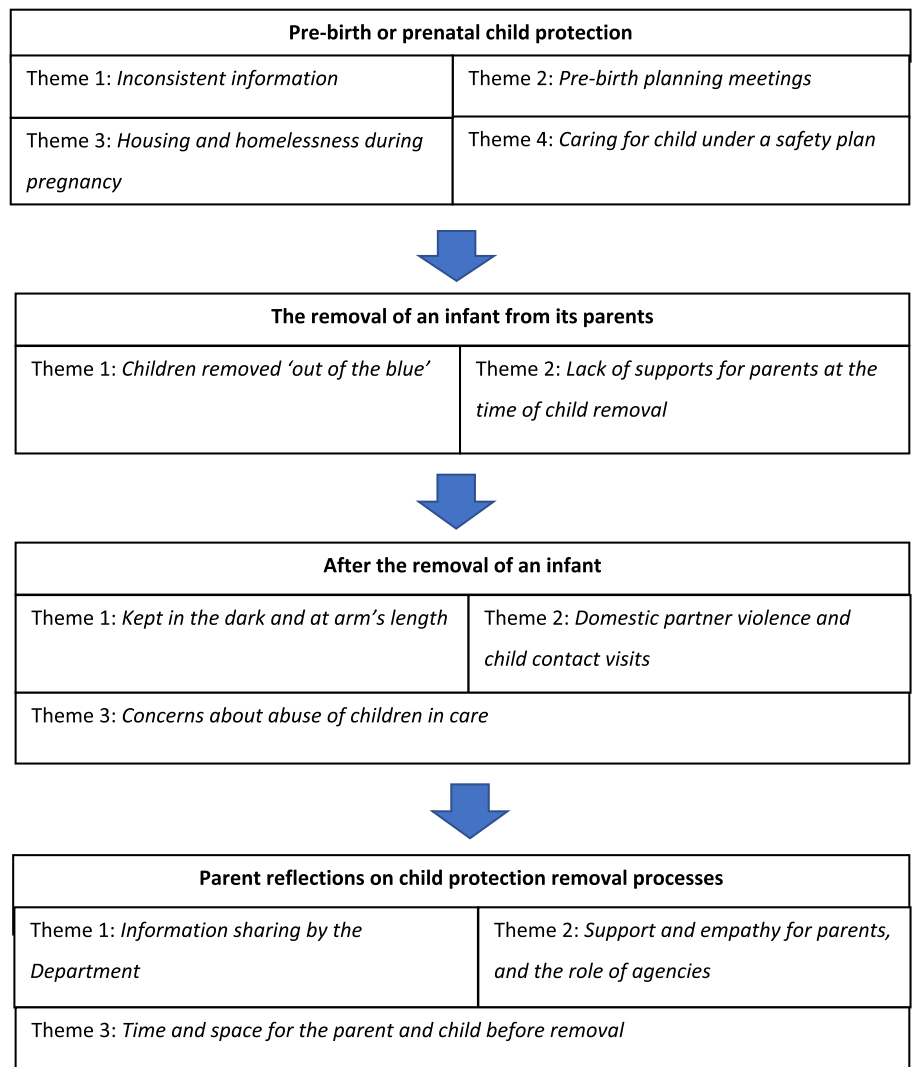
### 3.1 | Pre-birth or prenatal child protection

This section presents parents' pre-birth or prenatal<sup>1</sup> involvement with child protection services (the Department). Most parents became involved during the pregnancy, usually through a prenatal report and/or a pre-birth alert to hospital maternity wards. Four themes that captured parents' experiences during this period are presented below.

Pre-birth or prenatal child protection	
Theme 1: <i>Inconsistent information</i>	Theme 2: <i>Pre-birth planning meetings</i>
Theme 3: <i>Housing and homelessness during pregnancy</i>	Theme 4: <i>Caring for child under a safety plan</i>

#### 3.1.1 | Theme 1: Inconsistent information

It was clear from their interviews that most parents had a basic understanding of why child protection had become involved in their



**FIGURE 1** Network map of parents' experiences of child removal processes prenatally and postnatally

case, although one parent was unable to provide a clear reason why their child was removed. Regarding child protection prenatal processes, however, several parents reported that they lacked detailed knowledge. They described a lack of communication, mis- or incorrect information and no consistent contact from the Department following a prenatal report.

When parents first met with the Department, some thought they would receive supports to reduce the likelihood of their infant being removed and placed in out OOHC. However, impressions were at times misleading, as illustrated by a parent's comment below:

I was under the impression we were taking the baby home ... the Department were supposed to do a home visit and they didn't ... DoCS [Department of Community Services] come in one afternoon out of the blue and said, 'No, we're taking her', [they] just sprung it on [us]. (Darren)

Concerns about the potential for removal contributed to parental stress during the pregnancy. Several of the mothers had pregnancy complications which required hospital monitoring and management while they also tried to meet Departmental requirements. One mother who was admitted by the hospital as an inpatient because of her complex pregnancy was notified by the Department that she had not met the requirements for visitation with her older children in OOHC. This was despite the evidence that the mother provided to the Department of her admission into hospital at the time visitations with her older children were due to occur.

Parents often received information about child removal processes from sources other than the Department, including birth parent advocate groups (e.g. FINWA), not-for-profit or non-government organizations, social work staff employed at the hospitals where parents gave birth, health care workers, lawyers or legal aid organizations. One parent couple shared that a hospital social worker informed them that their infant could be removed immediately following the birth because they had older children in care and recommended actions they could take to reduce the risk of removal. For another parent couple, it was the duty lawyer who explained the risks and the processes, including the paperwork the Department had to provide them regarding the removal of their child, which they had not received at the time.

### 3.2 | Theme 2: Pre-birth planning meetings

Parents had varied experiences of pre-birth planning meetings, the meetings held by the Department following a prenatal report. Parents described how their caseworker could affect the outcome of the meeting for the parent, either in a positive way or a negative way. Some parents emphasized the minimal support they received from their caseworker including the lack of consultation and negotiation at pre-birth planning meetings, as illustrated by a mother below:

You have to do what they want; they control everything ... who you hang out with, what you do ... If they say get a VRO [Violence Restraining Order] you have to get a VRO. There is no fixing the family ... What they say goes or they take your kids. (Stacey)

Parents commented that the Department seemed focused on their past lives and did not recognize the changes parents had made to their circumstances over time, as illustrated by a mother below:

... they're trying to use things from five or ten years ago ... but you need to look at now ... I was younger, more stupid ... I made the wrong decisions by choosing the wrong partner, then it got so dangerous I couldn't leave, it was unsafe to leave for mine and my children sake. .... The perpetrator is now dead and they're still giving us a hard time. I'm not in a domestic violence relationship ... my life is 110% changed. (Jenny)

... but now he is incarcerated, and I am free of him and his manipulative, controlling manner. I have been doing the things needed to be done to get my children back from DCP ... I lost all of my children to DCP because of the DV .... (Sharon)

One mother with an intellectual disability was not appropriately represented at the prenatal meetings because of a lack of support from her legal guardian. The mother explained that the guardian's said: 'that it is not my job to fight the department' (Katie). The legal guardian dealt directly with the lawyers, and the mother had no voice in the process.

In WA, the use of independent facilitators—skilled workers who are not associated with District child protection teams—at prenatal meetings between families and caseworkers has been trialled at the primary maternity hospital. Parents commented favourably on their access to independent facilitators as they helped to ensure that parents opinions were properly heard and considered. A mother described the positive impact of the facilitator:

she was awesome ... when we did the meetings ... there was a couple of concerns I had with my caseworker ... He wasn't listening to what I was saying ... I would voice those opinions to the independent worker ... It was a fair shot of everyone talking. (Chantelle)

### 3.3 | Theme 3: Housing and homelessness during pregnancy

Housing was raised by several parents as a requirement of the pre-birth plans set by the Department. Homelessness and unstable housing were consistent issues both for mothers leaving family and domestic violence situations and those transitioning from prison. Parents reported difficulties in finding and accessing homelessness

and crisis accommodation services, especially parents who, at the time of experiencing a domestic violence crisis, still had their children in their care. A mother explained:

... we went to [women's refuge] ... and they don't help people with children. That's a huge problem because women aren't going to leave their children ... you're not going to leave them so there is a huge, huge barrier. (Alana)

A mother (who had been in OOHC and homeless since age 15) at the time of her interview had had two infants removed by the Department and was awaiting the removal of her third infant, described her experience of looking for housing and supports while pregnant:

In the last year I was still on the streets and couch surfing when I fell pregnant ... I had no support and knew [the Department] were ready to take my baby when he was born. I decided that 'nobody is going to help me, I have to help myself'. I didn't want to lose another baby. (Kylie)

### 3.4 | Theme 4: Caring for child under a safety plan

Some of the parents interviewed were caring for their infant. These parents had either returned home or had entered a supported placement or refuge with their newborn. A requirement for these parents to avoid removal after giving birth was to have participated in the development of a pre-birth safety plan. Plans typically included regular Department contact and parents satisfying certain requirements, such as drug-testing (urinalysis) and safety monitoring in the case of mothers experiencing intimate partner violence. Some parents reported they developed ongoing positive relationships with their Departmental caseworkers, as depicted by two mothers, below:

She [caseworker] was really cool ... they have been really good ... She would bring [my daughter] toys and sleep suits ... we had good conversations ... They were encouraging of me to get a VRO. (Kylie)

... [initially] I was getting defensive because they're [the Department] focusing on my drug habit ... [now] I've got a house, I've got this stable accommodation ... once I worked with them it was a lot easier. (Chantelle)

Chantelle, who was facing an upcoming potential prison sentence described how the Department supported her:

... it was such a struggle to put our safety plan in place and luckily, I had that support [from the Department]

where if others don't, the baby or the child gets taken. (Chantelle).

Most mothers who retained care of their children had multidisciplinary care teams (health workers, social workers and advocates from non-government organizations) who worked with them to develop safety plans, organize supported placements with family, provide transport to appointments and seek housing and income support.

### 3.5 | The removal of an infant from its parents

This section outlines the challenges face by parents who did not have their child in their care at the time of their interview—as they had been removed soon after the birth. Most parents reported that they were not informed of any decision to remove until after the infant was born, even if the Department had been involved with the family throughout the pregnancy. Two themes that emerged from these parents' experiences during this period are presented below.

#### The removal of an infant from its parents

Theme 1: *Children removed 'out of the blue'*

Theme 2: *Lack of supports for parents at the time of child removal*

#### 3.5.1 | Theme 1: Children removed 'out of the blue'

The removal of an infant from a parent's care occurred either at the family home or at the hospital, shortly after the birth. Department caseworkers and/or police officers were typically involved in the physical removal of the child. Regardless of the setting, most parents reported receiving no warning or explanation about the removal. Parents described removals as unplanned, 'out of the blue' and the removal by Department staff or police as 'horrible'. One mother shared her experience of the sudden removal of her child—by subterfuge:

They [caseworkers] removed [my baby] by having one of their workers dressed as a nurse at the hospital. My husband was having a cuddle. They took the child out of my husband's arms, said, 'Oh, he's got to go see the pediatrician' ... They started collecting his belongings while we were cuddling him and feeding him and then walked out with him. They just came in, handed us a piece of paper, and removed him .... (Krystal)

Another mother, who at the time of the removal was homeless, described the unexpected removal:

... we were homeless ... we'd been working with them [the Department] throughout my pregnancy ... we had got secure accommodation with family; they were happy to support us. We weren't doing any drugs; we were on the methadone ... we had a caseworker ... They said, 'look, we're not taking your baby, she's coming home with you' ... They led us to believe we're keeping her ... two Department workers ... they handed me a piece of paper and said, 'we're taking your baby'. I was in shock ... I felt like I was ambushed. (Bridget)

A lack of transparency and inflexibility in the decisions made by the Department was reported by a mother with an intellectual disability. Initially, a pre-birth plan with the hospital social worker and Department caseworker was arranged for this mother to have 5 days in hospital with the baby and a week in a supported placement to assist her with her parenting skills and assess her capacity to parent that was then changed:

I have got evidence that they were going to do that ... then the department changed their mind ... They (the Department) lie through their teeth .... (Katie)

### 3.5.2 | Theme 2: Lack of supports for parents at the time of child removal

Parents described the psychological impact of having their infant removed and the lack of care the Department workers had for their welfare. As described by a mother it was '... too much for me ... I can't bear this ... I was torn apart' (Belinda, mother). Another mother, Jenny, compared her experience of having her child removed with her past intimate partner violence relationship:

... the psychological harm and the mental stress they [the Department] put you through is just as mentally effective on you as the abuse from your ex. (Jenny)

Alongside the unexpected and sudden nature of infant removals, most parents reported they received no support from the Department during or after the removal. Most parents were left with a sense of shock and feelings of hopelessness, as summarized by mother, Krystal:

... my husband and I looking at each other dumb-founded, going, 'Now what? We sit in an interview and then you remove the child straight from us' ... They [the Department] provided no supports. (Krystal)

## 3.6 | After the removal of an infant

This section presents the findings from parents who had their infants removed by the Department and who sought restoration for the care of their child through the Children's Court. The findings describe the

interactions that parents had with the Department for restoration to be considered. These included accounts of complicated, unclear rules and tasks that parents had to decipher and follow to provide evidence of their capacity to parent. Three themes emerged that captured parents' experiences during this period are presented below.

### 3.6.1 | Theme 1: Kept in the dark and at arm's length

Parents reported that once their child (ren) had been removed from their care, the Department limited parents' communication and contact with their children, described by parents as being *kept at arm's length*. Parents criticized the Department for miscommunication, misinformation and a lack of response to parents' requests for explanations of decisions. A mother, Jenny, explained:

They [Jenny's children] are still in the understanding that I haven't done anything to try and get them back. ... (The Department) said 'the children are understanding that you left, that you didn't care about them, ... you've not tried to do anything to get them back'. That's why they don't want to see me ... I have not stopped trying. (Jenny)

Parents recounted a long list of requirements to fulfil and demands placed on them by the Department for restoration to be considered. Belinda, a mother, shared:

I was put on bail conditions going into next year. I was put on a community order to follow what the department wants, and I should make sure I'm seeing my psychologist ... the department would pile things on me. I would come out crying ... The amount of things that you have to attend in a week ... I'm coming from one appointment and I'm going to the next appointment. (Belinda)

Parents felt that progress and success of reunification with their children seemed mostly determined by their caseworker, who could either help or hinder the process. Some parents described their caseworkers' poor practice and case management, as illustrated by a mother, Jenny, below:

[My caseworker] snapped ... she shouted at me across the table, 'you are nothing but a drug-using compulsive liar'. ... I said [to the other caseworker present] that she's spoken to me like that every time, it's just nobody else has witnessed it. (Jenny)

Once their child had been removed, parents described that they felt 'controlled', 'checked up on' and 'punished' by the Department, as summarized by a mother, Belinda:



It's too much for me. I don't know what is coming tomorrow. Everything all my life now is dependent on you [the Department]. It's like you are carrying my life in your hands. My life is not in me. (Belinda)

Some parents formed the impression that the Department did not want them to succeed and that their past histories counted against them in their decision-making in relation to reunification. Some parents had the impression that the caseworkers themselves were overwhelmed and stressed by the work required throughout the reunification process. This meant that critical information for parents' casefiles could be either absent or incorrect and led to some parents challenging the Department on such errors. There were, however, also some positive comments about the Department's support:

The [Department's] services are really good. If you do right by them, they'll take leaps and bounds to help you. But the moment that you don't do something, it doesn't help. Like they can't really help someone that doesn't want to help themselves .... (Steve)

A couple of parents acknowledged that their caseworkers had helped or supported them after their children had been removed. These parents described caseworkers as 'being on side' and those who could have 'good conversations' about their circumstances. Some caseworkers provided toys and other items for the children and organized rental support for parents.

Most parents, however, reported that their support came from sources outside the Department, including advocacy groups, non-government organizations, health workers or from family members, including extended family. Many parents spoke positively about the support they received from these agencies and from family members, who assisted them to meet the Department's requirements.

### 3.6.2 | Theme 2: Domestic partner violence and child contact visits

Mothers with partners or ex-partners who used violence in the relationship (also the fathers of their children) commented on how their situations were handled by the Department. Some expressed anger and frustration about the unfairness of decisions that allowed these fathers—who were perpetrators of family violence—to have contact visits with their infants. One mother explained that through a pre-birth planning process, the Department decided to take out a protection order to ensure that the father had no contact visits with their infant. However, less than 4 weeks later, the Department reversed their decision on the grounds that the biological father has a right to see their infant and that contact would commence, as illustrated by Stacey, the mother, below:

... he made threats last week that he would walk out with her (our baby) ... and made threats to our lives. ... It just seems stupid of them to let him see her ... the caseworker's going to come and pick my baby up and take it to the person that's done all this shit to me and threatened my life. It doesn't make any sense, how are you going to guarantee she's safe? You can't. They [The Department] said he is so unpredictable that's why I'm here [in a women's refuge] because they can't guarantee I'm safe ... it is a helpless baby, it just didn't sit right with me. (Stacey)

Another mother, Jenny, expressed dissatisfaction about contact visitation decisions, including fewer requirements being imposed on the father:

... there is something wrong that he seems to have more rights than I have ... he's not having to do drug tests, they said 'yeah, but he's in jail' [for the domestic violence he perpetrated] ... He didn't think about my baby at that time, he didn't care whether that baby lived or died at that time. So why does he think he's got rights now? He has no rights as far as I'm concerned. If he's trying to kill me while I'm pregnant with baby. (Jenny)

### 3.6.3 | Theme 3: Concerns about abuse of children in care

There were two families who spoke of concerns about their children being abused in OOHC. One mother was concerned for her baby because she herself had been sexually abused in care. Another mother discussed her concerns about the safety of her children in care as her older child was sexually abused in care and there was a lack of departmental communication:

He was sexually abused ... At first the department just told us that there was one incident and we came to find out it was more ... Even when the first incident happened they came to tell us six weeks after ... As a parent we deserved to know ... the children's lawyer (told us at the pre-hearing conference) ... She thought the department had already told us. (Belinda)

## 3.7 | Parent reflections on child removal processes

In this final section of the findings, parents describe how the Department's child removal processes could be improved and the supports they needed but did not receive. Three themes emerged that

captured parents' experiences during this period and are presented below.

#### Parents reflections on child protection removal processes

Theme 1: *Information sharing by the Department*

Theme 2: *Support and empathy for parents, and the role of agencies*

Theme 3: *Time and space for the parent and child before removal*

### 3.7.1 | Theme 1: Information sharing by the Department

One key recommendation was for the Department to provide greater transparency and clarity about child protection processes, including details about pre-birth meetings and the kinds of supports available for parents. Many parents reported that they did not understand the prenatal child protection processes, including what was required of them to demonstrate that their baby could remain safely in their care, as illustrated by a father below:

[The Department's] communication could have been a lot better and prepare us on the possibilities of what would happen [when our child was removed] ... They could have been a lot more forthcoming with what their ideas were, and what they had in mind. (Darren)

Parents called for the Department to provide transparency around the decision-making processes for the removal of their children. Many parents received no information about the Department's decision to remove their infant prior to the birth. For many, the removal was sudden and unexpected, causing great stress. For most parents, it was also important to know where and with whom their infant was placed:

I don't know where my children are. I don't know what's happening to them. It's important to know where your child is, with who they are staying with, what kind of people they are staying with .... (Stacey)

### 3.7.2 | Theme 2: Support and empathy for parents and the role of agencies

Parents wanted greater supports targeted at preventing removal, with more services and supports made available to families prior to the decision to remove the children from the parents' care, as a mother explained:

... being Aboriginal ... there is no support ... I think they should help towards improving family and helping family before taking a child away. It should be the absolute

last option. We were told that more services, more doors would open up to us once the child got taken into care ... [but] because the baby wasn't in care, they couldn't help us. (Bridget)

Parents reported feeling that the Department did not care about their wellbeing and emphasized the lack of support before, during and after the removal of their child (ren). Parents called for caseworkers to practice with empathy and concern for the emotional impacts that child removal processes had on them. In particular, the mental health impacts on families after the child was removed, as illustrated by a mother as follows:

... more understanding. Half of them (caseworkers) don't even have fucking kids. They don't understand how traumatizing it is to lose your kid ... just [have] a bit more understanding. ... A bit more fucking empathy ... we've already been punished by losing our kids, some of us aren't actually the bad ones, we're victims as well .... (Stacey)

Multidisciplinary agency work was highlighted as an important factor in helping several parents to keep their child (ren) in their care. Caseworkers from non-government agencies, advocacy and health workers played a key role in developing safety plans and working with the Department case workers. Most parents reflected on the importance of multidisciplinary work or enhanced support from non-Departmental professionals, as illustrated by parent quotes below:

At the second meeting the department said the baby is coming into care 5 days after birth and they were going to place the baby on a 9-month order. The Social Workers were good and said they were going to help me. They supported me and the Aboriginal Legal Service to go to court. When the order was made at 5 days after birth the Magistrate threw it out and reduced the 9-month order to a 3-month order. I was also able to say that the Department neglected me cause I am legally supposed to be supported till I am 25 .... (Kylie)

The [non-Department Social Workers] were very good. They were very helpful because without them, I don't know where I would have been today ... We could have been in the dark without having known that we might lose the baby at birth ... it's like they give me the key. To know what to do, the things that I did not know ... Giving me the information about [a legal organisation], that was the key to everything .... (Susan)

... I started with Tuning in for kids. The coordinator she used to give me hope. You know that hope means everything when you're going to have a baby. Yes, I'm

going there for my courses, but you find someone who's giving you hope that tomorrow things are going to be fine .... (Bridget)

Many parents felt more comfortable engaging with the Department through these non-government agency workers, as shared by a mother below:

Even when I had my slips, she (health worker) was the first person I contacted and spoke to, and they (health worker and hospital social worker) rang [the Department] for me ... they still supported me with [the Department] ... (Chantelle)

### 3.7.3 | Theme 3: Time and space for the parent and child before removal

Parents called for the Department to allow them much-needed time to spend with their infant before removal, as one mother described:

If it wasn't for (hospital social worker) and allowing that extra time for me to be able to go up and say goodbye to him properly and give him that last feed ... they [the Department] wouldn't have cared. (Jenny)

Most parents, especially first-time parents, also wanted the Department to allow them opportunities to demonstrate their parenting skills, as mentioned by a mother, Stacey:

I am doing everything I can. It's not easy ... That's the problem about being a first-time mum. You don't know any of these things ... I really hope instead of removing the child for a first-time mum, because when you do that, it's causing a lot of stress and impact on everyone involved. ... It's causing a lot of pain ... give us the chance to be with our child to build that bond first ... (Stacey)

This issue was significant for a mother with an intellectual disability, who stated: 'if you have got disabilities, you have the right to have a family' (Katie). This mother planned to use her NDIS funds for a parent educator to work with her so she could have supervised visits with her children at home, but this was denied by the department.

Parents offered other specific suggestions to improve child protection removal processes, particularly in relation to infants. These are listed below:

- Improve the ability of caseworkers to collaborate with parents to develop and implement prenatal plans.
- Improve casework practice with families experiencing family and domestic violence, particularly partnering with mothers to address concerns around perpetrators' safe access to children.

- Provision of greater supports targeted at prevention of removals and trauma informed practice (parents feel the department currently operates on a reactive response action)—provide opportunity to demonstrate capacity and change.
- Families experiencing homelessness require support to secure stable housing, particularly mothers escaping domestic violence, who lack family supports, have themselves been in OOHC or are transitioning from prison.
- A supportive process for parents in which infant removal is required (i.e. providing a parent a voice in how removal occurs, options for kinship care arrangements, meeting carers and contact visits scheduled prior to removal).
- The use of independent facilitators at prenatal meetings in WA was supported by parents. Facilitators were reported to play a significant role in ensuring that all parties were heard and were accountable in the decision-making processes.
- An independent office for parent support that provides direction and advocacy for parents during child protection processes and/or removals.

## 4 | DISCUSSION

This Australian study provides a rare look into the processes of the child protection system from the perspectives of parents during the prenatal and postnatal period. These parents—who have previously had limited opportunity to participate in research in Australia, as well as from providing input into policy and practice—provided unique insights into their involvement with the Department and the impact of these interactions. Further strengths of the study were the parents' suggestions about improvements to a range of Departmental processes at the various stages of the child protection process. Emphasis was placed on the need for more supportive casework and interventions to reduce the need for infants to be taken into care but also on better preparation and inclusive planning if safeguarding action at birth is needed.

Given the lack of voice for parents involved in child protection processes during pregnancy, this was an inherent strength of the present study. Our research highlights that the parents' voice is vital to improving our understanding of child protection processes and their impacts. Only by including the input of the parents involved—not just the workers—can their insights be used in recommendations for support, thereby increasing the likelihood of improved outcomes for them and their infants. Furthermore, in the present study, there was a contrast between quotes and examples highlighting parents' powerlessness and lack of voice, to the mothers who had independent facilitators. Our research highlights the importance of independent facilitators allocated alongside parents involved in child protection processes as they played a key role in providing a voice or strengthening the voices of parents throughout their communications and interactions with child protection processes.

Our findings are consistent with those from other qualitative studies of parents involved in the broader child welfare system (Collings et al., 2018; Harries, 2008). These studies describe

inexperienced caseworkers, misinformation or lack of information from welfare workers and the disrespect that parents experienced. Parents in these studies expressed despair and ongoing trauma in their engagement with the child welfare/protection system and from their experience of child removal (Pannor et al., 2010; Wells, 1993; Wilson-Buterbaugh, 2010). Parents in the present study were unprepared for the removal of their baby at birth and felt completely powerless to resist. Parents' feelings of powerlessness were evident in their interactions and engagements with child protection prior to the birth of their children through to after the removal of the infant. The findings show that non-government agencies and non-departmental professionals played an important role in facilitating parents' sense of power and control that they had in their engagement and interactions with child protection, restoring a sense of balance to the judicial process for these parents. Broadhurst et al. (2022) have documented similar experiences regarding removal of babies in England and Wales, calling for far greater international attention to the legal and procedural rights of parents in the immediate postnatal period. Furthermore, as highlighted by Broadhurst and Mason (2013, 2019), the removal of a child from a parent is the gateway to further adversity and additional pregnancies, making it vital to reduce its occurrence.

The parents' interviews highlighted the need for a greater focus on early intervention and prevention, with the establishment of respectful, trauma-informed and supportive relationships between agencies and parents. Most of these parents had experienced multiple traumas and adversities, thereby necessitating long-term, targeted support across multiple agencies and professionals to improve outcomes for them and their children.

#### 4.1 | Study limitations

This research is not without challenges and limitations including an acknowledgement that research was conducted at a specific point in time (from 2019 to 2021) amongst a relatively small group of parents in two Australian jurisdictions. Access to interviewees was halted and restarted because of the COVID-19 pandemic, which affected the numbers recruited. Parents demonstrated an interest in the study through their participation; thus, the accounts and insights provided are not necessarily the views or experiences of all parents. In NSW, interviewed parents were more likely to have children removed from their care because of recruitment in the courts, whereas in WA, there was greater variability because of recruitment through service organizations who supported parents in developing child protection safety plans. For some participants, more than one interview may have enabled a fuller examination of the complex experiences of their involvement with the child protection system (Polkinghorne, 2005). We only had one parent with intellectual disability included in the interviews, and further research should investigate the complexity of issues faced by mothers with disability including the issues of guardianship and the intersection of disability support services and child protection that have been touched on in previous studies (Gould & Dodd, 2013).

#### 4.2 | Conclusions

The consistent reports in the child protection literature that describe the lack of supports for parents after a child is removed by the authorities are concerning (Broadhurst & Mason, 2019; Memarnia et al., 2015). New guidelines from Mason and colleagues in England and Wales aim to promote far more inclusive practice, attuned to histories of child removal and trauma (Mason et al., 2022b). Significant distress and frustration were expressed by parents in the present study, including their lack of power in the child protection process and the lack of consistent information from the authorities, highlighting the need for improvement in the handling of these processes by the child protection system. Given that most of the study parents have ongoing involvement with the child protection system, with many having further children and repeat removals (Broadhurst & Mason, 2019), obtaining a better understanding of these parents' needs, the distress related to the removal of an infant and their treatment by the child protection system is vital if improvements are to be made to the system.

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#### DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

#### ENDNOTE

<sup>1</sup> The terms prenatal and pre-birth have been used interchangeably.

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