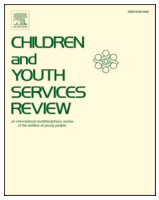
Children and Youth Services Review 157 (2024) 107376

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth



Child protection proceedings for infants: Analysis of court files to identify court outcomes and requirements for families in child protection safety plans

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A B S T R A C T

Given the increasing involvement of families in child protection processes pre-birth and during infancy, it is imperative that we have greater evidence of child protection processes during this period. A court file review was used to determine the characteristics and issues for families who are going through care proceedings for their infants, the outcomes of court proceedings and the safety plans required for families. Of the 39 court files analysed 36 % of the families were reported to child protection prenatally and 64 % were reported postnatally. One in five infants were removed into care directly from the maternity ward with the average age of removal being 4.9 months. The main child protection concerns related to domestic violence (51 %), drug and alcohol use (49 %) and mental health issues (41 %). The majority of these cases resulted in final orders with a large proportion having until 18 protection orders (41 %), and 23 % having orders revoked or withdrawn allowing the infant to be reunified to the family. The complexity of issues of the cases in these care proceedings highlights the need for greater sophistication in strategies to support these families who cross multiple service systems to enable reunification of families and prevention of removals.

1. Introduction

Infant removals into out-of-home care by the child protection system are a highly emotive and complex issue. In Australia, infants are the age group with the highest rates of child maltreatment substantiation and entry into out-of-home care (Australian Institute for Health and Welfare, 2022). Internationally, increases in infant child protection involvement have been seen in England, New Zealand, and the United States (Pearson et al., 2020). In Australia, the over-representation of Aboriginal and Torres Strait Islander (hereafter respectfully called Aboriginal) infants is a cause of great community concern and the over-representation of Aboriginal children involved in child protection is a priority target for reduction by the Australian Government in the National Agreement on Closing the Gap (Commonwealth of Australia, 2020). Given the high level of child protection involvement during the perinatal period, this requires a special focus for policy and practice to enable improved outcomes for families and infants.

Internationally there is great variability regarding the legal status of a fetus and the statutory powers of child welfare/protection systems of pregnant mothers. Some countries and jurisdictions within countries (including United States and England) have powers to place birth alerts on unborn babies or to notify pregnant mothers to child welfare services where there are safety concerns(Bureau of Justice Assistance, 2023; Ward et al., 2022). In Australia, a number of states such as Western Australia (WA), New South Wales and Queensland have legislation which gives child protection systems the statutory power to receive and investigate child protection notifications of pregnant mothers (Department of Communities, 2021; New South Wales Government, 2013). In WA, pregnant mothers can be notified to the "Department" (of Communities- Child Protection and Family Support) when an unborn child is identified as at risk of abuse and/or neglect. Following investigation, these notifications may be substantiated and pre-birth planning may commence to address safety concerns with the family of the unborn child which will usually involve parents, their family and safety networks, the Department of Communities, WA Health and, in some cases, the parent's legal representatives'. In terms of time frames, it is recommended that these meetings are held in the 20th, 26th and 32nd week of gestation. The aims of pre-birth planning meetings include developing action plans during pregnancy and following birth, including preparation for the infant (e.g. securing safe accommodation); evidence of behavioural change to address concerns raised by the Department; developing and enacting a personal safety plan relating to family and domestic violence; and developing a safety network of people (Department of Communities, 2021).

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https://doi.org/10.1016/j.childyouth.2023.107376
Received 14 June 2023; Received in revised form 27 November 2023; Accepted 2 December 2023
Available online 4 December 2023

In WA, during 2020–21, there were 669 unborn children receiving child protection services and 1025 infants (Australian Institute for Health and Welfare, 2022). Notifications that were substantiated involved 213 unborn children and 370 infants, with 191 infants admitted into out-of-home care. Child protection case workers have the statutory authority to decide whether there is an immediate and substantial risk of harm to a child's well-being and to take the child into provisional protection and care. This requires the child protection department to apply to the court for a protection order.

Following an application to the Children's Court by the Department, due to an infant being considered at substantial risk of harm, the court can decide that the child is not in need of protection or it can make one of four potential orders: a protection order (supervision) where the child stays with the family but is supervised by the Department; a protection order (time-limited) where the child is placed in the care of the Department for up to two years; a protection order (until 18) where the child is placed in care until they are 18 years old; or a protection order (Special Guardianship Order) where the child is placed with a carer other than the Department until they are 18 years old (Department of the Attorney General, 2006). The Department submits evidence to the court to support the protection and care application which typically includes the requirements of parents to address safety plans.

There is currently no research literature on the requirements of families pre/post-birth to meet safety requirements of the Department or the outcomes of these care proceedings. The literature that is available around infants in care proceedings is from England which found that infants aged less than 1 year constituted 27 % of all children in care proceedings with the largest proportion of infants being newborn (<4 weeks old). Almost half of all newborns recorded the final legal order outcome as "placed for adoption", with 21 % placed with extended family and 13–15 % placed with parents on supervision orders (Broadhurst et al., 2018). In New Zealand, a rise in infant removal legal orders was reported until 2018 with a reduction in orders from 2019 to 2020 following the Hawkes Bay case (Keddell et al., 2022). This sentinel event in 2019 drew media and community attention to the ethical and procedural issues of the use of S78 interim orders (a without notice removal order) involving Māori babies. This resulted in several enquiries including a review of the use of S78 interim orders which subsequently led to a reduction in removals.

Given the increasing involvement of families in child protection processes pre-birth and during infancy, it is imperative that we have a greater understanding of child protection and court outcomes for families subjected to care proceedings; as well as the requirements placed on families for orders to be revoked and potential reunification. Therefore, this study aims to determine the characteristics and issues for families who are going through care proceedings for their infants, the outcomes of court proceedings and the safety plans required for families by using a court file review.

2. Method

This study is a court file review conducted in 2020/2021 of cases from a random sample of WA Children's Court case files for families experiencing a child protection removal of their child into out-of-home care within the child's first year of life. The study sample criteria included cases where an infant had court proceedings and was placed into out-of-home care within 365 days from birth in WA Court files from the year 2014–15 was chosen from which to select cases so that we could follow-up proceedings to the latest finalised court proceeding as of 2020/21. In WA there were 203 infants (aged < 1 year) admitted to care and protection orders in 2014/15, with approximately half the cases being Aboriginal(Australian Insitute of Health and Welfare, 2016). The final sample for which data was extracted were 39 infant cases which is 19 % of cases. Mixed methods analysis was used to conduct a quantitative analysis of the court file data and a qualitative analysis of safety plan requirements within the court files.

2.1. Variables and pro forma for data collection

Data was accessed and extracted from the case files using a proforma designed for the study and entered into SPSS. The pro-forma was developed from similar studies and policy documents, then revised through consultation with Court staff and pilot data collection from the Court files. Variables were chosen to describe the characteristics of the cases, services utilised and factors associated with child protection involvement. Information on both parents and infants were extracted, and relevant information regarding placements and court outcomes.

2.2. Parent characteristics

Demographics: Characteristics of both parents, including demographic factors such as age and ethnicity (Aboriginality or non-Australian).

Parents Own Abuse History: Parents' own child protection history was collected where possible.

Mental Health: The recorded mental health status of parents was collected from the proceedings and/or supporting information filed by parents or child protection services. Parents mental health status was collected as an indicator of mental health issues whether it was an official diagnosis, self-reported by the parents, or documented by caseworkers.

Criminal involvement: Parents' current and historical criminal involvement was included where it was noted on the file that they were incarcerated and/or on parole during child protection proceedings.

Pre and post-natal notifications to child protection services: Information on the prenatal and postnatal notifications to child protection services and the areas of safety concerns were recorded based on available information.

Services: Services parents were referred to or involved with to ascertain support parents were provided in relation to child protection concerns.

2.3. Infant characteristics

Demographics: The infant's age at removal, their sex, Indigenous status, and number of siblings. The infant's age at removal was ascertained by calculating the difference between the infant's date of birth and the date they were assumed into care or removed.

2.4. Safety plans

In WA, safety plans are developed with families where there are substantiated child protection concerns. The court files contained information on the safety plan requirements for families.

2.5. Data analysis

The quantitative data was analysed using SPSS with descriptive statistics reported. The qualitative information on safety plan requirements was recorded in the proforma and entered into NVIVO. The safety plan requirements were coded and thematically analysed using NVIVO (Braun and Clarke, 2006). Two researchers coded the data to identify areas of concern and requirements for parents in the safety plan. Inter-rater reliability was determined by cross-checking identified codes and themes across the safety plan requirements for the 39 cases.

2.6. Ethics

Ethics approval was obtained from the University of Western Australia Human Research Ethics Committee (2019/RA/4/20/5080). Approvals to access court files and extract information on site were provided to researchers by the President of the WA Children's Court and the Justice Research Application and Advisory Committee.

3. Results

Of the 39 court files analysed there were more male than female infants with similar proportions of Aboriginal and non-Aboriginal infants (see Table1). Infants were removed into care from less than a week to up to 12 months, but on average at 4.9 months. The majority of infants had siblings (77 %) with a large proportion having an elder sibling in care (51 %). On average families had 1.9 children removed.

Of the 39 cases, 36 % of the families were reported to child protection prenatally and 64 % reported postnatally (Fig. 1). There was variation in the outcomes of the final orders with 41 % having an until 18 protection order, 23 % reunified with family and 21 % placed on a special guardianship order.

Of those cases with a prenatal report, 35 % were placed on protection orders until 18, 21 % on protection orders (1–2 years), 21 % on special guardianship orders, 14 % the order was revoked, and 1 infant was placed on a supervision order with a parent.

The main child protection concerns related to domestic violence (51 %), drug and alcohol use (49 %) and mental health issues (41 %) (Table 2). Half of the infants were placed in foster care and the other half in kinship care placements. The Department had legal representation in 100 % of cases with 59 % of mothers having legal representation in final orders and fathers a lesser extent at 54 %. Only a small proportion of cases had a parental affidavit on file.

3.1. Safety/Reunification planning

For mothers who are pregnant or parents who have an infant where there are concerns about safety and wellbeing, the Department will meet with parents to develop a safety plan. According to the Department of Communities (Departments') Child Protection Practice Manual 'safety planning is a proactive, structured and monitored process that provides parents with an opportunity to demonstrate that they can address the Departments' concerns by providing safety for their child' (Department of Communities, 2019). It is a process which takes place between a child protection case worker, parents, may contain people within the safety network and, if appropriate, the child. The process usually involves a written plan to address the Department's concerns of harm or potential harm during pregnancy, or for a child through the development of safety goals.

In the court case files, the majority of the cases had safety plans on court files (90 %). The requirements for parents were coded into thematic areas. Requirements were fairly consistent across the files regarding concerns that were required to be addressed which are outlined below (Table 3).

3.2. Actively engage with Department

A large proportion of cases (49 %) had a requirement that parents would actively engage with the Department and was stipulated explicitly in parents' safety plans:

> "Engaging with Department: Task: respond to all calls, home visits, letters and text messages and attend all meetings. Inform case manager ASAP if contact details change or there are difficulties attending a scheduled appointment. Goal: To be actively engaged with the Department, attend all meetings; attend all arranged contacts with infant to work towards reunification." (Case 17)
>
> "Continue to engage appropriately with the Department. For example, be respectful, attend meetings, advise if they cannot attend meetings and contact. Continue positive contact. If contact does not occur at no fault of the parents, there will be a make-up contact." (Case 39)

To ensure engagement with the Department there were a small number of safety plans that stipulated specifically mobile phones. Two plans required the parents to:

Table 1
Characteristics of families in infant care proceedings

Characteristics of Infants	N (%) (n=39)
Sex	
Male	24 (61.5%)
Female	15 (38.5%)
Aboriginal Status	
Aboriginal	19 (48.7%)
Non-Aboriginal	20 (51.3%)
Age at removal	Mean=4.9 mths (std dev=3.2 range=1day-12mths)
<1 week	4 (10.3%)
1-4 weeks	<3
5-12 weeks (1-3 months)	9 (23.1%)
13-24 weeks (4-6 months)	10 (25.6%)
25-52 weeks (6-12 months)	15 (38.5%)
Removed from maternity ward	8 (20.5%)
Infant has siblings	30 (76.9%)
Is this infant the eldest child	
Yes	10 (25.6%)
No	29 (74.4%)
Number of siblings	mean=2.0 (std dev=1.9, range=0-8)
0	9 (23.1%)
1	10 (25.6%)
2	7 (17.9%)
3	6 (15.4%)
######	8 (20.5%)
Is the eldest sibling in care?	
Yes	20 (51.3%)
No	3 (7.7%)
Unknown/informal care	6 (15.4%)
Total number of children removed from the mother's care	
0	mean=1.9 children (std dev= 1.4, range= 0-5)
1	9 (23.1%)
2	5 (12.8%)
3	9 (23.1%)
4	9 (23.1%)
5	4 (10.2%)
Missing	<3
	<3
Characteristics of Mothers	
Maternal Age	
<20 years	6 (15.4%)
20-29 years	22 (56.4%)
30-39 years	8 (20.5%)
40-49 years	3 (7.7%)
Aboriginal Status	
Aboriginal	13 (33.3%)
Non-Aboriginal	26 (66.6%)
Mother incarcerated at time of birth	<3
Mother incarcerated or on good behaviour bond or parole during care proceedings	Incarcerated=12 (30.8%) Good behaviour bond/parole=7 (18.0%)
Child protection involvement as child	Yes=6* (15.4%) -not stipulated in most cases
Characteristics of Fathers	
Paternal Age	Mean=32.7 (sd=7.5 range=17-46)
<20 years	<3
20-29 years	11 (28.2%)
30-39 years	15 (38.5%)
40-49 years	6 (15.4%)
Missing	5 (12.8%)
Aboriginal Status	
Aboriginal	11 (28.2%)
Non-Aboriginal	15 (38.5%)
Not stated/missing	13 (33.3%)
Incarcerated or on good behaviour bond or parole during care proceedings	Incarcerated=23 (59.0%) Good behaviour bond/parole=8 (20.5%)
Child protection involvement as child	Yes=4* (10.3%) not stipulated in most cases

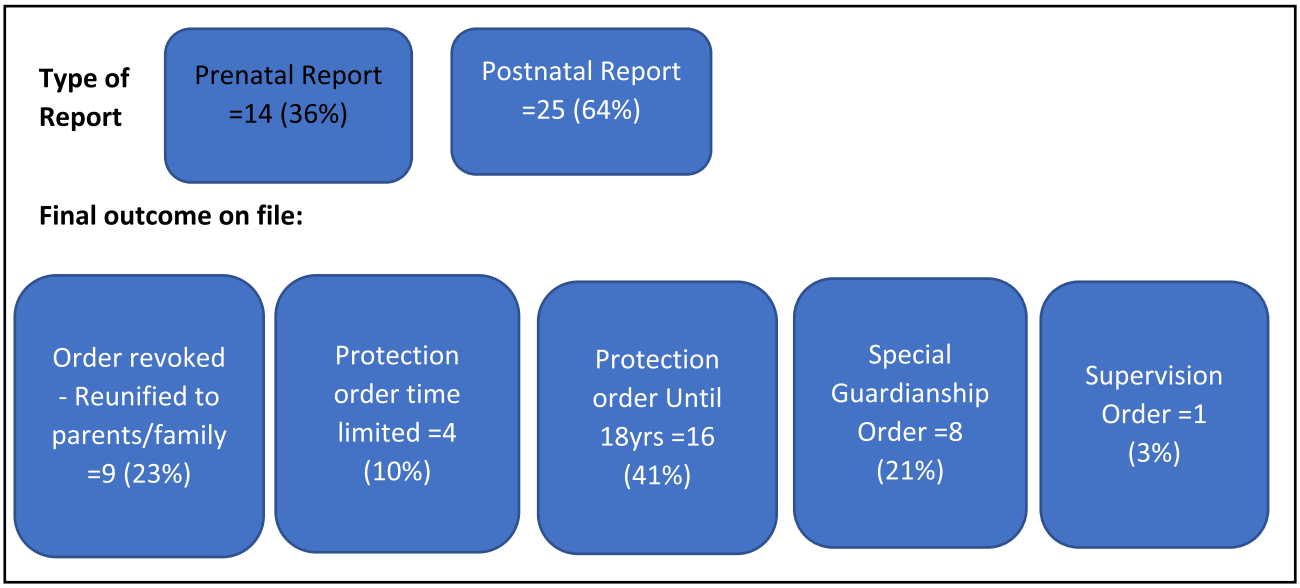

Fig. 1. Proportion of pre and postnatal report and final outcomes.

"Maintain a mobile service with text and voicemail facility" (Case 36) and "mother and father to have mobile phone on at all times to take phone calls from case manager and other services." (Case 23).

In two cases the Department stipulated that they would assist parents with purchasing mobile phones.

3.3. Legal representation

In a small number of cases (8 %) legal representation and court proceedings were mentioned in requirements with some cases stipulating explicit support from the Department for a parent in family court proceedings:

"Father to arrange lawyer for Children's Court; father to attend court." (Case 7)
"Father's lawyer to seek grant of aid for Father to have infant remain in his care. Department (of Child Protection and Family Support) will write a letter in support of Father being able to institute proceedings in the Family Court." (Case 20)

3.4. Support and safety network

A number of families (18 %) were required to demonstrate a safety network with specific individuals having responsibilities in their safety plans:

"Demonstrate a support network and a safety plan with all parties." (Case 33)
"Mother and/or father to contact family if in need of support. If father is aware that mother is struggling with the children and needs a break he will organise a safe person to look after the children to give mother respite." (Case 23)
"Mother to live with her aunt unless otherwise agreed with CPFS. Mother is not to leave Aunt's house with baby unless she is with aunt or another approved in advance by CPFS unless otherwise agreed. Aunt to immediately contact CPFS or crisis care if plan is not complied with or if there are concerns about Mother's mental health." (Case 30)

3.5. Financial stability

A number of parents (18 %) were required to demonstrate the ability to manage finances in order to provide for their children and to meet their children's needs. In some cases parents were required to undergo financial counselling and/or voluntary income management particularly if they were not able to successfully demonstrate an ability to budget. There were also examples in which parents were instructed not to seek financial assistance from family or the Department. Examples include:

"Mother to demonstrate ability to manage finances appropriately and responsibly that will enable her to provide for the children." (Case 33)
"Mother must undergo financial counselling– progress and plan to pay off debts and manage living costs." (Case 13)
"Parents to demonstrate they can manage their money in order to always have sufficient for essentials. Dept will consider use of income management in the future if parents cannot successfully learn to budget." (Case 22)
"Mother to demonstrate good understanding of financial management and prioritise child's needs over her own. Mo not to seek financial assistance from family or Department. Mo to consider entering voluntary income management to demonstrate she prioritises payment of bills, rent and food." (Case 8)

3.6. Accommodation

There were a large proportion of parents (72 %) in which safety plans stipulated a requirement to obtain and maintain stable, safe, hygienic accommodation. Wording typical of this requirement was:

"to obtain and maintain stable, safe, hygienic accommodation for children." (Case 17)

Some parents in their safety plan requested assistance from the Department for accommodation which included parents who were being released from prison, and mothers who were trying to obtain housing/accommodation due to domestic violence:

"Father has requested assistance with accommodation following release from prison." (Case 7)
"Mother told Department (CPFS) she would take a copy of her Violence Restraining Order to Housing to assist with priority

Table 2
Infant care proceedings, placement characteristics and final court orders

Infant care proceedings	(n=39 infants)
Legal representation for mother during final orders	23 (59%)
Legal representation for father during final orders	21 (54%)
Legal representation for child during final orders	10 (26%)
Legal representation for the Department of Communities during final orders	39 (100%)
Parent affidavits on file	6 (15.4%)
Family concerns as per child protection reports	
-Mental health	16 (41%)
-Drug and alcohol use	19 (49%)
-Domestic violence	20 (51%)
-Intellectual disability	1 (3%)
-Homelessness/housing instability	2 (5%)
-Previous child removed	8 (21%)
-Other (Examples of other: High medical needs of infant, mother incarcerated or transient)	9 (23%)
Placement	
Placement (most recent placement type while in care)	
-Foster care	19 (50%)
-Kinship care	19 (50%)
Relative assessed for care	27 (69%)
Relative assessed for suitable care	24 (62%)
(*some relatives were assessed as suitable but did not have capacity for full-time care role)	
ATSI placement (of the 19 Aboriginal children)	
Yes	6 (31.5%)
No	7 (36.8%)
Not stated	6 (31.5%)
Cultural care plan documented	10 (26%) for all children 7 (37%) for Aboriginal children
Reunification/safety plan on file	35 (90%)
Court order	
Final court order	
Final Orders	36 (92.3%)
Interim Orders	3 (7.7%)
Last order on file	
Protection order - time limited (1-2 years)	4 (10%)
Protection order – until 18	16 (41%)
Special Guardianship Order – Kinship carer	6 (15%)
Special Guardianship Order – Foster carer	<3
Supervision order	<3
Orders revoked/withdrawn	9 (23%)
Other (baby deceased)	<3
Restored to parent	9 (23%)
Time to restoration (months)	Mean= 14.5mths, range=3-30 mths
0-6 mths	<3
7-12 mths	3 (8%)
13-18 mths	<3
19-24 mths	<3
25-30 mths	<3
Contact mentioned for infant's mother in orders	34 (87.2%)
If yes, details of contact for mother	
Once per week	<3
Twice per week	4 (10%)
Three times per week	5 (13%)
Once per fortnight	4 (10%)
Monthly	3 (8%)
Not stipulated – as organised with family/carer	15 (38%)
Contact mentioned for infant's father in orders	28 (71.8%)
If yes, details of contact for father	
Once per week	<3
Twice per week	<3
Three times per week	<3
Once per fortnight	3 (8%)
Monthly	3 (8%)
Four times per year	<3
Not stipulated – organised with family/carer	10 (26%)
Being finalised due to VRO or incarceration	3 (8%)
Mother – were services referred to/involved	35 (89.7%)
Father – were services referred to/involved	19 (48.7%)
Mother: Services referred to/involved with mother	
Type of services/Names of Services	
Hospital services including maternity	14
Best Beginnings*	7
Residential Rehabilitation	12
Community Health Service	5
WANSLEA**	7
Aboriginal Community Controlled Organisation	4
Aboriginal Medical and Alcohol and Drug Service	3
Child Health Clinic	5
Mental health service	16
Drug and Alcohol Service	13
Crisis Care	9
Refuge/Hostel	9
Centrecare/Anglicare	7
Other Non-Government Services	12
Father: Services referred to/involved with father	
Type of services/Names of services	
Breathing Space***	3
Drug and Alcohol Service (including residential rehab)	8
Hospital Services	3
Best Beginnings*	<3
Mental health services	4
Other non-government services	13
Prior alternative action to removal	
Yes	30 (77.0%)
Type of actions	
Pre-birth safety planning	4 (10.3%)
Safety Planning	19 (48.7%)
Rehabilitation services	6 (15.4%)
Domestic Violence services	4 (10.3%)
In home services	<3
Baby remaining with mother while incarcerated	<3
Mother moved in with support people	3(7.7%)

* Home visiting service for families of new infants.
**Child and Parenting Support.
***Men's behaviour change program.

housing. CPFDS to inform Housing of current reunification goal and liaise with (Emergency Housing Services) about other potential options." (Case 22)

While there were cases in which the Department assisted parents in obtaining accommodation there were cases in which the Department were clear in plans that while referral information would be provided the onus was on parents to obtain housing and address issues that led to homelessness:

"Maintain safe and stable accommodation and addressed issues that have led to her homelessness." (Case 13)
"Department will provide information relating to support agencies and a support letter to Department of Housing relating to priority list. Mother expected to source permanent accommodation herself, maintain tenancy and demonstrate stability." (Case 24)

To demonstrate stable accommodation, it was common across safety plans that the main evidence required was that parents provide "evidence of a lease agreement and demonstration of stability of tenure over a period of not less than 6 months".

3.7. Relationship counselling

There were a number of parents (20 %) that were required to attend couples counselling to address relationship conflict. The requirement was worded fairly consistently across these parent's safety plans:

"Mother and father to engage in couples counselling together to address issues of communication, trust, respect and parenting. Goal is to obtain a positive report from support service regarding participation". (Case 17)

Table 3
Safety plan requirement areas.

Areas	Number and Proportion of casefiles n (%)
Actively engage with the Department	19 (49%)
Legal representation	3 (8%)
Support and safety network	7 (18%)
Financial stability	7 (18%)
Accommodation	28 (72%)
Relationships Counselling	8 (20%)
Domestic Violence	23 (59%)
• Demonstrate DV issues have been addressed	16 (41%)
• DV counselling	17 (44%)
• No relationship with an abusive partner	7 (18%)
• Notify Police if violence occurs or VRO broken	3 (8%)
Drug and Alcohol	29 (74%)
• Drug or alcohol testing	25 (64%)
• No drugs or alcohol	16 (41%)
• No drug or alcohol use in front of children	3 (8%)
• Rehabilitation	12 (31%)
• Therapy and counselling	12 (31%)
Mental health	21 (54%)
• Complete treatment	4 (10%)
• Department permission to seek feedback	4 (10%)
• GP referral to mental health service provision	5 (13%) 15 (38%)
• Mental health psychological assessment	9 (23%)
• Therapy/counselling	2 (5%)
• Undertake assessment of cognitive functioning	
Child/parenting	26 (67%)
• Child attends appointments	4 (10%)
• Child displays appropriate behaviour	2 (5%)
• Child health nurse visits	3 (8%)
• Parenting capacity assessment	11 (28%)
• Parents attend parenting classes	10 (26%)
• Parents maintain consistent contact	6 (15%)
• Positive interactions during contact	7 (18%)
• Prioritise child needs	15 (38%)
• School attendance	2 (5%)
• Supervised visits	3 (8%)

3.8. Domestic violence

A large group of parents (59 %) had safety plans that had requirements around domestic violence. Some parents were required to end a relationship with an abusive partner and not to enter in any further relationships with abusive partners. The onus in these safety plans appeared to be on mothers who experienced domestic violence to ensure they do not have a relationship with an abusive partner or potential partner. There were also stipulations to notify police if violence occurs or a Violence Restraining Order (VRO) was broken. Examples of these requirements include:

> "No physical contact with (a male mentioned)' (Case 4), "no further incidents of domestic violence - including with any new partners or other people' (Case 34), "To increase frequency or duration of contact (with children) parents must: cease being involved in a domestic violence relationship" (Case 19), and "Mother will need to demonstrate she has the capacity to protect children from being exposed to violence." (Case 39)

and.

> "Mother to report to police if physically assaulted or attacked and for her not to engage in any violence or assaults" (Case 11) and "report all breaches by father of VRO or other orders to the police" (Case 22)

Some safety plans required children to go to someone in their safety/support network or for fathers to walk away to avoid domestic violence incidents:

> "Parents agree to stop arguing and for father to walk away from mother to avoid further incidents." (Case 29).
> "If parents argue children will go to grandparents/Aunty's house or father will go for a walk to cool off." (Case 37)
> "Mother and father will continue to protect children from violent environments - If they argue father will leave the caravan to allow the situation to cool down. Bottom line: If there continues to be violence in front of the children the Department may recommend that father leaves the family home until this issue is addressed." (Case 23)

Parents were often required to complete FDV or anger management programs or counselling with more specific goals of demonstrated understanding of domestic violence and safety planning. Typical safety requirement for mothers were:

> "For mother to be ready for reunification she needs to: Complete an anger management program and demonstrate ability to manage conflict, problem solve, understand cycle of violence, power and control and impact of DV on children. No further DV reports or violent behaviours. If father perpetrates violent behaviour mother is to take protective steps as per safety plan." (Case 10)
> "Domestic Violence: Task: attend DV counselling programs. Goal: obtain a positive report from counsellors regarding mother's participation and understanding of the effect of DV on children. Mother will need to demonstrate she has the capacity to protect children from being exposed to violence." (Case 39)
> "Parents will ensure that the children are not exposed to FDV and will sort out their problems in a non-violent way so that children will become healthy happy adults that will learn to resolve conflict in a nonviolent manner. Mother – no reports of violence from the police or community with father or any other family or community members. DV counselling – to address issues related to DV including being a victim of DV, and her understanding of the impact of DV on children living in environment which it occurs." (Case 19)
> "Mother to provide environment free from verbal and physical violence by: attending and participating in therapeutic intervention re DV; meeting with Dept workers to discuss and demonstrate understanding of DV; develop detailed personal safety plan for herself and child; report all breaches by father of VRO or other orders to the police. Dept will refer mother to DV program and fund any associated costs. Dept will also consider referral to 'Safe at Home' service if mother secures her own accommodation." (Case 22)

Similarly for fathers, particularly where fathers were perpetrators of violence there were cases of specific requirements regarding courses and programs as well as demonstrated understanding and behaviours:

> "For father to be ready for reunification he needs to: Participate in an anger management and DV program and demonstrate he has addressed his issues with DV, anger management and impulse control for a period of time determined by the Dept." (Case 10)
> "Father – no reports of violence from the police or community with mother or any other family or community members. Behaviour Change program– to address his role in DV including being a perpetrator of DV, a victim of DV and his understanding of the impact of DV on children living in the environment in which it occurs." (Case 19)
> "Father to provide environment free from verbal and physical violence. Father to demonstrate alternate strategies apart from use of violence, and that he understands impact of violence on safety and wellbeing of child by: participating in men's behaviour change program following release from prison and allowing Dept to seek info regarding participation and engagement from program provider; demonstrate ability to follow and abide by orders and instructions issued by CPFS, Corrective Services and Police." (Case 22)

3.9. Drug and alcohol

A large number of parents (74 %) had requirements in relation to drugs and alcohol in their safety plans.

Some cases stipulated that "Children will be in a home where there is always a sober adult to look out for their safety and ensure that all their basic needs are met" (Case 19). Other cases the Department stated that "Parents wont drink alcohol when caring for children. If father wants to drink more than 4 drinks he will go to his father's house and return when sober. If mother wants to drink she will do the same at her family's house." (Case 37).

A large proportion (64 %) specifically had requirements around urinalysis and drug testing with variable requirements ranging from random urinalysis testing to weekly testing. Examples included:

> "Random urinanalysis– Mother required to attend same day as request. Father: Should he wish to have supervised visit he would need to undergo drug screening." (Case 2)
> "Task: complete random urinalysis weekly. Goal: To abstain from illicit drug use and providing clean urine samples. A missed test will be recorded as a contaminated sample. Period: minimum of 6 months." (Case 17)
> "Parents to engage in urinalysis testing up to 3 times per week and remain clean for 3 months." (Case 10)
> "Drug and alcohol free for 6 months (required urine analysis and random hair analysis)." (Case 1)

Parents were also commonly required to complete residential rehabilitation or drug and alcohol outreach programs. The requirements were fairly consistent across the cases although there was some variation on the detail of the requirement outlined. For instance, the first example below relied on professional advice on whether the parent had met requirements and made sufficient progress, however, the third example also required a drug relapse prevention plan:

> "Mother to remain drug free by completing residential rehabilitation or outreach program. Goal: abstain from illicit drug use. Period: for length of program or on professional advisement that all requirements completed and sufficient progress made." (Case 17)
> "Attend drug rehabilitation facility or engage in outreach drug and alcohol counselling. Department can provide service information but parents to initiate contact and ensure attendance. Parents to understand reasons for drug use, develop alternative coping strategies and understand impact of drug use on parenting ability/capacity." (Case 12)
> "Mother to demonstrate that she can apply what she has learned about DV, drug use and anger management over a period of no less than 6 months. To abstain from speed, methamphetamines and amphetamines, reduce marijuana use, and undertake urinalysis when requested. Mo to also have a clear drug relapse prevention plan outlining what she will do when she feels like using, who she will get help from and what they will do." (Case 13)

There was also variation in the amount of support offered by the Department across cases in relation to drug and alcohol requirements. Some cases the Department offered to provide the referral to drug and alcohol services whereas others were required to contact the services and/or admit themselves.

> "Task: attend and complete residential rehab program. Mother expected to contact centre and admit herself." (Case 16)

There was also variation in the level of financial support for parents to be able to attend counselling with some getting some financial assistance and other parents required to be financially responsible for counselling. Some examples include:

> "Counselling: engage in counselling sessions (10 sessions with a psychologist covered by Medicare and Dept will cover cost of gap)." (Case 38)
> "Mother to enter a detox and rehabilitation program and complete 16 weeks of program to graduate. Mother to attend and be financially responsible for regular counselling regarding her drug dependency." (Case 8)

3.10. Mental health

Over half the cases (54 %) had mental health related requirements. The most prevalent of these was that parents were required to get a mental health assessment and counselling. Common examples of this requirement included:

> "Mental health assessment/counselling: Task: Undertake psychological assessment to determine if there are mental health issues that may impact on parenting capacity and anger management and attend counselling service. Goal: address any mental health and anger management concerns (e.g. obtain a mental health plan from a GP for referral to psychologist (a number of sessions will be covered by Medicare). Parent expected to contact services and book own appointments. Period: number of sessions determined by counsellors." (Case 16)
> "Counselling: engage in counselling sessions (10 sessions with a psychologist covered by Medicare and Dept will cover cost of gap). Dept would like mother to address issues of past trauma, identify triggers which can cause stress and poor mental health, learn appropriate coping strategies and how to avoid negative coping strategies (e.g. alcohol use). Dept will require a progress report from counsellor." (Case 38)

There were a small number (5 %), in addition to a mental health assessment, where there were requirements to have an assessment for intellectual capacity and how it may impact on the ability to adequately parent:

> "Department needs to see that mother's mental health and intellectual capacity are sufficient to provide for the safe parenting of infant. Counselling and mental health – Mother will attend appointments arranged for her mental health and cognitive functioning to be assessed. Mother will continue to attend counselling until the relevant service provider confirms that she is able to self-manage her mental health. Reunification timetable to transition infant home: Dept will consider reunification of infant to care of Mother once following occurs: Receipt of a mental health and cognitive functioning assessment stating that Mother is capable of providing infant with his daily needs and is willing and able to keep infant safe." (Case 14)
> "Undertake assessment of cognitive functioning. Undertake psychological assessment with a Department psychologist to assess parenting capacity, including capacity to learn, modify behaviours and sustain behavioural change. Follow through with recommendations from the psychological assessment regarding any further supports in line with reunification goals." (Case 21)

Some mother's were required to attend specialist mental health clinics or assessments which were exemplified by the cases below:

> "Task: Continue to see psychiatrist at KEMH (maternity hospital) in women's and newborn services. Goal: follow-up all recommendations. Period: dependent on recommendations from mental health providers. Mother to continue to engage with KEMH psychiatrist and take medication." (Case 17)
> "Mother to undergo a neurological assessment in relation to previous injuries sustained from DV and reported seizures. Mother to maintain current mental health treatment plan – medication and further therapy." (Case 31)

3.11. Parenting skills and capacity

There were a large proportion (67 %) of cases where mothers and fathers were required to address parenting issues in their safety plans. In some cases, this involved undertaking parenting courses (26 %) which primarily included the requirement:

> "Parenting: Task: attend age-appropriate parenting courses such as Circle of Security. Goal: obtain positive reports from facilitators and contact supervisors regarding participation and understanding and meeting children's needs. Period: ongoing." (Case 17)

A large proportion of parents (28 %) were asked to complete a parenting capacity assessment which had varied wording regarding what was to be assessed. Some examples include:

> "Mother to participate in parenting capacity assessment by Departmental psychologist (or other professional) to provide an opinion re: attachment between mother and child, mother's insight into child's needs, mother's capacity to meet child's needs, any psychological/mental health/personality issues that may impact mother's capacity to parent, mother's capacity to prioritise child's safety within her lifestyle and interpersonal relationships." (Case 17)
> "Undertake psychological assessment with a Dept psychologist to assess parenting capacity, including capacity to learn, modify behaviours and sustain behavioural change." (Case 21)

Some children had specific health issues (e.g. born pre-term/low birth weight), therefore, parents were required to attend medical appointments and engage with child health nurses/health professionals to meet their children's medical needs:

> "Mother to take baby to all medical appointments and vaccinations. Mother to accept visits from and cooperate with the nurse from KEMH. Mother to accept visits from and attend visits with the child health nurse. Mother to engage with Best Beginnings once the referral is activated. Depending on feedback from KEMH during her two day stay regarding mother crafting skills CPFS may require Mother to engage with Ngala and attend the residential program." (Case 30)
> "Mother to demonstrate she can meet child's therapy needs by attending appointments and completing daily at-home therapy exercises as required. Mother to attend child's medical appointments and meet with therapists to learn how to facilitate child's daily at-home therapy sessions." (Case 16)
> "For the infant to be returned to parents they need to demonstrate they will engage with CPFS and other relevant agencies such as child health and Aboriginal health services to ensure that the children are safe and receive adequate health care, food and supervision. They need to ensure to attend all medical appointments for the infant and ensure that they get immediate medical attention when required. Parents need to demonstrate that at all times that they can consistently provide care that will address all of child's medical needs such as attending all necessary appointments-physiotherapy, ophthalmology and OT as well as providing care at home that ensures that he does not regress developmentally." (Case 19)

In many safety plans there were requirements about contact visits and some outlined specific behavioural expectations:

> "Contact with children remains positive by focusing on children's needs and attending contact or rearrange that they can't contact. Mother to engage in a group/service that address parenting issues, participate actively and receive a favourable report that confirms this and that she has developed positive parenting strategies." (Case 31)
> "Contact: attend regular contact, remain child focused, regulate emotions and mental health during visits." (Case 38)
> "To demonstrate ongoing commitment to child by: meeting child's needs during contact when in prison; consistently attending contact following release from prison; communicating with Dept regarding plans while child in care and throughout reunification process." (Case 22)

A number of parents were also asked to complete in-home parenting support programs or reunification programs:

> "Complete parenting program and participate in home parenting support program. Mother acts protectively towards (children), stays drug free, responds to children's medical, educational, physical and psychological needs to a good enough level." (Case 15)
> "Mother will work with Centrecare Djooraminda Reunification Service to learn about medical needs of children and develop a plan of how needs will be met, establishing a routine, keeping house clean, discipline strategies, health eating and food prep. Mother will maintain and demonstrate her learning for a period of 6 months before reunification can occur. Mo needs to support children in going to school every day." (Case 13)

A number of safety plans outlined the progression of contact based on meeting specific conditions and favourable reports. In some cases, this included parallel planning if the parents were unable to meet these conditions and requirements. An example (Case 23) is outlined below:

> "Progression of contact. Stage 1: Where contact has been assessed as positive and in the best interests of the children it will progress toward increased supervised periods within a period of not less than 3 months once parent/s demonstrate their ability to: -attend every contact on time -provide clean urinalysis, -participate in counselling for drug use/ DV; and -commence a psychological and parenting capacity assessment.
> Stage 2: Once parent/s successfully meet these conditions and contact has been assessed as positive and in the children's best interests then unsupervised contact will be offered providing for parent/s to leave the venue where contact will be held with [children].
> Stage 3: On successful completion of Stage 2 unsupervised contact will progress toward home visits during which time a referral will be made to a reunification programme.
> Stage 4: On successful completion of stage 3, a transition toward full reunification will commence.
> Parallel planning: In the event that parent/s have not been able to commence addressing the requirements for reunification within a 12 month period, the Department will develop a parallel plan for the children's long term care and may seek to revoke the time limited orders and replace them with until 18 orders so that the children can be placed permanently."

3.12. Co-occurring family issues/service referrals

On average families had three family issues or service referrals to address the departments concerns. Of the 39 cases 28 % had three family issues/service referrals with 23 % of families having four. The majority of families were asked to address drug and alcohol concerns or attend drug and alcohol services/ rehabilitation (79 %) followed by parenting services/parenting capacity assessments (51 %), mental health services (49 %), and domestic violence services (49 %).

4. Discussion

This research provides important evidence from a court file review of families going through care proceedings for their infants who were removed into out-of-home care due to child protection concerns in the child's first year of life. Of the 39 court files analysed, 36 % of the families were reported to child protection prenatally and 64 % were reported postnatally. Half of the cases involved infants who were Aboriginal (49 %). One in five infants were removed directly from the maternity ward with infants removed into care on average at 4.9

months. The majority of the infants had siblings (77 %) with a large proportion having an elder sibling in care (51 %).

The main child protection concerns related to domestic violence (51 %), drug and alcohol use (49 %) and mental health issues (41 %). The majority of these cases resulted in final orders with a large proportion having until 18 protection orders (41 %), and 23 % having the orders revoked or withdrawn with the infant restored to the family. For infants that were reunified, the average time to reunification was 14.5 months. Half of the infants were placed in foster care, half were placed in kinship care, and a large proportion of extended family were assessed for care and found suitable, although some did not have the capacity for a full-time care role.

While in all cases, the Department had legal representation, 59 % of mothers had legal representation at final orders and to a lesser extent fathers (54 %). The challenge in undertaking the case file reviews was that the majority of the information contained in the file was evidence filed on behalf of the Department with only 15 % of cases having a parent affidavit on file. This is in contrast to the case file review conducted in New South Wales where the majority of cases had parent affidavits presented to the court as evidence (Taplin et al, under review).

The majority of cases (90 %) had information from the Department regarding safety plans which articulated the requirements of parents for their infant to be reunified to their care. To our knowledge, there are no previous studies that have examined the safety plans in case files to determine parental requirements. There was also no information on the files of how the safety goals and requirements were decided upon or whether they were developed in collaboration with parents or advocates/support workers. A greater understanding of this process would be useful in research going forward. In many of the files the requirements were worded very similarly indicating that they are commonly used requirements across the Department.

There were a large proportion of cases where parents were required to actively engage with the Department, with some articulating specific behavioural requirements including responding to calls, attending meetings and being respectful. Engagement has been described as a process of 'establishing effective working relationships so that there can be a shared understanding of goals and a shared commitment' (Parenting Research Centre, 2017). As outlined in a scoping review of engagement of birth parents in the child protection system, many factors can impact on parent's ability to engage including the impact on families of multiple and complex needs, previous involvement with child protection (including parents being a child in care), history of stolen generation and government mistrust, cultural differences, and risk or deficit based approaches to families by workers (Parenting Research Centre, 2017). It is noted that in some cases the Department provided mobile phones to assist parents with contact with case workers. Engagement strategies by the Department and other service providers are essential for working with these families, many of whom are faced with high levels of adversity, historical mistrust, challenges accessing services, and dealing with multiple and complex needs.

Many of the families had requirements in relation in financial and housing stability. There is a wealth of evidence that families facing poverty are more likely to be involved in child protection services (Bywaters et al., 2016). The challenge for these families is not only ensuring that they can provide evidence of their ability to budget and meet the financial needs of their family but also attend appointments to address their mental health, drug and alcohol use, and domestic violence issues that are resulting in the safety concerns by the Department. In some of the safety plans this was acknowledged by caseworkers who specifically stated what financial assistance would be provided to enable parents to access assessments and counselling. The associated issue of housing was also mentioned in 72 % of the safety plans with most required to maintain stable, safe and hygienic accommodation. Given the complexity of issues that these families are facing, maintaining stable accommodation is a challenging issue. This was mentioned in a number of safety plans where mothers fleeing domestic violence were utilising violence restraining orders to assist with priority housing and emergency housing services. Some safety plans however were clear that while the Department would provide the mother with a list of housing support services and a letter of support relating to the priority list the onus was specifically on the mother to actively source accommodation and in some cases address the issues that led to homelessness. Given the social housing waiting list in WA which is approximately 19,000 households with a 2 year average wait time, many of these families will struggle to maintain stable accommodation in the short term to meet this requirement (Shelter WA, 2022). The additional challenge is that to address the other concerns of mental health and drug and alcohol use, it is essential to have stable housing to provide stability for recovery (Padgett, 2020).

Domestic violence was another important child protection concern in many of the safety plans. There was variation in the requirements made on families. Many families were required to address this by being referred to FDV/anger management programs or for counselling with some required to develop safety plans and to use a safety/support network. Requirements in relation to perpetrator accountability was mentioned in a number of the safety plans which put the onus on perpetrators to address their violent behaviour. However, there was some concerning requirements in which the onus appeared to be on the mother to demonstrate the ability to protect children from being exposed to violence and to not enter into any future relationships with an abusive partner. There is also a challenge in that police reports could be used as evidence as seen in cases and, therefore, if a mother contacts police to report DV then this could potentially be used as evidence that she is not able to protect her children from exposure to violence and abuse. In addition, given that many of the families had difficulty maintaining stable accommodation this would preclude them from being provided some of the intensive support programs which would support mothers facing domestic violence and the associated impacts of trauma on mental health. This issue is broader than child protection's jurisdiction and will require ongoing government strategies to address the social housing shortages and the complex interaction of services to meet families with multiple and complex needs and who are experiencing family violence (Commonwealth of Australia, 2022).

The complexity of issues described in the case files does indicate the need for intensive support to assist families. Families on average had three family issues /service referrals to address the concerns of the Department, with the main areas being drug and alcohol, parenting, mental health, and domestic violence. The requirements across the safety plans were numerous and many families were required to be referred and seek support from multiple agencies. There was no clear indication from the safety plans who would provide case management support for the family or assist them to meet the Department's requirements. This is a challenge in the service provision space as the level of intensity required to support these families with multiple and complex issues will be high and for services who are procured to only provide DV, mental health or substance use services, it is a challenge to provide families with the wrap around support they need for successful outcomes. This highlights the need for greater sophistication in strategies to support these families who cross multiple service systems and have a high complexity of needs. Supporting families to engage with pre-birth and post-birth safety planning where their voices and articulation of needs is vital in ensuring that these families are fully engaged and supported throughout this process. There is preliminary evidence that pre-birth independent facilitators utilised in WA pre-birth meetings have been viewed by families as important to enabling them to have a greater voice in these meetings (Trew et al., 2022). Aboriginal family led decision making has been shown to be effective in Victoria and is being trialled in WA to enable greater self-determination and cultural safety for Aboriginal families involved in developing family plans (Department of Human Services, 2012). Victoria is also leading the way in their innovative court model Marram-Ngala Ganbu to address the over-representation of Aboriginal children in care with WA trialling an

alternative court model for families with cases prioritised for those families involved in child protection processes during pregnancy and infancy (Arabena et al., 2019).

While this research has provided evidence of the care proceedings involving infants in their first year of life where there are child protection concerns, it does have limitations. The majority of the case files accessed were based in the metropolitan area and unfortunately, we did not have capacity to review cases at regional courts. An understanding of these cases is important particularly given the over-representation of Aboriginal infants and the challenges of accessing services and support in regional and remote communities. What was particularly disappointing in the case file review was the lack of evidence in the files that was used to support families or provide evidence to refute the claims made by the Department. Therefore, the predominant views presented to the court and in the files were in relation to the Department's child protection concerns. As the proceedings in the court are not available to researchers this provides a gap in the evidence and would require researchers to seek permission from the court to be present during proceedings. There is also no evidence within the files to determine the effectiveness of services, assessment validity or the ability of families to meet the caseworker requirements. While these limitations should be addressed in future research, the evidence from this study on care proceedings and the requirements of families to gain restoration of their infants fills a gap in the current research.

Over the last ten years we have seen an increase in the number of pregnant mothers and families being notified to child protection services nationally and internationally, as well as a rise in the number of infants coming into the care system. All nations are committed to ensuring that children can grow up safely with their family and therefore ongoing international research and evidence is required to determine the effectiveness of processes to address safety concerns and support families to achieve optimal outcomes. There is also the need to ensure that strategies are sophisticated enough across government to meet the needs of families who are facing adversity at a level of service provision appropriate for the complexity of issues and importantly families have a voice in this process.

CRediT authorship contribution statement

M. O'Donnell: Conceptualization, Methodology, Writing – original draft. **S. Burrow:** Investigation, Writing – original draft. **M. Grose:** Investigation. **R. Usher:** Writing – review & editing. **R. Marriott:** Writing – review & editing. **S. Taplin:** Conceptualization, Methodology, Writing – review & editing.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The authors do not have permission to share data.

Acknowledgements

We would like to acknowledge the Western Australian Department of Justice and the staff at the Children's Court in assisting us in the conduct of this research. This research is neither endorsed by the Department or an expression of the policies or views of the Department. Any errors of omission or commission are the responsibility of the researchers.

Funding.

This work was supported by an Australian Research Council Discovery Grant (DP170101441) and a Stan Perron Charitable Foundation.

References

Arabena, K., Bunston, W., Campbell, D., Eccles, K., Hume, D., & King, S. (2019). *Evaluation of Marram-Ngala Ganbu*. P. f. t. C. s. C. o. Victoria. https://www.socialventures.com.au/assets/Evaluation-of-Marram-Ngala-Ganbu-November_SVA-Consulting.pdf.

Australian Insitute of Health and Welfare. (2016). *Child Protection Australia 2014-15*. https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2014-15/summary.

Australian Institute for Health and Welfare. (2022). *Child protection Australia 2020-21* (9781742496030). (AIHW, Australian Government, Issue.

Broadhurst, K., Alrouh, B., Mason, C., Ward, H., Holmes, L., Ryan, M., & Bowyer, S. (2018). *Born into Care: newborn babies subject to care proceedings in England.* . https://www.nuffieldfjo.org.uk/resource/born-into-care-newborns-in-care-proceedings-in-england-final-report-october-2018.

Bureau of Justice Assistance. (2023). Substance Use and Pregnancy—Part 1: Current State Policies on Mandatory Reporting and Implementing Plans of Safe Care to Support Pregnant Persons With Substance Use Disorders. https://www.cossup.org/Content/Documents/Articles/RTI_Substance_Use_and_Pregnancy_Part_1.pdf.

Bywaters, P., Bunting, L., Davidson, G., J, H., Mason, W., McCartan, C., & Steils, N. (2016). *The relationship between poverty, child abuse and neglect: an evidence review*. J. R. Foundation. https://www.basw.co.uk/system/files/resources/basw_25256-2_0.pdf.

Commonwealth of Australia. (2020). *National Agreement on Closing the Gap*. https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap.

Commonwealth of Australia. (2022). *National Plan to End Violence Against Women and Children* https://www.dss.gov.au/sites/default/files/documents/11_2022/national_plan_to_end_violence_against_women_and_children_2022-2032.pdf.

Department of Communities. (2021). *Child Protection Casework Practice Manual*. https://manuals.communities.wa.gov.au/CPM/SitePages/HomePage.aspx.

Department of Human Services. (2012). *Program requirements for the Aboriginal Family Decison Making program*. S. G. o. Victoria.

Department of the Attorney General. (2006). *Child Protection Proceedings*. https://www.childrenscourt.wa.gov.au/_files/PC_Protection_Proceedings.pdf.

Keddell, E., Fitzmaurice, L., Cleaver, K., & Exeter, D. (2022). A fight for legitimacy: Reflections on child protection reform, the reduction of baby removals, and child protection decision-making in Aotearoa New Zealand. *Kōtuitui: New Zealand Journal of Social Sciences Online, 17*(3), 378–404. https://doi.org/10.1080/1177083X.2021.2012490

New South Wales Government. (2013). *Child Wellbeing and Child Protection Policies and Procedures for NSW Health*. Government: N. S. W. https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_007.pdf.

Padgett, D. K. (2020). Homelessness, housing instability and mental health: Making the connections. *BJPsych Bull, 44*(5), 197–201. https://doi.org/10.1192/bjb.2020.49

Parenting Research Centre. (2017). *Engagement of birth parents involved in the child protection system: A scoping review of frameworks, policies, and practice guides*. Services: R. P. f. t. N. D. o. F. a. C. https://www.parentingrc.org.au/wp-content/uploads/Engagement-of-birth-parents-involved-in-the-child-protection-system_2018-text-edit.pdf.

Pearson, R. J., Jay, M. A., O'Donnell, M., Wijlaars, L., & Gilbert, R. (2020). Characterizing newborn and older infant entries into care in England between 2006 and 2014. *Child Abuse and Neglect, 109*, Article 104760. https://doi.org/10.1016/j.chiabu.2020.104760

Shelter, W. A. (2022). WA Social Housing Waitlist. Retrieved 31/01/2023 from https://www.shelterwa.org.au/our-work/advocacy/social-housing/.

Trew, S., Taplin, S., O'Donnell, M., Marriott, R., & Broadhurst, K. (2022). Parents' experiences with child protection during pregnancy and post-birth. *Child & Family Social Work, n/a*(n/a). https://doi.org/https://doi.org/10.1111/cfs.12984.

Ward, H., Broadhurst, K., Mason, C., & Ott, E. (2022). Born into Care: Developing Best Practice Guidelines for when the State Intervenes at Birth: Review of current guidance documents.