Turning Point

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What's Aligning, What's Constraining, and What Could Shift

Academic Seminar Synthesis

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Overview

The Turning Point Academic Seminar brought together researchers, practitioners, policy leaders, philanthropy, and people with lived experience to examine how systems respond to infants and young parents during pregnancy and early life. Positioned within the broader symposium, the seminar combined research presentations, cross-sector panel responses, and facilitated table discussions. This structure was designed to move between evidence, system perspectives, and collective reflection, bringing different forms of knowledge into direct conversation. It also created space for participants to test assumptions, challenge interpretations, and connect insights across roles and settings.

Purpose of this document

This document provides a focused synthesis of insights from the academic seminar to inform the symposium discussions that follow. It highlights areas of alignment, the system conditions shaping outcomes, and the practical pathways already visible for change, with a clear emphasis on how the system needs to shift. The synthesis is intended to support more targeted discussion, decision-making, and collaboration across the symposium. It also serves as a shared reference point to carry the learning from the seminar into the next stages of the conversation.

All analytical framing, interpretation of insights, and thematic synthesis reflect the professional judgement of the authors.

Insights are derived from contributions made during the Turning Point Academic Seminar, including panel discussions and facilitated table conversations across participants.

Interpretation has been informed by experience in research, evaluation, and system-level work within child and family services.

AI Disclaimer: Generative AI tools were used to support early structuring, organisation, and synthesis of seminar inputs. All analysis, interpretation, and final outputs were reviewed and refined by the authors.

What's Aligning, What's Constraining, and What Could Shift

Academic Seminar Synthesis

This synthesis captures the most prominent insights raised during the Turning Point Academic Seminar, structured to support practical use. Rather than listing themes in isolation, the findings reflect where there is clear alignment, where system conditions are constraining progress, and where shifts are already visible.

What's Aligning

The foundations of effective practice were consistently described as well understood.

- Relational, trust-based practice identified as foundational to engagement and outcomes
- Lived experience recognised as a form of expertise shaping design and delivery
- Early support and prevention consistently prioritised, particularly during pregnancy
- Coordinated, multi-agency responses understood as necessary across systems

What's Constraining

Progress is limited not by a lack of knowledge, but by system conditions that shape how responses are delivered in practice. These constraints sit in how families enter the system, how decisions are made, and how support is accessed.

Across the seminar, these were not described as isolated issues, but as reinforcing dynamics that continue to direct effort toward escalation, fragmentation, and late intervention, even where earlier and more effective approaches are understood.

- Continued reliance on child protection as the primary gateway to support
- System pathways requiring escalation in order to access services
- Fragmentation across systems, with unclear roles and limited coordination
- Risk-dominant decision-making limiting relational and preventative approaches
- Workforce conditions constraining capacity for sustained, effective practice
- Bias and deficit framing influencing assessment and escalation
- Limitations in data, monitoring, and evaluation
- Funding structures reinforcing a focus on tertiary responses

Across these constraints, the pattern was clear. The limitations described are not the result of a lack of knowledge or intent, but of how the system is currently structured, resourced, and governed. These conditions shape how decisions are made, how services are accessed, and how families experience the system. As a result, the challenge is not simply improving individual responses, but shifting the settings that determine how those responses are produced in the first place.

What sits underneath this is a deeper question about how the system is organised. As reflected throughout the seminar, current settings continue to prioritise risk management and crisis response, even where there is broad agreement on the importance of early support, partnership, and dignity.

What Could Shift

A number of shifts were identified that are already visible within parts of the system.

- Expanding alternative pathways into support that do not rely on escalation
- Strengthening coordination through clearer roles and alignment across systems
- Embedding lived experience within design, governance, and delivery
- Improving how data is captured and used to support learning and consistency

About This Report

This report provides a structured synthesis of insights generated through the **Turning Point Academic Seminar**, designed to inform the broader symposium on infant removals, early parenthood, and system response.

The seminar brought together participants from research, community services, government, philanthropy, and lived experience to engage directly with the current evidence base and explore its implications for practice, policy, and system design.

The intent was to move beyond individual perspectives and create a shared space for examining how systems are currently responding, and where change may be required.

More than 40 participants took part in the seminar across a series of research panels, cross-sector responses, and facilitated table discussions. These discussions were structured to explore areas of alignment, points of tension, and the conditions required to shift current responses.

Attendees, working across facilitated tables, responded to a set of guiding questions focused on:

- what resonated or did not align from the research and panel discussions
- where the system should act, even where evidence remains incomplete
- what conditions enable or constrain more effective responses

Each table discussion was recorded and transcribed. A thematic analysis was conducted to identify recurring patterns, areas of convergence, and insights with clear implications for system design and implementation.

The results are presented in two layers.

The first is a strategic synthesis organised around three domains: areas of alignment, system constraints, and potential pathways for change.

The second provides a more detailed thematic breakdown, including frequency and intensity of themes across tables.

This report provides a structured synthesis of the most prominent insights raised through the seminar. The findings reflect direct experience of how systems operate in practice and are intended to support immediate discussion, while informing longer-term system change.

Methodology and Input Sources

Seminar Inputs

Seven facilitated table discussions were conducted as part of the academic seminar. Each table responded to a consistent set of guiding questions designed to explore reactions to the research and panel discussions, identify areas of alignment or tension, and consider where the system should act, even where evidence remains incomplete.

The discussions were intentionally open to allow participants to draw on their own experience across practice, policy, research, and lived experience, while remaining anchored to the shared evidence base presented during the seminar.

Data

Seven group discussions were recorded and transcribed verbatim. All transcripts were fully anonymised, with no speaker names or roles retained. The analysis was conducted at the table level rather than the individual level to preserve the intended group-based structure of the activity.

Analytical Frame

Initial coding drew on three a priori domains aligned to the purpose of the seminar:

- What's aligning
- What's constraining progress
- What could shift

Sub-themes were inductively developed within each domain, allowing for both granularity and interpretive insight.

A fourth category, cross-cutting tensions, captured themes that spanned multiple domains or reflected deeper structural dynamics within the system.

Hybrid Human–LLM Workflow

The analysis used a hybrid workflow combining a research-grade language model with human review and interpretation. The model was configured specifically for the synthesis of qualitative data, grounded in established principles of best-practice qualitative methodology.

1. Transcripts were segmented and analysed to generate candidate sub-themes across the dataset.
2. An initial codebook was developed and iteratively refined through human review to ensure conceptual clarity, consistency, and alignment with the purpose of the synthesis.
3. Themes were tested across transcripts to confirm stability, identify overlap, and surface divergence or negative cases.
4. Frequency and intensity were then applied systematically across all tables using the refined framework.
5. All model-assisted outputs were reviewed, interpreted, and finalised by human analysts.

This approach enabled the synthesis of complex, multi-perspective discussions at speed, while maintaining analytical rigour, consistency, and interpretive depth.

Frequency and Intensity Metrics

Each sub-theme was analysed on two dimensions:

- Frequency refers to the proportion of tables (out of seven) that raised the sub-theme. It is shown as a percentage.
- Intensity reflects the expressed strength of feeling or urgency associated with a sub-theme. This was scored using a 3-point scale:
  - 1 (Low): The theme was mentioned in passing or described as a "nice to have," with limited emphasis or shared concern.
  - 2 (Moderate): The theme was positioned as important or necessary, with clear agreement or reinforcement from multiple participants.
  - 3 (High): The theme was framed as critical, urgent or non-negotiable, with emphatic language or universal endorsement from the group.

A mean intensity score between 1.0 and 3.0 was calculated for each sub-theme, based on all references across the dataset.

Illustrative Quotes

Each sub-theme is accompanied by a quote that illustrate its core ethos. Quotes are drawn directly from the transcripts, lightly cleaned for readability, and presented anonymously.

Structure of Findings

Following analysis, themes were organised into three domains:

- What's aligning
- What's constraining progress
- What could shift

This structure was applied after coding to support interpretation and practical use, while preserving the integrity of the underlying analysis.

This secondary grouping preserves the integrity of the thematic analysis while offering a more accessible structure for stakeholders tasked with decision- making and implementation design.

What's Aligning

Across the seminar, there was a high level of alignment on several core aspects of how systems should respond to infants and young parents. This alignment was notable not because the ideas were new, but because they were consistently expressed across roles, sectors, and lived experience.

Across tables (and panels), similar principles were described as central to effective response, particularly in relation to trust, early support, and the role of lived experience. This level of convergence is significant, reflecting a shared understanding that cuts across research, practice, policy, and lived experience, even where approaches to implementation may differ.

Relational, trust-based practice as foundational

Sustained, relationship-based support was repeatedly positioned as the core mechanism through which meaningful change occurs. Trust, continuity, and the ability to work alongside families over time were described as essential, particularly during pregnancy and early parenting. This was not framed as an additional feature of good practice, but as the condition that enables engagement in the first place. Where this was absent, support was more likely to be resisted, short-lived, or experienced as surveillance.

"A parent also needs someone who is their champion and their advocate… someone who is there and not going anywhere."

Lived experience as critical to design and delivery

There was strong and consistent agreement that lived experience must play a central role in shaping system responses. Lived experience was described not simply as a source of insight, but as a form of expertise that can inform how services are designed, delivered, and evaluated. At the same time, there was recognition that current approaches often fall short of this intent. The alignment was not only on the importance of lived experience, but on the need to move beyond tokenistic involvement toward structural integration within systems and organisations.

"Lived experience should be more than just sharing your story… it needs to actually inform service design."

Early support and prevention as the intended direction

There was a shared view that the system needs to engage earlier, particularly during pregnancy, where there is a clearer opportunity to support parents and strengthen outcomes for children. However, this was often described in contrast to current system settings, where early identification is not consistently matched with accessible or effective support. The direction is agreed, but the conditions to enable it are not yet in place.

"There's this push for early intervention… but we still don't have the systems that actually allow it to happen."

The need for coordinated, multi-agency responses

The complexity of the issues faced by families was consistently described as requiring coordinated responses across health, community services, and child protection. Rather than a lack of intent, the gap was framed as one of execution. Collaboration is widely understood as necessary, but is not consistently supported through clear roles, shared accountability, or aligned systems.

"We know how important it is for services to work together… but it just doesn't happen consistently in practice."

Across these areas, the message was consistent. The foundations of effective practice are well understood across the sector. The challenge is not identifying what is needed, but ensuring that these principles are reflected in how systems are structured, resourced, and delivered in practice.

What's Constraining

Across the seminar, there was a consistent articulation of the conditions that continue to limit progress. These constraints were not described as isolated issues, but as features of how the system is currently structured and operates in practice.

Across tables (and panels), similar patterns were described in how families enter the system, how decisions are made, and how support is accessed. While these conditions vary in form across settings, they reflect a shared set of underlying dynamics that shape how the system responds, often in ways that are not aligned with intended outcomes.

Child protection as the default gateway to support

The reliance on child protection as the primary entry point to services was one of the most consistent themes across the seminar. In its current form, access to support is often contingent on escalation, shaping how families are identified, assessed, and engaged. This was described as fundamentally misaligned with early intervention. Where system entry is tied to risk, support is more likely to be delayed until concerns reach a threshold, rather than provided when they first emerge. It also shapes the way families experience engagement, with contact often associated with surveillance and assessment rather than assistance. The result is a system that is structured to respond once risk is established, rather than one that consistently enables support to be accessed early, voluntarily, and without escalation.

"As soon as you hear child protection… it evokes a sense of fear."

Escalation required to access services

Support pathways were consistently described as requiring formal reporting or substantiation, creating a system where escalation becomes a prerequisite for assistance. This narrows the points at which families can access support and reinforces a model where services respond once risk is established, rather than when need first emerges. In practice, this limits early engagement and shapes how families interact with available supports.

"If you want to get through the waiting list, you need to notify and substantiate… that's not the pathway families want to be going."

Fragmentation and lack of coordination across systems

The system was described as fragmented, with responsibilities distributed across services without clear ownership or consistent coordination. This was particularly visible at the points where families move between services or require support across multiple systems. Rather than a lack of intent, the issue was described as one of structure. Without clear roles, shared accountability, and aligned processes, coordination becomes dependent on individual effort rather than system design.

"It just gets passed around… it's hard to get a direct response from anyone."

Risk-dominant decision-making

Decision-making was consistently described as being shaped by risk, compliance, and liability. This was particularly evident within statutory systems, where the consequences of error reinforce a risk-averse approach. While risk assessment is inherent to the system, its dominance was seen to limit the application of relational and strengths-based approaches, particularly in earlier stages of engagement.

"How do you disrupt a risk-averse culture… when everyone knows they could end up on the front page if something goes wrong?"

Workforce capacity and capability constraints

Workforce conditions were consistently described as shaping how the system operates in practice. High caseloads, workforce turnover, and a relatively inexperienced workforce limit the capacity for sustained, relational engagement with families, particularly in complex situations. These conditions also influence how decisions are made. Where time, support, and supervision are constrained, there is a greater tendency to rely on procedural responses or escalation pathways. This is not simply a capability issue, but one of operating environment, where expectations placed on practitioners are not matched by the conditions required to meet them.

"How do you have a workforce that has confidence to hold risk… when the system is punitive if they get it wrong?"

Bias and deficit framing within assessments

Assessments were described as being influenced by assumptions related to identity, history, and presentation, rather than a holistic understanding of the family context. This includes assumptions about young parents, care-experienced individuals, and those with visible markers of disadvantage. These patterns were not framed as isolated incidents, but as embedded within assessment processes and system norms. In practice, this can shape how risk is interpreted, how quickly concerns escalate, and how families are positioned within decision-making processes.

"The assumptions and the deficits that we view young people through… it shapes how they're treated from the start."

Limitations in data, monitoring, and evaluation

The absence of consistent, accessible data was described as a barrier to understanding what is working and where change is needed. This includes both limitations in what is collected and challenges in accessing or linking data across systems. Without this visibility, system responses are difficult to evaluate over time, and opportunities to learn from existing practice are often lost. At the same time, expectations around evidence continue to increase, creating a disconnect between what is required and what systems are currently able to support.

"We can't even get the data… so how are we supposed to understand what's happening?"

Funding structures and resource allocation

Funding arrangements were described as reinforcing a focus on tertiary responses, with comparatively limited investment in early support and prevention. This shapes how services are designed and where effort is concentrated across the system. The issue was not only the level of funding, but how it is distributed and the conditions attached to it. Short-term funding cycles, program-based investment, and limited infrastructure support all constrain the ability to sustain or scale approaches that are known to be effective.

"Imagine what families could do with even a fraction of what is spent on care."

Across these constraints, the pattern was clear. The limitations described are not the result of a lack of knowledge or intent, but of how the system is currently structured, resourced, and governed. These conditions shape how decisions are made, how services are accessed, and how families experience the system. As a result, the challenge is not simply improving individual responses, but shifting the settings that determine how those responses are produced in the first place.

What Could Shift

Across the seminar, a number of shifts were consistently described as both necessary and, in some cases, already visible within parts of the system. These were not framed as new ideas, but as approaches that exist in practice, often in fragmented or localised forms, and could be strengthened or more consistently applied.

Opening alternative pathways into support

A central shift identified was the need to reduce reliance on child protection as the primary entry point to services. In its current form, access to support is often tied to escalation, limiting early engagement and shaping how families interact with the system. Examples were raised where support could be accessed through community-based, voluntary, or health-led pathways, without requiring formal reporting. These approaches allow earlier engagement and create conditions where support is more likely to be experienced as assistance rather than assessment.

"Mandatory supporting… not mandatory reporting… that's where the shift needs to happen."

Clarifying how different parts of the system work together

The role of clearer, more deliberate coordination across systems was identified as a key shift. This includes better alignment between statutory services, health, and community organisations, particularly in how roles and responsibilities are defined and enacted. Where more structured collaboration was in place, it was associated with more coherent responses and improved engagement. This suggests that coordination is not only necessary, but achievable when supported by clearer system design.

"Multi-agency practice has got to be something we aspire to… it can't just sit in silos."

Embedding lived experience within system structures

The role of lived experience was consistently elevated beyond consultation. A key shift identified was moving toward structural integration, where lived experience informs decision-making, program design, and system governance. Examples were raised where lived experience roles were embedded within organisations, creating more meaningful influence on how services operate.

"They have the answers… systems just need to lean into that."

Improving how data is captured and used

The discussion pointed to a shift toward more consistent and embedded approaches to data, monitoring, and evaluation. This includes capturing not only outcomes, but how those outcomes are achieved in practice. Rather than large-scale system redesign, the focus was on building more consistent, practice-level data collection that can inform decision-making and support scaling of effective approaches.

"Start with what you've got… build it up… and show what's working."

Across these areas, the pattern was clear. The shifts described are already present within the system, but not yet consistently supported or realised. The challenge is not identifying what needs to change, but creating the conditions for these approaches to operate as the norm rather than the exception.

Cross-Cutting Tensions

Across the seminar, several tensions cut across the themes described above. These were not raised as contradictions in the discussion, but as underlying dynamics that help explain why there is often alignment on what is needed, while progress remains uneven in practice.

Identification vs meaningful intervention
A consistent tension sat between identifying concern early and being able to offer support that is timely, trusted, and effective. Earlier system contact was not, in itself, described as the problem. The issue was that early identification often leads first to surveillance, assessment, or escalation, rather than practical support. This creates a system in which earlier visibility does not necessarily produce earlier help. It can instead intensify fear, narrow engagement, and reinforce the conditions that make sustained support harder to deliver.

Surveillance vs support
Another strong tension sat between responses intended to protect children and the way those responses are experienced by families. Across discussions, support and surveillance were often described as operating through the same entry points, the same processes, and in some cases the same institutions. This creates confusion in both purpose and practice. Where support is experienced as scrutiny, families are less likely to engage voluntarily, and practitioners are left working within structures that carry conflicting functions.

Risk management vs relational practice
There was also a persistent tension between the dominance of risk-based decision-making and the widespread recognition that relational practice is foundational to effective support. Relationship-based approaches were consistently described as necessary, yet the system settings in which practitioners operate often privilege speed, defensibility, and procedural compliance. This means the very conditions required for trust and sustained engagement are often undermined by the broader logic of the system.

Individual judgement vs system conditions
The discussion repeatedly returned to the role of individual practitioners, but usually in the context of the systems around them. Good practice was acknowledged, and examples of courageous or highly skilled work were clearly present, but these were often described as occurring despite system conditions rather than because of them. This tension matters because it shifts the interpretation of the problem. The issue is not simply whether individual practitioners make good decisions, but whether the system consistently enables good decisions to be made and sustained.

Evidence vs implementation
A further tension sat between the strength of the evidence base and the unevenness of implementation. Across the seminar, there was little disagreement about the broad direction of what is needed. The challenge lay in why this knowledge is not yet reflected more consistently in policy settings, service pathways, workforce conditions, and funding arrangements. This leaves the system in a position where many of the right ideas are already known, but remain fragile, localised, or dependent on exceptional effort.

Closing Reflection

While the seminar surfaced important cautions and complexity, it was marked by a shared commitment to do better for infants, young parents, and families. What stood out most across the discussions was not just what was said, but how it was said. There was little ambivalence, just clear, informed, and often hard-won insight drawn from across research, practice, policy, and lived experience.

The sentiment was not about starting from scratch. It was about using what is already known to strengthen how the system responds in practice.

There was no call for additional layers of policy or new conceptual frameworks. The emphasis was on alignment: across systems, across definitions of risk and support, across data and evidence, and across roles and responsibilities. What matters is not only what the system intends, but how it shows up for families in everyday decisions, particularly at the earliest points of contact. In that sense, this is a question of system design: whether current settings are organised around early support, dignity, and partnership, or continue to default toward surveillance, escalation, and crisis response.

In that sense, the work is not theoretical. Across tables, there were clear examples of approaches that are already working in parts of the system. These included alternative pathways into support, more coordinated responses across agencies, the integration of lived experience into service design, and approaches that prioritise prevention over response. The foundations are already visible. The opportunity now is to move from isolated examples to consistent practice, and to create the conditions that allow these approaches to operate as the norm rather than the exception.

As facilitators, what was evident was not resistance or fatigue, but clarity. There was a shared understanding of what needs to change, even where there is less certainty about how to do it at scale. That level of alignment is not common, particularly across such a diverse set of perspectives.

This report reflects that position. It captures where there is convergence, where the system continues to constrain progress, and where shifts are already emerging. The question is not whether change is needed, but whether systems are prepared to reorganise around what is already known to work, and to sustain that shift over time.

That is the work that follows.

Appendix: Descriptive Thematic Analysis

What's Aligning

Sub-theme	Freq %	Mean Intensity	Descriptor
Relational, trust-based practice	86%	2.7	Sustained, relationship-based support identified as foundational to engagement and effective response
Early support and prevention	100%	2.7	Strong alignment on the need to intervene earlier, particularly during pregnancy
Multi-agency collaboration	86%	2.5	Recognition of the need for coordinated responses across health, community services, and statutory systems
Lived experience as expertise	100%	2.8	Lived experience consistently identified as critical to design, delivery, and engagement

What's Constraining

Sub-theme	Freq %	Mean Intensity	Descriptor
Child protection as gateway	100%	3	Access to support contingent on escalation, shaping engagement and reinforcing fear
Escalation required for access	86%	2.8	Formal reporting required to access services, limiting early support
Fragmentation across systems	100%	2.7	Lack of coordination and ownership across services leading to inconsistent responses
Risk-dominant decision-making	86%	2.7	Decisions shaped by compliance and liability, limiting relational approaches
Workforce constraints	100%	2.9	High caseloads, turnover, and limited experience shaping practice and decision-making
Bias and deficit framing	86%	2.6	Assumptions related to identity and history influencing assessment and escalation
Data and MEL limitations	71%	2.4	Limited access to consistent, usable data constraining learning and evaluation
Funding structures	71%	2.5	Investment weighted toward tertiary responses, limiting preventative approaches

What Could Shift

Sub-theme	Freq %	Mean Intensity	Descriptor
Alternative entry pathways	86%	2.9	Community-based and voluntary pathways enabling earlier, non-escalated support
System coordination models	71%	2.6	More deliberate alignment across services improving coherence and engagement
Lived experience integration	86%	2.7	Embedding lived experience within design, governance, and delivery
Embedded data and evaluation	71%	2.5	Practice-level data capture supporting consistency, learning, and scaling

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