Where Infant Safety Sits In Australia Today

Presentation to the Turning Point Symposium
Reframing Pre-Birth & Infant Safety Reports Through Effective Solutions
25-27 March 2026

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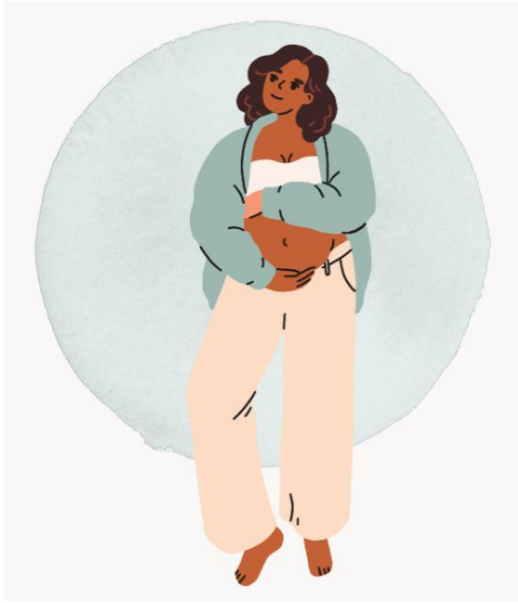

Acknowledgement of Country

- Image: Bunjil Geoglyph in the You Yangs - iStock photo

Overview

- Phases in pre-birth Child Protection
- Pre-birth reports to Child Protection
- Access to support to strengthen infant safety pre-birth
  - Pre-birth report phase outcomes
  - Engagement in support alongside Child Protection
  - Support before or separate to Child Protection

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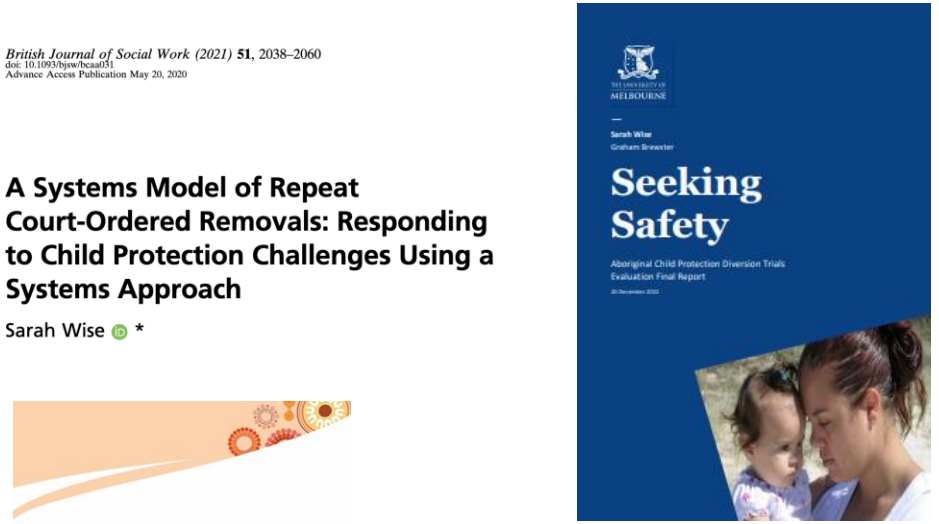
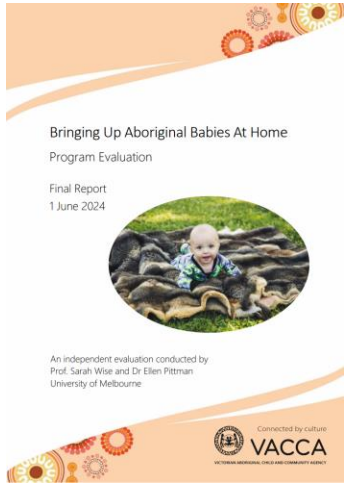
Advance Access Publication May 20, 2020

A Systems Model of Repeat Court-Ordered Removals: Responding to Child Protection Challenges Using a Systems Approach

Sarah Wise *





Children and Youth Services Review
Volume 161, June 2024, 107668

An Aboriginal-led, systemic solution to Aboriginal baby removals in Australia: Development of the Bringing Up Aboriginal Babies at Home program

Sarah Wise [a], Jason King [b], Julie Sleight [b], Stella Omerogullari [b], Lorne Samuels [b], Alicia Morris [b], Trezalia Skeen [b]

Motherhood & Me

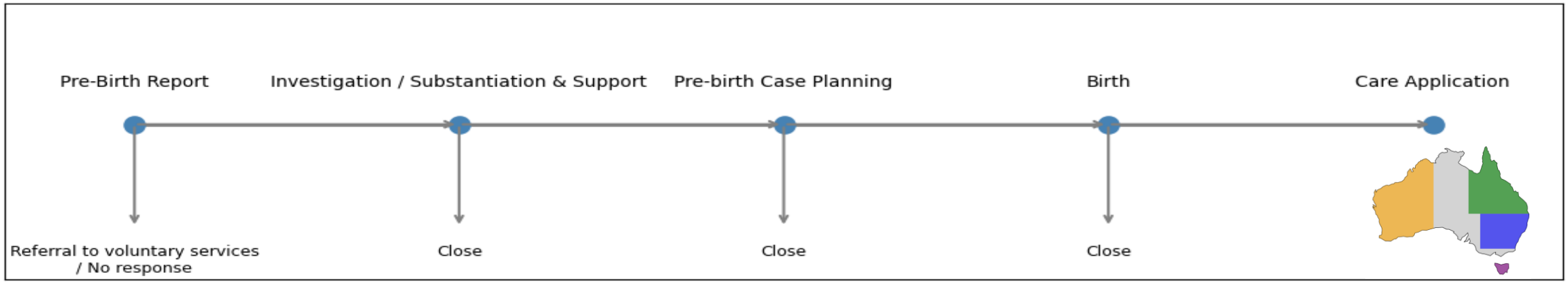
Discussion of the Knowns and Unknowns of Child Protection During Pregnancy in Australia

Sarah Wise and Tatiana Corrales

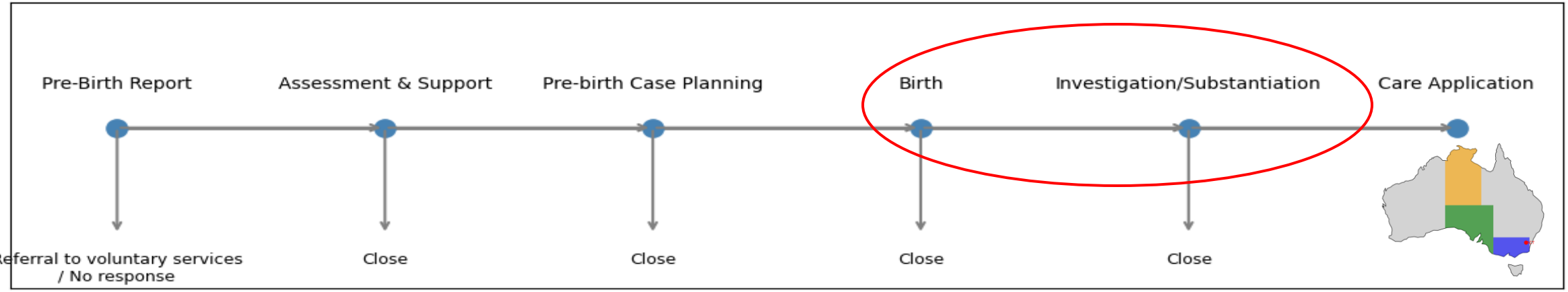
Department of Social Work, School of Health Sciences, The University of Melbourne, Parkville, Australia

Phases in Pre-Birth Child Protection

Pre-birth Child Protection Process Timeline (Investigation Pre-Birth)



Pre-birth Child Protection Process Timeline (No Investigation Pre-Birth)



Pre-Birth Reports to Child Protection

- Pre-birth reporting is allowed/encouraged in all states & territories if the person has a significant concern for the wellbeing of the unborn child after his or her birth
- Pre-birth reporting is not mandatory/required (except in Tas), but adults have a responsibility to take steps to protect newborns & infants from harm
- The aim is to provide support to the mother (& father/partner) to reduce risk to the unborn child & avoid crisis decisions at birth

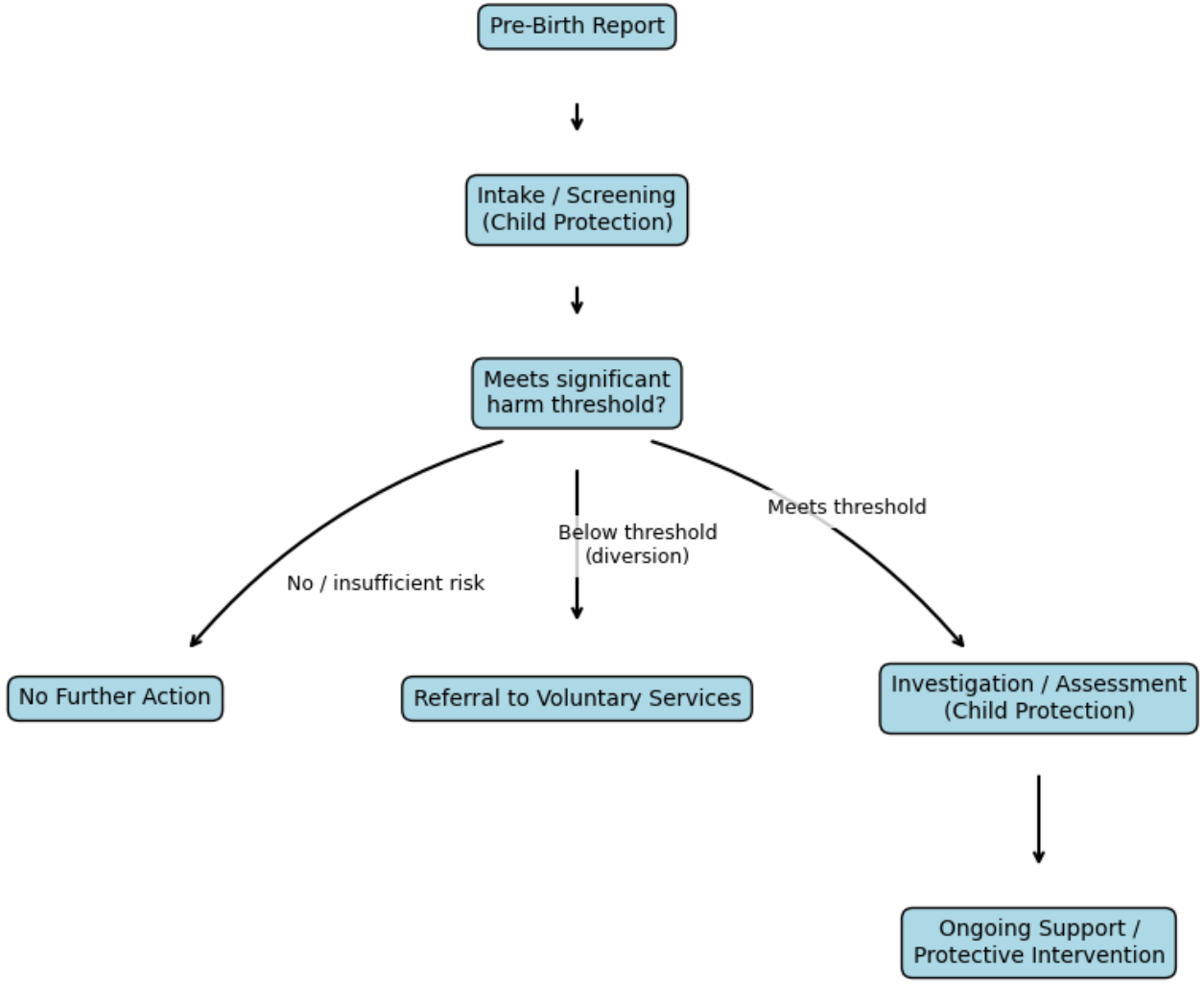
Types of Concerns Reported Pre-Birth

- Guidance specific to the prenatal period about grounds for making a pre-birth child report are currently lacking
- OOHC, young maternal age & failure to engage in antenatal services commonly treated as a risk
- Pre-birth reports are very likely if there is a prior child removed, current Child Protection Orders, family violence, maternal substance misuse, mental health concerns affecting parenting capacity
- Most families with a pre-birth report experience 3+ risk factors & many possible configurations of risk factors (Wise et al., 2025; Meiksans et al., 2020)

Who Reports Concerns

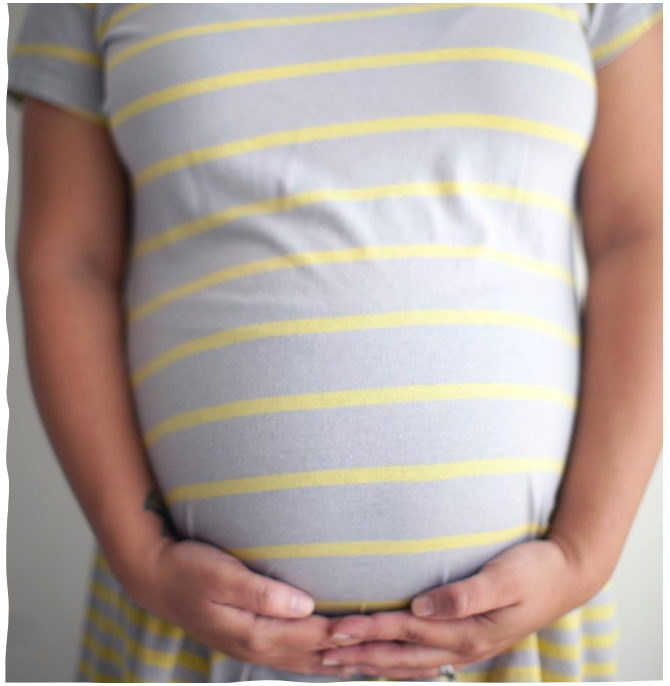
- A lot of pre-birth reports come from hospital antenatal services (hospital-based risk screening)
- In one South Australian study, over half (57%) of pre-birth reports were made by health staff (University of South Australia, 2017)
- If the mother is already under a Child Protection Order, or if there is an older child removed, the allocated case practitioner must consider whether to make a pre-birth report
- Heightened duty of care for government agencies - legitimate risk-based practice or problematic bias?

Pre-Birth Report: Phase Outcomes



Engagement in Support Alongside Child Protection

- Voluntary (requires mother's consent)
- A very high proportion of pre-birth reports progress to investigation, but no data on who engages in support alongside Child Protection
- Families often have difficulty accepting help from Child Protection (Wise et al., 2025; Burrow et al., 2024; Mason et al., 2020):
  - Complex trauma & issues with relational trust
  - Prior interactions with professionals that lacked compassion & care
  - The presence of risk factors such as depression, low self-esteem, substance use, interpersonal violence
  - The stress of the Child Protection process
  - Fear of Child Protection intervention
  - Having a child removed



Caseworker Characteristics Affecting Engagement in Support Alongside Child Protection

Supportive communication

Non-judgement, empathy & respect

Continuity of relationships

Care & compassion for parents

Approachable

Flexible

Works collaboratively

Active listening

Honesty/open communication

Help to address identified needs

Recognition of strengths, progress & identity as parent

Cultural competence

Inadequate information & communication

Insufficient support for identified risks & needs

Power & control

Judgement & criticism

Deception & aggression

Biases regarding race, gender & neurodiversity

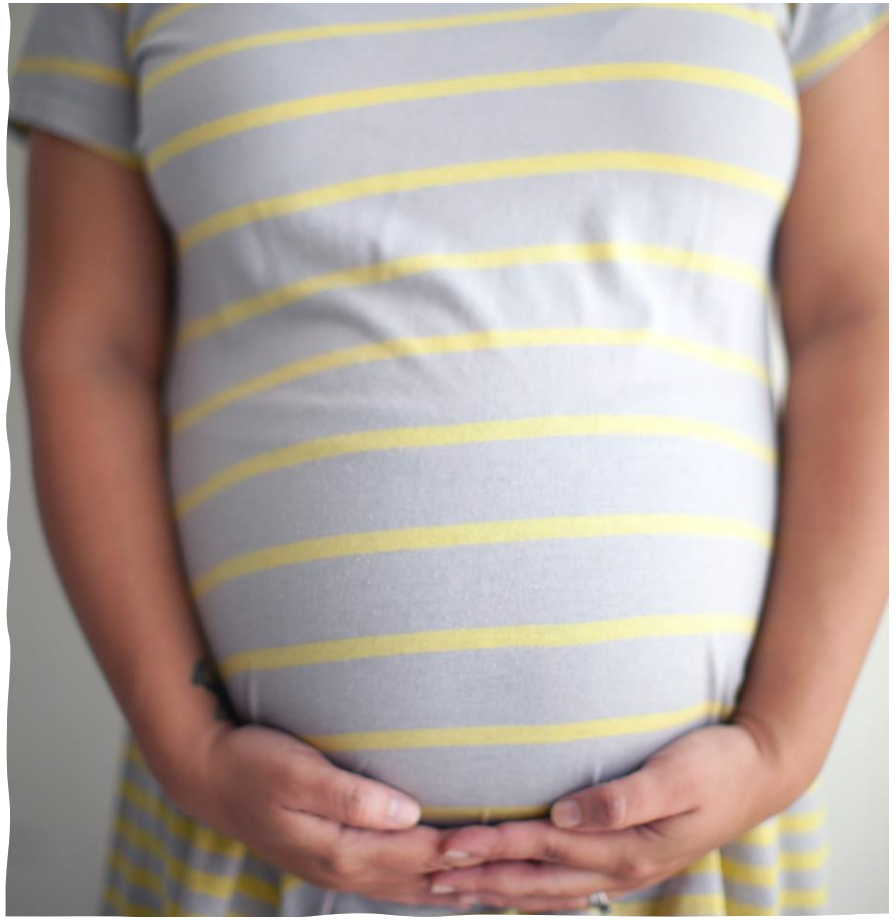
"He was never intending to want to take bubby. He just wanted to work with me to achieve whatever I needed to" (Felicity)

"...it just feels like they want mothers like me to not have a partner who is so supportive & everything, even if we have our ups & downs".... Had one meeting with her (Child Protection caseworker) & she pretty much told me I either have to go back to my parents' place, go to rehab or kiss my baby goodbye. Oh, & I have to break up with my partner" (Arya)

Sources: Wise et al., 2025; Burrow et al., 2024; Keddell et al., 2023; Trew et al., 2022; Tilbury & Ramsay, 2017

Effectiveness of Support Alongside Child Protection

- Direct casework (e.g., Vic) & health partnership & conferencing models (e.g., WA, NSW)
- Assessments & planning late in pregnancy common → little impact on rates of infants remaining safely with parents at birth
- Conferencing models that provide a forum for collaborative, transparent, strengths-focused planning earlier in pregnancy have shown promise in supporting parents to maintain care of their infants (e.g., Tayebjee et al., 2026)



Support Before or Separate to Child Protection

Limited availability:

- Parents with unborn children are typically not eligible for intensive family support/family preservation services
- Some diversion models/supports exist with step-up to Child Protection if risk remains high, but coverage not typically whole of system-level
- Perinatal mental health models, pregnancy substance use models, but coverage not typically whole of system-level

Limited access:

- Service fragmentation, difficulty navigating service system, high demand for community services (e.g., housing)
- Eligibility barriers
- Complex & past trauma, experiences of stigma & discrimination & fear of Child Protection involvement

Growth in Non-Statutory Support in Victoria

Aboriginal Family Services

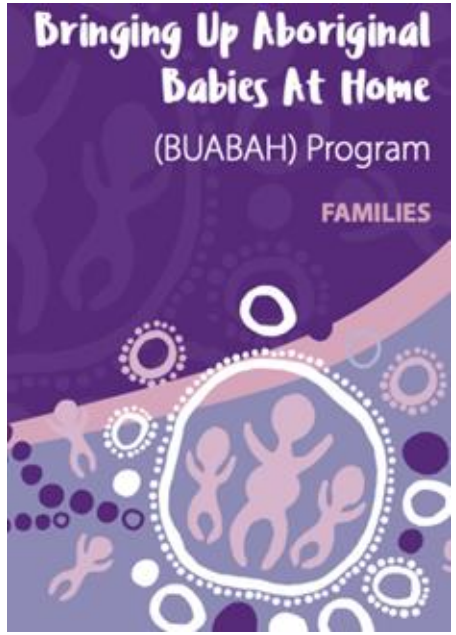
- Unborn Boori Gana – Njernda
- Aboriginal Family Preservation Reunification Response (AFPPR) – DFFH
- Bringing Up Aboriginal Babies at Home (BUABAH) – VACCA
- Aboriginal Led Case Conferencing – VACCA

Mainstream Family Services

- Family Preservation Reunification Response (FPRR) – DFFH
- Pregnancy and Early Parenting Practitioner role – Caroline Chisholm Society
- Pregnancy Practitioner – Orange Door Loddon – DFFH
- Supporting Expecting and Parenting Teens Program – Brave Foundation

Multidisciplinary Services

- Women's Alcohol and Drug Service (WADS): First 1,000 days clinic – Royal Women's Hospita
- The Cornelia Program – Royal Women's Hospital, Launch Housing and Housing First
- Baluk Balert Barring – Many Strong Footprints – First People's Health and Wellbeing



More effective care pathways needed

Risks & challenges	Service needs	System features
• Multiple risk factors before or at a child's birth (3+ risk factors) & many possible configurations of risk factors • Complex & past trauma, including a history of child abuse & neglect, & prior child protection involvement with older children, & experiences of stigma & discrimination • Difficulty accepting help from Child Protection • Process of change slow & even when babies remain with their mothers/parents, families often live with high levels of stress, risk & unmet needs	• Precision approaches tailored to mother's needs/intensive service with frequent contact initially/access to multiple services • Long duration of support/flexible end date/step-down/step-up services • Healing-centered & non-judgmental approach/continuity & tenacity in engaging with mothers • Non-statutory programs that engage mothers early in pregnancy	• Late engagement in assessment & support alongside Child Protection • Connection to support via Child Protection • No clear pathways to specialty services pre-birth • Service fragmentation • High demand for community services • Parents with unborn children ineligible for family services • Absence of healing-centred engagement in Child Protection & care in adult services (e.g., housing/homelessness)

Pre-birth and Infant Research

Prof Melissa O'Donnell, Prof Rhonda Marriott,
Dr Jacynta Krakouer, Renne Usher,
Renna Gayde, Miriam Maclean
Fernando Lima

Murdoch University | NGANGK YIRA

STAN PERRON CHARITABLE FOUNDATION

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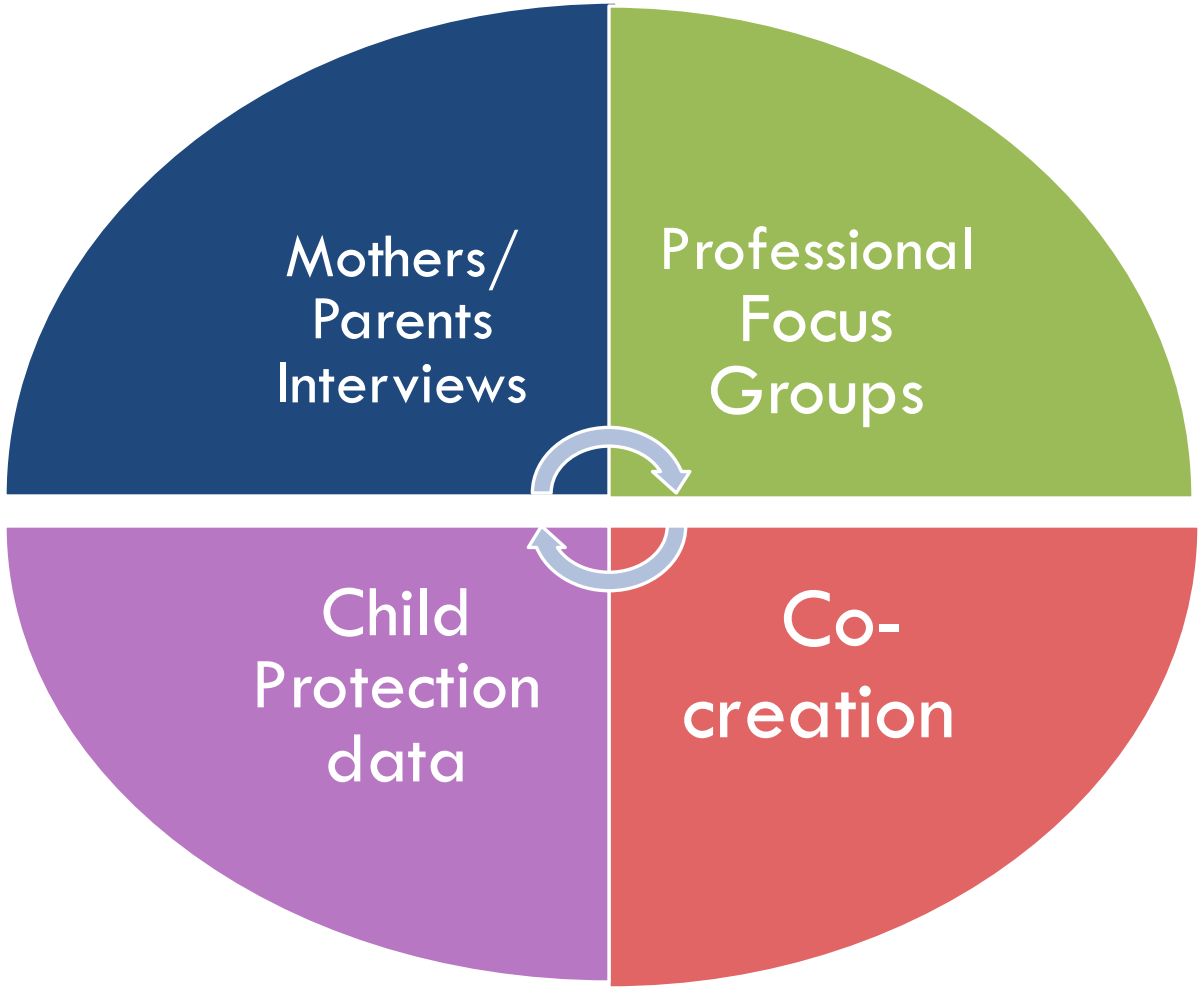
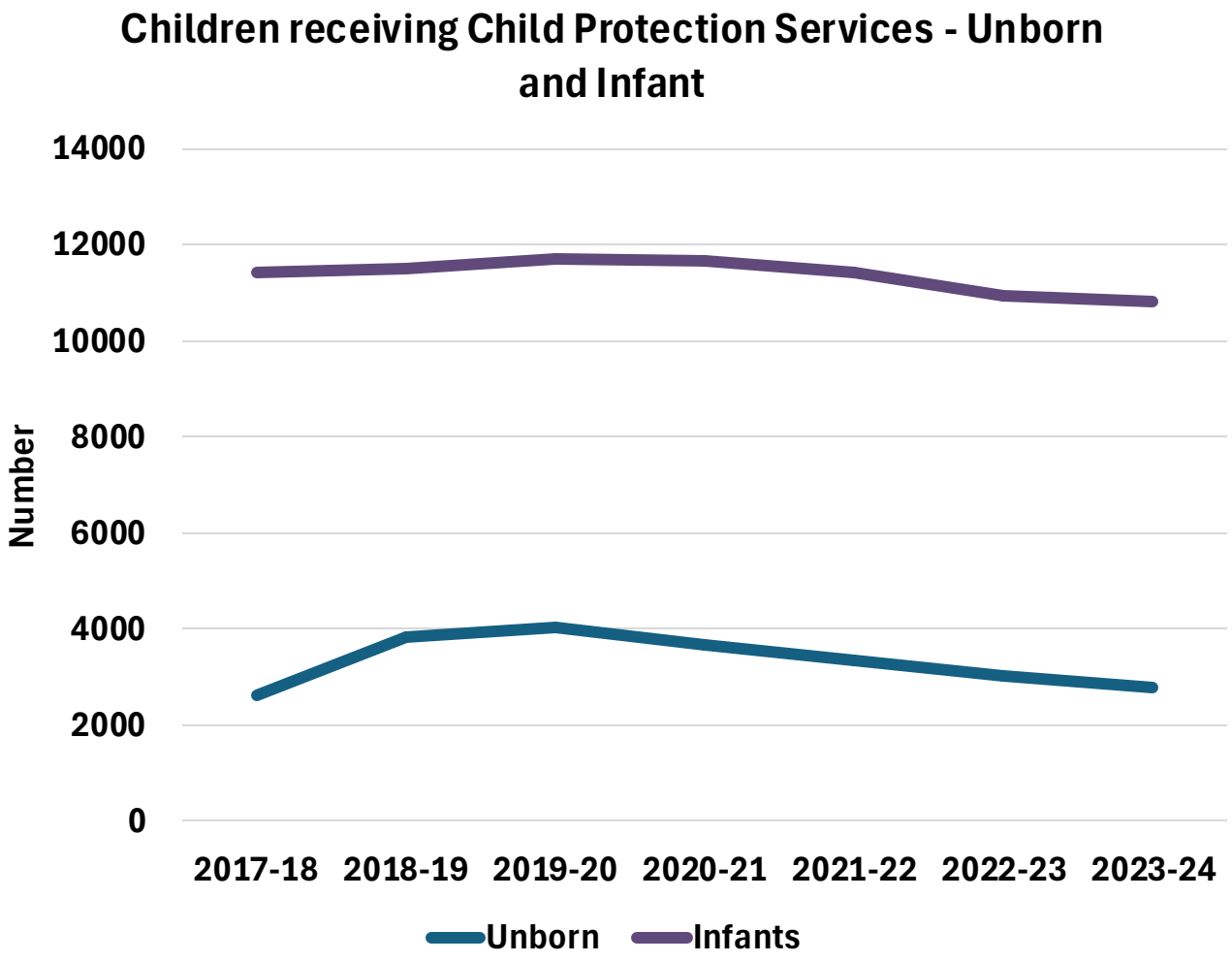
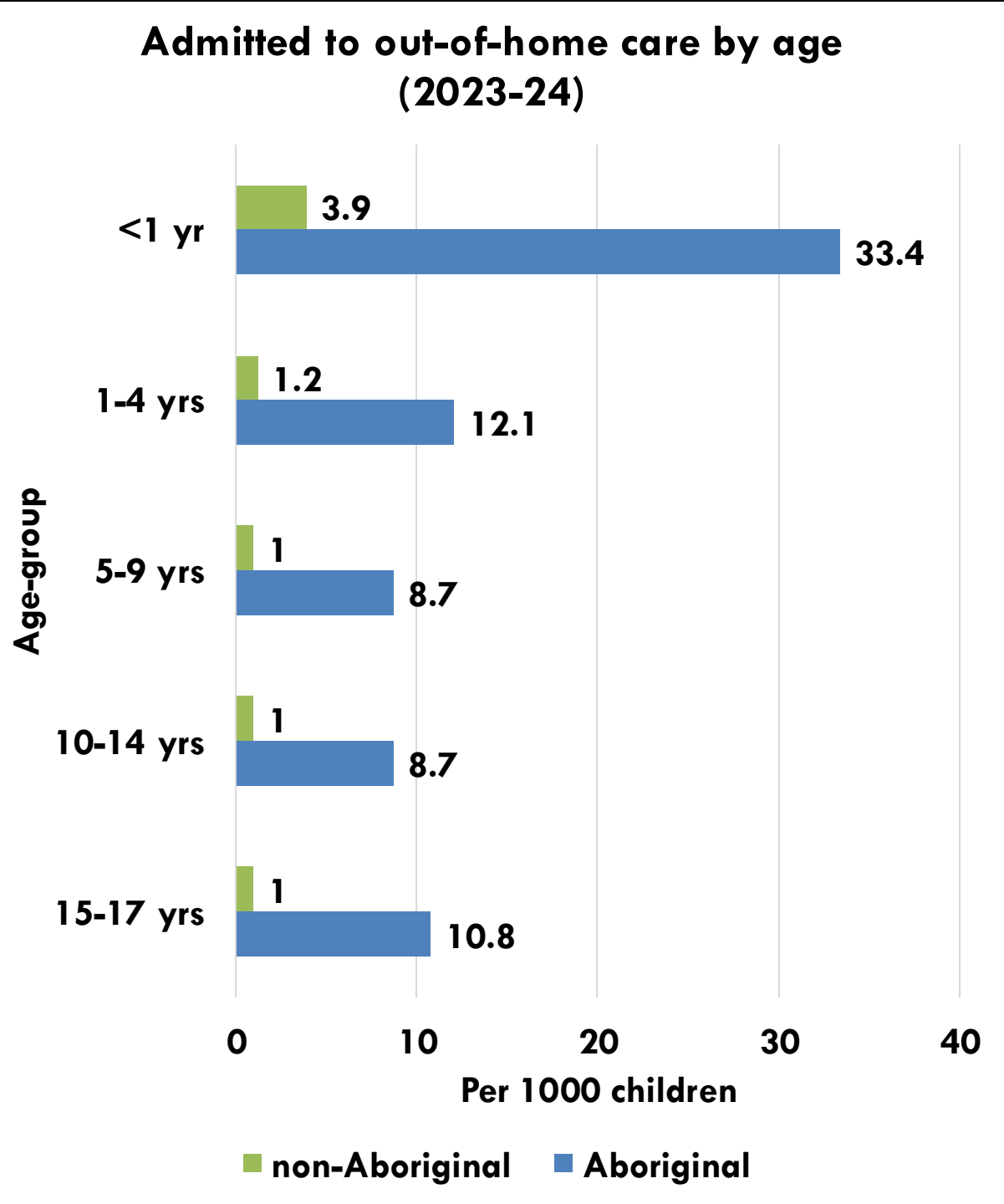
PERINATAL CHILD PROTECTION RESEARCH

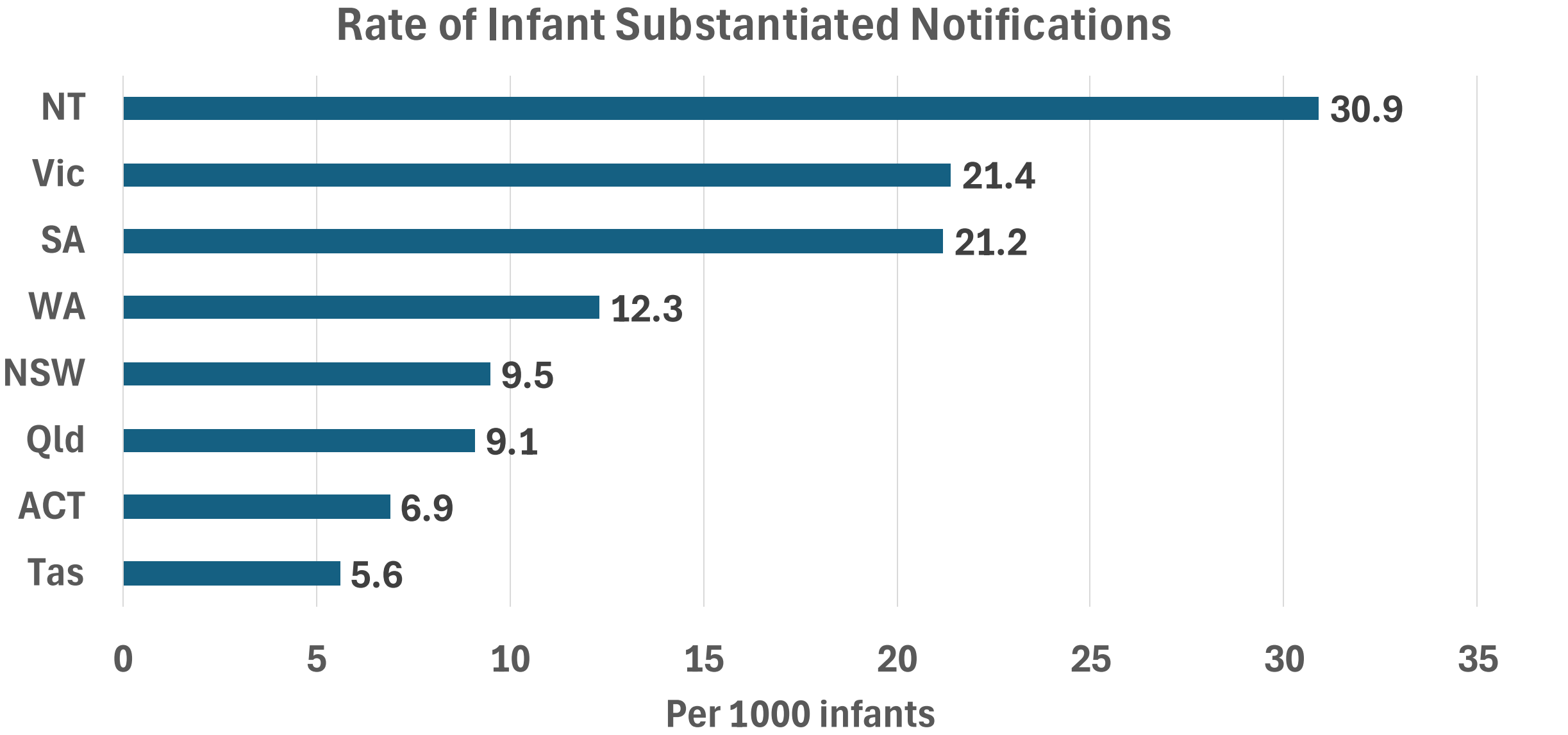
AIMS - Examine the nature, extent and impact of perinatal child protection processes and support.
Examine the processes, practices and planning undertaken pre-birth to prevent removals.
To develop perinatal co-ordinated care guidance for mothers facing adversity during pregnancy



Perinatal child protection involvement







(AIHW, 2025)

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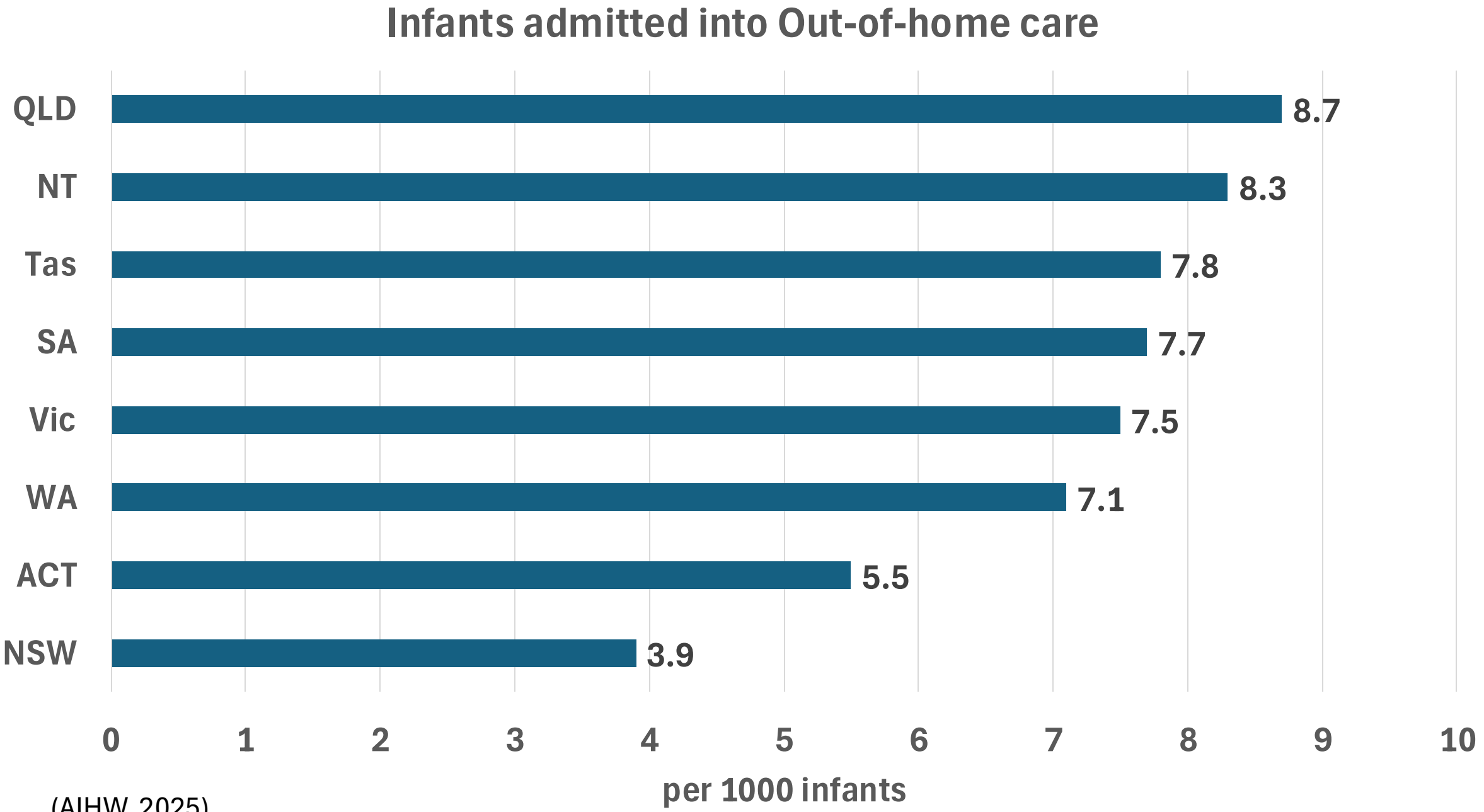
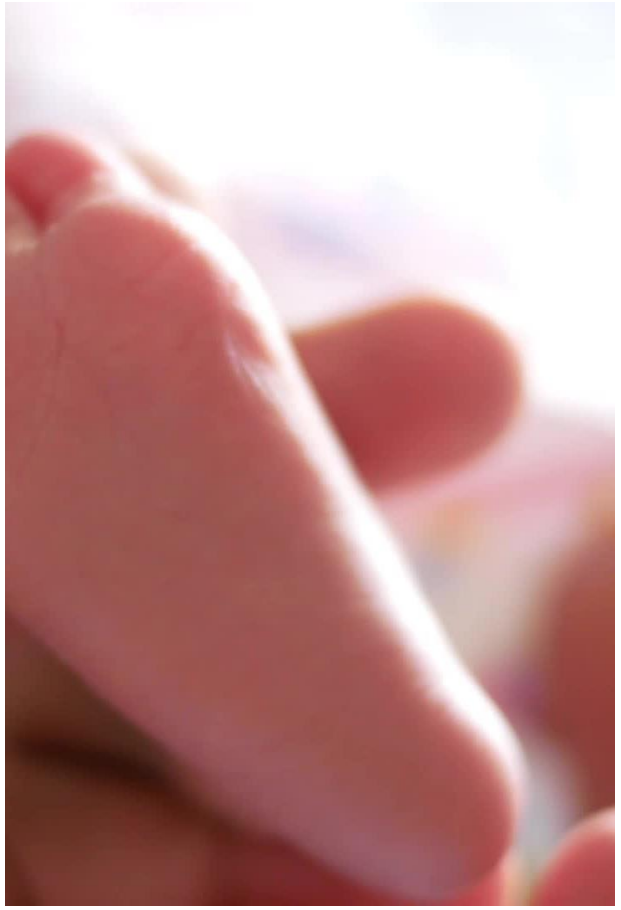

Infants admitted into Out-of-home care
QLD
NT
Tas
SA
Vic
WA
ACT
NSW
8.7
8.3
7.8
7.7
7.5
7.1
5.5
3.9
0
1
2
3
4
5
6
7
8
9
10
per 1000 infants

(AIHW, 2025)

CHILD PROTECTION DATA - KEY FINDINGS

- Children more likely to be removed if they had prenatal reports or substantiated prenatal reports.
- Early pregnancy reports were not associated with reduced likelihood of removals.
- Significant variation across jurisdictions in likelihood of removals and reunifications.
- Aboriginal children more likely to have prenatal reports and removals and less likely to be reunified.
- Infants entering care have high level of developmental vulnerabilities and likely to remain in care.



- O'Donnell, Lima, Maclean, Marriott et al, (2023). Infant and pre-birth involvement with child protection across Australia. Child Maltreatment.

- Maclean, Lima, Marriott, Krakouer, O'Donnell. (2025). Prenatal and infant reports and child protection involvement: A longitudinal cohort study. Child Maltreatment.

- Lima, Maclean, O'Donnell, et al. (2024). Child protection and developmental trajectories of infants that have entered care. Child Abuse Review.

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Parents highlighted

- Sudden, unexpected removals
- Lack of or inconsistent information
- Distressed and unsupported post-removal
- High number of requirements in safety plans
- Feeling of powerlessness

24 Articles included. Highlights:

- Parents' experiences are very similar.
- Addressing poverty and trauma, redressing power imbalances is critical.
- Shifts at institutional, policy, and societal levels are needed to: prioritise prevention and early intervention; enable relational practice and cross-sector collaboration.
- Centring parents' voices in efforts to improve practice and policy are needed.

- *Trew, Taplin, O'Donnell Marriott, Broadhurst. (2022). Parents' experiences with child protection during pregnancy and post-birth. Child & Family Social Work.*
- *Burrow, Wood, Fisher, Usher, Gayde, O'Donnell. (2024). Parents' experiences of perinatal child protection processes: A systematic review and thematic synthesis informed by a socio-ecological approach. Child & Youth Services Review.*

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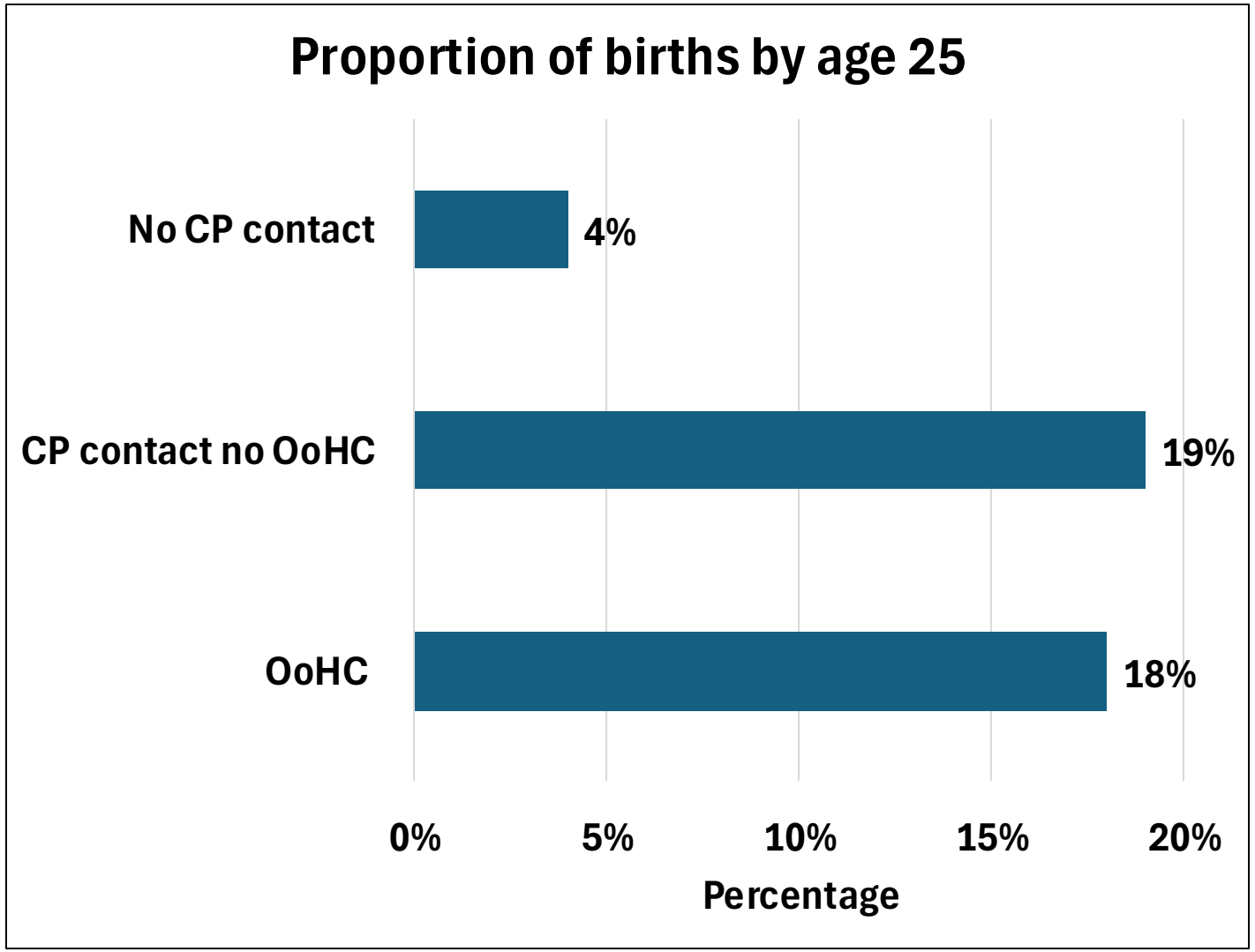
Young mothers who have experienced out-of-home care (OoHC)

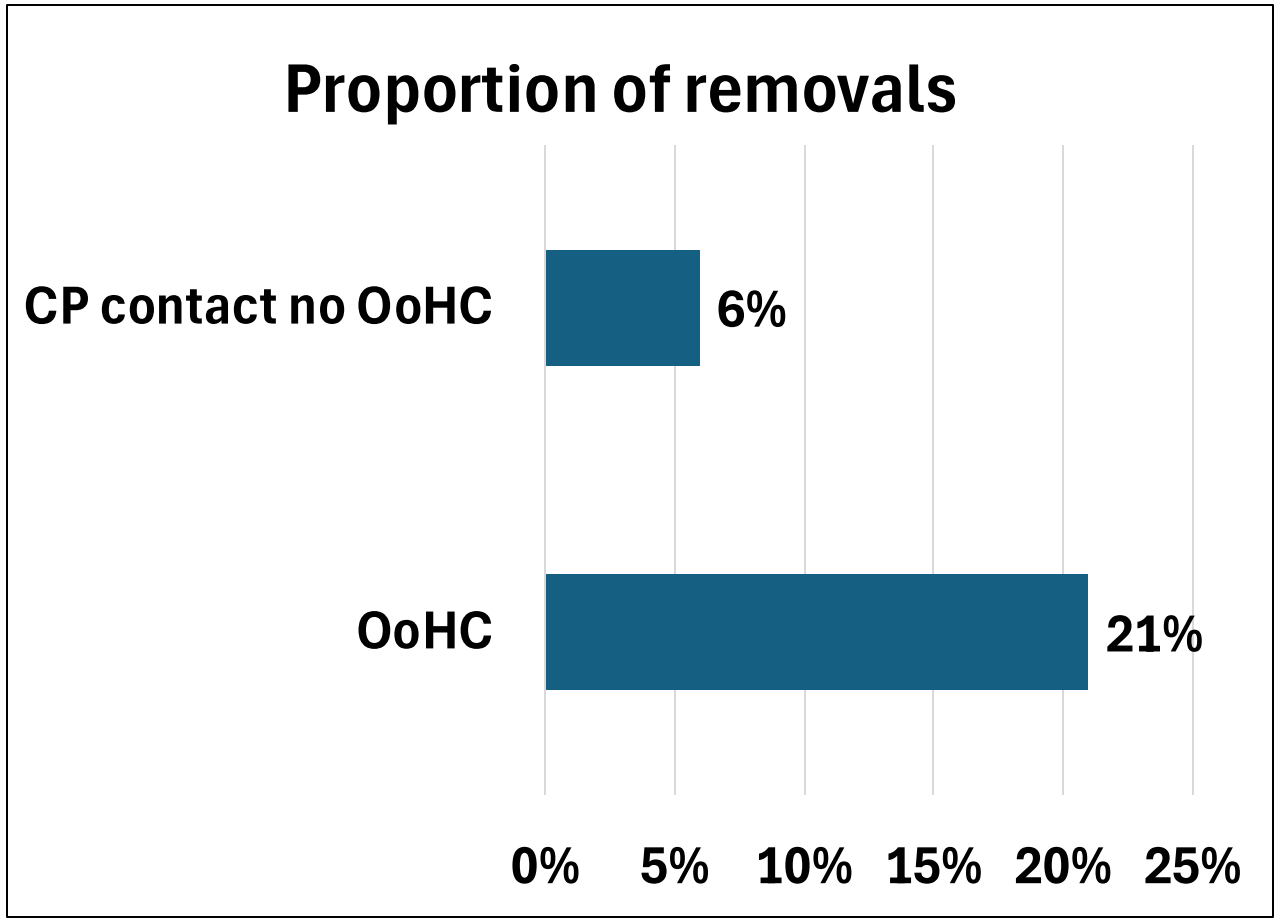
Aim: examine prevalence of motherhood and intergenerational child protection involvement

- Population level data females born in WA from 1993 to 2008 (N=201,974)
- Follow-up to 2021 (ages 13-28)



NAVIGATING THROUGH LIFE

Intergenerational Removals



Of the young mothers:

- Those **with OOHC experience were significantly more likely to have a child removed to OOHC** than those with child protection contact only
- Removals more likely in context of housing instability, mental health or substance issues, maternal convictions, maternal assault victimisation, low socio-economic area, younger teenagers

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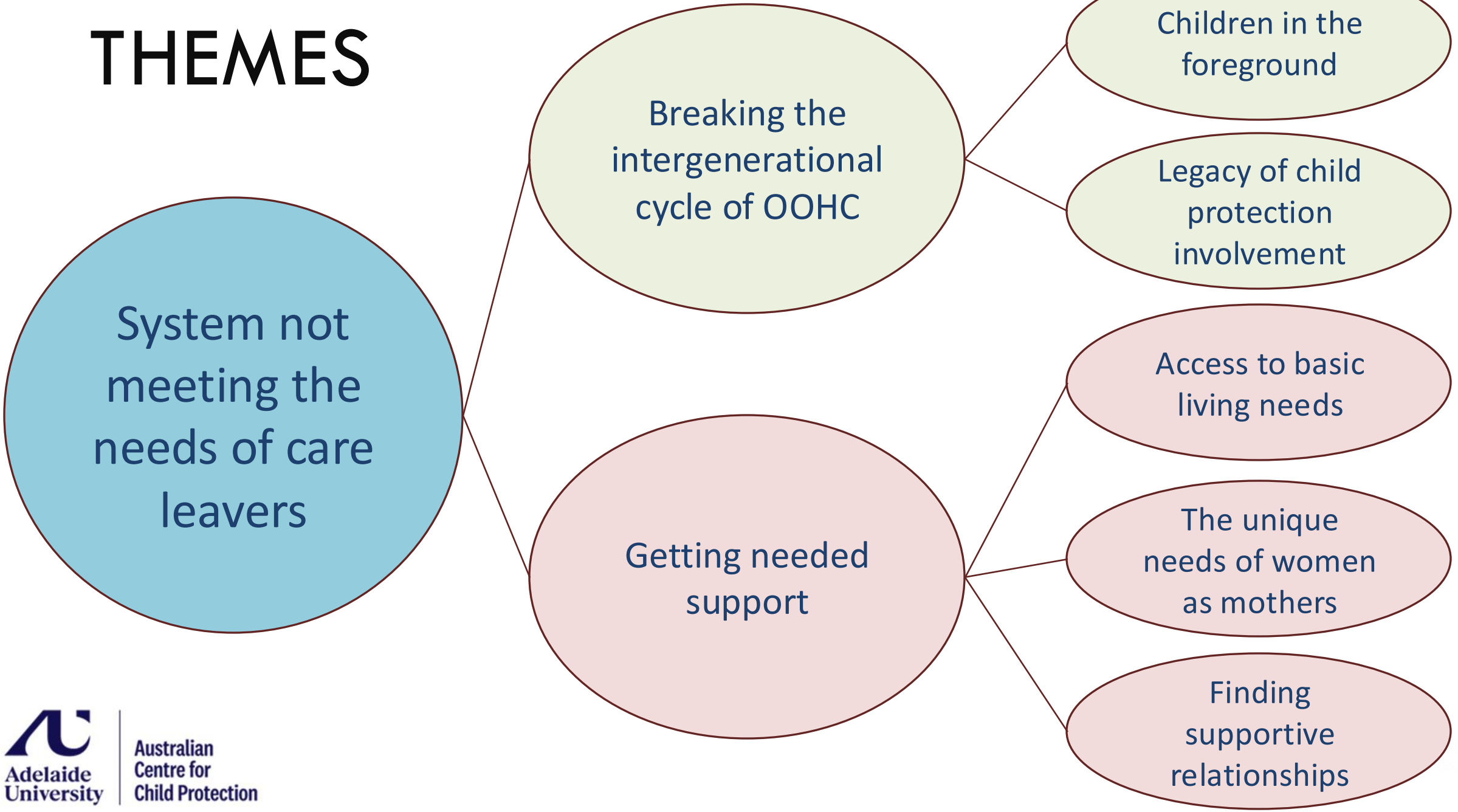
THEMES


System not meeting the needs of care leavers
Breaking the intergenerational cycle of OOHC
Children in the foreground
Legacy of child protection involvement
Getting needed support
Access to basic living needs
The unique needs of women as mothers
Finding supportive relationships

Translation into policy

Ensure young people are actively involved in their leaving care plan

Start early, clear and transparent communication, understood

Gendered lens – sexual education, pregnancy, and parenting support

Basic living needs and life skills

Supporting young OOHC mothers and children

Statutory responsibility – legal parent / grandparent

Parenting skills – supportive relationships

Education and employment

Shift the narrative of care-experienced single mothers to strengths-based

“being a mum has helped me to mature up a lot as well” (Alison)

Professional organisations who support families

15 Organisations - focus groups

- Advocacy Organisations
- Community Health Services
- Hospital services
- Aboriginal community-controlled organisations
- Legal Services
- Homelessness services
- Family and domestic violence services
- Disability Services

MAIN HIGHLIGHTS

- Collaborative, trauma informed partnership approach with mothers/families, is needed
- Concerns regarding pre-birth planning process in terms of organisation and timing – minimal or delayed planning leading to late referral to services
- Improved practice when working with families and mothers experienced domestic violence – partnering with mothers and greater focus on perpetrator accountability
- Lack of ability for many families to provide evidence of their progress – often reliant on NGO's and advocates/lawyers otherwise only Department of Child Protection perspective.
- Secure stable housing required for families experiencing homelessness and option for supported placements of mothers with infants.

Co-design preliminary outcomes:

- Collaboratively developed leading practice principles, a practice framework and for guidance to improve perinatal practice and evidence-base knowledge
- Our co-design process identified the need for:
  - Clearly articulated support pathways for mothers facing adversity during pregnancy
  - Stepped levels of case management support for mothers based on individual needs
  - Empowerment of families through a partnered approach
  - Identified a range of system issues impacting on perinatal processes and support pathways

Codesign

- **Clearly articulated support pathways for mothers facing adversity during pregnancy**
- Lived experience and organizations partners in implementation.

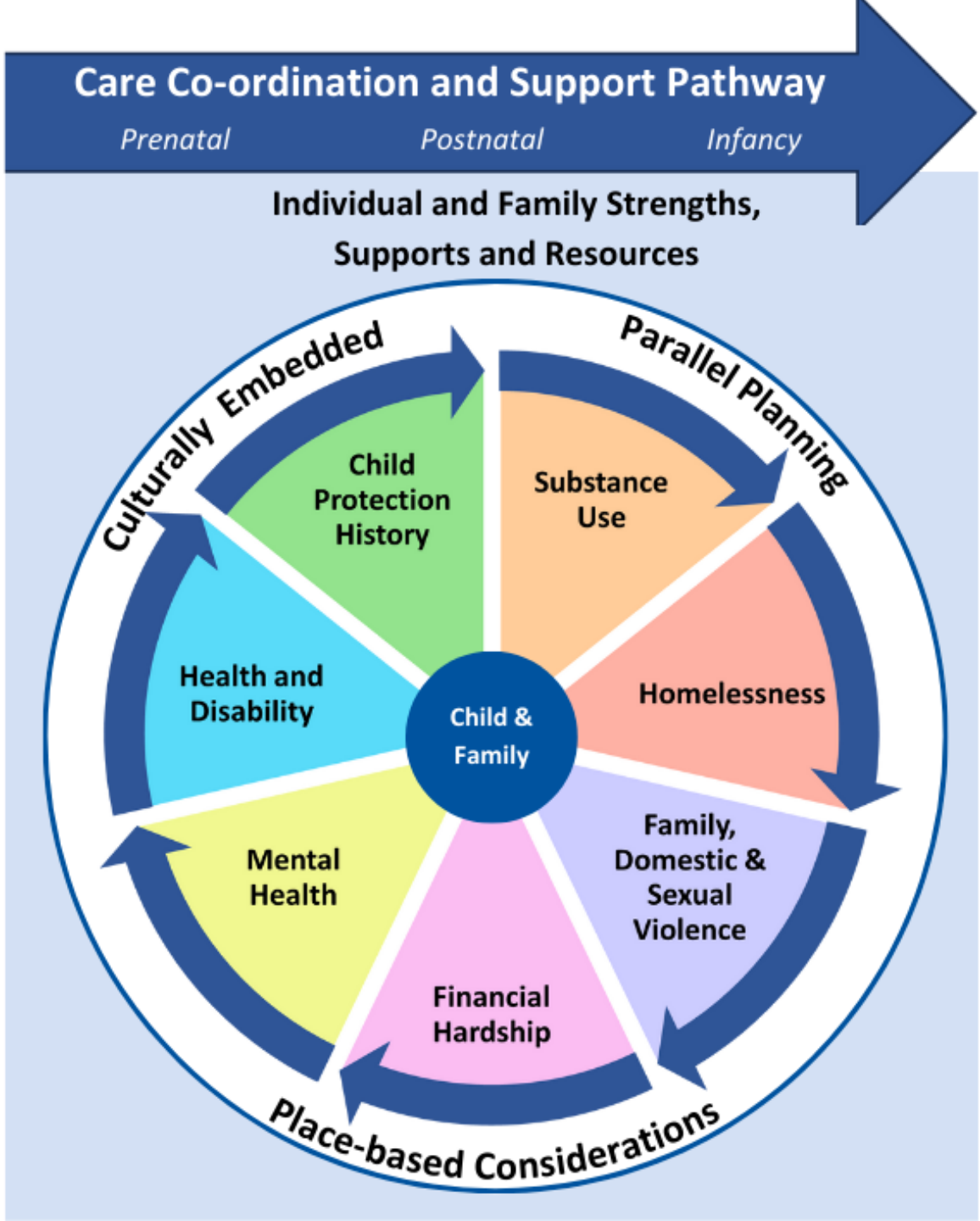
- **Specific sub-group design:**

-Young parent care leavers

-Mothers with disability

-Mother's experiencing family and domestic violence.

-Aboriginal-focused codesign



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CASE PLANNING

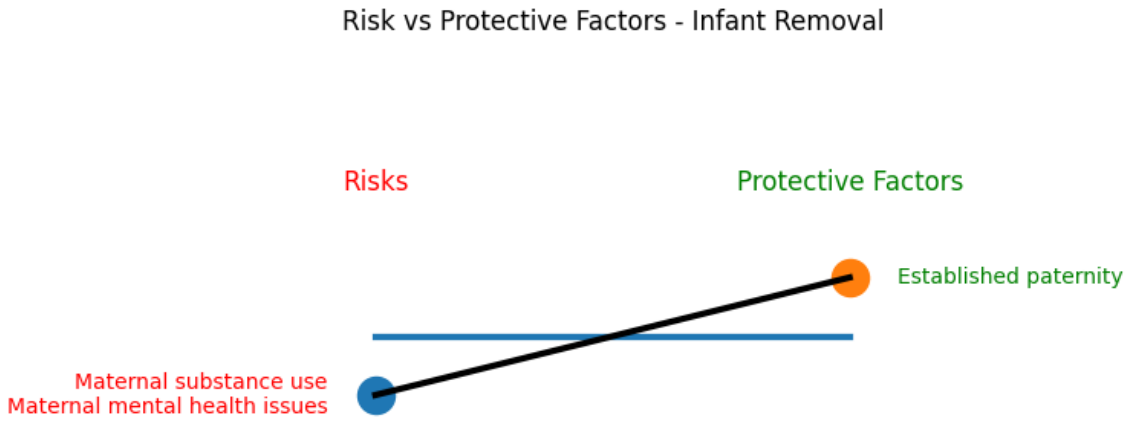
- Planning for predicted risks once the child is born, including decisions about assumption of care immediately following birth
- To the extent that it can be achieved in the child's best interests, parental involvement and participation in case planning is actively encouraged, although case planning can and does occur in the parents' absence

ENGAGEMENT IN SUPPORT FROM CHILD PROTECTION

- Referral early in pregnancy
- Engagement
- Transparency & honesty

Maternal substance use & mental health issues strongly associated with infant-parent separation, & often co-occur (Buek &

Established paternity associated with lower r
(Eastman et al., 2016; Buek & Mandell, 2024)



ENGAGEMENT IN CHILD PROTECTION SUPPORT PRE-BIRTH

- Conferencing models that provide a forum for collaborative, transparent, strengths-focused planning earlier in pregnancy have shown promise in supporting parents to maintain care of their infants (Tayebjee et al., 2026)